

UNIT 10 CLINICAL SKILLS APPRAISAL FORMS

Section 10.2 Clinical Skills Appraisal Form

PERFORMING A BLADDER SCAN

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for performing a bladder scan are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 3.2, 3.4, 4.1, 4.2, 5.1, 5.4, 5.5, 6.1 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------------|--|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for performing a bladder scan | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers the correct equipment: <ul style="list-style-type: none"> • Ultrasound bladder scan device • Ultrasound conducting gel • Alcohol wipes (2) • Non-sterile gloves • Tissues | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach – explains procedure and obtains verbal consent | | | | |
| 1.1, 6.1. | Closes curtains or door and adjust the person's clothing | | | | |
| 1.1, 5.5, 6.1. | Ensures all equipment needed is accessible at the bedside | | | | |
| 4.1. | Determines that the person does not have an indwelling catheter in situ | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves | | | | |
| 1.1, 6.1. | Cleans scanner head with alcohol wipe prior to use | | | | |
| 1.1, 6.1. | Positions the person appropriately | | | | |
| 1.1, 6.1. | Turns the scanner on and presses SCAN | | | | |
| 1.1, 6.1. | Applies appropriate amount of ultrasound gel to scanner head and ensures any bubbles have been removed | | | | |
| 1.1, 6.1. | Selects correct gender of person on the bladder scanner | | | | |
| 1.1, 6.1. | NB: 'Male' must be selected for female patients who have undergone a hysterectomy | | | | |
| 1.1, 6.1. | Performs bladder scan accurately and obtains at least three readings | | | | |
| 1.1, 6.1. | Prints results | | | | |
| 1.1, 6.1. | Wipes gel from person's abdomen and returns the person to a comfortable, safe position | | | | |
| 2.1, 6.1 | Concludes encounter and informs the person of follow-up | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 1.1, 3.4, 6.1. | Cleans and disposes of equipment appropriately | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.6, 2.6, 7.1. | Documents in the person's health record and reports relevant information | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.2 Clinical Skills Appraisal Form

PERFORMING A URINALYSIS

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for performing a urinalysis are 1.1, 1.4, 1.6, 2.1, 2.2, 2.6, 3.4, 4.1, 4.2, 5.1, 5.4, 5.5, 6.1 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------------|--|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for performing a urinalysis | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers the correct equipment: <ul style="list-style-type: none"> • Urine sample • Bottle of test strips • Non-sterile gloves • Paper towels • Syringe • Blank urinalysis results form | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| 4.2. | Observes colour and odour of sample | | | | |
| 1.1, 6.1. | Checks expiry date of test strip | | | | |
| 1.1, 6.1. | Removes sample of urine using a sterile syringe | | | | |
| 1.1, 6.1. | Places test strip on paper towel and applies urine from syringe, ensuring all areas are covered | | | | |
| 1.1, 6.1. | Removes excess urine from test strip | | | | |
| 1.1, 6.1. | Allows 2 minutes before recording results | | | | |
| 1.1, 6.1. | Holds strip horizontally to read results and compare with colour chart of bottle label | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 1.6, 4.2, 7.1. | Records results on urinalysis results sheet | | | | |
| 1.1, 3.4, 6.1. | Disposes of urine sample (if indicated) and contaminated test strip | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.6, 2.6, 7.1. | Documents in the person's health record and reports relevant information | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.3 Clinical Skills Appraisal Form

PROVIDING A BEDPAN

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for providing a bedpan are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 2.8, 3.2, 3.4, 4.2, 5.4, 5.5, 6.1, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------------|---|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for assisting the person with a bedpan | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers the correct equipment: <ul style="list-style-type: none"> • Bedpan (regular or fracture/slipper) • Coversheets • Clean gloves and safety goggles • Perineal care and hand hygiene equipment (toilet tissue, mild soap, wash cloths, towel, wash bowl, antibacterial hand sanitiser) • Cover for the bedpan • Disposable waterproof pad • Additional PPE if indicated | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach by explaining procedure and need for bedpan, and obtaining verbal consent | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| 1.1, 6.1. | Closes curtains or door | | | | |
| 1.1, 5.5, 6.1. | Ensures all equipment needed is accessible at the bedside | | | | |
| 4.2. | Assess person's degree of limitation and ability to assist with procedure | | | | |
| 1.1, 4.2. | Check for the presence of dressings, intravenous infusion sites, drains, equipment, traction and any other devices | | | | |
| 1.1, 6.1. | Places the disposable waterproof pad under the person | | | | |
| 1.1, 6.1. | Appropriately positions the person | | | | |
| 1.1, 6.1. | Appropriately positions the bedpan | | | | |
| 1.1, 6.1. | Covers the person with the bed linen | | | | |
| 1.4, 6.1. | Raises the bed rails and lowers the bed. If the person is able to be left unattended, lowers the bed rails and places the nurse call bell within reach; if patient cannot be left unattended, remains at a safe distance. | | | | |
| 1.1, 6.1. | Repeats hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| 1.1, 6.1. | Holds the bedpan steady while assisting the person with removal of the bedpan, following safe-moving techniques | | | | |
| 1.1, 6.1. | Assists with perineal care and removes/replaces waterproof pad | | | | |
| 1.1, 6.1. | Assists the person with hand hygiene | | | | |
| 1.1, 6.1. | Returns the person to a comfortable position | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 4.2. | Performs a urinalysis if indicated; assesses and measures the urine output if required | | | | |
| 1.1, 1.4, 3.4, 6.1. | Correctly disposes of urine and equipment, adhering to the organisation's infection control and workplace health and safety policies | | | | |
| 1.1, 3.4, 6.1. | Removes PPE, disposes of gloves in the appropriate waste receptacle and performs hand hygiene | | | | |
| 1.6, 2.6, 2.8, 7.1. | Documents the procedure and associated findings in the person's health record (e.g. volume on the fluid balance chart if indicated, and the ability of the person to assist with the procedure). Reports relevant information to the health care team. | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.3 Clinical Skills Appraisal Form

PROVIDING A URINAL

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for providing a urinal are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 2.8, 3.2, 3.4, 4.2, 5.4, 5.5, 6.1, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------------|--|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for assisting person with a urinal | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers the correct equipment: <ul style="list-style-type: none"> • Urinal • Clean gloves and safety goggles • Penile care and hand hygiene equipment (toilet tissue, wash cloths, towel, wash bowl, mild soap and water, antibacterial hand sanitiser) • Cover for the urinal • Disposable waterproof pad • Additional PPE if indicated | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach by explaining procedure and need for urinal, and obtaining verbal consent | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| 1.1, 6.1. | Closes curtains or door | | | | |
| 1.1, 5.5, 6.1. | Ensures all equipment needed is accessible at the bedside | | | | |
| 4.2. | Assesses person's degree of limitation and ability to assist with procedure | | | | |
| 1.1, 4.2. | Checks for the presence of dressings, intravenous infusion sites, drains, equipment, traction and any other devices | | | | |
| 1.1, 6.1. | Places the disposable waterproof pad under the person | | | | |
| 1.1, 6.1. | Appropriately positions the person | | | | |
| 1.1, 6.1. | Assists the person to appropriately position the urinal | | | | |
| 1.1, 6.1. | Covers the person with the bed linen | | | | |
| 1.4, 6.1. | Raises the bed rails and lowers the bed. If the person is able to be left unattended, lowers the bed rails, and places the nurse call bell within reach; if the person cannot be left unattended, remains at a safe distance | | | | |
| 1.1, 6.1. | Repeats hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| 1.1, 6.1. | Assists the person with removal of the urinal, following safe-moving techniques | | | | |
| 1.1, 6.1. | Assists with perineal care and removes/replaces waterproof pad | | | | |
| 1.1, 6.1. | Assists the person with hand hygiene | | | | |
| 1.1, 6.1. | Returns the person to a comfortable position | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 4.2. | Performs a urinalysis if indicated; assesses and measures the urine output if required | | | | |
| 1.1, 1.4, 3.4, 6.1. | Correctly disposes of urine and equipment, adhering to the organisation's infection control and workplace health and safety policies | | | | |
| 1.1, 3.4, 6.1. | Removes PPE, disposes of gloves in the appropriate waste receptacle and performs hand hygiene | | | | |
| 1.6, 2.6, 2.8, 7.1. | Documents the procedure and associated findings in the person's health record (e.g. volume on the fluid balance chart if indicated, and the ability of the person to assist with the procedure). Reports relevant information to the health care team. | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.3 Clinical Skills Appraisal Form

APPLYING A URINARY SHEATH OR URIDOME

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for applying a urinary sheath or uridome are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 2.8, 3.2, 3.4, 4.2, 5.4, 5.5, 6.1, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|--------------------------|---|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for the application of a urinary sheath or uridome | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers the correct equipment: <ul style="list-style-type: none"> • Leg drainage bag with tubing or urinary drainage bag with tubing • Uridome (or urinary sheath) of correct size • Clean gloves and safety goggles • Drape • Basin of warm water and soap • Towel and wash cloth • Elastic tape or Velcro strap to secure drainage tubing to upper leg • Scissors and/or razor • Disposable waterproof pad • Additional PPE, as indicated | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach, e.g. explains procedure and need for uridome, and obtains verbal consent | | | | |
| 1.1, 1.6, 5.4. | Determines if the person has had a uridome previously and any difficulties in application and use of the device | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| 1.1, 6.1. | Closes curtains or door | | | | |
| 1.1, 5.5, 6.1. | Ensures all equipment needed is accessible at the bedside and prepared, e.g. rolls the sheath outwards onto itself to facilitate easier application | | | | |
| 1.1, 6.1. | Appropriately positions the person in either a supine or a sitting position, ensuring that safe-moving techniques are utilised | | | | |
| 1.1, 6.1. | Places the disposable waterproof pad under the person and drapes the person appropriately, exposing only the penis | | | | |
| 4.2. | Assesses the condition of the skin of the penis, groin and scrotal area | | | | |
| 1.1, 6.1. | Uses the disposable measure guide provided by the manufacturer to ensure the correct size of the uridome | | | | |
| 1.1, 6.1. | Cleanses and dries the penis and genital area, trims hair at the base of penis if necessary | | | | |
| 1.1, 6.1. | Applies and secures the uridome | | | | |
| 1.1, 6.1. | Securely attaches the urinary drainage system, ensuring that the sheath is not twisted or kinked, and removes waterproof pad | | | | |
| 1.1, 6.1. | If the person is to remain in bed, attaches the urinary drainage bag to the bedframe | | | | |
| 1.1, 6.1. | If the person is ambulatory, attaches the bag to the person's upper leg | | | | |
| 1.1, 6.1. | Ensures that there is some slack in the tubing to prevent tension on the sheath and accidental removal | | | | |
| 1.1, 6.1. | Ensures that the person is in a comfortable position | | | | |
| 1.1, 3.2, 6.1. | Educates the person to keep the urinary drainage bag below the level of the urinary sheath and to avoid loops or kinks in the tubing | | | | |

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------|---|---|---|---|----|
| 1.1, 3.4, 6.1. | Removes PPE, disposes of gloves in the appropriate waste receptacle and performs hand hygiene | | | | |
| 4.2. | Returns to assess the person's penis and urine flow 30 minutes following the application of the urinary sheath | | | | |
| 1.6, 2.6, 2.8, 7.1. | Documents the procedure and associated findings in the person's health record. Reports relevant information to the health care team. | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.4 Clinical Skills Appraisal Form

INSERTION OF A URINARY CATHETER

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for insertion of a urinary catheter are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 3.2, 3.4, 4.1, 4.2, 5.4, 5.5, 6.1, 6.2, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|--------------------------|--|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for performing a catheterisation and that a valid medical order has been documented (if required) | | | | |
| 1.1, 1.4, 1.6, 5.4. | Determines whether the person has any contraindications for catheterisation Determines the most appropriate method of catheterisation (straight or indwelling) | | | | |
| 1.4, 1.6, 5.4. | Determines when the person last voided or was last catheterised | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Prepares a clean trolley for the placing of the equipment required to perform the procedure | | | | |
| 1.1, 1.4, 5.5, 6.1. | <p>Collects all the equipment needed to perform the procedure and places it on the trolley for transport to the person's bedside:</p> <ul style="list-style-type: none"> • Sterile catheter of appropriate size (an extra catheter should also be at hand) • Sterile catheterisation pack – checks the contents of the pack; add following items if not included: <ul style="list-style-type: none"> • 1–2 pairs of sterile gloves (size appropriate for user) • Sterile waterproof fenestrated drape(s) • Antiseptic/cleansing solution (aqueous chlorhexidine (blue)/normal saline) as per organisational policy • Sterile gauze swabs for cleansing • Water-soluble lubricant • Sterile kidney dish (if catheterisation pack only has one tray) • Specimen container (if required) • Disposable waterproof pad • Rubbish bag • Personal protective equipment: non-sterile gloves, safety goggles and plastic apron • Supplies for performing perineal cleansing (liquid soap, wash bowl with warm water and wash cloth) – if required <p>Additionally, for an indwelling catheter:</p> <ul style="list-style-type: none"> • 2 × 10-mL syringes • Sterile water • Sterile collection bag and tubing (determines whether the patient requires an hourly measure bag or standard collection bag) <p>Also required:</p> <ul style="list-style-type: none"> • 2% xylocaine gel (if organisational policy permits) • Disposable clean gloves • Blanket or sheet for draping the person • Tape or catheter-securing device • Adequate lighting (obtains a flashlight or lamp if necessary) | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Explains procedure and obtains consent | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves, safety goggles and plastic apron | | | | |
| 4.1, 5.4, 5.5. | Assesses the person's overall condition and determines if they are able to cooperate and remain still during the procedure | | | | |
| 1.1, 6.1. | Closes the curtains or door and folds bed linen to expose the genitals only | | | | |
| 4.2. | Percusses the bladder and, when possible, completes a bladder scan if indicated | | | | |
| 1.1, 1.4, 1.6. | Checks for allergies | | | | |
| 1.1, 6.1. | Raises the bed to the correct level, positions the person using safe-moving techniques and places a waterproof pad under the buttocks | | | | |

| | | | | | |
|---------------------|--|--|--|--|--|
| 1.1, 6.1. | Establishes sufficient lighting, and stands on the correct side of the person | | | | |
| 1.1, 6.1. | Performs perineal care wearing non sterile gloves (if required) | | | | |
| 1.1, 6.1. | Removes and disposes of gloves, and performs hand hygiene | | | | |
| 1.1, 1.4, 6.1. | If organisational policy permits, applies clean gloves and injects 2% xylocaine gel – approximately 20 mL – into the urethra for a male; and 5–10 mL around the urethra for a female into the urethra. For the male, wipes the underside of the shaft to distribute the gel up the urethra. Waits at least 3–5 minutes for the gel to take effect before inserting the catheter, ensuring lubricant does not leak out. | | | | |
| 1.1, 6.1. | Removes gloves and performs hand hygiene | | | | |
| 1.1, 6.1. | For an indwelling catheter, opens the package containing the drainage system and places the end of the tubing within reach | | | | |
| 1.1, 5.5, 6.1. | Opens the catheterisation kit and uses a non-touch technique to add any additional equipment or solution | | | | |
| 1.1, 6.1. | Opens the sterile gloves and drapes | | | | |
| | Places the specimen container nearby with the lid loosely on top (if required) | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 6.1. | Applies sterile gloves | | | | |
| 1.1, 1.4, 5.5, 6.1. | Organises the equipment on the sterile field, and saturates some of the gauze with the cleansing solution (as per organisational policy) | | | | |
| 1.1, 6.1. | Opens the inner sterile packet of the catheter; draws up sterile water for injection and tests the catheter balloon | | | | |
| 1.1, 6.1. | Lubricates the catheter 2–5 cm for females and 12–18 cm for males, and places inside the sterile collection container (from the catheterisation pack) or sterile kidney dish | | | | |
| 1.1, 6.1. | Places the fenestrated drape over the perineum, exposing the urinary meatus | | | | |
| 1.1, 6.1. | Uses 'clean hand-dirty hand' technique to cleanse the meatus with the cleansing solution | | | | |
| 1.1, 6.1. | Females: Uses non-dominant hand to spread the labia. Picks up a cleansing gauze with the forceps in the dominant hand and wipes one side of the labia majora in an anteroposterior direction. Uses a new swab for the opposite side. Repeats for the labia minora. Repeats for urinary meatus. | | | | |
| 1.1, 6.1. | Males: Uses non-dominant hand to grasp the penis just below the glans, retracting foreskin if necessary. Holds the penis firmly upright, with slight tension. Picks up a cleansing gauze with the forceps in the dominant hand and wipes from the centre of the meatus in a circular motion around the glans. Uses a new swab and repeats three times. Transfers sterile kidney tray with catheter to sterile field using 'clean' (dominant) hand. | | | | |
| 1.1, 6.1. | Grasps the catheter firmly 4–6 cm away from the catheter tip. | | | | |
| 1.1, 2.2, 6.1. | Females: Keeps the labia open and asks the person to bear down gently, and inserts the catheter slowly through the urinary meatus. Catheter is advanced 5–8 cm or until urine flows out of the catheter's end. When urine appears, catheter is advanced another 2–5 cm. Releases the labia and holds catheter in non-dominant hand. Places catheter in collection container. | | | | |
| 1.1, 6.1. | Males: Lifts the penis to the position perpendicular to the person's body. Applying light traction, asks the person to bear down gently and slowly inserts the catheter through the urinary meatus. Catheter is advanced 18–23 cm or until urine flows out of the catheter's end. When urine appears, catheter is advanced another 2–5 cm. Lowers the penis onto the drape and holds catheter securely in non-dominant hand, being careful that the catheter does not pull out. Places end of catheter in collection container. | | | | |
| 1.1, 6.1. | For an indwelling catheter, inflates the retention balloon with the designated volume of fluid | | | | |
| 1.1, 6.1. | Without releasing the catheter, holds the inflation valve between two fingers of non-dominant hand while attaching syringe (if syringe was not left attached earlier when testing the balloon) and inflates with dominant hand | | | | |
| 1.1, 6.1. | Pulls gently on the catheter until resistance is felt to ensure that the balloon has inflated and to place it in the trigone of the bladder | | | | |

| | | | | | |
|----------------------------------|--|--|--|--|--|
| 4.2. | If needed, collects urine specimen, without the catheter touching the sides of the container | | | | |
| 1.1, 6.1. | Indwelling catheters: attaches the drainage end of an indwelling catheter to the collecting tubing and bag by non-touch technique | | | | |
| 1.1, 6.1. | Ensures that the drainage bag is closed and places the bag below the level of the bladder, attaching to the bedframe | | | | |
| 1.1, 6.1. | Secures the catheter tubing to the inner thigh for females or the upper thigh/abdomen for males, with enough slack to allow usual movement | | | | |
| 1.1, 6.1. | Straight catheters: allows catheter to continue draining and removes the straight catheter when urine flow stops | | | | |
| 4.2. | Measures and examines the urine collected | | | | |
| 1.1, 6.1. | Wipes the perineal area to remove any remaining antiseptic or lubricant | | | | |
| 1.1, 6.1. | Replaces the foreskin if retracted earlier | | | | |
| 1.1, 6.1. | Returns the patient to a comfortable position | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 1.1, 3.4, 6.1. | Correctly disposes of urine and equipment | | | | |
| 1.1, 3.4, 6.1. | Removes PPE, disposes of gloves in the appropriate waste receptacle and performs hand hygiene | | | | |
| 1.6, 7.1. | Documents the procedure, including date of insertion, catheter type, catheter size, volume of sterile water inserted into balloon and results in the person's health records | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.4 Clinical Skills Appraisal Form

PERFORMING CATHETER CARE

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for performing catheter care are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 2.8, 3.2, 3.4, 5.4, 5.5, 6.1, 6.2, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------------|---|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for catheter care | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers equipment: <ul style="list-style-type: none"> • Clean gloves • Wash cloth, neutral soap, warm water in a bowl and towels • Disposable waterproof pad | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach, e.g. explains procedure and need for catheter care, and obtains verbal consent | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| 1.1, 6.1. | Closes curtains or door | | | | |
| 1.1, 5.5, 6.1. | Ensures that all equipment needed is accessible at the bedside | | | | |
| 1.1, 6.1. | Places the disposable waterproof pad under the person | | | | |
| 1.1, 6.1. | Appropriately positions the person in a back-lying position using safe-moving techniques, and exposes the genital area | | | | |
| 1.1, 6.1. | Examines the perineal area for redness and irritation | | | | |
| 1.1, 6.1. | Gently washes and pats dry the urinary meatus, the proximal catheter and the perineal area | | | | |
| 1.1, 6.1. | Removes and disposes of the waterproof pad | | | | |
| 1.1, 6.1. | Returns the person to a comfortable position and replaces the bed linen | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 1.1, 3.4, 6.1. | Removes PPE, disposes of gloves and equipment in the appropriate waste receptacle and performs hand hygiene | | | | |
| 1.6, 2.6, 2.8, 7.1. | Documents the procedure and associated findings in the person's health record and reports relevant information to the health care team. | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.4 Clinical Skills Appraisal Form

CATHETER REMOVAL

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for catheter removal are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 2.7, 2.8, 3.2, 3.4, 5.5, 6.1, 6.2, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------------|--|---|---|---|----|
| 1.6, 6.1. | Ascertains that a medical officer has documented in the person's health record for the catheter to be removed. | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers equipment: <ul style="list-style-type: none"> Clinical waste bag for the catheter Disposable waterproof pad Wash cloth and a towel Clean gloves and safety goggles Sterile syringe to deflate the balloon | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach, e.g. explains procedure and obtains verbal consent | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves and safety goggles | | | | |
| | Closes curtains or door | | | | |
| 1.1, 6.1. | Ensures that the person is in a comfortable position, either sitting in a chair or lying in bed. | | | | |
| 1.1, 6.1. | Places the waterproof pad underneath the buttocks of the female person or over the thighs/between the legs of the male. | | | | |
| 1.1, 6.1. | Carefully removes the tape or catheter-securing device attaching the catheter to the person | | | | |
| 1.1, 6.1. | Inserts the syringe into the injection port of the catheter and retracts the plunger no more than 1 cm to withdraw the fluid from the balloon, allowing the fluid to fill the syringe unaided | | | | |
| 2.6, 2.7. | If not all the fluid can be removed, reports this fact to the nurse in charge or medical officer before proceeding | | | | |
| 1.1, 6.1. | After all the fluid is withdrawn from the balloon, gently withdraws the catheter, ensuring that the tip is intact, and places it in the waste bag | | | | |
| 1.1, 6.1. | Assists the person with cleansing and drying the perineal area | | | | |
| | Removes the towel or waterproof pad, disposing of it in the appropriate manner | | | | |
| 1.1, 6.1. | Returns the person to a comfortable position | | | | |
| 1.1, 3.2, 6.1. | Educates the person to notify the nurse prior to their first unassisted void, as measuring needs to continue for at least 8 hours post removal | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 1.1, 3.4, 6.1. | Correctly disposes of urine and equipment, adhering to the organisation's infection control and workplace health and safety policies relating to the safe disposal of bodily fluids | | | | |
| 1.1, 6.1. | Removes gloves and performs hand hygiene | | | | |
| 1.6, 7.1. | Documents: <ul style="list-style-type: none"> time the catheter was removed amount, colour and clarity of the urine intactness of the catheter instructions given to the patient | | | | |
| 1.6, 2.6, 2.8, 7.1. | Continues to document urine output for the first 8 hours post removal (minimum) Compares this output with the person's intake Reports relevant information to the health care team | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.4 Clinical Skills Appraisal Form

