



**University of New England
School of Health**

Professional Entry Nursing Courses

CLINICAL RECORD BOOK

**FIRST YEAR
HSNS 163 Foundations of Nursing: Medications and Fluids**

STUDENT NAME:

Milly Shennan

STUDENT CONTACT TELEPHONE:

0468 672 689

STUDENT ID NUMBER:

220167227

HOSPITAL/HEALTH AGENCY:

Kurri Kurri Hospital

**PRECEPTOR/FACILITATOR/
CLINICAL PARTNER:**

Maryanne Kethorn and
Sommer Harison

PRECEPTOR CONTACT TELEPHONE:

0477346618

LOCATION (eg: town name):

Kurri Kurri

WARD/UNIT:

Medical / Surgical

PLACEMENT DATES:

FROM 15/10/18 TO 2/11/18

For more information, additional copies of documents or
questions related to your Clinical Record Book
please contact the Clinical School staff.

	Safe Practice Demonstrated	Needs more Supervised Practice
Positioning a dependent patient (Tollefson text p288)	<i>Amplified</i>	29.10.18
Range of motion, deep breathing and coughing exercises		
Assisting with lifting and positioning of patients using safe manual handling techniques	<i>Amplified</i>	29.10.18
Basic CPR		
Bed making	<i>Amplified</i>	29.10.18
Care of body after death		
Assessment		
Recording and interpreting of blood pressure; temperature, pulse and respiration (TPR) measurements (Tollefson text pp204, 209)	<i>Amplified</i>	29.10.18
Recording and interpreting of height, weight and waist circumference measurement (Tollefson text p197)	<i>Amplified</i>	29.10.18
Recording and interpreting of blood glucose measurement (Tollefson text p223)	<i>Amplified</i>	29.10.18
Admission of the patient across the lifespan and provision of support for next of kin, parent(s) or carer(s)		
Pre-operative care (Tollefson text p254)		
Post-operative care (Tollefson text p269)	<i>Amplified</i>	29.10.18
Pain assessment	<i>Amplified</i>	29.10.18
Documentation		
Document and interpret a basic care plan and integrated patient notes	<i>Amplified</i>	29.10.18
Recording and monitoring fluid balance charts		
Medication Administration (adults and children)		
Medication Administration - Oral Medications (Tollefson text p155)	<i>Amplified</i>	29.10.18
Medication Administration - Eye Drops or Ointments (Tollefson text p160)		
Medication Administration - Otic medication (Tollefson text p164)		
Monitor IV infusions (calculate rates of flow) - normal saline only (Tollefson text p120)		
Changing of IV/SC infusions- maintenance fluid only - normal saline only		

ADDITIONAL ACTIVITIES

Eg: Attended In-service Wound care, Simulation,

- attended theatre and observed a cataract surgery take place.
- attended theatre and observed a tonsillectomy
- attended theatre and observed a bilateral functional endoscopic sinus surgery
- attended theatre and observed a modified radical mastoidectomy
- attended an in-service on purposeful hourly rounding
- attended an in-service on stroke management

Nursing Competency Assessment Schedule-NCAS

Registered Nurse Standards for Practice (NMBA 2016)

INTERIM

FINAL

B

Please insert
your initialsTRIMESTER 2 / YEAR 1

Standard 1 to 7 (RN assessor- Please place your initials in the appropriate column)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)	Not Assessed
Standard 1 (Please place your <u>initials</u> in the appropriate column)						
Thinks critically and analyses nursing practice		B				
Standard 2 (Please place your <u>initials</u> in the appropriate column)						
Engages in therapeutic and professional relationships		B				
Standard 3 (Please place your <u>initials</u> in the appropriate column)						
Maintains the capability for practice		B				
Standard 4 (Please place your <u>initials</u> in the appropriate column)						
Comprehensively conducts assessments		B				
Standard 5 (Please place your initials in the appropriate column)						
Develops a plan for nursing practice		B				
Standard 6 (Please place your initials in the appropriate column)						
Provides safe, appropriate and responsive quality nursing practice		B				
Standard 7 (Please place your <u>initials</u> in the appropriate column)						
Evaluates outcomes to inform nursing practice		B				
How would you rate the overall performance of this student during this clinical practicum (<u>please initial</u>):						
Unsatisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> B						

Nursing and Midwifery Board of Australia (NMBA) 2016, *Registered Nurse Standards for Practice*.Modified from: Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381.

Independent: (I)	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skillful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

Scoring guide:

- ⊕ ONLY **initial** (not assessed) if the student has not had an opportunity to be exposed to and therefore demonstrate the standard.
- ⊕ Any item not assessed should not be scored.
- ⊕ You should only **initial** one column for each of the one to seven descriptors
- ⊕ Evaluate the student's performance against the **minimum** standard level expected for a beginning/entry level registered nurse.

Compulsory Reflection by Student: (Please refer to Levett-Jones and Burgeois text *The Clinical Placement* pp85-92 -- model for reflection)

During my clinical placement I was able to further my knowledge and skills by practising the administration of medications and wound care. I also felt that I gained more confidence in documenting and charting along with delivering a clinical handover. I ensured I worked to the best of my ability to gain a therapeutic relationship with my patients and play an active role as a helpful and cooperative team member.

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical placement? (please **initial**)

Unsatisfactory ☐

Satisfactory ☐

Good ☒

Excellent ☐

Comments by RN:

(please **initial**)

INTERIM

FINAL

B

Milly has shown great enthusiasm during her placement.
Milly is comfortable working within her scope &
shows keen interest in learning.

Continue on a separate sheet if necessary

Student Name: (please print)

Milly Shennan

Sign:

M Shennan

Date:

26.10.18

Clinical facilitator: (please print)

J. Brown

Sign:

J. Brown

Date:

26.10.18

Caring for a client/patient requiring wound management
Employer Competencies (Skills Areas)

Clinical Competency Area	
Competency exemplar:	The management of a client/patient requiring wound care
Demonstration of:	The ability to effectively and safely manage a simple wound for a single client/patient.

<u>Performance Criteria</u> (Please place your <u>initials</u> in the appropriate column)		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
PREPARATION FOR THE ACTIVITY	1. Identifies specific indications for contact / communication / action with the client/patient (i.e. are there any specific orders?).	1.2, 1.3, 1.5, 4.5, 6.1, 6.5		KS			
	2. Verifies the validity of any written orders to provide appropriate wound management.	1.6, 4.5, 5.1, 6.5		KS			
	3. Reviews the client/patient documentation / history / information / medication chart / communication(s) from members of the multidisciplinary team and considers the evidence.	1.4, 4.1, 4.5, 5.1, 6.5, 7.3		KS			
	4. Gathers the necessary equipment;	1.1, 1.5,	i.	KS			
	i. Effectively and in a timely manner performs hand hygiene;	1.6, 4.1,	ii.	KS			
	ii. Clean and sterile gloves, apron, goggles (PPE);	4.4, 4.5,	iii.	KS			
	iii. Sterile scissors and/or clip/staple/stitch remover, sharps container;	5.1, 5.2,	iv.	KS			
CARRYING OUT THE MANAGEMENT OF A CLIENT/PATIENT REQUIRING WOUND CARE	iv. Dressing pack, required dressing materials;	6.5, 7.1, 7.2	v.	KS			
	v. Appropriate solutions if necessary and if necessary	May not be necessary	vi.	KS			
	vi. Other: Specify						
	6. Evidence of therapeutic interactions; e.g. gives client/patient a clear explanation regarding the management of the wound.	2.1, 2.2, 2.3, 3.1, 4.3, 5.3, 6.2, 6.5		KS			
	7. Undertakes assessment of the situation identifying that it is appropriate to manage the wound 'this way' in the circumstances e.g. that it is required/considers any medication (analgesia) or any vital sign or other assessments required.	1.1, 1.4, 3.1, 3.4, 4.1-6, 5.1-4, 6.1, 6.2, 7.1, 7.2		KS			
	8. Maintains dignity, provides privacy, pain relief and other comfort measures – displays problem solving abilities.	1.3, 1.4, 2.1, 4.3, 4.4		KS			
	9. Assists the client/patient to an appropriate position as necessary.	3.1, 5.2, 7.1		KS			
CARRYING OUT THE MANAGEMENT OF A CLIENT/PATIENT REQUIRING WOUND CARE	10. Performs hand hygiene and uses PPE (if required).	1.1, 1.2, 2.2, 3.1, 6.5		KS			
	11. Verbally reassure client/patient is comfortable & prepared.	1.4, 2.1, 2.3, 3.1, 4.3, 4.4, 7.1		KS			
	12. Put on clean disposable gloves and remove the tape/bandage or ties.	6.1-5, 7.1, 7.2		KS			
	13. With gloved hand remove dressing one layer at a time, taking care not to disturb drains or tubes. Keep soiled surface out of client/patient's eye line. If the dressing is 'stuck', explain to the client/patient that you will moisten the dressing so that it comes free without any discomfort.	6.1-5, 7.1, 7.2		KS			

