|  |
| --- |
| Employee Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee #: \_\_\_\_\_\_\_\_\_\_ Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_Preceptor RN(s) (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Upskill to Med Surg** |
| **Plans of Care** | **Preceptor RN Initials/Date** | **Miscellaneous Functions** | **Preceptor RN Initials/Date** |
| Suicide Risk Assessment  |  | Admission/ Discharge Process  |  |
| Pain Management  |  | Patient Education  |  |
| Wound/Cellulitis  |  | Emergency Response  |  |
| Congestive Heart Failure |  | Head-to-Toe Physical Assessment  |  |
| Surgical Patient (pre and post care ) |  | Blood Administration |  |
| Alcohol Withdrawal/CIWA |  | Nutrition support |  |
| Diabetic |  | NG Tube/ Wall Suction |  |
| Stroke Identification & Care |  | IV Therapy |  |
| GI Bleed |  | Medication Administration  |  |
| MDRO  |  | Surgical Drain Management |  |
| Sepsis |  | Patient Hand-Off/Bedside Report |  |
| End of Life/Comfort Cares/ Death |  | Purposeful Rounding |  |
| Trauma |  | Specimen Collection |   |
| Fall Prevention |  | Central Line Maintenance/ CLABSI |  |
| Restraint Management  |  | Foley Care Maintenance / CAUTI Prevention |  |
| Chronic Obstructive Pulmonary Disease (COPD) |  | Aseptic Technique  |  |
|  |  |  |  |
| **EMR Documentation** |  |  |  |
| Patient List |  |  |  |
| Fall Risk |  |  |  |
| Intake & Output |  |  |  |
| Pain |  |  |  |
| Shift Assessment |  |  |  |
|  |  |  |  |
| ***Please return to your unit managers*** |