

<b>SKILL: Genito-Urinary System Examination</b>		<b>PERFORMANCE CHECK-OFF</b>				
<b>Examination No</b>						Date
	PERFORMANCE / DO STEPS	<b>NOT</b>	<b>Badly</b>	<b>Fairly</b>	<b>Well</b>	<b>ITEM</b>
		Done(0)	Done(1)	Done(3)	Done(5)	<b>Score</b>
<b>1</b>	<b>General</b> : Inspection					
A	Pallor					
B	Oedema					
C	abdominal size					
D	Hair changes					
E	Skin changes					
	<b>BIO-PHYSICAL MEASUREMENTS</b>					
A	Length / Height					
B	Weight					
C	Mid upper arm circumference					
D	Occipito-frontal circumference					
E	Pulse					
F	Blood pressure					
<b>2</b>	<b>Abdomen</b> – Inspection					
A	Symmetry					
B	Masses					
C	Marks					
D	Umbilicus					
<b>3</b>	<b>Abdomen</b> – Palpation					
A	ask for any painful area					
B	Look at patients face					
C	Light palpation for tenderness					
D	Light palpation for masses					
E	Deep palpation for masses					
f	palpation for the bladder					
l	Balloting for the kidneys					
F	Fluid thrill					
<b>4</b>	<b>Abdomen</b> - Percussion					
a	Shifting dullness: - presence / extent					
b	" " - testing for shifting					
c	Bladder					
d	Fist percussion					
<b>5</b>	<b>Abdomen</b> - Auscultation					
a	Bruit					
<b>6</b>	<b>Perineum</b> -					
a	Courtesy to patient					
b	Genital inspection					
c	Genital palpation					
<b>7</b>	<b>Urine examination</b>					
a	Ask for specimen					
b	Inspect specimen					
c	Test specimen					
		<b>Zero(0)</b>	<b>Bad(2)</b>	<b>Fair (6)</b>	<b>Good(10)</b>	
<b>8</b>	<b>Overall attention to sequence</b>					
		Zero(0)	Bad(1)	Fair(3)	Good(5)	
<b>9</b>	<b>Speed of performance</b>					
<b>10</b>	<b>Composure</b>					
<b>11</b>	<b>Courtesy</b>					
<b>12</b>	<b>Affect</b>					
<b>13</b>	<b>COLLATED SCORES</b>					
<b>14</b>	<b>SPECIFIC FEED-BACK COMMENTS</b>					

SKILL: Central Nervous System Examination		PERFORMANCE CHECK-OFF				
Examination No						Date
	PERFORMANCE / DO STEPS	NOT Done(0)	Badly Done(1)	Fairly Done(3)	Well Done(5)	ITEM Score
1	<b>General inspection/ Communication</b>					
A	Consciousness					
B	Speech					
C	Orientation					
D	Intelligence					
E	Cerebral dominance					
2	<b>Inspection/Communication/Manipulation</b>					
	Cranial nerves					
A	Olfactory nerve					
B	Optic nerve					
C	Cr Ns 3,4,6					
D	Cr N. 5 motor					
E	Cr N. 5 sensory					
F	Cr N. 7 motor					
G	Cr N. 8 cochlear					
h	Cr N. 8 vestibular					
I	Cr N. 9 sensory					
J	Cr N. 9 motor					
K	Cr N. 10 motor					
L	Cr N. 11					
M	Cr N. 12					
3	<b>Inspection, communication&amp; palpation</b>					
a	Muscles & limbs					
b	Skin texture					
c	Buccal mucosa					
d	Posture					
e	Gait					
4	<b>Palpation and manipulation</b>					
a	Tone upper limbs					
b	Tone lower limbs					
c	Power upper limbs					
d	Power lower limbs					
e	Deep tendon reflexes - Triceps					
f	Biceps					
g	Brachioradialis					
h	Knee					
i	Ankle					
j	Superficial reflexes – Abdominal					
k	Plantar					
l	Cremasteric					
5	<b>Manipulation for sensory functions –</b>					
a	-Light touch					
b	- Pain					
c	- Temperature					
d	- Joint position					
e	- Vibration					
f	-Stereognosis					
g	- Romberg's test					
6	<b>manipulation for autonomic functions</b>					
a	Rest & exercise pulse					
b	BP in diff. postures					
c	Continenence					
7a	<b>Soft Neurologic signs-</b> Neck stiffness					
b	Kernig's sign					
c	Brudzinski's sign					
d	Cerebellar function- intention tremor					
e	Nystagmus					
f	Dysdiadokokinesia					
		Zero(0)	Bad(2)	Fair (6)	Good(10)	Score
8	<b>Overall Attention To Sequence</b>					
9	<b>Composure</b>					
10	<b>Speed Of Performance</b>					
		Zero(0)	Bad(1)	Fair(3)	Good(5)	Score
12	<b>Courtesy</b>					
	<b>Affect</b>					
13	<b>COLLATED SCORES</b>					
14	<b>SPECIFIC FEED-BACK COMMENTS</b>					

SKILL: Cardiovascular System Examination		PERFORMANCE CHECK-OFF				
Examination No		Date			ITEM Score	
S/No	PERFORMANCE / DO STEPS	NOT Done(0)	Badly Done(1)	Fairly Done(3)		Well Done(5)
<b>1</b>	<b>GENERAL EXAMINATION</b>					
	<b>Inspection</b>					
a	Respiratory distress					
b	Pallor					
c	Cyanosis					
d	Digital clubbing					
e	Neck Pulsations					
f	Oedema – Presence					
	<b>Oedema -Palpation</b>					
a	Extent					
b	Pitting					
c	Level					
<b>2</b>	<b>Palpation</b>					
	Pulse (Radial)					
a	Rate					
b	Rhythm					
c	Volume					
d	Vessel wall					
e	Collapsing					
f	Presence / Synchrony with other radial artery					
g	Synchrony with femoral arteries					
h	Synchrony with carotid artery					
i	Synchrony with brachial artery					
j	Synchrony with Popliteal artery					
k	Symmetry of dorsalis pedis arteries					
<b>3</b>	<b>Routine Blood Pressure –</b>					
a	Patient positioning					
b	Cuff positioning					
c	Location of brachial pulse					
d	Cuff inflation					
e	Systolic reading by palpation					
f	Stethoscope positioning					
g	Blood pressure by auscultation					
<b>4</b>	<b>Jugular Venous Pressure (JVP)</b>					
a	Patient positioning					
b	Location of internal jugular vein					
c	Measurement of JVP					
<b>5</b>	<b>Precordium –</b>					
a	Inspection					
	<b>Palpation</b>					
a	Apex beat					
b	Heave/ thrill					
c	Percussion of precordium					
d	Palpation for liver					
e	Ascites – shifting dullness					
<b>6</b>	<b>Auscultation –</b>					
a	Heart sounds - apex					
b	Count heart rate					
c	Auscultate all valve areas - mitral, tricuspid, aortic and pulmonary.					
d	Auscultate for radiation to axilla /up the neck/back.					
e	Auscultate abdomen					
f	Auscultate base of lungs					
		<b>Zero(0)</b>	<b>Bad(2)</b>	<b>Fair (6)</b>	<b>Good(10)</b>	
	<b>Overall Attention To Sequence</b>					
	<b>Composure</b>					
	<b>Speed Of Performance</b>					
		<b>Zero(0)</b>	<b>Bad(1)</b>	<b>Fair (3)</b>	<b>Good(5)</b>	
	<b>Courtesy</b>					
	<b>Affect</b>					
	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					

SKILL: Digestive System Examination		PERFORMANCE CHECK-OFF				
Examination No					Date	
S/N	PERFORMANCE / DO STEPS	NOT Done(0)	Badly Done(1)	Fairly Done(3)	Well Done(5)	ITEM Score
<b>1/ a</b>	<b>GENERAL : Inspection for / Pallor</b>					
b	Hair – texture & distribution					
c	Jaundice					
d	Finger clubbing					
e	Oedema					
f	Wasting					
g	abdominal size					
h	Palms & soles of feet					
<b>2/ a</b>	<b>MOUTH AND PHARYNX; Inspection / Lips</b>					
b	Gums					
c	teeth [state and numbers ]					
d	Tongue					
e	swallow reflex					
<b>3/ a</b>	<b>ABDOMEN – Inspection / Symmetry</b>					
b	Marks					
c	Umbilicus					
d	peristaltic movements					
e	prominent veins					
f	Abnormal swellings					
<b>4/a</b>	<b>ABDOMEN –Palpation / ask for painful area</b>					
b	look at patient's face					
c	light palpation for tenderness					
d	light palpation for masses					
e	Deep palpation for masses					
f	palpation for the liver					
g	palpation for the spleen					
h	Hernial orifices					
i	Fluid thrill					
<b>5</b>	<b>ABDOMEN - Percussion</b>					Score
a	Shifting dullness: - presence / extent					
b	" " - testing for shifting					
c	" : - quadrant coverage					
d	Liver span					
<b>6</b>	<b>ABDOMEN - Auscultation</b>					Score
a	Bowel sound – present/absent					
b	" - frequency					
c	Liver bruit					
d	Other bruit					
<b>7/ a</b>	<b>PERINEUM / Courtesy to patient</b>					
b	Genital inspection					
c	Rectal examination					
		<b>Zero(0)</b>	<b>Bad(1)</b>	<b>Fair(3)</b>	<b>Good(5)</b>	Score
<b>8</b>	<b>Overall Attention To Sequence</b>					
<b>9</b>	<b>Composure</b>					
<b>10</b>	<b>Speed Of Performance</b>					
<b>11</b>	<b>Courtesy</b>					
		<b>Zero(0)</b>	<b>Bad(0)</b>	<b>Fair(1)</b>	<b>Good(2)</b>	Score
<b>12</b>	<b>Affect</b>					
<b>13</b>	<b>COLLATED SCORES</b>					
<b>14</b>	<b>SPECIFIC FEED-BACK COMMENTS</b>					

<b>SKILL: Endocrine System Examination</b>		<b>PERFORMANCE CHECK-OFF</b>				
<b>Examination No</b>						Date
<b>S/N.</b>	<b>PERFORMANCE / DO STEPS</b>	<b>NOT Done(0)</b>	<b>Badly Done(1)</b>	<b>Fairly Done(3)</b>	<b>Well Done(5)</b>	<b>ITEM Score</b>
1 / a	Inspection- Pallor /Palm, Sole &Nail bed					
b	Mucous membranes					
c	Conjunctiva					
2 / a	Skin Inspection / Skin Colour change					
b	Hair distribution and Hair change					
3 / a	Eye Examination / Proptosis					
b	Exophthalmos					
c	Lid lag					
d	Lid retraction					
e	Ophthalmoplegia					
F	Ecchymosis					
4 / a	<b>PALPATION</b> / Lymph nodes Location					
b	Characteristics – size, consistency, attachment, mobility, tenderness					
5 / a	Oedema / Presence, location, extent					
b	Pitting / non-pitting					
6	<b>Neck / Thyroid Examination</b>					
a	Inspect anteriorly					
b	Observe swallowing					
c	Observe as patient protrudes the tongue					
d	Palpate anteriorly for tenderness, size, consistency, warmth					
e	Palpate while standing behind the patient					
f	Percuss for retrosternal extension					
g	Auscultate for bruit					
7	<b>Breast Examination</b>					
a	Inspect–symmetry, size, nipples, guttering accessory glands, prominent veins, ,					
b	Palpation – Warmth,					
c	Palpation –Tenderness					
d	Quadrant coverage & Axillae					
e	Discharge					
f	Breast tissue in males					
8 / a	<b>Genitalia</b> / Inspection – Hair distribution, penis/ clitoris					
b	Palpation – Penis / clitoris – Size					
c	Testes / Labia – location, size, consistency, warmth, tenderness					
9	<b>Anthropometry</b> (Obesity Assessment)					
a	Inspection – Distribution of fat, striae					
b	Measurements - Height / Weight					
c	Hip Circumference					
d	Waist Circumference					
e	Calculate BMI & Waist / Hip Ratio					
10	Bedside Urine Test – Glucose, osmolality					
		<b>Zero(0)</b>	<b>Bad(3)</b>	<b>Fair(6)</b>	<b>Good(10)</b>	
11	<b>Overall Attention To Sequence</b>					
12	<b>Composure</b>					
13	<b>Speed Of Performance</b>					
14	<b>Courtesy</b>					
15	<b>Affect</b>					
16	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					

<b>SKILL: Haematologic System Examination</b>		<b>PERFORMANCE CHECK-OFF</b>				
<b>Examination No</b>						[Date
<b>S/N</b>	<b>PERFORMANCE / DO STEPS</b>	<b>NOT Done(0)</b>	<b>Badly Done(1)</b>	<b>Fairly Done(3)</b>	<b>Well Done(5)</b>	<b>ITEM Score</b>
<b>1</b>	<b>GENERAL Inspection</b>					
a	Overview from foot of the bed ( lower limbs, abdomen, chest, upper limbs, head & neck)					
b	Skin (spots, marks or swellings)					
	Pallor / Jaundice -					
c	Palms, Soles & Nail beds					
d	Pallor - Mucous membranes					
e	Pallor - Conjunctiva					
f	Pallor - Skin					
	<b>PALPATION</b>					
g	Oedema					
h	Presence, location, extent					
i	Pitting / non-pitting					
<b>2</b>	<b>Lymph Nodes</b>					
a	Cervical (anterior & posterior)					
b	Posterior auricular					
c	Submental / submandibular					
d	Supraclavicular					
e	Axillary					
f	Supratrochlear					
g	Inguinal					
h	Popliteal					
<b>3</b>	<b>ABDOMEN – Palpation</b>					
a	Ask for any painful area					
b.	Look at patient's face					
c.	Light palpation for tenderness					
d	Deep palpation for masses & lymph nodes					
e.	Liver					
f.	Spleen ( size, tenderness, consistency)					
<b>5 / a</b>	<b>ABDOMEN Percussion / Liver span</b>					
		Zero(0)	Bad(2)	Fair (6)	Good(10)	
	<b>Overall Attention To Sequence</b>					
		Zero(0)	Bad(1)	Fai(3)	Good(5)	
	<b>Speed Of Performance</b>					
	<b>Composure</b>					
	<b>Courtesy</b>					
	<b>Affect</b>					
	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					

