

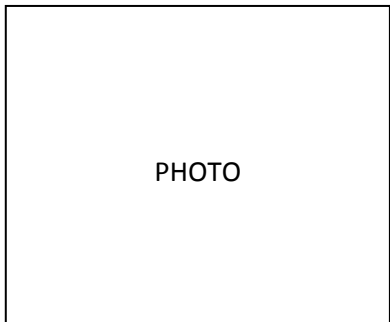


MINISTRY OF HEALTH MALAYSIA  
CREDENTIALING

IN

**INTENSIVE CARE NURSING**

LOG BOOK



PHOTO

- 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	2
2	Assessor	2
3	List of Core Procedures in General Intensive Care Unit	3-4
4	List of Optional Procedures in General Intensive Care Unit	5
5	List of Core Procedures in Paediatric Intensive Care Unit	5
6	List of Optional Procedures in Paediatric Intensive Care Unit	5
7	List of Core Procedures in Cardiothoracic Intensive Care Unit	6
8	List of Optional Procedures in Cardiothoracic Intensive Care	6
9	List of Core Procedures in Neuro Intensive Care Unit	7
10	List of Optional Procedures in Neuro Intensive Care	7
11	Clinical Activity for Procedures in General Intensive Care Unit	8-19
12	Clinical Activity for Procedures in Paediatric Intensive Care Unit	20-21
13	Clinical Activity for Procedures in Cardiothoracic Intensive Unit	22-25
14	Clinical Activity for Procedures in Neuro Intensive Care Unit	26-27
15	Summary of clinical practice record in General Intensive Care Unit	28-31
16	Summary of clinical practice record in Paediatric Intensive Care Unit	32
17	Summary of clinical practice record in Cardiothoracic Intensive Care Unit	33-34
18	Summary of clinical practice record in Neuro Intensive Care Unit	35

## **General Information**

This Clinical Practice Record will help to monitor staffs activities in the respective area. They are expected to complete all the procedures identified in Intensive Care Nursing.

The procedures have been categorized as core list of procedures where the staffs must obtain the minimum number of activities as stipulated for each procedure. The other lists of procedures are optional where the staffs should try to get experiences in the clinical areas. However if they are not available, staff will stimulates the procedures to ensure that they have been exposed.

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

## **Assessor**

Recording and Assessment 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.

Assessor should sign only when the staff is deemed competent in the procedure mentioned.

**LIST OF CORE PROCEDURES FOR CREDENTIALING IN GENERAL INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Preparation in receiving patient	8
2	Transport of the critically ill patient	8
3	Charting of ICU observation	8
4	Hand Hygiene	8
5	Calculation of dosage and preparation of:	
	5.1 Dopamine	8
	5.2 Dobutamine	9
	5.3 Adrenaline	9
	5.4 Nor- adrenaline	9
	5.5 Insulin	9
	5.6 Fentanyl	10
	5.7 Midazolam	10
	5.8 Morphine	10
6	Assemble pressure transducer system	10
7	Blood sampling from arterial line	10
8	Care of patient on arterial line	11
9	Care of patient on central venous line	11
10	Management of Invasive Ventilation	
	10.1 Assemble ventilator circuit	11
	10.2 Set and change ventilator parameters and alarms	11
	10.3 Troubleshooting problems	11
11	Prepare and assist in intubation	
	11.1 Prepare Capnometry	12
12	Perform manual ventilation in intubated patients	12
13	Management of Endotracheal Tube	12
	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 Tracheostomy Tube	13
	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)	13
	15.1 Choose appropriate mask	
	15.2 Assemble ventilator circuit	
	15.3 Set and change ventilator parameters and alarms	
	15.4 Troubleshooting problems management of Tracheostomy Tube	

16	Management of humidifier	
	16.1 Heated water bath	13
	16.2 Heat moisture exchange (HME)	14
17	Assist chest physiotherapy	14
18	Assist patient to perform incentive spirometry	14
19	Perform trachea-bronchial suctioning	
	19.1 Open method	14
	19.2 Close method	15
20	Administer aerosol drugs via metered inhaler (MDI) or nebulizer to patients on mechanical ventilation	15
21	Prepare and extubate patient	15
	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	16
	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	16
	23.1 Trouble Shoot (High pain score, Over sedation)	
24	Perform sedation score	16
	24.2 Trouble shoot (over sedation, Under sedation)	
25	Management of continuous enteral nutrition	16
	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)	17
	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)	17
28	Assists of perform defibrillation	17

**LIST OF OPTIONAL PROCEDURES IN GENERAL INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Calculate and administer neuro-muscular blockers	18
2	Apply capnometer and clinical application	18
3	Apply pneumatic cuff compressors for deep vein thrombosis prophylaxis	18
4	Prepare and assist in percutaneous tracheostomy	18
5	Care of the patient on ICP monitoring with external ventricular drainage	18
6	Prepare and assist in bronchoscopy	19
7	Care of patient Continuous Renal Replacement Therapy (CRRT)	19
8	Administer aerosol drugs via nebulizer or MDI to patient on non-invasive positive pressure ventilation	19
9	Prepare and assist in Brain Stem Function Test	19

**LIST OF CORE PROCEDURES FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Physical assessment of vital sign : Central Venous System	20
2	Physical assessment of vital sign : Cardiovascular system	20
3	Physical assessment of vital sign : Respiratory System	20
4	Physical assessment of vital sign : Genito- Urinary System	20
5	Physical assessment of vital sign : Gastrointestinal system	20
6	Assessment of pain score	21
7	Calculation and administration of fluid maintenance/resuscitation	21
8	Care of child on ventilator	21
9	ETT/ Tracheostomy suctioning with hand bagging	21

**LIST OF OPTIONAL PROCEDURES FPR CREDENTIALING INPAEDIATRIC INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Glasgow coma scale for infant	21

**LIST OF CORE PROCEDURES FOR CREDENTIALING IN CARDIOTHORASIC INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Observe Coronary Artery Bypass	22
2	Observe Valve Surgery	22
3	Preparation for admission of post cardiac surgery patient	22
4	Role of Charge Nurse in receiving post cardiac surgery patient and immediate post operative care	22
5	Set up and inflate temporary single chamber epicardial cardiac pacemaker	22
6	Set up and inflate temporary dual chamber epicardial cardiac pacemaker	23
7	Removal of pulmonary artery catheter	23
8	Perform thermodilution cardiac output study ( using pulmonary artery catheter	23
9	Care of patient on Intra aortic ballon pump (IABP)	23
10	Perform Doppler ultrasound for posterior tibialis /dorsalis pedis arterial pulsation	23
11	Administer Potassium infusion therapy	24
12	Administer Calcium infusion therapy	24
13	Administer Magnesium infusion therapy	24
14	Care of post cardiac surgical patient with chest drain	24
15	Removal chest Drain	24

**LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN CARDIOTHORASIC INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Observe thoracic surgery	25
2	Assist in insertion of pulmonary artery catheter	25
3	Assist in elective cardio version	25
4	Assist in insertion of IABP	25
5	Assist in removal of IABP	25
6	Care of patient after removal of IABP	25
7	Assist removal of epicardial pacing wire	25
8	Assist emergency chest re open in CICU as a scrub nurse	25

**LIST OF CORE PROCEDURES FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Interpret ICP waveform	26
2	Set up ICP monitoring with External Ventricular drainage ( EVD ) system	26
3	Care of patient on ICP monitoring with EVD	26
4	Perform draining of CSF in patient with increased ICP	26
5	Care of patient with raised ICP	26
6	Post-Operative care of neurosurgical patient	27

**LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT**

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1	Perform collection of CSF sampling via EVD	27
2	Post-Operative care of patient with cerebral aneurysm surgery	27



**CORE PROCEDURES FOR CREDENTIALING IN GENERAL INTENSIVE CARE UNIT**

**NO. 1: PREPARATION IN RECEIVING PATIENT**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				

**NO. 2: TRANSPORT OF THE CRITICALLY ILL PATIENT**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				

**NO. 3: DOCUMENTATION IN THE INTENSIVE CARE UNIT**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**NO. 4: HAND HYGIENE**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**NO. 5: CALCULATION OF DOSAGE AND PREPARATION OF  
5.1 DOPAMINE**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

5.2 DOBUTAMINE

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

5.3 ADRENALINE

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

5.4 NORADRENALINE

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

5.5 INSULIN

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

5.6 FENTANYL

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

5.7 MIDAZOLAM

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

5.8 MORPHINE

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

NO. 6: ASSEMBLE PRESSURE TRANSDUCER SYSTEM

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

NO. 7: BLOOD SAMPLING FROM ARTERIAL LINE

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

NO. 8: CARE OF PATIENT ON ARTERIAL LINE

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

NO. 9: CARE OF PATIENT ON CENTRAL VENOUS LINE

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

NO. 10: MANAGEMENT OF INVASIVE VENTILATION

10.1 Assemble Ventilator Circuit

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

10.2 Set and change ventilator parameters and alarms

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

10.3 Troubleshooting problems

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

NO. 11: PREPARE AND ASSIST IN INTUBATION

11.1 Prepare Capnometry

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

NO. 12: PERFORM MANUAL VENTILATION IN INTUBATION PATIENTS

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

NO. 13: MANAGEMENT OF ENDOTRACHEAL TUBE

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

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

**NO. 14: MANAGEMENT OF TRACHEOSTOMY TUBE**

- 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

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				
6		PERFORM				
7		PERFORM				
8		PERFORM				
9		PERFORM				
10		PERFORM				

**NO. 15: MANAGEMENT OF NON- INVASIVE VENTILATION**

- 15.1 Choose Appropriate Mask
- 15.2 Assemble Ventilator Circuit
- 15.3 Set and Change Ventilator Parameters and Alarms
- 15.4 Troubleshooting Problems management Of Tracheostomy Tube

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				

**NO. 16: MANAGEMENT OF HUMIDIFIER**

- 16.1 Heated Water Bath

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				

16.2 Heat Moisture Exchanger (HME)

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

NO. 17: ASSIST CHEST PHYSIOTHERAPY

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

NO. 18: ASSIST PATIENT TO PERFORM INCENTIVE SPIROMETRY

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

NO. 19: PERFORM TRACHEO – BRONCHIOL SUCTIONING  
19.1 Open Method

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

19.2 Close Method

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

NO. 20: ADMINISTER AEROSOL DRUGS VIA METERED – DOSE INHALER (MDI) OR NEBULIZER TO PATIENTS ON MECHANICAL VENTILATION

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

NO. 21: PREPARE AND EXTUBATE PATIENT

- 21.1 Monitor Vital Sign and Blood Gas Post Extubation
- 21.2 Educate Patient on Cough and Breathing Exercise
- 21.3 Trouble of Problem (Desaturation, Hypotension)
- 21.4 Application of Appropriate Oxygen Therapy Adjunct.

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



**NO. 22: RECOGNISE ABNORMAL LABORATORY RESULTS**

- 22.1 Full Blood Count
- 22.2 Blood Urea and Electrolyte
- 22.3 Coagulation Profile
- 22.4 Arterial Blood Gases
- 22.5 Blood Sugar
- 22.6 Culture and Sensitivity

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

**NO. 23: PERFORM PAIN SCORE**

- 23.1 TROUBLE SHOOT (High Pain Score, Over Sedation)

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

**NO. 24: PERFORM SEDATION SCORE**

- 24.1 TROUBLE SHOOT (Over Sedation, Under Sedation)

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

**NO. 25: MANAGEMENT OF CONTINUOUS ENTERAL NUTRITION**

- 25.1 Confirmation of tube placement
- 25.2 Preparation of equipment
- 25.3 Preparation of formula
- 25.4. Administer
- 25.5. Trouble shooting Problem (e.g: High Aspiration)

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

**NO. 26: MANAGEMENT OF TOTAL PARENTERAL NUTRITION (TPN)**

26.1 Confirmation of Central Venous Line

26.2 Preparation of equipment

26.3 Administer & Calculate rate of infusion

26.4 Troubleshooting of problems

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**NO. 27: RECOGNITION OF LIFE THREATENING ARRHYTHMIAS**

(e.g: PEA Pulseless VT, VF, Ectopics)

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**NO. 28: ASSIST OR PERFORM DEFIBRILLATION**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

**OPTIONAL PROCEDURE FOR CREDENTIALING IN GENERAL INTENSIVE CARE UNIT**

**NO. 1: CALCULATE AND ADMINISTER NEURO – MUSCULAR BLOCKER**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

**NO. 2: APPLY CAPNOMETER AND CLINICAL APPLICATION**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

**NO. 3: APPLY PNEUMATIC CUFF COMPRESSOR FOR DEEP VEIN THROMBOSIS PROPHYLAXIS**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

**NO. 4: PREPARE AND ASSIST PERCUTENOUS TRACHEOSTOMY**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

**NO. 5: CARE OF PATIENT ON ICP MONITORING WITH EXTERNAL VENTRICULAR DRAINAGE**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

NO. 6: PREPARE AND ASSIST IN BRONCHOSCOPY

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

NO. 7: CARE OF PATIENT ON CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)

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

NO. 8: ADMINISTER AEROSOL DRUGS VIA NEBULISER OR MDI WHEN PATIENT ON  
NON – INVASIVE POSITIVE PRESSURE VENTILATION

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

NO. 9: PREPARE AND ASSIST IN BRAIN STEM FUNCTION TEST

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

## CORE PROCEDURE FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT

### NO.1: PHYSICAL ASSESSMENT OF VITAL SIGNS: CENTRAL VENOUS SYSTEM

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

### NO. 2: PHYSICAL ASSESSMENT OF VITAL SIGNS: CARDIOVASCULAR SYSTEM

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

### NO. 3: PHYSICAL ASSESSMENT OF VITAL SIGNS: RESPIRATORY SYSTEM

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

### NO. 4: PHYSICAL ASSESSMENT OF VITAL SIGNS : GENITO- URINARY SYSTEM

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

### NO. 5: PHYSICAL ASSESSMENT OF VITAL SIGNS: GASTROINTESTINAL SYSTEM

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

NO. 6: PERFORM AND INTERPRET PAIN SCORE

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

NO. 7: CALCULATION AND ADMINISTRATION OF FLUID MAINTENANCE / RESUSCITATION

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

NO. 8: CARE OF THE CHILD ON VENTILATOR

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

NO. 9: ETT/TRACHEOSTOMY SUCTIONING WITH HAND BAGGING

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

**OPTIONAL PROCEDURE FOR CREDENTIALING IN PAEDIATRIC INTENSIVE CARE UNIT**

NO. 1: GLASGOW COMA SCALE FOR INFANT

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

**CORE PROCEDURE FOR CREDENTIALING IN CARDIOTHORASIC INTENSIVE CARE UNIT**

**NO. 1: OBSERVE CORONARY ARTERY BYPASS SURGERY**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		OBSERVE				

**NO. 2: OBSERVE VALVE SURGERY**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		OBSERVE				

**NO. 3: PREPARATION FOR ADMISSION OF POST CARDIAC SURGERY PATIENT**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				

**NO. 4: ROLE OF CHARGE NURSE RECEIVING POST CARDIAC SURGERY PATIENT AND IMMEDIATE POST OPERATIVE CARE**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				

**NO. 5: SET UP AND INITIATE TEMPORARY SINGLE CHAMBER EPICARDIAL CARDIAC PACEMAKER**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

NO. 6: SET UP AND INITIATE TEMPORARY DUAL CHAMBER EPICARDIAL CARDIAC PACEMAKER

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

NO. 7: REMOVAL OF PULMONARY ARTERY CATHETER

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				

NO. 8: PERFORM THERMODILUTION CARDIAC OUTPUT STUDY (USING PULMONARY ARTERY CATHETER)

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				

NO. 9: CARE OF PATIENT ON INTRA AORTIC BALLON PUMP

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

NO. 10: PERFORM DOPPLER ULTRASOUND FOR POSTERIOR TIBIALIS / DORSALIS ARTERIAL PULSATION

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



NO. 11: ADMINISTER POTTASIUM INFUSION THERAPY

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

NO. 12: ADMINISTER CALCIUM INFUSION THERAPY

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

NO. 13: ADMINISTER MAGNESIUM INFUSION THERAPY

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

NO. 14: CARE OF POST CARDIAC SURGICAL PATIENT WITH CHEST DRAIN

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

NO. 15: REMOVAL CHEST DRAIN

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

**OPTIONAL PROCEDURES FOR CREDENTIALING IN CARDIOTHORACIC INTENSIVE CARE UNIT**

NO. 1: OBSERVE THORACIC SURGERY

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		OBSERVE				

NO. 2: ASSIST IN INSERTION OF PULMONARY ARTERY CATHETER

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				
2		ASSIST				

NO. 3: ASSIST IN ELECTIVE CARDIOVERSION

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 4: ASSIST IN INSERTION OF IABP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 5: ASSIST IN REMOVAL OF IABP

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 6: CARE OF PATIENT AFTER REMOVAL OF IABP

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

NO. 7: ASSIST IN REMOVAL OF EPICARDIAL PACING WIRE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

NO. 8: ASSIST EMERGENCY CHEST RE-OPEN IN CICU AS A SCRUB NURSE

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARKS
1		ASSIST				

**CORE PROCEDURE FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT**

**NO. 1: INTERPRET ICP WAVEFORM**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				

**NO. 2: SET UP ICP MONITORING WITH EXTERNAL VENTRICULAR DRAINAGE SYSTEM (EVD)**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				

**NO. 3: CARE OF PATIENT ON ICP MONITORING WITH EVD**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**NO. 4: PERFORM DRAINING OF CSF IN PATIENT WITH INCREASED ICP**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**NO. 5: CARE OF PATIENT WITH RAISED ICP**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**NO. 6: POST OPERATIVE CARE OF NEUROSURGICAL PATIENT**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				
3		PERFORM				
4		PERFORM				
5		PERFORM				

**OPTIONAL PROCEDURE FOR CREDENTIALING IN NEURO INTENSIVE CARE UNIT**

**NO. 1: PERFORM COLLECTION OF CSF SAMPLING VIA EVD**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

**NO. 2: POST OPERATIVE CARE OF PATIENT WITH CEREBRAL ANEURYSM SURGERY**

<b>NO.</b>	<b>MRN</b>	<b>ACTIVITY</b>	<b>DATE</b>	<b>NAME OF ASSESSOR</b>	<b>SIGN</b>	<b>REMARKS</b>
1		PERFORM				
2		PERFORM				

### 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 system <sup>2</sup>			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 thoracic 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: