

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

Removal of Cannula

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, on the direction of the seditionist, remove the cannula from a patient who has recovered from treatment under inhalation sedation. They should dress the wound appropriately.				
Please grade the below areas using the following scale	Unsafe	Below Expectations	Meets Expectations	Above Expectations	Unable to comment
Clinical – Selects and prepares all equipment required prior to the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Correctly removes cannula, limiting bleeding, bruising and cross-infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Confirms haemostasis of the cannulation site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Applies an appropriate dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of waste appropriately following procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Gives an appropriate explanation of the procedure to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Reassures the patient throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Confirms the patients wellbeing after the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Maintains the 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"/>
Professionalism – 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: _____