

SENARAI SEMAK

Sila tandakan jika berkenaan

1. Borang Permohonan Baru *APPLICATION FOR CREDENTIALING - Cred 1- (2018)* diisi dengan lengkap oleh pemohon dan tandatangani oleh Ketua Jabatan/ Pakar Lawatan Klinik
2. Salinan Perakuan Pendaftaran Tahunan *Annual Practicing Certificate (APC)* Jururawat yang disahkan - (tahun semasa)*
3. Salinan Sijil Diploma/ Ijazah Jururawat yang diiktiraf oleh Lembaga Jururawat Malaysia
4. Salinan Sijil Yang Disahkan:-
 - 4.1 Pos Basik Perawatan Rapi
5. Gambar beruniform berukuran passport.
6. Ringkasan buku log disahkan oleh Ketua Jabatan/ Pakar Lawatan Klinik (*bagi yang tiada pos basik berkaitan*).

Semua Borang dan Salinan Sijil hendaklah dihantar dalam satu salinan sahaja.

Borang Permohonan *Credentialing* boleh dimuat turun dari portal KKM: www.moh.gov.my.- *Credentialing Assistant Medical Officer & Nurse*

Alamat untuk menghantar Borang Permohonan :

PENGARAH
BAHAGIAN KEJURURAWATAN
KEMENTERIAN KESIHATAN MALAYSIA
LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAANPERSEKUTUAN
62590 PUTRAJAYA
62590 PUTRAJAYA

Tel : 03 8883 3543/3544

Faks : 03 8890 4149

TANDATANGAN

Di semak oleh :
(Cop Nama Penyelia)

2. PROFESSIONAL QUALIFICATIONS

| Diploma / Degree / Masters/ etc. | University/ College | Year of qualification |
|----------------------------------|---------------------|-----------------------|
| | | |
| | | |
| | | |

(Please attach certified copies of degree /diploma /certificate with the form)

3. POST BASIC TRAINING / RELATED COURSES

| Type of Training | Institution | Duration (month) | Year |
|------------------|-------------|------------------|------|
| | | | |
| | | | |
| | | | |

(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)

4. WORKING EXPERIENCE (start from the current place of work)

| Discipline | Place | Period (from – till) | Duration |
|------------|-------|----------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(Use attachment sheet if space inadequate)

5. PROFESSIONAL REGISTRATION

Registered with :

(example: Lembaga Jururawat Malaysia, Lembaga Pembantu Perubatan Malaysia, Majlis Optik Malaysia)

Date of Full Registration with respective professional Board/Council :

Current Annual Practicing Certificate No.:

(Please attach certified copies of Registration certificate)

8. PLEASE COMPLETE THE FOLLOWING ASSESSMENT OF THE APPLICANT'S ETHICAL AND PROFESSIONAL QUALIFICATIONS.
Please (√) at the appropriate box

| | Above Average | Average | Below Average | No knowledge |
|--|---------------|---------|---------------|--------------|
| Clinical knowledge | | | | |
| Clinical skills | | | | |
| Professional clinical judgment | | | | |
| Sense of clinical responsibility | | | | |
| Ethical conduct | | | | |
| Cooperativeness, ability to work with others | | | | |
| Documentation/ medical record timeliness & quality | | | | |
| Teaching skills | | | | |
| Compliance with hospital rules & regulation | | | | |

9. APPLICANT APPRAISAL (to be filled by Supervisor)

9.1 I have known the applicant for (duration)

9.2 I recommend / do not recommend the applicant to be credentialed in the field requested.
(delete where applicable)

..... Date :

Signature

Official stamp:

Contact No:

10. APPLICATION APPROVAL (By Head of Department)

.....is approved/ not approved for submission to the
National Credentialing Committee

..... Date :

Signature

Official stamp:

FOR OFFICIAL USE

SPECIALTY SUB-COMMITTEE (SSC) DECISION

Application Approved

For Reassessment*

Application Rejected*

*Reasons:

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

Specialty Sub-Committee Chairman Date.....

Signature

The above decision will be brought to the next NCC meeting for endorsement

SUMMARY OF CLINICAL PRACTICE RECORDS IN GENERAL INTENSIVE CARE NURSING

| NO | CORE PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|---|----------|---|----|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Preparation in receiving patient | - | - | 33 | | | | |
| 2 | Transport of the critically ill patient | - | - | 3 | | | | |
| 3 | Charting of ICU observation | - | - | 5 | | | | |
| 4 | Hand hygiene | - | - | 5 | | | | |
| 5 | Calculation of dosage and preparation of : | - | - | | | | | |
| | 5.1. Dopamine | - | - | 5 | | | | |
| | 5.2. Dobutamine | - | - | 5 | | | | |
| | 5.3. Adrenaline | - | - | 5 | | | | |
| | 5.4. Nor-adrenaline | - | - | 5 | | | | |
| | 5.5. Insulin | - | - | 5 | | | | |
| | 5.6 Fentanyl | - | - | 5 | | | | |
| | 5.7 Midazolam | - | - | 5 | | | | |
| | 5.8 Morphine | - | - | 5 | | | | |
| 6 | Assemble pressure transducer system | - | - | 5 | | | | |
| 7 | Blood sampling from arterial line | - | - | 5 | | | | |
| 8 | Care of patient on arterial line | - | - | 5 | | | | |
| 9 | Care of patient on central venous line | - | - | 5 | | | | |
| 10 | Management of Invasive Ventilation | - | - | | | | | |
| | 10.1. Assemble ventilator circuit | - | - | 3 | | | | |
| | 10.2. Set and change ventilator parameters and alarms | - | - | 3 | | | | |
| | 10.3. Troubleshooting problems | - | - | 3 | | | | |
| 11 | Prepare and assist in intubation | - | - | | | | | |
| | 11.1 Prepare Capnometry | - | - | 5 | | | | |
| 12 | Perform manual ventilation in intubated patients | - | - | 5 | | | | |
| 13 | Management of Endotracheal Tube | - | - | 10 | | | | |
| | 13.1. Secure tube | - | - | | | | | |
| | 13.2. ETT suctioning | - | - | | | | | |
| | 13.3. Cuff pressure monitoring | - | - | | | | | |
| | 13.4. Tube placement | - | - | | | | | |
| | 13.4.1. auscultation | - | - | | | | | |
| | 13.4.2. chest x'ray | - | - | | | | | |

| | | | | | | | | |
|----|--|---|---|----|--|--|--|--|
| 14 | Management of Trachesotomy Tube | - | - | 10 | | | | |
| | 14.1. Secure tube | - | - | | | | | |
| | 14.2. Tracheostomy suctioning | - | - | | | | | |
| | 14.3. Cuff pressure monitoring | - | - | | | | | |
| | 14.4. Tube placement | - | - | | | | | |
| | 14.4.1. auscultation | - | - | | | | | |
| | 14.4.2. chest x'ray | - | - | | | | | |
| 15 | Management of Non-Invasive Ventilation (NIV) | - | - | 3 | | | | |
| | 15.1. Choose appropriate mask | - | - | | | | | |
| | 15.2. Assemble ventilator circuit | - | - | | | | | |
| | 15.3. Set and change ventilator parameters and alarms | - | - | | | | | |
| | 15.4. Troubleshooting problems (e.g. air leaks, patient discomfort) | - | - | | | | | |
| 16 | Management of humidifier | - | - | | | | | |
| | 16.1. Heated water bath | - | - | 3 | | | | |
| | 16.2. Heat moisture exchanger (HME) | - | - | 5 | | | | |
| 17 | Assist chest physiotherapy | - | - | 3 | | | | |
| 18 | Assist patient to perform incentive spirometry | - | - | 5 | | | | |
| 19 | Perform tracheo-bronchiol suctioning | - | - | | | | | |
| | 19.1. Open method | - | - | 5 | | | | |
| | 19.2. Close method | - | - | 5 | | | | |
| 20 | Administer aerosol drugs via metered-dose inhaler (MDI) or nebulizer to patients on mechanical ventilation | - | - | 5 | | | | |
| 21 | Prepare and extubate patient | - | - | 5 | | | | |
| | 21.1 Monitor vital sign and blood gases post extubation | - | - | | | | | |
| | 21.2 Educate patient on cough and breathing exercise | - | - | | | | | |
| | 21.3 Trouble of problems (desaturation, hypotension) | - | - | | | | | |
| | 21.4 Application of appropriate oxygen therapy adjunct (High flow mask , Nasal prong) | - | - | | | | | |
| 22 | Recognise abnormal laboratory results | - | - | 5 | | | | |
| | 22.1. Full Blood Count | - | - | | | | | |
| | 22.2. Blood Urea and Serum Electrolyte | - | - | | | | | |
| | 22.3. Coagulation Profile | - | - | | | | | |
| | 22.4. Arterial Blood Gases | - | - | | | | | |
| | 22.5. Blood Sugar | - | - | | | | | |
| | 22.6. Culture and Sensitivity | - | - | | | | | |

| | | | | | | | | |
|----|--|---|---|---|--|--|--|--|
| 23 | Perform pain score | - | - | 5 | | | | |
| | 23.1 Trouble shoot (High pain score, over sedation) | - | - | | | | | |
| 24 | Perform sedation score | - | - | 5 | | | | |
| | 24.1 Trouble shoot (over sedation, under sedation) | - | - | | | | | |
| 25 | Management of continuous enteral nutrition | - | - | 5 | | | | |
| | 25.1 Confirmation of tube placement | - | - | | | | | |
| | 25.2 Preparation of equipment | - | - | | | | | |
| | 25.3 Preparation of formula | - | - | | | | | |
| | 25.4 Administer | - | - | | | | | |
| | 25.5 Troubleshooting problem (e.g: high aspirate) | - | - | | | | | |
| 26 | Management of total parenteral nutrition (TPN) | - | - | 5 | | | | |
| | 26.1 Confirmation of central venous line | - | - | | | | | |
| | 26.2 Preparation of equipment | - | - | | | | | |
| | 26.3 Administer & Calculate rate of infusion | - | - | | | | | |
| | 26.4 Troubleshooting of problems | - | - | | | | | |
| 27 | Recognition of life – threatening arrhythmias (e.g PEA , Pulseless VT, VF, Ectopics) | - | - | 5 | | | | |
| 28 | Assist or perform defibrillation. | - | - | 2 | | | | |

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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

Signature of Assessor:

Verified by Head of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN GENERAL INTENSIVE CARE NURSING

| NO | OPTIONAL PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|--|----------|---|---|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Calculate and administer neuro-muscular blockers | - | - | 2 | | | | |
| 2 | Apply capnometer and clinical application | - | - | 2 | | | | |
| 3 | Apply pneumatic cuff compressors for deep vein thrombosis prophylaxis | - | - | 2 | | | | |
| 4 | Prepare and assist in percutaneous tracheostomy | - | - | 2 | | | | |
| 5 | Care of the patient on ICP monitoring with external ventricular drainage | - | - | 2 | | | | |
| 6 | Prepare and assist in bronchoscopy | - | - | 2 | | | | |
| 7 | Care of patient Continuous Renal Replacement therapy (CRRT) | - | - | 2 | | | | |
| 8 | Administer aerosol drugs via nebulizer or MDI to patients on non-invasive positive pressure ventilation. | - | - | 2 | | | | |
| 9 | Prepare and assist in Brain stem function test | - | - | 2 | | | | |

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....

.....

.....

.....

.....

Signature of Assessor:

Verified by Head of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN PAEDIATRIC INTENSIVE UNIT

| NO | CORE PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|---|----------|---|---|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Physical assessment of vital sign : Central Venous System | | | 2 | | | | |
| 2 | Physical assessment of vital sign : Cardiovascular system2 | | | 2 | | | | |
| 3 | Physical assessment of vital sign : Respiratory System | | | 2 | | | | |
| 4 | Physical assessment of vital sign : Genito- Urinary System | | | 2 | | | | |
| 5 | Physical assessment of vital sign : Gastrointestinal system | | | 2 | | | | |
| 6 | Assessment of pain score | | | 2 | | | | |
| 7 | Calculation and administration of fluid maintenance/resuscitation | | | 5 | | | | |
| 8 | Care of Child on ventilator | | | 5 | | | | |
| 9 | ETT/ Tracheostomy suctioning with hand bagging | | | 5 | | | | |

| NO | OPTIONAL PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|-------------------------------|----------|---|---|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Glasgow coma scale for infant | | | 2 | | | | |

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....

.....

.....

.....

.....

Signature of Assessor:

Verified by Head Of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN CARDITHORACIC INTENSIVE CARE UNIT

| NO | CORE PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|--|----------|---|---|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Observe Coronary Artery Bypass | | | 1 | | | | |
| 2 | Observe Valve Surgery | | | 1 | | | | |
| 3 | Preparation for admission of post cardiac surgery patient | | | 3 | | | | |
| 4 | Role of Charge Nurse in receiving post cardiac surgery patient and immediate post-operative care | | | 3 | | | | |
| 5 | Set up and inflate temporary single chamber epicardial cardiac pacemaker | | | 2 | | | | |
| 6 | Set up and inflate temporary dual chamber epicardial cardiac pacemaker | | | 2 | | | | |
| 7 | Removal of pulmonary artery catheter | | | 2 | | | | |
| 8 | Perform thermodilution cardiac output study (using pulmonary artery catheter | | | 2 | | | | |
| 9 | Care of patient on Intara aortic ballon pump (IABP) | | | 3 | | | | |
| 10 | Perform Doppler ultrasound for posterior tibialis/dorsalis pedis arterial pulsation | | | 2 | | | | |
| 11 | Pottasium infusion therapy | | | 2 | | | | |
| 12 | Calcium infusion therapy | | | 2 | | | | |
| 13 | Magnesium infusion therapy | | | 2 | | | | |
| 14 | Care of post cardiac surgical patient with chest drain | | | 5 | | | | |
| 15 | Removal chest Drain | | | 5 | | | | |

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....

Signature of Assessor:

Verified by Head of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN CARDITHORACIC INTENSIVE CARE UNIT

| NO | OPTIONAL PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|---|----------|---|---|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Observe thorasic surgery | 1 | | | | | | |
| 2 | Assist in insertion of pulmonary artery catheter | | 2 | | | | | |
| 3 | Assist in elective cardioversion | | 1 | | | | | |
| 4 | Assist in insertion of IABP | | 1 | | | | | |
| 5 | Assist in removal of IABP | | 1 | | | | | |
| 6 | Care of patient after removal of IABP | | | 1 | | | | |
| 7 | Assist removal of epicardial pacing wire | | 1 | | | | | |
| 8 | Assist emergency chest re open in CICU as a scrub nurse | | 1 | | | | | |

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....

.....

.....

.....

.....

Signature of Assessor:

Verified by Head of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN NEURO INTENSIVE CARE UNIT

| NO | CORE PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|---|----------|---|---|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Interpret ICP waveform | | | 3 | | | | |
| 2 | Set up ICP monitoring with External Ventricular drainage (EVD) system | | | 4 | | | | |
| 3 | Care of patient on ICP monitoring with EVD | | | 5 | | | | |
| 4 | Perform draining of CSF in patient with increased ICP | | | 5 | | | | |
| 5 | Care of patient with raised ICP | | | 5 | | | | |
| 6 | Post Operative care of neurosurgical patient | | | 5 | | | | |

| NO | OPTIONAL PROCEDURES | REQUIRED | | | DONE | | | REMARKS |
|----|---|----------|---|---|------|---|---|---------|
| | | O | A | P | O | A | P | |
| 1 | Perform collection of CSF sampling via EVD | | | | 2 | | | |
| 2 | Post operative care of patient with cerebral aneurysm surgery | | | | 2 | | | |

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

.....

Signature of Assessor:

Verified by Head of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date: