



IM /SC Injections

Student Name: Sarabjit Kaur

Student I.D.: 30089223

Date: 28/08/12 competency attained

Clinical Educator Name _____ Clinical Educator signature _____

Clinical Skill	Comment	C/NYC
Hand Hygiene		C
Communication, Explanation to Patient		C
Privacy		C
Check Drug Chart (7 Rights)		C
Assemble Equipment		C
Attend I.M / S/C Injection		C
Record on Drug Chart		C
Dispose of Equipment, Waste and sharps		C
Hand Hygiene		C
Assessment		C
Problem solving scenario on medicine management		C

I.M. Injection	S/C Injection
Date: <u>28/8/12</u> First practice	Date: <u>28/8/12</u> First practice
Name Peer/s: <u>Amanita Ali</u>	Name Peer/s: <u>Rajli Kaur</u>
Comment <u>Competent</u>	Comment <u>Procedure explain very well.</u>
S/US	S/US
Date: <u>28/8/12</u> Second practice	Date: <u>28/8/12</u> Second practice
Name Peer/s: <u>Michele were</u>	Name Peer/s: <u>Plisy Vongphese</u>
Comment <u>she is confident and competent</u>	Comment <u>Competent . Procedure explained well.</u>
S/US	S/US