



MINISTRY OF HEALTH MALAYSIA

**GENERAL PAEDIATRICS SERVICES**

CLINICAL PRACTICE RECORD



Name :.....

Identity Card No :.....

Post :.....

Training Centre :.....

Training - Start :..... End: .....

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## **GENERAL INFORMATION**

This Clinical Practice Record will help to monitor staff activities in the respective area. They are expected to complete all the procedures identified in General Paediatrics Nursing.

The procedures have been categorized as core list of procedures where the staff must obtain the minimum number of activities as stipulated for each procedure. The other list of procedures are optional where the staff should try to perform to ensure that she has been exposed.

For application for credentialing, the staff must have at least 2 years experience in General Paediatrics.

The maximum period for the staff to complete the required procedures competently is 1 year.

Performance proficiency must be verified by the assessor(s).

The Clinical Practice Record is reserved only for the Ministry of Health, Malaysia.

### **Assessor**

Assessment of procedural skills will be carried out by appointed personnel only. Any procedural skills certified by unauthorized personnel will be considered null and void.

**LIST OF CORE PROCEDURE FOR CREDENTIALING  
IN GENERAL PAEDIATRICS SERVICES**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1.	Assess patient on admission	6
2.	Assess level of consciousness	6
3.	Venepuncture	7
4.	Peripheral venous cannulation	8
5.	Heel/finger prick for capillary blood sugar	9
6.	Insertion of naso/orogastric tube	10
7.	Enteral tube feeding	11
8.	Collection of urine for culture	11
9.	Peak flow meter measurement	12
10.	Administration of metered dose inhaler	12
11.	Nebulisation	13
12.	Assist lumbar puncture	14
13.	Blood transfusion	14
14.	Administration of oral sedation	15
15.	Administration of medication by rectal route	15
16.	Monitoring of patient under sedation	16
17.	Suctioning – oro/nasopharyngeal	16
18.	Bag valve mask ventilation	17
19.	Use of cardiorespiratory monitor and alarm limits setting	17
20.	Care of patient with chest tube placement	18
21.	Intra/interhospital transfer of patient	18

**LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING  
IN GENERAL PAEDIATRICS SERVICE**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1.	Assist in central line placement	19
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3.	Care of chemoport	21
4.	Setting up total parenteral nutrition	22
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6.	Suctioning - endotracheal	23
7.	Care of patient with tracheostomy	23
8.	Blood sampling from arterial line	24
9.	Care of patient on non-invasive ventilation	24
10.	Stoma care	25
11.	Phototherapy	25
12.	Checking photolight irradiance	26
13.	Assist bone marrow aspiration	26
14.	Assist chest tube placement	27
15.	Assist bladder catheterisation	27
16.	Care of patient on peritoneal dialysis	28
17.	Wet wrap	28
18.	Basic ECG	29

### CORE PROCEDURES

1. PROCEDURE : Assess patient on admission

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

2. PROCEDURE : Assess level of consciousness

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

3. PROCEDURE : Venepuncture

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



4. PROCEDURE : Peripheral venous cannulation

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

5. PROCEDURE : Heel/finger prick for capillary blood sugar

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

6. PROCEDURE : Insertion of naso/orogastric tube

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

7. PROCEDURE : Enteral tube feeding

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

8. PROCEDURE : Collection of urine culture

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

9. PROCEDURE : Peak flow meter measurement

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

10. PROCEDURE : Administration of metered dose inhaler

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

11. PROCEDURE : Nebulisation

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

12. PROCEDURE : Assist lumbar puncture

ACTIVITY : PERFORM (2)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

13. PROCEDURE : Blood transfusion

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

14. PROCEDURE : Administration of oral sedation

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

15. PROCEDURE : Administration of medication by rectal route

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					



16. PROCEDURE : Monitoring of patient under sedation  
ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

17. PROCEDURE : Suctioning – oro/nasopharyngeal  
ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

18. PROCEDURE : Bag valve mask ventilation

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

19. PROCEDURE : Use of cardiorespiratory monitor and alarm limit setting

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

20. PROCEDURE : Care of patient with chest tube placement

ACTIVITY : PERFORM (2)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

21. PROCEDURE : Intra/interhospital transfer of patient

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

### OPTIONAL PROCEDURES

1. PROCEDURE : Assist in central line placement

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

2. PROCEDURE : Care of central venous line

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3. PROCEDURE : Care of chemoport

ACTIVITY : PERFORM (10)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

4. PROCEDURE : Setting up total parenteral nutrition  
ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

5. PROCEDURE : Assist intubation  
ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

6. PROCEDURE : Suctioning - endotracheal  
 ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

7. PROCEDURE : Care of patient with tracheostomy  
 ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					



8. PROCEDURE : Blood sampling from arterial line

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

9. PROCEDURE : Care of patient on non-invasive ventilation

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

10. PROCEDURE : Stoma care

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

11. PROCEDURE : Phototherapy

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

12. PROCEDURE : Checking photolight irradiance

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

13. PROCEDURE : Assist bone marrow aspiration

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

14. PROCEDURE : Assist chest tube placement

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

15. PROCEDURE : Assist Bladder catheterisation

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

16. PROCEDURE : Care of patient on peritoneal dialysis

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

17. PROCEDURE : Wet wrap

ACTIVITY : PERFORM (3)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

18. PROCEDURE : Basic ECG

ACTIVITY : PERFORM (5)

No	Regd. No.	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

**SUMMARY OF NURSES PROGRESS CLINICAL PRACTICE RECORD  
(CORE PROCEDURES)**

No	Procedure	Done	Required	Remarks
1.	Assess patient on admission	5		
2.	Assess level of consciousness	5		
3.	Venepuncture	10		
4.	Peripheral venous cannulation	10		
5.	Heel/finger prick for capillary blood sugar	10		
6.	Insertion of naso/orogastric tube	10		
7.	Enteral tube feeding	5		
8.	Collection of urine culture	5		
9.	Peak flow meter measurement	5		
10.	Administration of metered dose inhaler	5		
11.	Nebulisation	10		
12.	Assist lumbar puncture	2		
13.	Blood transfusion	3		
14.	Administration of oral sedation	3		
15.	Administration of medication by rectal route	3		
16.	Monitoring of patient under sedation	3		
17.	Suctioning – oro/nasopharyngeal	5		
18.	Bag valve mask ventilation	3		
19.	Use of cardiorespiratory monitor and alarm limit setting	3		
20.	Care of patient with chest tube placement	2		
21.	Intra/interhospital transfer of patient	3		

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....  
 .....  
 .....

Signature of Assessor:

Verified by Head OF Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date:

**SUMMARY OF NURSES PROGRESS CLINICAL PRACTICE RECORD  
(OPTIONAL PROCEDURES)**

No	Procedure	Done	Required	Remarks
1.	Assist in central line placement	10		
2.	Care of central venous line	10		
3.	Care of chemoport	10		
4.	Setting up total parenteral nutrition	5		
5.	Assist intubation	5		
6.	Suctioning - endotracheal	5		
7.	Care of patient with tracheostomy	5		
8.	Blood sampling from arterial line	5		
9.	Care of patient on non – invasive ventilation	5		
10.	Stoma care	5		
11.	Phototherapy	5		
12.	Checking photolight irradiance	5		
13.	Assist bone marrow aspiration	3		
14.	Assist chest tube placement	3		
15.	Assist bladder catheterisation	3		
16.	Care of patient on peritoneal dialysis	3		
17.	Wet wrap	3		
18.	Basic ECG	5		

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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Signature of Assessor:

Verified by Head OF Department:

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(Name / Stamp)

(Name / Stamp)

Date:

Date: