



## Vital Signs

Student Name: Sarabjit Kaur

Student I.D.: 30089223

Date: 27/08/12 competency attained

Clinical Educator Name A. Alvarez Clinical Educator signature

Clinical Skill	Comment	C/NYC
Hand Hygiene		C
Communication, Explanation to Patient		C
Privacy		C
Assemble Equipment Thermometer, Sphygomanometer, electronic equipment		C
Assess Temperature, Pulse, respirations and Blood pressure		C
Record on TPR Chart		C
Dispose of Equipment, Hand Hygiene		C
Assessment		C
Report and follow up any variance		C

Date: <u>27/08/12</u> First practice	Date: <u>27/08/12</u> Second practice
Name Peer/s: <u>PLESSY VARGHESE</u>	Name Peer/s: <u>Kulvir Kaur</u>
Comment she explained the procedure very well. Done very well. Nothing hurt to me.	Comment <u>Explained about everything clearly</u>
(S)US	(S)US
Date: <u>27/8/12</u> Third practice	Date: <u>27/8/12</u> Fourth practice
Name Peer/s: <u>Amrita Ali</u>	Name Peer/s: <u>Rajbir</u>
Comment <u>follow all steps.</u>	Comment <u>Confident and explained procedure.</u>
(S)US	(S)US