

The candidate should photocopy this form before use as more than one assessment may be required



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
 Preparing Sedation Equipment and Drugs ready for Intravenous Sedation



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 select and prepare equipment and drugs ready for the provision of dental treatment under intra-venous sedation.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Ensures the working area is clear and disinfected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects the correct equipment required for cannulation and checks they are safe for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Collects the required sedation drugs and checks they are safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks emergency drugs are available and safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks emergency equipment is available and safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects appropriate monitoring equipment and checks it is safe for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates any issues to the sedationist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records completion of safety checks	<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: _____