



MINISTRY OF HEALTH MALAYSIA

GENERAL PAEDIATRICS SERVICES

CLINICAL PRACTICE RECORD



Name :.....

Identity Card No :.....

Post :.....

Training Centre :.....

Training - Start :..... End:

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GENERAL INFORMATION

This Clinical Practice Record will help to monitor staff activities in the respective area. They are expected to complete all the procedures identified in General Paediatrics Nursing.

The procedures have been categorized as core list of procedures where the staff must obtain the minimum number of activities as stipulated for each procedure. The other lists of procedures are optional where the staff should try to perform to ensure that she has been exposed.

For application for credentialing, the staff must have at least 2 years experience in General Paediatrics.

The maximum period for the staff to complete the required procedures competently is 1 year.

Performance proficiency must be verified by the assessor(s).

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

Assessor

Assessment of procedural skills will be carried out by appointed personnel only. Any procedural skills certified by unauthorized personnel will be considered null and void.

**LIST OF CORE PROCEDURE FOR CREDENTIALING
IN GENERAL PAEDIATRICS SERVICES**

NO	PROCEDURE	PAGE
1.	Assessment of patient on admission	6
2.	Assess level of consciousness	6
3.	Assist venepuncture	7
4.	Assist peripheral venous cannulation	7
5.	Heel / finger prick for capillary blood sugar	8
6.	Insertion of naso / orogastric tube	9
7.	Enteral tube feeding	10
8.	Collection of urine for culture	10
9.	Peak flow meter measurement	11
10.	Administration of metered dose inhaler	11
11.	Nebulisation	12
12.	Assist lumbar puncture	13
13.	Blood transfusion	13
14.	Administration of oral sedation	14
15.	Administration of medication by rectal route	14
16.	Monitoring of patient under sedation	15
17.	Suctioning – oro / nasopharyngeal	15
18.	Bag valve mask ventilation	16
19.	Use of cardiorespiratory monitor and alarm limits setting	16
20.	Care of patient with chest tube	17
21.	Intra / inter hospital transfer of patient	17

**LIST OF OPTIONAL PROCEDURES FOR CREDENTIALING
IN GENERAL PAEDIATRICS SERVICE**

NO	PROCEDURE	PAGE
1.	Assist in central line placement	18
2.	Care of central venous line	18
3.	Care of chemoport	19
4.	Setting up total parenteral nutrition	19
5.	Assist intubation	19
6.	Suctioning - endotracheal	20
7.	Care of patient with tracheostomy	20
8.	Blood sampling from arterial line	20
9.	Care of patient on non-invasive ventilation	21
10.	Stoma care	21
11.	Care of patient receiving phototherapy	21
12.	Checking photo light irradiance	22
13.	Assist bone marrow aspiration	22
14.	Assist chest tube placement	22
15.	Assist bladder catheterisation	23
16.	Care of patient on peritoneal dialysis	23
17.	Application of wet wraps	23
18.	Perform ECG	24

CORE PROCEDURES

1. PROCEDURE : Assessment of patient on admission
ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

2. PROCEDURE : Assess level of consciousness
ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

3. PROCEDURE : Assist venepuncture
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

4. PROCEDURE : Assist peripheral venous cannulation
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

5. PROCEDURE

: Heel / finger prick for capillary blood sugar

ACTIVITY

: PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

6. PROCEDURE : Insertion of naso / orogastric tube
ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

7. PROCEDURE : Enteral tube feeding
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

8. PROCEDURE : Collection of urine culture
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

9. PROCEDURE : Peak flow meter measurement
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

10. PROCEDURE : Administration of metered dose inhaler
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

11. PROCEDURE : Nebulisation
ACTIVITY : PERFORM (10)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

12. PROCEDURE : Assist lumbar puncture
ACTIVITY : PERFORM (2)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

13. PROCEDURE : Blood transfusion
ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

14. PROCEDURE : Administration of oral sedation
ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

15. PROCEDURE : Administration of medication by rectal route
ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

16. PROCEDURE : Monitoring of patient under sedation
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

17. PROCEDURE : Suctioning – oro / nasopharyngeal
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					
4					
5					

18. PROCEDURE : Bag valve mask ventilation
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

19. PROCEDURE : Use of cardiorespiratory monitor and alarm limit setting

ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

20. PROCEDURE : Care of patient with chest tube placement

ACTIVITY : PERFORM (2)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					

21. PROCEDURE : Intra/interhospital transfer of patient

ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

OPTIONAL PROCEDURES

1. PROCEDURE : Assist in central line placement
ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

2. PROCEDURE : Care of central venous line
ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

3. PROCEDURE : Care of chemoport
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

4. PROCEDURE : Setting up total parenteral nutrition
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

5. PROCEDURE : Assist intubation
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

6. PROCEDURE : Suctioning - endotracheal
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

7. PROCEDURE : Care of patient with tracheostomy
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

8. PROCEDURE : Blood sampling from arterial line
 ACTIVITY : PERFORM (5)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

9. PROCEDURE : Care of patient on non-invasive ventilation
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

10. PROCEDURE : Stoma care
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

11. PROCEDURE : Care of patient receiving Phototherapy
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

12. PROCEDURE : Checking photo light irradiance
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

13. PROCEDURE : Assist bone marrow aspiration
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

14. PROCEDURE : Assist chest tube placement
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

15. PROCEDURE : Assist Bladder catheterisation
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

16. PROCEDURE : Care of patient on peritoneal dialysis
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

17. PROCEDURE : Application of wet wraps
 ACTIVITY : PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

18. PROCEDURE
ACTIVITY

: Perform ECG
: PERFORM (3)

No	Patient RN	Date	Name of Assessor	Signature of Assessor	Remarks
1					
2					
3					

**SUMMARY OF NURSES PROGRESS CLINICAL PRACTICE RECORD
(CORE PROCEDURES)**

No	Procedure	Required	Done	Remarks
1.	Assess patient on admission	5		
2.	Assess level of consciousness	5		
3.	Venepuncture	10		
4.	Peripheral venous cannulation	10		
5.	Heel/finger prick for capillary blood sugar	10		
6.	Insertion of naso / orogastric tube	10		
7.	Enteral tube feeding	5		
8.	Collection of urine culture	5		
9.	Peak flow meter measurement	5		
10.	Administration of metered dose inhaler	5		
11.	Nebulisation	10		
12.	Assist lumbar puncture	2		
13.	Blood transfusion	3		
14.	Administration of oral sedation	3		
15.	Administration of medication by rectal route	3		
16.	Monitoring of patient under sedation	3		
17.	Suctioning – oro / nasopharyngeal	5		
18.	Bag valve mask ventilation	3		
19.	Use of cardiorespiratory monitor and alarm limit setting	3		
20.	Care of patient with chest tube	2		
21.	Intra/inter hospital transfer of patient	3		

**SUMMARY OF NURSES PROGRESS CLINICAL PRACTICE RECORD
(OPTIONAL PROCEDURES)**

No	Procedure	Required	Done	Remarks
1.	Assist in central line placement	10		
2.	Care of central venous line	10		
3.	Care of chemoport	10		
4.	Setting up total parenteral nutrition	5		
5.	Assist intubation	5		
6.	Suctioning - endotracheal	5		
7.	Care of patient with tracheostomy	5		
8.	Blood sampling from arterial line	5		
9.	Care of patient on non – invasive ventilation	5		
10.	Stoma care	5		
11.	Phototherapy	5		
12.	Checking photo light irradiance	5		
13.	Assist bone marrow aspiration	3		
14.	Assist chest tube placement	3		
15.	Assist bladder catheterisation	3		
16.	Care of patient on peritoneal dialysis	3		
17.	Wet wrap	3		
18.	Basic ECG	5		