



**Harper Adams
University**

**HARPER ADAMS UNIVERSITY
STUDENT VETERINARY NURSE**

**OSCE TASK BOOKLET
2026-27**

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Introduction

An Objective Structure Clinical Examination is a multi-station practical assessment that is designed to assess your knowledge of a range of clinical skills, competencies, and the practical application of these in simulated clinical situations. Skills assessed will form a sample of the Day One Skills, laid out by the RCVS, that are signed off within the Nursing Progress log (NPL).

Following sandwich year placement and 100% completion of your NPL, you will be eligible to sit your summative OSCE's in **week 11** of your final year at HAU. This assessment covers the following topic areas:

- ❖ Laboratory Techniques
- ❖ Bandaging
- ❖ Pharmacy - Injecting Medication
- ❖ Pharmacy - Dispensing Medication
- ❖ Theatre Practice
- ❖ Supporting Anaesthesia
- ❖ Nursing Care
- ❖ Fluid Therapy
- ❖ Diagnostic Imaging
- ❖ Communication

The OSCE is made up of 12 tasks assessed over a two-day period, these tasks are sampled from the examples outlined within this booklet. Please see the 'student OSCE guidance manual', found on the VLE, for more information about the assessment format, specification and requirements.

Time allowance

During your assessment a central timer will be utilised to guide you with aural and visual directions (as appropriate). You can find the central timer resource within the VLE page for this module. Practicing with the timer is advised to help you to ensure that you can complete the tasks in the allocated time.

For each task you will be allocated:

- **2 minutes reading time outside of the task station**
- **1 minute orientation time, on entry into the task station**
- **7 minutes assessment time, to complete the task.**

Task Sheets

The task sheets below are designed to give you an insight into the types of scenarios that you **may** face within your assessment and the criteria that you will be marked against.

- The first section of the task sheet indicates the RCVS Day One Skills (DOS) that are covered within the assessment, these will link to your Nursing Progress Log.
- The second section gives an **example** of a task scenario and the task requirements for that task. Elements of the task scenarios are interchangeable e.g. patient information, equipment selection (etc. You have been provided with the generic outline here, equipment changes and figures that are utilised for calculations have been marked with an X, for you to annotate as you wish.
- The third section identifies each of the marking criteria that you may be assessed against. Some of these steps are purposefully vague as there are many correct methods of performing different skills and you will be assessed on the appropriateness of your chosen technique.
- All day one skills assessed in the OSCE are taught throughout your degree programme. You are expected to draw on learning from across the entirety of your time at HAU, rather than relying solely on the material contained within this document.

OSCE: Fluid Therapy

There are currently two task variations that assess the day one skills required for preparation and administration of intravenous fluids.

FT1 – Intravenous Fluid Therapy

These OSCE tasks are used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Provide fluid therapy to in-patients (4.12)
- Ensure safe handling and management of pharmaceuticals in accordance with legislation and manufacturer guidelines (7.1)

(RCVS Day One Skills, 2022)

Time allowance – 7 minutes

Task

The veterinary surgeon decides that a (X)kg dehydrated patient requires its total daily maintenance of intravenous crystalloid fluids, over a period of (X) hours.

- 1) Select, prepare, and assemble the required fluid and giving set.
- 2) Calculate:
 - a. The total daily maintenance
 - b. The ml per hour
 - c. The fluid administration rate (drops/ minute)

NOTE:

- **Show all your workings including units**
- **Maintenance rate calculations: X ml/kg/day**

You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

FT3 – Intravenous Fluid Therapy & cannula selection**This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:**

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Provide fluid therapy to in-patients (4.12)
- Ensure safe handling and management of pharmaceuticals in accordance with legislation and manufacturer guidelines (7.1)

Time allowance – 7 minutes**Task**

The Veterinary Surgeon has requested that you prepare the necessary equipment to provide intravenous fluid therapy to a dehydrated patient.

Using the patient information provided on the calculation sheet and the equipment provided, you are required to:

- 1) Select an appropriate intravenous cannula and place it on the green drape provided.
- 2) Select, prepare, and assemble the required fluid and giving set.
- 3) Calculate:
 - a. The total daily maintenance
 - b. The ml per hour
 - c. The fluid administration rate (drops/ minute)

You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

Generic mark sheet for FT1 & FT3

	Task step
1.	Correct Fluid and giving set selected
2.	Appropriately sized intravenous cannula selected (FT3 ONLY)
2.	Giving set appropriately prepared before inserting into bag.
3.	Appropriately assemble the drip bag and giving set.
4.	Giving set appropriately regulated to avoid air bubbles forming in the line.
5.	Aseptic technique and safe practice maintained throughout the task.
6.	Daily requirement correctly calculated
7.	Millilitres per hour requirement correctly calculated
8.	Fluid administration rate correctly calculated
9.	Student is professionally presented, polite and courteous throughout the task.

Fluid therapy - Key considerations

Think about the size of catheter that would be appropriate for your patient.
 Cat & small dog – 24g (yellow) – 22g (blue)- catheter size is proportionate to patient size
 Medium to large dog 20g (pink) – 18g (green) catheter size is proportionate to patient size
 Giant breed dog – 18g (green)

Always check the packaging to ensure that you select the correct fluid and giving set for your patient. If you are unsure the names of these are always written on the packaging along with the drip factor.

Close the regulator (the wheel that controls the flow) on the giving set, before inserting it into the bag, this reduces air bubble formation. When you release the regulator do it slowly. This will reduce the development of air bubbles in the drip line.

Take care not to touch the spike or tip of the giving set, once the cap has been removed, on anything unsterile as this will result in contamination.

If you chose to remove the cap on the tip of the giving set, place it on a sterile surface e.g. inside open packaging. This will avoid contamination before you replace it. If you contaminate the cap a sheathed hypodermic needle can be placed onto the end of the giving set to ensure the tip remains sterile.

If you have a significant air bubble (one that fills the diameter of the tube) in the line, run the fluid through the line to remove the bubble.

Check what the maintenance requirement for your patient is before beginning your calculation.

Remember to round your calculation final answer up or down correctly, to the nearest whole number and include the correct units of measurement within your answer. (5 and above round up 4 and below round down)

Dispose of waste appropriately

OSCE: Nursing Care NC1 – Indwelling Urinary Catheter

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Create accurate and legible written communications according to practice policy (2.2)
- Select and wear appropriate personal protective equipment (3.2)
- Provide husbandry to patients, considering accommodation, nutrition, and excretions (4.5)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

Task

You are nursing a hospitalised patient with an indwelling urinary catheter.

Using the simulated patient, equipment and information provided you are required to:

- 1) Demonstrate the 6 step WHO hand hygiene method.
- 2) Carry out a routine check of the catheter, patient and associated equipment (explain to the examiner the checks you are making)
- 3) Fully drain the collection bag, then measure and assess the quantity and visual characteristics of the sample. Verbally communicate your interpretation of these findings with the examiner.
- 4) Using the time frame identified on the calculation sheet calculate, as a range, the expected volume of urine that this patient should produce.
- 5) Record all the necessary information on the hospitalisation sheet provided and dispose of waste as appropriate.

You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

Mark Sheet NC1

	Task step	Yes	No
1.	Correct hand hygiene carried out using the gel provided and the WHO Method.		
2.	Appropriate assessment of urinary catheter and associated equipment, demonstrated and findings suitably communicated with the examiner.		
3.	Appropriate assessment for signs of urine scalding is demonstrated, and findings are suitably communicated with the examiner.		
4.	Urine collection bag is sufficiently emptied using a recognised, safe technique		
5.	Student uses the measuring cylinder to correctly measure the urine output for the patient.		
6.	Safe practice maintained throughout procedure		
7.	Correct interpretation of the visual characteristics of the urine.		
8.	A recognised methodology is used to calculate the correct expected volume of urine for this patient over the time frame identified in the question.		
9.	Hospitalisation chart is fully completed		
10.	Student is professionally presented, polite and courteous throughout the task.		

Urinary catheter - Key considerations

Hand hygiene should be demonstrated at an appropriate point within the task.

Ensure that all contact points are made when conducting the WHO

Make sure that you verbally communicate the patient, equipment, and environment check with the examiner, as well as performing them.

For safety reasons -make sure the kennel door is shut and secure when you are not handling the patient.

Make sure that the collection bag tubing is not caught in the door, when you close it, this could result in the catheter dislodging.

Fully empty the urine bag and close the valve securely to prevent leakage of urine or tracking infection.

The urine output calculation is 1-2ml/kg/hour, make sure you perform your calculation correctly and over the number of hours specified, so that you know how much urine should have been produced.

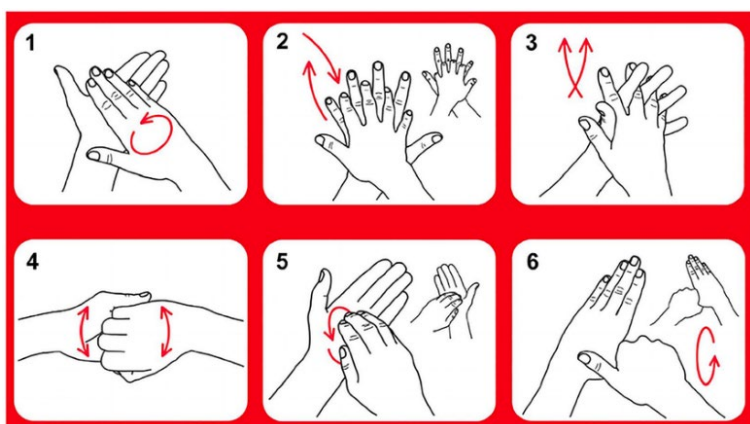
Remember to record your result correctly using the correct units of measurement and time frame e.g. 40-80ml's produced over 4 hours.

The hospitalisation sheet should always be completed FULLY! Insufficient completion could result in errors.

IF YOU MAKE A MESS, CLEAN IT UP with a suitable disinfectant.!!

Dispose of your waste using the correct bins.

WHO hand rub technique



OSCE: Nursing Care NC3 – Tube Feeding

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Use appropriate restraint methods suitable for the patient & situation with due consideration for animal welfare (3.5)
- Provide husbandry to patients, considering accommodation, nutrition, and excretions (4.5)

Task

A senior nurse has requested that you feed a patient that is being hospitalised post-surgery.

Use the patient information, equipment and calculation sheet to:

- 1) Calculate the volume of food required in each meal.
- 2) Prepare and draw up the correct volume of food, and any additional resources, to administer one meal to this patient.
- 3) Safely administer the food using the preprepared syringe, provided by the examiner, via the required route.
- 4) Record all the necessary information on the record sheet provided and dispose of waste as appropriate.

Note:

- This is the first feed since surgery, and the food has been prewarmed.
- Record your workings on the calculation sheet.

Mark Sheet NC3

	Task step	Yes	No
1.	Correct volume of food required per meal is calculated using a recognised methodology and drawn up for administration		
2.	Additional equipment is selected and appropriately prepared to complete the task		
3.	PPE is utilised for the duration of the feeding element of the task		
4.	Tube patency and positioning is checked using a recognised aseptic and safe technique		
5.	Quantity of food is administered, using a recognised and safe technique		
6.	Tube is appropriately flushed post feed		
7.	Tube and patient are left clean with cap replaced.		
8.	Safe practice is adhered to throughout the duration of the procedure.		
9.	General waste disposed of appropriately.		
10.	Feeding record chart is completed		
11.	Student is professionally presented, polite and courteous throughout the task.		

Tube feeding - Key considerations
Always ensure that your patient is sufficiently restrained if it is not in a kennel.
Ensure that your hands are clean, that that you are wearing a protective apron and gloves when you administer the feed.
Always check the tube position prior to feeding. This is done with slow administration of at least 5ml of STERILE water and observing for coughing. If the tube has dislodged, you do not want to put tap water or food into the patients' lungs!
Administer the calculated volume of food slowly to allow the stomach to expand. Observe for salivation, retching, gulping.
Slowly flush the tube after feeding with at least 5ml of water to clear the tube and prevent blockages occurring.
If you make a mess, clean it up! Ensure the patient and tubing are clean after feeding.
Clean the patients face and the tube to ensure food contaminants has been removed. Replace the stopper on the tube to avoid air entering the tube.
Dispose of all syringes in clinical waste and packaging in general waste.

OSCE: Nursing Care NC4 – Indwelling Urinary Catheter and specific gravity

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Create accurate and legible written communications according to practice policy (2.2)
- Select and wear appropriate personal protective equipment (3.2)
- Provide husbandry to patients, considering accommodation, nutrition, and excretions (4.5)
- Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy (PPE & calibration) (5.1)
- Carry out urinalysis (5.4)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

Task

You are nursing a hospitalised patient with an indwelling urinary catheter.

Using the simulated patient, equipment and information provided you are required to:

- 1) Fully drain the collection bag, then measure and appropriately record the quantity of urine produced.
- 2) Prepare the sample and equipment for urinalysis and obtain a refractometer urine specific gravity reading.
- 3) Record all the necessary information on the hospitalisation sheet provided and dispose of waste as appropriate.

You have already washed your hands prior to entering the station.

Mark Sheet NC4

	Task step	Yes	No
1.	Gloves and apron donned		
2.	Urine collection bag is sufficiently emptied using a recognised, safe technique		
3.	Sample is safely decanted into an appropriate universal container for urinalysis		
4.	Refractometer is calibrated using a recognised technique.		
5.	Urine sample is appropriately prepared for the test procedure.		
6.	Student performs a urine specific gravity, on the sample provided, using the refractometer and a recognised technique.		
7.	Student reads and appropriately records the correct specific gravity measurement.		
8.	Safe practice is maintained throughout procedure		
9.	Hospitalisation chart is fully completed		
10.	Student is professionally presented, polite and courteous throughout the task.		

Urinary catheter NC4 - Key considerations

Wear gloves and an apron to protect yourself and your clothes.

Fully empty the urine bag into a measuring cylinder and close the valve.

Measure the amount of urine collected and record your reading on the hospitalisation sheet

Pour the contents of the measuring cylinder into a plain tube for urinalysis and boric acid tube for bacteriology analysis. Label the sample tube with patient's name, surname, date and time.

You **MUST** always calibrate the refractometer with distilled water before use. This provides you with an accurate result.

Do not forget to mix your sample before testing it!!

The specific gravity result will always begin with the figures 1.0, then you add two numbers on the end. The example 1.0**36**

The hospitalisation sheet should always be completed FULLY! Insufficient completion could result in errors.

IF YOU MAKE A MESS, CLEAN IT UP with a suitable disinfectant.!!

NB – The method of urine collection may include sterile non-absorbent cat litter (Katkor) sampling, please ensure that you are familiar with this process.



OSCE: Pharmacy PH1-4- Dispensing Medication

There are currently 4 variations of this task that involve the use of drugs that are common in general practice. Data sheets will be provided for use as required.

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Select and wear appropriate personal protective equipment (3.2)
- Ensure safe handling and management of pharmaceuticals in accordance with legislation and manufacturer guidelines (7.1)
- Interpret prescriptions and prepare medicines for dispensing (7.2)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

Task:

Using the prescription information and equipment provided, you are required to dispense the prescription issued by the Veterinary Surgeon:

1. Calculate the required number of tablets to be dispensed to this patient.
2. From the different dispensing labels provided, select the one which best meets RCVS labelling recommendations.
3. Complete the dispensing label with the following information:
 - i. Quantity being dispensed
 - ii. Strength of medication
 - iii. Direction for use
4. Appropriately prepare the medicine for supply to the owner and place it in the dispensing tray ready for collection.

Please show all your workings and units of measurement on the answer sheet provided. You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

Mark Sheet PH 1-4

	Task step	Yes	No
1.	Correct strength & quantity of medication is calculated using a recognised method.		
2.	The expiry date is checked prior to dispensing medication		
3.	Correct strength & quantity of medication is dispensed using a recognised method.		
4.	Student complies with regulation and legislation relating to the provision of medication, by selecting, dispensing into and securing an appropriate receptacle.		
5.	Student complies with regulation and legislation relating to the provision of medication, by selecting, completing and attaching the correct dispensing label.		
6.	Drug choice, strength and labelling is double checked with an authorised person prior to dispensing.		
7.	Student complies with regulation and legislation relating to the provision of medication by dispensing with appropriate supporting documentation.		
8.	Gloves dispensed for use by the client		
9.	Safe practice maintained throughout.		
10.	Student is professionally presented, polite and courteous throughout the task.		

Example prescription
ANIMAL INFORMATION
Name: Sam Smith

Address: 24 The Road,
Tern Hill. TF91RS

Breed: Jack Russell
Terrier

Bodyweight: X kg



Please supply Amoxilcillin/clavulanic acid, in the form of
Synulox oral tablets.

At a dose rate of 12.5mg/kg

To be administered orally every 12 hours

For a period of 7 days

Signed:

BVetMed MRCVS
Date:

Pharmacy dispensing- Key considerations
Read the prescription carefully and make a note of the drug required, the dose rate, frequency and length of treatment.
Read data sheets paying attention to how to handle, supply and store the medication
Ensure that your hands are clean that that you are wearing protective gloves when handling medication, as required. If gloves are not required ensure that you wash hands after use.
Double check calculations to make sure that you do not make a mistake, if it sounds too much or too little then it probably is!
The dispensing label should always have the correct date, client and practice name and address, contents on the bottle including the strength and quantity of medication, for animal treatment only and keep out of the reach of children.
Check the expiry date of the medication prior to dispensing. Verbalising this check can ensure that the examiner is aware that you have done this.
Carefully count the medication using the tablet counter or by hand. If you drop medication dispose of it in the DOOP bin.
Complete the drug label and ATTACH IT TO THE BOTTLE!!
Check your dispensed medication with a colleague to ensure it contains the correct drug at the correct strength and the correct quantity, as indicted on the bottle. Show both the dispensed bottle of medication along with the bottle that you dispensed the drug out of.
Include the data sheet within the dispensing bag – this is a legal requirement
Include gloves for the client – if the data sheet indicates that gloves should be worn.
If you make a mess, clean it up!
Dispose of gloves in clinical or pharmaceutical waste

OSCE: Pharmacy PH 5-9 - Injecting medication

There are currently 5 variations of this task that involve the use of drugs that are common in general practice. Data sheets will be provided for use as required and one of the following injection techniques may be assessed:

Subcutaneous - Scruff

Intramuscular – Cervical, lumbar, quadriceps

Intravenous – Via a pre-prepared intravenous cannula.

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Communicate effectively using a variety of different communication models and considering diverse needs and requirements. (2.1)
- Create accurate and legible written communications according to practice policy (2.2)
- Select and wear appropriate personal protective equipment (3.2)
- Demonstrate techniques for approaching and handling animals (3.3)
- Use appropriate restraint methods suitable for the patient & situation with due consideration for animal welfare (3.5)
- Administer medicines prescribed by the veterinary surgeon in accordance with instructions from the manufacturer (4.10)
- Ensure safe handling and management of pharmaceuticals in accordance with legislation and manufacturer guidelines (7.1)
- Interpret prescriptions and prepare medicines for dispensing (7.2)
- Maintain appropriate records (7.3)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

TASK

The veterinary surgeon has prescribed some medication for you to administer to a patient in the hospital.

Using the patient information sheet or record, supporting documentation or dosage chart and equipment provided:

- a) Calculate and appropriately prepare the correct dose (in millilitres) of medication to be given to this patient.
- b) Before administering the drug, safely place the prepared needle and syringe on the table for the examiner to check. **You cannot restart the task once this step has been completed.**
- c) Using the pre-prepared syringe (that the examiner will hand to you), and restraint as required, administer the injection to the simulated patient via the prescribed route.
- d) Appropriately record the administration of the medication on the documentation provided.

NOTE:

- **A a copy of the drug data sheet has been provided.**
- **If a drug dosage chart is provided, you are welcome to use this to identify the required dose for the patient.**
- **If a drug dose chart is not provided, you are required to calculate the dose required and round your answer to one decimal place. Please show all your workings including units of measurement.**
- **Please ask the examiner for assistance if required.**

Mark Sheet PH 5-9

	Task step	Yes	No
1.	The correct dose is identified using the dosage chart provided or Appropriate methodology used to correctly calculate the dose required for administration, in millilitres.		
2.	Correctly assembled an appropriate syringe and needle.		
3.	Medication appropriately prepared to comply with data sheets recommendation, to include checking of expiry/ broach dates.		
4.	Correct medication selected and calculated volume is drawn up into the prepared syringe.		
5.	Needle is changed using a safe technique.		
6.	The patient is effectively restrained prior to administration of the medication.		
7.	An appropriate technique is used to check the needle position before injection and to disperse the medication following injection.		
8.	A recognised technique used to inject the medication via the route identified within the task.		
9.	Safe practice is demonstrated throughout the duration of the task		
10.	Aseptic technique is demonstrated, where appropriate.		

11.	Appropriate disposal of general waste		
12.	Record administration of medication fully on hospital chart		
13.	Student is professionally presented, polite and courteous throughout the task.		

Pharmacy injection - Key considerations	
Double check calculations to make sure that you do not make a mistake, if it sounds too much or too little then it probably is!	
Your syringe selection should be big enough to ensure accurate collection of your medication.	
Your needle should be an appropriately size for the size of patient, route of administration and thickness of the medication.	
General rule of thumb = Cat/ small dog - 23g 5/8 (blue) medium/ large dog - 21g 5/8 (green)	
Read data sheets, paying attention to how to handle, prepare and store the medication e.g. shake bottle, sterilize bung, wear gloves, use a wide bore needle, refrigerate etc.	
Draw up the medication accurately and draw back on the syringe before changing the needle to remove the drug that is in the needle hub. Once the new needle is in place force the air from the syringe and check again for accuracy.	
Ensure your patient is suitably restrained before performing the injection	
Use the route of administration that has been indicated on the prescription e.g. sub cut, intramuscular, intravenous. Some drugs can only be administered via one route, so this is important.	
Draw back on the syringe before injecting to check placement of the needle. If blood enters the syringe withdraw the needle and reposition.	
Massage the injection site to disperse the medication and ease discomfort	
NEVER RESHEATH THE NEEDLE!!!!	
Dispose of sharps in the sharps bin, syringes in the pharmaceutical waste and packaging in general waste.	
If you make a mess, clean it up!!	
Record the administration on the patient hospitalisation sheet/ patient record and if controlled drugs are used record this accurately in the dangerous drugs book.	

OSCE: Laboratory & Diagnostics LAB1 - Microscope

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Communicate effectively using a variety of different communication models (2.1)
- Use a microscope to examine laboratory samples (5.7)
- Record laboratory test results and communicate accurately to the appropriate member of the veterinary team (5.9)

Time allowance – 7 minutes

Task

The veterinary surgeon has asked you to examine the prepared microscope slide under the microscope for any evidence of ectoparasites.

The slide to be examined is in a slide holder identified by the examiner.

You are required to:

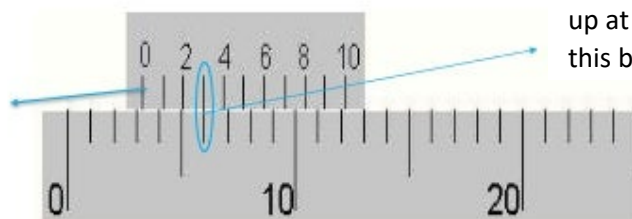
- a) Set up the microscope, locate and focus on the parasite on the prepared slide.
- b) To allow relocation of the object, read and record the Vernier scale reading on the sheet provided.
- c) Verbally Identify the ectoparasites on photographs labelled A & B (the common or the Latin name is acceptable)

	Task step	Yes	No
1.	Turn Rheostat down to zero setting.		
2.	Appropriate technique used to prepare the microscope for use		
3.	Appropriate technique used to effectively locate and focus on object of interest		
4.	Focus on the parasite on the prepared slide		
5.	Vernier reading correctly recorded		
6.	Safe practice is demonstrated throughout the duration of the task		
7.	Identify parasite in image A (common name/Latin name)		
8.	Identify parasite in image B (common name/Latin name)		
9.	Student is professionally presented, polite and courteous throughout the task.		

How to Read the Vernier Scale

Remember to read both the horizontal (X) and vertical (Y) axis, using the method below.

The zero on the Vernier scale falls between 3 and 4 on the main scale, so we take the lower number = 3



The main and Vernier scale marry up at 3 on the Vernier scale, so this becomes the decimal reading

Vernier Scale = 3.3

If the zero on the Vernier scale falls on a whole number, not between two numbers, then the decimal point would be zero e.g. 3.0

Microscopy - Key considerations

TURN DOWN THE RHEOSTAT (light intensity) before you turn on the microscope!! Failure to do this could damage the light bulb

NEVER – use the course focus to move the stage UP, when you are looking down the eyepieces- you may smash the slide! Always focus away from you.

Remember to read both the X (horizontal) and Y (vertical) axis

Record your reading including the decimal point. If it is a whole number, this would be zero e.g. 3.0

OSCE: Laboratory & Diagnostics LAB2 - PCV

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Comply with Health and Safety requirements and local risk factors (1.1)
- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Carry out haematological analysis – to include blood (5.3)
- Record laboratory test results and communicate accurately to the appropriate member of the veterinary team (5.9)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)

Time allowance – 7 minutes

Task

You are working within the practice 'in house' laboratory. The veterinary surgeon requests that you obtain a manual Packed Cell Volume (PCV) reading on the blood sample provided.

1. Using the equipment provided prepare the blood sample and set up the centrifuge for this test.

Please indicate to the examiner when you would be ready to start the centrifuge.

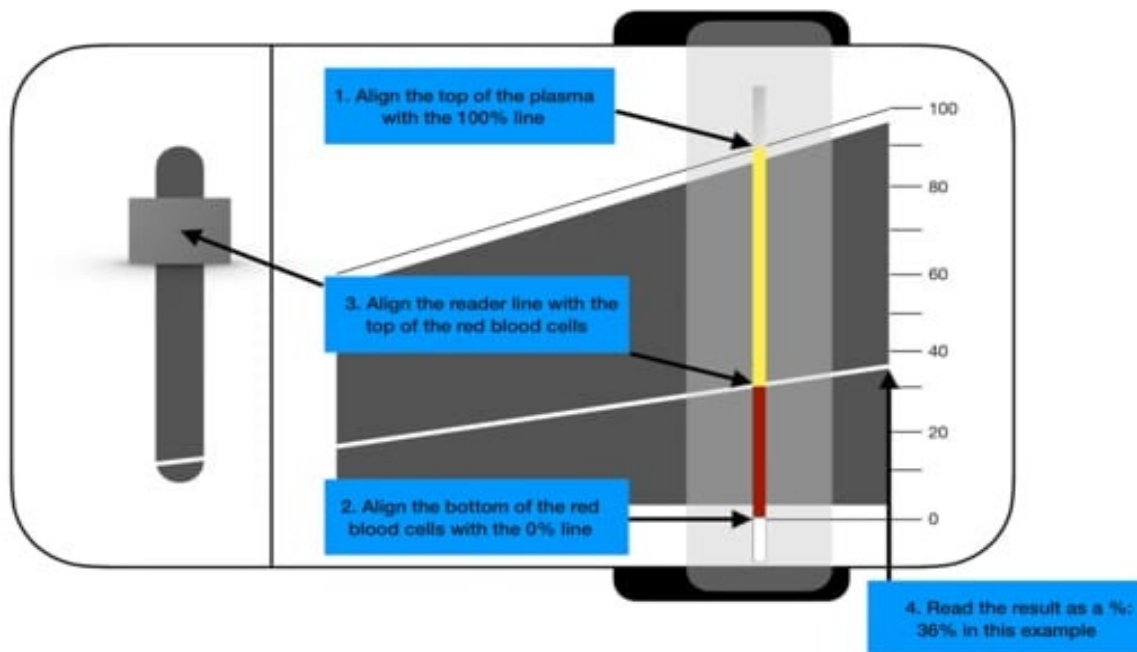
2. Using the pre-prepared sample, provided by the examiner, obtain the PCV reading using the Hawksley haematocrit reader.
3. Record and give your interpretation of the result on the sheet provided. **Please include units of measurement within the answer.**

NB: Patient details are provided for your information

	Task step	Yes	No
1.	The blood sample is prepared using a recognised technique to allow a manual PCV reading to be obtained		
2.	A Microhaematocrit centrifuge is suitably utilised to allow a diagnostic PCV reading to be obtained.		
3.	Hawksley reader used appropriately to obtain the PCV reading		
4.	Correct reading recorded correctly as a percentage		
5.	Commented aptly on the result recorded e.g. high, normal or low reading		
6.	Safe practice maintained throughout the procedure.		

7.	Student is professionally presented, polite and courteous throughout the task.		

How to read a Hawksley reader correctly



PCV - Key considerations
Wear gloves and an apron to protect yourself and your clothes.
Do not forget to mix your sample before preparing your PCV tube!!
The tube fills by capillary action but will need tipping a little. Fill tube to $\frac{3}{4}$ full, to ensure it is long enough to use the Hawksley reader.
Wipe the outer surface of the tubes clean before placing in the centrifuge, to prevent contamination of equipment.
Remember to balance the centrifuge by placing tubes opposite one another, with the bung in contact with the outer rim.
For blood, the centrifuge should be set at 10,000RPM for 5 minutes
Preparing more than one tube and providing an average measurement is more accurate than just one.
IF YOU MAKE A MESS, CLEAN IT UP with disinfectant!!
If you contaminate your hands, then ensure that you wash them before leaving the labs.
Dispose of contaminated waste in clinical waste
Record your PCV result as a percentage.
Remember to learn the healthy PCV parameters for dogs and cats
Low PCV is often associated with anaemia, blood loss or over hydration
High PCV is often associated with dehydration, or polycythaemia

OSCE: Laboratory & Diagnostics LAB3 – Blood Smear

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Communicate effectively using a variety of different communication models (2.1)
- Carry out haematological analysis (5.3)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

Task

You are working in the in-house veterinary laboratory:

Using the equipment and fresh blood sample provided:

- 1) Prepare a blood smear for a diagnostic evaluation.
- 2) Verbally comment on the quality of the smear that you have prepared, with consideration of size, thickness, feathered edge and presence of artefacts.
- 3) Stain your blood smear using the Diff-Quik™ solutions and a recognised technique.
- 4) Discard all waste appropriately.

Note: The microscope and spreader slides have been pre-cleaned

	Task step	Yes	No
1.	Appropriate equipment is selected and prepared to allow the production of a diagnostic smear.		
2.	A recognised blood smear technique is utilised.		
3.	Prepared smear is rapidly air dried, prior to staining		
4.	Prepared smear is appropriately labelled		
5.	Smear produced is of reasonable diagnostic quality		
6.	Quality of the smear is appropriately appraised and verbally reported to the examiner.		
7.	Smear is stained, using a recognised technique and rinsed with distilled water		
8.	Slide placed in an appropriate position to dry		
9.	Safe practice maintained throughout.		
10	Student is professionally presented, polite and courteous throughout the task.		

Appropriate techniques A & B

A

1

2

3

B

1

2

3

4

A

B

C

Colourslides

Colourslides

Colourslides

Diagnostic Smears

PCV - Key considerations

Wear gloves and an apron to protect yourself and your clothes.

Thoroughly clean and label your slide with a pencil – name and date, before use.

Do not forget to mix your sample before preparing your smear!!

One small drop of blood is sufficient to produce a smear.

Be quick to avoid the blood drying out on the slide before you produce your smear.

As soon as you have produced your smear, air dry it rapidly by waving it in the air.

Appraise your smear before staining:

- It should look like a thumb print, with a clear feathered edge and gaps between the smear and the slide edge.
- It should cover approximately 1/3 to 1/2 of the slide length
- All of the blood dot should be used within the smear.
- Significant hesitation lines and grease spots should be avoided.

Make sure it is fully dry before staining, or the smear will be washed from the slide.

The smear should be dipped 5 times (1 second per dip) in each of the staining solutions Stain in order Blue, Pink, Purple then rinse until the distilled water runs clear.

Position the slide in a vertical position to dry.

IF YOU MAKE A MESS, CLEAN IT UP with disinfectant!!

If you contaminate your hands, then ensure that you wash them before leaving the labs.

Dispose of contaminated waste in clinical waste

OSCE: Laboratory & Diagnostics LAB4 – Urinalysis

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Create accurate and legible written communications/documentation according to practice policy (2.2)
- Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy (PPE & calibration) (5.1)
- Carry out urinalysis (5.4)
- Record laboratory test results and communicate accurately to the appropriate member of the veterinary team (5.9)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

Task

You have obtained a urine sample from a patient with dysuria.

Using the equipment available and the urine sample provided you are expected to:

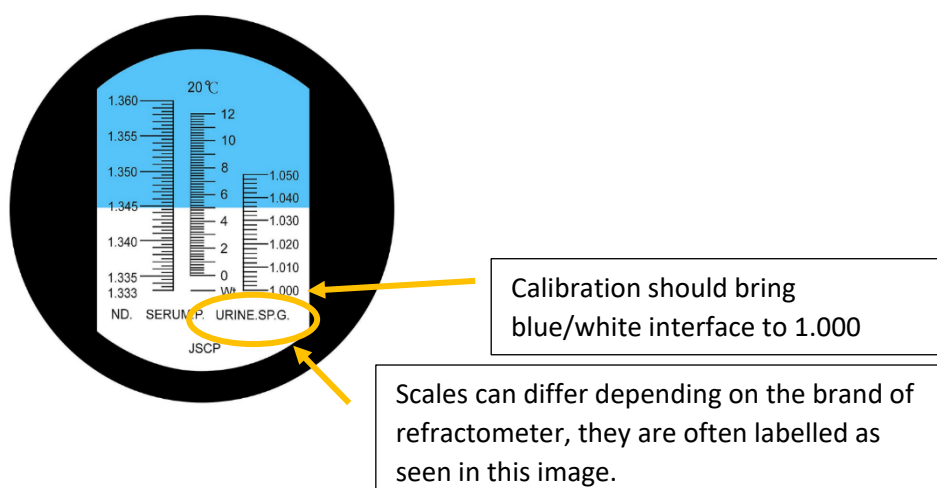
- 1) Obtain the following parameters:
 - i. A refractometer urine specific gravity reading
 - ii. A dipstick reading
- 2) Record the results on the results sheet provided
- 3) Dispose of waste appropriately.

Note: The examiner will ask to check your refractometer readings throughout the task

Mark Sheet LAB 4

	Task step	Yes	No
1.	Refractometer calibrated using a recognised technique.		
2.	Urine sample is appropriately prepared for the test procedure.		
3.	Student performs and reads the urine specific gravity, of the sample provided, using the refractometer and a recognised technique.		
4.	Test strips appropriately prepared for use.		
5.	Student performs the dipstick test using a recognised technique.		
6.	Student appropriately records the correct dipstick measurement.		
7.	Student appropriately records the correct specific gravity measurement.		
8.	Safe practice is adhered to throughout the duration of the task		
9.	Student is professionally presented, polite and courteous throughout the task.		

Reading the Specific Gravity Scale



Urine dip and Sg - Key considerations
Wear gloves and an apron to protect yourself and your clothes.
Do not forget to mix your sample before testing it!!
Remember to place the lid back on the test strip bottle and urine container, to avoid contamination
Dipping or pipetting urine onto the test pads are both acceptable.
Keep the wet test strip in a horizontal position to avoid bleeding of colours.
Read test strip at the times indicated on the bottle (brands may differ)
Be sure to accurately record the test strip results- double check to be sure
You MUST always calibrate the refractometer with distilled water before use. This provides you with an accurate result.
The specific gravity result will always begin with the figures 1.0, then you add two numbers on the end. The example above would read 1.0 36
IF YOU MAKE A MESS, CLEAN IT UP with disinfectant!!
If you contaminate your hands, then ensure that you wash them before leaving the labs.
Dispose of contaminated waste in clinical waste
Dispose of uncontaminated waste and packaging in the general waste bin.

OSCE: Laboratory & Diagnostics LAB5 – Urinalysis

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Select and wear appropriate personal protective equipment (3.2)
- Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy (5.1)
- Carry out urinalysis (5.4)
- Use a microscope to examine laboratory samples (5.7)
- Record laboratory test results and communicate accurately to the appropriate member of the veterinary team (5.9)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

Task

You have been provided with a centrifuged urine sample that has been obtained from a catheterised patient's urine collection bag.

Using the equipment provided:

1. Prepare the urine sample for sediment examination under the microscope.

2. Using your prepared microscope slide and the microscope provided:
 - a. Locate a crystal
 - b. Focus on it
 - c. Place it in the centre of the field of view.

3. Identify the crystals labelled A and B, shown in the photographs, and verbalise your answers to the examiner

4. Dispose of waste appropriately

NOTE:

The sample provided to you has already been centrifuged.

Mark Sheet LAB5

	Task step	Yes	No
1.	Simulated sample is appropriately prepared to allow collection of sediment.		
2.	Microscope slide is appropriately mounted with the simulated sample to allow effective assessment under the microscope.		
3.	Microscope slide is appropriately labelled.		
4.	Correctly prepare microscope to view the slide		
5.	Appropriate technique used to effectively locate and focus on a crystal.		
6.	Crystal is located and clearly focused on		
7.	Safe practice is adhered to throughout the duration of the task		
8.	Correctly identify urine crystal in image A		
9.	Correctly identify urine crystal in image B		
10.	Student is professionally presented, polite and courteous throughout the task.		

Urine sediment examination - Key considerations

Wear gloves and an apron to protect yourself and your clothes.

DO NOT mix a centrifuged sample. You need to keep the supernatant (liquid) and sediment (solid) separate.

Pipette off most of the supernatant but leave enough to resuspend your sediment into

When resuspending be careful not to damage the delicate crystals

Remember to clean and label the slide with pencil – Name and date

Place the coverslip carefully and do not force it down onto the slide as this may crush any crystals.

Focus microscope using the technique indicated in LAB 1 above.

IF YOU MAKE A MESS, CLEAN IT UP with disinfectant!!

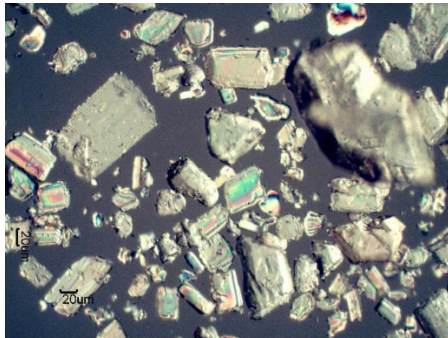
If you contaminate your hands, then ensure that you wash them before leaving the labs.

Dispose of contaminated waste in clinical waste

Dispose of glass waste in the sharps or glass waste bin

Dispose of uncontaminated waste and packaging in the general waste bin.

Example of microscopic view of a simulated sample. This is not a urine crystal images will be provided of actual crystals for you to identify.



OSCE: Laboratory & Diagnostics LAB6 –Blood Sample Prep

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy (5.1)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Time allowance – 7 minutes

Task

A veterinary surgeon has admitted a patient and requested that you set up the equipment required to obtain blood sample.

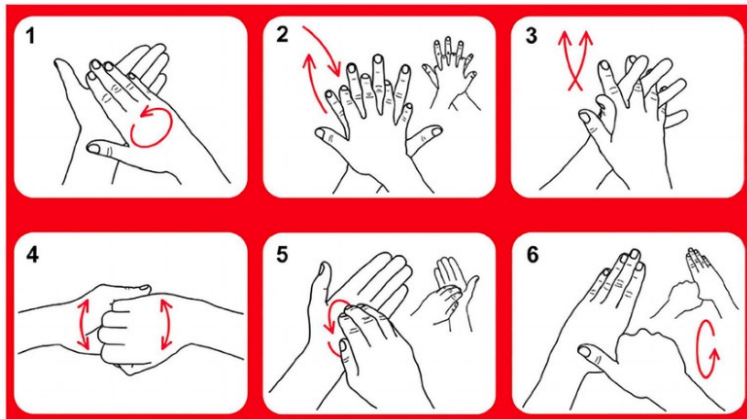
Using the patient information and equipment provided:

1. Demonstrate hand hygiene using the World Health Organisation (WHO) 6 step method.
2. Select and prepare the equipment required to obtain a diagnostic blood sample from this patient.
3. Place the selected equipment on the green drape, as indicated by the examiner.
4. Dispose of all waste appropriately

	Task step	Yes	No
1.	Correct hand hygiene carried out using the gel provided (WHO Method)		
2.	Skin preparation equipment correctly selected and prepared.		
3.	Select gloves		
4.	Clippers selected and prepared, ready for use.		
5.	Appropriate equipment selected and prepared to allow a jugular venepuncture blood sample to be obtained		
6.	Needle and syringes appropriately coupled		
7.	Syringe and needle pre-prepared for sampling		
8.	Correct preservation tube selected and labelled appropriately.		
9.	Post sampling pressure swab provided		
10.	Aseptic technique maintained, where appropriate, throughout the process.		
11.	Safe practice maintained throughout the duration of the task.		
12.	Student is professionally presented, polite and courteous throughout the task.		

Blood sample preparation - Key considerations
Ensure that all contact points are made when conducting the WHO
Suitable skin prep may include a detergent swab (Hibiscrub) and a degreasing, disinfectant agent (surgical spirit)
When preparing clippers remember to check the blades are aligned, by turning them on and then snapping the blade into place.
Identify the patient and sample requirements to ensure you select an appropriate needle, syringe and anticoagulant. Rule of thumb: Dog and cat – 21g 5/8 needle (green) Kitten / very small dog 23g 5/8 (blue) Haematology – EDTA (pink) Biochemistry – Lithium Heparin (Orange) Glucose – Fluoride Oxalate (yellow) Clotting factors – Sodium citrate
Once you have coupled the needle and syringe, pre loosen the plunger (pull back and reposition) to ensure it doesn't stick during sampling.
It is good practice to pre label the blood tubes – name and date, prior to sampling to avoid mixing up samples.
Provide a clean swab to place over the puncture site post sampling. Adhesive tape can also be provided to allow a small dressing and pressure to be applied to the area as required.
Dispose of packaging waste in the general waste bin

WHO hand rub technique



OSCE Laboratory & Diagnostics: LAB7 Ear Swab

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Create accurate and legible written communications according to practice policy (2.2)
- Complete appropriate documentation for referral and diagnostic services (2.8)
- Use appropriate restraint methods suitable for the patient & situation with due consideration for animal welfare (3.5)
- Discuss with the veterinary surgeon and prepare for an appropriate sampling strategy (5.1)
- Safely and effectively, take appropriate samples (5.2)
- Prepare samples for external analysis (5.8)
- Dispose of hazardous and non-hazardous waste safely and correctly according to current legislation (8.3)
- Ensure appropriate hygiene skills are followed before and after handling animals and equipment (8.4)

Task

A senior Veterinary Nurse has requested that you obtain an aural swab from this patient for a bacterial culture and sensitivity examination to be carried out at an external laboratory.

Using the equipment provided you are required to:

- a) Take the necessary precautions to ensure patient and personnel safety prior to obtaining the sample from this patient.
- b) Take an aseptic sample from the **right/ left** ear of this painful and nervous patient.
- c) Complete the necessary documentation and package the sample for preservation and to meet UN packaging instruction P650, ready for postal dispatch to the external laboratory.

NOTE:

- **You have already washed your hands.**
- **If assistance is required to restrain the patient, please direct the examiner as appropriate.**

Mark Sheet LAB7

	Task step	Yes	No
1.	The patient is muzzled using a recognised technique prior to sampling.		
2.	Patient is appropriately restrained and gently handled throughout the procedure.		
3.	Diagnostic ear swab sample appropriately obtained using a recognised sampling technique.		
4.	Student adheres to safe practice throughout the procedure.		
5.	Dispose of swab packaging in general waste		
6.	Swab appropriately labelled to identify the patient, date and location of sample.		
7.	External laboratory documentation correctly prepared in preparation for transportation of sample.		
8.	Sample packed to meet United Nations packaging instructions P650		
9.	Student is professionally presented, polite and courteous throughout the task.		

Ear swab preparation - Key considerations

Ensure that the patient is adequately restrained before obtaining sample, allowing access to the ear. A muzzle may be required.

Insert swab into the ear canal and gently rotate round the inner surfaces of the canal. Be gentle as damage to tympanic membrane may occur.

Take care not to contaminate the swab by touching on other surfaces.

REMOVE YOUR CONTAMINATED GLOVES BEFORE HANDLING ANYTHING ELSE!!!!

Label the sample with full name, date and location of sample including left or right is appropriate.

Complete the lab request form and ensure that the test requested is ticked on the form.

Dispose of contaminated waste and gloves in clinical waste

Dispose of packaging in general waste.

NB: Urine sample packaging for postage to an external lab, may also be included within the assessment. Please ensure that you are familiar with this process.

Example of restraint technique appropriate for ear exam.



OSCE: Diagnostic imaging – RAD 1-7

Radiography positions that you may be assessed on may include:

Lateral Thorax	Lateral tibia /fibula
Dorso/ Ventral Thorax	Lateral lumbar spine
Lateral Abdomen	Lateral neutral elbow
Ventro/ Dorsal BVA hip score – pelvis	Lateral neutral Stifle

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Use appropriate restraint methods suitable for the patient & situation with due consideration for animal welfare (3.6)
- Prepare and use radiography equipment to produce a diagnostic image (6.1)
- Use appropriate personal protective equipment (PPE) and radiation monitoring equipment in accordance with practice local rules (6.2)
- Position a patient to obtain a diagnostic image of the area of interest (6.3)
- Produce images according to practice procedure (6.4)
- Record exposures and results of images according to practice procedure (6.5)

Time allowance – 7 minutes

Task

A dog has been admitted by a Veterinary Surgeon for a direct digital radiographic assessment.

- Using the patient information and equipment provided:
- Position the patient for the required radiograph, using restraint and support aids as appropriate.
- Collimate the primary beam over the area of interest, explain to the examiner the anatomical landmarks that you have used to do this.
- Complete the radiography log sheet as appropriate.
- Make the exposure.

Once the exposure is made you will not be permitted to restart the task

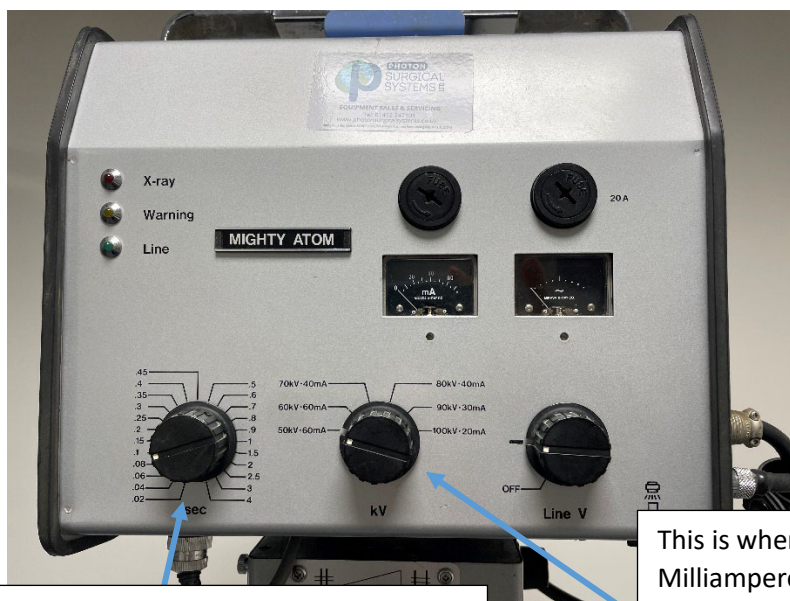
NOTES:

- **You are not expected to change exposure factors or the focal film distance.**
- **Please instruct the examiner if assistance is required to move the patient or equipment.**

	Task step	Yes	No
1.	Patient correctly positioned for radiographic view required		
2.	Appropriate use of positioning aids		
3.	Appropriate use of restraint aids		
4.	Correct centring and collimation for radiographic view required		
5.	Appropriate use of labelling		
6.	Student effectively clarified which anatomical landmarks were used to help to centre the primary beam.		
7.	Student effectively clarified which anatomical landmarks were used to help to collimate the primary beam.		
8.	Exposure made using a recognised technique.		
9.	X-ray log sheet is correctly completed.		
10.	Student demonstrates safe practice		
11.	Student is professionally presented, polite and courteous throughout the task.		

Reading the exposure factors from an Xray tube head.

This is an example of a tube head. Tube heads can differ, but the principle is the same.



This is where you read the seconds setting, in this machine it is on its own, but in some machines the seconds are linked to the mA and called mAs.

In this example the seconds reading is 0.08 secs

This is where you read the Kilovoltage (kV) and Milliampères (mA). In this machine the mA and kV are linked. In some machines these are viewed separately.

In this example the readings are **kV- 50 mA-60**

Radiography - Key considerations

Ensure that you identify the area of interest and view required before you begin.

Left lateral – patient is positioned with the left side in contact with the table

Right lateral – positioned with right side in contact with the table.

Use positioning and restraint aids to ensure that the area of interest is parallel and in close contact with the table. Remember foam wedges and plastic troughs are radiolucent (x-rays can pass through), sandbags are radio dense (x-rays cannot pass through)

NEVER tie a conscious patient to the table!!

Move the Xray head or the table, once you have your patient in position.

Think about your patient comfort when positioning, ask for help to position as required.

