



**University of the Philippines Manila**  
**The Health Sciences Center**  
**COLLEGE OF NURSING**

*World Health Organization Collaborating Center for Leadership in Nursing Development*  
 Sotejo Hall, Pedro Gil Street, Ermita, Manila  
 Tel. Nos. 5231472/85/94; Fax Nos. 5231477/94/85



**SURGICAL SCRUB IN UNIVERSITY OF THE PHILIPPINES – PHILIPPINE GENERAL HOSPITAL**  
 Taft Avenue, Manila 1000

<b>ODC Form 2A</b> <b>O.R. SCRUB FORM</b> Major
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Prepared by:  
 Printed Name and Signature of Student: \_\_\_\_\_

Date Performed and Time Started	Patient's INITIALS (only)	SURGICAL PROCEDURE PERFORMED	O.R. Nurse on Duty (Name AND Signature)	SUPERVISED BY Clinical Instructor (Name and Signature)
	Case Number			

Noted by: **LAURENCE LLOYD B. PARIAL, RN, PhD**  
 (Print Name and Signature)

**Clinical Coordinator**

PRC ID No. 0448618 Valid Until: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Time: \_\_\_\_\_

Noted by: **MARIA CECILIA E. PUNZALAN, RN, MAN**  
 (Print Name and Signature)

**UP-PGH Deputy Director for Nursing**

PRC ID No. 0175424 Valid Until: 08/08/2025

Date Signed: \_\_\_\_\_ Time: \_\_\_\_\_

Approved by: **SHEILA R. BONITO, RN, MAN, DrPH**  
 (Print Name and Signature)

**Dean, UP College of Nursing**

PRC ID No. \_\_\_\_\_ Valid Until: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Time: \_\_\_\_\_





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**ODC Form 2B**  
**O.R. MINOR FORM**

**SURGICAL SCRUB IN UNIVERSITY OF THE PHILIPPINES – PHILIPPINE GENERAL HOSPITAL**  
 Taft Avenue, Manila 1000

Prepared by:  
 Printed Name and Signature of Student: \_\_\_\_\_

Date Performed and Time Started	Patient's INITIALS (only)	SURGICAL PROCEDURE PERFORMED	O.R. Nurse on Duty (Name AND Signature)	SUPERVISED BY Clinical Instructor (Name and Signature)
	Case Number			

Noted by: **LAURENCE LLOYD B. PARIAL, RN, PhD**  
 (Print Name and Signature)

**Clinical Coordinator**

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Date Signed: \_\_\_\_\_ Time: \_\_\_\_\_

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**SURGICAL SCRUB IN UNIVERSITY OF THE PHILIPPINES – PHILIPPINE GENERAL HOSPITAL**  
 Taft Avenue, Manila 1000

**ODC Form \_\_**  
**O.R. CIRCULATING**  
**FORM Major**

Prepared by:  
 Printed Name and Signature of Student: \_\_\_\_\_

Date Performed and Time Started	Patient's INITIALS (only)	SURGICAL PROCEDURE PERFORMED	O.R. Nurse on Duty (Name AND Signature)	SUPERVISED BY Clinical Instructor (Name and Signature)
	Case Number			

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**SUMMARY PERFORMANCE EVALUATION ACHIEVING**  
**INTRA-OPERATIVE CARE COMPETENCY**  
 In Accordance with PRC Board of Nursing Memorandum No. 01 Series 2009

Signature over Printed Name of Student: \_\_\_\_\_

INTRA-OPERATIVE CARE COMPETENCIES	DESIRED RATING	1 <sup>ST</sup> RLE	2 <sup>ND</sup> RLE	3 <sup>RD</sup> RLE	AVERAGE RATING
<b>I. SAFE AND QUALITY NURSING CARE (SQC)</b>					
1. Utilizes the nursing process in the care of OR client					
a. Obtains comprehensive client's information by checking complete accomplishment of the preoperative checklist/client's chart	4				
b. Identifies priority needs of the client at the Operating Room	4				
c. Provides needed nursing interventions based on identified needs	4				
d. Monitors client's responses to surgery	2				
2. Promotes safety and comfort of patients inside the OR	2				
3. Performs the functions of the scrub nurse					
a. Performs surgical scrub correctly	4				
b. Wears sterile gowns and gloves aseptically	2				
c. Prepares surgical instruments, sponges, sutures and other supplies in functional arrangement	2				
d. Hands instruments, sponges, sutures and other needed materials according to surgeon's preference	2				
e. Performs surgical count accurately	2				
4. Performs the functions of the circulating nurse					
a. Anticipates the needs of the surgical team	2				
b. Sets up the OR room and needed equipment	2				
c. Receives client for surgery / endorses client post-operatively	2				
d. Assists in skin preparation and draping of client	2				
5. Administers medications and other health therapeutics safely	2				
<b>II. MANAGEMENT OF RESOURCES AND ENVIRONMENT (MRE)</b>					
1. Organizes work load to facilitate timely patient Care	4				
2. Utilizes adequate and appropriate resources to support the OR team	2				
3. Ensures functionality of OR resources	2				
4. Maintains a safe environment at the OR by observing the principles of asepsis	2				
<b>III. HEALTH EDUCATION (HE)</b>					



1. Implements appropriate health education activities to client based on needs assessment	2				
<b>IV. LEGAL RESPONSIBILITIES (LR)</b>					
1. Adheres to legal and institutional protocols regarding informed consent	2				
<b>V. ETHICO-MORAL RESPONSIBILITIES (EMR)</b>					
1. Respects the rights of the OR client	2				
2. Accepts responsibility and accountability for own decisions and actions as an OR nurse	2				
<b>VI. PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD)</b>					
1. Performs OR functions according to professional standards	4				
2. Possesses positive attitude towards learning surgical and OR-related knowledge and skills	2				
<b>VII. QUALITY IMPROVEMENT (QI)</b>					
1. Participates in quality improvement activities related to infection control and successful OR operations	2				
2. Identifies and reports variances in sterility and other OR activities	2				
<b>VIII. RESEARCH (R)</b>					
1. Disseminates results of OR-related research findings to clinical group and other members of the OR team as appropriate	2				
<b>IX. RECORDS MANAGEMENT (RM)</b>					
1. Maintain accurate and updated documentation of patient care	2				
<b>X. COMMUNICATION (Comm)</b>					
1. Establishes rapport with patients, significant others and members of the health team	1				
2. Uses appropriate information mechanisms to facilitate communication inside the OR and with other departments in the hospital	2				
<b>XI. COLLABORATION AND TEAMWORK (CTM)</b>					
1. Collaborates plan of care with other members of the health team	2				
<b>TOTAL SCORE</b>	<b>75</b>				

Certified True and Correct:

(Signature over Printed Names)

\_\_\_\_\_  
*Clinical Instructor*  
 License Number: \_\_\_\_\_  
 PRC Card - Validity Date: \_\_\_\_\_

**LAURENCE LLOYD B. PARIAL, RN, PhD**  
*Clinical Coordinator, N-107*  
 License Number: **0448618**  
 PRC Card - Validity Date: **February 22, 2025**

**MARIA CECILIA E. PUNZALAN, RN, MAN**  
*Deputy Director for Nursing, UP-PGH*  
 License Number: **0175424**  
 PRC Card - Validity Date: **08/08/2025**

**SHEILA R. BONITO, RN, MAN, DrPH**  
*Dean, UP College of Nursing*  
 License Number: \_\_\_\_\_  
 PRC Card - Validity Date: \_\_\_\_\_

\_\_\_\_\_  
**Academic Year Graduate**

