

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

PRACTICAL COMPETENCE ASSESSMENT SHEET Case No INHALATION SEDATION RECOVERY

<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:		
General appearance on arrival in recovery				
Observations on arrival in recovery <i>(please include units)</i>	Respiratory rate –			
Observations on discharge <i>(please include units)</i>	Respiratory rate –			
Discharge indicators				
Person discharging patient				
Post sedation instructions given (circle)	Yes	No		
Post treatment instructions given (circle)	Yes	No		
Patient accompanied (circle)	Yes	No		
Difficulties incurred <i>(if any)</i>				
Assessment of competency <i>(for help see guidance)</i>	<u>Clinical</u> Competent <input type="checkbox"/>	<u>Professionalism</u> Competent <input type="checkbox"/>	<u>Communication</u> Competent <input type="checkbox"/>	<u>Leadership</u> 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 feedback <i>(required)</i>				
Witness Name:		Witness Reg No:		
Witness Signature:		Date:		
Internal moderator to complete if sampling this PCAS				
IM Name:		IM GDC Reg No:		
IM Signature:		IM Date:		