



MINISTRY OF HEALTH MINISTRY

EMERGENCY MEDICAL AND TRAUMA SERVICES

CLINICAL PRACTICE RECORD

Gambar
Ukuran
Passport

Name :

Identity Card No :

Post :

Hospital :

Starting Date :

Ending Date :

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RECORD OF CLINICAL PROCEDURES

- Each procedure columns in this book must be completed.
- All clinical procedures performed must be documented.
- Certification of assist or performed procedures can only be carried out by a qualified supervisor.
- Safe keeping of this book is the responsibility of the personnel. Any damage or loss must be reported to the respective Head of Department.
- This book must be completed within a minimum time of 6 months and maximum of 2 years.

QUALIFIED SUPERVISORS

- Emergency Physicians for all specialised and core procedures .
- Medical Officers with more than 5 years experience in EMTS grade UD48 and above for selected specialised procedure and all core procedures.
- Credentialed AHP with pos basic AEMTC qualification for selected specialised procedure and all core procedures.
- Credentialed AHP for all core procedures, exception for Assisting Normal Delivery.

Procedure : 1.0 TRIAGE

1.1 HOSPITAL TRIAGE

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
6			Observe		
7			Observe		
8			Observe		
9			Observe		
10			Observe		

Procedure : 1.0 TRIAGE

1.1 HOSPITAL TRIAGE

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 1.0 TRIAGE

1.2 FIELD TRIAGE

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 2.0 AIRWAY MANAGEMENT

2.1 INSERTION OF AIRWAY ADJUNCT

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		Competent / Not Competent
2			Observe		Competent / Not Competent
3			Observe		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent

Procedure : 2.0 AIRWAY MANAGEMENT

2.1 INSERTION OF AIRWAY ADJUNCT

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 2.0 AIRWAY MANAGEMENT

2.2 INSERTION OF SUPRAGLOTIC DEVICES

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 2.0 AIRWAY MANAGEMENT

2.2 INSERTION OF SUPRAGLOTIC DEVICES

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

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Procedure : 2.0 AIRWAY MANAGEMENT

2.3 PERFORM TRACHEAL BRONCHIAL SUCTIONING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 2.0 AIRWAY MANAGEMENT

2.3 PERFORM TRACHEAL BRONCHIAL SUCTIONING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

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Procedure : 2.0 AIRWAY MANAGEMENT

2.4 PREPARE AND ASSIST ENDOTRACHEAL INTUBATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Procedure : 2.0 AIRWAY MANAGEMENT

2.4 PREPARE AND ASSIST ENDOTRACHEAL INTUBATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 2.0 AIRWAY MANAGEMENT

2.5 PERFORM AND ASSIST EMERGENCY CRICOTHYROTOMY

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
1			Assist		
2			Assist		
3			Assist		

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.1 BAG VALVE MASK VENTILATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.1 BAG VALVE MASK VENTILATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.2 ASSEMBLE, TEST, SET AND CHANGE PARAMETERS OF VENTILATOR

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.2 ASSEMBLE, TEST, SET AND CHANGE PARAMETERS OF VENTILATOR

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.3 ASSESS THE SEVERITY OF ACUTE BRONCHIAL ASTHMA / COAD

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.3 ASSESS THE SEVERITY OF ACUTE BRONCHIAL ASTHMA / COAD

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.4 PREPARE, PRESCRIBE AND ADMINISTER NEBULISERS

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

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Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.4 PREPARE, PRESCRIBE AND ADMINISTER NEBULISERS

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

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Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.5 ADMINISTRATION OF OXYGEN THERAPY

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

Procedure : 3.0 VENTILATION & OXYGEN THERAPY

3.5 ADMINISTRATION OF OXYGEN THERAPY

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 4.0 CIRCULATION

4.1 INTRAVENOUS CANNULATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Observe		
3			Observe		
4			Observe		
5			Observe		
6			Observe		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent

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Procedure : 4.0 CIRCULATION

4.1 INTRAVENOUS CANNULATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

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Procedure : 4.0 CIRCULATION

4.2 PREPARATION AND ADMINISTRATION OF EMERGENCY DRUGS

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

Procedure : 4.0 CIRCULATION

4.2 PREPARATION AND ADMINISTRATION OF EMERGENCY DRUGS

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 4.0 CIRCULATION

4.3 PREPARATION, PRESCRIBE AND ADMINISTRATION OF IV FLUIDS FOR RESUSCITATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

Procedure : 4.0 CIRCULATION

4.3 PREPARATION, PRESCRIBE AND ADMINISTRATION OF IV FLUIDS FOR RESUSCITATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 4.0 CIRCULATION

4.4 PREPARATION AND ASSIST IN CVP LINE INSERTION AND MONITORING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
1			Assist		
2			Assist		
3			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Procedure : 4.0 CIRCULATION

4.5 STAB ARTERIAL BLOOD SAMPLING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 4.0 CIRCULATION

4.5 STAB ARTERIAL BLOOD SAMPLING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

Procedure : 5.0 RESUSCITATION

5.1 PERFORM AND INTERPRETATION OF ECG

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 5.0 RESUSCITATION

5.2 RECOGNITION OF LETHAL ARRYHYTHMIAS - VT, VT AND ASYSTOLE

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

Procedure : 5.0 RESUSCITATION

5.3 APPLICATION AND USAGE OF AUTOMATED DEFIBRILLATOR

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Assist		
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

