



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS

Drawing up drugs



Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will safely draw up a drug in preparation for intra-venous administration. If local policies prevent this for the administration to patients then this should be simulated.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Prepares a clean and safe working area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects correct equipment and checks it is safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects correct drug and checks it is safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Uses safe technique to open ampoule and draw up drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Expels excess air from syringe, safely and correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Stores syringe safely ready for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of sharps and unused drug (if required) safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Confirms correct drug with second person before drawing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Labels syringe correctly	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Professionalism – Stays focus on the task	<input type="checkbox"/>	<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"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____