**CLINICAL PERFORMANCE EVALUATION SHEET**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_

Student No# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **LEGEND:**

|  |  |  |
| --- | --- | --- |
| **2** | **Great Extent of Knowledge**  | answered the questions correctly |
| **1** | **fair Extent of Knowledge** | answered the questions with errors |
| **0** | **Poor; No Knowledge At All**  | has not answered any of the questions |

**A - Cognitive skills Scoring Criteria**

| **A - Cognitive skills Scoring Criteria** | **Actual Score** | **REMARKS** |
| --- | --- | --- |
| **1- I ( *Identify* )**  |
| 1. Her self , position and unit
 |  |  |  |  |  |
|  b. Her patient by (name ,MRN ,unit , age ,sex )  |  |  |  |  |  |
| **2- S ( *situation*)** |
|  a.Patient’s Current Diagnosis and Condition |  |  |  |  |  |
|  b. What is the current situation and observation about patient? |  |  |  |  |  |
| **3- B *( background*)** |
| 1. reason of admission
 |  |  |  |  |  |
| 1. relevant history
	* past
	* medical
	* surgical
	* family
	* social
 |  |  |  |  |  |
| 1. current medication and IV fluid and why patient take them
2. allergies
3. resuscitation status
4. isolation
 |  |  |  |  |  |
|  **4- A *(Assessment)***  |
|  - V/S- GCS  - ECG - ABG - Pain - Hemodynamic reading |  |  |  |  |  |
| - Physical assessment. |  |  |  |  |  |
| r. Current Laboratory and Diagnostic Exams  -Normal Values  -Patient Lab results - Significance |  |  |  |  |  |
| **5- R (*Recommendation*)** |
|  s.what are the action to be taking |  |  |  |  |  |
| **Nursing Process** |
| 1. Assessment /nursing diagnosis
 |  |  |  |  |  |
| 1. Panning and expected outcome
 |  |  |  |  |  |
| 1. Nursing intervention and rational
 |  |  |  |  |  |
| 1. Evaluation
 |  |  |  |  |  |
|  **Sub Total points (2X15=30)** |  |  |  |  |  |