



SECTION 2- TO BE COMPLETED BY CLINICAL DIRECTOR OF ANAESTHESIA

This section needs to be completed by a registered medical anaesthetist who is responsible for the anaesthetic department at the health care facility

Name: _____ Registration Number: _____

Email Address: _____

Healthcare Facility: _____

Contact Number: _____ Position: _____

CONFIRMATION OF TRAINING PROGRAMME IN PICC LINE INSERTIONS

I certify that the applicant will undergo a training programme in PICC line insertions at the above named healthcare facility that includes the following **PICC** training:

- | | | | |
|---|-------------------------------------|--|-------------------------------------|
| Pre-insertion Training | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| • Ultrasound training for vascular access | <input type="checkbox"/> | • Seldinger Technique | <input type="checkbox"/> |
| • CXR Education | <input type="checkbox"/> | • Tip guidance technique | <input type="checkbox"/> |
| • Aseptic technique | <input type="checkbox"/> | • Simulation training of needling techniques | <input type="checkbox"/> |
| • Informed consent, Time Out and documentation | <input type="checkbox"/> | • Recommended reading material | <input type="checkbox"/> |
| Insertion Training | | | <input checked="" type="checkbox"/> |
| • Observe a minimum of five PICC line insertions by the nominated supervisor | | | <input type="checkbox"/> |
| • Independently scrub and insert a minimum of five PICC lines without difficulty | | | <input type="checkbox"/> |
| • Perform double scrubbing, increasing the number of stages independently | | | <input type="checkbox"/> |
| Assessment of Competence | | | <input checked="" type="checkbox"/> |
| • Ability to perform all steps of the procedure independently and according to healthcare facility policy | | | <input type="checkbox"/> |
| • Documented certification by the nominated supervisor of their successful completion of the PICC line insertion training programme | | | <input type="checkbox"/> |
| • Theoretical knowledge | | | <input type="checkbox"/> |

(Signed)

(Date)



CONFIRMATION OF TRAINING PROGRAMME IN PACU

I certify that the applicant will undergo a training programme at the above named healthcare facility that includes the following PACU training:

Airway Management

- | | |
|--|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Removal of artificial airways <input type="checkbox"/> | • Maintenance of Universal Precautions <input type="checkbox"/> |
| • Positioning of artificial airways to maintain respiration <input type="checkbox"/> | • Selection and preparation of appropriate airway equipment <input type="checkbox"/> |

Monitoring Assessment and Care

- | | |
|--|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Communication with patient <input type="checkbox"/> | • Plan of care <input type="checkbox"/> |
| • Monitoring of fluid balance, fluid therapy <input type="checkbox"/> | • Monitoring of comfort levels and/or adverse reactions <input type="checkbox"/> |
| • Monitoring of operation sites, drain and wound care <input type="checkbox"/> | • Monitoring emergencies – respiratory and cardiovascular <input type="checkbox"/> |
| • Drug therapy assessment, assessment of pain <input type="checkbox"/> | • Pharmacology of common drugs used in the PACU phase <input type="checkbox"/> |

Patient Care Handover

- | | |
|--|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Documentation requirements <input type="checkbox"/> | • Handing over to ward staff <input type="checkbox"/> |
| • Communication requirements for patient handover <input type="checkbox"/> | • Handing over to PACU colleague <input type="checkbox"/> |
| • Accepting handover from the anaesthetist <input type="checkbox"/> | |

Assessment of Competence

- | |
|---|
| <input checked="" type="checkbox"/> |
| • Ability to perform all PACU activities independent and according to the healthcare facility policy <input type="checkbox"/> |
| • Documented certification by the nominated supervisor or their successful completion of the PACU training programme <input type="checkbox"/> |
| • Theoretical knowledge <input type="checkbox"/> |

(Signed)

(Date)