Formal Observation of Procedural Skills 1 **(FOPS 1)** Assessment Document

Phase 2a Sheffield Medical School

By Melanie Coulson & Christopher Holt

This is not an official University document. It was made by a student as a simple review of the study material. Beware of any potential inaccuracies.

FOPS 1 Assessment; 50 minutes

1. Venepuncture, managing blood samples and blood cultures

2. Intravenous cannulation

3. Preparing and administration of an antibiotic

BEFORE ANY PROCEDURE- CHECK NAME, DOB, WRISTBAND AND PATIENT NOTES. THEN ALWAYS HAND GEL.

GET CONSENT AT THE START OF EVERY PROCEDURE;

W -wash hands

I -introduce yourself

P -permission

E -expose patient appropriately

R -reposition patient as you need

Top tips;

- Watch the videos and look at the mark schemes on Minerva!
- Practice asking your friends the questions at the start
- Practice writing a list of what you need to gather for each procedure
- Go to SFH when there are practice sessions to brush up on your skills
- Be aware of timings as they are strict on this on the day
- Wear appropriate clinical dress and be bare below the elbows on the day

This is not an official University document. It was made by a student as a simple review of the study material. Beware of any potential inaccuracies.

1. **<u>Venepuncture, managing blood samples and blood cultures</u>**

INFORMATION TO ASK BEFORE YOU START:

- Inform patient 'I've been asked to take a small blood sample from you today, all that will involve is one small needle to the inside of your elbow and will feel like a sharp scratch'. Warn the patient about potential complications (pain/bleeding/swelling/haematoma/infection)
- Ask the patient that within the last 30 minutes if they have eaten a large meal or had a hot or cold drink, had a hot bath, smoked a cigarette or undertaken vigorous exercise or exerted themselves.
- Enquire about presence of an arterio-venous fistula in the arm, any operations on arms, axillae or breasts, any pain, swelling or weakness in the arm.
- Ask about allergies, broken skin or rashes.

EQIPMENT LIST:

- Apron
- Gloves
- Tourniquet
- Wipes x3 (1 for cleaning skin, 2 for cleaning microbiology bottles)
- Butterfly needle
- Barrel
- Purple and yellow vacutainers
- Aerobic and anaerobic microbiology bottles
- Cotton wool
- Tape
- (Make sure there is a sharps bin nearby before you start)

PROCEDURE FOR PERFORMING CLINICAL SKILL:

a) Wash hands with alcohol gel. Put on apron and gloves
b) Put pillow under the patients arm if there is one.
c) Tourniquet examiners arm and inspect and then palpate correct vein **on examiner.** Release tourniquet.
d) **Move to manikin**. Tourniquet arm
e) Clean site and allow to dry for 30 seconds – good idea to verbally state you are doing this.
f) Clean tops of blood culture bottles and allow to dry for 30 seconds – good idea to verbally state you are doing this.
g) Remind examiner of 'sharp scratch' before you insert the needle.
h) Put in needle (with barrel attached to it) and collect blood. You can check you are in the vein by getting flashback. Collect (in order):
    a. Microbiological - aerobic
    b. Microbiological - anaerobic.
    c. U+Es (yellow tube) - Make sure you invert these once you have blood inside them.
    d. FBC (purple) - Make sure you invert these once you have blood inside them.

This is not an official University document. It was made by a student as a simple review of the study material. Beware of any potential inaccuracies.

i) REMOVE THE TOURNIQUET BEFORE YOU REMOVE THE NEEDLE.
j) Apply pressure to the site with cotton wool. Then ask patient to hold it.
k) Put sharps in the sharps bin
l) Label the bloods
m) Put tape across cotton wool
n) Fill out lab request form;

This is not an official University document. It was made by a student as a simple review of the study material. Beware of any potential inaccuracies.

2. Intravenous cannulation

INFORMATION TO ASK BEFORE YOU START:

- Inform patient 'I've been asked to put a cannula in your hand today, all that will involve is one small needle to the back of your hand, this will then allow us to put a small plastic tube into your hand so we can give you the drugs and fluids we need to. It will be a sharp scratch when we put the needle in but besides that no pain'. Warn the patient about potential complications (pain/bleeding/swelling/haematoma/infection)
- Ask the patient that within the last 30 minutes if they have eaten a large meal or had a hot or cold drink, had a hot bath, smoked a cigarette or undertaken vigorous exercise or exerted themselves.
- Enquire about presence of an arterio-venous fistula in the arm, any operations on arms, axillae or breasts, any pain, swelling or weakness in the arm.
- Ask about allergies, broken skin or rashes.

EQIPMENT LIST:

- Tourniquet
- 1 wipe
- Cannula
- Bung
- Gauze
- Dressing sticker
- Syringe and saline
- Pen
- (Make sure there is a sharps bin ready before you start)

PROCEDURE FOR PERFORMING CLINICAL SKILL:

a) (You should be wearing gloves and apron from venepuncture)
b) Use a pillow if one available to prop the hand and arm
c) On examiner- tourniquet the arm and then inspect and find a suitable vein on the back of the hand. Release the tourniquet.
d) Move to manikin. Clean the site and allow to dry for the next 30 seconds - good idea to verbally state you are doing this.
e) Insert needle 'sharp scratch' and advance until there is flashback.
f) Slightly withdraw needle and advance cannula.
g) Release tourniquet.
h) Remove needle from the cannula and put into sharps bin. Use gauze to mop up any blood.
i) Put bung into cannula.
j) Secure cannula with dressing.
k) Flush cannula with saline.
l) Label cannula with time and date and signature.

This is not an official University document. It was made by a student as a simple review of the study material. Beware of any potential inaccuracies.

3. **<u>Preparing and administration of an antibiotic</u>**

the patient should already have the cannula in from previous task

INFORMATION TO ASK BEFORE YOU START:

- Inform patient 'I've been asked to put some drugs through your cannula today to hopefully make you feel a bit better. Firstly, I will flush the cannula with some saline to make sure it is working, I will then put the drugs through before flushing it with some more saline to make sure it has all gone through. It will not hurt but you may feel a bit of cold going up your arm. Stop me at any time if you are in pain or discomfort.'
- Check there has been no problems with the cannula since it has been in e.g. infection or swelling
- Ask about **allergies**, broken skin or rashes.

EQIPMENT LIST:

- Drug chart
- 2 wipes
- 1 needle
- 3 syringes
- 3 saline bottles
- 1 drug (placebo)
- (Make sure there is a sharps bin ready before you start)

PROCEDURE FOR PERFORMING CLINICAL SKILL:

a) Wash hands with alcohol gel.
b) Check dose/times/date/route of admin etc on the drug chart
c) Check expiry date of drug
d) To prepare the drug;
    a. Remove cap from vial and clean with a wipe
    b. Attach needle to syringe and draw up 1 saline (about 4ml)
    c. Inject saline into vial of placebo
    d. Release plunger of the syringe to allow it to fill with air from the vial
    e. Shake the vial to mix the drug and the saline. Do not stop until it is all mixed!
    f. Inject air back into vial
    g. By holding the syringe correctly with end in the liquid, release the plunger to allow the syringe to fill with the mixed drug fluid
    h. Take syringe out of vial and remove needle into sharps bin
    i. Ensure there are no air bubbles
e) Prepare 2 flush syringes using 2 saline bottles and 2 syringes. Fill them with saline, check there is no air bubbles, then leave.
f) Clean the bung of the cannula already in the patient by wiping.
g) Check the cannula is patent by doing first saline flush (do this into the absorbent pad supplied, DO NOT FLUSH ANYTHING INTO THE MANNAKIN ARM as it clogs it)
h) Rechecks patient's name, date of birth and hospital number BEFORE giving drug.
i) Administer placebo drug into cannula

This is not an official University document. It was made by a student as a simple review of the study material. Beware of any potential inaccuracies.

j) Flush the cannula with second saline flush to ensure all the drug has gone into patient.
k) Fill in the drugs chart (In exam just say you would do this).
l) Tell patient 'let myself or one of my colleagues know if you have any reaction to the drug for example; SOB/wheeze/itching/skin flush/tongue or lips or throat swelling'

This is not an official University document. It was made by a student as a simple review of the study material. Beware of any potential inaccuracies.