

Northwoods Surgery Center Woodruff, WI 54568 Phone: 715-358-8600

Fax: 715-358-8609

Pre-Op/PACU Nurse (RN) – Job Description

Current Wisconsin Registered Nurse license; BLS, ACLS & PALS

Job Summary

Northwoods Surgery Center is seeking a qualified Pre-Op/PACU Nurse to administer diligent care to outpatients via monitoring, assessment, intervention, and continuous reassessment. The post-anesthesia care unit nurse (PACU nurse) will provide care for post-operative patients recovering from anesthesia, including general, regional, and local.

- FLSA non-exempt
- Per diem
- Reports to Pre-Op/PACU Clinical Lead

Duties

- Assess patients prior to surgery
- Ensure that operative and informed consents are signed and in order
- Take and record vital statistics of patients to ensure readiness for surgical procedure
- Initiate IVs and ensure that patients are informed about the procedure
- Assess patients' post-operative condition
- Monitor vital signs
- Log all findings in patient files
- Answer patient questions and ensure they are kept comfortable
- Monitor patients for condition changes and report any changes to the physician
- Perform intervention duties in cases of post-operative emergencies

Requirements/Preferences

- Candidate must possess general clinical competency in acute patient care.
- Candidate must demonstrate ability to gather pertinent medical history and provide concise instruction for pre-operative and post-operative care.
- Previous ambulatory surgery experience is preferred.
- Current Wisconsin Registered Nurse license; BLS, ACLS & PALS

If you are interested in applying, please download and fill out the application form below. Instructions for submitting can be found at the bottom of the application or at www.northwoodssurgerywi.com/career-opportunities



Employment Application

Applicant Instructions: If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- → Please read "APPLICANT NOTE" below.
- → Complete all sections.
- → If more space is needed to complete any questions, use the comments section at the bottom of this page.
- → Print clearly; incomplete or illegible applications will not be processed.

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Northwoods Surgery Center is an at-will employer. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination regardless of gender, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

TODAY'S DATE:		
NAME:		
(Last)	(First)	(M.I.)
SOCIAL SECURITY N	IUMBER:	
HOME PHONE:		
CELL PHONE:		
EMAIL ADDRESS:		
CURRENT ADDRESS:	:	
		·
PREVIOUS ADDRESS	l:	

General Information:

For which position are you applying?
What date can you start? What category would you prefer?Full-timePart-TimeTemp
For which schedules are you available? Weekdays Weekends EveningsNightsOvertimeOther
Have you ever applied here before? Yes No If yes, when:
Have you ever worked here before? Yes No If yes, when:
Do you have relatives* working here?Yes No
*Relatives are: spouse, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father-in-law, son or daughter-in-law, parent/child/sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew.
If so, please provide name(s), relationship(s), and work area(s):
Job-Related Skills (Please do not fill out any part of this section you believe to be non-job related.)
Have you been given a job description or had the requirements of the job explained to you?YesNo
Do you understand these requirements?No
Can you perform the requirements of this job with or without reasonable accommodation?YesNo

Please list languages in which	h you are fluent:			
Please list any other skills, lie	censes or certificates that may be job-rela	ated or that you feel would be of v	alue to this job	or company.
Comments:				
Education: Please circle hig	ghest grade completed. 7 8 9 10	11 12 13 14 15 16	16+	
If your school records are un-	der a different name than above, please e	nter that name:		
High School/GED Certificate	e City/State	Graduate (Y/N	Year	Certificate #
College	City/State	Graduate (Y/N	Year	Degree
Other	City/State	Graduate (Y/N	N) Year	Degree
State License or Registry Nu	mber (include license/registry held in all	states):		
Military Service:				
Branch of Service:		Rank/Rate at Discharge:		
Active Duty Service Dates:	From	То		
Describe your service duties	and any special training you received:			
Additional Background Inf	Cormation:			
Have you used any names or	Social Security Numbers other than that	given above? If so, please list be	low.	
	or served time for, a felony in the past se ecord will not necessarily be a bar to emp		below.	
1Incident				
City/State	Charge			
2				
Incident City/State	Charge			
City/State	Charge			

PREVIOUS EMPLOYERS - Please note: Your application will not be considered unless every question in this section is answered. We will make every effort to contact previous employers. The correct telephone numbers of past employers are essential.

Most Recent Employer: Are you currently working for this emp	loyer? Yes No If yes, may	we contact? Yes No
Company Name	City	State
Supervisor Name	Phone Number(s)	
From To Dates Employed	Job Title	
Duties		
Salary per (hour/month/year) Reason for leaving		
Second Most Recent Employer		
Company Name	City	State
Supervisor Name	Phone Number(s)	
From To Dates Employed	Job Title	
Duties		
Salary per Reason for leaving		
Third Most Recent Employer		
Company Name	City	State
Supervisor Name	Phone Number(s)	
From To Dates Employed	Job Title	
Duties		
Salary per Reason for leaving		

Name	Phone Number	Yrs known/relationship
2. Name	Phone Number	Yrs known/relationship
3. Name	Phone Number	Yrs known/relationship
Certification and Release. I certify tha		
answers given by me to the foregoing q knowledge and belief. I understand that application may result in rejection of m companies and/or its agents, including former employers, persons, schools, com background and hereby release any said for any damage whatsoever for issuing the employment. If company policy require	uestions and the statements made by me t any false information, omissions or mis ny application or discharge at any time of consumer reporting bureaus, to verify a panies and law enforcement authorities to persons, schools, companies and law en his information. I also understand that the es, I am willing to submit to drug testing observe the company's non-smoking pol-	at note on page 1 of this form and that the are complete and true to the best of my prepresentations of facts called for in this during my employment. I authorize the any of this information. I authorize all to release any information concerning my inforcement authorities from any liability is use of illegal drugs is prohibited during to detect the use of illegal drugs prior to dicy which limits use of tobacco products

Please submit your completed application to us as follows:

- 1. Mail to: Northwoods Surgery Center 611 Veterans Parkway, Woodruff, WI 54568
- 2. Fax to us: (715) 358-8609, Attn: Hiring Manager
- 3. Deliver directly to: Northwoods Surgery Center P.O. Box 1697, Woodruff, WI 54568