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Nursing Procedures and Clinical Skills

Nursing Foundation

Preparation of articles, maintenance of sterile fields, aseptic techniques, clinical procedure checklists, patient preparation, post-procedure care and nursing documentation.

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CHAPTER 27

CHAPTER 27 Nursing Procedures and Clinical Skills

B.Sc. Nursing | Nursing Foundation I & II

Introduction and general principles

A nursing procedure is a structured clinical activity undertaken to assess, prevent or manage a health need. Clinical competence combines knowledge, evidence, safe technique, communication, judgment and documentation. Students must perform invasive or unfamiliar procedures under appropriate supervision; check local policy, current order, manufacturer instructions and individual contraindications.

Preparation of articles and patient

Verify indication/order, identity with two approved identifiers, relevant allergies, risks, observations and consent; explain purpose and expected discomfort, provide privacy and arrange suitable positioning.

Gather all required supplies: procedure tray, gloves/PPE, antiseptics/cleansing solution, sterile instruments or packs, measurement devices, waste/sharps containers, labels and documentation. Check integrity, expiry, sterility indicators and device function.

Prepare clean, adequate workspace; perform hand hygiene, adjust lighting/bed height, lock brakes and arrange assistance. Keep emergency equipment accessible where appropriate.

Aseptic and sterile field principles

Medical asepsis reduces contamination; surgical asepsis preserves sterility. Use appropriate aseptic non-touch technique to protect key parts (e.g. catheter tip, syringe hub) and key sites (e.g. insertion site). Do not touch sterile key parts with nonsterile hands/items. Open sterile packs on a dry, clean surface without reaching over field; treat compromised packaging, moisture strike-through or uncertain sterility as contamination. Keep field in view and avoid unnecessary traffic. Use sterile gloves/instruments when required. Prepare skin with appropriate antiseptic, allow prescribed contact/drying time and replace contaminated items immediately.

Universal clinical skills checklist

Stage	Actions
Before	Verify order, identity, allergies and contraindications; explain/consent; assess baseline; gather/check equipment; hand hygiene/PPE; privacy/position.
During	Maintain correct technique and asepsis; communicate; protect comfort, devices and skin; monitor response; stop and escalate unsafe findings.

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After	Restore safety and comfort; reassess observations and outcome; dispose of sharps/waste; clean equipment; hand hygiene; provide education and document.

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Common clinical competencies

Skill	Critical safety check
Vital signs	Correct validated device, technique and interpretation in context.
Medication administration	Authorized order, identity, allergies, dose/route and monitoring.
Venepuncture	Correct tube, asepsis, patient-side labelling and sharps safety.
Catheterization	Appropriate indication, sterile technique, correct placement before balloon inflation.
Wound dressing	Appropriate field/solution, wound assessment and prescribed dressing.
NG feeding	Approved tube placement confirmation before use, aspiration precautions.
Oxygen therapy	Individual target, device/function, monitoring and fire safety.
Transfer and mobility	Assess weight-bearing/fall risk; suitable aid and assistance.

Post-procedure care and documentation

Monitor clinical response and potential complications; check pain, bleeding, circulation, respiratory status and device security as relevant. Provide aftercare instructions and warning signs, ensure call bell accessible and reprocess equipment. Record procedure, date/time, indication, site, device size/settings, relevant observations, patient response, complications and escalation. Record only completed care. For skills evaluation, use supervised demonstration, return demonstration, OSCE checklists, feedback and competency reassessment.

Exam revision

1. 1. Explain general procedure preparation and article organization.
2. 2. Describe principles of sterile field and aseptic non-touch technique.
3. 3. Prepare a clinical skill checklist including post-procedure care and documentation.

Reference

CDC. Core infection prevention and control practices. https://www.cdc.gov/infection-control/hcp/core-practices/

Educational notes. Clinical skills require supervision, authorized orders and current facility protocols.

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Quick Revision

- Clinical competence combines knowledge, evidence, technique, communication, judgment and documentation.
- Students require appropriate supervision for invasive or unfamiliar procedures.
- Before procedures, verify indication, identity, allergies, contraindications, consent and baseline observations.
- Check equipment integrity, expiry, sterility and function and prepare a clean safe workspace.
- Protect key parts and sites with aseptic non-touch technique; replace contaminated items immediately.
- After procedures, restore comfort and safety, reassess response, provide education and document only completed care.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which finding makes a sterile item or field contaminated?

A. Packaging with intact seals
B. Moisture strike-through
C. A dry clean surface
D. An intact sterility indicator

2. What is the purpose of aseptic non-touch technique?

A. Avoid explaining the procedure
B. Replace hand hygiene
C. Protect key parts and key sites
D. Avoid all use of sterile equipment

3. Which approach is appropriate for an invasive procedure unfamiliar to a student?

A. Perform it independently after reading a checklist
B. Proceed without checking local policy
C. Skip assessment to save time
D. Perform it under appropriate supervision

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Answer key and explanations

1. B - Moisture strike-through

Moisture strike-through compromises sterility.

2. C - Protect key parts and key sites

Aseptic non-touch technique protects key parts and insertion sites from contamination.

3. D - Perform it under appropriate supervision

Students require appropriate supervision for invasive or unfamiliar procedures.

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