**INHALATION SEDATION**

**Directly Observed Procedural Skills for those ASSISTING with Sedation**

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| Trainee Sedation Dental Nurse’s Name |  |
| Trainee Sedation Dental Nurse’s GDC no. |  |
| Supervisor’s name |  |
| Supervisor’s GDC / GMC no. |  |

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| --- | --- |
| Date of assessment |  |
| Description of dental procedure: |  |

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| **Competency** | **Unsafe** | **Below Standard** | **Meets Standard** | **Above Standard** | **Not Observed** |
| Understanding the indication for inhalation sedation and knowledge of technique |  |  |  |  |  |
| Equipment safety checks prior to sedation |  |  |  |  |  |
| Understanding of proposed treatment and appropriate clinical preparation |  |  |  |  |  |
| Pre-sedation assessment and baseline observations |  |  |  |  |  |
| Reassurance and psychological support provided to patient |  |  |  |  |  |
| Monitoring of patient throughout procedure |  |  |  |  |  |
| Recovery of patient |  |  |  |  |  |
| Discharge assessment and post-operative instructions |  |  |  |  |  |
| Cleaning and decontamination of surgery and inhalation sedation machine |  |  |  |  |  |

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| Agreed suggestions for development: | |
| Supervising dentist’s signature: |  |
| Trainee Sedation Dental Nurse’s signature: |  |