<u>Performance Criteria</u>		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)		Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
(Please place your <i>initials</i> in the appropriate column)								
CLOSING THE ACTIVITY	14. Observe any drainage e.g. amount / character / consistency / colour / odour.	5.1, 6.1, 6.2, 6.5, 7.1						
	15. Remove PPE and perform hand hygiene effectively.	1.1, 1.2, 2.2, 3.1, 6.5						
	16. If necessary cleans the wound utilising appropriate solution(s) and dresses the wound using appropriate choice of dressing and fixation.	1.2, 1.5 4.5, 5.1, 5.3, 6.2, 6.5, 7.1, 7.2						
	17. Repositions client/patient & maintains privacy dignity, ensures comfort as far as possible throughout & at that point.	1.4, 2.1, 4.2, 4.4, 4.5, 7.1, 7.2						
CLOSING THE ACTIVITY	18. Concludes the interaction with the client/patient by considerably concluding the therapeutic relationship.	2.1, 6.5, 7.1.						
	19. Cleans/tidies area; disposes of any waste appropriately and as soon as is practicable; removes gloves & other PPE (as necessary) and performs hand hygiene appropriately.	1.1, 1.2, 2.2, 3.1, 6.5						
DOCUMENTATION & COMMUNICATION	20. Reporting and Recording of relevant information: i. Nursing Care; ii. Medication chart; iii. other if appropriate (e.g. particular assessment chart (wound)) Specify i.e. plan _____	3.4, 5.4, 6.5, 7.1, 7.2, 7.3 <i>May not be necessary</i>	i.					
			ii.					
			iii.					
EDUCATIONAL OPPORTUNITY	21. Demonstrates ability to reflect on the activity and to link theory to practice; i. Relates to decisions made; ii. Evidence utilised and iii. Implications for planning of patient care.	1.1, 1.2, 1.5, 3.2, 3.3, 4.1, 4.2, 5.1, 6.5, 7.1	i.					
			ii.					
			iii.					

Bondy, K, M, 1983, 'Criterion-referenced definitions for rating scales in clinical evaluation', *Journal of Nursing Education*, vol. 22(9), pp. 376-381.

Crisp, J & Taylor, C 2013 *Potter and Perry's Fundamentals of Nursing*, 4th Ed, Elsevier, Australia

Tollefson, J 2015, Clinical psychomotor skills: assessment tools for nursing students, 4th Ed., South Melbourne, Vic. Cengage Learning, Australia.

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Supervised: (S)	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
Marginal: (M)	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

Compulsory Reflection by Student: Please refer to Levett-Jones and Burgeois text *The Clinical Placement* pp95-102 – model for reflection)

I applied the knowledge and skills gained at UNE on wound care and performed it on my patients. I felt comfortable and confident using aseptic technique and gaining further experience with wounds and dressings. With the assistance and supervision of my RN I felt I safely managed a simple wound dressing.

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity? *(please initial)*

Unsatisfactory ☐

Satisfactory ☐

Good ☒

Excellent ☐

Comments by RN:

Able to perform aseptic technique with supervision. Understanding and reassurance given to patient. Well done.

Continue on a separate sheet if necessary

How would you rate the overall performance of this student during this clinical activity? *(please initial)*

Unsatisfactory ☐

Satisfactory ☐

Good ☒

Excellent ☐

Student Name: *(please print)*

Milly Shennan

Sign:

MShennan

Date:

26.10.18

Clinical Facilitator/Educator: *(please print)*

C. Sanyaman

Sign:

CSanyaman

Date:

26.10.18

Managing Medication Administration Employer Competencies (Skills Areas)

Clinical Competency Area		
Competency exemplar:	The management of Medication Administration for a (single client/patient) or (group of clients /patients) Route: _____	<i>Please delete as appropriate (e.g. a group of clients/patients) (please enter administration route)</i>
Demonstration of:	The ability to effectively and safely manage medication administration for a single client/patient or a group of clients/patients.	<i>(Please delete as appropriate)</i>

Performance Criteria (Please place your <u>initials</u> in the appropriate column)		The coding below indicates the NMBA Registered Nurse Standards for Practice (NMBA 2016)	Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)
PREPARATION FOR THE ACTIVITY	1. Identifies specific indications for action with the client/patient concerning medicine administration (i.e. what are the specific orders?).	1.2, 1.3, 1.5, 4.5, 6.1, 6.5		GT			
	2. Verifies the validity of any written orders to provide a particular medicine at that time.	1.6, 4.5, 5.1, 6.5		GT			
	3. Reviews the client/patient documentation / history / information/medication chart/communication(s) from members of the multidisciplinary team and considers the evidence.	1.4, 4.1, 4.5, 5.1, 6.5		GN			
	4. Effectively and in a timely manner performs hand hygiene.	1.1, 1.2, 2.2, 3.1, 6.5		GN			
	5. Gathers the necessary documents/equipment: i. Medication Sheet; ii. Medication trolley (if appropriate); iii. Specific equipment related to the route of administration: (i.e. for oral suspension or IV routes, etc.) <i>Please specify equipment;</i>	1.1, 1.5, 1.6, 4.1, 4.4, 4.5, 5.1, 5.2, 6.5, 7.1, 7.2 <i>May not be necessary</i>	i. ii. iii.	GTN GN GN			
CARRYING OUT THE ACTIVITY	6. Evidence of therapeutic interactions; e.g. gives client/patient a clear explanation regarding the medicine to be administered; explores importance of medication compliance & health education and promotion advice.	1.3, 2.1, 2.2, 3.1, 4.3, 4.4, 5.1, 5.2, 6.1, 6.5, 7.1		GP			
	7. Undertakes assessment of the situation identifying that it is appropriate to administer the medication in the circumstances e.g. that it is required/consider any medication allergies/any vital sign or other assessments and appropriate method of recording the medication.	1.4, 4.1-6, 5.1-4, 6.5		Q			
	8. Maintains dignity, provides privacy and other comfort measures – displays problem solving abilities	1.3, 1.4, 2.1 4.3, 4.4		Q			
	9. Assists as appropriate with the positioning of the client/patient.	1.1, 1.4, 2.1, 3.1, 5.4, 7.2		Q			
	10. Performs hand hygiene and uses PPE (if required).	1.1, 1.2, 2.2, 3.1, 6.5		Q			
	11. Ensure patient is comfortable & prepared.	1.2, 1.3, 4.3, 5.2, 6.5		Q			
	12. Appropriately prepares the medication to be administered.	1.1, 1.2, 1.4, 1.5, 6.1, 6.5, 7.1		Q			

