

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
Recording Blood Pressure - Automatic

DSN
IHSN
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 record an automatic blood pressure for a patient as part of an assessment for dental treatment under conscious sedation. The candidate will be expected to record the result on the patient's notes and communicate the result to the patient, explaining the significance of the information.

Please grade the below areas using the following scale	Unsafe	Below Expectations	Meets Expectations	Above Expectations	Unable to comment
Clinical – Applies the cuff in the correct location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical –Sphygmomanometer used correctly and confidently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical –Removes cuff on completion of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient prior to the procedure to ensure consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient during the procedure to ensure the patient is reassured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records the result accurately on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Appropriately informs the patient of the results and its significance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Obtains informed consent for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Maintains patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<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:.....