Procedure : 5.0 RESUSCITATION

5.4 CARDIOPULMONARY RESUSCITATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

Procedure : 6.0 SURGICAL PROCEDURES

6.1 REMOVAL OF SUPERFICIAL FOREIGN BODY (NOT PENETRATING MUSCLE LAYER)

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 6.0 SURGICAL PROCEDURES

6.2 BASIC EYES PROCEDURES - IRRIGATION AND STAINING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 6.0 SURGICAL PROCEDURES

6.3 BASIC ENT EMERGENCY PROCEDURES - NASAL PACKING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 6.0 SURGICAL PROCEDURES

6.4 BASIC ENT EMERGENCY PROCEDURES - FOREIGN BODY REMOVAL

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 6.0 SURGICAL PROCEDURES

6.5 TOILET AND SUTURING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 6.0 SURGICAL PROCEDURES

6.5 TOILET AND SUTURING

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 6.0 SURGICAL PROCEDURES

6.6 INCISION AND DRAINAGE OF SUPERFICIAL ABCESS OF LIMBS

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 6.0 SURGICAL PROCEDURES

6.7 NAIL AVULSION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 6.0 SURGICAL PROCEDURES

6.8 PREPARE AND ASSIST CHEST TUBE INSERTION OR PERICARDIOCENTESIS**

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		

**Compulsory for AMO and SN

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Emergency Medical & Trauma Service

Procedure : 7.0 PATIENT CARE

7.1 CARE OF PATIENT ON CHEST TUBE

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 7.0 PATIENT CARE

7.2 CARE OF PATIENT IN VENTILATOR

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 7.0 PATIENT CARE

7.3 TRANSPORT OF CRITICALLY ILL PATIENT

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 7.0 MEDICO LEGAL

7.1 ASSIST IN THE EXAMINATION OF THE OSCC PATIENT***

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

*** Compulsory fo SN

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Emergency Medical & Trauma Service

Procedure : 7.0 MEDICO LEGAL

7.2 HANDLING OF MEDICOLEGAL SPECIMEN

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 7.0 IMMOBILIZATION

7.1 CERVICAL COLLAR APPLICATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 7.0 IMMOBILIZATION

7.1 CERVICAL COLLAR APPLICATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 7.0 IMMOBILIZATION

7.2 SPINE IMMOBILISATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 7.0 IMMOBILIZATION

7.2 SPINE IMMOBILISATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 7.0 IMMOBILIZATION

7.3 EXTREMITY IMMOBILISATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent

Procedure : 7.0 IMMOBILIZATION

7.3 EXTREMITY IMMOBILISATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 7.0 IMMOBILIZATION

7.4 APPLICATION OF PELVIC IMMOBILISER

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
1			Assist		
2			Assist		
3			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 7.0 IMMOBILIZATION

7.5 PERFORM LOG - ROLL

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
4			Observe		
5			Observe		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent

Procedure : 7.0 IMMOBILIZATION

7.5 PERFORM LOG - ROLL

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent
6			Perform		Competent / Not Competent
7			Perform		Competent / Not Competent
8			Perform		Competent / Not Competent
9			Perform		Competent / Not Competent
10			Perform		Competent / Not Competent

Procedure : 7.0 IMMOBILIZATION

7.6 PLASTER OF PARIS APPLICATION AND CARE

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
1			Assist		
2			Assist		
3			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

Procedure : 8.0 OTHER

8.1 REDUCTION OF SIMPLE SMALL JOINT DISLOCATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

Procedure : 8.0 OTHER

8.2 WOUND MANAGEMENT

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 8.0 OTHER

8.2 WOUND MANAGEMENT

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 8.0 OTHER

8.3 HANDLING OF AMPUTATED LIMB

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
1			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 8.0 OTHER

8.4 BLADDER CATHETERIZATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		
5			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent

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Emergency Medical & Trauma Service

Procedure : 8.0 OTHER

8.4 BLADDER CATHETERIZATION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

Procedure : 8.0 OTHER

8.5 STOMACH WASH OUT

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Assist		
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent

Procedure : 8.0 OTHER

8.6 EXTERNAL DECONTAMINATION PROCEDURE

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Assist		
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent

Procedure : 8.0 OTHER

8.7 HANDLING OF VIOLENT PATIENT

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Assist		
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent

Procedure : 8.0 OTHER

8.8 PERFORM BLOOD CROSSMATCH SAMPLING AND SET-UP OF TRANFUSION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
2			Observe		
3			Observe		
1			Assist		
2			Assist		
3			Assist		
4			Assist		

Procedure : 8.0 OTHER

8.8 PERFORM BLOOD CROSSMATCH SAMPLING AND SET-UP OF TRANFUSION

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent
4			Perform		Competent / Not Competent
5			Perform		Competent / Not Competent

Procedure : 8.0 OTHER

8.9 ASSISTING NORMAL DELIVERY AND CARE OF NEWBORN****

No	Date	R.N of Patient	Level of Involvement	Signature and Name of Supervisor	Remarks
1			Observe		
1			Assist		
2			Assist		
1			Perform		Competent / Not Competent
2			Perform		Competent / Not Competent
3			Perform		Competent / Not Competent