LETTER OF ACCEPTANCE 4 weeks - NURSING PRACTICE

PLEASE COMPLETE IN BLOCK CAPITALS!

Name of the student (last name, first name):		
Period of practice (first and last day):	from	to
Name of teaching hospital/clinic:		
Department:		
Address of the hospital/clinic:		
*Name of university/college the hospital is affiliated with:		
Contact person:		
Phone number:		
E-mail address:		

*PLEASE NOTE THAT THE PRACTICE CAN ONLY BE PERFORMED AT A TEACHING HOSPITAL.

I confirm that the above-named student is accepted to perform his/her compulsory **nursing practical training** at our institution for a period of **4 weeks**. S/he is entitled to complete the tasks listed on page 2, 3 of this form. I also confirm that the practical education the institution above provides conforms with the requirements of the state-accredited medical training of the country the practical education will be carried out in.

Date:	
Signature/ Name in block capitals:	

Please note that in case you do your practice in a country where it is not the Latin alphabet that is in use (e.g.Korea, Japan, Israel, Iran,the Arab countries etc.) and there is no Englishlanguage stamp at the disposal of the hospital, a separate letter must be written on the hospital's letterhead by your supervisor to certify that you will complete the practice there which must be submitted together with the letter of acceptance.

English language stamp

NURSING PRACTICAL TRAINING

(4 weeks)

Abbreviations used in table headers:

L: Level of acquirement

CN: Allotted case number shows the required number of interventions.

Evaluation of levels and methods of acquirement:

S: seen P: participated

D: done

Specification of skill	L	CN
1. Assessment of the patients' general condition	R	5
2. Monitoring vital parameters (temperature, pulse, blood pressure)	S-P	5
3. Documentation of vital parameters in nursing documentation	S	5
4. Hygenic hand disinfection	S-P	5
5. Assitance with the shower	S-P	5
6. Performing complete bed bath	S-P	5
7. Hairwash (hair care)	S-P	1
8. Shawing (hair care)	S-P	1
9. Skin care	S-P	1
10. Nail and foot care	S-P	1
11. Oral hygiene	S-P	5
12. Denture care	S-P	2
13. Eye, ear, nose care	S-P	5
14. Bedding of mobile patients' bed	S-P	5
15. Bedding of immobile patients' bed	S-P	5
16. Assistance with eating	S-P	5
17. Assistance with eating and drinking for incapable patients	S-P	5
18. Measurement and documentation of fluid intake	S-P	5
19. Preparing and sending urine for laboratory test	S-P	1
20. Assistance with micturation (chamberpot)	S-P	5
21. Preparing urinary catheter for female patient	S-P	5
	S-P	5
22. Preparing urinary catheter for male patient	S-P	5
23. Daily care of urinary catheter24. Measurement and documentation of fluid output	S-P	5
		-
25. Use of incontinence underwear	S-P	1
26. Assistance with defecation	S-P	1
27. Sending fecal sample for test	S-P	1
28. Use of room toilette	S-P	5
29. Preparing an enema	S-P	1
30. Performing an enema	S-P	1
31. Assistance with patients' mobilization	S-P	5
32. Repositioning patients in bed	S-P	1
33. Assistance with mobilisation of patients in bed	S-P	5
34. Assistance with walking	S-P	5
35. Decubitus prevention	S-P	5
36. Decubitus care	S-P	1
37. O2 administration via nasal pipette	S-P	5
38. O2 administration via face mask	S-P	5
39. Oral drug administration	S-P	1
40. Sublingual drug administration	S-P	1
41. Rectal drug administration	S-P	1
42. Ocular drug administration	S-P	1
43. Drug administration into the ears	S-P	1
44. Administration of inhalative drugs (aerosols)	S-P	1
45. Preparing parenteral drug administration	S-P	5
46. Preparing venous puncture	S-P	5
47. Performing venous puncture	S-P	5
48. Preparing infusion	S-P	5
49. Administration of drug-free infusion	S-P	1
50. Taking blood sample	S-P	5
51. Care of peripheral intravenous line	S-P	5
52. Care of central venous catheter	S-P	1