

S.M.A.R.T
Day 1, September
7th.2019
P.C.A.S.

Pearse Stinson.....
BA.,B.Dent.Sc.,FFGDP.,Dip.Imp.Dent.RCS(Eng.)

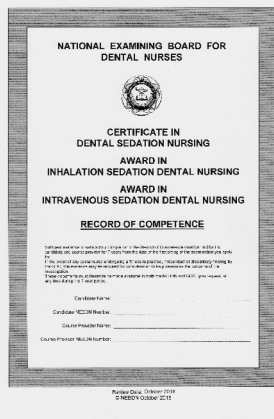
▶ O.M.G.!

▶ CHANGE

....

Today's lecture...

▶ GRUMPINESS!



RECORD OF EXPERIENCE

- ▶ PACS I.V.
- ▶ Treatment and Recovery
- ▶ Supplementary Outcomes, 1,2,3 and 4

Name: _____

NATIONAL EXAMINING BOARD FOR DENTAL NURSES
PRACTICAL COMPETENCE ASSESSMENT SHEET
INTRAVENOUS SEDATION
TREATMENT Case No: _____

Candidate Name: _____ Date of Activity: _____

The PCAS is a true representation of my own involvement in the task described.

Candidate signature: _____

Patient's age: _____ Patient's gender: _____

Source of patient referral: _____

Relevant medical history: _____

Relevant Dental History: _____

CA: Sedation history: _____

Consent form signed? Yes No

Pre sedation observations (please include units)

	Blood pressure –	
	Oxygen saturation –	
if recorded	Heart rate –	
	Respiratory rate –	
	Weight –	
	Temp –	

ASA rating (circle) 1 _____ 2 _____ 3 _____

Sedative techniques

IV access site –	
Topical anaesthetic (Drug) –	
Drug –	
Amount of drug given –	
Initial sedation –	
Topical anaesthetic –	
Drug –	
Amount of drug given –	
Topical anaesthetic –	
Drug –	
Amount of drug given –	

Is treatment resedating (please include units)

Oxygen saturation –	High	Low
Heart rate (Average) –		
Blood pressure –		

Sedation scoring (please include)

Assessment of opening conditions	
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Witness feedback (prepared)

Clinical Competent <input type="checkbox"/>	Professionalism Competent <input type="checkbox"/>	Communication Competent <input type="checkbox"/>	Leadership Competent <input type="checkbox"/>
Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>

Witness Name: _____ Witness No: _____
 Date: _____

Name: _____

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INTRAVENOUS SEDATION
RECOVERY Case No: _____

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Candidate signature: _____

Patient's age: _____ Patient's gender: _____

General appearance on arrival in recovery: _____

Observations on arrival in recovery (please include units)

Heart rate –	
Oxygen saturation –	
Blood pressure –	
Respiratory rate –	

Observations on discharge (please include units)

Heart rate –	
Oxygen saturation –	
Blood pressure –	
Respiratory rate –	

Discharge instructions

Carriage removed by: _____

First sedation instructions given (circle) Yes No

First treatment instructions given (circle) Yes No

Discharge to: _____

Discharge instructions (if any) _____

Assessment of competency (for help see guidelines)

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Blood pressure –	
Respiratory rate –	

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Blood pressure –	
Respiratory rate –	

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Respiratory rate –	

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Witness Name: _____ Witness No: _____
 Date: _____

SUPPLEMENTARY OUTCOME 2

SEDATION EQUIPMENT

The candidate should complete the table below listing all pieces of equipment their practice uses in relation to conscious sedation. The table should also show the date of the last service/maintenance and the date that the next service or replacement is due.

If you have an inhalation sedation machine you need to include the Manufacturer and model, the type of breathing system / nasal hood being used, and the type of scavenging being used.

Equipment	Date of last service	Date of next service or replacement

To be signed and dated by tutor when completed to a satisfactory standard.
 Signed: _____ Date: _____
 GDC No: _____
 Sampled by internal moderator (Sign) _____ GDC No: _____

SUPPLEMENTARY OUTCOME 3

EMERGENCY DRUGS

The candidate should complete the table below listing each emergency drug they stock in the practice. For each drug they should list the medical emergency/emergencies it would be used to manage.

Drug Stocked	Medical Emergency

To be signed and dated by tutor when completed to a satisfactory standard.
 Signed: _____ Date: _____
 GDC No: _____
 Sampled by internal moderator (Sign) _____ GDC No: _____

SUPPLEMENTARY OUTCOME 4

NATIONAL GUIDANCE ON CONSCIOUS SEDATION IN DENTISTRY

The candidate should refer to the document 'Standards for Conscious Sedation in the Provision of Dental Care' – 2019 and answer the questions below.

Link to guidelines (correct at time of printing)
<http://www.rcpa.org.au/sites/default/files/standards-report-2019-web-0.pdf>

In relation to 'Options for care' what four general options does the patient have to specifically manage anxiety?

- _____
- _____
- _____
- _____

In relation to 'Consent for Dental Treatment' give three situations where consent would not be deemed valid?

- _____
- _____
- _____

The candidate should refer to the document 'SDCEP Conscious Sedation in Dentistry, Dental Clinical Guidelines – 2017' and answer the questions below.

Link to guidelines (correct at time of printing)
<http://www.sdcep.org.au/standards/guidelines/>

In relation to 'Recovery and discharge' give three discharge criteria?

- _____
- _____
- _____

In relation to 'Training in Conscious Sedation' list two of the four ways in which a dental sedation nurse can maintain their knowledge and skills?

- _____
- _____

To be signed and dated by tutor when completed to a satisfactory standard.
 Signed: _____ Date: _____
 GDC No: _____
 Sampled by internal moderator (Sign) _____ GDC No: _____

Signatures

- ▶ WHO AMONGST YOU WILL SIGN A BLANK CHEQUE?
- ▶ WHO WOULD CARRY AN UNKNOWN PACKAGE THROUGH AIRPORT SECURITY FOR A STRANGER?

Record of Experience

Be conscious of timelines
 Ensure you get signatures of witnesses
 Don't forget comments of support are good
 Don't forget your own role in each case