**CURRICULUM VITAE**



**SRUTHIMOL KS**

**Post Box No: 61687**

**SHARJAH**

Mob: -**055-7859356**

 **056-6192450**

Email id – sruthimolks1988@gmail.com

**CAREER OBJECTIVE:**

To be associated with a progressive organization where I can prove myself and utilize my skills for the growth and betterment of the organization, utilize my experience in a hospital setting inorder to apply my nursing skills and attain better experience and higher qualifications.

**SKILLS AND STRENGTHS**

* Hard worker and good team player
* Committed and devoted to work
* Sincerity, corporation and consideration
* Relates well to people from a variety of cultures
* Zeal to succeed
* Excellent skills of handling the patients with their problems, queries and complaints

**EDUCATIONAL QUALIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Marks | YEAR | Institution | Board/state |
| 10th | 63% | 2003 | C.K.M.H School, Koruthodu, Kerala | SSLC (Kerala Board) |
| 12th | 64% | 2005 | C.K.M.H School, Koruthodu, Kerala | Higher Secondary Certificate(Kerala Board) |

**Professional Qualification** :-

Bsc Nurisng Holy Cross College of Nursing, Kollam,Kerala 2006-2010

|  |  |
| --- | --- |
| First Year - 2006 to 2007 | 67.0% |
| Second Year – 2007to 2008 | 65.0% |
| Third Year – 2008to 2009 | 70.0% |
| Fourth Year – 2009 to 2010 | 67.0% |

**LICENSE DETAILS (Local & National)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **License No** | **Authority** |  |  |
| Registered Nurse | KL54524 | Kerala Nurses & Midwives council |  |  |
| **UAE MOH RN** | **RN015157** | U.A.E. Ministry of Health & Prevention |  |  |

**PROFESSIONAL EXPERIENCE**

* Registered Nurse in the medical ward in Highrange Hospital, Parathodu,Kerala, India (Reg:No.K.740/2000) from 01-07-2011 to 31-08-2015.
* Registered nurse in the medical ward in Kalliyath Hospital, Tirur, Malapuram, Kerala, India (ISO Certified) from 01-02-2016 to 31-05-2018.

**PERSONAL PROFILE**

Name : Sruthimol K S

Husbands Name : Vinod K R

Sex : Female

Marital status : Married

Date of birth : 01-05-1988

Religion : Hindu

Nationality : Indian

Permanent Address : Vinod Bhavan

 Kozhuvalloor P.O,689521

 Alappuzha

 Kerala

Langauges Known : English, Malyalam, Hindi

**PASSPORT DETAILS**

Passport No. : N9783725

Place of Issue : Cochin

Date of issue : 18-04-2016

Date of Expiry : 17-04-2026

**NATURE OF DUTIES**

* Patient care according to the nursing process that is assessment,diagnosis, planning, implementation, evaluation.
* Follow ABC in providing nursing care.
* Assessment and categorizing the patients according to priority
* Administering intravenous, intramuscular, subcutaneous and intradermal injections
* Responsible for vital signs monitoring, wound care, intake and output monitoring, neurological assessment
* Responsible forphysical,assessment,oral,hygiene,skincare,universal precaution techniques
* Insertion of foley’s, NG tube, IV cannula
* Responsible for administration of blood and blood products, IV fluids, NG feeding
* Maintaining proper records and reports
* Maintain good and effective communication within the health team and to the patients and their relatives
* Participate in safety and infection control programmes, quality analysis

**PROFESSIONAL-PROGRAMMES ATTENDED**

* BLS

**GERIATRIC CASES**

 Osteo arthritis, Osteoporosis, heart problems, hypertension, diabetis mellitus, kidney disease, stroke cases, eye diseases, fall related injuries, incontinence of urine, respiratory problems, abdominal problems.

**MEDICAL CASES**

CAD, unstable angina, myocardial infarction, COPD, hypertension, diabetic keto acidosis, diabetis mellitus, pneumonia, CVA, meningitis, CRF, ARF, hepatitis, convulsion, tuberculosis, jaundice, typhoid fever, dengue fever, malaria, gastroenteritis, anemia, arthritis, liver cirrhosis, pneumothorax, peritonitis.

**JOB KNOWLEDGE**

Degree from Accredited college of nursing committed to high professional standard, communication skills, ability to function as a team, ability to maintain discipline, knowledge about philosophy, objectives, nursing departments, defined policies, and procedures of the hospital, department and unit.

**DECLARATION:**

I hear by declare that all above information’s given by me are true to the best of knowledge and belief.

SHARJAH SRUTHIMOL