

Brachial → medial
Radial → lateral

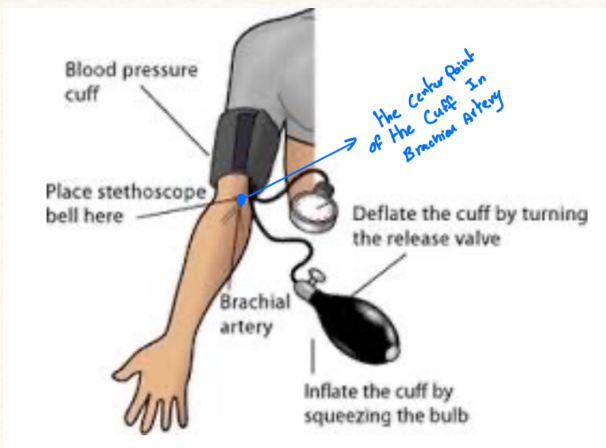


BLOOD PRESSURE CHECKLIST

1. Introduce yourself, Identify your patient. For ex. Is it Ahmed right?	0.25
2. Explain the procedure, take permission and wash your hand. Am here today to measure your BP is that okay with you?	0.25
3. Check equipment. Check my stethoscope is ready and open! فرغني العواد واتأكدني إنه مقفل وبريبي حيان	0.5
4. Position the patient: sitting, his arm and back are supported, feet should be resting firmly on the floor, arm at the level of the heart On the non-dominant hand I apply the cuff on your arm it might be painful	1
5. Choose the appropriate size of the cuff and place it around the patient's arm (Line up the cuff marker with the brachial artery). Try before applying squeeze air from cuff then apply on اصبا عين فوق	1
6. Estimate an approximate systolic pressure (Palpatory method): Make sure that the air release valve is closed	
a. Palpate the radial artery	0.5
b. Inflate the cuff until you can no longer feel this pulse	0.5
c. Note the reading on the sphygmomanometer After Palpatory method is done you will say : At this point I can't feel it just estimated for ex. Systolic reading showed 115 or 120	0.5
7. Measure the blood pressure accurately (Auscultatory method):	
A. Palpate the brachial artery (just medial to the biceps tendon)	0.75
B. Place the stethoscope's diaphragm over it	0.25
C. Inflate the cuff to 20-30 mmHg above your approximate systolic BP measured earlier.	0.5
D. Deflate the cuff slowly (around 2-3 mmHg per second) and listen for Korotkoff's sound.	0.5
E. Record systolic and diastolic measure:	
i. Record the systolic BP (1 st Korotkoff's sound)	1.5
ii. Continue to deflate the cuff until the sounds completely disappears (5 th Korotkoff's sound, then this is the diastolic BP) record it.	1.5
8. Tell the patient his readings and thank him. Your measurement is Over	0.25
9. Document in patient's files.	0.25
10. Communicate well with the patient and address his concerns.	



Do you have any questions or any concern about your BP any comment ?





BODY MASS INDEX CHECKLIST

1. Introduce yourself, Identify your patient, explain the procedure and take permission. I will measure your height & weight then calculate your body mass index BMI is that ok with you ?

2. Wash hands.

3. Height:

- Check equipment (adjust the scale by forwarding the head piece upright)
- * **Position the patient: take off the shoes, facing you with his heel and back of the head touching the graduated mark, allow the hands to hang freely beside the patient**
- Lower the head piece till it touches the top of the patient's head
- Take record and remove the head piece

4. Allow the patient to get down and tell him his reading

5. Body weight:

- Check equipment (**adjust weighing scale at zero**) Take out any devices: your phone, wallet or even hand watch
- Remove shoes and heavy objects**, Allow the patient to climb the scale
- Balance the scale while the patient on it
 - Determine an estimate for patient's weight to be the starting point.
 - Slide the large weight indicator to a point close to your estimation.
 - Then adjust the small weight indicator till the balance bar floats in center of the balance window
- Read the weight, Tell the patient his weight

N.B : Make sure before your patient climb you have to adjust the scale at zero
مرات الدكاترة يحركون القطع بحيث يختبرون الطلاب فتأكدوا قبل لا يطلع المريض انه على الصفر

5. Calculate the body mass index

$$\text{BMI} = \text{mass (kg)} / \text{height (m)}^2$$

- Underweight ----- < 18.5
- Healthy weight ----- 20 – 24.9
- Overweight ----- 25 – 29.9

You are slightly.....



- Obese (Class 1) ----- 30 – 34.9
- Obese (Class 2) ----- 35 – 40
- Morbid obesity ----- > 40

6. Interpretation of the results

Your weight is ..., your height is ..., your BMI ...

7. Document in patient's files

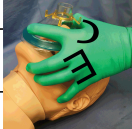
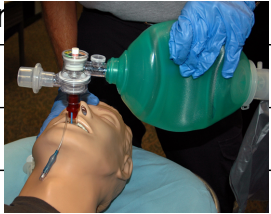
You have to mention that

8. Communicate well with patient and address his concerns

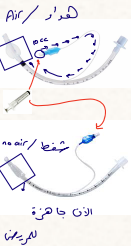


Do you have any questions or any concern about your
measurements any comment ?

ENDOTRACHEAL INSERTION CHECKLIST

1. Routine hand washing. <small>And wear my sterile gloves</small>	
2. Introduce yourself to the patient.	
3. Identify your patient name.	I'm here today to insert a tube inside your throat to help you to take a breath during surgery is it OK?
4. Explain the procedures and take consent. (if applicable)	<small>*You have to say IF APPLICABLE cuz most of cases are emergency SOS</small>
5. Check required equipment and test the balloon of the tube.	آرغب النور وأتأكد إنه شغال
6. Patient position: (Sniffing Position) – The head is extended. A folded towel may be placed under the patient's shoulders and neck to assist with positioning.	<small>Oxygen source ambu bag , tape , laryngealscope , syringe , sethoscope</small> Take air 10 cc inflate it to check if it is working then suction air out then use it ✓ حرفيا نشطف ١٠ س من الهواء نتأكد انتفخت البالون معنا تمام بعدها افرغ البالونه باني ارجع افرغها عشان اقدر ادخلها بحلقه
7. Suction the patient (no longer than 30 seconds). <small>Mention only</small>	
8. Oxygenate patient for 1 minute with 100% Oxygen. <small>C and E by your hand</small>	
9. Laryngoscope handle is held with the left hand	بغيرين شيطي اليمين
10. Insert the laryngoscope blade in the patient's right side of the mouth, and ask the assistant to apply SELLICK MANOEUVRE (cricoid pressure)	
11. Lift the laryngoscope blade in an upward motion.	
12. Visualize the vocal cords.	
13. Using the right hand, insert the endotracheal tube until you see the cuff pass through the vocal cords (use a stylet if needed).	21cm
14. Remove the laryngoscope carefully from the patient's mouth.	
15. Remove the stylet from the endotracheal tube.	
16. Ventilate the patient with two breaths. →	
17. Observing the chest rise and fall with each ventilation. <small>Mention</small>	
18. Confirm placement: Listen for bilateral air entry and air bubble in the stomach.	ng
19. Inflate the endotracheal tube's cuff with 10cc of air.	احبب هوار كامل بدين ادخله في الحمان الحفص

SALT



20. Fixation by tape



Subject	Lab Title	Instructor	Date
Suturing	Suturing		

Station: Suturing checklist



1. Check your patient name, introduce yourself to the patient			
2. Explain the procedure <i>I will make a suture for your wound is that OK for you</i>			
3. Check the presence of sterile equipment <i>Scissor, needle holder, Toothed forceps, hooked needle, alcohol swap</i>			
4. Wash your hands and wear sterile gloves			
5. Opens the equipment or asks assistant to open it			
6. Cleans the wound with an aseptic technique			
7. Numbs the wound(<i>local anesthesia</i>)			
8. Requests suitable suture <i>Mention it</i>			
9. Grasps needle correctly after giving time to work anesthetic			
10. Picks up skin edge and passes the needle through the skin			
11. Passes through opposite side and opposes the skin edges			
12. Knots as follows: <i>لفتي للخيط من فوق - حاولي تكبري ونسي المرافة ونسي الليفل</i>			
a. Coils the suture around needle holder, that is along the length of the wound			
b. Lays knot flat to one side of the wound edge			
c. Makes a single loop in the opposite direction and ties the second throw			
d. Leaves the end of the suture material in suitable length and cuts			
13. Repeats the mentioned procedure, <i>I make it in the middle then divid also up into halves also and make it on middle</i>			
14. Applies dressing			
15. Explains warning signs			

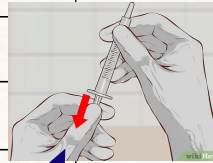
Keep it clean try to not put any water on it and cover it well, if there is any sign of infection redness or pus or redness or discharge even pain come immediately do not remove the sutures by yourself you have to come here and remove it after 7 days

✳	16. Explains time of bathing and suture removing if needed			
✳	17. Sends the patient to receive a tetanus immunization if needed.			
	18. Removes gloves and dispose needle in sharp container.	<p>Important you mention that I cut the suture thread and dispose needle into sharp container</p>		
	19. Thank the patient.			



ARTERIAL BLOOD GAS CHECKLIST

1. Wash your hands. wear sterile gloves
2. Introduce yourself, Identify your patient, Explain the procedure and take permission (if applicable).
I'm here today to take a sample from your wrist it will be from arterial rather than venous is that OK? Do you take any medication?
acidosis or alkalosis like aspirin
r.t. measure O₂ and CO₂ level for respiratory disease or metabolic
3. Gather the necessary equipment.
Needle, heparinized syringe, cap for needle of syringe and cap to cover the syringe sample, bandage, alcohol swap and gauze.
استون كل الهبارين صبه ولا لا اذا مو صبه ايجي رانا مو شي يكون بنتو
4. Position the patient arm with the wrist extended.
5. ^{Palpate} Locate the radial artery and perform the Allen's test.
To check for collateral circulation
6. Put on your gloves and attach the needle to the heparinized syringe.
7. Disinfect the area and give local anaesthesia. Take the cap off the needle, flush the heparin through the syringe and again locate the radial artery using your non-dominant hand.
Supposed in exam the syringe was empty so you have to fill it by heparin about 1cm - 1 1/2 cm.
out
8. Let the patient know you are about to proceed and to expect a sharp scratch.
Explain that he will feel pain
9. Insert the needle at 30 degrees to the skin at the point of maximum pulsation of the radial artery.
10. Advance the needle until arterial blood flushes into the syringe
11. Remove the needle/syringe placing the needle into the bung.

12. Press firmly over the puncture site with the gauze to halt the bleeding. Remain pressed for 5 minutes.
13. Remove the needle and discard safely in the sharps bin.

14. Cap the syringe, push out any air within it, and send immediately for analysis ensuring that the sample is packed in ice.
ice box then to Lab! Then apply bandage
Remove any bubbles
15. Remove your gloves and dispose them in the clinical waste bin.



سحب لقايش ودها
انضارص منه الكبة.

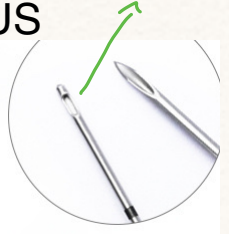
على فوق
الذكيه ان هذ
الموت الايه دامويه
تكون الدم ما يجمع منو
(يذكيه!)

16. Wash your hands and thank the patient.

↓
Do you have any questions or any concern any comment ?

CANNULATION CHECKLIST

الفتحة مواجهة لك

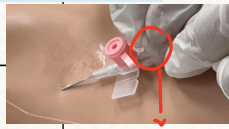
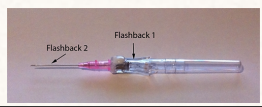


1. Wash hands **wear sterile gloves**
2. Introduce yourself, identify your patient, explain the procedure and take permission. **I'm here today to insert a cannula or plastic tube inside your arm this will help us to give you medication or IV fluids and help us to maintain you treatment is it ok?**
3. Check equipment. **Tourniquet , alcohol swap , syringe for checking , gauze, cannula ,tape , normal saline**
4. Place tourniquet and select the appropriate vein.
5. Clean with antiseptic and **allow to dry (don't repalpate the area).** *بعد التعقيم غير اللمس !!*
6. Select the appropriate cannula size. **You might feel a little bit of pain or discomfort ok?**
7. Stretch the skin distally and tell the patient to expect a **sharp scratch.**



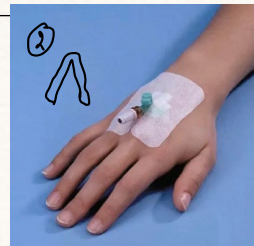
Don't forget steps from down to up :
1- remove the White lock
2- straight up the wings
3- remove the cover of the needle (cap)

8. Insert the needle at 30 degrees. *على راحة تحاول ما أرفعها لا تقدي الزاوية*
9. Advance the needle until **flashback** of blood is seen in the back of the cannula, **Progress for 2 mm. and observe the second flashback.** *لازم أدري المكان بعدين ادخلنا زيادة واسعة البرة عثمان اشوف الثاني بيمين ادخلنا زيادة*

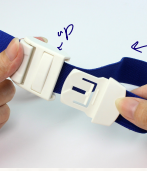


منه العريج اسحب البرة عثمان اشوف الثاني اد عثمان اشيل البرة

10. Withdraw the needle while advancing the rest of cannula, **put clean gauze under the cannula to keep the field clean.** *حاولي من غير ما ترفعي البرة*
11. Release the tourniquet and **apply pressure to the vein at the tip of cannula.** *لا عمل نقطة في الكاينولا*
12. Remove the needle and put in the sharp container. *الخطوتين مع بعض*
13. Close the cannula. **White lock (twist is)** *Try to fix and twist to avoid any leakage of saline*
14. Check function by flushing with saline. **Ask the patient if there's pain and check for edema**
15. Apply plaster to fix the cannula.
16. Ask the patient if he feels pain at the site of injection.



فوق القفين بعين النامي تحت الخطوط فوق



17. Document the procedure.

Mention it

18. Communicate well with patient and address his concerns.



Do you have any questions or any concern any comment ?

URINARY CATHETERIZATION CHECKLIST (FEMALE)

1. Check your patient name.	
2. Identify yourself to the patient.	
3. Explain the procedure and position the patient.	I will insert a tube into your urethra reaching the bladder, allowing your urine to drain freely
4. Check the presence of sterile equipment.	dorsal recumbent position.
5. Wash your hands and wear sterile gloves.	
6. Test the balloon of the catheter then connect the catheter to the urine bag.	
7. Sterile drapes.	قبل ما اطعها من الكيس وهي داخل
8. Female insertion Dorsal recumbent position (supine with the knee flexed)	
a. Expose the meatus with the non-dominant hand.	
b. Clean using forceps and sterile cotton from the front to the back.	3 مرات
c. Ask the patient to bear down.	mention
d. Insert 2.5 -5 cm of catheter after lubrication with sterile lubricant until urine is out then advance the another 2.5 cm.	يرفع العين اسك catheter ويرى اليسار جسم المريض ادخل شوية بس
e. Fix the catheter balloon with 10 cc of sterile water.	كاملين
9. Check fixation of the catheter then fix to the thigh to keep it not so stretched.	
10. Keep the urine bag at a level below the bladder.	
11. Thank the patient.	

اذا ابغى اشيل اخذ العوي الير فمها كلها



URINARY CATHETERIZATION CHECKLIST (MALE)

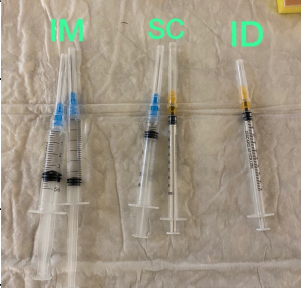
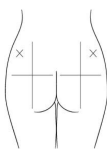
1. Check your patient name.
2. Identify yourself to the patient.
3. Explain the procedure and position the patient. I will insert a tube into your urethra reaching the bladder , allowing your urine to drain freely
4. Check the presence of sterile equipment. supine position
5. Wash your hands and wear sterile gloves.
6. Test the balloon of the catheter then connect the catheter to the urine bag.
7. Sterile drapes.
8. Male insertion Supine position a. Retract foreskin and hold the penis below the glans. b. Clean in a circular manner from above downward 3 times. c. Hold the penis and after lubrication insert the catheter perpendicular way. d. Advance about 15-17cm. until the urine is out. e. Fix the catheter balloon with 10cc of sterile water.
9. Check fixation of the catheter then fix to the thigh to keep it not so stretched.
10. Keep the urine bag at a level below the bladder.
11. Thank the patient.

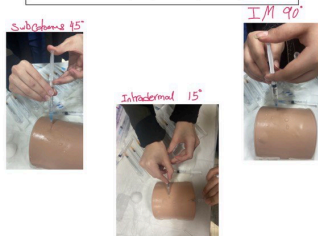


LUMBAR PUNCTURE CHECKLIST

1. Check your patient name, identify yourself to the patient and explain the procedure. I will insert a needle into your spinal canal in your lower back to collect cerebrospinal fluid for testing.	
2. Check the equipment.	
3. Patient in sitting position or left lateral position with his back and legs flexed.	
4. Localize posterior superior iliac spine and the level of L4, and then identify either L3/L4 interspace or L4/L5 interspace to be the site of needle entry.	
5. Wash your hands and wear sterile gloves.	
6. Start cleaning /sterilizing the area in and out at least <u>two times</u> . <u>Third time</u> is to wipe excess iodine. Put fenestrated sterile drapes over the area.	
7. With a 5cc needle inject 1% Lidocaine locally with aspirating to avoid injecting a vessel.	
8. Insert the styleted spinal needle at 15 degree towards umbilicus (with the bevel facing to either side if sitting position).	
9. Observe for the feeling that you're in the right space by feeling the "pop" sensation	
10. Pull back the stylet and leave the other part of the needle inside.	
11. Fill the required tubes. 3 tubes filling by dripping	
12. Reinsert the stylet and pull both out in the same direction of insertion.	
13. Dispose the needle in the sharp container.	
14. Hold with clean gauze the puncture site then cover it.	
15. Advise the patient to stay on bed laying on back at least 5 hours to avoid headache .	

INJECTIONS (INTRAMUSCULAR, INTRADERMAL & SUBCUTANEOUS) CHECKLIST

1. Wash hands.	
2. Identify your patient, introduce yourself, explain the procedure and take permission.	
3. Check equipment and drug, لازم اوريها للكتور	
4. Prepare the correct dose from the ampule selecting the appropriate syringe and needle.	
5. Empty air bubbles.	
6. Select the appropriate injection site. في IM لازم تعولي لانه في gluteal region مع اقصى لاربعة اجزاء واسويها في outer lateral	
7. Put non-sterile gloves.	
8. Cleanse with antiseptic swab and left to dry.	
9. Remove the needle cap: I.M.: select site then pull 1-1.5 inches down or laterally ,Insert needle at 90° degrees. After the medication is injected, the skin and tissue are released S.C.: pinch a fold of skin between thumb & index finger using non-dominant hand, insert needle at 45° degrees. I.D.: Insert needle at 15° degrees.	ادخل كل الابرة حركة Z اسحب شويه موكل العضلة ارجاه الابرة لغوق ولازم اشوف الابرة وهي تدخل وتتوي فقاعة
10. Pull back the plunger to check for blood.(if I.M , not necessary to do if S.C or I.D)	
11. Inject the drug slowly and steady.	



حقن بس في I.M و SC

12. Withdraw the needle and apply antiseptic swab at injection site.

13. Massage slightly if IM injection.

14. Dispose the needle in the sharp container.

15. Don't recap.

16. Place Band-Aid (if **I.M** or **S.C**) & look for wheel or bleb if **I.D.**, Remove the gloves.

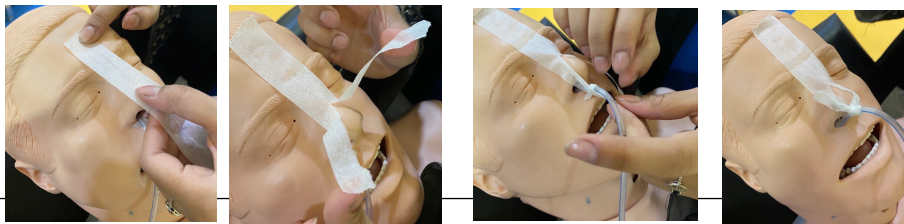
17. Document medications administration.

18. Communicate well with the patient, evaluate the patient for response.



INSERTION CHECKLIST

1. Routine hand washing.
2. Introduce yourself to the patient.
3. Identify yourself.
4. Check the presence of equipment.
5. Explain the procedure and take consent. <i>I will place a fine tube through your nose going into your stomach to allow us to provide you with nutrition or medication</i>
6. Patient position: The patient in sitting or semi sitting position (fowler position)
7. Determine the size of the tube and measure the desired length of NG tube to be inserted (by measuring the nasogastric tube from the tip of the nose, to the earlobe and then to the xiphisternum.) <i>امض علامة بالصق على tube</i>
8. Assess the patient condition, nostrils and mouth.
9. Technique of insertion: <ul style="list-style-type: none">a. Lubricate the tubeb. Give the patient a glass of water. <i>طول ما انتي تدخلي tube خليكي ماسكه رقبته</i>c. Gently insert the tube through the nostrils, asks the patient to flex his neck slightly after tube passing nasopharynx. <i>ادفله ضد النقطة الي حدتها بالصق</i>d. Ask the patient to swallow.e. Check that the patient able to take breath and no choking or cyanosis is observed.f. Ask the patient to continue swallowing.g. Check the position with injection of 30 cc air and hear air bubbles by stethoscope at the epigastric area. <i>اتأكدي انك شايله كيب الدير</i>h. Then aspirate 5-10 cc of gastric secretions then test the pH.



i. Fix the NG tube with plaster tape to the nose of the patient.

10. Thank the patient.