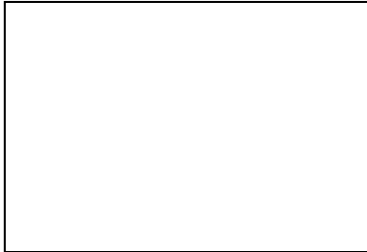




MINISTRY OF HEALTH MALAYSIA  
CREDENTIALING  
IN

**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

<b>NO</b>	<b>PROCEDURES</b>	<b>PAGE</b>
1	GENERAL INFORMATION	3
2	LIST OF OPHTHALMIC CLINICAL PROSEDURES	4
3	LIST OF OPHTHALMIC SURGICAL PROSEDURES	5
4	OPHTHALMIC CLINICAL PROSEDURES	6-15
5	OPHTHALMIC SURGICAL PROSEDURES	16-19
6	SUMMARY OF OPHTHALMIC CLINICAL PROSEDURES. CLINICAL PRATICE RECORD	20-21
7	SUMMARY OF OPHTHALMIC SURGICAL PROSEDURES. 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

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## 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	13
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

<b>NO</b>	<b>PROCEDURE</b>	<b>PAGE</b>
1.	Cleaning and sterilization of microsurgical instruments	16
2.	Prepare and assist in ECCE	17
3.	Prepare and assist in phacoemulsification	17
4.	Prepare and assist in pterygium excision	18
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	19
9.	Prepare and assist in oculoplastic surgery (If service available)	19
10.	Prepare and assist in squint surgery (If service available)	19

## OPHTHALMIC CLINICAL PROCEDURES

**1.PROCEDURE : TRIAGING**

**ACTIVITY : PERFORMED (30)**

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
3		PERFORM				
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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				
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**7.PROCEDURE : PRE-OPERATIVE COUNSELING**  
**ACTIVITY : PERFORMED (10)**

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
2		PERFORM				
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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				
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**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				
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**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				
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9		PERFORM				
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**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				
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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				
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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				
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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				
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**3. PROCEDURE : PREPARE AND ASSIST IN PHECOMULSIFICATION**  
**ACTIVITY : PERFORMED (20)**

NO.	MRN	ACTIVITY	DATE	NAME OF ASSESSOR	SIGN	REMARK
1		PERFORM				
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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 FOR 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 Required (Minimum Number)	No Of Procedures Performed	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:

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Signature of Assessor:

Verified by Head Of Department:

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(Name / Stamp)

(Name / Stamp)

Date:

Date:

## SUMMARY OF OPHTHALMIC SURGICAL PROCEDURES CLINICAL PRACTICE RECORD

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

Hospital : \_\_\_\_\_ Date : \_\_\_\_\_

No.	Procedure	No Of Procedures Required (Minimum Number)	No Of Procedures Performed	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:**

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 .....

Signature of Assessor:

Verified by Head OF Department:

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(Name / Stamp)

(Name / Stamp)

Date:

Date: