

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

PRACTICAL COMPETENCE ASSESSMENT SHEET Case No

INHALATION SEDATION TREATMENT

<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:		
Source of patient referral				
Relevant medical history				
Relevant dental history				
GA / Sedation history				
Consent form signed?				
Pre-sedation observations <i>(please include units)</i>	Respiratory rate -			
ASA rating (circle)	1	2	3	
Sedation details	Nasal hood (size / type) – Average flow rate (L/min) – Max concentration of N2O (%) – Duration of sedation (min) –			
Patient behaviour during sedation <i>(e.g. calm, relaxed, agitated etc)</i>				
Sedation scoring	Assessment of operating conditions			
Difficulties incurred <i>(if any)</i>				
Assessment of competency <i>(for help see guidance)</i>	<u>Clinical</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Professionalism</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Communication</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Leadership</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>
Witness feedback <i>(required)</i>				
Witness Name:		Witness Reg No:		
Witness Signature:		Date:		

Reflective Account

Guidance Notes:

Candidates should identify their strengths and weaknesses relating to this contact and describe any action they would take to address weaknesses in the future, if required.

What have you learned while treating this patient?

Tutor Feedback

This section should be completed by the registrant who is assessing the PCAS on behalf of the course provider. Constructive feedback will help the candidate to develop their performance in the workplace.

Tutor feedback to candidate:

Satisfactory Not Yet Satisfactory

Signed: (Tutor)

Date: GDC Reg No:

Print Name: (Tutor)

Internal moderator to complete if sampling this PCAS

IM Name:		IM GDC Reg No:	
IM Signature:		IM Date:	