NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

JUNIOR RESIDENCY TRAINING LOGBOOK

FACULTY OF EMERGENCY MEDICINE

APPROVED BY THE SENATE ON 23RD JULY, 2020

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COLLEGE REGISTRAR

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

FACULTY OF EMERGENCY MEDICINE

LOG BOOK FOR JUNIOR RESIDENCY TRAINING PROGRAMME

FIRST EDITION 2020

RESIDENT'S DETAILS

1. NAME :
2. YEAR OF ASSOCIATE FELLOWSHIP :
3. DATE OF COMMENCEMENT OF TRAINING :
4. NAME TRAINING INSTITUTION :
5. STAGE OF FELLOWSHIP(JNR) :
6. DATE OF PASSING LOWER LEVEL EXAMINATION :
7. TRAINING PROGRAMME DIRECTOR :
8. SIGNATURE/DATE.....

GUIDELINES FOR USE OF THE LOGBOOK

1. This logbook is provided by the Faculty of Emergency Medicine of the National Postgraduate Medical College of Nigeria. It is available at the faculty secretariat at a reasonable price.
2. It is the responsibility of the trainee at the commencement of the programme to obtain a copy which he is expected to complete from the very first posting to the end of the Junior Residency Programme. The trainee will also obtain another copy on commencement of the Senior Residency Programme.
3. The logbook must be kept safe, intact, neat and readable at all times.
4. At the end of each exposure, the trainee must record the procedure in the appropriate section in the logbook and submit immediately to the trainer/consultant. The Consultant /trainer in charge must also attend to his /her own section at the same time. Both the trainer and the trainee should not defer this assignment in order to avoid last minute rush and inaccurate assessment
5. The trainee is expected to observe, assist and perform the task in a graduated fashion but only those skills performed shall be taken into consideration in the assessment.
6. There are therefore two types of rating. The involvement rating which is the trainee's level of involvement in the procedure and designated P for performance, A for assistance and O for observation.

   The competency rating scores the standard of performance of the trainee in a procedure.
7. The competency rating to be used is as follows :

   Fully competent = 5 (can perform the skill with confidence, needs no supervision)

   Competent =4 (above average, needs no supervision but more exposures)

   Minimally competent =3 (average; can perform the skill in the correct manner but needs more exposures and supervision to stabilize)

   Not competent =2 (below average; not yet at the desired level, needs more tutelage)

   Not interested = 1(below expectation)

   This competency rating can be used to determine the percentage performance of the trainee in a particular procedure or rotational posting.

   It is mandatory that the trainer should state the competency rating for each procedure at the time of endorsement.
8. The first section of this logbook shall list all the competences that needed to be acquired and their minimum number.
9. Any competences taught and assessed but are not contained in this list should be added by the Consultant in charge or the Director of training.
10. There is so much overlap in the competences to be acquired during the Core Specialty postings that they are grouped together. The competences for Allied specialties are taken per specialty.

LIST OF CLINICAL/ SURGICAL SKILLS FOR TRAINING IN EMERGENCY MEDICINE (Junior Residency)

CLINICAL/SURGICAL SKILL	JUNIOR RESIDENCY(Min no. of performed skills)
1.Tracheostomy	2
2. Cardiopulmonary Resuscitation	10
3. Nasotracheal Intubation	10
4. Orotracheal Intubation	15
5. Bag-mask Ventilation	20
6. Cricothyroidotomy	5
7. Needle Thoracostomy	3
8. Tube Thoracostomy	10
9. Laryngeal Mask Airway Insertion	5
10. Mechanical Ventilation	15
11. Defibrillation/Cardioversion	5
12. Blind Pericardiocentesis	2
13. Nasogastric Intubation	5
14. Thoracotomy	2(observe)
15. Neonatal Resuscitation	2
16. Thoracentesis	3
17. Percutaneous Central Venous Catheterisation	5
18. Peripheral Venous Cutdown	3
19. Invasive Monitoring : arterial BP	5
20. Intraosseous Line insertion	5
21. Lumbar Puncture	5
22. ECG : measurement & Interpretation	10
23. Arterial Blood gases	10

: measurement & interpretation

24. Nebulization & Assessment of Peak Flow	5
25. Bier's block	5
26. Peripheral Nerve block	5
27. Spinal block	5
28. Epidural analgesia	3
29. Anaesthesia for ASA 1 & 2	2
30. Heimlich manoeuvre	3
31.Burr craniotomy	5
32. Fasciotomy	2
33. Arthrocentesis	5
34 Arthrotomy	3
35. Application of Plaster of Paris(POP)	10
36. Dislocation Reduction technique(MUA) : Joint dislocation	10
37. Incision & Drainage	5
38. Debridement Open Wounds	5
39. Removal Foreign bodies from orifices	5
40. Conjunctival irrigation	3
41. Slit lamp examination	2
42. Refashioning/Amputation in hand injuries	5
43. Split Skin grafting	3
44. Diagnostic Peritoneal Lavage	3
45. Application of Thomas' splint	5
46. Speculum Vaginal Examination	5
47.Treatment Post Partum Haemorrhage	3(observe)
48. Treatment Eclampsia	3(observe)

49. Exchange Blood transfusion	3
50. Urethral Catheterisation	5
51 Suprapubic Cystostomy	5
52. Control of Epistaxis	3
53. Psychiatric history taking	5
54. Restraining methods in Psychiatrics	5
55. Abdominal Ultrasound Scan	10
56. Foetal Ultrasound monitoring	3
57. Point of care Ultrasound	5
58. Jntervention Radiology procedure	3
59. Episiotomy	3
60. Manual Removal Placenta	3
61. Vacuum Aspiration for incomplete abortion	3
62. Salpingectomy for Ruptured ectopic	2
63. Emergency Normal delivery	10
64. Emergency CS	5
65. Instrumental delivery	2
66. Laparotomy	2
67. Appendicectomy	3

SURGICAL SKILL ACQUISITION DURING THE CORE EMERGENCY POSTINGS

1.**PROCEDURE : MAINTENANCE OF AIRWAY**

Core competence : Ability to demonstrate different ways of maintaining a patent airway

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
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							P										
							P										
							P										

P stands for Performance; A for Assistance; O for Observation(Indicates Level of involvement in the procedure.

Competency rating: Fully competent= 5; Competent=4; Minimally competent=3; Not competent=2;

Not interested=1 (Indicates the standard of performance of the procedure)

2. PROCEDURE: OROTRACHEAL INTUBATION

Competence: Ability to achieve tracheal intubation through the mouth

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
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							P										
							P										
							P										
							P										
							P										
								A									
								A									

P = Performance; A= Assistance; O= Observation(Level of Involvement)

Fully competent=5; Competent=4; Minimally competent=3; Not competent=2; Not interested=1(Assessment of the standard of performance).

3**. PROCEDURE : NASOTRACHEAL INTUBATION**

Competence : Ability to achieve tracheal intubation through the nose

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
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							P										
							P										
							P										
								A									
								A									
								A									
									O								
									O								

4**. PROCEDURE: BAG-MASK VENTILATION**

Competence: To understand the indications and hazards of the procedure.

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
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								A									
									O								
									O								

5. PROCEDURE : MECHANICAL VENTILATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
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							P										
							P										
								A									
								A									
								A									
									O								
									O								

6. PROCEDURE: CARDIOPULMONARY RESUSCITATION

Competence: To know the indications

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
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								A									
								A									
								A									
									O								
									O								

7. PROCEDURE: LARYNGEAL MASK INSERTION

Competence: To know the Indications and limitations

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
								A									
								A									
									O								

9. PROCEDURE: DEFIBRILATION/ CARDIO CONVERSION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
									O								
									O								

10. PROCEDURE : NEBULIZATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										

11. PROCEDURE: INITIATION AND INTERPRETATION OF PATIENT MONITORING

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
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							P										
									O								
									O								

12. PROCEDURE ANAESTHETIC MACHINE CHECK

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
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							P										
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								A									
									O								

13. PROCEDURE: OXYGEN THERAPY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
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							P										
							P										
							P										
							P										
							P										
							P										
									O								
									O								

14. PROCEDURE INVASIVE MONITORING - ARTERIAL BLOOD PRESSURE

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
									O								

15. PROCEDURE : INVASIVE MONITORING - CVP

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
									O								

16. PROCEDURE : BASIC VASCULAR ACCESS – I.V

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
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							P										
							P										
							P										

17. PROCEDURE: BASIC VASCULAR ACCESS - INTRAOSSEUS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
									O								
									O								

18. PROCEDURE : BASIC VASCULAR ACCESS – VENOUS CUTDOWN

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										

19. PROCEDURE : ADVANCED VASCULAR ACCESS – ARTERIAL LINE PLACEMENT

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										

20. PROCEDURE: ADVANCED VASCULAR ACCESS – CENTRAL VENOUS CATHETERISATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										

21. PROCEDURE: ARTERIAL BLOOD GASES : MEASUREMENT & INTERPRETATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
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							P										
							P										
							P										
							P										
									O								
									O								

22. PROCEDURE: ELECTROCARDIOGRAM(ECG) – MEASUREMENT & INTERPRETATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
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							P										
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									O								

23**. PROCEDURE: REGIONAL NERVE BLOCK – BIER'S BLOCK**

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
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							P										
							P										
							P										
							P										
									O								
									O								

24. PROCEDURE: PROCEDURAL SEDATION & ANALGESIA

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										

25. PROCEDURE: RAPID SEQUENCE INDUCTION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
								A									
								A									
									O								
									O								

26. PROCEDURE: ANAESTHESIA FOR ASA I & II PATIENTS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
								A									
								A A									

27. PROCEDURE: TRANSFER OF CRITICALLY ILL

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
									O								
									O								

28. PROCEDURE: TAKING PSYCHIATRY HISTORY & RESTRAINING OF VIOLENT PATIENTS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	HISTORY						P										
	HISTORY						P										
	HISTORY						P										
	HISTORY						P										
	HISTORY						P										
	RESTRAINING						P										
	RESTRAINING						P										
	RESTRAINING						P										
	RESTRAINING						P										
	RESTRAINING						P										

SURGICAL SKILL ACQUISITION DURING THE ALLIED SPECIALTY POSTINGS

SPECIALTY: OTORHINOLARYNGOLOGY

1. PROCEDURE: REMOVAL OF FOREIGN BODIES FROM THE ORIFICES

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	EAR						P										
	EAR						P										
	EAR						P										
	EAR						P										
	EAR						P										
	NOSE						P										
	NOSE						P										
	NOSE						P										
	NOSE						P										
	NOSE						P										
	THROAT						P										
	THROAT						P										
	THROAT						P										
	THROAT						P										
	THROAT						P										

2.PROCEDURE : CONTROL OF EPISTAXIS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										

							P										
									O								

SPECIALTY : OPHTHALMOLOGY

3. PROCEDURE : SLIT LAMP EXAMINATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
									O								
									O								

4.PROCEDURE : REMOVAL OF FOREIGN BODIES FROM THE EYE

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										

5. REPAIR EYE LID LACERATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										

SPECIALTY : OBSTETRICS & GYNAECOLOGY

6.PROCEDURE : ABDOMINAL & TRANSVAGINAL ULTRASOUND

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										

7. PROCEDURE : SPECULUM VAGINAL EXAMINATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										

8.PROCEDURE: MANUAL EVACUATION UTERUS(RETAINED PLACENTA)

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										

							P										
							P										

9. PROCEDURE: EMERGENCY NORMAL DELIVERY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
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									O								

11. PROCEDURE: EPISIOTOMY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
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							P										
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								A									

12. PROCEDURE : INSTRUMENTAL DELIVERY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
								A									
								A									

13. PROCEDURE : SALPINGECTOMY FOR ECTOPIC PREGNANCY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
								A									
								A									

14. PROCEDURE: MANAGEMENT OF ECLAMPSIA AND POST PARTUM HAEMORRHAGE

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	ECLAMPSIA								O								
	ECLAMPSIA								O								
	PPH								O								
	PPH								O								
	PPH								O								

SPECIALTY : MUSCULOSKELETAL

15. PROCEDURE: CLOSED REDUCTION/APPLICATION POP(UPPER/LOWER LIMBS)

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	UPPER. LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	UPPER LIMB						P										
	LOWER LIMB						P										
	LOWER LIMB						P										
	LOWER LIMB						P										
	LOWER LIMB						P										
	LOWER LIMB						P										
	LOWER LIMB						P										
	LOWER LIMB						P										
	LOWER LIMB						P										

	LOWER LIMB						P										
	LOWER LIMB						P										

16. PROCEDURE: ARTHROTOMY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	HIP						P										
	HIP						P										
	KNEE						P										
	KNEE						P										
	ELBOW						P										

17. PROCEDURE: DISLOCATION REDUCTION TECHNIQUE

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	HIP						P										
	HIP						P										
	HIP						P										
	HIP						P										
	HIP						P										
	SHOULDER						P										
	SHOULDER						P										
	SHOULDER						P										
	SHOULDER						P										
	SHOUL						P										

	DER																
	ELBOW						P										
	ELBOW						P										
	ELBOW						P										
	ELBOW						P										
	ELBOW						P										

18. PROCEDURE: DEBRIDEMENT OF OPEN WOUNDS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
								A									
								A									

19. PROCEDURE: FASCIOTOMY FOR COMPARTMENT SYNDROME

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										

								A									
									O								

SPECIALTY : TRAUMA

20. PROCEDURE: URETHRAL CATHETERISATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										

21. BURR CRANIOTOMY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
								A									

22. PROCEDURE: LUMBAR PUNCTURE

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										

							P										

23. PROCEDURE: SUPRAPUBIC CYSTOSTOMY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
								A									
								A									

24. PROCEDURE: NEEDLE ARTHROCENTESIS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										

25. PROCEDURE: BLIND PERICARDIOCENTESIS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
								A									
								A									

26. PROCEDURE: TUBE THORACOSTOMY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
								A									
								A									

27. PROCEDURE: NEEDLE THORACOSTOMY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
								A									

SPECIALTY: GENERAL SURGERY

28. PROCEDURE: INCISION MAKING/ SKIN SUTURING/ KNOT TYING

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										

29. PROCEDURE: SUTURE LACERATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										

30. PROCEDURE: INCISION & DRAINAGE (ABSCESS)

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										

							P										
							P										
							P										
							P										
							P										
							P										

31. PROCEDURE: GASTRIC TUBE PLACEMENT(ORAL/NASAL)

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										

32. PROCEDURE: ENDOSCOPY OF GIT(UPPER/LOWER)

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	UPPER								O								
	UPPER								O								
	UPPER							A									
	LOWER							A									
	LOWER							A									

33. PROCEDURE: SELECTION OF ABDOMINAL INCISION/ LAPAROTOMY FOR ACUTE ABDOMEN

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										

								A									
								A									
								A									

34. PROCEDURE: SSG/FLAP SURGERY

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	SSG						P										
	SSG						P										
	FLAP						P										
	FLAP							A									
	FLAP							A									

35. PROCEDURE: INITIAL MANAGEMENT OF HAND INJURIES

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	AMPUTATION						P										
	AMPUTATION						P										
	AMPUTATION						P										
	REFASIONING						P										
	REFASIONING						P										
	REFASIONING						P										
	REFASIONING						P										
	FRACTURE MGT						P										
	FRACTU						P										

	RE MGT																
	FRACTU RE MGT						P										

SPECIALTY : PAEDIATRIC

36. PROCEDURE: NEONATAL RESUSCITATION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
								A									
									O								

37. PROCEDURE: HEIMLICH MANOURVE

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
								O									

38. PROCEDURE: APPLICATION THOMAS' SPLINT

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										

39. PROCEDURE: EXCHANGE BLOOD TRANSFUSION

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										

SPECIALTY : RADIOLOGY

40. PROCEDURE: ABDOMINAL ULTRASOUND(INCLUDINGKIDNEY/BLADDER)

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
							P										
								A									
								A									
								A									
								A									
								A									

41. PROCEDURE: FOETAL ULTRASOUND

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
							P										

							P										
							P										
								A									
									O								

42. POINT OF CARE ULTRASOUND(INCLUDING INTERVENTION RADOGRAPHY)

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS						P										
	POCUS							A									
	POCUS							A									
	POCUS							A									
	POCUS							A									
	POCUS							A									
	INTERVENTION						P										
	INTERVENTION						P										
	INTERVENTION							A									
	INTERVENTION							A									
	INTERVENTION							A									

43. PROCEDURE: READING & INTERPRETATION OF RADIOLOGICAL RESULTS

No	SPECIALTY	DATE	NAME	HOSNO	AGE	INDICATION	P	A	O	1	2	3	4	5	CONSULTANT	SIGNATURE	REMARKS
	MRI						P										
	MRI						P										
	CT						P										
	CT						P										
	CT						P										