**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Room Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Report Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nurse Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shift Schedule: Student lunch break\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post-Conference Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(tests/procedures)**

**Focused Disease Process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Student is only permitted to administer those medications allowed by their scope of practice and **in the presence of their Instructor/Preceptor**. A student may not administer Chemotherapy, IV push cardiac medications, neuromuscular blocking agents, epidurals, patient-controlled analgesia (PCA), or administer blood products.

\*The Instructor/Preceptor must be present to supervise if the student has not attained clinical competency in a procedure. Instructor/Preceptor will provide guidance about **which skills may be performed independently**.

\*Students and instructors **do not** have access to POCT blood glucose monitors.

|  |  |
| --- | --- |
| **SKILLS I WANT TO EXPERIENCE** | **SKILLS/RESPONSIBILITIES I HAVE DONE** |
| \_\_\_placing a PIV  \_\_\_hang primary tubing & secondary  \_\_\_wound care  \_\_\_vital signs  \_\_\_head-to-toe assessment  \_\_\_bed bath  Other: | \_\_\_placing a PIV  \_\_\_hang primary tubing & secondary  \_\_\_wound care  \_\_\_vital signs  \_\_\_head-to-toe assessment  \_\_\_bed bath  Other: |

**Shift Flow Discussion with Assigned Nurse:** (expectations: shadow all patients or just assigned patients? Communication preferences: phone#?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Deposit in paper shredder post-shift. Please shred if found.*