**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 devicesMechanical Device TransferWheelchair TransferLateral TransferGait Belt TransferAppropriate 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