



## Clinical Skills Book

### CFP and Child Branch

**Name** ..... **Intake** .....

**Centre** ..... **Personal Tutor** .....

Useful Contacts	Telephone Number	e-mail
School Reception		
Student Services		
Personal Tutor		

### Clinical Placements Undertaken

Placement	Speciality	Duration	Date

**November 2010**

## Introduction and Guidelines

**This book focuses on skills for nursing practice. It includes a number of skills that are considered essential and your attainment of these must be assessed for you to become a registered nurse (NMC 2007).**

- Keep this book safe and accessible when in clinical practice.
- This book guides you towards a comprehensive range of skills that you should achieve during the course and in your future practice. Skills may not be acquired in a particular order however we have indicated those skills which should be considered as a priority with a \* sign.
- The list is not exhaustive and other skills may be acquired depending upon the learning opportunities that arise.
- This book will help you and your mentors identify the skills you already have or need to develop. This will enable you and your mentors to assess your progress and develop action plans.
- This book should be used as part of your portfolio evidence towards your achievement of proficiencies.
- **It is the students' responsibility to liaise with their mentor to identify any skills (or use of equipment) that require specific training before being undertaken or can only be undertaken by a registered nurse with extended skills. Please note this will vary between trusts.**  
(see also <http://www.medical-devices.gov.uk>)
- **ALWAYS FOLLOW LOCAL TRUST POLICIES / PROCEDURES**
- **Except for the essential skills section** it is your responsibility to sign and date the skills as acquired, however you can negotiate with your mentor to countersign these.

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# ESSENTIAL SKILLS ASSESSMENTS

## Guidelines for mentors undertaking practical assessments

The NMC have introduced Essential Skills Clusters (ESCs Circular 07/2007) to complement the existing NMC pre-registration outcomes / proficiencies. The NMC require that some of these skills are specifically assessed in practice.

During the Common Foundation Programme students must be assessed in the following prior to moving to the Branch programme:

- TPR and BP (assessed in School, OSCE)
- Measures/documents vital signs (assessed in school, OSCE)
- Aseptic/clean technique (assessed in School, simulation)
- Accurate measurements of Height, weight and BMI (assessed in practice)
- Fluid balance (assessed in practice)
- Dietary intake (assessed in practice)
- Medicine calculations (assessed in School.)

During the Branch programme, students must be assessed in the following prior to registration:

- Nutritional assessment (assessed in practice)
- Dehydration (assessed in practice)
- Medicines administration (assessed in practice)
- Enteral feeding (Child, LD, Adult branch only, assessed in practice)
- Intravenous fluids (Child and Adult branch only, assessed in practice)
- Patient group directions (assessed in School)

**These assessments only have to be passed on one occasion but it is expected that the student will continue to demonstrate competence at a level appropriate to the semester in which they are practising and the corresponding level of the Bondy skills escalator.**

**Students can have as much formative learning/practise as they feel they require, but only TWO summative attempts are allowed for each assessment.**

The following brief guidelines are to assist you with these assessments. If you have any queries please don't hesitate to contact your PLT educational representative.

During the preliminary interview, identify with the student if any assessments are to be carried out.

Should a student disclose a disability to you, contact your local School of Nursing Centre and ask for the Disability Liaison Officer for guidance.

Check the assessment criteria and ascertain whether the summative assessment will be possible in the placement.

Allow the student the opportunity to practise the skill prior to arranging the assessment.

During practise give the student clear and specific feedback on their strengths / weaknesses.

Mutually agree the opportunity/ or set a date to undertake the summative assessment/s.

Assess the student against the given criteria. **Each criterion must be achieved for the student to be awarded a pass.**

Give the student feedback and record the result of the assessment.

Where a fail is awarded, give the student specific reasons as to why they have failed, document on the assessment form and develop an action plan.

Mentors should use their discretion on the day of assessment in the event of any unexpected circumstances such as deterioration of the patient, the student becoming unwell, an emergency in the area or equipment failure. A note of events should be made in the action plan of the Assessment of Practice Record

NB: It is expected that the assessment will be undertaken by the primary mentor. In exceptional circumstances, the assessment may be another mentor other than the primary mentor.

### ESSENTIAL SKILLS ACHIEVED IN PRACTICE

CFP	Date Achieved
Measures Height, Weight, BMI	
Monitors and records Fluid Balance	
Monitors and records Dietary Intake	
<b>BRANCH</b>	
Nutritional assessment	
Hydration / Dehydration assessment	
Enteral feeding	
Intravenous fluids	
Medicines Administration	

### ESSENTIAL SKILLS ACHIEVED IN SCHOOL

CFP		Date Achieved
Measures / documents T,P,R, BP	OSCE	
Aseptic technique	Classroom Simulation	
Medicines calculations	Assessment	
<b>BRANCH</b>		
Patient Group Directions	Classroom assessment	

**The University of Nottingham Pre-Registration Nursing Programme  
Essential Skills Assessments – Record of Achievement**

Student's name \_\_\_\_\_

Cohort \_\_\_\_\_

Personal tutor's name \_\_\_\_\_

Skill	Attempt 1				Attempt 2			
	Date	Result	Assessor (print)	Assessor (Signature)	Date	Result	Assessor (print)	Assessor (Signature)
<b>COMMON FOUNDATION PROGRAMME:</b>								
Height, weight and BMI								
Fluid balance								
Dietary intake								
Aseptic/clean technique								
Medicine calculations								
<b>BRANCH PROGRAMME:</b>								
Nutritional assessment								
Dehydration								
Medicines administration								
Patient group directions								
<b>CHILD, ADULT AND LEARNING DISABILITIES STUDENTS ONLY:</b>								
Enteral feeding								
<b>CHILD AND ADULT STUDENTS ONLY</b>								
Intravenous fluids								

## **Measures Height, Weight, BMI**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

Responds appropriately to findings outside normal range for weight and height.

Takes and records accurate measurements of weight, height and body mass index, according to local policy

To be completed before entry to the Branch Programme

All criteria must be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

### **SUMMATIVE ATTEMPT**

	<b>CRITERIA</b>	<b>1</b>	<b>2</b>
1	Demonstrates a safe, professional, caring approach to the individual		
2	Gains valid consent from the individual		
3	Follows correct infection control procedures		
4	Prepares equipment required		
5	Accurately measures the height of the individual		
6	Accurately weighs the individual		
7	Accurately calculates the BMI		
8	Records measurements and BMI		
9	Identifies normal BMI parameters		

### **Summative attempt no. 1**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –

### **Summative attempt no. 2**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –



## **Monitors and Records Fluid Balance**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

Accurately monitors and records fluid intake and output in accordance with local policy

To be achieved before entry to the Branch Programme.

All criteria must be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate box.

### **SUMMATIVE ATTEMPT**

	<b>CRITERIA</b>	<b>1</b>	<b>2</b>
1	Demonstrates a safe, professional, caring approach to the individual		
2	Gains valid consent from the individual		
3	Follows correct infection control procedures		
4	Enters fluid input and output accurately onto the appropriate record		
5	Accurately measures and records as appropriate: a. Oral intake (if applicable) b. Intravenous intake (if applicable) c. Enteral intake (other than oral, if applicable)		
6	Accurately measures and records fluid output: d. Urinary e. Other (if applicable)		
7	Disposes of equipment safely		
8	Accurately calculates the 12/24 hour intake and output		
9	Recognises whether this is a positive or negative balance for the individual		
10	Explains the need for recording fluid intake and output on the individual.		

**Summative attempt no. 1**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –

**Summative attempt no. 2**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –

## **Monitors and Records Dietary Intake**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

Accurately monitors dietary intake and completes relevant documentation according to local policy.

To be achieved before entry to the Branch Programme

All criteria must be passed to be awarded a pass mark

Please insert P=PASS or F=Fail in the appropriate attempt box

### **SUMMATIVE ATTEMPT**

	<b>CRITERIA</b>	<b>1</b>	<b>2</b>
1	Demonstrates a safe, professional, caring approach to the individual		
2	Gains valid consent from the individual		
3	Is able to accurately complete a food record to include: a. what is offered to the individual b. what is observed/reported to be consumed by the individual		
4	Is able to explain why the individual needs to have dietary intake recorded		

#### **Summative attempt no. 1**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –

#### **Summative attempt no. 2**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –

**Safely performs basic wound care using clean and aseptic techniques through simulation:**  
**to remove used dressing and replace with a new dressing using an aseptic technique. The wound does NOT require cleansing**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

To be achieved before entry to the Branch Programme

All criteria must be passed

Students are to wear uniform and to wash their hands prior to commencing this simulation

A professional approach should be demonstrated

The student has up to 30 minutes to complete the assessment

<b>Criteria</b>	<b>ATTEMPTS</b>	
	<b>1</b>	<b>2</b>
States has washed hands and puts on a disposable apron		
States how the surface to be used would be cleaned		
Prepares equipment safely		
Opens pack and arranges equipment without contamination		
Safely removes and disposes of used dressing		
Applies sterile dressing without contamination		
Disposes of equipment safely		
States would wash hands		
<b>Questions</b>		
What advice would you give a patient to help prevent infection and to promote healing?		
State 2 differences in technique between a clean and an aseptic technique		

**Sterile packs and procedures vary between trusts; it is the basic principles of Aseptic Non Touch Technique that are being assessed.**

**STUDENTS NAME**

**COHORT**

**Attempt no. 1**

Result – Pass / Fail

Date

Name of Assessor -

Signature -

Comments

**Attempt no. 2**

Result – Pass / Fail

Date

Name of Assessor-

Signature -

Comments

## **Nutritional Assessment**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

Makes a comprehensive assessment of patient/client needs in relation to nutrition identifying, documenting and communicating level of risk in accordance with local policy

To be achieved during the Branch Programme.

All criteria must be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box

### **SUMMATIVE ATTEMPT**

	<b>CRITERIA</b>	<b>1</b>	<b>2</b>
1	Demonstrates a safe, professional, caring approach to the individual		
2	Gains valid consent from the individual		
3	Communicates effectively to gain an accurate patient/client history		
4	Accurately completes a nutritional risk assessment		
5	Recognises any actual or potential problem with the individuals dietary intake.		
6	Communicates the level of risk to other appropriate professionals		
7	Identifies when reassessment needs to take place		
8	Documents the assessment appropriately		
9	Can explain the local support and reporting systems to deal with nutritional problems		

**Summative attempt no. 1**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –

**Summative attempt no. 2**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments -

## **Hydration / Dehydration Assessment**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

Identifies signs of dehydration and acts to correct these

To be achieved during the Branch Programme

All criteria must be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

<b>SUMMATIVE</b>		<b>ATTEMPT</b>	
	<b>Criteria</b>	<b>1</b>	<b>2</b>
1	Demonstrates a safe, professional, caring approach to the individual		
2	Gains valid consent from individual		
3	Follows correct infection control procedures		
4	Identifies signs and symptoms shown by the individual which indicate that they are dehydrated		
5	Explains the possible reasons why the individual has become dehydrated		
6	Take the appropriate actions to correct the dehydration and prevent any further dehydration according to local policy		
7	Documents the assessment findings and adjusts the plan of care appropriately		

### **Summative attempt no. 1**

Name of Assessor –

Comments –

Result – Pass / Fail

Signature –

Date

### **Summative attempt no. 2**

Name of Assessor –

Comments –

Result – Pass / Fail

Signature –

Date



## **Enteral Feeding**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

Where relevant to Branch, administers enteral feeds safely and maintains equipment in accordance with local policy.

To be achieved during Branch Programme

All criteria to be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

### **SUMMATIVE ATTEMPT**

	<b>CRITERIA</b>	<b>1</b>	<b>2</b>
1	Demonstrates a safe, professional, caring approach to the individual		
2	Gains valid consent from the individual		
3	Follows correct infection control procedures		
4	Selects the correct feed		
5	Checks the expiry date and the condition of feed		
6	Prepares equipment		
7	Place the individual in an appropriate position for feeding		
8	Ascertains the enteral feeding tube is correctly sited and is patent by agreed procedure.		
9	Attaches feeding tube to the administration equipment		
10	Delivers the feed at the correct rate according to the feeding regime		
11	Monitors the individual appropriately during feeding		
12	On completion of the feed flushes the enteral tube in accordance with the local policy		
13	Caps the end of the enteral tube and positions the tube for safety and comfort		
14	Disposes/maintains equipment safely		
15	Documents the procedure accurately		
16	Monitors the individual appropriately after feeding		

**Summative attempt no. 1**

Result – Pass / Fail

Date

Name of Assessor –

Signature –

Comments –

**Summative attempt no. 2**

Result – Pass / Fail Date

Name of Assessor –

Signature –

Comments –

## **Intravenous Fluids**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

Where relevant to the branch monitors and assesses patients / clients receiving IV fluids.

Documents progress against prescription and markers of hydration according to local policy

To be achieved during Branch Programme.

All criteria to be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box

### **SUMMATIVE ATTEMPT**

	<b>Criteria</b>	<b>1</b>	<b>2</b>
1	Demonstrates a safe, professional, caring approach to the individual		
2	Gains consent from patient and prepares them appropriately		
3	Follows correct infection control procedures		
4	Checks that correct infusion is in place		
5	Checks that infusion is running to time		
6	Monitors infusion site for signs of abnormality and pain		
7	Checks date for IV giving set to be changed		
8	Evaluate and discuss the individuals hydration status		
9	Monitors and discuss possible contraindications e.g. fluid overload		
10	Explains how patient should subsequently be monitored		
11	Completes documentation accurately		

**Summative attempt no. 1**

Result – Pass / Fail

Name of Assessor –

Signature –

Comments / Action Plan–

Date

**Summative attempt no. 2**

Result – Pass / Fail

Name of Assessor –

Signature –

Comments –

Date

## **Medicines Administration**

The student and mentor have agreed to the assessment taking place:

**Student:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

- Accurately calculates medicines frequently encountered within Branch
- Safely manages drug administration and monitors effects.
- Safely and effectively administers medicines via routes and methods commonly used within Branch and maintains accurate records.

For an individual or a small group of patients depending on setting  
In accordance with the local policy and NMC standards for medicine administration (NMC 2007)

To be achieved during the Branch Programme

All criteria to be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

		<b>Attempt</b>	
	<b>CRITERIA</b>	<b>1</b>	<b>2</b>
<b>1</b>	Demonstrates a safe, professional, caring approach to the individual		
<b>2</b>	Gains valid consent from the individual		
<b>3</b>	Follows correct infection control procedures whilst preparing and administering medicines		
<b>4</b>	Prepares equipment required (as appropriate)		
<b>5</b>	<b>Checks and confirms:</b>		
a	The identity according to local policy and procedures		
b	Allergies or adverse effects		
c	Weight if required		
<b>6</b>	<b>Checks the Patient Specific Direction (Prescription)</b>		
a	Date		
b	Time		
c	Start and Review date as appropriate		
d	Name and form of the medicine to be given		
e	Last time dose given		
f	Dose prescribed		
g	Route of administration		
h	Signed by the prescriber/transcriber *		

i	Any additional advice e.g. after food		
j	Any once only or as required medicines needed		
<b>7</b>	Reports any errors or concerns about the prescription		
<b>8</b>	Demonstrate knowledge of the therapeutic use, dose, routes, side effects, precautions and contraindications of the medicine with reference to the BNF, BNFC or pharmacist as appropriate		
<b>9</b>	Selects the correct medication, checks the label and dose carefully against the prescription (including any diluent)		
<b>10</b>	Checks the expiry date		
<b>11</b>	Calculates the correct dose		
<b>12</b>	Measures/dispenses the correct dose		
<b>13</b>	Performs final check of the individuals identity		
<b>14</b>	Administers medication and observes it is taken		
<b>15</b>	Completes documentation accurately		
<b>16</b>	Demonstrate knowledge of monitoring, reporting and recording side effects, allergic reactions, effectiveness of medicine		
<b>17</b>	Provides individual with appropriate information, advice and promotes concordance		
<b>18</b>	Explains correct disposal of unwanted medicines		
<b>19</b>	Disposes of equipment used safely (if appropriate)		

\*NB: Applicable only where there is a Transcribing Policy in place

### **Summative attempt no. 1**

Name of Assessor –

Comments –

Result – Pass / Fail

Signature –

Date

### **Summative attempt no. 2**

Name of Assessor –

Comments –

Result – Pass / Fail

Signature –

Date

## **Additional guidelines for Patient Specific Directions assessment (medicine management)**

The assessment should involve a range of medications for **4** individuals.

If necessary, the assessment may take place over a number of days, for example in a community setting

The student should have knowledge of the therapeutic use of all medications that they administer

Please refer to the Clinical Skills book to ensure that the student has administered medications via frequently encountered routes, **as appropriate to the setting**, prior to carrying out the assessment

## OSCES

OSCE	Semester	Date Passed
Hand washing	Semester 1 / 2	
Temperature Pulse Respiration Blood Pressure	Semester 2	
Systematic assessment of an acutely ill child	Semester 5	

## Mandatory Sessions YEAR ONE

Session	Date Attended
Basic Life Support 1 (Adult) Basic Life Support 2 (Child / Baby) Introduction to COSHH Introduction to Risk Management Responding to Violence & Aggression 1 Fire Safety 1 Infection Control: An Introduction Infection Control: Application of principles Hospital acquired infection and an introduction to food hygiene Numeracy 1 Moving & Handling 1 Moving & Handling 2 Moving & Handling 3 Moving & Handling 4 Moving & Handling 5 Moving & Handling 6 Administration of medication (Theory) Administration of medication Practice (Oral) Administration of medication by injection Numeracy 2 Basic life support in the institutional setting Principles of Asepsis Mother and Baby Booklet Child Protection Package	



## Health and Safety

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
* Fire procedure awareness				1	2	3	4
*Basic Life Support a) Infant b) Child c) Young person							
*Resuscitation a) Infant b) Child c) Young person							
First Aid skills, including a) ABC assessment b) The unconscious patient c) Airway obstruction d) Acute bleeding e) Fitting patient							
COSHH regulations							
RIDDOR regulations							
Reporting untoward incidents and the procedure for making a complaint							
Undertaking a Health & Safety Risk Assessment of a clinical area							
The safe use of transport for specimens							
Accessing health and safety policies, procedures and protocols							
Safe use and disposal of Sharps							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Safe use and disposal of medical devices							
Teaching and advising child/parents on safe use of medical devices							
Use of radiation protection							

[illegible]

## **Infection Prevention and Control**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
* Effective hand hygiene a) Social handwashing b) Hygienic handwashing c) Alcohol gels d) 'Scrubbing' for surgical procedures							
Waste and Linen Disposal a) Household waste b) Clinical Waste c) Body fluids							
Application of the principles of infection control							
Appropriate use of gloves and protective clothing							
Maintenance of a clean and tidy environment for children and visitors							
Decontamination/cleaning of multi use equipment e.g. beds							
Care of the child in isolation a) Protective individual b) Protective cohort c) Source							
Application of the principles of asepsis							
Microbial sampling a) Recognition of when microbial sampling is required b) Identification of equipment to take samples c) Obtaining samples in accordance with local policy							



## **Personal Communication Skills**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
		1	2	1	2	3	4
Presenting oneself in a professional manner							
Customer Services reception and telephone skills							
* Initiation of appropriate communication with children, relatives, visitors and colleagues							
* Terminating a conversation in an appropriate manner							
Effective and accurate reporting of information a) Patient handover b) Reporting to other team members							
Interpretation of non-verbal cues							
Recognising when a patient deteriorates the need to inform: a) the patients doctor to initiate review/escalation in treatment b) child's parents/carers/significant others							
Demonstrating sensitivity to cross cultural aspects of communication							
Accessing interpreting services							
Accessing appropriate support when dealing with complex situations							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Recognising and responding appropriately to challenging communication situations							
Utilising appropriate skills when communicating with a) Visually impaired b) Hearing impaired c) Speech impairment							
Demonstrating a basic ability to use adjunctive communication e.g. Makaton, Picture Exchange Communication System (PECS)							

### Notes: Communication skills

NMC ref <http://www.nmc-uk.org> Record keeping [PDF] - Updated July 2007

## **Record Keeping and Documentation** (Note: this links to all other sections)

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Ensuring records are: factual, consistent and accurate							
Writing records consecutively and as soon as possible after an event has occurred, providing current information on the care and condition of the child or carer and the care given/action taken							
Ensuring records are dated, timed and signed (with full signature printed alongside the first entry) and counter signed							
Ensuring any alterations or additions are dated, timed and signed in such a way that the original entry can still be read clearly							
Providing professional records by not including abbreviations, jargon, meaningless phrases, irrelevant speculation and offensive subjective statements							
Ensuring records are written, wherever possible, with the involvement of the child, parent or their carer using terms that the child /parent /carer understand							





## **Child Assessment**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
				1	2	3	4
Gaining consent of child/parent/carer to undertake an assessment							
*Undertaking a structured approach to assessment a) Emergency b) Planned							
Utilising a child centred holistic approach							
Utilising and interpreting Paediatric Early Warning Score (PEWS)							
Using and interpreting specific assessment tools;							
a) GCS							
b) Glasgow meningococcal score							
c) Pain							
d)							
Recognising abnormal measurements/clinical deterioration and adjusts;							
a) Frequency of observations							
b) Level of monitoring							
Initiation of appropriate actions/management plan as per local policy							

### **Notes: Child Assessment**

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## **Handling and Mobility**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
				1	2	3	4
Undertaking Moving & Handling risk assessments and initiating appropriate actions							
Formulating a plan of care to enhance a child's mobility a) Assessment b) Planning c) Implementation d) Evaluation							
Demonstrating the safe use of: (specify make and model)							
Bed/Cot a) b) c) Incubator d) Babytherm							
Sliding Systems a) b)							
Hoists a) b) c)							
Standing Aids a)							
Walking Aids a) Frame b) Crutches c)							
Wheelchairs a) Manual b) Electric							
Bathing Aids a) b)							

## Notes: Patient Handling & Mobility

mentor's copy

## **Breathing**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
Assessing the patency of an airway				1	2	3	4
*Observing, recording and interpreting respiratory rate, depth and rhythm							
Measuring and interpreting oxygen saturation levels using pulse oximetry							
Recognising abnormal respiratory measurements							
Holistically evaluating patients breathing and oxygenation							
Accurately assigning early warning trigger scores (PEWS)							
Responding to measurements in accordance with local protocols including initiating oxygen therapy and airway support (under supervision)							
Recording and interpreting Peak Expiratory Flow Rate							
Assessing cough and sputum							
Obtaining sputum specimen /NPA(including documentation & preparation for collection)							
Administration of prescribed oxygen by providing appropriate care records including oxygen flow and percentage Nebuliser administration as prescribed a) Air compressor b) Oxygen driven							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Teaching a child how to use an inhaler device and assessing the child's ability to use an inhaler device							
Tracheostomy care in accordance with local policy							
Suction using the correct procedure and equipment a) Oropharyngeal – catheter b) Oral - yankeur c) Endotracheal d) Tracheostomy							
Maintaining an open an airway using either head tilt or jaw thrust airway manoeuvre							
Assessing the need for and insertion of an appropriately sized oropharyngeal airway							
Undertaking the care of a child having a chest drain inserted or with a chest drain in-situ							
Recognising and assembling airway adjuncts/equipment found on the resuscitation trolley							

### Notes: Breathing

you may have the opportunity to learn how to listen / auscultate the chest if you work with a physiotherapist, specialist nurse or doctor


## **Circulation**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
* Effectively measuring and recording rate and rhythm of the pulse				1	2	3	4
Recognition of abnormal pulse measurements and appropriate referral							
Locating and recording peripheral pulses a) Brachial b) Radial c) Carotid d) Temporal e) Femoral f) Pedal							
Effectively measuring and recording Blood Pressure a) Manual b) Electronic							
Recognition of abnormal BP measurements and responding appropriately							
Assigning PEWS score for Pulse and BP							
Undertaking and interpreting capillary refill test							
Undertaking care of a patient with a central venous catheter a) Identification of risks and potential complications b) Monitoring of patients c) Measurement, recording and evaluation of CVP measurements							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Participating under supervision in Arterial Blood Pressure monitoring and measurement							
Undertaking 3 lead cardiac monitoring							
Recognising cardiac rhythms on a 3 lead monitor a) Sinus rhythm b) VF c) VT d) Asystole e) Other – please specify							
Observing a 12 lead E.C.G. recording							
Measurement and recording of blood loss							
Systematic cardiovascular assessment a) Pallor b) Sweat/clamminess c) Level of consciousness d) Core/Peripheral temperature							
Assessment of limb perfusion a) Pain b) Pallor c) Pulse d) Parasthesia e) Paralysis							
Effectively identifying care priorities and adjusting observations according to local policy							

**Notes: Circulation**

mentor's copy



## **Hydration and Nutritional Needs**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
* Performing a comprehensive assessment of hydration status and needs							
* Performing a comprehensive assessment of nutritional status and needs							
Application of the principles of food hygiene							
* Recognition of when a child is unable to swallow effectively							
Assisting with feeding; a) Infant b) Child c) Young person safely and with dignity							
Accurately weighing and measuring a child							
Utilising appropriate tools for estimating a child's weight a) APLS guidelines b) Broselow tape							
Calculating daily fluid requirements according to weight							
Provision of support to the mother who is intending to breast feed or who is breast feeding							
Calculates infant formula feed requirements according to weight							
Correctly making up formula feed according to local policy							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Accurately recording input and output							
Recording and collating fluid balance/feed chart over a 24 hour period							
*Undertaking an oral assessment and care of a child's mouth							
Inserting and effectively securing a nasogastric tube							
Accurately assessing the position of a nasogastric tube using NPSA guidelines and taking appropriate action							
Safely administers enteral feeds a) via Oro-gastric b) via Naso-gastric c) via PEG d) Other (please specify)							
Care of a child with an intravenous infusion; a) Monitoring cannula site and identifying signs of extravasation. b) Utilising phlebitis scoring tool in accordance with local policy c) Selecting and Priming IV sets d) Management of an IV infusion including hourly measurements and recordings e) Assisting with cannulation including ensuring cannula site is safely secured f) Safe removal of IV cannula							



## **Elimination**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
*Assessing and monitoring of continence in relation to the child's developmental age and medical conditions a) Urinary including signs and symptoms of UTI b) Faecal including constipation and diarrhoea							
*Measurement of urine output a) Weighing nappies b) Hourly urine manometer c) Daily weight							
Performance, interpretation and documentation of routine urinalysis							
Collection and management of a sample of urine in accordance with local policy							
Where possible promoting continuation of a child's normal routine and takes appropriate actions to manage a) Urinary problems b) Faecal problems							
Safely and effectively caring for a child with a urinary catheter							
Safely performing urinary catheterisation a) Male b) Female							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Safely performing intermittent catheterisation a) Male Female							
Effectively care for a stoma a) Ileostomy b) Colostomy c) Urostomy							
Provision of holistic care for child requiring continence aids							

### Notes: Elimination

In most trusts male catheterization requires completion of a scope of practice learning package after registration. Please follow local policy.

## **Temperature**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Measurement and recording a child's temperature a) Tympanic b) Oral c) Axilla							
Correctly interpreting and appropriately acting on abnormalities in temperature recordings							
Assessing the degree of warmth in a child's extremities (for the acutely ill child)							
Instigating management and care relating to extremes of temperature a) Hypothermia b) Pyrexia							

### **Notes: Temperature**

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## **Altered Neurological Status**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Assessment of a child using the AVPU system (alert, voice, pain, unresponsive)							
Neurological Observations including assessment and recording of: a) Glasgow Coma Scale b) Pupil Responses c) Vital Signs d) Motor Function							
Undertaking neurological observations on: a) Baby b) Child c) Young person d) Individual who has a pre-existing neurological deficit							
Recognition of abnormal neurological observations & initiation of appropriate response							
Adjusts frequency of neurological observations as per local protocol							
Provision of advice and education to children, parents, carers about discharge advice for children admitted to ED/Paediatric ward following a head injury							
Effectively caring for an unconscious child including: a) Safe positioning b) Airway management							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Safe and effective care for a child who has a seizure a) Immediate assessment and stabilisation – ABCD b) Seizure control and management as prescribed / local protocol/algorithm via PR and buccal routes c) Documentation of seizure activity and care given							
Accurately assigning early warning trigger scores							
Provision of advice and education to children, parents, carers about seizure prevention and management							
Assisting with lumbar puncture							

Notes: Neurological Status



## **Hygiene, Comfort & Dignity**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Assessing and documenting a child's ability to effectively attend to own hygiene needs							
*Safely and effectively attending to a dependent child's hygiene needs							
* Recognising the need for oral hygiene/mouth care a) Use of assessment tool b) Safely and effectively providing care							
* Preparing a comfortable bed							
Promoting a child's independence							
Selecting and effectively utilizing an appropriate pressure risk assessment tool a) b) c)							
Seeking necessary intervention/treatment according to pressure risk assessment							
*Effectively maintaining a child's comfort, ensuring that the child is comfortable, privacy and dignity are maintained, and the child is able to reach their belongings.							
Ensuring a child is able to access assistance							

## Notes: Comfort & Dignity

mentor's copy

## **The Neonate**

All skills previously identified should be utilised and achievable in neonates as well as paediatric patients. Specific skills in neonates include the following

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Assessing & adapting the neonatal environment to maintain a thermal neutral environment							
Undertaking accurate assessment, measurement and recording of vital signs							
Rationalising and adapting care to support an infants neurological developmental needs including; a) Using adjuncts to provide boundaries b) Touch/positioning c) Minimising cares							
Selection, utilisation and documentation of neonatal pain with an appropriate assessment tool							
Accurate interpretation of pain assessment, potential pain (if a procedure is about to be undertaken) and selection of appropriate pain relief							
Utilisation of non pharmacological methods of pain relief a) Positioning b) Non-nutritive sucking							
Maintenance of effective infection control procedures							



## **Palliative Care and Care of the Dying**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
The assessment, planning, implementation and evaluation of care in relation to: a) ACT Care Pathway b) Transition Pathway c) End of Life Plan d) Continuing Care Strategy e)							
Participation in the care of child and their family/carers after an expected death							
Provision of culturally appropriate support and information to parents/carers and family							
Collaborating with and involving other disciplines e.g. faith personnel where appropriate							
Referral of parents/carers and family to paediatric bereavement facilitator							
Recognising and responding appropriately when hearing and/ or participating in the delivery of potentially challenging/distressing information							



### **Individuality** (including Spiritual Care)

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Supporting a child, parent or carer when exploring and expressing their beliefs							
Supporting a child, parent or carer when searching for meaning in challenging health care situations							
Active listening							
Acting as a supportive companion to children, parents, or carers – being present and available as someone with whom they can share their hopes and fears							
Promoting and providing holistic and individualised care							
Collaborating with and involving other disciplines (e.g. faith personnel) where appropriate							

Notes: Individuality

## **Cultural Needs**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Respect for and sensitivity to cultural issues when planning and delivering care							
Establishment of an understanding of cultural issues with children, parents and carers							
Identification and establishment of cultural expectations with children, parents and carers							
Provision of culturally appropriate health information and education							
Provision of culturally appropriate play							
Awareness and practice of specifics of nursing care within different cultures for: a) Skin care b) Bathing and toileting c) Diet d) Death and dying							

### **Notes: Cultural Care**




## **Administration of Medications**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
We suggest you also keep a separate document with respect to knowledge of individual medications							
Practicing in accordance with NMC Standards for the Administration of Medicines, local policy and formularies							
An ability to interpret individual children’s prescriptions							
Correctly undertaking drug calculations							
Demonstrating effective measuring using: a) Medicine pots b) Oral graduated medicine pots c) Oral syringes d) Syringes for injection e) IV giving sets							
Safely check a child’s identity							
(under supervision) Administer prescribed medication safely; a) Oral b) Rectal c) Sub-cutaneous d) Intra-muscular e) Inhaler f) Topical g) Ophthalmic h) Aural i) Nasal							

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Recording of administered medicines in accordance with local policy and NMC standards							
Checking and administering Controlled Drugs as per policy							
Demonstrating an understanding of the process of ordering and receiving; a) IV fluids b) Stock Drugs c) Individual patient drugs d) TTOs e) Controlled drugs							

### Notes: Medications

NMC ref <http://www.nmc-uk.org> Standards for medicines management - summary booklet / full content [PDF]

**Published: February 2008**

## **Pain**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
				1	2	3	4
Recognise a child showing signs of pain a) Verbal b) Non-verbal							
Ability to select, utilise and record pain assessment with an age appropriate tool, please specify a) b) c) d)							
Ability to use non-pharmacological methods of pain relief: a) Positioning b) Distraction c) Non- nutritive sucking d) e)							
Identification and selection of appropriate analgesics (as prescribed)							
Knowledge and understanding of how different types of analgesics work and their side effects							
Evaluation and documentation of the effectiveness of pharmacological and non pharmacological interventions							

