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| **TISHK INTERNATIONAL UNIVERSITY**  **FACULTY OF NURSING – NURSING DEPARTMENT**  **LABORATORY AND CLINICAL EDUCATION**  **Procedure Evaluation Document (PED)** | | | | | | | | | | | | | | |
| **PROCEDURE: Performing antenatal examination – Fundal Height** | | | | | | | | | | | | | Code | **M-01** |
| **No.** | **Skill steps** | | | | | | | | | | | | **Not**  **achieved** | **Achieved** |
| 1 | Prepared procedure equipment:   * Client medical record * Hand rub gel * Non-sterile gloves * Tape measure | | | | | | | | | | | |  |  |
| 2 | Identified the client using two identifiers. | | | | | | | | | | | |  |  |
| 3 | Performed greeting, introduction and permission procedure (G.I.P). | | | | | | | | | | | |  |  |
| 4 | Provided privacy. | | | | | | | | | | | |  |  |
| 5 | Explained the procedure to the client and answered any questions. | | | | | | | | | | | |  |  |
| 6 | Asked the client to empty the bladder. | | | | | | | | | | | |  |  |
| 7 | Performed hand hygiene using correct technique. | | | | | | | | | | | |  |  |
| 8 | Put on gloves. | | | | | | | | | | | |  |  |
| 9 | Exposed the client’s abdomen from below the breasts to the symphysis pubis. | | | | | | | | | | | |  |  |
| 10 | Inspected the abdomen for the following:   * Linea nigra * Striae gravidarum * State of umbilicus * Contour of abdomen * Skin condition | | | | | | | | | | | |  |  |
| 11 | Determined the fundal height using the ulnar side of the palm (one finger equally 2 weeks). | | | | | | | | | | | |  |  |
| 12 | Reported fundal height for various weeks of pregnancy as follows:   * Level of the symphysis pubis……………………………………………….12 weeks * Midway between symphysis pubis and umbilicus……………….16 weeks * Level of umbilicus……………………………………………………………….20 weeks * At level of xiphoid process…………………………………………………34weeks | | | | | | | | | | | |  |  |
| 13 | Placed zero line of the tape measure on the superior border of the symphysis pubis. | | | | | | | | | | | |  |  |
| 14 | Stretched the tape across the contour of the abdomen to the top of the fundus along the midline. | | | | | | | | | | | |  |  |
| 15 | Removed gloves. | | | | | | | | | | | |  |  |
| 16 | Assisted the client to a comfortable position. | | | | | | | | | | | |  |  |
| 17 | Performed hand hygiene using correct technique. | | | | | | | | | | | |  |  |
| 18 | Returned equipment to the dedicated area. | | | | | | | | | | | |  |  |
| 19 | Recorded the results in the client’s chart and report any abnormalities to the physician. | | | | | | | | | | | |  |  |
| See the source image | | | | | | | | | | | | | | |
| 1. **SKILL EVALUATION** 60% | | | | | | | | | | | | | | |
| **Steps** | 0 | 1 | 2-3 | 4-5 | 6-7 | 8-9 | 10-11 | 12-13 | 14-15 | 16-17 | 18-19 | 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 | |  |
| 1. **PROCEDURE ASPECTS EVALUATION** 40% | | | | | | | | | | | | | | |
| **Rationale** 10% | | | | **Client 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 | |  |
| 1. **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 | |  | | | |