

**C E R T I F I C A T I O N**  
**CONCERNING NURSING-ASSISTANT EDUCATION**

Surname, first name:	
born on:	in:

has gathered experience in the institution mentioned below, under my supervision and guidance as a practical trainee during the period

from:	until:
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The following clinical skills have been practised:

1. Observation and monitoring

Pulse recording; Blood pressure recording; Cardiac monitoring; Temperature recording; Cooling and warming the patient; Blood glucose monitoring; Pain assessment

2. Therapy

Preparing an infusion; Changing an infusion bag; Regulation of flow rate; Removing of peripheral cannula; Padding of one-time articles (injections, cannulas ect.)

3. Nutrition

Nutritional assessment; Feeding adults; Take care for patients with nausea and vomiting

4. Medicines

Storage of medicines; Self-administration; Instillation of nose drops, ear drops; Administration of suppositories

5. Elimination

Observation of faeces; Obtaining a specimen of faeces; Use of a urinal; Observation of urine; 24-hour urine collection; urine specimen for cytology; early morning specimen of urine; Emptying a catheter bag; Care of stoma; Changing a stoma bag

6. Patient hygiene

Assisting with a bath or shower; Bed bath; Oral assessment; Mouth care for a dependent patient; Facial shave; Washing hair in bad; Eye care; Caring for finger and toe nails

7. Respiratory care

Assessment of breathing; Positioning the breathless patient; Face masks and nasal cannulae; Humidified oxygen; Observation of sputum; Care of tracheostomy

8. Immobility and associated problems

Moving and handling; Risk assessment of pressure ulcers; Prevention of pressure ulcers and deep vein thrombosis; assistance during mobilisation; Attendance of accommodated patients into their rooms; Introduction in the accommodation of the station; Transport of investigation material and further objects which have to be sent to their destination; Transport of awake and not vital endangered patients to and from checkups

The training has not been interrupted

The training has been interrupted

from \_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
(Institution; Seal in case of public institution)

\_\_\_\_\_  
Supervisor's signature