

# NATIONAL EXAMINING BOARD FOR DENTAL NURSES

## PRACTICAL COMPETENCE ASSESSMENT SHEET    Case No

### INTRAVENOUS SEDATION RECOVERY

<u>Candidate Name:</u>		<u>Date of Activity:</u>		
The PCAS is a true representation of my own involvement in the task described.				
<u>Candidate signature:</u>				
Patient's age:		Patient's gender:		
General appearance on arrival in recovery				
Observations on arrival in recovery <i>(please include units)</i>	Heart rate – Oxygen saturation – Blood pressure – Respiratory rate –			
Observations on discharge <i>(please include units)</i>	Heart rate – Oxygen saturation – If { Blood pressure – recorded { Respiratory rate –			
Discharge indicators				
Cannula removed by				
Post sedation instructions given (circle)	Yes	No		
Post treatment instructions given (circle)	Yes	No		
Discharge to				
Difficulties incurred <i>(if any)</i>				
Assessment of competency <i>(for help see guidance)</i>	<u>Clinical</u> Competent <input type="checkbox"/>  Not yet competent <input type="checkbox"/>	<u>Professionalism</u> Competent <input type="checkbox"/>  Not yet competent <input type="checkbox"/>	<u>Communication</u> Competent <input type="checkbox"/>  Not yet competent <input type="checkbox"/>	<u>Leadership</u> Competent <input type="checkbox"/>  Not yet competent <input type="checkbox"/>
Witness feedback <b><i>(required)</i></b>				
Witness Name:		Witness GDC No:		
Witness Signature:		Date:		

**Tutor Feedback**

This section should be completed by the registrant who is assessing the PCAS on behalf of the course provider. Please tick the boxes below when the requirements have been met and **if appropriate** add any comments which will help the candidate to develop their performance in the workplace.

Tutor feedback to candidate:

- PCAS completed fully and meets the requirements of this task
- Candidate has used an appropriate level of detail and knowledge to reflect safe clinical practice
- Assessment of competency completed, and candidate is competent
- Signed within 14 day period

Satisfactory                       Not Yet Satisfactory

**Comments (if appropriate):**

The tutor must provide specific guidance for unsatisfactory PCAS to enable the candidate to make amendments / additions as required.

The tutor should acknowledge strengths where possible.

Signed: ..... (Tutor)

Date: ..... GDC No: .....

Print Name: ..... (Tutor)

Internal moderator to complete if sampling this PCAS

IM Name:		IM GDC No:	
IM Signature:		IM Date:	