<b>SKILL: Musculoskeletal System Examination</b>		<b>PERFORMANCE CHECK-OFF</b>				
<b>Examination No</b>		Date				
<b>S/N</b>	<b>PERFORMANCE / DO STEPS</b>	<b>NOT Done(0)</b>	<b>Badly Done(1)</b>	<b>Fairly Done(3)</b>	<b>Well Done(5)</b>	<b>ITEM Score</b>
1	<b>General Examination</b>					
a	<b>Inspection</b> / Physical abnormality					
b	Swelling /discoloration					
c	Oedema					
d	Extent of oedema					
e	Posture					
f	Gait					
2/a	<b>Measurements</b> / Height / Length					
b	Upper segment					
c	Lower segment					
d	Arm span					
e	Head circumference					
3/a	<b>Head &amp; Neck ; Inspect for</b> / Shape,					
b	size					
c	swellings					
d	Fontanelles					
e	Deformities					
f	<b>Head &amp; Neck ; Palpate for/</b> Sutures/ suture lines					
G	Creptus					
4 /a	<b>Upper Limbs: Inspection</b> / Posture					
b	Wasting					
c	Range of movements:					
d	Shoulder					
e	Elbow					
f	Wrist					
g	Phalanges					
h	<b>Upper Limbs: Palpation</b> / Power of Grip					
i	Passive movement					
j	Warmth					
k	Tenderness					
l	Creptus					
5/a	<b>Lower limbs: Inspection</b> / deformity, shortening					
b	Posture					
c	Wasting					
d	<b>Lower limbs: Range of movements</b> / hip					
e	Knee					
f	Ankle					
g	Phalanges					
h	Soles of feet (ulcers, callosities)					
l	Trendelenberg					
j	<b>Lower limbs: Palpation</b> /					
k	Warmth					
l	Tenderness					
m	Creptus					
n	Patellar test (for effusion)					
o	Passive movement					
p	Ortolani					
q	Barlow's manoeuvre					
r	Gower's sign					
6/a	<b>Rib cage:</b> Inspect /Shape, Symmetry, Deformity					
b	<b>Rib cage:</b> Palpate / swellings					
c	<b>Rib cage:</b> Palpate / tenderness					
7/a	<b>Spine:</b> Inspect from different positions/ Kyphosis					
b	Scoliosis					
c	Lordosis					
d	<b>Spine: Palpation</b> / Swellings					
e	Warmth					
f	Tenderness					
		<b>Zero(0)</b>	<b>Bad(1)</b>	<b>Fair (3)</b>	<b>Good(5)</b>	
8	<b>Overall Attention To Sequence</b>					
9	<b>Speed Of Performance</b>					
10	<b>Composure</b>					
		<b>Zero(0)</b>	<b>Bad(1)</b>	<b>Fair(2)</b>	<b>Good(3)</b>	
11	<b>Courtesy</b>					
		<b>Zero(0)</b>	<b>Bad(0)</b>	<b>Fair(1)</b>	<b>Good(2)</b>	
12	<b>Affect</b>					
	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					

<b>SKILL: Respiratory System Examination</b>		<b>PERFORMANCE CHECK-OFF</b>				
<b>Examination No</b>						Date
S. No	<b>PERFORMANCE / DO STEPS</b>	<b>NOT Done(0)</b>	<b>Badly Done(1)</b>	<b>Fairly Done(3)</b>	<b>Well Done(5)</b>	<b>ITEM Score</b>
1	<b>GENERAL EXAM / INSPECTION</b>					
a	Shape and symmetry.					
b	Voice: Listen to speech for hoarseness					
c	Use of accessory muscles of respiration					
d	Count respiratory rate					
e	Look at ears and pharynx					
f	Pallor					
g	Cyanosis					
h	Digital clubbing					
i	Finger staining [tobacco]					
2	<b>PALPATION (Anterior &amp; Posterior)</b>					
a	Cervical lymph nodes					
b	Axillary lymph nodes					
c	Position of trachea					
d	Tenderness					
e	Chest movement					
f	Tactile fremitus					
3	<b>PERCUSSION (Anterior &amp; Posterior)</b>					
a	Hand and finger positioning					
b	Finger alignment to intercostal spaces					
c	Symmetrical progression of percussion & Zone coverage					
4	<b>AUSCULTATION (Anterior &amp; Posterior)</b>					
a	Neck and trachea					
b	Symmetrical progression of auscultation					
c	Zone coverage					
d	Vocal fremitus					
		<b>Zero(0)</b>	<b>Bad(2)</b>	<b>Fair (6)</b>	<b>Good(10)</b>	
5	<b>Overall Attention To Sequence</b>					
6	<b>Speed Of Performance</b>					
7	<b>Composure</b>					
		Zero(0)	Bad(1)	Fair(3)	Good(5)	
8	<b>Courtesy</b>					
9	<b>Affect</b>					
10	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					



## STRUCTURED CLINICAL SUMMARY AND REASONING FORMAT

<b>PATIENTS NAME:</b>	<b>Date of Birth:</b>	<b>Gender:</b>
	<b>Age:</b>	<b>Date:</b>
<b>ADDRESS</b>		

S/No	Symptoms Obtained (from PC, HPC & ROS )	Other Aspects of History (From PMH to F&SH)	Signs Elicited (Positives <sup>1st</sup> ) (From physical exam)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

### ANY BEDSIDE INVESTIGATION OR SIDELAB RESULTS OBTAINED

TEST	RESULT

	System/s most likely involved in disease		Pathological process/es likely occurring in the system/s
1		1	
2		2	
3		3	

	Functional abnormalities elicited from History & or Physical Exam		Structural abnormalities elicited from History & or Physical Exam
1		1	
2		2	
3		3	
4		4	
5		5	

<b>FUNCTIONAL DIAGNOSIS /ES</b>	

<b>ANATOMIC DIAGNOSIS /ES</b>	

### IMPORTANT / DIAGNOSTIC INVESTIGATIONS INDICATED

1	
2	
3	
4	
5	

<b>PATHOLOGIC DIAGNOSIS / ES</b>	

<b>AETIOLOGIC DIAGNOSIS /ES</b>	

<b>Candidate's Examination number</b>	<b>Signature</b>
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<b>SKILL: VITAL SIGNS MEASUREMENT</b>		<b>PERFORMANCE CHECK-OFF</b>				
[Student's Name ]		[Mat. No. ]			[Date ]	
	<b>PERFORMANCE / DO STEPS</b>	<b>NOT</b>	<b>Badly</b>	<b>Fairly</b>	<b>Well</b>	<b>ITEM</b>
S/N		Done(0)	Done(1)	Done(3)	Done(5)	<b>Score</b>
1	<b>Temperature</b>					
a.	Informed consent and courtesy to patients					
b.	State sites of temperature measurement (oral, axillae, groin, rectum)					
c.	Ascertain that the requirements for temperature measurement are complete – mercury in glass thermometer)					
d.	Position the patient					
e.	Placement of the thermometer on patient					
	<b>Note:</b> Pulse rate and Respiratory rates can be counted while waiting to read the temperature					
f.	Read temperature					
g.	Replacement of thermometer in					
h.	Recording of measurement					
2	<b>Pulse Rate</b>					
a.	Courtesy to patient / consent					
b.	Identify sites of pulse measurement					
c.	Requirements – a watch with seconds' hand					
d.	Positioning of patient					
e.	Positioning of fingers of examiner – pulp of three fingers					
f.	Checking for pulse rate (1 minute)					
g.	Recording of result					
3	<b>Respiratory Rate</b>					
a.	Requirements: Time piece with second's indicator					
b.	Count respiratory rate over one minute					
c.	Record results					
4	<b>Blood Pressure</b>					
a.	Courtesy to patient / consent					
b.	Requirements – sphygmomanometer, stethoscope					
c.	Position patient					
d.	Identify sites of measurement (Brachial artery, radial artery, Popliteal artery)					
e.	Placement of cuff					
f.	Blood Pressure measurement – by palpation and auscultation					
g.	Recording of results					
		<b>Zero (0)</b>	<b>Bad (1)</b>	<b>Fair (3)</b>	<b>Good (5)</b>	
	OVERALL ATTENTION TO SEQUENCE					
	SPEED OF PERFORMANCE					
	COMPOSURE					
	COURTESY					
	AFFECT					
	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					

<b>SKILL: BED MAKING</b>		<b>PERFORMANCE CHECK-OFF</b>				
[Student's Name ]		[Mat. No. ]			[Date	]
S/N	PERFORMANCE / DO STEPS	NOT Done	Badly Done (1)	Fairly Done (3)	Well Done (5)	ITEM Score
1/ a	Describe various types of hospital beds / Empty or closed bed					
b	Unoccupied bed					
c	Occupied bed					
d	Cardiac bed					
e	Plaster bed					
f	Burns bed					
g	Postoperative bed					
2	Ensure complete requirements:[2 chairs, Gloves, plastic apron, face mask, soiled linen carrier, mattress cover & trolleys with clean sheets]					
3	Courtesy, consent & patient assessment					
4	Ensure patients' privacy & comfort					
5	Positioning of patient					
6	Removal of soiled sheets and materials					
7/ a	<b>Sequential placement of/</b> Trolleys					
b	Mattress					
c	Board (if required)					
d	Mattress cover					
d	Mackintosh					
e	Bottom sheets					
f	Draw mackintosh					
g	Draw sheet					
h	Top sheets					
i	Counterpane or blanket					
8	Shake pillow and change dirty pillowcases					
9	Fold one side of top beddings to enable patients get easily into bed if not already in bed					
10	Tidy up					
		<b>Zero (0)</b>	<b>Bad (1)</b>	<b>Fair (3)</b>	<b>Good (5)</b>	
	OVERALL ATTENTION TO SEQUENCE					
	SPEED OF PERFORMANCE					
	COMPOSURE					
	COURTESY					
	AFFECT					
	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					

<b>SKILL: ADMINISTRATION OF MEDICATIONS AND THE NURSE'S COMPONENT OF ALL NURSE-ASSISTED PROCEDURES</b>		<b>PERFORMANCE CHECK-OFF</b>				
[Student's Name ]		[Mat. No. ]			[Date ]	
	<b>PERFORMANCE / DO STEPS</b>	<b>NOT</b>	<b>Badly</b>	<b>Fairly</b>	<b>Well</b>	<b>ITEM</b>
S/N		Done (0)	Done (1)	Done (3)	Done (5)	<b>Score</b>
1/ a	<b>MEDICATIONS</b> / Administration Routes; oral, sublingual intramuscular, intravenous, subcut., intradermal, intrathecal, intra-articular.					
b	Identification of Medication, dose and route of administration					
2/ a	<b>ENEMA</b> / Indications					
b	Types					
c	Requirement					
d	Procedure					
3/a	<b>CARE OF SURGICAL PATIENT</b> <b>Preoperative care</b> / Ensure physical, psychological and spiritual Support					
b	Explain type of Surgery					
c	Obtain written consent for surgery					
d	Pre-operative preparation, e.g., breathing exercises					
e	Ensure anaesthetist sees patient					
f	Maintain nil per oral, if indicated					
g	Post-operative care / vital signs					
h	Fluid balance (in recovery room)					
i	Ward care					
4/a	<b>BLOOD TRANSFUSION</b> /					
	- Assemble requirements					
b	- Explain procedure to patient					
c	- Check blood for compatibility,					
d	- Vital signs of patient through out					
e	- Watch out for transfusion reactions.					
f	- Note steps to take in event of transfusion reaction.					
g	Post transfusion assessment					
5/ a	<b>INSERTION OF NASOGASTRIC TUBE</b>					
	- Indications					
b	- Requirements					
c	- Explain procedure to patient					
d	- Carryout procedure					
6/ a	<b>F. URETHRAL CATHETERISATION</b>					
	Types e.g. intermittent, indwelling, Routine					
	Indication					
	Requirements					
	Insertion					
7/a	<b>WOUND DRESSING</b> / Requirements					
b	- Method of dressing					
c	- Assessment of wound healing					
d	- Removal of sutures					
		<b>Zero (0)</b>	<b>Bad (1)</b>	<b>Fair (3)</b>	<b>Good (5)</b>	
	OVERALL ATTENTION TO SEQUENCE					
	SPEED OF PERFORMANCE					
	COMPOSURE					
	COURTESY					
	AFFECT					
	<b>COLLATED SCORES</b>					
	<b>SPECIFIC FEED-BACK COMMENTS</b>					

