

GRAYSON COLLEGE
ASSOCIATE DEGREE
NURSING PROGRAM



Nursing 2
RNSG 1461
Clinical Packet
Spring 2021

GRAYSON COLLEGE

Please Note: Due to extenuating circumstances, including public health issues, course and testing delivery methods, instructional schedules, housing contracts, campus procedures and/or operating hours may be altered, interrupted and/or ceased for a limited or extended period of time. Such changes will be posted on the College website.

Course Syllabus

Course Information

RNSG 1461, Clinical Nursing 2, Spring 2021

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Course Description

A health-related, work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. RNSG 1461 must be taken concurrently with RNSG 2404 and RNSG 1144.

Course Pre-requisites, Co-requisites, and/or Other Restrictions

BIOL 2301, 2101, 2302, and 2102, RNSG 1523, 1119, 1460. A grade of Pass is required in RNSG 1461 to progress to Nursing 3. This course must be taken and passed concurrently with RNSG 2404 and RNSG 1144.

Course Placement: Second semester of the nursing program.

End of Program Student Learning Outcomes

Member of the profession

Demonstrate professional attitudes and behaviors.
Demonstrate personal accountability and growth.
Advocate on behalf of patients, families, self, and the profession.

Provider of patient-centered care

Use clinical decision-making skills to provide safe, effective care for patients and families.
Develop, implement, and evaluate teaching plans to meet the needs of patients and families.
Integrate a caring approach in the provision of care for diverse patients and families.
Perform skills safely and correctly in the provision of patient care.
Manage resources in the provision of safe, effective care for patients and families.

Patient safety advocate

Implement measures to promote a safe environment for patients, self, and others
Formulate goals and outcomes to reduce risk using evidence-based guidelines.

Member of the health care team

Initiate and facilitate communication to meet the needs of patients and families.
Collaborate with patients, families, and health care team members to promote quality care.
Function as a member of the interdisciplinary team.

End of Course Student Learning Outcomes

Identify and apply stages of the nursing process in the care of patients across the lifespan
Demonstrate knowledge of acute and chronic disease processes across the lifespan
Apply concepts of physical assessment and examination techniques in the care of patients across the lifespan
Integrate concepts involving appropriate treatments, nursing interventions, and safety precautions in the care of patients with chronic and acute health conditions

Identify appropriate communication, collaboration, and coordination with the patients and members of the healthcare team

Apply concepts of pharmacology and principles of medication administration and calculation

Describe and apply fundamental skills of nursing

Describe the nursing care of a patient undergoing an operative procedure

Identify the appropriate care of a pregnant patient throughout the course of pregnancy and after delivery

Scans Skills

When taken concurrently with RNSG 2404, the following skills will be achieved

Workplace Competencies

1. Resources: Identifies, organizes, plans, and allocates resources.
 2. Students in RNSG 1461 have to be able to allocate their time and material/facilities resources in an efficient manner in the clinical setting. They must be able to manage the care of a group of clients in the clinical setting. Students must organize and plan patient care activities so that the work is completed in the allocated time. Concepts of making client assignments for a team, that helps students learn how to distribute the patient care among members of the team, is introduced.
 3. Interpersonal Skills: Works with Others
 4. Students in RNSG 1461 must demonstrate skills of negotiation, delegation, and participation as a member of a team. Students learn to use concepts of management and evaluation skills as they work with other healthcare team disciplines. Students are also expected to meet self-directed learning goals that enable them to identify needs of growth.
 5. Information: Acquires and Uses Information. Students in RNSG 1461 must continue with the development of information skills so that all resources of patient information are used to collect data. Sources of information include the individual hospital information systems, the college's extensive collection of resources including internet, CAI, (available in the Health Science computer lab), patient record, physician record, nursing journals, and other available references.
 6. Systems: Understands Complex, Inter-Related Systems. Students in RNSG 1461 must be able to practice within the legal scope of nursing practice. This legal scope includes the state of nursing regulations, federal legislation, state statutes and common law. The practice of nursing is governed by the Nurse Practice Act, which was enacted by the state legislature. A variety of laws are enacted at the state level that has a direct impact on the nurse providing clinical care.
 7. Technology: Works with a Variety of Technology. Students in RNSG 1461 must be able to manage information and knowledge with use of advanced and emerging technology. Emerging technologies can be used to provide linkages, specifically information technologies used for information handling. The current focus is on using information collected by emerging technologies to gain a competitive advantage in healthcare.
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Foundation Skills

1. **Basic Skills: Reading, Writing, Math, Listening and Speaking.** Students in RNSG 1461 are required to do several written assignments reflective of their clinical experiences such as nursing care plans and/or teaching plans. Participation in case study presentations is also required. Dosage calculations on math mastery exams requiring 90% competency is required.
2. **Thinking Skills: Creative Thinking, Problem Solving, Visualizing Relationships, Reasoning and Learning.** Students in RNSG 1461 are encouraged to be active participants in the learning process as well as self-directed learners. They must be able to identify their learning needs. Formulation of a philosophy of nursing and personal values are exposed. By recognizing and identifying problems in the client populations, students develop and implement a plan of care.
3. **Personal Qualities: Responsibility, Self-esteem, Sociability, Self-Management, Integrity and Honesty.** Students in RNSG 1461 critique themselves after each clinical day with regard to professional development. They are expected to demonstrate the professional nursing role by expressing insight into their own learning needs. They must demonstrate respect for others, assume accountability for decisions and/or actions and involve self in finding solutions to problems.

Required Textbooks and Materials: See RNSG 2404 Syllabus

Required Assignments: Specific assignments, requirements, objectives, and clinical forms related to RNSG 1461 are included at the end of the course syllabus for ease of printing.

Methods of Instruction

1. Discussion
2. Group Process - Role Play
3. Simulation of client situations
4. Study Guides
5. Audio-visual /Computer materials
6. Clinical practicum
7. Written assignments
8. Required textbooks
9. Instructor - student conferences
10. Supervised care of selected clients
11. Daily evaluation

Clinical Evaluation

(Revised 11/2015)

1. A student must pass theory, lab and clinical courses to progress to the next nursing level.
2. The clinical grade is based upon clinical performance and written assignments.
 - A. Clinical performance will be evaluated by the clinical professor on a daily evaluation sheet and on the *Clinical Performance Evaluation Tool* at mid-semester and upon completion of the semester.
 - B. Clinical performance is evaluated as a "Pass" or "Fail" grade. To receive a clinical grade of "Pass", the student must, at the completion of the clinical course, exhibit a

satisfactory level of 75% or better on all starred (*) criteria (behaviors) on the *Clinical Performance Evaluation Tool*.

- C. All assignments listed in the syllabus as well as any additional assignments given by the clinical professor must be satisfactorily completed and submitted to the clinical professor by the designated deadline date in order to receive a grade of “Pass.” Assignments include returning the signed daily evaluation back to the instructor by the designated deadline.
- D. Continued failure to turn in assignments by the designated deadline will result in an “Unsatisfactory” for each day / week that the assignment is late.

Course & Instructor Policies

Clinical Readiness Exam

(Reviewed 8/14)

In order to satisfy requirements of the program, clinical facilities and accrediting agencies, all nursing students must pass a clinical readiness exam before clinical begins in Nursing 1 & 3, or upon re-entry into a previously enrolled semester if it has been more than one semester since the student was in a clinical course. The student will have two attempts to pass the exam with a score of 75%. Students who do not pass with a score of 75% within two attempts will not be able to progress in the clinical component of the program. A *Clinical Readiness Exam* study guide is available to assist the student to prep for this exam.

Topics to be included in the clinical readiness exam may include:

- a) Patient identification
- b) Communication among caregivers
- c) Safety issues related to client medications
- d) Universal protocols to eliminate wrong-site, wrong-patient, wrong-procedure surgery
- e) Serviceable medical equipment
- f) Clinical alarm systems
- g) Health care-associated infections
- h) Medication reconciliation across the continuum of care
- i) Client Falls
- j) Abuse and neglect
- k) Electrical safety
- l) Fire safety
- m) Hazardous materials
- n) Sentinel events
- o) Infection control
- p) Tuberculosis: personal protective equipment
- q) Client rights
- r) Restraints
- s) Cultural competence
- t) Developmental (age specific) competence
- u) Rights and safety of healthcare personnel
- v) Latex allergy
- w) Needle stick injury

- x) Sexual harassment and workplace violence
- y) Organizational ethics and compliance
- z) Emergency preparedness: disaster and bioterrorism

Attendance Policy

(Revised 11/14)

Regular attendance is mandatory for accomplishment of the ADN program's goals and objectives. The ADN program adheres to the *Grayson College Student Handbook* attendance policy. Should absences occur which do not allow for full evaluation of student performance (quality and consistency) faculty will be unable to assign a passing grade.

The following policies are specific to the clinical course.

1. Attendance on the assigned clinical day is mandatory. Any missed clinical time must be made up. More than one clinical absence during the entire program may be grounds for dismissal based on the recommendation of the Admission, Retention and Graduation Committee.
2. Students must attend all pre and post-conferences either in the clinical setting or on campus (i.e., guest speakers, lab practices, etc.).
3. Students are expected to remain on the clinical campus during the entire clinical day. If a student must leave the clinical campus during a designated meal or break time, the student must have permission of the clinical instructor and is responsible to ensure that there is adequate coverage to meet the needs of assigned clients.
4. Students must notify the professor or a designated alternate at least one hour prior to time scheduled for clinical if they are going to be absent. Failure to notify the professor will be reflected on the clinical evaluation and may result in a clinical failure.

Clinical Dress Code

(Revised 04/15)

The following are the requirements for student dress in the ADN program. While in uniform, the student **must** observe the dress code regulations at all times. Instructors will notify students of required modifications for specialty areas.

1. Students must purchase the required brand, style and color of the scrubs approved for the current class. (Refer to *Clinical Uniform and Supplies* policy received during program orientation.)
2. When in uniform, top and pants must be of one color. (Different colored pants and tops may not be mixed). The assigned clinical agency will determine which color uniform is acceptable and will be part of the clinical orientation.
3. A designated ADN program approved white long sleeve or short sleeve shirt may be worn under the uniform for warmth or modesty.
4. Shoes must be conservatively and professionally styled with closed toes. Other than a medical device, boots of any type are not to be worn during the clinical day. Solid white or black socks or hose must be worn with the uniform. Socks must be a minimum of ankle length or longer.

5. The ADN program patch must be sewn on the left sleeve of each uniform and lab coat. These must be sewn on. Staples, safety pins or Velcro are not acceptable. The patch should be centered and located one inch below the shoulder seam.
6. A current Grayson College ADN program photo ID badge must be worn on the uniform at all times. Students will not be allowed to remain in clinical without the appropriate Grayson College-ID badge. (Available in the Student Life Center)
7. Any style lab coat or jacket may be worn over the uniform. However, it must be all white with an ADN program patch sewn on left sleeve.
8. Students are to maintain the following general appearance and decorum when in uniform.
 - a. Neat, clean and well-groomed appearance.
 - b. Shoes and uniforms must be clean and neat at all times.
 - c. Uniform must be appropriate length and fit.
 - d. Hair must be kept off shoulders. Collar length is acceptable if secured so as to not Fall forward from the face.
9. Jewelry limited to:
 - Medical ID bracelet if needed. No other necklaces or bracelets.
 - One set of stud earrings (approximately 4mm in diameter, no colors). Only one stud allowed and only in each lower ear lobe.
 - Earlobe expanders must be removed and replaced by a flesh-colored earlobe plug.
 - Plain wedding band only.
 - No visible body piercing other than normally placed for stud earrings (in lower ear lobe).
10. No nail polish, artificial nails or tips; length of nails must not be visible over fingertips.
11. All tattoos must be covered.
12. Hair, breath and clothing must be free of perfume, smoke or other odors in the clinical area.
13. White laboratory coats with ADN program patch and Grayson College picture ID **must** be worn over street clothes (no jeans, shorts, open toe shoes, or unprofessionally short skirts allowed) when performing other assigned activities that do not require wearing the school uniform.
14. Nursing student uniforms may be worn outside the clinical area **only** during classes, laboratory sessions, or events directly related to educational experiences offered by the ADN department. Student uniform or lab coat with the college patch, and the college name badge may not be worn on any job not associated with the Grayson College nursing program. Students working outside the program may not sign S.N. (Student Nurse) to any documentation.
15. In addition to the uniform requirements listed above, students participating in a clinical course are required to have the following items with them:
 - Watch with second hand
 - Ball point pen with black ink
 - Black Sharpie pen
 - Bandage scissors
 - Hemostats
 - Stethoscope
 - BP cuff
 - Pen light
 - Safety goggles (optional)

- Pocket organizer (optional)
- Additional items specified by clinical instructor

Students are recognized by the public as representatives of Grayson College. A student's appearance reflects not only on themselves, but on the college. Therefore, students can expect to be reminded of the dress code regulations by any faculty member who observes them improperly dressed. In addition, instructors may choose to remove students from an area in which they are not appropriately dressed and/or assign a "U" (Unsatisfactory) for the clinical day.

Clinical Procedures Policy

(Revised 5/15)

1. Medications may be administered only after satisfactory completion of a campus laboratory student demonstration (check-off).
2. Procedures not marked may be performed independently by the student following satisfactory lab check-off.
3. All procedures marked with a (*) must be supervised by a faculty member until released for supervision by a designated Registered Nurse.
4. All procedures marked with a (#) must be supervised by the faculty member until released for supervision by a designated Registered Nurse; or by an assigned student team leader after approval by the instructor.
5. If an error is made while completing a procedure, the student must follow the *Procedure Variance Policy*.
6. Removal of any medical device must be approved or supervised by the clinical instructor or approved Registered Nurse.
7. During Role Transition, the clinical preceptor is the "designated RN."

TITLE IX

GC policy prohibits discrimination on the basis of age, ancestry, color, disability, gender identity, genetic information, national origin, race, religion, retaliation, serious medical condition, sex, sexual orientation, spousal affiliation and protected veterans status. Furthermore, Title IX prohibits sex discrimination to include sexual misconduct: sexual violence (sexual assault, rape), sexual harassment and retaliation.

For more information on Title IX, please contact:

Dr. Regina Organ, Title IX Coordinator (903-463-8714)

Mr. Brad Bankhead, Title IX Deputy Coordinator- South Campus (903) 415-2601

Mr. Mike McBrayer, Title IX Deputy Coordinator (903) 463-8753

Website: <http://www.grayson.edu/campus-life/campus-police/title-ix-policies.html>

GC Police Department: (903) 463-8777- Main Campus) (903) 415-2501 - South Campus)

GC Counseling Center: (903) 463-8730

For Any On-campus Emergencies: 911

Grayson College campus-wide student policies may be found on our Current Student Page on our website: <http://grayson.edu/current-students/index.html>

Grayson College is not responsible for illness/injury that occurs during the normal course of classroom/lab/clinical experiences.

These descriptions and timelines are subject to change at the discretion of the Professor.

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Nursing 1	Nursing 2	Nursing 3	Nursing 4
Vital signs	Vital signs	Vital signs	Vital signs
Bed making	Bed making	Bed making	Bed making
Bed bath	Bed bath	Bed bath	Bed bath
ROM exercises	ROM exercises	ROM exercises	ROM exercises
Transfers / positioning	Transfers / positioning	Transfers / positioning	Transfers / positioning
Health assessment	Health assessment	Health assessment	Health assessment
Glucometer check	Glucometer check	Glucometer check	Glucometer check
		Basic EKG interpretation	Basic EKG interpretation
Dressing change Non-sterile dressing Sterile dressing * Central line dressing *	Dressing change Non-sterile dressing Sterile dressing * Central line dressing *	Dressing change Non-sterile dressing Sterile dressing # Central line dressing #	Dressing change Non-sterile dressing Sterile dressing # Central line dressing #
	NG tube insertion *	NG tube insertion *	NG tube insertion *
	Gastric tube feeding *	Gastric tube feeding *	Gastric tube feeding *
	Urinary catheterization *	Urinary catheterization *	Urinary catheterization *
Medication administration	Medication administration	Medication administration	Medication administration
Oral *	Oral *	Oral *	Oral *
Intramuscular *	Intramuscular *	Intramuscular *	Intramuscular *
Intradermal *	Intradermal *	Intradermal *	Intradermal *
Subcutaneous *	Subcutaneous *	Subcutaneous *	Subcutaneous *
Suppository *	Suppository *	Suppository *	Suppository *
Topicals *	Topicals *	Topicals *	Topicals *
Inhalers *	Inhalers *	Inhalers *	Inhalers *
Eye / ear meds *	Eye / ear meds *	Eye / ear meds *	Eye / ear meds *
	NG / PEG tube meds *	NG / PEG tube meds *	NG / PEG tube meds *
	IV push / IV piggyback *	IV push / IV piggyback *	IV push / IV piggyback *
	Venipuncture / IV insertion*	Venipuncture / IV insertion *	Venipuncture / IV insertion *
	Blood specimen collection*	Blood specimen collection *	Blood specimen collection*
	Access implanted venous port*	Access implanted venous port*	Access implanted venous port*
		Nasotracheal suctioning *	Nasotracheal suctioning *
		Tracheostomy suctioning *	Tracheostomy suctioning *
		Tracheostomy care *	Tracheostomy care *

Additional policies specific to the Nursing Program are published in the ADN Student Handbook.

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Grayson College
Associate Degree Nursing
Clinical Nursing II
RNSG 1461
Clinical Assignments/Activities

Daily student assignments will be organized around, either client care, experiences in specialty areas, or laboratory experiences.

When assigned to a specialty area, clinical objectives will be provided.

Clinical activities, to be performed as assigned:

- A. Medication and diagnostic information as required.
- B. Client care to include:
 - 1. Client assessment, including vital signs
 - 2. Personal care
 - 3. Safety measures
 - 4. Medical/surgical asepsis
 - 5. Procedures and medications assigned
 - 6. Report of observations and client care to charge nurse and instructor
 - 7. Participate in discharge planning
 - 8. Administration of intravenous therapy and medications.
- C. Documentation of client care according to hospital procedure.
- D. Written assignments to include:
 - 1. One Satisfactory Concept Map per semester.
 - 2. Two Narrative Chartings with a Priority Nursing Diagnosis form completed per semester.
 - 3. Priority Nursing Diagnosis & Interventions form for one client weekly, which includes your focused charting.
 - 4. Daily Clinical evaluation form completed.
 - 5. Completion of Medication Summary Sheet prior to Medication Administration
 - 6. Two comprehensive assessments per semester.
- E. Demonstrate satisfactory expected behaviors listed in RNSG 1461 Clinical Performance Evaluation Tool.

**Grayson College
Associate Degree Nursing Program
1461 Clinical Evaluation**

Performance Standards which Define Satisfactory Performance of Expected Behaviors

A summative clinical evaluation grade of Satisfactory is achieved by demonstrating expected behaviors 75% of the clinical time on all starred items. Behaviors that are graded are listed in the course clinical evaluation tool for each semester, under each clinical objective. The criteria that define behavioral standards at each level are listed below.

NURSING 2

Grade	Criteria
1	<ul style="list-style-type: none"> • Unprofessional attitudes or behaviors • Unsafe skill or practice • Formal, written counseling is required if a 1 is received
2	<ul style="list-style-type: none"> • Not adhering to program and/or agency policies • Requires frequent cues from faculty and/or staff • Demonstrates a lack of skill, clinical judgment, or efficiency • Failure to recognize an unsafe environment for patient, self, and others • Demonstrates ineffective communication • Performs as an ineffective team member
3	<ul style="list-style-type: none"> • Adheres to program and agency policies • Demonstrates positive professional behaviors • Performs nursing care safely and accurately for 1 or more patients with supportive guidance • Demonstrates appropriate clinical judgment and efficiency for 1 or more patients • Recognizes an unsafe environment for patient, self, and others • Demonstrates effective communication • Performs as an effective team member
4	<ul style="list-style-type: none"> • Adheres to program and agency policies • Demonstrates positive professional behaviors • Performs nursing care safely and accurately for 2 or more patients with minimal guidance • Demonstrates appropriate clinical judgment and efficiency for 2 or more patients • Recognizes an unsafe environment for patient, self, and others • Demonstrates effective communication • Performs as an effective team member • Has demonstrated an improvement in designated criteria and/or behavior

Grayson College
Associate Degree Nursing Program
Clinical Objectives

May include any of the objectives for previous clinical courses, as well as those listed for each course.

	RNSG 1460	RNSG 1461	RSNG 2462	RNSG 2463
Member of the Profession				
Professionalism	<p>Describe professional behaviors and attitudes observed on your assigned unit.</p> <p>Describe a clinical situation you observed which involved an ethical issue.</p> <p>Describe a clinical situation you observed which involved a legal issue</p>	<p>1. Describe how you demonstrated professional behaviors in the provision of care to your assigned patients.</p> <p>2. Describe how you used an ethical principle to in planning and implementing care for your assigned patients.</p> <p>3. Describe how you used a legal principle in planning and implementing care for your assigned patients.</p>	<p>Analyze the impact of professionalism on the outcome of care for your assigned patients.</p> <p>Analyze the impact of ethical principles in the outcome of care for your assigned patients.</p> <p>Analyze the impact of legal principles in the outcome of care for your assigned patients.</p>	<p>Analyze the impact of professionalism on patient care outcomes on your assigned unit.</p> <p>Analyze a clinical situation that involved an ethical dilemma.</p> <p>Analyze legal considerations that impact the outcome of care for patients on your assigned unit.</p>
Personal Accountability	Describe a situation where you took personal accountability for your actions within the clinical setting.	4. Analyze the outcome of a situation in which you assumed personal accountability for your actions in the clinical setting.	Implement a plan to address your personal learning needs in the clinical setting.	Evaluate strategies you implemented to address your personal learning needs in the clinical setting.
Advocacy	Describe a specific clinical situation	5. Describe how you acted as an advocate	Analyze how patient advocacy	Analyze how you independently

	which involved advocacy.	for your assigned patient.	impacted the outcome of patient care in a clinical situation.	advocated on behalf of your patients, families, self, or the profession.
<i>Provider of Patient-Centered Care</i>				
Clinical Decision Making	Describe the nursing knowledge needed to plan safe, effective care for your assigned patient.	6. Describe how your assigned patient's plan of care relates to your assessment findings. 7. Describe a patient care situation in which clinical decision making skills impacted the outcome of patient care.	Analyze a clinical situation in which additional nursing knowledge might have impacted the outcome of patient care. Analyze a clinical situation in which decision making skills impacted the outcome of patient care.	Discuss how the nurse manager on your assigned unit uses nursing knowledge in the management of care for the patients on the unit. Analyze how your use of decision making skills impacted the outcome of patient care for a group of patients.
Patient Teaching	Describe your assigned patient's response to the teaching you provided	8. Discuss the principles underlying your approach to patient teaching for your assigned patients.	Analyze a clinical situation in which the strategies used to provide patient teaching impacted the outcome of patient care.	Analyze how your approach to patient teaching impacted the outcome of patient care.
Caring Approach	Describe caring interventions you used in the care of your assigned patient.	9. Describe a patient care situation in which the implementation of a caring approach impacted the outcome of patient care.	Analyze how a caring approach impacted the outcome of patient care in a clinical situation.	Analyze the utilization of a caring approach to meet the needs of a diverse patient population
Resource management	Identify resources available to you in the provision of care for your assigned patient.	10. Describe how your use of resources impacted the outcome of your patient care.	Discuss the role of the nurse in ensuring adequate resources for patient care.	Analyze how availability of adequate resources impacts outcomes of care on your

				assigned unit.
Skill Competency	<p>Describe skills used to ensure safe, effective care.</p> <p>Discuss the importance of the rights of medication administration.</p> <p>Identify factors that may impact safe medication administration on your assigned unit.</p>	<p>11. Analyze the effectiveness of the skills you used in the care of your patients.</p> <p>12. Analyze the effectiveness of the strategies you used to organize medication administration for your assigned patients.</p>	<p>Analyze a clinical situation in which effective time management skills impacted the outcome of patient care.</p> <p>Evaluate a clinical situation in which the approach to medication administration impacted the outcome of patient care.</p>	<p>Analyze the effectiveness of the strategies you used to care for a group of patients.</p> <p>Discuss alternate approaches to promote safe medication administration.</p>
<i>Patient Safety Advocate</i>				
Safety	Describe measures you used to promote a safe environment for your patient, self, and others.	13. Discuss measures you used to promote a safe environment for your patients, self, and others.	Analyze measures used to promote a safe environment for patients, self, and others.	Evaluate measures to promote a safe environment for patients, self, and others.
Risk Reduction	Describe how abnormal values (vital signs; diagnostic test findings) reflect increased risk for your assigned patient.	14. Describe the diagnostic test results, prescribed medications and/or treatments for your assigned patients.	<p>Analyze the relationship between the assessment findings, diagnostic test results, and prescribed treatments for your assigned patients.</p> <p>Analyze how the implementation of risk reduction strategies</p>	<p>Analyze the impact of evidence-based practice on the outcomes of care on your assigned unit.</p> <p>Describe a clinical situation where failure to rescue could lead to potential harm.</p>

			impacted the outcome of care for your assigned patients.	
Member of the Health Care Team				
Communication	Identify communication skills used in the care of your assigned patient.	15. Describe a patient care situation in which therapeutic communication skills impacted the outcome of patient care.	Analyze a clinical situation in which therapeutic communication skills impacted the outcome of patient care.	Analyze how your use of therapeutic communication skills impacted the outcome of patient care.
Collaboration & Coordination	Describe activities you used to encourage participation of the patient, family, and/or health care team to meet patient needs. Describe the role of a non-nurse member of the interdisciplinary healthcare team.	16. Describe how varying members of the IDT healthcare team impacted the outcome of care for your assigned patient.	Describe how your collaboration with other IDT members impacted the outcome of care for your assigned patients.	Analyze strategies you used to promote effective collaboration.

Grayson College
Associate Degree Nursing
Specialty Area Objectives

A clinical experience in a specialty area involves personal & professional responsibility in the following areas:

1. Preparation prior to the clinical experience as assigned
2. Communication & collaboration with the specialty area staff & your assigned preceptor
3. Completion of the specialty area objectives for the assigned experience
4. Completion of two clinical objectives
5. Timely submission of required paperwork related to your experience

Specialty Area Objectives: Emergency Department

1. Report to the ER supervisor or charge nurse following pre-conference. Assist an RN preceptor with client assessment, care and discharge. Invasive procedures may be performed with RN preceptor supervision. Observe the process of triage.
2. Written work: Submit a summary of your day. Compare nursing care you performed with standard triage procedures. Complete the two additional objectives you selected. Submit with daily evaluation.

Specialty Area Objectives: Day Surgery

1. Report to the DS supervisor or charge nurse at the time designated by the instructor. Assist with client assessment, care and discharge in the pre- and post-operative phases. Observe and assist with IV fluid preparation and IV insertion as available. Invasive procedures may be performed with RN preceptor supervision.
2. Written work: Submit a summary of your day. Identify nursing priorities observed in the pre and post-operative phases. List nursing care and skills performed. Complete the two additional objectives you selected. Submit with daily evaluation.

Critical Care (ICU) Clinical Objectives

1. Report to the ICU charge nurse following pre-conference. Assist with client assessment and care. Invasive procedures may be performed with RN preceptor supervision. Manually calculate IV flow rates on any continuous IV infusions, such as dopamine, lidocaine or heparin. Compare your results with the computer generated calculations. Perform a complete systems assessment for one client.
2. Written work: Submit a summary of day. Complete two additional objectives that you selected. Submit these with your daily evaluation.

Cardiac Cath Lab Clinical Objectives

1. Report to the cath lab supervisor or charge nurse following pre-conference. Observe nursing priorities of care. Observe the procedure and assess for arrhythmias on the ECG. Identify medications used during the procedure.
2. Written work: Submit a summary of your day. List nursing priorities observed, ECG rhythms observed, and medications administered during the procedure. Complete the two additional objectives you selected. Submit with your daily evaluation.

Operating Room Clinical Objectives (surgery)

1. Report to the OR at designated time. Observe the responsibilities and priorities of the circulating RN.
2. Written work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the circulating nurse and the operative procedures observed. Complete the two additional objectives you selected. Submit with your daily evaluation.

Simulation Lab Specialty Objectives:

1. Completes all applicable components of the daily evaluation form.
2. Actively participates in role playing and simulation scenarios.
3. Contributes to the debriefing process using a positive approach.

ASSESSMENT GUIDELINES

PATIENT INITIALS

MEDICAL DX

HEALTH HISTORY:

Chief Complaint

Duration of problem & onset

Past medical history

BIO DATA/GENERAL
APPEARANCE:

Age, sex, ethnic origin

Marital status

Height, weight

Apparent age

Voc./Financial status

Living environment

TPR, B/P

PSYCHOSOCIAL:

Coping patterns (habits, decision making, leisure activities, identification of stressors)

Beliefs (health, spiritual, values)

Developmental Stage (explain)

Thought processes, motivation, attention span

Mood/behavior/affect

Self-concept (body image, self-esteem, sexuality)

Role responsibilities

Supportive relationships

Health perception/health maintenance

Meds

NEUROLOGICAL:

Oriented to person, place and time

Level of consciousness

Speech patterns

Memory (recent & remote)

Facial symmetry

Vision

Pupillary Response

Hearing

Movement & strength of extremities

Coordination, balance, gait

Reflexes

Sleep patterns

Parasthesia

Pain (headache)

Dizziness or syncope

Seizures

Therapeutic procedures (TENS units, etc.)\

CARDIOVASCULAR: Diagnostic procedures (Cat scan, etc.)
 Medications
 Heart rate
 Blood pressure
 Peripheral Pulses (Strength, regularity, equality of pulses)
 Apical - radial deficit
 Dysrhythmias
 Heart sounds
 Extra heart sounds
 Significant changes in blood pressure
 Pain (with exertion)
 Neck vein distention (at 45 degrees)
 Shortness of breath
 Edema - peripheral, sacral generalized - pitting, nonpitting
 Weight gain
 Skin (temp, capillary refill, color, diaphoresis)
 Varicosities
 Therapeutic procedures (pacemaker, telemetry, etc.)
 Diagnostic procedures (Echo, ECG, etc.)
 Medications

RESPIRATORY: Symmetry
 Lung sounds
 Pain (pleuritic, with inspiration or expiration)
 Exertional dyspnea
 Use of accessory muscles
 Orthopnea
 Abnormal breathing patterns
 Cough (frequency, productive, non-productive)
 Sputum (color & consistency)
 Clubbing of fingers
 Therapeutic procedures (oxygen, resp. therapy)
 Diagnostic procedures (blood gases, etc.)
 Medications

GASTROINTESTINAL: Teeth/gums/mucosa
 Appetite, anorexia, malnutrition, obesity, fluid intake
 Diet and fluid intake
 Nausea, vomiting
 Difficulty swallowing (dysphagia)
 Pain or tenderness (indigestion, abdominal rigidity)
 Contour (distention, masses, size)
 Flatulence
 Bowel sounds (presence or absence)
 Stools (character, color)

Bowel patterns (frequency, incontinence, constipation, diarrhea, last B.M.)
 Rectal conditions (hemorrhoids, fistulas, bleeding)
 Therapeutic procedures (laxatives, tubes, ostomies, I.V.s hyperalimentation, etc.)
 Diagnostic procedures (I & O, etc.)
 Medications

RENAL/URINARY:
 Urine (color, character, odor)
 Voiding pattern (urgency, hesitancy, dysuria, incontinence, etc.)
 Pain
 Therapeutic procedures (foley, ostomies, irrigations, etc.)
 Diagnostic procedures (x-ray, MRI, etc.)
 Medications

REPRODUCTIVE:
 Gravida___, Para___
 Contraception
 Breasts (size, shape, symmetry, pain, discharge)
 Genitalia (appropriate for age, lesions, masses, discharge abnormalities)
 Menses/menopause
 Pain
 Therapeutic procedures
 Diagnostic procedures
 Medications

MUSCULOSKELETAL:
 Risk assessment: Falls
 Joint crepitus
 Pain
 Posture
 Mobility & gait
 Ability to perform A.D.L.
 Muscle strength/weakness
 ROM
 Peripheral edema
 Deformity & amputations
 Therapeutic procedures (PT, CPM, traction, etc.)
 Diagnostic procedures (x-ray, MRI, etc.)
 Assistive devices (WC, TX, crutches, etc.)
 Medications

ENDOCRINE:
 Heat/cold intolerance
 Hair distribution
 Fat distribution
 Weight (gain/loss, appropriate for height)
 Energy level (hyperactivity, fatigue)

Therapeutic procedures
Diagnostic procedures (lab values, etc.)
Medications

INTEGUMENTARY

Skin temperature (warm, cool, etc.)
Turgor/texture
Risk assessment: pressure sores
Color
Skin integrity (incisions, scars, etc.)
Lesions (pressure sores, rashes, bruises, etc.)
Scalp/hair/nails
Pain
Therapeutic procedures (heat/cold tx., topical tx., etc.)
Diagnostic procedures (biopsies, etc.)
Medication

Guidelines for Selection of Patients
RNSG 1461

1. Check your schedule on the clinical rotation schedule to determine where you are assigned that week. Students assigned to operating room or specialty will not have assigned patients that week. The objectives for specialty areas are in your clinical packet.
2. **Clinical Assignments will be made by the clinical faculty or selected by the student on morning of clinical with assistance of clinical faculty.**
3. Student assignments will be posted on the unit by the clinical faculty.
4. Review the patient's information, MAR and chart the morning of clinical
5. When assigned medication administration, choose one and/or two of your clients to administer medications to (and **write down their current medications to include time** (from the MAR). **IV medication administration is your main goal for this semester.**

***** You may NOT provide ANY nursing care (including client assessment) when your instructor is not in the hospital!!**

*** Any necessary changes in student assignments will be arranged at the discretion of the instructor.

SBAR Report to a Health Care Provider

S	<p><u>Situation</u></p> <p>This is <u>identify self and agency / location</u> I am calling about <u>Patient name and location, Physician's name</u> The problem I am calling about is <u>briefly state the situation, what it is, when it happened or started, and how severe the problem is.</u></p>
B	<p><u>Background</u></p> <p>Give any pertinent background information/past medical history related to the situation. Might include:</p> <ul style="list-style-type: none"> Admitting diagnosis / date of admission Current medications, allergies, IV fluids, restrictions Special directives (code status, isolation, restraints, etc.) Most recent vital signs Lab results: significant / appropriate and compare to previous results Current / previous treatments used & how pt. responded Brief systems review: (specific to problem) <ul style="list-style-type: none"> Cardiac status Respiratory status Neurological / mental status
A	<p><u>Assessment</u></p> <p>This is what I think the situation is: <u>say what you think the problem is.</u> If unsure of the problem: <u>I do not know what is going on; but the patient is deteriorating.</u> <u>The patient is unstable and seems to be worsening.</u> <u>I thought you would want to know about this situation / lab value / change</u> <u>in</u> <u>condition / etc.</u></p>
R	<p><u>Recommendation</u></p> <p>What is the nurse's recommendation; or what does the nurse need / want from the health care provider? Are any tests needed? Is a change in treatment needed? Does the patient need to be seen immediately?</p>

Clinical Worksheet

Student _____ **Client Rm No.** _____ **Staff RN** _____

Diagnosis _____ **HCP** _____

Code Status _____ **Allergies** _____

Diet _____ **IV Fluid** _____ **Rate** _____

IV Site Location/Type _____ **Appearance** _____ **Date Inserted** _____

VS Q _____ **Hrs FSBS** _____ **O2 @** _____ **lpm via** _____

Tele _____ **Activity** _____ **Bath** _____

Foley Catheter / Voids

Wound Care/Drsg Change/Drains _____

Special Instructions _____

Medication Times _____

Diagnostic Testing/Labs _____

Notes _____

0800	Temp. _____ Pulse _____ Resp _____ BP _____ O2 sat _____ Report _____ Medication Check _____ FSBS _____
0900	Bed Bath/Shower _____ Oral Care _____
1000	
1100	
1200	Temp _____ Pulse _____ Resp _____ B/P _____ O2 sat _____ Report _____ Medication Check _____ FSBS _____
1300	Medication check _____
1500	
1600-1700	Temp _____ Pulse _____ Resp _____ B/P _____ O2 sat _____ FSBS _____ MEDS _____

Daily Clinical Paperwork
 Grayson College
 Associate Degree Nursing Program
 Clinical Evaluation
 RNSG 1461

Name _____ Date _____

State today's assigned clinical objective(s) and describe how *you* met it:

Clinical Objective 1: _____

Clinical Objective 2: _____

Please check all skills performed during clinical day:

Comments

Insertion of Foley Catheter	<input type="checkbox"/>	
IV Insertion	<input type="checkbox"/>	
Administration of IV Solutions	<input type="checkbox"/>	
Administration of IVP	<input type="checkbox"/>	
Administration of IVPB	<input type="checkbox"/>	
Insertion of NGTs	<input type="checkbox"/>	
Other		

1. Identify *your* independent decisions/interventions for each day.
2. Describe specifically what you did to implement "look-check-connect."
3. Describe patient teaching *you* did. (Include patient's response to teaching, and method of documentation).
4. Describe any clarification *you* need about the clinical experience and/or other comments:

Instructor Comments:

Instructor's Signature _____ Student's Signature _____

Acknowledges having read instructor's remarks & evaluation criteria

Revised 8/17

RNSG 1461 – Criteria for Student Clinical Daily Evaluation: 1= Unprofessional/Unsafe ; 2= Unsatisfactory;
 3=Satisfactory;
 4=Above Average

S 1	S 2	Evaluative Criteria	S 1	S 2	Evaluative Criteria
		<u>Member of the Profession:</u>			7. Effective use of resources
		1. Professionalism	-	-	a. Uses appropriate resources to ensure safe, effective care:
-	-	*a. Maintains confidentiality.			Human: faculty, staff, patient, HCP, families
-	-	*b. Seeks appropriate supervision and direction.			Information: medical record, report, current data, policies, references, worksheet
-	-	*c. Adheres to agency policies.			Material: supplies, equipment
-	-	*d. Demonstrates positive, respectful demeanor and approach to others.			
		2. Personal Accountability	-	-	8. Skill Competency
-	-	*a. Demonstrates accountability through insightful self-evaluation.			*a. Performs skills/ tasks correctly.
-	-	*b. Adheres to ADN program policies.	-	-	b. Safe Medication Administration:
-	-	*c. Meets requirements for attendance	-	-	*1. Demonstrates knowledge of medications being given.
-	-	*d. Meets requirements for written assignments.	-	-	*2. Identifies unsafe &/or inaccurate drug orders.
-	-	*e. Implements instructions from instructor and licensed personnel.	-	-	*3. Calculates dosages accurately.
-	-	*f. Assumes responsibility for achievement of learning outcomes.	-	-	*4. Demonstrates use of client's rights.
		Advocacy	-	-	*5. Demonstrates correct administration procedures.
-	-	*a. Identifies situations of concern to assigned patients and families.	-	-	*6. Documents medication administration correctly.
-	-	*b. Reports situations of concern in an effective manner.	-	-	*c. Completes skills/tasks in an organized, efficient manner.
-	-	*c. Acts on behalf of patients and families in an effective manner.	-	-	*d. Ensures client comfort and privacy during tasks.
		<u>Provider of Patient-Centered Care:</u>			*e. Evaluates and reports patient outcomes following skills.
		4. Clinical decision making in the provision of care			<u>Patient Safety Advocate:</u>
-	-	*a. Demonstrates sound clinical reasoning based on accurate, relevant knowledge.	-	-	9. Safety
-	-	*b. Obtains report/gathers needed information before assuming care of patient.			*a. Adheres to recognized safety standards.
-	-	*c. Completes focused assessment within one hour of report.			10. Risk Reduction
-	-	*d. Analyzes assessment data to plan and prioritize care.	-	-	*a. Implements care to reduce patient risk
-	-	*e. Reports abnormal findings to instructor and staff.	-	-	*b. Uses evidence-based guidelines to impact quality of care.
					<u>Member of the Health Care Team</u>

-	-	*f. Completes assigned care according to priorities.			11. Communication
-	-	*g. Evaluates nursing care.	-	-	a. Manages information using available technology.
-	-	*h. Uses outcomes of care to revise the plan of care.	-	-	*b. Communicates information accurately and in a timely manner: Written and Verbal
-	-	*i. Documents nursing care Accurate, legible, concise, timely.	-	-	*c. Clearly identifies self and student nurse role to patient, family, and healthcare team.
	-	*j. Reports client's condition and summary of care at end of clinical day.			12. Collaboration & Coordination
-	-	k. Organize and manage time effectively.	-	-	*a. Negotiates mutually agreeable solutions with others.
		5. Patient Teaching	-	-	*b. Elicits participation of patient, family, and HC team members.
-	-	*a. Provides appropriate explanations prior to implementing care.	-	-	*c. Accepts criticism in a constructive manner.
-	-	*b. Implements patient teaching.			
-	-	*c. Documents effectiveness of patient teaching.			
		6. Caring approach to diverse patients and families			
-	-	*a. Provides considerate, non-judgmental, and respectful care.			
-	-	*b. Offers self in a therapeutic manner within professional boundaries.			

Revised 8/17

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 1461
Critical Thinking in Nursing Care

Client MDx: _____

What body system(s) does this disease directly impact and how are those system(s) affected?

BODY SYSTEM(S):	HOW BODY SYSTEM IS AFFECTED(S):

PRIORITY nursing assessments with this disease? (Refer to body system that is the most affected) What assessment finding may be abnormal as a result of this illness?

PRIORITY ASSESSMENTS:	EXPECTED ABNORMAL ASSESSMENTS:	PATIENTS ACTUAL MANIFESTATION (INCLUDE V/S)	TREND: Improve/Worsening/Stable:
	.	.	Click or tap here to enter text.

Radiology Reports:

What diagnostic results are RELEVANT that must be recognized as clinically significant to the nurse?

RELEVANT Results:	Clinical Significance: (Include results from YOUR patient)

--	--

What lab tests are altered by this problem? How are those lab test affected? Does the altered lab test affect any physical assessment findings?

ABNL. LAB TESTS:	HOW LAB TESTS AFFECTED:	DOES IT IMPACT ASSESSMENTS?	PATIENTS ACTUAL LAB VALUES	TREND: Improve/Worsening/Stable:
		Click or tap here to enter text.		

Document and prioritize 3 nursing interventions with rationale.

Nursing Interventions	Rationale
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

What change in your patient's condition would tell you that their disease process is improving? Click or tap here to enter text.

What change would indicate a decline in their status related to the disease process?

SHIFT ASSESSMENT

Student Name: _____

Date: _____

Rm # _____ DOB: _____ Sex: Male Female Date of admission _____

Chief Complaint (client's own words): _____ Informant: Patient Other _____

Onset & Duration _____

Allergies and Reactions: _____

Wt: _____

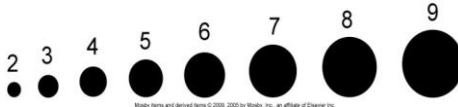
Ht: _____

<u>Temp:</u>	<u>Pulse:</u>	<u>SpO₂</u>	<u>Respiration:</u>	<u>BP:</u>	<u>Pain</u>
Choose one... _____ deg	Choose one... _____ bpm	_____% via <u>Choose one...</u> O ₂ at __ l/min	_____	_____ <input type="checkbox"/> Lying <input type="checkbox"/> Sitting <input type="checkbox"/> Standing	_____/10 Location: _____ Descriptors: _____

Current Medications: _____

Past Medical History: _____

Safety	Fall Risk	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Bed alarm in use
	Safety Needs	<input type="checkbox"/> Call light in reach/ pt able to use <input type="checkbox"/> Bed low/brake on # of siderails up: _____ <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Allergy band on <input type="checkbox"/> ID band on <input type="checkbox"/> Safety check complete
Activity	Activity	<input type="checkbox"/> Bedrest <input type="checkbox"/> HOB @ _____ <input type="checkbox"/> BRP <input type="checkbox"/> Self <input type="checkbox"/> Assist <input type="checkbox"/> Total
	Hygiene	<input type="checkbox"/> Bath: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Shower <input type="checkbox"/> Oral Care <input type="checkbox"/> Pericare <input type="checkbox"/> Hair care
	Drains	<input type="checkbox"/> None <input type="checkbox"/> Type: _____ <input type="checkbox"/> Drainage: Amt-_____ Color-_____
Integumentary	Skin Integrity	<input type="checkbox"/> Intact <input type="checkbox"/> Turgor <input type="checkbox"/> Ulcer <input type="checkbox"/> Skin tear Location: _____ Description: _____
	Open wound	<input type="checkbox"/> Rash Location: _____ Description: _____
	Surgical	<input type="checkbox"/> None Location: _____ Size: _____ Description: _____ <input type="checkbox"/> Drsg- CDI <input type="checkbox"/> Drsg changed

	Incision	<input type="checkbox"/> Drainage Color: _____ Amount: _____ <input type="checkbox"/> None Location: _____ Size: _____ Description: _____ <input type="checkbox"/> Drsg- CDI <input type="checkbox"/> Drsg changed <input type="checkbox"/> Drainage Color: _____ Amount: _____
Neurological	Mentation LOC	Oriented: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation/Event <input type="checkbox"/> Disoriented LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Agitated <input type="checkbox"/> Sedated <input type="checkbox"/> Restless <input type="checkbox"/> Confused <input type="checkbox"/> Sleepy/arousable
	Pupils	<input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Responds only to pain <input type="checkbox"/> Agitated <input type="checkbox"/> Hallucinations Speech: <input type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasia <input type="checkbox"/> Non-verbal
	Grips	Pupils: Right: Size: _____ <input type="checkbox"/> PERRLA Left: Size: _____ <input type="checkbox"/> PERRLA  Grips: Right: <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Flaccid Left: <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Flaccid
Cardiovascular	Edema	<input type="checkbox"/> None <input type="checkbox"/> Non-pitting <input type="checkbox"/> Pitting <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Location: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Telemetry UEs x 2: <input type="checkbox"/> Brisk, < 3 sec <input type="checkbox"/> Sluggish, >3 sec LEs x 2: <input type="checkbox"/> Brisk, < 3 sec <input type="checkbox"/> Sluggish, >3 sec UEs x 2: <input type="checkbox"/> Present <input type="checkbox"/> Equal Strength: _____ LEs x 2: <input type="checkbox"/> Present <input type="checkbox"/> Equal Strength: _____ <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pink/Natural <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Jaundiced <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic

Respiratory	Respirations	<input type="checkbox"/> No distress <input type="checkbox"/> Dyspnea <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Orthopnea <input type="checkbox"/> Nasal				
	Breath Sounds	Right Upper Lobe	Right Lower Lobe	Right Middle Lobe	Left Upper Lobe	Left Lower Lobe
		Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>
		Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>
	Cough/Sputum	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>
	Chest	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>
	Respiratory Rx	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>
	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	
Flaring <input type="checkbox"/> Absent <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive Color: _____ Consistency: <input type="checkbox"/> Thick <input type="checkbox"/> Thin <input type="checkbox"/> Symmetrical expansion <input type="checkbox"/> Retractions <input type="checkbox"/> None <input type="checkbox"/> IS <input type="checkbox"/> TCDB _____ <input type="checkbox"/> Neb/MDI <input type="checkbox"/> Chest tube <input type="checkbox"/> Drainage _____ <input type="checkbox"/> Oxygen therapy @ _____lpm per <input type="checkbox"/> NC <input type="checkbox"/> Mask <input type="checkbox"/> BiPap/CPAP Oximetry: <input type="checkbox"/> None <input type="checkbox"/> intermittent <input type="checkbox"/> continuous						
Gastrointestinal	Diet	<input type="checkbox"/> NPO <input type="checkbox"/> Reg <input type="checkbox"/> CL <input type="checkbox"/> ADA <input type="checkbox"/> Cardiac <input type="checkbox"/> Other _____ <input type="checkbox"/> Swallowing				
	Appetite	Precautions				
	Abdomen	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis Amt: _____ Color: _____ <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <input type="checkbox"/> Girth _____				
	Bowel Sounds	<input type="checkbox"/> Present <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent <input type="checkbox"/> Flatus <input type="checkbox"/> Other _____				
	Stool	<input type="checkbox"/> Incontinent <input type="checkbox"/> Formed <input type="checkbox"/> Soft <input type="checkbox"/> Liquid <input type="checkbox"/> Constipation <input type="checkbox"/> Other _____				

	Equipment	LBM _____ <input type="checkbox"/> NGT <input type="checkbox"/> GT <input type="checkbox"/> Other _____ <input type="checkbox"/> Clamped <input type="checkbox"/> Int. Suction <input type="checkbox"/> Cont. Suction																							
GU	Urine	<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent Color: _____ Character: _____ <input type="checkbox"/> Dysuria <input type="checkbox"/> Nocturia <input type="checkbox"/> Foley cath <input type="checkbox"/> Straight cath: _____ <input type="checkbox"/> Discharge <input type="checkbox"/> Menses: _____ Other: _____																							
Musculoskeletal	Muscle Strength	<table border="1" data-bbox="376 457 1310 976"> <thead> <tr> <th data-bbox="376 457 594 569">Right Upper Extremity</th> <th data-bbox="594 457 820 569">Left Upper Extremity</th> <th data-bbox="820 457 1070 569">Right Lower Extremity</th> <th data-bbox="1070 457 1310 569">Left Lower Extremity</th> </tr> </thead> <tbody> <tr> <td data-bbox="376 569 594 680">Strong <input type="checkbox"/></td> <td data-bbox="594 569 820 680">Strong <input type="checkbox"/></td> <td data-bbox="820 569 1070 680">Strong <input type="checkbox"/></td> <td data-bbox="1070 569 1310 680">Strong <input type="checkbox"/></td> </tr> <tr> <td data-bbox="376 680 594 749">Moderate <input type="checkbox"/></td> <td data-bbox="594 680 820 749">Moderate <input type="checkbox"/></td> <td data-bbox="820 680 1070 749">Moderate <input type="checkbox"/></td> <td data-bbox="1070 680 1310 749">Moderate <input type="checkbox"/></td> </tr> <tr> <td data-bbox="376 749 594 863">Weak <input type="checkbox"/></td> <td data-bbox="594 749 820 863">Weak <input type="checkbox"/></td> <td data-bbox="820 749 1070 863">Weak <input type="checkbox"/></td> <td data-bbox="1070 749 1310 863">Weak <input type="checkbox"/></td> </tr> <tr> <td data-bbox="376 863 594 976">Paralysis <input type="checkbox"/></td> <td data-bbox="594 863 820 976">Paralysis <input type="checkbox"/></td> <td data-bbox="820 863 1070 976">Paralysis <input type="checkbox"/></td> <td data-bbox="1070 863 1310 976">Paralysis <input type="checkbox"/></td> </tr> </tbody> </table>				Right Upper Extremity	Left Upper Extremity	Right Lower Extremity	Left Lower Extremity	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>
	Right Upper Extremity	Left Upper Extremity	Right Lower Extremity	Left Lower Extremity																					
Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>																						
Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>																						
Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>																						
Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>																						
Equipment	<p data-bbox="1365 905 1487 976">Current Mobility:</p> <input type="checkbox"/> ambulates unassisted <input type="checkbox"/> ambulates assisted <input type="checkbox"/> up in chair <input type="checkbox"/> not ambulatory <input type="checkbox"/> Active ROM <input type="checkbox"/> Passive ROM <input type="checkbox"/> Tingling Location: _____ <input type="checkbox"/> Numbness- Location: _____ <input type="checkbox"/> Contracture Location: _____ <input type="checkbox"/> Amputation <input type="checkbox"/> Inflammation <input type="checkbox"/> Other _____ <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> WC <input type="checkbox"/> Crutches <input type="checkbox"/> Prosthesis <input type="checkbox"/> Brace <input type="checkbox"/> CPM <input type="checkbox"/> Cast <input type="checkbox"/> TED Hose <input type="checkbox"/> SCDs <input type="checkbox"/> Abduction Pillow																								
Sensory	Eyes	<input type="checkbox"/> No correction <input type="checkbox"/> Correction <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other _____																							
	Ears	<input type="checkbox"/> No deficit <input type="checkbox"/> HOH: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hearing Aids: <input type="checkbox"/> R <input type="checkbox"/> L																							
	Lips/Mouth	<input type="checkbox"/> Discoloration <input type="checkbox"/> Moist Membranes <input type="checkbox"/> Dry Membranes <input type="checkbox"/> Lesions <input type="checkbox"/> Other _____																							

Lines	Location: _____ IV Type: Choose one... <input type="checkbox"/> Saline Lock <input type="checkbox"/> Fluids Infusing : Type _____ Rate: _____ ml/hr <input type="checkbox"/> Drsg CDI <input type="checkbox"/> Edema <input type="checkbox"/> Pain <input type="checkbox"/> Redness		Location: _____ IV Type: Choose one... <input type="checkbox"/> Saline Lock <input type="checkbox"/> Fluids Infusing : Type _____ Rate: _____ ml/hr <input type="checkbox"/> Drsg CDI <input type="checkbox"/> Edema <input type="checkbox"/> Pain <input type="checkbox"/> Redness	
	ISO	Precautions	<input type="checkbox"/> Standard <input type="checkbox"/> Contact <input type="checkbox"/> Airborne <input type="checkbox"/> Droplet <input type="checkbox"/> Neutropenic <input type="checkbox"/> Other _____	
Comments: _____				
Nurse Signature: _____		Date of assessment: _____		Time of assessment: _____

SHIFT ASSESSMENT

Student Name: _____

Date: _____

Rm # _____ DOB: _____ Sex: Male Female Date of admission _____

Chief Complaint (client's own words): _____ Informant: Patient Other _____

Onset & Duration _____

Allergies and Reactions: _____

Wt: _____

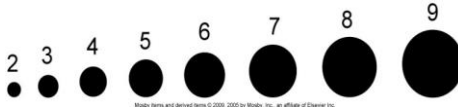
Ht: _____

<u>Temp:</u>	<u>Pulse:</u>	<u>SpO₂</u>	<u>Respiration:</u>	<u>BP:</u>	<u>Pain</u>
Choose one... _____ deg	Choose one... _____ bpm	_____% via <u>Choose one...</u> O ₂ at __ l/min	_____	_____ <input type="checkbox"/> Lying <input type="checkbox"/> Sitting <input type="checkbox"/> Standing	_____/10 Location: _____ Descriptors: _____

Current Medications: _____

Past Medical History: _____

Safety	Fall Risk	<input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Bed alarm in use
	Safety Needs	<input type="checkbox"/> Call light in reach/ pt able to use <input type="checkbox"/> Bed low/brake on # of siderails up: _____ <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Allergy band on <input type="checkbox"/> ID band on <input type="checkbox"/> Safety check complete
Activity	Activity	<input type="checkbox"/> Bedrest <input type="checkbox"/> HOB @ _____ <input type="checkbox"/> BRP <input type="checkbox"/> Self <input type="checkbox"/> Assist <input type="checkbox"/> Total
	Hygiene	<input type="checkbox"/> Bath: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Shower <input type="checkbox"/> Oral Care <input type="checkbox"/> Pericare <input type="checkbox"/> Hair care
	Drains	<input type="checkbox"/> None <input type="checkbox"/> Type: _____ <input type="checkbox"/> Drainage: Amt-_____ Color-_____
Integumentary	Skin Integrity	<input type="checkbox"/> Intact <input type="checkbox"/> Turgor <input type="checkbox"/> Ulcer <input type="checkbox"/> Skin tear Location: _____ Description: _____
	Open wound	<input type="checkbox"/> Rash Location: _____ Description: _____
	Surgical Incision	<input type="checkbox"/> None Location: _____ Size: _____ Description: _____ <input type="checkbox"/> Drsg- CDI <input type="checkbox"/> Drsg changed

		<input type="checkbox"/> Drainage Color: _____ Amount: _____ <input type="checkbox"/> None Location: _____ Size: _____ Description: _____ <input type="checkbox"/> Drsg- CDI <input type="checkbox"/> Drsg changed <input type="checkbox"/> Drainage Color: _____ Amount: _____
Neurological	Mentation LOC	Oriented: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation/Event <input type="checkbox"/> Disoriented LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Agitated <input type="checkbox"/> Sedated <input type="checkbox"/> Restless <input type="checkbox"/> Confused <input type="checkbox"/> Sleepy/arousable
	Pupils	<input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Responds only to pain <input type="checkbox"/> Agitated <input type="checkbox"/> Hallucinations
	Grips	Speech: <input type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasia <input type="checkbox"/> Non-verbal Pupils: Right: Size: _____ <input type="checkbox"/> PERRLA Left: Size: _____ <input type="checkbox"/> PERRLA  Grips: Right: <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Flaccid Left: <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Flaccid
Cardiovascular	Edema	<input type="checkbox"/> None <input type="checkbox"/> Non-pitting <input type="checkbox"/> Pitting <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Location: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Telemetry UEs x 2: <input type="checkbox"/> Brisk, < 3 sec <input type="checkbox"/> Sluggish, >3 sec LEs x 2: <input type="checkbox"/> Brisk, < 3 sec <input type="checkbox"/> Sluggish, >3 sec UEs x 2: <input type="checkbox"/> Present <input type="checkbox"/> Equal Strength: _____ LEs x 2: <input type="checkbox"/> Present <input type="checkbox"/> Equal Strength: _____ <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pink/Natural <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Jaundiced <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic

Respiratory	Respirations	<input type="checkbox"/> No distress <input type="checkbox"/> Dyspnea <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Orthopnea <input type="checkbox"/> Nasal																																							
	Breath Sounds	<table border="1"> <thead> <tr> <th>Right Upper Lobe</th> <th>Right Lower Lobe</th> <th>Right Middle Lobe</th> <th>Left Upper Lobe</th> <th>Left Lower Lobe</th> </tr> </thead> <tbody> <tr> <td>Clear <input type="checkbox"/></td> <td>Clear <input type="checkbox"/></td> <td>Clear <input type="checkbox"/></td> <td>Clear <input type="checkbox"/></td> <td>Clear <input type="checkbox"/></td> </tr> <tr> <td>Diminished <input type="checkbox"/></td> <td>Diminished <input type="checkbox"/></td> <td>Diminished <input type="checkbox"/></td> <td>Diminished <input type="checkbox"/></td> <td>Diminished <input type="checkbox"/></td> </tr> <tr> <td>Wheezes <input type="checkbox"/></td> <td>Wheezes <input type="checkbox"/></td> <td>Wheezes <input type="checkbox"/></td> <td>Wheezes <input type="checkbox"/></td> <td>Wheezes <input type="checkbox"/></td> </tr> <tr> <td>Crackles <input type="checkbox"/></td> <td>Crackles <input type="checkbox"/></td> <td>Crackles <input type="checkbox"/></td> <td>Crackles <input type="checkbox"/></td> <td>Crackles <input type="checkbox"/></td> </tr> <tr> <td>Rhonchi <input type="checkbox"/></td> <td>Rhonchi <input type="checkbox"/></td> <td>Rhonchi <input type="checkbox"/></td> <td>Rhonchi <input type="checkbox"/></td> <td>Rhonchi <input type="checkbox"/></td> </tr> <tr> <td>Absent <input type="checkbox"/></td> <td>Absent <input type="checkbox"/></td> <td>Absent <input type="checkbox"/></td> <td>Absent <input type="checkbox"/></td> <td>Absent <input type="checkbox"/></td> </tr> </tbody> </table>	Right Upper Lobe	Right Lower Lobe	Right Middle Lobe	Left Upper Lobe	Left Lower Lobe	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>	Diminished <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Wheezes <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Crackles <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Rhonchi <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>	Absent <input type="checkbox"/>				
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Cough/Sputum	<input type="checkbox"/> Absent <input type="checkbox"/> Non-productive <input type="checkbox"/> Productive Color: _____ Consistency: <input type="checkbox"/> Thick <input type="checkbox"/> Thin																																								
Chest	<input type="checkbox"/> Symmetrical expansion <input type="checkbox"/> Retractions																																								
Respiratory Rx	<input type="checkbox"/> None <input type="checkbox"/> IS <input type="checkbox"/> TCDB _____ <input type="checkbox"/> Neb/MDI <input type="checkbox"/> Chest tube <input type="checkbox"/> Drainage _____																																								
	<input type="checkbox"/> Oxygen therapy @ _____ lpm per <input type="checkbox"/> NC <input type="checkbox"/> Mask <input type="checkbox"/> BiPap/CPAP																																								
	Oximetry: <input type="checkbox"/> None <input type="checkbox"/> intermittent <input type="checkbox"/> continuous																																								
Gastrointestinal	Diet	<input type="checkbox"/> NPO <input type="checkbox"/> Reg <input type="checkbox"/> CL <input type="checkbox"/> ADA <input type="checkbox"/> Cardiac <input type="checkbox"/> Other _____ <input type="checkbox"/> Swallowing Precautions																																							
	Appetite	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Nausea <input type="checkbox"/> Emesis Amt: _____ Color: _____																																							
	Abdomen	<input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Hard <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <input type="checkbox"/> Girth _____																																							
	Bowel Sounds	<input type="checkbox"/> Present <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent <input type="checkbox"/> Flatus <input type="checkbox"/> Other _____																																							
	Stool	<input type="checkbox"/> Incontinent <input type="checkbox"/> Formed <input type="checkbox"/> Soft <input type="checkbox"/> Liquid <input type="checkbox"/> Constipation <input type="checkbox"/> Other _____																																							

	Equipment	LBM _____ <input type="checkbox"/> NGT <input type="checkbox"/> GT <input type="checkbox"/> Other _____ <input type="checkbox"/> Clamped <input type="checkbox"/> Int. Suction <input type="checkbox"/> Cont. Suction																							
GU	Urine	<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent Color: _____ Character: _____ <input type="checkbox"/> Dysuria <input type="checkbox"/> Nocturia <input type="checkbox"/> Foley cath <input type="checkbox"/> Straight cath: _____ <input type="checkbox"/> Discharge <input type="checkbox"/> Menses: _____ Other: _____																							
Musculoskeletal	Muscle Strength	<table border="1"> <thead> <tr> <th>Right Upper Extremity</th> <th>Left Upper Extremity</th> <th>Right Lower Extremity</th> <th>Left Lower Extremity</th> </tr> </thead> <tbody> <tr> <td>Strong <input type="checkbox"/></td> <td>Strong <input type="checkbox"/></td> <td>Strong <input type="checkbox"/></td> <td>Strong <input type="checkbox"/></td> </tr> <tr> <td>Moderate <input type="checkbox"/></td> <td>Moderate <input type="checkbox"/></td> <td>Moderate <input type="checkbox"/></td> <td>Moderate <input type="checkbox"/></td> </tr> <tr> <td>Weak <input type="checkbox"/></td> <td>Weak <input type="checkbox"/></td> <td>Weak <input type="checkbox"/></td> <td>Weak <input type="checkbox"/></td> </tr> <tr> <td>Paralysis <input type="checkbox"/></td> <td>Paralysis <input type="checkbox"/></td> <td>Paralysis <input type="checkbox"/></td> <td>Paralysis <input type="checkbox"/></td> </tr> </tbody> </table>				Right Upper Extremity	Left Upper Extremity	Right Lower Extremity	Left Lower Extremity	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Weak <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>
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Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Paralysis <input type="checkbox"/>																						
Equipment	<p>Current Mobility:</p> <input type="checkbox"/> ambulates unassisted <input type="checkbox"/> ambulates assisted <input type="checkbox"/> up in chair <input type="checkbox"/> not ambulatory <input type="checkbox"/> Active ROM <input type="checkbox"/> Passive ROM <input type="checkbox"/> Tingling Location: _____ <input type="checkbox"/> Numbness- Location: _____ <input type="checkbox"/> Contracture Location: _____ <input type="checkbox"/> Amputation <input type="checkbox"/> Inflammation <input type="checkbox"/> Other _____ <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> WC <input type="checkbox"/> Crutches <input type="checkbox"/> Prosthesis <input type="checkbox"/> Brace <input type="checkbox"/> CPM <input type="checkbox"/> Cast <input type="checkbox"/> TED Hose <input type="checkbox"/> SCDs <input type="checkbox"/> Abduction Pillow																								
Sensory	Eyes	<input type="checkbox"/> No correction <input type="checkbox"/> Correction <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other _____																							
	Ears	<input type="checkbox"/> No deficit <input type="checkbox"/> HOH: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hearing Aids: <input type="checkbox"/> R <input type="checkbox"/> L																							
	Lips/Mouth	<input type="checkbox"/> Discoloration <input type="checkbox"/> Moist Membranes <input type="checkbox"/> Dry Membranes <input type="checkbox"/> Lesions <input type="checkbox"/> Other _____																							

Lines	Location: _____ IV Type: Choose one... <input type="checkbox"/> Saline Lock <input type="checkbox"/> Fluids Infusing : Type _____ Rate: _____ ml/hr <input type="checkbox"/> Drsg CDI <input type="checkbox"/> Edema <input type="checkbox"/> Pain <input type="checkbox"/> Redness		Location: _____ IV Type: Choose one... <input type="checkbox"/> Saline Lock <input type="checkbox"/> Fluids Infusing : Type _____ Rate: _____ ml/hr <input type="checkbox"/> Drsg CDI <input type="checkbox"/> Edema <input type="checkbox"/> Pain <input type="checkbox"/> Redness	
	ISO	Precautions	<input type="checkbox"/> Standard <input type="checkbox"/> Contact <input type="checkbox"/> Airborne <input type="checkbox"/> Droplet <input type="checkbox"/> Neutropenic <input type="checkbox"/> Other _____	
Comments: _____				
Nurse Signature: _____		Date of assessment: _____		Time of assessment: _____

To be acknowledged by signing on Page 1 before start of clinical

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
CLINICAL PERFORMANCE EVALUATION TOOL
Clinical II - RNSG 1461

STUDENT _____ Term _____ Instructor _____
T _____
Clinical Facility _____

I have read this evaluation tool and understand that my clinical performance will be evaluated according to these criteria.

Date: _____ Signature: _____

1. The student shares the responsibility for seeking opportunities for evaluation.
2. Definition for criteria for clinical evaluation:
 S - (Satisfactory) Student demonstrates expected behaviors 75%-100% of clinical time.
 U - (Unsatisfactory) Student demonstrates expected behaviors 74% or less of clinical time.
3. In order to pass clinical, the student must achieve Satisfactory on all items identified with an asterisk at the time of final evaluation.

RNSG 1461 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS
	S	U	S	U	
I. PROVIDER OF CARE: Uses decision making skills to provide safe, effective care for two clients.					
<u>Member of the Profession:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*a. Maintains confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Seeks appropriate supervision and direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Adheres to agency policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*d. Demonstrates positive, respectful demeanor and approach to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Personal Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*a. Demonstrates accountability through insightful self-evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Adheres to ADN program policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Meets requirements for attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*d. Meets requirements for written assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*e. Implements instructions from instructor and licensed personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*f. Assumes responsibility for achievement of learning outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RNSG 1461 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS
	S	U	S	U	
*a. Identifies situations of concern to assigned patients and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Reports situations of concern in an effective manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Acts on behalf of patients and families in an effective manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Provider of Patient Centered Care:</u>					
4. Clinical decision making in the provision of care					
*a. Demonstrates sound clinical reasoning based on accurate, relevant knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Obtains report/gathers needed information before assuming care of patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Completes focused assessment within one hour of report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*d. Analyzes assessment data to plan and prioritize care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*e. Reports abnormal findings to instructor and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* f. Completes assigned care according to priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*g. Evaluates nursing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* h. Uses outcomes of care to revise the plan of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*i. Documents nursing care Accurate, legible, concise, timely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* j. Reports client's condition and summary of care at end of clinical day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Organize and manage time effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Patient Teaching					
*a. Provides appropriate explanations prior to implementing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Implements patient teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Documents effectiveness of patient teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Caring approach to diverse patients and families					
*a. Provides considerate, non-judgmental, and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RNSG 1461 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS
	S	U	S	U	
respectful care.					
*b. Offers self in a therapeutic manner within professional boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Effective use of resources					
a. Uses appropriate resources to ensure safe, effective care:					
*1 Human: faculty, staff, patient, HCP, families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*2 Information: medical record, report, current data, policies, references, worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*3 Material: supplies, equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Skill Competency					
*a. Performs skills/ tasks correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b Safe Medication Administration:					
*1. Demonstrates knowledge of medications being given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*2. Identifies unsafe &/or inaccurate drug orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*3. Calculates dosages accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*4. Demonstrates use of client's rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*5. Demonstrates correct administration procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*6. Documents medication administration correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Completes skills/tasks in an organized, efficient manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*d Ensures client comfort and privacy during tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*e. Evaluates and reports patient outcomes following skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Patient Safety Advocate:</u>					
9. Safety					
*a. Adheres to recognized safety standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Risk Reduction					
*a. Implements care to reduce patient risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Uses evidence-based guidelines to impact quality of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RNSG 1461 EXPECTED STUDENT BEHAVIOR	Mid-term		Final		INSTRUCTOR COMMENTS
	S	U	S	U	
care.					
<u>Member of the Health Care Team</u>					
11. Communication					
a. Manages information using available technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Communicates information accurately and in a timely manner: Written and Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Clearly identifies self and student nurse role to patient, family, and healthcare team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Collaboration & Coordination					
*a. Negotiates mutually agreeable solutions with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*b. Elicits participation of patient, family, and HC team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*c. Accepts criticism in a constructive manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RNSG 1461

Date _____ Mid-Rotation Grade _____ Absences _____

Instructor Comments:

Instructor Signature: _____ Student Signature: _____

Date _____ Final Grade _____ Absences _____

Instructor Comments:

- IVP
- IVPB
- IM
- SQ
- Foley Cath
- IV Insert
- Other

Instructor Signature: _____ Student Signature: _____
Revised 2/15



STUDENT INFORMATION SHEET

Name _____ Phone _____

Address _____

What other courses besides nursing are you taking this semester?

What previous experience do you have working in a health care setting?

Why did you choose a career in nursing?

Do you have any special concerns/problems I should know about?

List the skills needed to be a RN

Think about the previous roles/responsibilities you experienced prior to becoming a nursing student. List the skill you already have that are important to be a RN.

Last but most important!! What is your favorite candy bar or snack?
