SENARAI SEMAK PERMOHONAN BAHARU (CREDENTIALING)
INTENSIVE CARE NURSING BAGI PROFESION JURURAWAT

Sila tandakan √ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan √
1.	Borang permohonan baru ***APPLICATION FOR CREDENTIALING*** **Cred 1- (2018)** diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangan oleh:- **a. Hospital berpakar**: Ketua Jabatan *Intensive Care* **b. Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal *Intensive Care*	☐
2.	Ringkasan buku log yang ditandatangan oleh *assessor* dan disahkan oleh:- a. **Hospital berpakar**: Ketua Jabatan *Intensive Care* b. **Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal *Intensive Care*	☐
3.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	3.1 Perakuan Pendaftaran Sebagai Jururawat	☐
	3.2 Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Jururawat - (APC tahun terkini).*	☐
	3.3 Sijil Pos Basik Perawatan Rapi	☐
4.	Gambar beruniform berukuran passport.	☐

Borang Permohonan Baru *Credentialing* boleh dimuat turun dari portal KKM:
www.moh.gov.my.– *Credentialing Assistant Medical Officer & Nurses*

Alamat untuk menghantar Borang Permohonan :

JURURAWAT

PENGARAH
BAHAGIAN KEJURURAWATAN
KEMENTERIAN KESIHATAN MALAYSIA
LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PRESINT 1
PUSAT PENTADBIRAN KERAJAAN PUTRAJAYA
625920 PUTRAJAYA

Tel : 03 8883 3543/3544
Faks : 03 8890 4149

Di semak oleh :.....
(Cop Nama Penyelia)
No Telefon Penyelia : .....

APPLICATION FOR CREDENTIALING

HOSPITAL: _____

DATE OF APPLICATION: _____

1. PERSONAL DETAILS

Name: ……..…….

Identification Card Number: ……..……

Area/ Discipline/ Specialty: ……

Photo

Staff position : Nurse ☐

Assistant Medical Officer ☐

AHP ☐ Please state

……..……..

Telephone Number: Office : …….. Mobile: ……

Email Address : …….

N.B Please (/) in the appropriate box

Date of first appointment : .....,

Duration of service: ..... years

2. PROFESSIONAL QUALIFICATIONS		
Diploma / Degree / Masters/ etc.	University/ College	Year of qualification

(Please attach certified copies of degree /diploma /certificate with the form)

3. POST BASIC TRAINING / RELATED COURSES			
Type of Training	Institution	Duration (month)	Year

(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)

4. WORKING EXPERIENCE (start from the current place of work)			
Discipline	Place	Period (from – till)	Duration

(Use attachment sheet if space inadequate)

5. PROFESSIONAL REGISTRATION

Registered with : …….
(example: Lembaga Jururawat Malaysia, Lembaga Pembantu Perubatan Malaysia, Majlis Optik Malaysia)

Date of Full Registration with respective professional Board/Council : ……..

Current Annual Practicing Certificate No.: …….

(Please attach certified copies of Registration certificate)

6. CREDENTIALING APPLIED

[ ] **Intensive Care Nursing**
[ ] Peri-Operative Care
[ ] Ophthalmology
[ ] Emergency Medicine &Trauma Services
Dialysis Care : -
[ ] Haemodialysis
[ ] Peritoneal Dialysis
[ ] Anaesthesiology & Intensive Care Services :-
[ ] Anaesthesia
[ ] Peri-anaesthesia
[ ] Intensive Care
[ ] General Paediatric Nursing
[ ] Neonatal Nursing
[ ] Orthopaedic Services
[ ] Endoscopy Services
[ ] Peri-Anaesthesia Care (P.A.C)
[ ] General Paediatric Nursing

[ ] Cardiovascular Perfusion
[ ] Pre Hospital Care Services
[ ] Physiotherapy
[ ] Occupational Therapy
[ ] Diagnostic Radiography
[ ] Radiation Therapy
[ ] Dental Technology
[ ] Speech Language Therapy
[ ] Dietetic
[ ] Audiology

6.1 Credentialling applied for : [ ] Core Procedures

[ ] Specialised Procedures in
a)……..
b)……..
c)……..

[ ] Optional Procedures
a) ……..
b) ……..
c) ……..

7. PLEASE NAME TWO REFEREES

NAME	POSITION	PLACE OF WORK

I hereby declare that all the information given above are true and correct.

Signature of applicant: …….

Date: ……

8.PLEASE COMPLETE THE FOLLOWING ASSESSMENT OF THE APPLICANT'S ETHICAL AND PROFESSIONAL QUALIFICATIONS.

Please (√) at the appropriate box.

	Above Average	Average	Below Average	No knowledge
Clinical knowledge				
Clinical skills				
Professional clinical judgment				
Sense of clinical responsibility				
Ethical conduct				
Cooperativeness, ability to work with others				
Documentation/ medical record timeliness & quality				
Teaching skills				
Compliance with hospital rules & regulation				

9. APPLICANT APPRAISAL (to be filled by Supervisor Intensive Care)

9.1 I have known the applicant for.....(duration)

9.2 I recommend / do not recommend the applicant to be credentialed in the field requested. (delete where applicable)

……. Date : ……..

Signature

Official stamp:

Contact No:

10. APPLICATION APPROVAL (By Head of Intensive Care Department / Visiting Clinical Specialist)

….....is approved/ not approved for submission to the National Credentialing Committee

……. Date : ……..

Signature

Official stamp:

FOR OFFICIAL USE

SPECIALTY SUB-COMMITTEE (SSC) DECISION

Application Approved ☐

For Reassessment* ☐

Application Rejected* ☐

*Reasons:

……

……

……

Specialty Sub-Committee Chairman …… Date……

Signature

The above decision will be brought to the next NCC meeting for endorsement.

SUMMARY OF LOG BOOK FOR INTENSIVE CARE NURSING

NAME:
I/C NO:

NO	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Preparation in receiving patient	-	-	5				
2.	Transport of the critically ill patient	-	-	5				
3.	Charting of ICU observation	-	-	5				
4.	Hand hygiene	-	-	5				
5.	Calculation of dosage and preparation of :	-	-					
	5.1. Dopamine	-	-	5				
	5.2. Dobutamine	-	-	5				
	5.3. Adrenaline	-	-	5				
	5.4. Nor-adrenaline	-	-	5				
	5.5. Insulin	-	-	5				
	5.6 Fentanyl	-	-	5				
	5.7 Midazolam	-	-	5				
	5.8 Morphine	-	-	5				
	5.9 Morphine & Midazolam	-	-	5				
6.	Assemble pressure transducer system	-	-	5				
7.	Care of patient on arterial line	-	-	-				
	7.1 Calibration	-	-	5				
	7.2 Dressing	-	-	5				
	7.3 Blood Sampling	-	-	5				
	7.4 Monitor Peripheral Perfusion	-	-	5				
8.	Care of patient on central venous line	-	-	-				
	8.1 Confirm Position	-	-	5				
	8.2 Dressing	-	-	5				
9.	Management of Invasive Ventilation	-	-	-				
	9.1 Assemble ventilator circuit	-	-	5				
	9.2 Set and change ventilator parameters and alarms	-	-	5				
	9.3 Troubleshoot High Pressure Alarm	-	-	5				
	9.4 Troubleshoot Low Pressure Alarm	-	-	5				
10.	Prepare and assist in intubation	-	-	-				
	10.1 Prepare Equipment for Intubation	-	-	5				
	10.2 Prepare Capnometry (if available)	-	-	5				
	10.3 Assist in Intubation	-	-	5				
11.	Perform manual ventilation in intubation patients	-	-	5				
12.	Management of Endotracheal Tube	-	-	-				
	12.1. Secure tube	-	-	5				

	12.2. Tracheobronchial Suctioning	-	-	-				
	12.2.1 Open Method	-	-	5				
	12.2.2 Close Method	-	-	5				
	12.3 Cuff Pressure Monitoring	-	-	5				
	12.4 Confirm Tube placement	-	-	-				
	12.4.1 Auscultation	-	-	5				
	12.4.2 Chest X-Ray	-	-	5				
13.	Management of Tracheostomy Tube	-	-	-				
	13.1. Secure tube	-	-	5				
14.	Management of Non-Invasive Ventilation (NIV)	-	-	-				
	14.1 Choose appropriate mask	-	-	5				
	14.2 Assemble ventilator circuit	-	-	5				
	14.3 Set and change ventilator parameters and alarms	-	-	5				
	14.4 Troubleshoot Low Tidal Volume Alarm	-	-	5				
	14.5 Administer Aerosolised Drug	-	-	-				
	14.5.1 Via Metered Dose Inhaler	-	-	5				
	14.5.2 Via Nebulizer	-	-	5				
15.	Management of humidifier	-	-	-				
	15.1 Heated water bath (if available)	-	-	5				
	15.2 Heat moisture exchanger (HME)	-	-	5				
16.	Assist Chest Physiotherapy	-	-	5				
17.	Assist in incentive spirometry	-	-	5				
18.	Administer aerosol drugs to patients on mechanical ventilation	-	-	-				
	18.1 Via Metered Dose Inhaler	-	-	5				
	18.2 Via Nebulizer	-	-	5				
19.	Prepare and assist in extubation	-	-	5				
20.	Recognise abnormal laboratory results:	-	-	-				
	20.1 Full Blood Count	-	-	5				
	20.2 Blood Urea and Serum Electrolyte	-	-	5				
	20.3 Coagulation Profile	-	-	5				
	20.4 Arterial Blood Gases	-	-	5				
	20.5 Blood Sugar	-	-	5				
	20.6 Culture and Sensitivity	-	-	5				
21.	Perform pain score	-	-	5				
22.	Perform sedation score	-	-	5				
23.	Management of continuous enteral nutrition	-	-	5				
	23.1 Confirmation of tube placement	-	-	5				
	23.2 Preparation of equipment	-	-	5				
	23.3 Preparation of formula	-	-	5				
	23.4 Administer	-	-	5				
24.	Management of total parenteral nutrition (TPN)	-	-	-				

	24.1 Prepare to hang a TPN bag	-	-	5				
	24.2 Calculate rate of infusion	-	-	5				
25.	Recognition of life – threatening Arrhythmias (Asystole, Pulseless Electrical Activity, Ventricular Tachycardia, Ventricular Fibrillation)	-	-	5				
26.	Assist in defibrillation.	-	2	-				

COMMENTS :

_____

_____

_____

Signature of Assessor

……
(Name / Stamp)
Date :

Verified by Head of Department / Visiting Clinical Specialist

…….
(Name / Stamp)
Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN GENERAL INTENSIVE CARE UNIT

NO	OPTIONAL PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Calculate and administer neuro-muscular blockers	-	-	2				
2.	Apply capnometer and clinical application	-	-	2				
3.	Prepare and assist in percutaneous tracheostomy	-	-	2				
4.	Measure Intra Cranial Pressure	-	-	2				
5.	Prepare and assist in bronchoscopy	-	-	2				
6.	Continuous Renal Replacement Therapy (CRRT)	-	-	-				
	6.1 Assemble CRRT set to machine and patient	-	-	2				
	6.2 Dissemble CRRT Set	-	-	2				
7.	Prepare equipment for Brain Stem Function Test	-	-	2				

COMMENTS :

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Signature of Assessor

……
(Name / Stamp)
Date :

Verified by Head of Department / Visiting Clinical Specialist

…….
(Name / Stamp)
Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN PAEDIATRIC INTENSIVE UNIT

NO	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Physical assessment of vital sign : Central Venous System	-	-	2				
2.	Physical assessment of vital sign : Cardiovascular system2	-	-	2				
3.	Physical assessment of vital sign : Respiratory System	-	-	2				
4.	Physical assessment of vital sign : Genito- Urinary System	-	-	2				
5.	Physical assessment of vital sign : Gastrointestinal system	-	-	2				
6.	Perform and Interpret Pain Score	-	-	-				
7.	Calculation and administration of fluid maintenance/resuscitation	-	-	5				
8	Care of Child on ventilator	-	-	5				
9.	ETT/ Tracheostomy suctioning with hand bagging	-	-	5				

SUMMARY OF CLINICAL PRACTICE RECORDS IN PAEDIATRIC INTENSIVE UNIT

NO	OPTIONAL PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Glasgow coma scale for infant	-	-	2				

COMMENTS :

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Signature of Assessor

……
(Name / Stamp)
Date :

Verified by Head of Department / Visiting Clinical Specialist

…….
(Name / Stamp)
Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN CARDIOTHORACIC INTENSIVE CARE UNIT

NO	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Observe Coronary Artery Bypass	-	-	1				
2.	Observe Valve Surgery	-	-	1				
3.	Preparation for admission of post cardiac surgery patient	-	-	3				
4.	Role of Charge Nurse in receiving post cardiac surgery patient and immediate post-operative care	-	-	3				
5.	Set up and inflate temporary single chamber epicardial cardiac pacemaker	-	-	2				
6.	Set up and inflate temporary dual chamber epicardial cardiac pacemaker	-	-	2				
7.	Removal of pulmonary artery catheter	-	-	2				
8	Perform thermodilution cardiac output study (using pulmonary artery catheter	-	-	2				
9.	Care of patient on Intra aortic balloon pump (IABP)	-	-	3				
10.	Perform Doppler ultrasound for posterior tibialis/dorsalis pedis arterial pulsation	-	-	2				
11.	Administer Potassium infusion therapy	-	-	2				
12.	Administer Calcium infusion therapy	-	-	2				
13.	Administer Magnesium infusion therapy	-	-	2				
14.	Care of post cardiac surgical patient with chest drain	-	-	5				
15.	Removal chest Drain	-	-	5				

COMMENTS :

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Signature of Assessor

……
(Name / Stamp)
Date :

Verified by Head of Department / Visiting Clinical Specialist

…….
(Name / Stamp)
Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN CARDIOTHORACIC INTENSIVE CARE UNIT

NO	OPTIONAL PROCEDURES	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Observe thoracic surgery	1	-	-				
2.	Assist in insertion of pulmonary artery catheter	-	2					
3.	Assist in elective cardioversion	-	1					
4.	Assist in insertion of IABP	-	1					
5.	Assist in removal of IABP	-	1					
6.	Care of patient after removal of IABP	-	-	1				
7.	Assist removal of epicardial pacing wire	-	1					
8	Assist emergency chest re open in CICU as a scrub nurse	-	1					

COMMENTS :

_____

_____

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Signature of Assessor

……
(Name / Stamp)
Date :

Verified by Head of Department /
Visiting Clinical Specialist

…….
(Name / Stamp)
Date:

SUMMARY OF CLINICAL PRACTICE RECORDS IN NEURO INTENSIVE CARE UNIT

NO	CORE PROCEDURES	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Interpret ICP waveform	-	-	3				
2.	Set up ICP monitoring with External Ventricular drainage (EVD) system	-	-	4				
3.	Care of patient on ICP monitoring with EVD	-	-	5				
4.	Perform draining of CSF in patient with increased ICP	-	-	5				
5.	Care of patient with raised ICP	-	-	5				
6.	Post Operative care of neurosurgical patient	-	-	5				

NO	OPTIONAL PROCEDURES	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
1.	Perform collection of CSF sampling via EVD	-	-	2				
2.	Post Operative care of patient with cerebral aneurysm surgery	-	-	2				

COMMENTS :

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_____

Signature of Assessor

……
(Name / Stamp)
Date :

Verified by Head of Department / Visiting Clinical Specialist

…….
(Name / Stamp)
Date: