HAWLER MEDICAL UNIVERSITY
COLLEGE OF NURSING
LABORATORY AND CLINICAL EDUCATION

Procedure Evaluation Document (PED)

PROCEDURE: **Assessment – patients with cardiovascular disorders**		**Code**	**19-01**
No.	**Skill steps**	**Not achieved**	**Achieved**
1	Prepared procedure equipment: ☐ Patient medical record ☐ Nursing notes – nursing assessment ☐ Hand rub gel ☐ Plastic tray		
2	Performed hand hygiene using correct technique.		
3	Identified patient using two identifiers.		
4	Performed greeting, introduction and permission procedure (G.I.P).		
5	Provided privacy.		
6	Explained the procedure to the patient and answered any questions.		
Specific assessment in patients with cardiovascular disorders:			
7	Chest pain ☐ Where is your pain? ☐ What does the pain feel like? ☐ How severe is it on scale of 0-10 (0 – no pain, 10- worst pain) ☐ What causes the pain? (physical activity, stress) ☐ Does anything relieve it (nitroglycerin, rest) ☐ Does it spread to your arms, neck, jaw, shoulders or back? ☐ How long does the pain last? ☐ Do you have any additional symptoms with the pain? (palpitations, dizziness, sweating, shortness of breath)		
8	Shortness of breath ☐ When did you first notice feeling short of breath? ☐ What makes you short of breath? ☐ What makes your shortness of breath better or worse? ☐ What activities you cannot do because shortness of breath? ☐ Do you ever wake up at night feeling short of breath? ☐ Do you have a cough? What do you cough up?		
9	Weight gain, oedema ☐ What is your normal weight? ☐ Have you gained weight recently? ☐ Do get up at night to urinate? ☐ Have you noticed increase or decrease in amount of your urine? ☐ Have you noticed any swelling in your feet, ankles, legs or abdomen? ☐ Do you feel your shoes or clothes feel tight?		
10	Palpitations ☐ Do you ever feel your heart racing, skipping beats or pounding? ☐ Are there any symptoms that happen at the same time? ☐ How much caffeine do you consume? ☐ Do you smoke? ☐ Has there been any change in amount of stress you receive.		
11	Fatigue ☐ What is your current activity level? (low, medium, high) ☐ Has your activity level changed recently? When? ☐ What activities you can no longer do because of fatigue? ☐ Do you feel rested when you wake up in the morning? ☐ Can you rest during the day? ☐ How often do you wake up at night and for what reason ☐ On how many pillows do you sleep and has this changed recently? ☐ Do you sleep in bed or you feel more comfortable in chair?		
12	Dizziness, syncope: ☐ Do you ever feel dizzy or lightheaded?		

	☐ Do you ever faint? ☐ Does this happen when you move from lying to standing position? ☐ Do you have headaches?		
13	Nutrition ☐ What do you normally eat? ☐ How of the do you eat fried foods? ☐ How often do you eat fresh fruit and vegetables? ☐ How much salt do you use? ☐ How much sugar do you use? ☐ How much do you drink in a day? ☐ Have you changed the amount you drink recently?		
14	Elimination ☐ Do you ever get constipation? ☐ Do you have to strain when having bowel movement or when urinating? ☐ Do you ever get diarrhoea? ☐ How often do you urinate? ☐ Do you have to get up at night to urinate?		
15	Cognition and perception ☐ Have you got any problems with your vision? ☐ Have you got any problems with your hearing? ☐ Have you read any information about heart disease?		
16	Self-perception and self-concept ☐ How would you describe yourself as a person? ☐ Do you get stressed or anxious easily? ☐ How do you deal with stressful situations? ☐ Do you get angry easily? ☐ How do you feel now?		
17	Roles and relationships ☐ Who do you live with at home? ☐ Is your home situation good? ☐ Are there any problems affecting your health? ☐ Do you have support from your family members or friends in coping with your health problems?		
18	Documented the results of the procedure in the patient's notes.		
19	Performed hand hygiene using correct technique.		
20	Reported any abnormalities to the appropriate staff (verbal report).		

1. SKILL EVALUATION 60%

Steps	0	1-3	4-6	7-9	10-13	14-17	18-20	21-23	24-27	28-31	32-34	Skill steps achieved	
Points	0	6	12	18	24	30	36	42	48	54	60	Skill points achieved	
Level	F						U	N	S	C	I	Skill level achieved	

2. PROCEDURE ASPECTS EVALUATION 40%

Rationale 10%		**Patient Focus** 10%		**Professional Manner** 10%		**Time** 10%	
Failed	5	Failed	5	Failed	5	Failed +10	5
Unsatisfactory	6	Unsatisfactory	6	Unsatisfactory	6	Unsatisfactory +8	6
Novice	7	Novice	7	Novice	7	Novice +6	7
Supervised	8	Supervised	8	Supervised	8	Supervised +4	8
Competent	9	Competent	9	Competent	9	Competent +2	9
Independent	10	Independent	10	Independent	10	Independent TA	10
Notes:						Time allowed (TA)	
						Time achieved	
						Aspects points achieved	

3. COMPLETE PROCEDURE EVALUATION 100%

≤50	51-60	61-70	71-80	81-90	91-100	Total points achieved	
Failed	**Unsatisfactory**	**Novice**	**Supervised**	**Competent**	**Independent**	Total level achieved	
Student			Signature			**Actual Mark/Out of**	
Teacher			Signature				
Clinical Area			Date				