

# AOTEAROA NEW ZEALAND EXAMPLE IQN OSCE

ENROLLED NURSE



# Candidate Instructions

Practice setting: You are an enrolled nurse working a morning shift in a medical ward.

Handover information	
Identification	Your patient is Winifred Harrison. Date of birth: 25-12-1985, National Health Index (NHI): IQN111
Situation	Winifred has recently been diagnosed with type 2 diabetes mellitus (T2DM) and has been prescribed metformin.
Background	Winifred has a family history of T2DM.
Assessment	Another nurse has already taken Winifred's vital signs, which are all within normal range.
Recommendation	Obtain the patient's capillary blood glucose using a glucometer.

You will be assessed on your ability to:

- a. accurately obtain the patient's capillary blood glucose using a glucometer
- b. document the patient's capillary blood glucose results on the blood glucose monitoring chart.

Note:

- For this scenario, you are NOT required to retake the patient's vital signs.
- A copy of Winifred's most recent vital signs, nursing notes and medication chart are attached.

----- End of Candidate Instructions -----



# Nursing Notes

Patient Name: Winifred Harrison  
Date of Birth: 25-12-1985  
NHI: IQN111

Date: xx-xx-xxxx

Time: 0645 hours

Shift: Night shift

## Nursing Notes:

Vital signs obtained once during the shift and were within normal limits. Patient mobilised independently to the toilet twice overnight - no assistance required. Reported difficulty sleeping around 0200 hrs; requested and was provided with a hot chocolate. Settled and asleep shortly afterwards. No concerns noted throughout the rest of the shift. No concerns at time of handover.





James Collins, Enrolled Nurse, #MAR1509



# Vital Signs Chart

Patient Name: Winifred Harrison  
Date of Birth: 25-12-1985  
NHI: IQN111

Date/Time	Temperature (Celsius)	Pulse Rate	Respiratory Rate	Blood Pressure (mmHg)	Pulse Oximeter	Pain	Name & Designation	Signature
xx/xx 2300	36C	65	18	120/80 mmHg	100 % room air	0/10	James Collins Enrolled Nurse #MAR1509	
xx/xx 0730	36.2C	62	16	110/70 mmHg	100 % room air	0/10	Jane Doe Enrolled Nurse #NUR2705	




# Medication Chart

Patient Name: Winifred Harrison  
 Date of Birth: 25-12-1985  
 NHI: IQN111

Allergies Reactions:	No known allergies
Adverse Reactions:	No known adverse reactions

## Regular Medicines

Date XX/XX	Medicine	Date	Time	Dose	Route	Given by (Full Name & Signature)
	metformin					
	Dose 500 mgs	Route PO (tablet)	Frequency OD	Prescriber  Dr Mycah Smith #IQN777		
	Indication For type 2 diabetes mellitus					
	Instructions Administer with food					



