



## COURSE EVALUATION SHEET for professional practice

Student's name: .....

Student Identification code (NEPTUN kód): .....

Year: .....

Name of practice: .....

Period of practice: .....

Name and address of the hospital/clinic: .....

.....  
.....

Department: .....

Written assessment of the student's performance: .....

.....  
.....  
.....

Institutional Seal

Signature

*Comments: Once the practice has been completed, this form must be filled in and returned directly to the Hungarian Students' Secretariat.*



**Abbreviations used in table headers:**

**L:** Level of acquirement

**CN:** Allotted case number shows the required number of interventions.

**Evaluation of levels and methods of acquirement:**

**S:** seen

**P:** participated

**D:** done

**NURSING PRACTICE  
SUMMER PRACTICE, 1ST YEAR (4 WEEKS)**

Specification of skill	L	CN	Tutor's signature
1. Assessment of the patients' general condition	R	5	
2. Monitoring vital parameters (temperature, pulse, blood pressure)	S-P	5	
3. Documentation of vital parameters in nursing documentation	S	5	
4. Hygienic hand disinfection	S-P	5	
5. Assistance with the shower	S-P	5	
6. Performing complete bed bath	S-P	5	
7. Hairwash (hair care)	S-P	1	
8. Shaving (hair care)	S-P	1	
9. Skin care	S-P	1	
10. Nail and foot care	S-P	1	
11. Oral hygiene	S-P	5	
12. Denture care	S-P	2	
13. Eye, ear, nose care	S-P	5	
14. Bedding of mobile patients' bed	S-P	5	
15. Bedding of immobile patients' bed	S-P	5	
16. Assistance with eating	S-P	5	
17. Assistance with eating and drinking for incapable patients	S-P	5	
18. Measurement and documentation of fluid intake	S-P	5	
19. Preparing and sending urine for laboratory test	S-P	1	
20. Assistance with micturation (chamberpot)	S-P	5	
21. Preparing urinary catheter for female patient	S-P	5	
22. Preparing urinary catheter for male patient	S-P	5	
23. Daily care of urinary catheter	S-P	5	
24. Measurement and documentation of fluid output	S-P	5	
25. Use of incontinence underwear	S-P	1	
26. Assistance with defecation	S-P	1	



27. Sending fecal sample for test	S-P	1	
28. Use of room toilette	S-P	5	
29. Preparing an enema	S-P	1	
30. Performing an enema	S-P	1	
31. Assistance with patients' mobilization	S-P	5	
32. Repositioning patients in bed	S-P	1	
33. Assistance with mobilisation of patients in bed	S-P	5	
34. Assistance with walking	S-P	5	
35. Decubitus prevention	S-P	5	
36. Decubitus care	S-P	1	
37. O2 administration via nasal pipette	S-P	5	
38. O2 administration via face mask	S-P	5	
39. Oral drug administration	S-P	1	
40. Sublingual drug administration	S-P	1	
41. Rectal drug administration	S-P	1	
42. Ocular drug administration	S-P	1	
43. Drug administration into the ears	S-P	1	
44. Administration of inhalative drugs (aerosols)	S-P	1	
45. Preparing parenteral drug administration	S-P	5	
46. Preparing venous puncture	S-P	5	
47. Performing venous puncture	S-P	5	
48. Preparing infusion	S-P	5	
49. Administration of drug-free infusion	S-P	1	
50. Taking blood sample	S-P	5	
51. Care of peripheral intravenous line	S-P	5	
52. Care of central venous catheter	S-P	1	

Please, mark the acceptance with X in the column in front of Tutor's Signature.

The student completed all the practices except Nr.....

Uncompleted tasks during the semester:

Nr:.....

At least 39 of the specified skills has to be completed for the acceptance.

Date: .....

Signature, personal stamp: .....

