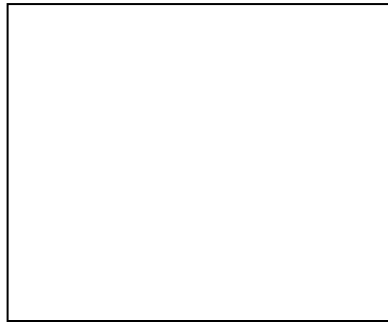




MINISTRY OF HEALTH MALAYSIA

# **CARDIOVASCULAR PERFUSION**

CLINICAL PRACTICE RECORD



1. NAME: .....
2. IC NO: .....
3. POSITION AND GRED: .....
4. WORKING ADDRESS:  
.....  
.....
5. DATE OF JOINING UNIT: .....
6. DATE OF PASSING ADVANCED DIPLOMA IN CARDIOVASCULAR PERFUSION  
(IF ANY): .....
7. DATE START OF LOG: .....
8. DATE END OF LOG: .....

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### **General Information**

Cardiovascular Perfusion Services in the Ministry of Health of Malaysia is provided by trained Assistant Medical Officer under the supervision of qualified medical professionals trained in Medical Perfusion. This Clinical Practice Record is to monitor and record a Perfusionist's practice for the purpose of credentialing in Clinical Cardiovascular Perfusion for Assistant Medical Officer working in Cardiothoracic Anaesthesiology and Perfusion facilities in the Ministry of Health (MOH) of Malaysia.

### **Components and activity in the Clinical Practice Record**

A Perfusionist applying for credentialing is expected to **perform** the minimum number of activities as stipulated for each procedure identified in list of core procedures and achieves a satisfactory assessment report by appointed personnel. The other lists of

procedures are optional and specialised procedures where the perfusionist should try to perform to ensure that the necessary experience.

The Clinical Practice Record will be used as a prove of proficiency in the performance of procedures.

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

### **Assessor**

Recording of assessments of Clinical Practice will be carried out by appointed personnel only. Any practice performed and certified by unauthorized personnel will be consider null and void.

### **List of Procedures in Clinical Cardiovascular Perfusion**

#### **A). Core procedures**

1. Conduct of CPB for CABG / valve / adult congenital heart surgery (50 CASES)
2. Set-up of intra-aortic balloon pump (5 CASES)
3. Perform intra operative red cell salvage with cell saver (5 CASES)

#### **B). Optional Procedures**

1. Conduct of CPB using centrifugal pump
2. Conduct of CPB using VAVD
3. Conduct of CPB for thoracic aortic surgery
4. Perform ultrafiltration during CPB

#### **C). Specialize Procedure**

1. Extracorporeal Membrane Oxygenation
2. Neonatal and Paediatric Perfusion

**A. CORE PROCEDURES**

**PROCEDURE: CONDUCT OF CPB FOR CABG / VALVE / ADULT CONGENITAL HEART SURGERY**

**ACTIVITY: PERFORM (MINIMUM 50 CASES)**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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**PROCEDURE: SET UP INTRA-AORTIC BALLOON PUMP**

**ACTIVITY: PERFORM (MINIMUM 5 CASES)**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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**PROCEDURE:** PERFORM INTRA-OPERATIVE RED CELL SALVAGE WITH CELL SAVER

**ACTIVITY:** PERFORM (MINIMUM 5 CASES)

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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**B. OPTIONAL PROSEDURES**

**PROCEDURE: CONDUCT OF CPB USING CENTIFUGAL PUMP**

**ACTIVITY: PERFORM**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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**PROCEDURE: CONDUCT OF CPB USING VAVD**

**ACTIVITY: PERFORM**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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**PROCEDURE: CONDUCT OF CPB FOR THORACIC AORTIC SURGERY**

**ACTIVITY: PERFORM**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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**PROCEDURE: PERFORM ULTRAFILTRATION DURING CPB**

**ACTIVITY: PERFORM**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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### C) SPECIALIZED PROCEDURES

#### **PROCEDURE: EXTRACORPOREAL MEMBRANE OXYGENATION**

#### **ACTIVITY: PERFORM**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK (SATISFACTORY PERFORMANCE, YES/NO)
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#### **PROCEDURE: NEONATAL AND PAEDIATRIC PERFUSION**

#### **ACTIVITY: PERFORM**

NO.	Patient's RN	TYPE OF SURGERY	DATE	NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	REMARK
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PROGRESS REPORT  
CLINICAL PRACTICE RECORD

Month: .....

\*Note: This summary clinical practice record has to be prepared at the end of each month.

	Type of Procedure	Minimum numbers of satisfactory performance required	Cumulative numbers of satisfactory performance achieved from start of log
Core Procedures	Conduct of CPB for CABG / valve / adult congenital heart surgery	50	
	Set-up of intra-aortic balloon pump	5	
	Perform intra operative red cell salvage with cell saver	5	
Optional Procedures	Conduct of CPB using centrifugal pump	-	
	Conduct of CPB using VAVD	-	
	Conduct of CPB for thoracic aortic surgery	-	
	Perform ultrafiltration during CPB	-	
Specialize Procedures	Extracorporeal Membrane Oxygenation	-	
	Neonatal and Paediatric Perfusion	-	