**Upskill to Nursing Assistant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Dept./Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Upskill Unit/Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_  Preceptor (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preceptor (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | **Preceptor Initials/ Date** |  | **Preceptor Initials/ Date** |
| **Department Tour:** | | | | **Call System:** | |
| Phone Numbers | | |  | Program Phone |  |
| Resources | | |  | Answer call lights |  |
| Supply Rooms- *Clean versus Dirty* | | |  | Cancel call light in room |  |
| Door Codes | | |  | Patient hand-off |  |
| Room Orientation | |  | **Safety:** | |
| Emergency System Activation | |  | Patient Identification Process   * Full Name & DOB |  |
| Emergency Response Plans | |  |
| Fire Extinguisher/Pull Station | |  | Colors of Safety Bands |  |
| Badge Readers | |  | **EMR Documentation:** | |
| Policy & Procedure | |  | Vital Signs |  |
| **Infection Control:** | | | Intake & Output |  |
| Personal Protective Equipment (PPE)  * Universal Precautions * PPE Supply Location * Donning/Doffing Demonstration * Isolation Type * Isolation Signage | |  | Urinary Catheter Care/ CAUTI |  |
| Diet & Snacks |  |
| Feed Assist |  |
| Ambulation |  |
| Hand Hygiene | |  | Oral/Denture Care |  |
|  | |  | ADL’s   * Complete * Partial * Independent/Shower |  |
| **Equipment- Unit Location and Use:** | | | Skin Care   * Turn & Reposition |  |
| Automatic BP machines | |  | Feeding |  |
| Manual Blood Pressure | |  | Sequential Compression Devices (SCD)   * Application and removal |  |
| Bed Functions   * Weighing a patient * Calibrating * Bed Alarms * CPR position * Safety Features/Siderails | |  | Temperature Management   * Oral * Axillary  Rectal |  |
| Restraints |  |
| Suicide Precautions |  |
| Specimen Collection and Labeling |  |
| Patient Transfer devices  Mechanical Device Transfer  Wheelchair Transfer  Lateral Transfer  Gait Belt Transfer  Appropriate Body Mechanics | |  | **Room Set Up:** | |
| Adult |  |
| Pediatric |  |
| Surgical Patient |  |
| Glucometer   * Patient testing * Result notification * Infection control/cleaning * Isolation patient testing * Control testing * Supply expiration | |  | Hester Davis Fall Risk   * Fall Mat * Safety Side/Working Side |  |
| **Health Stream/Computer Based Learning:** | | |  | |
| [4 BARD® SURESTEP® Foley Catheter Maintenance, General Care and Maintenance](https://www.healthstream.com/HSAPP/CoursePreEnrollment?courseId=ec4b4032-e63f-e511-94ad-005056b1522b&courseVersion=4) | |  | | EMR training |  |
| [5 BARD® SURESTEP® Foley Catheter Maintenance, StatLock® Foley Device](https://www.healthstream.com/HSAPP/CoursePreEnrollment?courseId=0f336d2e-e73f-e511-94ad-005056b1522b&courseVersion=4) | |  | | Department shadow |  |
| 6 BARD® SURESTEP® Foley Catheter Maintenance, Sample Collection | |  | |  |  |
| [Bard SURESTEP™ Post Insertion Foley Care](https://www.healthstream.com/HSAPP/CoursePreEnrollment?courseId=e4ce84d2-676a-e611-9556-005056b15839&courseVersion=2) | | |  |  |  |
| **Return completed form to Department Manager** | | | | | |

*I understand the content covered addresses emergency COVD-19 training. I understand it is my professional responsibility to seek clarification from appropriate staff regarding any questions/clarifications.*

**Trainee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Resources available include:*

* Competency checklists
* Mosby’s Nursing Procedures
* Policies on Intranet
* Any Med/Surg staff