

**KERTAS SOALAN
FINAL PROFESSIONAL
OSCE SESI 2008/2009
YEAR 4
PROGRAM KEJURURAWATAN**

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P.KHIDMAT MAKLUMAT AKADEMIK
UNIMAS



1000168228

OSCE Station No: 1

Candidate No: _____

Name and state the use of labeled instruments.

Item No.	Names (2 marks each)	Usage (2 marks each)	Marks
1			
2			
3			
4			
5			
		TOTAL MARKS	20

Marks: $\frac{\quad}{20} \times 5 =$

Comment:

Assessor Name/Signature:

Date: 04/05/2009

Model Answer

Name and indicate the use of instruments in anaesthetic tray.

Item No.	Names (2 marks each)	Its Use (2 marks each)	Total Marks
1	Endo Tracheal Tube (ETT)		
2	Laryngoscope with blade		
3	Yaunker sucker tube		
4	Magill's forceps		
5	Stylet / ETT introducer		
		Total Marks	20 Marks

Marks: $\frac{\quad}{20} \times 5 =$

Comments: _____

Assessor Name/Signature:

Date: 04/05/2009

OSCE Station No: 2

Candidate No: _____

Bagging Using Manual Resuscitator

No	Steps	Mark allocated (20)	Not performed/ performed wrongly (no mark)	Performed but needs to improve (1/2 of the mark)	Done correctly (full mark)	Mark obtained
1.	Fix the resuscitator bag with oxygen tubing to the oxygen cylinder.	2				
2.	Turn on the oxygen source to 15L/min.	1				
3.	Stand behind the client's head.	1				
4.	Place the client's head in 'head tilt, chin lift' position.	3				
5.	Place the mask over the client's mouth and nose, with the pointed end of the mask over the nasal bridge.	3				
6.	Hold mask with thumb and index finger of non-dominant hand to provide a tight seal over the mouth and nose.	3				
7.	Use the remaining three fingers of the non-dominant hand to maintain the 'head tilt, chin lift position'.	4				
8.	Apply pressure over the resuscitator bag using the dominant hand till chest expansion is seen.	3				
Total		20			Total Marks	

Marks: $\frac{\quad}{20} \times 5 =$

Comment: _____

Assessor Name/Signature:

Date: 04/05/2009

OSCE Station No: 3

Candidate No: _____

Administer Oxygen therapy via ventimask

No.	Steps	Mark allocated (20)	Not performed/performed wrongly (no mark)	Performed but needs to improve (1/2 of the mark)	Done correctly (full mark)	Marks obtained
1.	Inform the client	2				
2	Place the client in semi-fowler's position.	2				
3	Assemble the ventimask with 31% regulator and tubing.	2				
4	Fill the humidifier with sterile water for injection to the water level indicated.	2				
5	Fix the humidifier to the flow meter tightly.	2				
6	Adjust the correct amount of oxygen per litre as indicated on the regulator.	2				
7	Check the bubbles in the humidifier for the presence of oxygen.	2				
8	Fix the mask onto the client's face snugly and comfortably.	2				
9	Check that client is comfortable.	2				
10	Document in the observation chart provided.	2				
	Total	20				

Marks: _____ x 5 =
20

Comment: _____

Assessor Name/Signature:

Date: 04/05/2009

OSCE Station No: 4

Candidate No : _____

Administer an intramuscular injection

Steps	Mark allocated (20)	Not performed/ performed wrongly (no mark)	Performed but needs to improve (1/2 of the mark)	Done correctly (full mark)	Total marks obtained
1. Inform the client the procedure.	1				
2. Assemble the syringe and needle without contamination.	1				
3. Draw up medication according to prescribed dose.	3				
4. Ensure privacy before exposing the site for injection.	2				
5. Clean the site with alcohol swab 2 inches in diameter in a circular motion, allow it to dry.	2				
6. Grasp the barrel of the syringe firmly between your thumb and index finger, plunge the needle firmly into the muscle at a 90 degree angle with a quick, firm forward thrust until desired depth is reached.	2				
7. Steady barrel of the syringe and pull the plunger back to check whether the needle hit the blood vessel while steadying the syringe.	2				
8. Inject all medication without displacing needle from its original position.	2				
9. Remove the syringe and needle with the non-dominant hand holding the site.	1				
10. Apply pressure with dry swab on the injection site as soon as the needle is removed.	2				
11. Record the administration of drug given in the prescription sheet.	2				
Total	20				

Note: If student violates any of the principle of asepsis, or wrong dose, student fails the entire procedure and be awarded zero for this procedure.

Marks: _____ x 5 =
20

Comment: _____

Assessor Name/Signature:

Date: 04/05/2009

OSCE Station No: 5

Candidate No: _____

Tracheostomy Dressing

No.	Steps	Mark allocated (20)	Not performed/ performed wrongly (no mark)	Performed but needs to improve (1/2 of the mark)	Done correctly (full mark)	Remark
1.	Explain to the client.	1				
2.	Prepare the swabs for cleaning.	2				
3.	Observe the condition of skin around the tracheostomy tube.	1				
4.	Place a sterile towel near to the tracheostomy site.	2				
5.	Perform the cleansing using one swab each time					
	a) The stoma beneath the tracheostomy tube.	2				
	b) The rim of the tracheostomy tube	2				
	c) The flange of the tracheostomy tube.	2				
6.	Discard the soiled swabs into the clinical waste bag.	1				
7.	Dry the skin around the tracheostomy site.	1				
8.	Apply a dry dressings around tracheostomy tube.	2				
9.	Check that the tapes are tightly securing the tracheostomy tube.	2				
10.	Make client comfortable.	2				
Total:		20				
					Total Marks:	

Note: If student violate any of the principle of asepsis, students' fail the entire procedure and be awarded zero for this procedure.

Marks: _____ x 5 =

20

Comment:

Assessor Name/Signature:

Date: 04/05/2009

OSCE Station No: 6

Candidate No: _____

Perform Endotracheal Tube Suctioning

No	Step	Mark Allocated (20)	Not performed/ performed wrongly (No mark)	Performed but needs to improve (1/2 of the mark)	Done correctly (full mark)	Marks obtained
1	Explain procedure to client clearly	1				
2	Select the correct size of suction catheter.	1				
4	Hold the sterile catheter with dominant hand.	1				
5	Hold the sucker tubing with non-dominant hand.	1				
6	Connect the catheter to the tubing.	1				
7	Switch on the suction machine.	1				
8	Check the function of the suction machine.	1				
9	Insert the suction tube into the ETT tube without suction until it reaches resistance.	2				
10	Withdraw the catheter out for about 1 cm.	2				
11	Apply suction by occluding the suction port.	2				
12	Roll the catheter as it is being withdrawn.	2				
13	Ensure that suction is applied for less than 15 second per insertion.	2				
14	Rinse the catheter with saline and repeat the steps until all secretions are cleared.	2				
15	Dispose the suction catheter into the clinical waste bag.	1				
	Total	20		Total Marks		

Marks: $\frac{\quad}{20} \times 5 =$

Comment:

Assessor Name/Signature:

Date: 04/05/2009

OSCE Station No: 7

Candidate no: _____

Change of Underwater seal drainage bottle

No	Steps	Marks allocated (20)	Not performed / Performed wrongly (0)	Performed but need to improve (1/2 mark)	Done correctly (full mark)	Marks obtained
1.	Inform the client.	1				
2.	Check to ensure the end of the longer rod is immersed below fluid level.	1				
3.	Connect one end of the sterile connecting tube (which will be used to connect to client's chest tube later) to the longer glass rod (with its end below fluid level).	1				
3.	Use two artery forceps to clamp chest tube near to the client's chest.	2				
4.	Place a sterile dressing towel over the tubing.	1				
5.	Swab the end of the chest tube – about 1 cm with alcohol swab.	2				
6.	Hold one end of the tubing from the fresh sterile UWSD bottle without contamination and another hand with the sterile gauze on the chest tube.	3				
7.	Gently disconnect the old connecting tube from the chest tube.	2				
8.	Connect the cleansed end of the chest tube to the sterile connecting tube of the fresh UWSD bottle tightly.	2				
9.	Place the fresh UWSD bottle below the client's chest in the basin/hang on the bed.	1				
10.	Check that tube is not kinked or pressed.	1				
11.	Remove the artery forceps	1				

12.	Check that the fluid level in the glass rod fluctuates when client breathes in and out.	1				
13.	Secure tubing on the bed with artery forceps, given enough allowance for client's movement.	1				
	Total	20	Total marks			

Note: If student violates any of the principle of asepsis, students' fail the entire procedure and be awarded zero for this procedure.

Marks:-----x 5% =
20

Comment: _____

Examiner name/Signature:

Date: 4.5.09

OSCE Station No: 8

Candidate No: _____

Health education to client on care of POP cast.

Steps		Mark allocated 20%				Marks obtained
			Not performed/ performed wrongly (no mark)	Performed but needs to improve (½ of the marks)	Done correctly (full mark)	
1	Explain to the client that the POP cast is to immobilize the fracture bone which had its alignment corrected. The immobilization is important to allow the fracture bone to heal .	2				
2	Advise client to maintain bed rest until the POP cast is dried.	1				
3	Expose the POP cast to the air to allow it to dry.	1				
4	Elevate cast on firm pillow. Hold cast within palm of the hands instead of the fingers.	1				
5	Explain to the client that Elevation of the casted leg promotes venous return to the heart and reduce swelling to the leg.	1				
6	Explain the skin under the POP cast would feel warm until it dries.	1				
7	If blood or drainage appear on the cast, mark the spot with circle. Then note time and date. Observe 2 hourly and see whether the spot enlarges or increases in size. Report to doctor if the spot increases in size.	2				
8	Teach the client to do neurovascular assessment of casted leg by noting the colour, sensation, temperature, capillary refill, and presences of pulse.	5				
9	Encourage the client to do the range of motion exercise for the unaffected limbs.	2				

10	Advise not to perform weight bearing exercises on the casted leg without doctor's permission.	1				
11	Advise client not to : <ul style="list-style-type: none"> ➤ Dirty the cast ➤ insert sharp pin or object into cast for scratching ➤ put pressure on the cast. 	3				
Total:		20	Total marks:			20

Marks: ----- x 5 =
20

Comment:

Assessor Name/ Signature:

Date: 4 / 05 / 2009

OSCE Station No: 9

Candidate No: _____

Prepare Blood Transfusion

No	Steps	Mark allocated (20)	Not performed/performed wrongly (no mark)	Performed but needs to improve (1/2 of the mark)	Done correctly (full mark)	Marks obtained
1.	Check the patient's case note for the following: ✓ Consent is taken ✓ Date for blood transfusion ✓ Amount and type of blood component	2 2 2				
2.	Check the particulars on blood pack, labels and requisition form for the followings:					
	Name of patient.	2				
	- Age	1				
	- Sex	1				
	- Identity card number.	2				
	- Ward Registration Number	2				
	- Blood group	2				
	- Rhesus factor	1				
	- Blood pack number	2				
	- Expiry date of the blood	1				
	Total	20		Total Marks		

Marks: $\frac{\quad}{20} \times 5 =$

Comment:

Assessor Name/Signature:

Date: 04/05/2009

OSCE Station No: 10

Candidate No: _____

Inspection of the Chest

No	Steps	Mark allocated (20)	Not performed/ performed wrongly (no mark)	Performed but needs to improve (1/2 of the mark)	Done correctly (full mark)	Mark obtained
1	Instruct the client to sit upright (if no contraindication)	1				
2	Undress the client to waist level	1				
3	Inspect the anterior, lateral, and posterior thorax in sequence for the following:					
	(a) Color and lesion	2				
	(b) Intercostal spaces	2				
	(c) Chest symmetry	2				
	(d) Respiration (rate, rhythm, depth, breathing pattern and sound) and chest expansion	2				
	(d) Accessory muscles: sternocleidomastoid, trapezium and abdominal muscles.	2				
	(e) Position of trachea	2				
	(f) Shape and position of sternum, and costal angle	2				
	(g) Anteroposterior to lateral chest diameter	2				
4	Communicate the findings to the client.	1				
5	Make client comfortable.	1				
	Total	20				

Marks: $\frac{\quad}{20} \times 5 =$

Comment: _____

Assessor Name/Signature:

Date: 04/05/2009