

Competency certificate Stage 3

Intrathecal/Intraventricular administration of antibiotics

Observed administration of intrathecal antibiotics (minimum of 1)

	Print name	Sign
Trainee/Practitioner		
Supervisor		
Date		

Supervised practice: The procedure carried out competently

	Print name	Sign
Trainee/Practitioner		
Supervisor		
Date		

I have undergone the above training and I have successfully completed the administration of INTRATHECAL antibiotic (VANCOMYCIN/GENTAMICIN) into an established access device. I am familiar with the procedure and I feel competent to undertake this procedure in a safe and skilled manner under supervision.

Signature of trainee/practitioner:

Date: