



MINISTRY OF HEALTH MALAYSIA

NEONATOLOGY SERVICES

CLINICAL PRACTICE RECORD



Name :.....

Identity Card No :.....

Post :.....

Training Centre :.....

Training - Start :..... End :.....

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GENERAL INFORMATION

This Clinical Practice Record will help to monitor staff activities in the respective area. They are expected to complete all the procedures identified in Neonatal Nursing.

The procedures have been categorized as core list of procedures where the staff must obtain the minimum number of activities as stipulated for each procedure. The other list of procedures is optional where the staff should try to perform to ensure that she has been exposed.

For application for credentialing, the staff must have at least 2 years experience in Neonatology.

The maximum period for the staff to complete the required procedures competently is 1 year.

Performance proficiency must be verified by the assessor(s).

The Clinical Practice Record is reserved only for the Ministry of Health, Malaysia.

Assessor

Assessment of procedural skills will be carried out by appointed personnel only. Any procedural skills certified by unauthorized personnel will be considered null and void.

**LIST OF CORE PROCEDURES FOR CREDENTIALING
IN NEONATAL SERVICES**

NO	PROCEDURE	PAGE
1.	Admission of newborn	7
2.	Clinical assessment of neonate	8
3.	Anthropometric measurements	9
4.	Thermoregulation of newborn	10
5.	Stabilisation and transfer of neonate	11
6.	Discharge of newborn	11
7.	Application of pulse oximeter and interpretation of oxygen saturation	12
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25.	Assist in umbilical venous and arterial cannulation	26
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27.	Care of central line	27
28.	Setting up total parenteral nutrition	28
29.	Blood sampling from arterial line	29
30.	Education on collection and storage of expressed breast milk	30
31.	Handling of expressed breast milk and formula milk	31
32.	Cup/spoon feeding	32
33.	Enteral tube feeding	33
34.	Administration of medication	34
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37.	Suctioning – oro/nasopharyngeal	37
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42.	Assist lumbar puncture	42
43.	Blood transfusion	42
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**LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING
IN NEONATAL SERVICES**

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1.	Use of transcutaneous bilirubinometer	44
2.	Use of transcutaneous carbon dioxide monitor	44
3.	Setting up high frequency ventilator	45
4.	Care of neonate on high frequency ventilation	45
5.	Care of neonate on inhaled nitric oxide	46
6.	Care of newborn undergoing hypothermia therapy	46
7.	Stoma care	47
8.	Care of patient with tracheostomy	47
9.	Assist chest tube placement	48
10.	Care of patient with chest tube	48
11.	Newborn Hearing Screening	49
12.	Preparation and assisting in exchange transfusion	49
13.	Administration of oral sedation	50
14.	Administration of medication by rectal route	50

CORE PROCEDURES

1. PROCEDURE : Admission of newborn

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
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2. PROCEDURE : Clinical assessment of neonate

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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3. PROCEDURE : Anthropometric measurements

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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4. PROCEDURE : Thermoregulation of newborn

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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5. PROCEDURE : Stabilisation and transfer of neonate

ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
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6. PROCEDURE : Discharge of newborn

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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7. PROCEDURE : Application of pulse oximeter and interpretation of oxygen saturation

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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8. PROCEDURE : Setting up invasive blood pressure monitoring

ACTIVITY : PERFORM (2)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

9. PROCEDURE : Use of cardiorespiratory monitor and alarm limit setting

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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10. PROCEDURE : Heel prick

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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11. PROCEDURE : Incubator care (including disinfection)

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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12. PROCEDURE : Care of neonate in basic incubator

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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13. PROCEDURE : Care of neonate in humidified incubator

ACTIVITY : PERFORM (2)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

14. PROCEDURE : Weaning neonate from incubator

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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15. PROCEDURE : Use of radiant warmer – manual

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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16. PROCEDURE : Use of radiant warmer – servo-controlled

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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17. PROCEDURE : Phototherapy

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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18. PROCEDURE : Checking photolight irradiance

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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19. PROCEDURE : Administration of nasal prong oxygen

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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20. PROCEDURE : Setting up conventional ventilator

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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21. PROCEDURE : Care of baby on conventional ventilator

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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22. PROCEDURE : Setting up non-invasive ventilator

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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23. PROCEDURE : Care of baby on non-invasive ventilator

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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24. PROCEDURE : Blood gas interpretation

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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25. PROCEDURE : Assist in umbilical venous and arterial cannulation

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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26. PROCEDURE : Assist in peripherally inserted central catheter placement

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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27. PROCEDURE : Care of central line

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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28. PROCEDURE : Setting up total parenteral nutrition

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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29. PROCEDURE : Blood sampling from arterial line

ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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30. PROCEDURE : Education on collection and storage of expressed breast milk

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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31. PROCEDURE : Handling of expressed breast milk and formula milk

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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32. PROCEDURE : Cup/spoon feeding

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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33. PROCEDURE : Enteral tube feeding

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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34. PROCEDURE : Administration of medication

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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35. PROCEDURE : Monitoring of patient under sedation

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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36. PROCEDURE : Bag valve mask resuscitation

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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37. PROCEDURE : Suctioning – oro/nasopharyngeal

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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38. PROCEDURE : Assist in intubation

ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
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39. PROCEDURE : Endotracheal tube suction - open

ACTIVITY : PERFORM (10)

No	Reg. No.	Date	Name of Assessor	Signature of Assessor	Remarks
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40. PROCEDURE : Endotracheal tube suction - closed

ACTIVITY : PERFORM (6)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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5					
6					

41. PROCEDURE : Extubation of patient

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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42. PROCEDURE : Assist lumbar puncture

ACTIVITY : PERFORM (2)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

43. PROCEDURE : Blood transfusion

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

44. PROCEDURE : Prepare infant for retinopathy of prematurity screening

ACTIVITY : PERFORM (6)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
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OPTIONAL PROCEDURES

1. PROCEDURE : Use of transcutaneous bilirubinometer

ACTIVITY : PERFORM (6)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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2. PROCEDURE : Use of transcutaneous carbon dioxide monitor

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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3					

3. PROCEDURE : Setting up high frequency ventilator

ACTIVITY : PERFORM (6)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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4					
5					
6					

4. PROCEDURE : Care of patient on high frequency ventilator

ACTIVITY : PERFORM (6)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					

5. PROCEDURE : Care of neonate on inhaled nitric oxide

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

6. PROCEDURE : Care of newborn undergoing hypothermia therapy

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

7. PROCEDURE : Stoma Care

ACTIVITY : PERFORM (6)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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3					
4					
5					
6					

8. PROCEDURE : Care of patient with tracheostomy

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

9. PROCEDURE : Assist chest tube placement

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

10. PROCEDURE : Care of patient with chest tube

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
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11. PROCEDURE : Newborn Hearing Screening

ACTIVITY : PERFORM (6)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					

12. PROCEDURE : Preparation and assisting in exchange transfusion

ACTIVITY : PERFORM (2)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

13. PROCEDURE : Administration of oral sedation

ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

14. PROCEDURE : Administration of medication by rectal route

ACTIVITY : PERFORM (2)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

**SUMMARY OF NURSES PROGRESSCLINICAL PRACTICE RECORD
(CORE PROCEDURES)**

No	Procedure	Required	Done	Remark
1.	Admission of newborn	10		
2.	Clinical assessment of neonate	10		
3.	Anthropometric measurements	10		
4.	Thermoregulation of newborn	10		
5.	Stabilisation and transfer of neonate	3		
6.	Discharge of newborn	10		
7.	Application of pulse oximeter and interpretation of oxygen saturation	5		
8.	Setting up invasive blood pressure monitoring	2		
9.	Use of cardiorespiratory monitor and alarm limit setting	10		
10.	Heel prick	10		
11.	Incubator care (including disinfection)	5		
12.	Care of neonate in basic incubator	5		
13.	Care of neonate in humidified incubator	2		
14.	Weaning neonate from incubator	5		
15.	Use of radiant warmer – manual	5		
16.	Use of radiant warmer – servo-controlled	5		
17.	Phototherapy	10		
18.	Checking photolight irradiance	10		
19.	Administration of nasal prong oxygen	5		
20.	Setting up conventional ventilator	10		
21.	Care of baby on conventional ventilator	10		
22.	Setting up non-invasive ventilator	10		
23.	Care of baby on non-invasive ventilator	10		
24.	Blood gas interpretation	5		
25.	Assist in umbilical venous and arterial cannulation	5		
26.	Assist in peripherally inserted central catheter placement	5		
27.	Care of central line	10		
28.	Setting up total parenteral nutrition	10		
29.	Blood sampling from arterial line	5		
30.	Education on collection and storage of expressed breast milk	10		

31.	Handling of expressed breast milk and formula milk	10		
32.	Cup/spoon feeding	10		
33.	Enteral tube feeding	10		
34.	Administration of medication	10		
35.	Monitoring of patient under sedation	10		
36.	Bag valve mask resuscitation	10		
37.	Suctioning – oro/nasopharyngeal	10		
38.	Assist in intubation	10		
39.	Endotracheal tube suction - open	10		
40.	Endotracheal tube suction - closed	6		
41.	Extubation of patient	10		
42.	Assist lumbar puncture	2		
43.	Blood transfusion	3		
44.	Prepare infant for retinopathy of prematurity screening	6		

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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Signature of Assessor:

Verified by Head OF Department:

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(Name / Stamp)

(Name / Stamp)

Date:

Date:

**SUMMARY OF NURSES PROGRESS CLINICAL PRACTICE RECORD
(OPTIONAL PROCEDURES)**

No	Procedure	Required	Done	Remark
1.	Use of transcutaneous bilirubinometer	6		
2.	Use of transcutaneous carbon dioxide monitor	3		
3.	Setting up high frequency ventilator	6		
4.	Care of neonate on high frequency ventilation	6		
5.	Care of neonate on inhaled nitric oxide	3		
6.	Care of newborn undergoing hypothermia therapy	3		
7.	Stoma care	6		
8.	Care of patient with tracheostomy	3		
9.	Assist chest tube placement	3		
10.	Care of patient with chest tube	3		
11.	Newborn Hearing Screening	6		
12.	Preparation and assisting in exchange transfusion	2		
13.	Administration of oral sedation	3		
14.	Administration of medication by rectal route	2		

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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Signature of Assessor:

Verified by Head OF Department:

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 (Name / Stamp)
 Date:

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 (Name / Stamp)
 Date: