

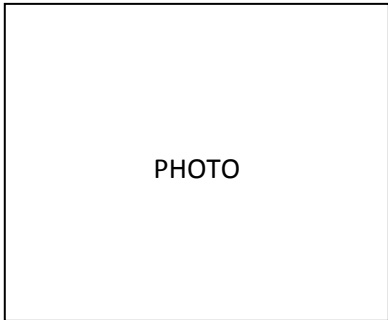


MINISTRY OF HEALTH MALAYSIA
CREDENTIALING

IN

INTENSIVE CARE NURSING

LOG BOOK



- 1. NAME:
- 2. IC NO:
- 3. POSITION & GRADE:
- 4. WORKING ADDRESS:
.....
.....
- 5. DATE OF JOINING THIS DEPARTMENT:
- 6. POST BASIC TRAINING & YEAR:
- 7. TRAINING FOR CREDENTIALING: Date start:
Date end:

I hereby confirm that the above information is true.

Signature: Date:

CONTENT

NO	PROCEDURES	PAGE
1	General Information	2
2	Assessor	2
3	List of Core Procedures in General Intensive Care Unit	3-4
4	List of Optional Procedures in General Intensive Care Unit	5
5	List of Core Procedures in Paediatric Intensive Care Unit	5
6	List of Optional Procedures in Paediatric Intensive Care Unit	5
7	List of Core Procedures in Cardiothoracic Intensive Care Unit	6
8	List of Optional Procedures in Cardiothoracic Intensive Care	6
9	List of Core Procedures in Neuro Intensive Care Unit	7
10	List of Optional Procedures in Neuro Intensive Care	7
11	Clinical Activity for Procedures in General Intensive Care Unit	8-24
12	Clinical Activity for Procedures in Paediatric Intensive Care Unit	25-26
13	Clinical Activity for Procedures in Cardiothoracic Intensive Unit	27-30
14	Clinical Activity for Procedures in Neuro Intensive Care Unit	31-32
15	Summary of Clinical Practice Record in General Intensive Care Unit	33-36
16	Summary of Clinical Practice Record in Paediatric Intensive Care Unit	37
17	Summary of Clinical Practice Record in Cardiothoracic Intensive Care Unit	38-39
18	Summary of Clinical Practice Record in Neuro Intensive Care Unit	40

General Information

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

The procedures have been categorized as core list of procedures where the staffs must obtain the minimum number of activities as stipulated for each procedure. The other lists of procedures are optional where the staffs should try to get experiences in the clinical areas. However if they are not available, staff will stimulates the procedures to ensure that they have been exposed.

Assessor

Any practice performed and certified by unauthorized personnel will be null and void.

Assessor should sign only when the staffs is deemed competent in the procedure mentioned.

LIST OF CORE PROCEDURES FOR CREDENTIALING IN GENERAL INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Preparation on admission of patient	8
2	Transport of the critically ill patient	8
3	Documentation in the Intensive Care Unit	8
4	Hand Hygiene	8
5	Calculation of dosage and preparation of:	9
	5.1 Dopamine	9
	5.2 Dobutamine	9
	5.3 Adrenaline	9
	5.4 Noradrenaline	9
	5.5 Insulin	9
	5.6 Fentanyl	10
	5.7 Midazolam	10
	5.8 Morphine	10
	5.9 Morphine & Midazolam	10
6	Assemble pressure transducer system	11
7	Care of patient on arterial line	11
	7.1 Calibration	11
	7.2 Dressing	11
	7.3 Blood Sampling	11
	7.4 Monitor Peripheral Perfusion	12
8	Care of patient on central venous line	12
	8.1 Confirm Position	12
	8.2 Dressing	12
9	Management of Invasive Ventilation	12
	9.1 Assemble ventilator circuit	12
	9.2 Set and change ventilator parameters and alarms	13
	9.3 Troubleshoot High Pressure Alarm	13
	9.4 Troubleshoot Low Pressure Alarm	13
10	Prepare and assist in intubation	13
	10.1 Prepare Equipment for Intubation	13
	10.2 Prepare Capnometry (if available)	14
	10.3 Assist in Intubation	14
11	Perform manual ventilation in intubation patients	14
12	Management of Endotracheal Tube	14
	12.1 Secure tube	14
	12.2 Tracheobronchial Suctioning	15
	12.2.1 Open Method	15
	12.2.2 Close Method	15

	12.3 Cuff pressure monitoring	15
	12.4 Confirm Tube Placement	15
	12.4.1 Auscultation	15
	12.4.2 Chest X-ray	16
13	Management of Tracheostomy Tube	16
	13.1 Secure tube	16
14	Management of Non-Invasive Ventilation (NIV)	16
	14.1 Choose appropriate mask	16
	14.2 Assemble ventilator circuit	16
	14.3 Set and change ventilator parameters and alarms	17
	14.4 Troubleshoot Low Volume Alarm	17
	14.5 Administer Aerosolised Drug	17
	14.5.1 Via Metered Dose Inhaler	17
	14.5.2 Via Nebulizer	17
15	Management of humidifier	18
	15.1 Heated water bath (if available)	18
	15.2 Heat moisture exchange (HME)	18
16	Assist chest physiotherapy	18
17	Assist in incentive spirometry	18
18	Administer aerosol drugs to patients on mechanical ventilation	19
	18.1 Via Metered Dose Inhaler	19
	18.2 Via Nebulizer	19
19	Prepare and assist in extubation patient	19
20	Recognise abnormal laboratory results	19
	20.1 Full Blood Count	19
	20.2 Blood Urea and serum Electrolyte	20
	20.3 Coagulation Profile	20
	20.4 Arterial Blood Gases	20
	20.5 Blood Sugar	20
	20.6 Culture and Sensitivity	20
21	Perform pain score	21
22	Perform sedation score	21
23	Management of continuous/bolus enteral nutrition	21
	23.1 Confirmation of tube placement	21
	23.2 Preparation of equipment	21
	23.3 Preparation of formula	21
	23.4 Administer	22
24	Management of total parenteral nutrition (TPN)	22
	24.1 Prepare to hang a TPN bag	22
	24.2 Calculate rate of infusion	22
25	Recognition of life-threatening arrhythmias (e.g: Asystole, Pulseless Electrical Activity, Ventricular Tachycardia, Ventricular Fibrillation)	22
26	Assists in Defibrillation	23

LIST OF OPTIONAL PROCEDURES IN GENERAL INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Calculate and administer neuro-muscular blockers	23
2	Apply capnometer and clinical application	23
3	Prepare and assist in percutaneous tracheostomy	23
4	Measure Intra-cranial Pressure	23
5	Prepare and assist in bronchoscopy	23
6	Continuous Renal Replacement Therapy (CRRT)	24
	6.1 Assemble CRRT set to machine and patient	24
	6.2 Disassemble CRRT set	24
7	Prepare Equipment for Brain Stem Function Test	24

LIST OF CORE PROCEDURES FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Physical assessment of vital sign : Central Venous System	25
2	Physical assessment of vital sign : Cardiovascular system	25
3	Physical assessment of vital sign : Respiratory System	25
4	Physical assessment of vital sign : Genito-urinary System	25
5	Physical assessment of vital sign : Gastrointestinal system	25
6	Perform and Interpret pain score	25
7	Calculation and administration of fluid maintenance/resuscitation	25
8	Care of paediatric patient on ventilator	26
9	ETT/ Tracheostomy suctioning with hand bagging	26

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Glasgow coma scale for infant	26

LIST OF CORE PROCEDURES FOR CREDENTIALING IN CARDIOTHORACIC INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Observe Coronary Artery Bypass	27
2	Observe Valve Surgery	27
3	Preparation for admission of post cardiac surgery patient	27
4	Role of Charge Nurse in receiving post cardiac surgery patient and immediate post operative care	27
5	Set up and inflate temporary single chamber epicardial cardiac pacemaker	27
6	Set up and inflate temporary dual chamber epicardial cardiac pacemaker	28
7	Removal of pulmonary artery catheter	28
8	Perform thermodilution cardiac output study (using pulmonary artery catheter)	28
9	Care of patient on Intra-aortic balloon pump (IABP)	28
10	Perform Doppler ultrasound for posterior tibialis /dorsalis pedis arterial pulsation	28
11	Administer Potassium infusion therapy	28
12	Administer Calcium infusion therapy	29
13	Administer Magnesium infusion therapy	29
14	Care of post cardiac surgical patient with chest drain	29
15	Removal chest drain	29

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN CARDIOTHORACIC INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Observe thoracic surgery	30
2	Assist in insertion of pulmonary artery catheter	30
3	Assist in elective cardioversion	30
4	Assist in insertion of IABP	30
5	Assist in removal of IABP	30
6	Care of patient after removal of IABP	30
7	Assist removal of epicardial pacing wire	30
8	Assist emergency chest re-open in CICU as a scrub nurse	30

LIST OF CORE PROCEDURES FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Interpret ICP waveform	31
2	Set up ICP monitoring with External Ventricular drainage (EVD) system	31
3	Care of patient on ICP monitoring with EVD	31
4	Perform draining of CSF in patient with increased ICP	31
5	Care of patient with raised ICP	31
6	Post-Operative care of neurosurgical patient	32

LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT

NO	PROCEDURE	PAGE
1	Perform collection of CSF sampling via EVD	32
2	Post-Operative care of patient with cerebral aneurysm surgery	32

NO	PROCEDURE	PAGE
1	SUMMARY OF CLINICAL PRACTICE RECORDS IN GENERAL INTENSIVE CARE UNIT	33-36
2	SUMMARY OF CLINICAL PRACTICE RECORDS IN PAEDIATRIC INTENSIVE CARE UNIT	37
3	SUMMARY OF CLINICAL PRACTICE RECORDS IN CARDIOTHORACIC INTENSIVE CARE UNIT	38-39
4	SUMMARY OF CLINICAL PRACTICE RECORDS IN NEURO INTENSIVE CARE UNIT	40

CORE PROCEDURES FOR CREDENTIALING IN GENERAL INTENSIVE CARE UNIT

NO. 1: PREPARATION ON ADMISSION OF PATIENT

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 2: TRANSPORT OF THE CRITICALLY ILL PATIENT

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 3: DOCUMENTATION IN THE INTENSIVE CARE UNIT

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 4: HAND HYGIENE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 5: CALCULATION OF DOSAGE AND PREPARATION OF:

5.1 Dopamine

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.2 Dobutamine

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.3 Adrenaline

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.4 Noradrenaline

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.5 Insulin

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				

5		PERFORM				
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5.6 Fentanyl

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.7 Midazolam

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.8 Morphine

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.9 Morphine and Midazolam

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 6: ASSEMBLE PRESSURE TRANSDUCER SYSTEM

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 7: CARE OF PATIENT ON ARTERIAL LINE

7.1 Calibration

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

7.2 Dressing

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

7.3 Blood Sampling

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

7.4 Monitor Peripheral Perfusion

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 8: CARE OF PATIENT ON CENTRAL VENOUS LINE

8.1 Confirm Position

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

8.2 Dressing

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 9: MANAGEMENT OF INVASIVE VENTILATION

9.1 Assemble Ventilator Circuit

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

9.2 Set and change ventilator parameters and alarms

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

9.3 Troubleshoot High Pressure Alarm

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

9.4 Troubleshoot Low Pressure Alarm

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 10: PREPARE AND ASSIST IN INTUBATION

10.1 Prepare Equipment for Intubation

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

10.2 Prepare Capnometry (if available)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

10.3 Assist in Intubation

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 11: PERFORM MANUAL VENTILATION IN INTUBATION PATIENTS

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 12: MANAGEMENT OF ENDOTRACHEAL TUBE

12.1 Secure Tube

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

12.2 TRACHEOBRONCHIAL SUCTIONING

12.2.1 Open Method

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

12.2.2 Close Method

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

12.3 Cuff Pressure Monitoring

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

12.4 CONFIRM TUBE PLACEMENT

12.4.1 Auscultation

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				

5		PERFORM				
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12.4.2 Chest X Ray

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 13: MANAGEMENT OF TRACHEOSTOMY TUBE

13.1 Secure Tube

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 14: MANAGEMENT OF NON- INVASIVE VENTILATION

14.1 Choose Appropriate Mask

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

14.2 Assemble Ventilator Circuit

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

4		PERFORM				
5		PERFORM				

14.3 Set and Change Ventilator Parameters and Alarms

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

14.4 Troubleshoot Low Tidal Volume Alarm

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

14.5 Administer Aerosolised Drug

14.5.1 Via Metered Dose Inhaler

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

14.5.2 Via Nebulizer

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 15: MANAGEMENT OF HUMIDIFIER

15.1 Heated Water Bath (if available)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

15.2 Heat Moisture Exchanger (HME)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
4		PERFORM				

NO. 16: ASSIST IN CHEST PHYSIOTHERAPY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

NO. 17: ASSIST IN INCENTIVE SPIROMETRY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 18: ADMINISTER AEROSOL DRUGS TO PATIENT ON MECHANICAL VENTILATION

18.1 Via Metered Dose Inhaler

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

18.2 Via Nebulizer

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 19: PREPARE AND ASSIST IN EXTUBATION

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 20: RECOGNISE ABNORMAL LABORATORY RESULTS

20.1 Full Blood Count

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

4		PERFORM				
5		PERFORM				

20.2 Blood Urea and Electrolyte

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

20.3 Coagulation Profile

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

20.4 Arterial Blood Gases

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

20.5 Blood Sugar

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

20.6 Culture and Sensitivity

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				

2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 21: PERFORM PAIN SCORE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 22: PERFORM SEDATION SCORE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 23: MANAGEMENT OF CONTINUOUS ENTERAL NUTRITION

23.1 Confirmation of tube placement

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

23.2 Preparation of equipment

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

23.3 Preparation of formula

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

4		PERFORM				
5		PERFORM				

23.4. Administer

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 24: MANAGEMENT OF TOTAL PARENTERAL NUTRITION (TPN)

24.1 Prepare to hang a TPN bag

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

24.2 Calculate rate of infusion

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 25: RECOGNITION OF LIFE THREATENING ARRHYTHMIAS

(e.g: Asystole, Pulseless Electrical Activity, Ventricular Tachycardia, Ventricular Fibrillation)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

4		PERFORM				
5		PERFORM				

NO. 26: ASSIST IN DEFIBRILLATION

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				
3		ASSIST				
4		ASSIST				
5		ASSIST				

OPTIONAL PROCEDURE FOR CREDENTIALING IN GENERAL INTENSIVE CARE UNIT

NO. 1: CALCULATE AND ADMINISTER NEURO – MUSCULAR BLOCKER

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 2: APPLY PNEUMATIC CUFF COMPRESSOR

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 3: PREPARE AND ASSIST PERCUTANEOUS TRACHEOSTOMY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				

NO. 4: MEASURE INTRA CRANIAL PRESSURE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 5: PREPARE AND ASSIST IN BRONCHOSCOPY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 6: CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)

6.1 Assemble CRRT set to Machine and Patient

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

6.2 Disassemble CRRT Set

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 7: PREPARE EQUIPMENT FOR BRAIN STEM FUNCTION TEST

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

CORE PROCEDURE FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT

NO.1: PHYSICAL ASSESSMENT OF VITAL SIGNS: CENTRAL VENOUS SYSTEM

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 2: PHYSICAL ASSESSMENT OF VITAL SIGNS: CARDIOVASCULAR SYSTEM

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 3: PHYSICAL ASSESSMENT OF VITAL SIGNS: RESPIRATORY SYSTEM

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 4: PHYSICAL ASSESSMENT OF VITAL SIGNS: GENITO- URINARY SYSTEM

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 5: PHYSICAL ASSESSMENT OF VITAL SIGNS: GASTROINTESTINAL SYSTEM

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 6: PERFORM AND INTERPRET PAIN SCORE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 7: CALCULATION AND ADMINISTRATION OF FLUID MAINTENANCE / RESUSCITATION

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				

2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 8: CARE OF THE CHILD ON VENTILATOR

O.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 9: ETT/TRACHEOSTOMY SUCTIONING WITH HAND BAGING

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

OPTIONAL PROCEDURE FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT

NO. 1: GLASGOW COMA SCALE FOR INFANT

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

CORE PROCEDURE FOR CREDENTIALING IN CARDIOTHORASIC INTENSIVE CARE UNIT

NO. 1: OBSERVE CORONARY ARTERY BYPASS SURGERY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		OBSERVE				

NO. 2: OBSERVE VALVE SURGERY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		OBSERVE				

NO. 3: PREPARATION FOR ADMISSION OF POST CARDIAC SURGERY PATIENT

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

NO. 4: ROLE OF CHARGE NURSE RECEIVING POST CARDIAC SURGERY PATIENT AND IMMEDIATE POST OPERATIVE CARE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

NO. 5: SET UP AND INITIATE TEMPORARY SINGLE CHAMBER EPICARDIAL CARDIAC PACEMAKER

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				

2		PERFORM				
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NO. 6: SET UP AND INITIATE TEMPORARY DUAL CHAMBER EPICARDIAL CARDIAC PACEMAKER

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 7: REMOVAL OF PULMONARY ARTERY CATHETER

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				

NO. 8: PERFORM THERMODILUTION CARDIAC OUTPUT STUDY (USING PULMONARY ARTERY CATHETER)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				

NO. 9: CARE OF PATIENT ON INTRA AORTIC BALLON PUMP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

NO. 10: PERFORM DOPPLER ULTRASOUND FOR POSTERIOR TIBIALIS / DORSALIS ARTERIAL PULSATION

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 11: ADMINISTER POTTASIUUM INFUSION THERAPY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 12: ADMINISTER CALCIUM INFUSION THERAPY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 13: ADMINISTER MAGNESIUM INFUSION THERAPY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 14: CARE OF POST CARDIAC SURGICAL PATIENT WITH CHEST DRAIN

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 15: REMOVAL CHEST DRAIN

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

OPTIONAL PROCEDURES FOR CREDENTIALING IN CARDIOTHORACIC INTENSIVE CARE UNIT

NO. 1: OBSERVE THORACIC SURGERY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		OBSERVE				

NO. 2: ASSIST IN INSERTION OF PULMONARY ARTERY CATHETER

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				

NO. 3: ASSIST IN ELECTIVE CARADIOVERSION

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 4: ASSIST IN INSERTION OF IABP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 5: ASSIST IN REMOVAL OF IABP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 6: CARE OF PATIENT AFTER REMOVAL OF IABP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				

NO. 7: ASSIST IN REMOVAL OF EPICARDIAL PACING WIRE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 8: ASSIST EMERGENCY CHEST RE-OPEN IN CICU AS A SCRUB NURSE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS

1		ASSIST				
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CORE PROCEDURE FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT

NO. 1: INTERPRET ICP WAVEFORM

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				

NO. 2: SET UP ICP MONITORING WITH EXTERNAL VENTRICULAR DRAINAGE SYSTEM (EVD)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				

NO. 3: CARE OF PATIENT ON ICP MONITORING WITH EVD

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 4: PERFORM DRAINING OF CSF IN PATIENT WITH INCREASED ICP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 5: CARE OF PATIENT WITH RAISED ICP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				

2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

NO. 6: POST OPERATIVE CARE OF NEUROSURGICAL PATIENT

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

OPTIONAL PROCEDURE FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT

NO. 1: PERFORM COLLECTION OF CSF SAMPLING VIA EVD

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

NO. 2: POST OPERATIVE CARE OF PATIENT WITH CEREBRAL ANEURYSM SURGERY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		PERFORM				
2		PERFORM				

SUMMARY OF CLINICAL PRACTICE RECORDS IN GENERAL INTENSIVE CARE UNIT

NO	CORE PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Preparation on admission of patient	-	-	5				
2	Transport of the critically ill patient	-	-	5				
3	Documentation in the Intensive Care Unit	-	-	5				
4	Hand Hygiene	-	-	5				
5	Calculation of dosage and preparation of :	-	-	-	-	-	-	
	5.1. Dopamine	-	-	5				
	5.2. Dobutamine	-	-	5				
	5.3. Adrenaline	-	-	5				
	5.4. Nor-adrenaline	-	-	5				
	5.5. Insulin	-	-	5				
	5.6 Fentanyl	-	-	5				
	5.7 Midazolam	-	-	5				
	5.8 Morphine	-	-	5				
	5.9 Morphine & Midazolam			5				
6	Assemble Pressure Transducer System	-	-	5				
7	Care of patient on Arterial Line:	-	-	-	-	-	-	
	7.1 Calibration			5				
	7.2 Dressing			5				
	7.3 Blood Sampling			5				
	7.4 Monitor Peripheral Perfusion			5				
8	Care of patient on Central Venous Line:	-	-	-	-	-	-	
	8.1 Confirm Position			5				
	8.2 Dressing			5				
9	Management of Invasive Ventilation	-	-	-	-	-	-	

	9.1 Assemble ventilator circuit	-	-	5				
	9.2 Set and change ventilator parameters and alarms	-	-	5				
	9.3 Troubleshoot High Pressure Alarm	-	-	5				
	9.4 Troubleshoot Low Pressure Alarm			5				
10	Prepare and assist in intubation:	-	-	-	-	-	-	
	10.1 Prepare Equipment for Intubation			5				
	10.2 Prepare Capnometry (if available)	-	-	5				
	10.3 Assist in Intubation	-	-	5				
11	Perform manual ventilation in intubation patients	-	-	5				
12	Management of Endotracheal Tube	-	-	-	-	-	-	
	12.1. Secure tube	-	-	5				
	12.2. Tracheobronchial Suctioning	-	-	-	-	-	-	
	12.2.1 Open Method	-	-	5				
	12.2.2 Close Method			5				
	12.3 Cuff Pressure Monitoring	-	-	5				
	12.4 Confirm Tube placement	-	-	-	-	-	-	
	12.4.1 Auscultation	-	-	5				
	12.4.2 Chest X-Ray	-	-	5				
13	Management of Tracheostomy Tube	-	-	-	-	-	-	
	13.1. Secure tube	-	-	5				
14	Management of Non-Invasive Ventilation (NIV)	-	-	-	-	-	-	
	14.1 Choose appropriate mask	-	-	5				
	14.2 Assemble ventilator circuit	-	-	5				
	14.3 Set and change ventilator parameters and alarms	-	-	5				
	14.4 Troubleshoot Low Tidal Volume Alarm	-	-	5				
	14.5 Administer Aerosolised Drug	-	-	-	-	-	-	
	14.5.1 Via Metered Dose Inhaler			5				
	14.5.2 Via Nebulizer			5				
15	Management of humidifier	-	-	-	-	-	-	
	15.1 Heated water bath (if available)	-	-	5				
	15.2 Heat moisture exchanger (HME)	-	-	5				
16	Assist Chest Physiotherapy	-	-	5				
17	Assist in incentive spirometry	-	-	5				

18	Administer aerosol drugs to patients on mechanical ventilation	-	-	-	-	-	-	
	18.1 Via Metered Dose Inhaler	-	-	5				
	18.2 Via Nebulizer	-	-	5				
19	Prepare and assist in extubation	-	-	5				
20	Recognise abnormal laboratory results:	-	-	-	-	-	-	
	20.1 Full Blood Count	-	-	5				
	20.2 Blood Urea and Serum Electrolyte	-	-	5				
	20.3 Coagulation Profile	-	-	5				
	20.4 Arterial Blood Gases	-	-	5				
	20.5 Blood Sugar	-	-	5				
	20.6 Culture and Sensitivity	-	-	5				
21	Perform pain score	-	-	5				
22	Perform sedation score	-	-	5				
23	Management of continuous enteral nutrition	-	-	-	-	-	-	
	23.1 Confirmation of tube placement	-	-	5				
	23.2 Preparation of equipment	-	-	5				
	23.3 Preparation of formula	-	-	5				
	23.4 Administer	-	-	5				
24	Management of total parenteral nutrition (TPN)	-	-	-	-	-	-	
	24.1 Prepare to hang a TPN bag	-	-	5				
	24.2 Calculate rate of infusion	-	-	5				
25	Recognition of life – threatening arrhythmias(Asystole, Pulseless Electrical Activity, Ventricular Tachycardia, Ventricular Fibrillation)	-	-	5				
26	Assist in defibrillation.	-	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)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN GENERAL INTENSIVE CARE UNIT

