

**NATIONAL EXAMINING BOARD FOR DENTAL NURSES  
PRACTICAL COMPETENCE ASSESSMENT SHEET  
INTRAVENOUS SEDATION  
TREATMENT**

Case No

<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:		
Source of patient referral				
Relevant medical history				
Relevant dental history				
GA / Sedation history				
Consent form signed?				
Pre-sedation observations <i>(please include units)</i>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <i>If recorded</i> { </div> <div> Heart rate –  Oxygen saturation –  Blood pressure –  Respiratory rate –  Height –  Weight –  BMI – </div> </div>			
ASA rating (circle)	1      2      3			
Sedative techniques	IV access site – Topical anaesthetic (Y/N) – Drug – Amount of drug given – Batch number – Expiry date –			
In treatment monitoring <i>(please include units)</i>	Oxygen Saturation – High:      Low: Heart rate (average) – Blood pressure –			
Sedation scoring	Assessment of operating conditions			
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 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:	