**INTRAVENOUS SEDATION**

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Competency** | **Unsafe** | **Below Standard** | **Meets Standard** | **Above Standard** | **Not Observed**  |
| Understanding the indication for intravenous sedation and knowledge of technique  |  |  |  |  |  |
| Understanding of proposed treatment  |  |  |  |  |  |
| Appropriate surgery preparation to include equipment and monitoring machine checks prior to sedation |  |  |  |  |  |
| Pre-sedation assessment and baseline observations recorded  |  |  |  |  |  |
| Assistance with cannulation  |  |  |  |  |  |
| 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 equipment  |  |  |  |  |  |

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