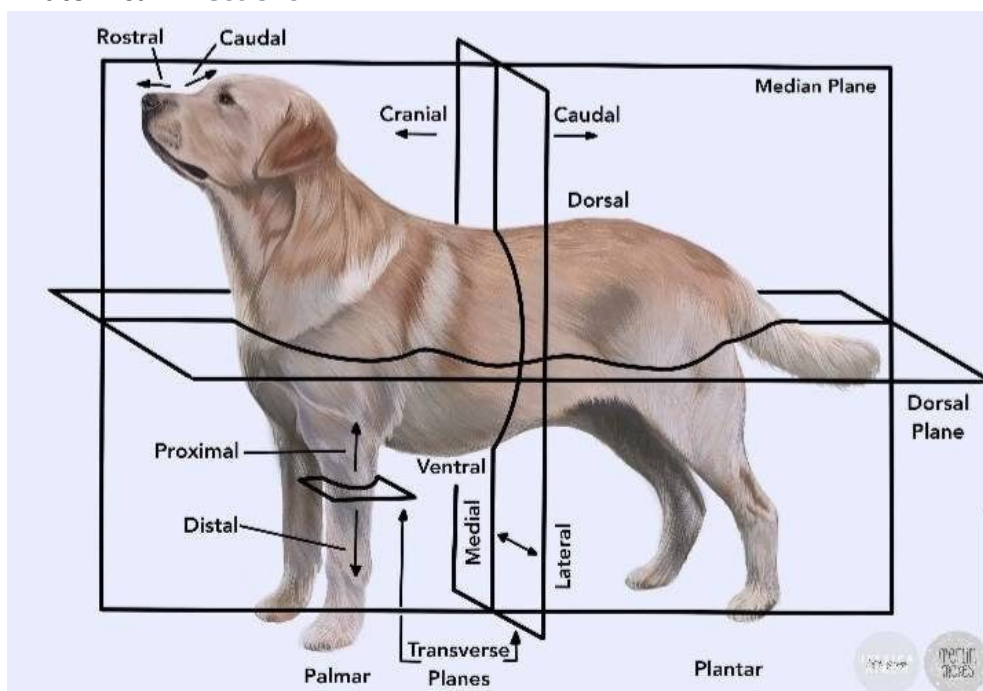
Carefully consider your centring point and collimation points to ensure your radiograph is clear and of good quality.

Consider scatter when collimating the beam, keep it tight.

Consider safe practice during image exposure – Shout XRAYs! Ensure all personnel are 2 meters from the beam or behind lead screens, red light is visible outside of the room, **do not hold patients during exposure.**

Correctly record the exposure setting, position and use of grid as appropriate
Grids tend to be used when the area exposed is greater than 10cm in depth.

Anatomical Directions



NB

See the VLE resources for specific detail regarding patient positioning for each radiographic view.

OSCE: Supporting Anaesthesia SA1 – T - Piece

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Prepare for anaesthesia (10.2)
- Maintain and monitor the patient during the anaesthetic process (10.4)

Time allowance – 7 minutes

Task

The veterinary surgeon wants to anaesthetise a cat for an ovariohysterectomy and requires the anaesthetic to be maintained via gaseous anaesthesia.

- 1) Using the equipment available select, assemble, attach and prepare the most appropriate anaesthetic breathing system for this patient.
- 2) Check that the components of the anaesthetic machine are fully functional and ready for use, explaining to the examiner the checks that you are making.
- 3) For this patient and using the calculation sheet provided, calculate:
 - a. Tidal volume
 - b. Minute volume
 - c. Fresh gas flow per minute

You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

Ayres T Piece Circuit assembly

This circuit is appropriate for IPPV - **Circuit Factor 2.5-3**



OSCE Supporting Anaesthesia – SA2 Bain

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Prepare for anaesthesia (10.2)
- Maintain and monitor the patient during the anaesthetic process (10.4)

Time allowance – 7 minutes

Task

A patient has been admitted with a suspected ruptured diaphragm. The veterinary surgeon wants to anaesthetise the patient and may require you to provide assisted ventilation during anaesthesia.

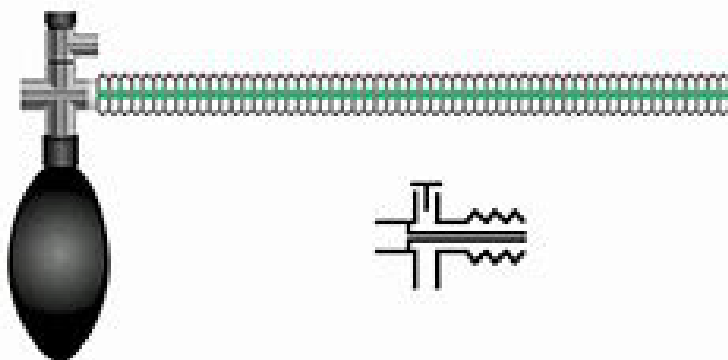
- 1) Using the equipment available select, assemble, attach and prepare the most appropriate anaesthetic breathing system for this patient.
- 2) Check that the components of the anaesthetic machine are fully functional and ready for use, explaining to the examiner the checks that you are making.
- 3) For this patient and using the calculation sheet provided, calculate:
 - a. Tidal volume
 - b. Minute volume
 - c. Fresh gas flow per minute

You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

Bain circuit assembly

This circuit IS appropriate for IPPV- **Circuit Factor 2.5-3**

NB Ensure that the bag and valve are the correct way around, the word BAG is indicated on the underside of the T connector rim



Mark sheet TP1 & TP2

	Task step	Yes	No
1.	Correct breathing system appropriately attached to the machine and scavenging		
2.	Fluosorber correctly positioned.		
3.	Correct, safe set up of anaesthetic machine and left ready to use		
4.	'in use' sign attached to oxygen cylinder		
5.	Breathing system appropriately checked for leaks		
6.	Tidal volume calculation is correct.		
7.	Minute volume calculation is correct		
8.	Appropriate fresh gas flow with correct use of units of measurement identified for the patient.		
9.	Safe practice adhered to, and machine left READY TO USE		
10.	Student is professionally presented, polite and courteous throughout the task.		

Supporting Anaesthesia- Key considerations

It is useful to decide on an appropriate circuit before you begin your flow rate calculation

Remember to apply the circuit factors when calculating flow rates.

The units of measurement for the final flow rate will be litres per minute.

If you calculate using a range, you will need to select a suitable flow rate to deliver to your patient. Remember to round up or down properly to avoid over or underdosing your patient.

When assembling the circuits remember the saying 'green to gas' this is the tubing that the fresh gas will flow down.

When leak testing, don't forget to close the APL valve and fill the bag using the oxygen flush button, not the oxygen flow meter. **DO NOT OVERFILL!!**

Open the APL valve at the end of the setup, to ensure it is left ready for safe use.

Scavenge piping should be attached to the APL valve and active scavengers turned on. If passive scavengers e.g. Fluosorbers are used, these should be positioned below the height of the patient.

Turn on the oxygen flow meter and check the bobbin is spinning and that it is remaining at the set height and not dropping. **Make sure the volatile agent dial is switched off during this check**

When checking the volatile agent cannister dial, check the full range so turn it all the way round and back. **Make sure the oxygen flow meter is switched off during this check**

Check the level of the volatile agent and fill as required – ensure the room is well ventilated during this process.

Remember to label the oxygen cylinder – in use.

OSCE: Supporting Anaesthesia – SA3 Parallel Lack

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Prepare for anaesthesia (10.2)
- Maintain and monitor the patient during the anaesthetic process (10.4)

Time allowance – 7 minutes

Task

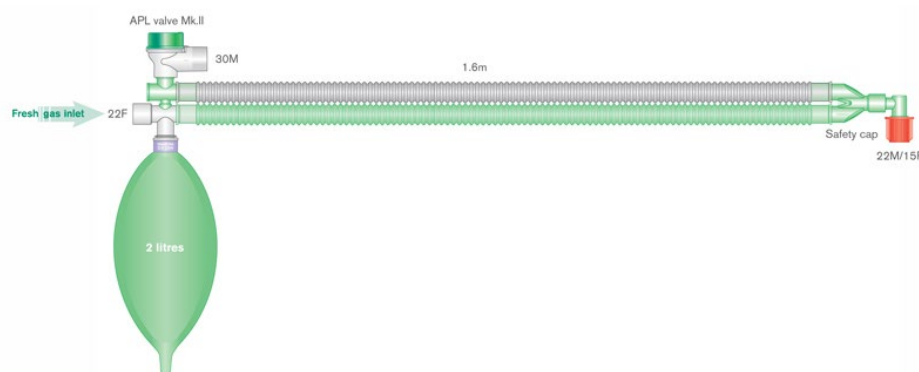
The veterinary surgeon wants to anaesthetise a dog for a radiography procedure.

- 1) Using the equipment available select, assemble, attach and prepare the most appropriate anaesthetic breathing system for this patient.
- 2) Using the equipment provided, prepare the endotracheal tube for use in this patient.
- 3) Check that the components of the anaesthetic machine are fully functional and ready for use, explaining to the examiner the checks that you are making.
- 4) For this patient and using the calculation sheet or fresh gas flow dosage chart provided, calculate:
 - a. Tidal volume
 - b. Minute volume
 - c. Fresh gas flow per minute

You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

Parallel Lack circuit assembly – CIRCUIT FACTOR 1-1.5

NB Ensure that the bag and valve are the correct way around e.g. green tubing at the bottom. The word BAG is indicated on the underside of the T connector rim.



**This circuit is NOT
appropriate for
IPPV**

Supporting Anaesthesia – SA4 Mini Lack

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Prepare for anaesthesia (10.2)
- Maintain and monitor the patient during the anaesthetic process (10.4)

Time allowance – 7 minutes

Task

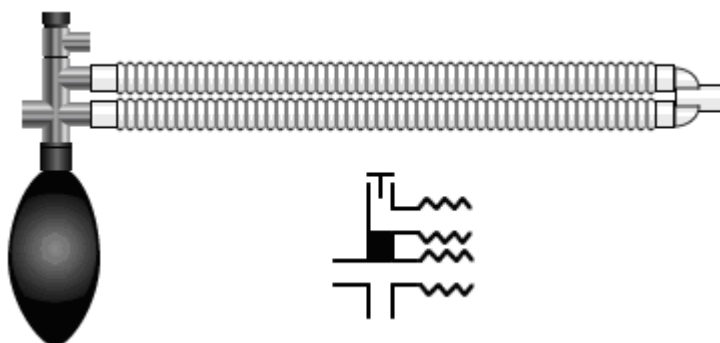
The veterinary surgeon wants to anaesthetise a cat for a dental procedure.

- 1) Using the equipment available select, assemble, attach and prepare the most appropriate anaesthetic breathing system for this patient.
- 2) Using the equipment provided, prepare the endotracheal tube for use in this patient.
- 3) Check that the components of the anaesthetic machine are fully functional and ready for use, explaining to the examiner the checks that you are making.
- 4) For this patient and using the calculation sheet or fresh gas flow dosage chart provided, calculate:
 - a. Tidal volume
 - b. Minute volume
 - c. Fresh gas flow per minute

You are required to round your answer to the nearest whole number and show all your workings including units of measurement.

Mini Lack circuit assembly - CIRCUIT FACTOR 1-1.5

This circuit is NOT appropriate for IPPV



Mark sheet for SA 3 & 4

	Task Step	Yes	No
1.	Correct breathing system appropriately attached to the machine and scavenging and left ready to use.		
2.	Fluosorber correctly positioned.		
3.	Anaesthetic machine correctly and safely set up and left ready to use.		
4.	'in use' sign attached to oxygen cylinder		
5.	Breathing system appropriately checked for leaks		
6.	Endotracheal tube is appropriately prepared for use.		
7.	Appropriate equipment selected to allow placement and securing of ET tube		
8.	Tidal volume calculation correct.		
9.	Minute volume calculation correct		
10.	Appropriate fresh gas flow with correct use of units of measurement identified for the patient.		
12.	Safe practice adhered to and machine left READY TO USE		
11.	Student is professionally presented, polite and courteous throughout the task.		

Supporting Anaesthesia- Key considerations
See GA machine and circuit set up considerations above
Select an ET tube that is appropriate for your patient size, selecting one size bigger and one size smaller, along with the size you think will be suitable can be useful.
Check the tube is patent and has no blockages, this can be done using a metal stylet and passing it down the tube, or with larger tubes, by looking down the tube.
Check the cuff (if present) by inflating it with a syringe and palpating to check for leaks. Rule of thumb= 3mls air for cat tubes, 6-10ml air for dog tubes.
Prepare a laryngoscope, by attaching the blade and checking the light is functioning.
Prepare a tube tie to allow the tube to be anchored when in position.
Prepare additional equipment as requested by the vet e.g. local anaesthetic spray, lube gel etc.

OSCE: Theatre Practice TP1 – Gloving and Gowning

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Prepare for surgical assistance wearing appropriate attire in accordance with practice protocol (9.8)
- Assist with sterile procedures (9.9)

Time allowance – 7 minutes

Task:

You are required to assist the veterinary surgeon with an exploratory laparotomy and have already completed a surgical hand scrub to clean your hands and arms.

- 1) Using the alcohol-based surgical hand gel provided, demonstrate the correct technique for a surgical hand rub.
- 2) Put on the sterile surgical gown.
- 3) Put on the surgical gloves using the closed method.

The gown supplied is a (back/side) tying gown.

NOTE:

- If assistance is required during the task, please direct the examiner as appropriate.
- Please inform the examiner if you require latex free gloves.

Mark Sheet TP1

	Task step	Yes	No
1.	Surgical hand scrub correctly demonstrated using a recognised technique and appropriate contact time.		
2.	Appropriately sized gloves selected		
3.	Gown donned using a recognised technique.		
4.	Direct the assistant to fasten back/neck ties.		
5.	Student passes front tie to the assistant and ask them to tie it at the back of the gown		
6.	Sterility of gown is maintained during donning and wearing of the gown		
7.	Assistant directed to open the outer glove packet.		
8.	Gloves donned using a recognised 'closed' gloving technique.		
9.	Fingers and cuffs adjusted as necessary to ensure snug fit		
10.	Sterility of gloves and hands are maintained during gloving procedure.		
11.	Student is professionally presented, polite and courteous throughout the task.		

Surgical Hand Rub Technique – 90 SECOND CONTACT TIME

SURGICAL RUB TECHNIQUE

TECHNIQUE MUST BE CARRIED OUT ON CLEAN, DRY HANDS



USE ENOUGH SPIRIGEL® COMPLETE TO KEEP THE HANDS AND FOREARMS WET FOR THE DURATION OF THE TECHNIQUE

Steps

1-5

30

seconds



Dispense Spirigel® complete into palm of left hand



Dip fingers of right hand into Spirigel® complete to decontaminate nails for 5 seconds



Apply Spirigel® complete on right forearm up to elbow using circular movements to ensure skin is covered



Continue until Spirigel® complete has fully evaporated



Repeat 1-4 with left hand and arm with Spirigel® complete



Dispense Spirigel® complete into palm of hands



Cover whole surface of hands up to wrists, rubbing palm to palm



Spread Spirigel® complete over the back of each hand including the wrists with fingers interlaced



Rub palms back and forth with interlaced fingers



Grip the fingers on each hand and rub in a sideways back and forth movement



Clasp each thumb in the opposite hand and rotate



When hands are dry, sterile surgical clothing and gloves can be donned

Spirigel® complete



Ecolab Ltd
Lotherton Way, Garforth, Leeds LS25 2JY
Tel: +44 (0)113 232 0000 Fax: +44 (0)113 287 1317
www.ecolab.co.uk

Ecolab Ltd
La Vallée House, Upper Dargle Road
Bray, County Wicklow, Ireland
Tel: +353 (0) 1 2763500

ECOLAB®

Steps

6-12

60

seconds

In line with the WHO Guidelines on Hand Hygiene in Healthcare, May 2009

NOTE THE INCLUSION OF THE FOREARMS IN THIS METHOD.

Gowning Technique Example



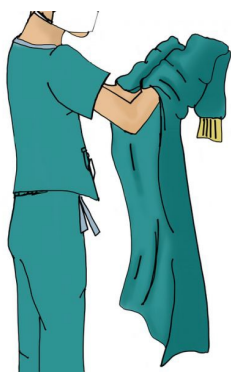
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1. Collect the whole gown and lift it away from the table, avoiding contact of outer surface of gown with unsterile surfaces or self.



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2. Securely holding the inner surface of the shoulder seams the gown is opened. The outer surface of the gown should not contact unsterile surfaces, including hands.



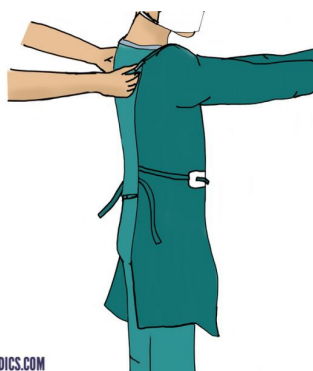
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3. Slide the arms further into the gown sleeves and when the fingertips are level with the proximal edge of the cuff, **grasp the inside seam** at the cuff hem using **thumb and index finger**. Be careful that no part of the hand protrudes from the sleeve cuff.



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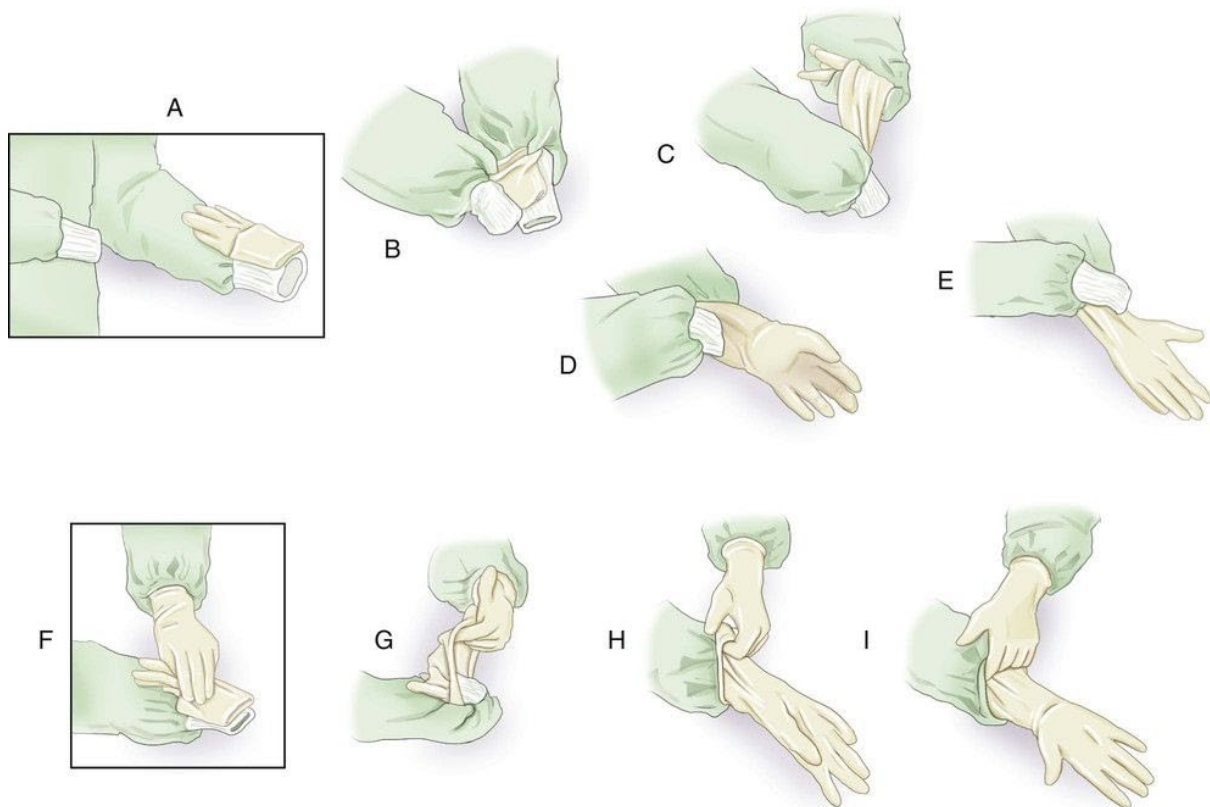
4. The student must direct the assistant to **fasten the gown** by grasping the inside surface of the gown at the shoulder seam. The theatre assistant's hands should only ever be in contact with the inside surface of the gown.



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5. The waist tie is grasped by the student and passed across the waist. The student directs the assistant to grasp the end of the tape and tie at the back of the gown. **DO NOT FORGET THIS STEP!!**

Closed Gloving Technique Example



Theatre Practice- Key considerations

Ensure that you are familiar with the SURGICAL hand rub technique. This is the same as the WHO hand hygiene but also includes your wrists and arms.

Aseptic technique is key:

The inside, back of the gown and below the waist are considered nonsterile as will be in contact with your clothes or environment.

The outside and front of the gown is sterile and should not be touched by ungloved hands.

Once the gown is placed, keep your ungloved hands inside the cuffs to avoid them contaminating the gown surface.

Hands and cuffs should be covered by sterile gloves to avoid contamination of the sterile field.

Before gloving, always ask an assistant to tie the tapes at the back of the gown and pass ties from front to back for tying, as required.

Chose gloves wisely, too big or too small will make gloving equally challenging,

Always hold your hands above your waist to avoid them becoming contaminated

Closed gloving techniques and tips are provided on the VLE

Guide to selecting a suitable surgical glove size



size	inch*	cm*
XS	6	15
S	6 1/2	16 1/2
M	7	18
M/L	7 1/2	19
L	8	20
XL	8 1/2	23

OSCE: Theatre Practice TP2 – Open Gloving & Instrument Selection

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Maintain common surgical instruments (9.1)
- Prepare for surgical assistance wearing appropriate attire in accordance with practice protocol (9.8)
- Assist with sterile procedures (9.9)
- Handle and pass instruments and equipment aseptically during surgery (9.12)

Time allowance – 7 minutes

Task

The veterinary surgeon has request that you **aseptically** prepare a surgical trolley and lay out the equipment required for a surgical procedure. You have already completed a surgical hand scrub to clean your hands and arms.

- Using the alcohol-based surgical hand gel provided, demonstrate the correct technique for a surgical hand rub.
- Aseptically don a pair of sterile surgical gloves using the open gloving method
- Lay a sterile drape over the surgical trolley to create a surgical field.
- Select the instruments, identified within the equipment list, and place them in list order from left to right on the sterile surface.

NOTE:

- **The surgical instruments have been previously cleaned and sterilised.**
- **If assistance is required during the task, please direct the examiner as appropriate.**

LEFT



RIGHT

	Task step	Yes	No
1.	Surgical hand scrub correctly demonstrated using a recognised technique and appropriate contact time.		
2.	Appropriately sized gloves selected		
3.	Assistant directed to open the outer glove packet.		
4.	Gloves donned using a recognised 'open' technique.		
5.	Fingers and cuffs adjusted as necessary to ensure snug fit		
6.	Sterility of gloves and hands are maintained during the gloving procedure.		
7.	Drape is correctly positioned over the instrument trolley to create a sterile field		

8.	Instruments are correctly selected and placed in the correct order on the surface provided		
9.	Sterility of instruments and surgical field is maintained throughout the process		
10.	Gloves and packaging disposed of in general waste bin		

Theatre Practice- Key considerations

Please see the information relating to surgical hand rub in the TP1 task notes above

Aseptic technique is key!

There are more considerations for open gloving as there is no sterile gown to cover contaminated areas:

The inner surface of the glove is unsterile and should not be touched by a gloved hand

The outer surface of the glove is sterile and should not be touched by ungloved hands.

Even when hands are scrubbed, they are still **NOT** sterile

Once hands are scrubbed you **MUST NOT** touch anything that is contaminated. When you walk into theatre your hands should be grasped in a prayer position and held above the waist.

If you touch an unsterile surface, or drop your hands below the waist, after the task time has started, you will breach aseptic technique, and you would need to rescrub your hands and arms.

Choose gloves wisely, too big or too small will make gloving equally challenging. See guide above

Always hold your hands above your waist to avoid them becoming contaminated

Open gloving techniques and tips are provided on the VLE

Think carefully about placing the sterile drape without breaching sterility of it. You will not be wearing a gown and your uniform is unsterile.

Instrument identification resources are available on the VLE. Knowledge of soft tissue, orthopaedic and dental instruments are recommended.

OSCE: Theatre Practice TP3 – Instrument Selection & Pack Instrument

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Maintain common surgical instruments (9.1)
- Prepare package and monitor the sterilisation of instruments and materials (9.2)

Time allowance – 7 minutes

Task

Prior to a surgical procedure, you have been requested to prepare some instruments for sterilisation.

- 1) Using the previously cleaned instruments laid out in front of you and the equipment list provided. Select the TEN instruments required for the procedure and place them in order from left to right, on the surface provided.
- 2) For the instrument indicated by the examiner, identify TWO key considerations when assessing the instrument for damage and verbalise these to the examiner.
- 3) Once assessed pack and label this instrument, ready for autoclave sterilisation today.

Note: The surgical instruments have been previously cleaned but not sterilised.

Mark sheet TP3

	Task step	Yes	No
1.	10 out of 10 instruments are correctly selected and placed in the correct order on the surface provided		
2.	Appropriate equipment selected and prepared for use.		
3.	Student appropriately verbalises FIRST key area for consideration when assessing the instrument to be packaged for damage.		
4.	Student appropriately verbalises SECOND key area for consideration when assessing the instrument to be packaged for damage.		
5.	Using a recognised technique, the equipment is packed appropriately to ensure accessibility of the equipment on opening.		
6.	Using a recognised technique, the equipment is packed appropriately to ensure sterilisation of the drape.		
7.	Outer packaging is appropriately labelled		
8.	Student is professionally presented, polite and courteous throughout the task.		

OSCE: Theatre Practice TP4 – Instrument Selection & Pack Drape

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Maintain common surgical instruments (9.1)
- Prepare package and monitor the sterilisation of instruments and materials (9.2)

Time allowance – 7 minutes

Task

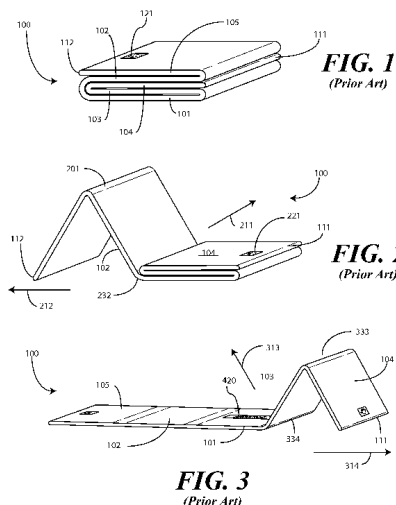
Prior to a surgical procedure, you have been requested to prepare some equipment for autoclave sterilisation.

Using the previously cleaned instruments laid out in front of you and the 'kit list' provided:

- 1) Select the TEN instruments required for the procedure, and place them in order from left to right, on the clean draped surface.
- 2) For the surgical cloth drape, indicated by the examiner, identify TWO key considerations when assessing the drape prior to sterilisation and verbalise these to the examiner.
- 3) Pack and label the drape, indicated by the examiner, ready for autoclave sterilisation today.

	Task step	Yes	No
1.	10 out of 10 instruments are correctly selected and placed in the correct order on the surface provided		
2.	Appropriate equipment selected and prepared for packaging.		
3.	Student appropriately verbalises FIRST key area for consideration when assessing the drape to be packaged for damage.		
4.	Student appropriately verbalises SECOND key area for consideration when assessing the drape to be packaged for damage.		
5.	Using a recognised technique, the equipment is packed appropriately to ensure accessibility of the equipment on opening.		
6.	Using a recognised technique, the equipment is packed appropriately to ensure sterilisation of the drape.		
7.	Outer packaging is appropriately labelled		
8.	Student is professionally presented, polite and courteous throughout the task.		

Folding drape example Concertina methods



Correct placement of tip covers



Theatre Practice TP3 & TP4- Key considerations

Instrument knowledge is key when preparing and packaging equipment for sterilization.

Resources to support your learning can be found on the VLE.

Autoclave bags should be carefully selected to ensure they are not too big or too small for the item:

- A gap of about 1-2cm around the instrument is important to allow air circulation.
- If double bagging, no more than one-fold of the inner bag is acceptable.

Double bagging can be used for preference or if heavy equipment is being packaged

Be careful not to overfill packs, this can impact on air circulation and result in unsterile items.

Temperature/ pressure and time indicators (TST) would be used for dense packages to ensure the inner section has been sterilised e.g. drapes, gowns, instrument packs

These must be placed in the centre of the item being sterilised.

Sharp tips should be covered with tip covers to avoid perforation of packaging after sterilisation. Place one cover per tip, to hold ratchets in an open position (see image above). Curved equipment should be packaged with the curve to the plastic to avoid damage to paper surface.

Equipment should be checked for damage prior to packaging:

- Corroded or damaged metal
- Stiff, broken or corroded joints
- Blunt or misaligned cutting surfaces of scissors or forceps
- Broken teeth or biting surfaces of forceps or needle holders
- Holes, stains fraying of cloth items

Equipment should be packaged to allow easy access and immediate use on removal e.g. handles towards open end.

Expel as much air as possible to avoid bursting of packaging during the sterilisation process.

Pre-folding of the perforated, fold line will improve the seal and ensure no air leakage occurs.

Labelling should include the date sterilised, the initials of the person packing the item, the full name of the item and quantity packaged e.g 4 x Spencer Wells artery forceps.

OSCE: Theatre Practice TP5 – Instrument Selection & Package a surgical kit for autoclave sterilisation

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Maintain common surgical instruments (9.1)
- Prepare package and monitor the sterilisation of instruments and materials (9.2)

Time allowance – 7 minutes

Task

You are required to prepare a basic surgical pack for autoclave sterilisation:

- a. Select the instruments, as identified on the equipment list.
- b. Identify TWO key considerations when assessing the instruments for damage and verbalise these to the examiner.
- c. Create a surgical pack by folding the surgical drape around the selected instruments.
- d. Prepare the surgical pack for autoclave sterilisation.

Note: The surgical instruments have been previously cleaned but not sterilised.

	Task step	Yes	No
1.	All required equipment is correctly selected.		
2.	Student appropriately verbalises FIRST key area for consideration when assessing the instrument to be packaged for damage.		
3.	Student appropriately verbalises SECOND key area for consideration when assessing the instrument to be packaged for damage.		
4.	A suitably sized surgical drape is selected		
5	Instruments are correctly positioned and wrapped within the surgical drape, using a recognised technique, to ensure ease of access on opening.		
6.	Sterilisation indicator is appropriately used.		
7.	Appropriately sized autoclave pouch selected and prepared for use.		

8.	The surgical set is packed appropriately for autoclave sterilisation.		
9.	Outer packaging is appropriately labelled		
10.	Student is professionally presented, polite and courteous throughout the task.		

Theatre Practice- Key considerations	
PLEASE NOTE: The tips identified above are also relevant to this task.	
Position instruments in a way that allows the drape to be neatly folded over them to secure them- Normally in the centre of the drape.	
If swabs are included within the pack – count them!! Only put the number required into the pack. Including extra swabs could increase the risk of a swab being left within a wound.	
Examples of methods to fold the drape over the kit are included within the VLE page for this module.	
You are not required to label all the instruments in the pack, for a kit. Just the name of the kit should suffice e.g. bitch spey kit	

OSCE: Bandaging BD1 – Hind Paw

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Communicate effectively using a variety of different communication models (2.1)
- Use appropriate restraint methods suitable for the patient & situation with due consideration for animal welfare (3.5)
- Assess, monitor, manage and report the status of wounds to the appropriate member of the veterinary team. (4.7)
- Apply dressings appropriate to type of wound (4.8)
- Apply bandages appropriate to species and condition. (4.9)

Time allowance – 7 minutes

Task:

The Veterinary Surgeon has requested that you place an appropriate wound dressing and hind limb bandage to the wound identified in the case scenario and related image.

- 1) Using the image provided, assess the wound and communicate your finding to the examiner.
- 2) Select the most appropriate materials for this wound type and apply a dressing and retaining bandage to the hind limb on the model.

NOTE:

- **The wound is simulated on the model.**
- **The patient is still anaesthetised and is being monitored.**
- **The examiner is available to provide restraint is required. Please request their assistance if needed.**

	Task step	Yes	No
1.	Wound type correctly identified and appropriately communicated.		
2.	Bandage materials selected and prepared.		
3.	Gloves worn as required		
4.	Appropriate wound dressing material selected, and sterility maintained during application		
5.	Digits sufficiently padded with appropriate material.		
6.	Appropriate application of bandage layers		
7.	Bandage applied is neat		
8.	Functional bandage applied		
9.	Waste disposed of appropriately		
10.	Safe practice demonstrated		
11.	Student is professionally presented, polite and courteous throughout the task.		

OSCE: Bandaging BD2 – Fore Paw

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Follow Standard Operating Procedures and manufacturer guidelines when using equipment and materials (1.2)
- Communicate effectively using a variety of different communication models (2.1)
- Use appropriate restraint methods suitable for the patient & situation with due consideration for animal welfare (3.5)
- Assess, monitor, manage and report the status of wounds to the appropriate member of the veterinary team. (4.7)
- Apply dressings appropriate to type of wound (4.8)
- Apply bandages appropriate to species and condition. (4.9)

Time allowance – 7 minutes

Task:

The Veterinary Surgeon has requested that you place an appropriate wound dressing and fore limb bandage to the wound identified in the case scenario and related image.

- 1) Using the image provided, assess the wound and communicate your finding to the examiner.
- 2) Select the most appropriate materials for this wound type and apply a dressing and retaining bandage to the fore limb on the model.

NOTE:

- **The wound is simulated on the model.**
- **The patient is still anaesthetised and is being monitored.**

The examiner is available to provide restraint is required. Please request their assistance if needed.

	Task step	Yes	No
1.	Wound type correctly identified and appropriately communicated.		
2.	Bandage materials selected and prepared.		
3.	Gloves worn as required		
4.	Appropriate wound dressing material selected, and sterility maintained during application		
5.	Digits sufficiently padded with appropriate material.		
6.	Appropriate application of bandage layers		
7.	Bandage applied is neat		

8.	Functional bandage applied		
9.	Waste disposed of appropriately		
10.	Safe practice demonstrated		
11.	Student is professionally presented, polite and courteous throughout the task.		

Bandaging- Key considerations

Knowledge of wound types is important when selecting a suitable dressing material.

- Heavily exuding wound – Allevyn type absorbent dressing (white side down)
- Surgical wound with minimal exudate – Melolin type dressing (shiny side down)

Wound dressings are sterile so never touch the wound facing surface with unsterile hands

Gloves should be worn when placing wound dressing to avoid contamination of the wound, or hands.

Select material widths carefully, there is no right and wrong but:

- 5cm can take longer to place and create a tighter bandage.
- 7.5cm gives you a happy medium
- 10cm can be placed more quickly but can result in a bulking bandage.

Position the patient with the affected limb uppermost, this makes accessing the limb easier

Asking an assistant to restrain your patient and support the limb will benefit you greatly and help you to produce a functional bandage.

Don't forget to pad toes with cotton wool to avoid soreness and rubbing

You only need bandage over one joint above the wound; this gives an anchor to hold the bandage on. Extending high up a limb would increase the risk of patient interference and possible complication.

Carefully consider tension, you should not pull each round of material as you place it, but you need to give a slight tug to add gentle tension to your bandage layers. Ask someone to check your tension if you are unsure and redo it as necessary.

Make sure you place your bandage layers distally to proximally (from bottom to top)

Always cut unwanted bandage, never tear as this can create unwanted tension.

Make sure that your bandage is neat and none of the underlayers are visible.

Check your bandage tension by squeezing gently and inserting fingers into the top, you should be able to insert two fingers, no more and no less.

Dispose of gloves and contaminated waste in clinical waste

Dispose of uncontaminated waste and packaging in general waste

OSCE: Communications Comms 1&2 – Discharge (cat / dog castrate)

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Communicate effectively using a variety of different communication models. (2.1)
- Create accurate and legible written communications/documentation according to practice policy (2.2)
- Conduct effective nursing consultations (2.5)
- Provide discharge information and guidance to owners. (2.7)

Time allowance – 7 minutes

Task

You are on nursing clinic duty and are required to discharge a patient back to the client, following castration surgery earlier today.

Using the documentation and equipment provided:

- Complete the discharge information sheet correctly
- Greet the client in an appropriate manner
- Advise the client appropriately regarding the post-operative care requirements for their pet.
- End the consultation in an appropriate manner.

NB- The patient will be handed back to the client at reception

	Task step	YES	NO
1.	Discharge instruction sheet is correctly and fully completed		
2.	Client is greeted appropriately.		
3.	Advise the client on appropriate post anaesthesia care, including dietary recommendation		
4.	Advise the client about appropriate wound care		
5.	Provide appropriate advice on administered and / or prescribed medication, and potential side effects		
6.	Explain to the client an appropriate post-operative exercise regime for the patient.		
7.	Advise the client when a post op check will be required and how to book this in.		
8.	Student ends the consultation appropriately.		
9.	Student is professionally presented, polite, and courteous throughout the communication exchange.		

Communication- Key considerations
Greet client and patients respectfully and in a friendly manner
Check that the client's name and patient name to be sure that they are the correct patient
Introduce yourself and your role within the practice
Explain the plan for the consultation and what information will be given
Explain the procedure the patient has undergone.
Explain that hair has been removed and that sutures or no sutures will be visible (depending on surgery)
Advise client re post op wound care.
Follow the post-operative instruction sheet providing the information to the client as outlined. Remember to give justification for the information provided to help the client to understand the importance of adhering to advice given.
Following the medication prescription information provided, explain to the client what the medication is for, how to administer it, how frequently to administer, potential side effects, how to store it, and what to do should they have difficulty administering.
Discuss a suitable method for the client to book an appointment for revisit
When ending the conversation always check that the client has understood what has been said, direct them to the instruction sheet for additional guidance, ask if they have any questions and ALWAYS ensure that they have a 24hour contact number for use as required

OSCE: Communications Comms 3 – Discharge (bandage)

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Communicate effectively using a variety of different communication models. (2.1)
- Create accurate and legible written communications/documentation according to practice policy (2.2)
- Conduct effective nursing consultations (2.5)
- Provide discharge information and guidance to owners. (2.7)

Time allowance – 7 minutes

Task

You are on nursing clinic duty and are required to discharge a patient back to the client, who has had a bandage placed to protect a small abrasion on the main pad of the forelimb.

Using the documents and equipment provided:

- Complete the discharge information sheet correctly
- Greet the client in an appropriate manner
- Advise the client appropriately regarding the bandage care requirements for their pet.
- End the consultation in an appropriate manner.

NB – The patient will be handed back to the client at reception

	Task step	YES	NO
1.	Discharge instruction sheet is correctly and fully completed		
2.	Client is greeted appropriately.		
3.	Advise the client on appropriate bandage care		
4.	Provide appropriate advice on administered and / or prescribed medication, and potential side effects		
5.	Explain to the client about appropriate exercise and activity for their pet		
6.	Advise the client when a post op check will be required and how to book this in.		
7.	Student ends the consultation appropriately.		
8.	Student is professionally presented, polite, and courteous throughout the communication exchange.		

Communication- Key considerations
Greet client and patients respectfully and in a friendly manner
Check that the client's name and patient name to be sure that they are the correct patient
Introduce yourself and your role within the practice
Explain the plan for the consultation and what information will be given
Explain the procedure the patient has undergone.
Provide detailed advice about why the bandage has been place, how to keep it clean and dry, what signs to look for that may highlight and issue, what to do if the bandage becomes wet, slips, is chewed or becomes smelly.
Follow the post operative instruction sheet providing the information to the client as outlined. Remember to give justification for the information provided to help the client to understand the importance of adhering to advice given.
Following the medication prescription information provided, explain to the client what the medication if for, how to administer it, how frequently to administer, potential side effects, how to store it, and what to do should they have difficulty administering.
Discuss a suitable method for the client to book an appointment for revisit
When ending the conversation always check that the client has understood what has been said, direct them to the instruction sheet for additional guidance, ask if they have any questions and ALWAYS ensure that they have a 24hour contact number for use as required

OSCE: Communications Comms 4 – Discharge (Physical therapy techniques)

Currently, the following physical therapy technique scenarios include:

- Passive range of motion of the hind limbs
- Passive range of motion of the fore limbs

the clinical condition and treatment requirements will be communicated within a patient information sheet:

This OSCE is used to assess the following RCVS Day One Skills for Veterinary Nurses:

This station tests the candidate's ability to:

- Communicate effectively using a variety of different communication models. (2.1)
- Create accurate and legible written communications/documentation according to practice policy (2.2)
- Conduct effective nursing consultations (2.5)
- Provide discharge information and guidance to owners. (2.7)
- Evaluate behavioural and environmental factors when approaching and handling animals. (3.1)
- Use appropriate restraint methods suitable for the patient and situation with due consideration for animal welfare (3.5).
- Perform basic physical therapy techniques to aid mobilisation. (4.14)

Time allowance – 7 minutes

Task

You are on nursing clinic duty and the Veterinary Surgeon has requested that you demonstrate some physical therapy techniques to a client prior to discharging their pet from the hospital.

Using the information sheets, equipment and canine model provided:

- Complete the discharge information sheet correctly
- Greet the client in an appropriate manner
- Demonstrate on the model and verbally describe to the client how to perform the physical therapy techniques prescribed, including an appropriate number of repetitions.
- Advise the client appropriately regarding the medication prescribed, to include potential side effects.
- End the consultation in an appropriate manner.

	Task step	YES	NO
1.	Discharge instruction sheet is correctly and fully completed		
2.	Client is greeted appropriately.		
3.	Student demonstrates and verbally describes to the client appropriate and safe handling of the patient for the prescribed physical therapy techniques to be safely performed		
4.	Student demonstrates an appropriate position to allow full access of the affected limb, allowing them to move to safety if required.		
5.	Limb is lifted and held in appropriate alignment to ensure correct orientation of the joints.		
6.	Physical therapy technique is appropriately demonstrated on the model and described effectively to the client.		
7.	Appropriate advice is given regarding the number of repetitions and frequency of the treatment		
8.	Provide appropriate advice on administered and / or prescribed medication, and potential side effects		
9.	Student ends the consultation appropriately.		
10.	Student is professional, polite, and courteous throughout the communication exchange.		

Communication (physical therapy)- Key considerations
Greet client and patients respectfully and in a friendly manner
Check that the client's name and patient name to be sure that they are the correct patient
Introduce yourself and your role within the practice
Explain the plan for the consultation and what information will be given
In this task you will be demonstrating on a model to allow you to carefully show the client and explain the techniques without causing discomfort to their pet during this process
Remember to perform effleurage before and after the physio treatment, if indicated.
Give the client the opportunity to demonstrate back to you and ask questions
Consider safety of the patient and the client. Best performed on the floor, positioning yourself to allows you to access the limb, perform the treatment required, ensuring that you can move away if necessary.
Explain to the client signs to look for that may indicate discomfort or aggression during the treatment
Following the medication prescription information provided, explain to the client what the medication is for, how to administer it, how frequently to administer, potential side effects, how to store it, and what to do should they have difficulty administering.
Discuss a suitable method for the client to book an appointment for revisit if required
When ending the conversation always check that the client has understood what has been said, direct them to the instruction sheet for additional guidance, ask if they have any questions and ALWAYS ensure that they have a 24hour contact number for use as required

Additional OSCE preparation Tips:

- Practice in pairs, asking your peers to observe you performing the skill will help you to acclimatise to being observed and judged.
- Record yourself performing the skill and then watch it back with a judgmental eye.
- Try not to over think what you are being asked to do. Always consider safe practice.
- Use the resources provided on the VLE page to help you perfect the required skills.
- If you are unsure or have any concerns, please ask for help.
- Make sure that you attend **ALL** the tutored and practice sessions, these will give you everything you need to pass the assessment confidently.
- Reach out to the student wellbeing team, if you feel that you need help to develop coping strategies to deal with this method of assessment. Getting help early will make sure that you have time to practice these skills during the run up to your assessment.

Good practice guide to handling veterinary waste in England and Wales

Veterinary assessment

All general waste must be subject to a veterinary risk assessment which must ask:

- Does the material arise from an animal that has any disease caused by a micro-organism, such that the material is contaminated with that micro-organism?
- Is there any other potential risk of infection?
- If the answer to either is 'yes', the waste is infectious, clinical waste ▼

Hazardous waste



Register your premises, keep a Waste Register, use Consignment Notes, keep all records for at least three years.

Cytotoxic and cytostatic pharmaceuticals

Waste contaminated with cytotoxic and cytostatic pharmaceuticals, which are medicinal products that are toxic, carcinogenic, toxic for reproduction or mutagenic.

- This includes:
- Glass bottles and vials
 - Clinical items (for example, swabs, masks and gloves)
 - Syringes and sharps
 - Animal bedding

DISPOSAL

- Segregate into appropriate purple and yellow containers—sharps, glass bottles and vials into purple-lidded sharps containers—for high-temperature incineration only
- EWC=18 02 07*

Contaminated sharps

Sharps must be subject to a risk assessment. Sharps contaminated with material (other than cytotoxic or cytostatic) that is deemed to present a risk of infection to any animal or person that may come into contact with it may include:

- Partially and fully discharged sharps, hypodermic needles and other sharp instruments and objects.

DISPOSAL

- EWC=18 02 02* and 18 02 08
- Segregate into yellow sharps containers for high-temperature incineration only.

FOR BEST PRACTICE

- EWC=18 02 02*
- Non-pharmaceutically contaminated sharps can be further segregated into orange-lidded bins for suitable alternative treatment (for example, autoclaving).

Infectious, clinical waste

Infectious, clinical waste is:

Waste containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms; or waste which, following a veterinary assessment, is deemed to present a risk of infection to any animal or person that may come into contact with it.

This may include:

- Items used in treatment (for example, swabs, masks and gloves, which may include blood-contaminated items)
- Animal bedding
- Blood and body parts.

DISPOSAL

- Segregate into appropriate yellow containers for high-temperature incineration only
- EWC=18 02 02*

FOR BEST PRACTICE

- Infectious waste, other than body parts and cadavers, can be further segregated into orange containers for suitable alternative treatment (for example, autoclaving) as best practice
- EWC=18 02 02*

Photographic chemicals

This may include:

- Waste fixer and developer solutions.

DISPOSAL

- Segregate into separate fixer and developer leak-proof containers for treatment at an appropriately permitted facility
- There is no standard packaging so specific requirements should be discussed with your waste contractor
- EWC=09 01 01* (developer) and 09 01 04* (fixer).

Non-hazardous waste



Use transfer notes and keep all records for three years.

Offensive waste

Offensive waste is veterinary waste other than sharps that is not hazardous or clinical but which is unpleasant and may cause offence to the senses.

This waste must have been subjected to a detailed item and patient-specific assessment that clearly demonstrates it does not present a risk of infection or other potential hazard to any animal or person that may come into contact with it, even if mismanaged.

This is particularly important in the case of material contaminated with body fluids (for example, blood), where a veterinary surgeon must be able to demonstrate that they implemented procedures that meet the requirements set out in the accompanying web guidance (see www.bva.co.uk).

As a result of this assessment the veterinary surgeon is declaring that the waste is not hazardous, and is not clinical waste that requires incineration or other treatment prior to landfill.

Offensive waste may include:

- Items used in treatment (for example swabs, masks and gloves, which may include blood-contaminated items)
- Animal bedding
- Animal faeces

These **must not** contain body parts or body tissues.

DISPOSAL

- Landfill or other suitable permitted facility
- EWC=18 02 03.

Sharps

Sharps must be subject to a risk assessment that demonstrates they do not present a risk of infection to any animal or person that may come into contact with them.

This may include:

- An unused sharp that has been dropped on the floor prior to use.

If there is deemed to be a risk, however small, the sharp should be assumed to be hazardous and handled accordingly (see Contaminated sharps).

DISPOSAL

- EWC=18 02 01
- If the sharps are classified as 18 02 01 the vet is indicating that they are not clinical waste and do not need to be rendered safe. In such circumstances disposal outlets may be more limited and less predictable, potentially including landfill without treatment. It is unlikely that a veterinary practice would produce a sharps waste stream which could be coded 18 02 01.

Pharmaceuticals (not cytotoxic or cytostatic)

Waste contaminated with pharmaceuticals (not cytotoxic or cytostatic).

This may include:

- Denatured controlled drugs
- Prescription-only medicines
- Out-of-date drugs
- Contaminated bottles, syringe bodies and packaging.

DISPOSAL OF CONTROLLED DRUGS

- All controlled drugs must be denatured or made not readily recoverable and then be disposed of with other pharmaceuticals (not cytotoxic or cytostatic)
- For Schedule 2 controlled drugs this should be done in the presence of an authorised person (for example, a veterinary surgeon from another practice).

DISPOSAL OF OTHER PHARMACEUTICALS

- Segregate into blue leak-proof containers
- Avoid mixing
- Incineration at an appropriately permitted facility
- EWC=18 02 08.

Pet cadavers

Pet cadavers are now transferred and disposed of under animal by-product controls, except where the cadaver is suspected of harbouring a notifiable disease, in which case collection and disposal will be arranged by Defra.

DISPOSAL

- Burial at home
- Burial in a pet cemetery
- Cremation.

Domestic waste

Waste that only contains domestic rubbish. This includes separate recyclable and mixed non-recyclable materials. Batteries and hazardous items should not be placed in the mixed municipal waste.

Recyclables may include:

- Paper, card, unsoiled newspapers and magazines
- Plastic food containers
- Drink cans
- Batteries.

DISPOSAL

- Recycling or disposal at a suitably permitted or licensed site
- EWC=20 03 01 (mixed).

Further information

It is the right and responsibility of the waste producer, that is, the practice, to classify and segregate their waste. Waste should be subjected to a detailed item and patient specific assessment to determine if it presents a risk of infection or other potential hazard to any animal or person that may come into contact with it.

All businesses have a duty of care to ensure that:

- All waste is stored and disposed of responsibly
- Waste is only handled or dealt with by those authorised to do so
- Appropriate records are kept of all waste that is transferred or received

This is a practical good practice guide to assist veterinary surgeons to comply with waste regulations in England and Wales

Supported by the

ENVIRONMENT AGENCY

The Environment Agency supports this Good practice guide to handling veterinary waste in England and Wales written and published by the British Veterinary Association

Further information on handling veterinary waste is available at www.bva.co.uk and www.environment-agency.gov.uk