

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
 Educational Institution
 BELARUSIAN STATE MEDICAL UNIVERSITY

APPROVE
 Head of the Department of
 Cardiology and Internal Diseases

_____ N.P.Mitkovskaya

___ / ___ /20___

Report of the student _____
 (full name)

on the practical session in Medical Care at the base of _____

_____ (name of the healthcare institution in accordance with the state register)
 in the period from _____ 20 __ to _____ 20 __

№	Practical skills	Recommended		Mastered	
		quantity	level of mastering	quantity	level of mastering
1.	Hygienic hand antiseptics	26	3		
2.	Change of underwear in a patient with impaired motor activity.	2	3		
3.	Changing underwear for a patient with a lack of self-service	2	2,3		
4.	Change of bed linen in a patient with impaired motor activity.	2	2,3		
5.	Conducting a skin toilet	2	3		
6.	Carrying out the toilet of the oral cavity	2	3		
7.	Carrying out the toilet of the ears	2	3		

8.	Conducting a nasal cavity toilet	2	3		
9.	Instilling drops into the eyes and rinsing the eyes	2	3		
10.	Instilling drops in the nose and ears	2	3		
11.	Transferring a patient from a bed to a wheelchair	3	2,3		
12.	Shifting the patient from the bed to the gurney	3	2,3		
13.	Patient transportation on a wheelchair	3	3		
14.	Patient transportation on a gurney	3	2,3		
15.	Patient transportation on a stretcher	3	1,2		
16.	Delivering the urinal bottle to the patient, washing the patient	2	2,3		
17.	Body temperature measurement	5	3		
18.	Pulse oximetry	5	3		
19.	Counting the respiratory rate	5	3		
20.	Heart rate counting	5	3		
21.	Blood pressure measurement	3	3		
22.	Changing the patient's position in bed	3	3		
23.	Filling in the temperature sheet	2	3		
24.	Setting a warm compress	2	3		
25.	Preparation and serving of an ice bubble	1	1,2,3		
26.	Using a pocket inhaler	1	1,2,3		
27.	Using a gel pack	1	2		
28.	Feeding patients with self-care deficits.	2	2,3		
29.	Oxygen supply through nasal cannulas	4	2,3		

Student

_____ (signature)

_____ Full name

Supervisor of the practice
from the department

_____ (signature)

_____ Full name