NO	OPTIONAL PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Calculate and administer neuro-muscular blockers	-	-	2				
2	Apply capnometer and clinical application	-	-	2				
3	Prepare and assist in percutaneous tracheostomy	-	-	2				
4	Measure Intra Cranial Pressure	-	-	2				
5	Prepare and assist in bronchoscopy	-	-	2				
6	Continuous Renal Replacement Therapy (CRRT)	-	-	-	-	-	-	
	6.1 Assemble CRRT set to machine and patient	-	-	2				
	6.2 Disassemble CRRT Set	-	-	2				
7	Prepare equipment for Brain Stem Function Test	-	-	2				

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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Verified by Head of Department:

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(Name / Stamp)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN PAEDIATRIC INTENSIVE UNIT

NO	CORE PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Physical assessment of vital sign : Central Venous System			2				
2	Physical assessment of vital sign : Cardiovascular system2			2				
3	Physical assessment of vital sign : Respiratory System			2				
4	Physical assessment of vital sign : Genito- Urinary System			2				
5	Physical assessment of vital sign : Gastrointestinal system			2				
6	Perform and Interpret Pain Score			2				
7	Calculation and administration of fluid maintenance/resuscitation			5				
8	Care of Child on ventilator			5				
9	ETT/ Tracheostomy suctioning with hand bagging			5				

SUMMARY OF CLINICAL PRACTICE RECORDS IN PAEDIATRIC INTENSIVE UNIT

NO	OPTIONAL PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Glasgow coma scale for infant			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)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN CARDIOTHORACIC INTENSIVE CARE UNIT

NO	CORE PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Observe Coronary Artery Bypass			1				
2	Observe Valve Surgery			1				
3	Preparation for admission of post cardiac surgery patient			3				
4	Role of Charge Nurse in receiving post cardiac surgery patient and immediate post-operative care			3				
5	Set up and inflate temporary single chamber epicardial cardiac pacemaker			2				
6	Set up and inflate temporary dual chamber epicardial cardiac pacemaker			2				
7	Removal of pulmonary artery catheter			2				
8	Perform thermodilution cardiac output study (using pulmonary artery catheter			2				
9	Care of patient on Intra aortic balloon pump (IABP)			3				
10	Perform Doppler ultrasound for posterior tibialis/dorsalis pedis arterial pulsation			2				
11	Administer Potassium infusion therapy			2				
12	Administer Calcium infusion therapy			2				
13	Administer Magnesium infusion therapy			2				
14	Care of post cardiac surgical patient with chest drain			5				
15	Removal chest Drain			5				

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:

SUMMARY OF CLINICAL PRACTICE RECORDS IN CARDIOTHORACIC INTENSIVE CARE UNIT

NO	OPTIONAL PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Observe thoracic surgery	1						
2	Assist in insertion of pulmonary artery catheter		2					
3	Assist in elective cardioversion		1					
4	Assist in insertion of IABP		1					
5	Assist in removal of IABP		1					
6	Care of patient after removal of IABP			1				
7	Assist removal of epicardial pacing wire		1					
8	Assist emergency chest re open in CICU as a scrub nurse		1					

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 CLINICAL PRACTICE RECORDS IN NEURO INTENSIVE CARE UNIT

NO	CORE PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Interpret ICP waveform			3				
2	Set up ICP monitoring with External Ventricular drainage (EVD) system			4				
3	Care of patient on ICP monitoring with EVD			5				
4	Perform draining of CSF in patient with increased ICP			5				
5	Care of patient with raised ICP			5				
6	Post Operative care of neurosurgical patient			5				

NO	OPTIONAL PROCEDURES	NO. OF PROCEDURES REQUIRED			NO. OF PROSEDURES DONE			REMARKS
		O	A	P	O	A	P	
1	Perform collection of CSF sampling via EVD			2				
2	Post Operative care of patient with cerebral aneurysm surgery			2				

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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Signature of Assessor:

Verified by Head of Department:

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