## Notes: Pain

mentor's copy

## **Supporting Sleep and Rest**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Assessing the degree of sleep a child needs and receives							
To instigate measures that provide 'quiet' times to allow rest and sleep during the day/night							
Recognising the need for the assessment of consciousness and initiation of that assessment by using appropriate tools a) AVPU b) Glasgow Coma Scale							
Recognition of abnormalities of consciousness, initiating appropriate management and care of the child							
Identifying when a sedation scoring tool needs to be used for a child undergoing a procedure							

### **Notes: Sleep and Rest**


## **Peri-operative child**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Safely and effectively preparing a child for a general anaesthetic according to local policy a) Fasting b) Hygiene c) specific preparation Safely and effectively preparing a child for a regional anaesthetic according to local policy a) Fasting b) Hygiene c) specific preparation Safely and effectively preparing a child for a local anaesthetic according to local policy a) Fasting b) Hygiene c) specific preparation							
Providing support and relevant information to the child, parent, carer pre and post operatively							
Under supervision safely and effectively accompany/transfer a child to theatre							
Safely and effectively caring for a post anaesthetised child							
Providing an effective hand over to a) theatre staff b) to ward staff							
Under supervision safely escort a post operative child back to ward							

## Notes: Peri-operative Care

mentor's copy

## **Wound Care**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
				1	2	3	4
Selecting and utilising an appropriate tool to assess and grade: a) acute wound b) chronic wound c) pressure sore							
Assessment and recording progress of wound healing a) tracing b) photography							
Observation and recognition of indicators of an infected wound							
Safely obtaining, labelling and transporting wound swab							
Demonstrate ability to effectively cleanse: a) wound b) pressure sore							
Selection and application of appropriate wound dressings							
Safely and effectively care for a child with a wound drain insitu: a) closed vacuum drain b) open drain c)							
Application of wound closure tapes e.g. steri strips							
Effectively care for a child requiring wound closure using: a) Glue b) Sutures c) Staples							





## **Working in an Inter-disciplinary team**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
		1	2	Year			
Identification of the roles and responsibilities of inter-disciplinary team members: <ul style="list-style-type: none"> <li>○ Nursing personnel</li> <li>○ Medical personnel</li> <li>○ Management personnel</li> <li>○ Therapists</li> <li>○ Social workers</li> <li>○ Health Visitors</li> <li>○ Education staff</li> <li>○ Pharmacy staff</li> <li>○ Ambulance staff</li> <li>○ Portering staff</li> <li>○ Administrative staff</li> <li>○ Technical staff</li> </ul>							
Referral of children and young people to: <ul style="list-style-type: none"> <li>○ Junior medical staff</li> <li>○ Medical registrar</li> <li>○ Medical consultant</li> <li>○ Specialist nurse</li> <li>○ Dietician</li> <li>○ Physiotherapist</li> <li>○ Occupational therapist</li> <li>○ Speech and language therapist</li> </ul>							
Transfer of a child from one clinical area within the same health care Trust to another							
Transfer of a child to a different health care Trust							



## **Management**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Managing the nursing care of an individual child/young person for the duration of a shift							
Managing the nursing care of a group of 2-3 children/young people for the duration of a shift							
Managing the nursing care of a group of up to 7 children and young people for the duration of a shift							
Co-ordinating the care of children and young people within a clinical area <ul style="list-style-type: none"> <li>○ Delegation of work to colleagues</li> <li>○ Organisation of breaks</li> <li>○ Liaising with bed manager</li> <li>○ Liaising with nurse manager</li> <li>○ Liaising with medical staff</li> <li>○ Managing bed occupancy and throughput</li> </ul>							
Effectively identifying care priorities							
Creation of off-duty rota							
Completion of time sheets and sickness returns							
Managing off duty changes							



## Leadership

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Role modelling							
Buddying more junior students							
Organisational awareness a) Professional b) Trust c) NHS							
Political awareness and application of policy initiatives							
Initiating evidence based practice							
Managing change							
Problem solving							
Team leading							
Providing constructive feedback							

[illegible]

## **Teaching**

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Observed		Direct supervision/ supervised practice			
				Year			
		1	2	1	2	3	4
Identifying levels of knowledge and understanding							
Assessing learning needs							
Formulating a teaching plan							
Teaching a colleague a) Skill b) Theory							
Teaching a child or young person a) Skill b) Theory							
Teaching a child parent/carer a) Skill b) Theory							
Evaluating effectiveness of teaching approach							
Providing appropriate health education/promotion materials for children and families							
Promoting healthy lifestyles through health education interventions							

### **Notes: Teaching**


### **Additional Skills Acquired**

I have demonstrated appropriate skills related to:

[illegible]