SUPRAPUBIC CATHETER MANAGEMENT

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for suprapubic catheter management are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 2.8, 3.2, 3.4, 4.2, 5.4, 5.5, 6.1, 6.2, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|---------------------------|--|---|---|---|----|
| 1.1, 1.4, 1.6, 5.4. | Identifies indication/rationale for catheter care | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers equipment: <ul style="list-style-type: none"> • Clean gloves • Additional PPE, as indicated • Dressing pack • Velcro tubing holder or tape to secure the tubing • Split gauze (if necessary) • Sterile saline • Plastic bag for waste | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach, e.g. explains procedure and need for catheter care, and obtains verbal consent | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves, safety goggles and any additional PPE as indicated | | | | |
| 1.1, 6.1. | Closes curtains or door | | | | |
| 1.1, 5.5, 6.1. | Ensures that all equipment needed is accessible at the bedside and organises the equipment on a cleaned dressing trolley to perform the procedure using aseptic and non-touch technique | | | | |
| 1.1, 6.1. | Positions the person in a back-lying position using safe-moving techniques, exposes the suprapubic catheter site and removes the old dressing if required; disposes of the dressing appropriately. | | | | |
| 4.2. | Examines the insertion site for redness, irritation and discharge | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies clean gloves | | | | |
| 1.1, 6.1. | Cleanses catheter insertion site with the normal saline-moistened gauze using friction in a circular motion, and removes any encrustations | | | | |
| 1.1, 6.1. | Cleanses the suprapubic catheter tubing from proximal to distal with normal saline-moistened gauze. Disposes of the gauze appropriately | | | | |
| 1.1, 6.1. | If there is drainage from the insertion site, places the split gauze around the catheter insertion site | | | | |
| 1.1, 6.1. | Secures the split gauze with tape. Forms a loop in the tubing and secures the loop to the person's abdomen with tape approximately 6–9 cm from the insertion site | | | | |
| 1.1, 6.1. | Returns the person to a comfortable position and replaces the bed linen | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 1.1, 3.4, 6.1. | Removes PPE, disposes of gloves and equipment in the appropriate waste receptacle and performs hand hygiene | | | | |
| 1.6, 2.6, 2.8, 7.1. | Documents the procedure and associated findings in the person's health record and reports relevant information to the health care team | | | | |

Student:

Assessor name and signature:

Date:

Comments:

Section 10.4 Clinical Skills Appraisal Form

SUPRAPUBIC CATHETER REMOVAL

The Nursing and Midwifery Board of Australia (NMBA) Registered Nurse Standards for Practice (2016) for suprapubic catheter removal are 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.6, 2.7, 2.8, 3.2, 3.4, 4.1, 4.2, 5.4, 5.5, 6.1, 6.2, 6.5 and 7.1.

