

INJECTION RECORD – INCLUSION CHECK LIST [6]

		Check	Pass/Fail
1	<p>Summary of clinical findings:</p> <ul style="list-style-type: none"> a. Age/Occ/Sports/Hobbies b. Initial Assessment – Key points c. Physical Examination – Key points d. Medical and/or Surgical History/Drug History e. Working Diagnosis <p>(You may wish to include copies of the patient record as evidence of this but if you do so please make sure they are anonymised)</p>		
2	<p>Evidence of information given to patient (Proforma 1)</p>		
3	<p>Full record of injection with follow up data (Proforma 2)</p>		
4	<p>Completed supervisors assessment form (Proforma 3)</p>		
5	<p>Report of any adverse reaction to injection (if appropriate) (Proforma 4)</p>		
6	<p>Injection recorded on log sheet (Proforma 5)</p>		
7	<p>Evidence of reflective practice (i.e. what did I learn from this procedure? How did previous learning shape my approach?)</p>		