

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
 Shutdown and decontamination of an inhalation sedation machine

DSN
IHSN

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 shut down and decontaminate the inhalation machine following local procedures. Only decontamination techniques that do not damage the machine should be used.				
Please grade the below areas using the following scale	Unsafe	Below Expectations	Meets Expectations	Above Expectations	Unable to comment
Clinical – Drains system pressure and closes all cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical –Leaves all controls in off or 100% oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Low or empty cylinders changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Nasal hood removed and decontaminated / disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Head disinfected with antibacterial wipes (wrung out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Stand / Supports decontaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Pipes to patients changed / decontaminated (avoiding chemical wipes which may cause stickiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records decontamination completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Reports any defects (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Uses systematic approach	<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:.....