**Staff competency assessment for the issuing of bowel preparation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Patient Nr 🡪 | 1 | 2 | 3 | 4 | 5 |
| Patient demographics | Name |  |  |  |  |  |
| DOB |  |  |  |  |  |
| Hospital number |  |  |  |  |  |
| Address |  |  |  |  |  |
| Product selection | Identifies lockable cabinet |  |  |  |  |  |
| Selected product matches the online referral form |  |  |  |  |  |
| Issue correct information leaflet |  |  |  |  |  |
| Checks expiry date of product |  |  |  |  |  |
| Only issues original box |  |  |  |  |  |
| Writes name and date on the prepopulated sticker |  |  |  |  |  |

Staff deemed as competent after successfully completing 5 assessments, please initial for each

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Competency Assessment Sign-off Assessment attempt number Competency Level Achieved | | | | | |
| Endoscopy Admin Booker’s Name |  | | Assessor’s Name |  | |
|
| Endoscopy Admin Booker’s Signature |  | | Assessor’s Signature |  | |
|
| Date |  | | Date |  | |
|
|  |  |  |  |  |  |

**From Endoscopy Bowel Prep Guidance Approved by: Medicines Governance Committee Oct 2021**