

## PROFICIENCY IN GENERIC PROCEDURES

## (FOREIGN NURSES)

Name : \_\_\_\_\_

No. TPC: T \_\_\_\_\_

S/N	PROCEDURE *Optional	MONTH/GRADE			
		1st mth/ grade	2nd mth/ grade	3rd mth/ grade	NAME & SIGNATURE OF SUPERVISOR/ MENTOR
1.	Administration of Intravenous Infusion and Calculation of I/V regime/flow rate				
2.	Transfusion of Blood/Blood components				
3.	Aseptic wound dressing				
4.	Administration of oral medication and drug calculation				
5.	Administration of DD (Dangerous Drugs)				
6.	Administration of medication via injection				
	Intramuscular injection (I/M)				
	Intravenous Injection (I/V)				
	Subcutaneous injection (S/C)				
	*Intradermal Injection				
7.	*Assist in setting up of Central Venous Line (CVP)				
8.	*CVP monitoring				
9.	Administration of oxygen -Nasal				
	-Mask				
10.	Administration of nebuliser -Metered Dose Inhaler (MDI)				
	-Aero-Chamber Nebuliser				

S/N	PROCEDURE * Optional	MONTH/GRADE A / S / C			
		1st mth/ grade	2nd mth/ grade	3rd mth/ grade	NAME & SIGNATURE OF SUPERVISOR/ MENTOR
11.	Insertion of nasogastric tube				
12.	Ryles tube feeding				
13.	Checking and recording of vital signs				
	B/P / Pulse / Temp/Resp/Pain score				
	*Apex Beat				
14.	Circulation Charting				
15.	Glasgow Coma Scale Charting				
16.	Insertion and Care of patient on Continous Bladder Drainage (CBD)				
17.	Care of Patient on Tracheostomy				
18.	Monitoring of blood sugar (Dextrostix/ Reflolux / Reflomat)				
19.	Recording of intake and output chart				
20.	Blood taking				
	<b>SPECIFIC PROCEDURES (ICU/CCU/RENAL/ORTHO etc.)</b>				

S/N	SPECIFIC PROCEDURES (ICU/CCU/RENAL/ORTHO etc.)	MONTH/GRADE A / S / C			
		1st mth/ grade	2nd mth/ grade	3rd mth/ grade	NAME & SIGNATURE OF SUPERVISOR/ MENTOR

**Overall Comment on performance by the ward manager**

---



---



---



---

**Signature of**

**Human Resource :**

**Date :**

**Stamp :**

**Signature of Matron /**

**Ward Manager :**

**Date :**

**Stamp :**

**1. Term of Reference**

Grade A - Competent  
Grade B - Satisfactory  
Grade C - Poor

**2. Duration**

Please return this form 3 months after reporting through employer.

**3. Supervisor**

Nurse Manager / Head Nurse of the ward /Staff Nurse Incharge