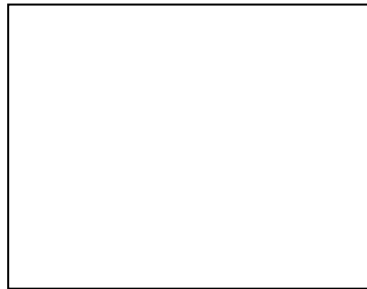




MINISTRY OF HEALTH MALAYSIA
CREDENTIALING
IN

OPHTHALMIC NURSING

LOG BOOK



1. NAME:
2. IC NO:
3. POSITION & GRED:
4. WORKING ADDRESS:
.....
.....
5. DATE OF JOINING THIS DEPARTMENT:
6. POST BASIC TRAINING & YEAR:
7. TRAINING FOR CREDENTIALING: Date start:
Date end:

I hereby confirm that the above information is true.

Signature: Date:

CONTENT

NO	PROCEDURES	PAGE
1	GENERAL INFORMATION	3
2	LIST OF OPHTHALMIC CLINICAL PROSEDURS	4
3	LIST OF OPHTHALMIC SURGICAL PROSEDURS	5
4	OPHTHALMIC CLINICAL PROSEDURS	6-15
5	OPHTHALMIC SURGICAL PROSEDURS	16-19
6	SUMMARY OF OPHTHALMIC CLINICAL PROSEDURS. CLINICAL PRATICE RECORD	20-21
7	SUMMARY OF OPHTHALMIC SURGICAL PROSEDURS. CLINICAL PRATICE RECORD	22

General Information

This Clinical Practice Record will help to assess the competence of Allied Health Personal (AHP) during the Clinical Ophthalmic Posting. They are expected to complete all the procedures identified in the Ophthalmic Nursing.

The minimum number for each procedures must be obtained as stipulated in the list of Procedures.

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

Criteria for Assessor

The Assessor must have a recognized Diploma in Post Basic Ophthalmic Nursing, must have complete at least 2 years after obtaining the Diploma in Post Basic Ophthalmic Nursing and must have a certificate of Credentialing.

If no qualified Assessor, then an Assessor who is privileged can be appointed by the Head of Department

.

LIST OF OPHTHALMIC CLINICAL PROCEDURES

NO	PROCEDURE	PAGE
1.	Triaging	6
2.	Measurement of Visual Acuity (Adult)	7
3.	Measurement of Visual Acuity (Children)	7
4.	Measurement of near vision	7
5.	Eye Examination (Anterior segment)	8
6.	IOP measurement and calibration using Tonopen	8
7.	Pre-operative counselling	8
8.	Perform Schirmer's test	9
9.	Color vision testing – ishihara	9
10.	Eyelid hygiene (Eye lid scrub)	9
11.	Eye dressing (First dressing)	10
12.	Instilling eye drop with punctal occlusion	10
13.	Application of eye pad and eye shield	11
14.	Insertion and removal of bandage contact lens	11
15.	Counseling on contact lens wear	11
16.	Insertion and removal of eye prosthesis	11
17.	Perform eye rodding	12
18.	Perform pH testing of tears	12
19.	Perform eye irrigation	12
20.	Perform corneal staining	12
21.	Perform fundus photography	12
22.	Perform conjunctival swab	13
23.	Prepare and assist in corneal scrapping	14
24.	Preparation and assist in ROP screening	14
25.	Prepare and assist in laser therapy	14
26.	Prepare and assist in FFA (if service available)	14
27.	Prepare and assist in syringing of lacrimal drainage system	15
28.	Prepare and assist in incision and curettage	15
29.	Prepare and assist in intravitreal injection (If service available)	15

LIST OF OPHTHALMIC SURGICAL PROCEDURES

NO	PROCEDURE	PAGE
1.	Cleaning and sterilization of microsurgical instruments	16
2.	Prepare and assist in ECCE	16
3.	Prepare and assist in phacoemulsification	17
4.	Prepare and assist in pterygium excision	17
5.	Prepare and assist in vitreoretinal surgery (If service available)	18
6.	Preparation of intraocular gases for tamponade (If service available)	18
7.	Prepare and assist in Trabeculectomy / GDD surgery (If service available)	18
8.	Prepare and assist in corneal transplantation	18
9.	Prepare and assist in oculoplastic surgery (If service available)	19
10.	Prepare and assist in squint surgery (If service available)	19

1. PROCEDURE : TRIAGING
ACTIVITY : PERFORMED (30)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				
11		PERFORM				
12		PERFORM				
13		PERFORM				
14		PERFORM				
15		PERFORM				
16		PERFORM				
17		PERFORM				
18		PERFORM				
19		PERFORM				
20		PERFORM				
21		PERFORM				
22		PERFORM				
23		PERFORM				
24		PERFORM				
25		PERFORM				
26		PERFORM				
27		PERFORM				
28		PERFORM				
29		PERFORM				
30		PERFORM				

2. PROCEDURE : MEASUREMENT OF VISUAL ACUITY (ADULT)
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

3. PROCEDURE : MEASUREMENT OF VISUAL ACUITY (CHILDREN)
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

4. PROCEDURE : MEASUREMENT OF NEAR VISION
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5. PROCEDURE : EYE EXAMINATION (ANTERIOR SEGMENT)
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

6. PROCEDURE : IOP MEASUREMENT AND CALIBRATION USING TONOPEN
ACTIVITY : PERFORMED (10)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				

7. PROCEDURE : PRE-OPERATIVE COUNSELING
ACTIVITY : PERFORMED (10)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				

8. PROCEDURE : PERFORM SCHIRMER'S TEST
ACTIVITY : PERFORMED (4)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

9. PROCEDURE : COLOR VISION TESTING-ISHIHARA
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

10. PROCEDURE : EYELID HYGINE (EYE LID SCRUB)
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

11. PROCEDURE : EYE DRESSING (FIRST DRESSING)
ACTIVITY : PERFORMED (10)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				

12. PROCEDURE : INSTILLING EYE DROPS WITH PUNCTAL OCCUSION
ACTIVITY : PERFORMED (10)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				

13. PROCEDURE : APPLICATION OF EYE PAD AND EYE SHIELD
ACTIVITY : PERFORMED (10)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				

14. PROCEDURE : INSERTION AND REMOVAL OF BANDAGE CONTACT LENS
ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

15. PROCEDURE : COUNSELING ON CONTACT LENS WEAR
ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

16. PROCEDURE : INSERTION AND REMOVAL OF EYE PROSTHESIS
ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

17. PROCEDURE : PERFORM EYE RODDING
ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

18. PROCEDURE : PERFORM pH TESTING OF TEARS
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

19. PROCEDURE : PERFORM EYE IRRIGATION
ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

20. PROCEDURE : PERFORM CORNEAL STAINING
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

21. PROCEDURE : PERFORM FUNDUS PHOTOGRAPHY
ACTIVITY : PERFORMED (20)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				
11		PERFORM				
12		PERFORM				
13		PERFORM				
14		PERFORM				
15		PERFORM				
16		PERFORM				
17		PERFORM				
18		PERFORM				
19		PERFORM				
20		PERFORM				

22. PROCEDURE : PERFORM CONJUNCTIVAL SWAB
ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

23. PROCEDURE : PREPARE AND ASSIST IN CORNEAL SCRAPPING
ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

24. PROCEDURE : PREPARATION AND ASSIST IN ROP SCREENING
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

25. PROCEDURE : PREPARE AND ASSIST IN LASER THERAPY
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

26. PROCEDURE : PREPARE AND ASSIST IN FFA (IF SERVICE AVAILABLE)
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

27. PROCEDURE : PREPARE AND ASSIST IN SYRINGING OF LACRIMAL DRAINAGE SYSTEM

ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

28. PROCEDURE : PREPARE AND ASSIST IN INCISION AND CURETTAGE

ACTIVITY : PERFORMED (2)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				

29. PROCEDURE : PREPARE AND ASSIST IN INTRAVITRAL INJECTION (IF SERVICE AVAILABLE)

ACTIVITY : PERFORMED (10)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				

OPHTHALMIC SURGICAL PROCEDURES

1. PROCEDURE : CLEANING AND STERILIZATION AF MOCROSURGICAL INSTRUMENTS
ACTIVITY : PERFORMED (20)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				
11		PERFORM				
12		PERFORM				
13		PERFORM				
14		PERFORM				
15		PERFORM				
16		PERFORM				
17		PERFORM				
18		PERFORM				
19		PERFORM				
20		PERFORM				

2 . PROCEDURE : PREPARE AND ASSIST IN ECCE
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

3. PROCEDURE : PREPARE AND ASSIST IN PHECOMULSIFICATION
ACTIVITY : PERFORMED (20)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				
11		PERFORM				
12		PERFORM				
13		PERFORM				
14		PERFORM				
15		PERFORM				
16		PERFORM				
17		PERFORM				
18		PERFORM				
19		PERFORM				
20		PERFORM				

4. PROCEDURE : PREPARE AND ASSIST IN PTERYGIUM EXCISION
ACTIVITY : PERFORMED (5)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5. PROCEDURE : PREPARE AND ASSIST IN VITRORETINAL SURGERY (IF SERVICE AVAILABLE)

ACTIVITY : PERFORMED (3)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				

6. PROCEDURE : PREPARATION OF INTRAOCULAR GASES FOT TAMPONADE (IF SERVICE AVAILABLE)

ACTIVITY : PERFORMED (3)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				

7. PROCEDURE : PREPARE AND ASSIST TRABECULECTOMY / GDD SURGERY (IF SERVICE AVAILABLE)

ACTIVITY : PERFORMED (1)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				

8. PROCEDURE : PREPARE AND ASSIST CORNEAL TRANSPLANTION (IF SERVICE AVAILABLE)

ACTIVITY : PERFORMED (1)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				

**9. PROCEDURE : PREPARE AND ASSIST OCULOPLASTIC SURGERY
(IF SERVICE AVAILABLE)**

ACTIVITY : PERFORMED (1)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				

**10. PROCEDURE : PREPARE AND ASSIST SQUINT SURGERY
(IF SERVICE AVAILABLE)**

ACTIVITY : PERFORMED (1)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				

**SUMMARY OF OPHTHALMIC CLINICAL PROCEDURES
CLINICAL PRACTICE RECORD**

Name : _____

Hospital : _____ Date : _____

No.	Procedure	No Of Procedures Performed (Minimum Number)	Supervisor's Comments
1.	Triaging	30	
2.	Measurement of Visual Acuity (Adult)	5	
3.	Measurement of Visual Acuity (Children)	5	
4.	Measurement of near vision	5	
5.	Eye Examination (Anterior segment)	5	
6.	IOP measurement and calibration using Tonopen	10	
7.	Pre-operative counselling	10	
8.	Perform Schirmer's test	4	
9.	Color vision testing – ishihara	5	
10.	Eyelid hygiene (Eye lid scrub)	5	
11.	Eye dressing (First dressing)	10	
12.	Instilling eye drop with punctal occlusion	10	
13.	Application of eye pad and eye shield	10	
14.	Insertion and removal of bandage contact lens	2	
15.	Counseling on contact lens wear	2	
16.	Insertion and removal of eye prosthesis	2	
17.	Perform eye rodding	2	
18.	Perform pH testing of tears	5	
19.	Perform eye irrigation	2	
20.	Perform corneal staining	5	
21.	Perform fundus photography	20	
22.	Perform conjunctival swab	2	
23.	Prepare and assist in corneal scrapping	2	
24.	Preparation and assist in ROP screening	5	

25.	Prepare and assist in laser therapy	5	
26.	Prepare and assist in FFA (if service available)	5	
27.	Prepare and assist in syringing of lacrimal drainage system	2	
28.	Prepare and assist in incision and curettage	2	
29.	Prepare and assist in intravitreal injection (If service available)	10	

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....

.....

.....

.....

.....

Signature of Assessor:

Verified by Head Of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date:

SUMMARY OF OPHTHALMIC SURGICAL PROCEDURES CLINICAL PRACTICE RECORD

Name : _____

Hospital : _____ Date : _____

No.	Procedure	No Of Procedures Performed (Minimum Number)	Supervisor's Comments
1.	Cleaning and sterilization of microsurgical instruments	20	
2.	Prepare and assist in ECCE	5	
3.	Prepare and assist in phacoemulsification	20	
4.	Prepare and assist in pterygium excision	5	
5.	Prepare and assist in vitreoretinal surgery (If service available)	3	
6.	Preparation of intraocular gases for tamponade (If service available)	3	
7.	Prepare and assist in Trabeculectomy / GDD surgery (If service available)	1	
8.	Prepare and assist in corneal transplantation	1	
9.	Prepare and assist in oculoplastic surgery (If service available)	1	
10.	Prepare and assist in squint surgery (If service available)	1	

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....

.....

.....

.....

Signature of Assessor:

Verified by Head OF Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date: