

**NATIONAL EXAMINING BOARD FOR DENTAL NURSES  
PRACTICAL COMPETENCE ASSESSMENT SHEET  
INTRAVENOUS SEDATION  
TREATMENT**

Case No

<u>Candidate Name:</u>	<u>Date of Activity:</u>
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The PCAS is a true representation of my own involvement in the task described.

Candidate signature:

Patient's age:		Patient's gender:	
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Source of patient referral	
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Relevant medical history	
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Relevant dental history	
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GA / Sedation history	
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Consent form signed?	
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Pre-sedation observations <i>(please include units)</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">If recorded</div> <div style="font-size: 3em;">{</div> <div style="text-align: left;"> <p>Heart rate –</p> <p>Oxygen saturation –</p> <p>Blood pressure –</p> <p>Respiratory rate –</p> <p>Height –</p> <p>Weight –</p> <p>BMI –</p> </div> </div>
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ASA rating (circle)	1      2      3
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Sedative techniques	<p>IV access site –</p> <p>Topical anaesthetic (Y/N) –</p> <p>Drug –</p> <p>Amount of drug given –</p> <p>Batch number –</p> <p>Expiry date –</p>
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In treatment monitoring <i>(please include units)</i>	<p>Oxygen Saturation – High:      Low:</p> <p>Heart rate (average) –</p> <p>Blood pressure –</p>
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Sedation scoring	Assessment of operating conditions
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Difficulties incurred <i>(if any)</i>	
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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"/>
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Witness feedback <b><i>(required)</i></b>	
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Witness Name:		Witness reg No:	
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Witness Signature:	Date:
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**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:	