

The candidate should photocopy this form before use as more than one assessment may be required



National Examining Board for Dental Nurses

**DENTAL SEDATION NURSING**  
**DIRECTLY OBSERVED CLINICAL SKILLS**  
 Assisting During the Cannulation of Patients

DSN  
 IVSN

Candidates Name:			
Candidates GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		Witnesses position / grade:	
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will effectively assist the sedationist and support the patient during intra-venous cannulation				
Please grade the below areas using the following scale	Unsafe	Below Expectations	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Ensures correct equipment is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Attaches monitoring and confirms suitable readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Applies (or acts as) tourniquet effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Continues monitoring patient throughout cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Assists to secure cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Disposes of sharps and unused drug (if required) safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Explains procedures they carry out to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Reassures the patient though out the cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Confirms patient is okay on completion of cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Maintains communication with sedationist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>	Average <input type="checkbox"/>		High <input type="checkbox"/>	

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

Checked by Tutor, form complete and candidate competent ..... (Initial)

Sampled by internal moderator (Sign) ..... GDC No:.....