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13. Uses the 'rights' to safely administer the medication.		1.1, 2.2, 3.1, 4.3, 6.1, 6.2, 7.1		W			
14. Administers/assists the patient to take the medication.		1.1, 2.2, 3.1, 4.3, 6.1, 6.2, 6.5		W			
CLOSING THE ACTIVITY	15. Repositions client/patient, maintains privacy/dignity, ensures comfort as far as possible at that point.	1.1, 1.4, 2.1, 3.1, 5.4, 7.2		W			
	16. Concludes the interaction with the client/patient by considerably concluding the therapeutic relationship.	2.1, 2.2, 5.3, 6.5		W			
	17. Cleans/tidies area; disposes of waste appropriately, as soon as is practicable; removes gloves/other PPE (as necessary), performs hand hygiene.	1.1, 1.2, 2.2, 3.1, 6.5		W			
DOCUMENTATION & COMMUNICATION	18. Reporting and Recording of relevant information; i. Medication chart; ii. Nursing Care; iii. Other if appropriate (e.g. particular assessment chart (vital signs) or recording such as S8) Please specify: <u>neuro observation chart</u>	3.4, 5.4, 6.5, 7.1, 7.2, 7.3	i	W			
			ii	W			
		May not be necessary	iii	W			
EDUCATIONAL OPPORTUNITY	19. Demonstrates ability to reflect on the activity and to link theory to practice i. Relates to decisions made; ii. Evidence utilised and iii. Implications for planning of client/patient care.	1.1, 1.2, 1.6, 3.2, 5.1	i	W			
			ii	W			
			iii	W			

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Compulsory Reflection by Student: (: Please refer to Levett-Jones and Burgeois text *The Clinical Placement* pp95-102 – model for reflection).

During my placement I was able to administer oral medications to my patients with the help and observation of an RN. I correctly followed the "6 rights of medications" and asked for any assistance when needed. Throughout my placement I became more confident with my medication administration. I will benefit from more drug knowledge which I will gain with further practice. I ensured that I applied critical thinking skills when administering medications and making sure I knew the drug I was giving and as did my patient. With the help of an RN and more practice I hope to further develop this skill.

Continue on a separate sheet if necessary

How would you rate your overall performance whilst undertaking this clinical activity? (please initial)

Unsatisfactory ☐Satisfactory ☐Good ☒Excellent ☐**Comments by RN:**

Able to administer medications whilst being supervised. Satisfactory good. Potential of being a good nurse.

Continue on a separate sheet if necessary

How would you rate the overall performance of this student during this clinical activity? (please initial)

Unsatisfactory ☐Satisfactory ☐Good ☐Excellent ☒

Student Name: (please print)

Milly Shennan

Sign:

MShennan

Date:

25.10.18

Clinical Facilitator/Educator: (please print)

Catherine Eanyama

Sign:

CEanyama

Date:

25/10/18

Goal	Rational	Strategy	Evidence
What do I want to learn?	Why do I want to learn it?	How am I going to learn it?	How am I going to prove that I have achieved my objective?
Administer a full set of medication to a patient within my first week of placement confidently and efficiently.	Learning to administer medication correctly is vital to ensuring my patient is receiving the correct care.	Observe the RN correctly administer medications and when I am feeling confident and comfortable I will perform the task.	I will have my RN supervise me, provide me with feedback and then sign and date my practical book.
Use MIMS effectively while on placement which will allow me to learn the medications I am giving to my patients.	It will enable me to become confident in giving the correct medication for my patient and identify what I'm giving them.	Utilise the MIMS book in the hospital to research any medications I am unsure of and become aware of their characteristics.	The RN I am working with will sign and date me on this specific goal once I have become confident in it.
Correctly remove staples or stitches during my placement.	I aim to be able to remove staples and stitches confidently. Ensuring my patient is receiving the best care.	I will observe the RN I am working with correctly perform the task and when I feel confident I will perform the task on a patient.	Receiving feedback from both my RN and the patient I performed the task on. I will then have my goal signed off and dated.
Engage in effective time management skills whilst on shift.	It is important to learn to prioritise some tasks over others. Nurses work busy schedules and handle many jobs and tasks at once.	Observe my RN's time management and how they plan their shift. This will allow me to practice my time management skills.	Receiving encouraging feedback from my RN as I begin to start developing the skill of time management on each shift.
Care for a patient requiring wound care and management.	Learning to appropriately care for wounds and dress them will ensure they heal in a fast and effective way.	Observe an RN participate in wound care and management. Once I feel confident I will participate in wound management.	Receiving feedback from an RN and the patient I performed wound care on. I will then have my goal signed and dated in my practical book.