Covenant School of Nursing

Student Name Chris Rivera

Record of Precepted Clinical Experiences

Date	Total Time	Location	Preceptor's Signature
4/22/21	10hrs 07-1300 1500-1930	SICU 4	Kari Fox RN
4/25/21	07-19 (12hrs)	SICU 4	Kari Fox RN
3/1/21	07-19 (12°)	SICU 4	Kari Fox RN

Preceptor's Signature Kari Fox RN

Preceptor's Signature Kari Fox RN

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IM8 Clinical Experience- Daily Events Record

Student: Chris Rivera UNIT: SICU 4 Preceptor: Kari FOX

Instructions:	Highlights: Example (written)	Date/Initial =Student = Preceptor
1. Student's responsibility: - This form must be presented to the preceptor on the first day of clinical. - Write the highlights & Skills observed / performed every each clinical time. - Discuss with the preceptor & write the areas to improve before the end of the shift. 2. Preceptor's responsibility: - Must give feedback on the areas to improve & instruct the student to write on the allotted space. 3. Student & preceptor must sign their Initial every each clinical day.	1. Team work-Rapid response 2. learning opportunities –Staph infection 3. Post op admission Areas to improve: 1. Assessment 2. Anticipation of patient needs 3. working on skills on Blood draw Skills observed & performed: 1. NGT insertion 2. Orthostatic vital sign 3. Trach suctioning	Date: C. Rivera Student K. Fox Preceptor

Highlights:	Date/Initial =Student =Preceptor	Highlights:	Date/Initial =Student =Preceptor
1. Placed NG tube 2. Gave IM injection 3. Learned Charting System Areas to improve: 1. Charting System 2. Time Mgmt 3. Charting prioritization Skills observed & performed: 1. NG tube Placement 2. Med Pass 3. IM injection	Date: 2/22 Student C Rivera Preceptor K Fox K. FOX RN	1. Watched extubation 2. Watched drain Placement 3. Traveled to vent pt. Areas to improve: 1. Time Mgmt/Preparedness 2. Chart more 3. Take initiative Skills observed & performed: 1. Med Pass 2. Oral Care 3. ~~IV PB~~ Art line BGL	Date: 3/1/21 Student CR Preceptor K.F. RN

Highlights:	Date/Initial =Student =Preceptor	Highlights:	Date/Initial =Student =Preceptor
1. Start Dopamine Drip 2. Patient Care 3. ~~Improved Charting~~ Wound Care Areas to improve: 1. Charting 2. Improve Charting 3. Organization Plan of Care Skills observed & performed: 1. Med pass 2. Blood Draw 3. Line Mgmt	Date: 2/25 CR Student K.FOX RN Preceptor	1. 2. 3. Areas to improve: 1. 2. 3. Skills observed & performed: 1. 2. 3.	Date: Student Preceptor

Instructional Modeule *: Capstone Precepted Clinical Experience Skills Check list

Critical Care Unit: Adult (MICU,SICU,CICU,[redacted])

Purpose: This inventory of required skills is to completed : Orientation, Clinical Midterm & Clinical Finals

Introduction: Pre-Assessment= Mark an X on each skills that describes your experience.

Preceptorship Clinical Time= Write the date & preceptor's initial that describes your experience.

	Student's Pre- Assessment			Preceptorship Clinical Time	
Skills	No Experience	CPE	Performed independently	Supervised	Performed independently
1. Assessment			X	2/22 KF	2/25 KF
a.Vital signs			✓	2/22 KF	2/25 KF
b.Neurological			X	2/22 KF	
c.Respiratory			X		
d.Cardio-vascular			✓	2/25 KF	
e.Gastrointestinal			✓		
f.Neuro-vascular			X		
2. Documentation					
a.Assessment			✓	2/22 KF	2/25 KF
b.Vital signs			X	2/22 KF	
c.Admission			•		
d.Discharge					
e.Transfer					
3. Collaborative					
Communication					
a.SBAR			X		
b.Case Mgt.					
c.Physician					
d. Pharmacy					
e. Diagnostic					
f. Respiratory					
g.Pt/OT					
h. Chaplain					
4.Medication					
a. PO			X	2/22 KF	
b.IVPB			X	2/22 KF	
c.IM			X	2/22 KF	
d.IV push			X	2/22 KF	
e. Subcutaneous			X	2/22 KF	2/25 KF
f. Intradermal			X		
g.Tube feeding			X		
h.Topical			X		
I. Nasal			X		
j. Rectal			X		
5.Central lines & PICC				2/22 KF	2/25 KF
a. Med.admin.			X		
b.Blood draw			X	2/22 KF	
c.Dressing change			X		
d.Clave change			X		
e.Monitoring			X	2/22 KF	2/25 KF
f. Removal					
6. Cordis (PA)					
a. Dressing change			X		
b. Removal			X		
7.Drainage (CT,GTube,					
, JP, & rectal tubes)			X		
a. Monitoring			X		
b. Measure output			X		
c. Collect output			X		
d. Dressing change			X		
e. Removal					
8.Tube feedings					
(NGT/DHT/OGT)			X		