

Core Procedure (F1)

Foundation doctor

First name of foundation doctor: *	
Last name of foundation doctor: *	
GMC number: *	

Assessor: have you been trained in assessment methodology and feedback? *

<input type="radio"/>	Yes
<input type="radio"/>	No

If No selected, following message appears:

Should you wish to complete training in providing effective feedback (and details about assessment tools); you can access a free, online portal: the 'Educator Hub' on e-Learning for Health (e-LfH). You need to register to be able to access the content; registration is free for NHS staff. Specifically, look for the following module and section: "Educator Training Resources" > "04 - Enhancing Learning Through Assessment".
 The Educator Hub is a web-based multiprofessional e-learning resource for clinical educators. It brings together video-based modules from HEE Kent, Surrey, Sussex's eLFT platform together with the more academic ones from London's Multiprofessional Faculty Development site. Please see <http://www.e-lfh.org.uk/programmes/educator-hub/> for details.

Rotation: *		<-- Specify training year start date and end date
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Date of procedure: *	
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Core procedure type: *	Select from list
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- >
- 1. Venepuncture
 - 2. IV cannulation
 - 3. Prepare and administer IV medications and injections
 - 4. Arterial puncture in an adult
 - 5. Blood culture from peripheral sites
 - 6. Intravenous infusion including the prescription of fluids
 - 7. Intravenous infusion of blood and blood products
 - 8. Injection of local anaesthetic to skin
 - 9. Injection – subcutaneous (eg insulin or LMW heparin)
 - 10. Injection – intramuscular
 - 11. Perform and interpret an ECG
 - 12. Perform and interpret peak flow
 - 13. Urethral catheterisation (male)
 - 14. Urethral catheterisation (female)
 - 15. Airway care including simple adjuncts (eg Guedel airway or laryngeal masks)

REMEMBER: Refer to local protocol where available.

Generic requirements

- introduce yourself
- check the patient's identity
- confirm that the procedure is required
- explain the procedure to the patient (including possible complications and risks) and gain informed consent for the procedure (under direct supervision where appropriate)
- take all necessary steps to reduce the risk of infection, including washing hands, wearing gloves and maintaining a sterile field if appropriate
- dispose of all equipment in the appropriate receptacles
- document the procedure in the notes; and
- arrange appropriate aftercare/monitoring

Procedure specific requirements for each Core Procedure can be found on page 3 onwards.

Comments:

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Does the above named doctor's performance satisfy the specified requirements for the above mentioned core procedure?

<input type="radio"/>	Yes
<input type="radio"/>	No

Assessor details

Assessor's name: *	
Assessor's position: *	
Assessor's GMC / other registration number: *	
Assessor's email: *	
Assessor's signature: *	

Procedure specific requirements

1. Venepuncture

choose appropriate needle or cannula
have appropriate vials to hand
choose a suitable, palpable vein after applying tourniquet
insert needle with bevel upwards and advance 2-3mm
withdraw blood into syringe or allow vacuum to withdraw
ensure bottles are correctly filled and cross matched where appropriate
release tourniquet, remove needle and dispose
press on site
label bottles and forms.

2. IV Cannulation

choose appropriate cannula
when inserting cannula lower angle and advance a few mm on seeing a flashback
withdraw needle slightly and advance the cannula in the vein
release tourniquet, apply pressure over vein beyond the cannula's tip and remove needle
connect cannula to interlink or cap off
secure cannula and date/time insertion on dressing
flush with saline.

3. Prepare and administer IV medications and injections

check medication name, dose and expiry date
after opening ampoule, insert needle, invert, withdraw liquid
drying powder: clean rubber bung, allow to dry, inject checked diluent, mix until all powder dissolved
infusions: choose diluent, volume and concentration
add drug after drawing up as above, agitate bag and label with patient's details, added drug with dose, and sign. Add identifying personal contact details,
prescribe fluid, drug and infusion rate.

4. Arterial puncture in an adult

prepare Arterial Blood Gas (ABG) syringe, skin cleaning material
check expiry date and expel Heparin
clean and palpate artery with index and middle fingers
insert needle between fingers at 45 degrees until blood enters syringe. Arterial pressure will usually fill the syringe
withdraw and ask assistant to apply pressure via cotton wool ball for five minutes
apply filter to syringe, hold upright and expel air, roll to mix, confirm label and send to lab.

5. Blood culture from peripheral sites

choose fresh site(s). Do not use existing cannulae
remove caps from culture bottles and clean surfaces of rubber seals.
discard first pair of gloves, rewash hands, use fresh gloves
without touching skin, advance needle into vein
withdraw blood into syringe or vacuum container
if syringe: inoculate 5-10 ml into each bottle (start with aerobic)
check form and despatch to microbiology laboratory.

6. Intravenous infusion including the prescription of fluids

review past medical history and undertake clinical assessment of cardiovascular status and state of hydration
work in partnership with a member of the nursing staff
check medication name, dose and expiry date
open ampoule, insert needle, invert, withdraw liquid
drying powder: clean rubber bung, allow to dry, inject checked diluent, mix until all powder dissolved
infusions: choose diluent, volume and concentration
add drug after drawing up as above, agitate bag and label with patient's details, added drug with dose, and sign. Add identifying personal contact details.
choose fluid, concentration and the need for additional potassium
prescribe with rate/ time for volume to run through

7. Intravenous infusion of blood and blood products

review past medical history and undertake clinical assessment of cardiovascular status and state of hydration
work in partnership with a member of the nursing staff
determine need for blood product
support nursing staff in checking right patient, right blood, in date

8. Injection of local anaesthetic to skin

identify Lidocaine ampoule and check date and strength
with appropriate sterile technique draw up correct dose
inject at 90 degree angle and slowly push the plunger
wait before withdrawing to reduce the risk of backtracking

9. Injection - subcutaneous (e.g. insulin or LMW heparin)

inject at 90 degree angle and slowly push the plunger
wait before withdrawing to reduce the risk of backtracking

10. Injection - intramuscular

carefully select safe site to inject

pull back the plunger. If no blood appears, inject by slowly pushing the plunger and wait before withdrawing to reduce the risk of backtracking

if blood appears, completely withdraw the needle, replace the needle and start again

11. Perform and interpret an ECG

attach monitor leads in the correct places

run 12-lead ECG and rhythm strip

Foundation doctors should be able to recognise and interpret ECGs showing the following:

normal pattern; common QRS abnormalities (LBBB, RBBB, LVH, RVH); acute STEMI and NSTEMI; bradycardia; broad and narrow complex tachyarrhythmias; hyperkalaemia; VT and VF.

12. Perform and interpret peak flow

demonstrate manoeuvre

observe patient performance three times

instruct patient to record best of three

Foundation doctors should be able to recognise and interpret PEFs showing the following: normal (predicted based on age, height, sex); variability

13. Urethral catheterisation (male)

administer lidocaine gel (or equivalent)

insert the catheter slowly into the bladder, advancing a further 4-5 cm after urine is seen, inflate the balloon (as described on catheter cuff), drain the urine and affix a catheter valve or drainage bag.

14. Urethral catheterisation (female)

insert the catheter slowly into the bladder, advancing a further 4-5 cm after urine is seen, inflate the balloon (as described on catheter cuff), drain the urine and affix a catheter valve or drainage bag

15. Airway care including simple adjuncts (e.g. Guedel airway or laryngeal masks)

follow principles of basic life support training including airway manoeuvres

correctly uses adjuncts: oropharyngeal and nasopharyngeal