

091205T4PTT

PERIOPERATIVE THEATRE TECHNOLOGY 5

HE/OS/TT/CR/01/5/A

Execute Perioperative Theater Safety Precautions

Nov/Dec 2023



**TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION
COUNCIL (TVET CDACC)**

INSTRUCTIONS TO THE ASSESSOR

1. You are required to mark the practical as the candidate performs the tasks.
2. You are required to take video clips at critical points.
3. Ensure the candidate has a name-tag and registration code at the back and front.

This paper consist of 3 printed pages.

**Assessor should check the question paper to ascertain that all pages are
printed as indicated and that no questions are missing.**

OBSERVATION CHECKLIST

| | | | |
|---|------------------------|-----------------------|-----------------|
| Candidate's name & Registration No. | | | |
| Assessor's name & Reg. Code | | | |
| Unit(s) of Competency | | | |
| Venue of Assessment | | | |
| Date of assessment | | | |
| Items to be Evaluated | Marks allocated | Marks obtained | Comments |
| TASK: Verification of patient identity and data using a theatre checklist | | | |
| 1. Washed hands and donned appropriate PPEs <i>(Award 1 mark for each task)</i> | 2 | | |
| 2. Greeted the patient and introduced self to the patient <i>(Award 1 mark for each task)</i> | 2 | | |
| 3. Explained the verification procedure to the patient. <i>(Award 1 mark for this task)</i> | 1 | | |
| 4. Confirmed the identity of the patient on the surgical list with: (i.e. full names, age, sex, inpatient number) <ul style="list-style-type: none"> • The patient • Patient's wrist name tag • The patient's medical record on the file <i>(Award 2 marks for each task)</i> | 6 | | |
| 5. Cross-checked the procedure to be done and the site with the: <ul style="list-style-type: none"> • Patient • Surgical schedule • Medical records in the file • Consent form <i>(Award 1 mark for each task)</i> | 4 | | |
| 6. Checked to ensure signed: <ul style="list-style-type: none"> • Surgical anesthesia consent form • Operation consent form | 4 | | |

| | | | |
|---|--------------|--|--|
| <i>(Award 2 mark for each task)</i> | | | |
| 7. Checked for the: <ul style="list-style-type: none"> Last vital observation taken in the ward. Laboratory/imaging investigations results of the patient <i>(Award 1 mark for each task)</i> | 2 | | |
| 8. Verified fasting status of the patient. <i>(Award 1 mark for this task)</i> | 1 | | |
| 9. Confirmed the absence of prosthesis like dentures, and jewelry <i>(Award 2 marks or zero for this task)</i> | 2 | | |
| 10. Confirmed with the patient and the medical records any history of known allergies, including; <ul style="list-style-type: none"> Latex allergies Drug allergies <i>(Award 1 mark for each allergy)</i> | 2 | | |
| 11. Documented every aspect of the check listing noted. <i>(Award 2 marks or zero for this task)</i> | 2 | | |
| 12. Discarded waste appropriately and washed hands <i>(Award 1 mark for each task)</i> | 2 | | |
| TOTAL | 30 | | |
| The candidate was found to be: Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/> <i>(Please tick as appropriate)</i> <i>(The candidate is found to be competent if he/she gets 50% and above)</i> | | | |
| Feedback from candidate: | | | |
| Feedback to candidate: | | | |
| Candidate's signature: | Date: | | |
| Assessor's signature: | Date: | | |