U – Unsatisfactory; **D** – Developing; **S** – Satisfactory; **NA** – Not applicable

| NMBA (2016) | PREPARATION AND PLANNING FOR THE PROCEDURE | U | D | S | NA |
|--------------------------|--|---|---|---|----|
| 1.4, 1.6, 5.4. | Ascertains that a medical officer has documented in the person's health record for the catheter to be removed | | | | |
| 1.4, 1.6, 5.4. | Ascertains the method of internal fixation | | | | |
| 1.1, 6.1. | Performs hand hygiene | | | | |
| 1.1, 5.5, 6.1. | Gathers equipment: <ul style="list-style-type: none"> Clinical waste bag for the catheter Disposable waterproof pad Clean gloves and safety goggles Additional PPE if indicated Sterile syringe to deflate the balloon Dressing tray Normal saline Combines (minimum two) Tape Stitch cutter – if catheter is secured with sutures | | | | |
| PERFORMING THE PROCEDURE | | | | | |
| 2.2, 6.1. | Introduces self to the person | | | | |
| 1.4, 1.5, 2.2, 3.2, 6.1. | Demonstrates a person-centred approach, e.g. explains procedure and obtains verbal consent | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies non-sterile gloves, safety goggles and additional PPE if indicated | | | | |
| 1.1, 5.5, 6.1. | Ensures that all equipment needed is accessible at the bedside, using a cleaned dressing trolley, and that waste bag is readily available | | | | |
| 1.1, 6.1. | Uses aseptic and non-touch technique: Opens dressing pack and fills one of the reservoirs with normal saline. Opens combines and opens the suture cutter onto the field if required | | | | |
| 1.1, 6.1. | Closes curtains or door | | | | |
| 1.1, 6.1. | Ensures that the person is in a comfortable position lying in bed | | | | |
| 1.1, 6.1. | Places the waterproof pad underneath the buttocks of the person | | | | |
| 1.1, 6.1. | Performs hand hygiene and applies clean gloves | | | | |
| 1.1, 6.1. | Carefully removes the tape or catheter-securing device attaching the catheter to the person | | | | |
| 1.1, 6.1. | Cleanses the catheter insertion site with normal saline-moistened gauze, and removes any encrustations | | | | |
| 1.1, 6.1. | Disposes of the gauze into the waste bag | | | | |
| 1.1, 6.1. | If there is a suture present, removes suture, taking care not to cut the catheter | | | | |
| 1.1, 6.1. | Inserts the syringe into the injection port of the catheter and withdraws the fluid from the balloon allowing the syringe to fill unaided | | | | |
| 2.6, 2.7. | If not all the fluid can be removed, reports this fact to the nurse in charge or medical officer before proceeding | | | | |
| 1.1, 6.1. | After all the fluid is withdrawn from the balloon, firmly and smoothly withdraws the catheter after rotating it 360 degrees, ensuring that the tip is intact, and places the catheter in the waste bag | | | | |
| 1.1, 4.2, 6.1. | With the combine, places gentle pressure over the insertion site for 1–2 minutes Places a sterile combine over the insertion site and secures with tape Regular assessment of the dressing is needed, as when soiled it will need to be replaced | | | | |

| | | | | | |
|----------------------------------|--|--|--|--|--|
| 1.1, 4.1, 6.1. | Returns the person to a comfortable position and determines if the person would like the waterproof pad to remain. Replaces the pad if soiled and the person requests that it is to remain in position. | | | | |
| 1.1, 3.2, 6.1. | Educates the person to notify the nurse prior to their first unassisted void, as measuring needs to continue for at least 8 hours post removal | | | | |
| PRIORITIES POST PROCEDURE | | | | | |
| 1.1, 3.4, 6.1. | Correctly disposes of urine and equipment, adhering to the organisation's infection control and workplace health and safety policies relating to the safe disposal of bodily fluids | | | | |
| 1.1, 6.1. | Removes gloves and performs hand hygiene | | | | |
| 1.6, 7.1. | Documents: <ul style="list-style-type: none"> • Time the catheter was removed • Amount, colour and clarity of the urine • Intactness of the catheter • Instructions given to the patient | | | | |
| 1.6, 2.6, 2.8, 7.1. | Continues to document urine output for the first 8 hours post removal (minimum). Compares this output with the person's intake. Reports relevant information to the health care team. | | | | |

Student:

Assessor name and signature:

Date:

Comments: