



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Recording Oxygen Saturation and Heart Rate



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 record a patient's oxygen saturation and heart rate as part of an assessment for dental treatment under conscious sedation. The candidate will be expected to record the result on the patient's notes and communicate the result to the patient, explaining the significance of the information.

Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Checks machine is working correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks patient and environment are suitable for the assessment. (e.g. nail varnish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Places probe correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Removes probe at end of assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient prior to the procedure to ensure consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient during the procedure to ensure the patient is reassured and result is accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records the result accurately on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Appropriately informs the patient of the results and its significance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Obtains informed consent for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Maintains patients privacy and dignity	<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"/>
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: _____