Initial

c.					
d.					
e.					

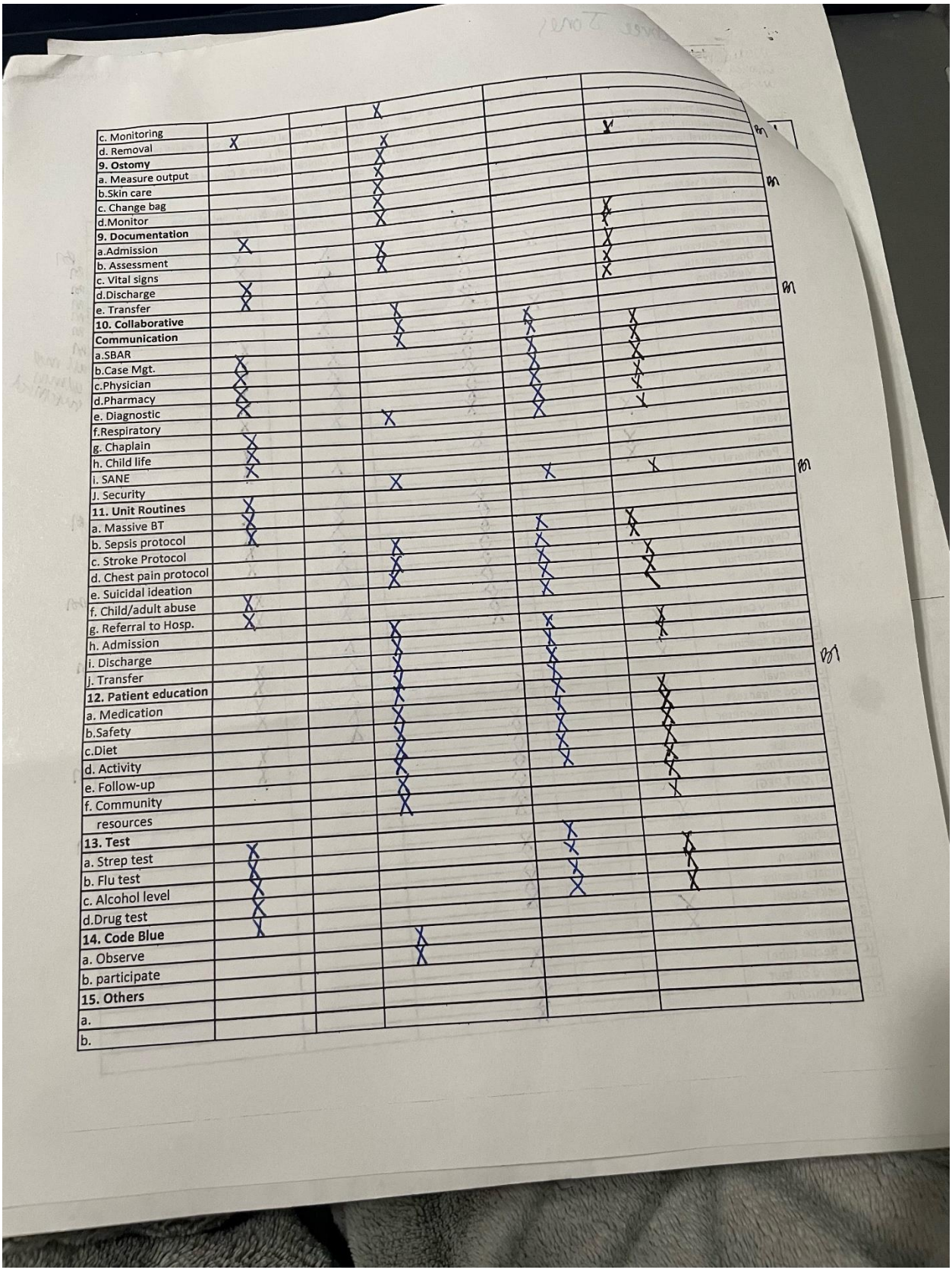
Student Name (PRINT) Aubree Jones

Student Signature Aubree Jones

Clinical unit: AED/PM

Preceptor: Bethany Wilson/Irvins Bethany Wilson, RN

Date: 03/06/23



c. Monitoring						
d. Removal						
9. Ostomy						
a. Measure output						
b.Skin care						
c. Change bag						
d.Monitor						
9. Documentation						
a.Admission						
b. Assessment						
c. Vital signs						
d.Discharge						
e. Transfer						
10. Collaborative						
Communication						
a.SBAR						
b.Case Mgt.						
c.Physician						
d.Pharmacy						
e. Diagnostic						
f.Respiratory						
g. Chaplain						
h. Child life						
i. SANE						
J. Security						
11. Unit Routines						
a. Massive BT						
b. Sepsis protocol						
c. Stroke Protocol						
d. Chest pain protocol						
e. Suicidal ideation						
f. Child/adult abuse						
g. Referral to Hosp.						
h. Admission						
i. Discharge						
j. Transfer						
12. Patient education						
a. Medication						
b.Safety						
c.Diet						
d. Activity						
e. Follow-up						
f. Community						
resources						
13. Test						
a. Strep test						
b. Flu test						
c. Alcohol level						
d.Drug test						
14. Code Blue						
a. Observe						
b. participate						
15. Others						
a.						
b.						

Aubree Jones

Instructional Modeule 8: Capstone Precepted Clinical Experience Skills Check list
Emergency Unit clinical skill lils Adult, Pedi)

Purpose: This inventory of required skills is to comleted on classroom 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.

Skills	Student's Pre - Assessment			Preceptorship Clinical Time	
	No Experience	CPE	Performed Independently	Supervised	Performed Independently
1. Triage Assessment					
a. Vital signs			X		
b. Head-to Toe			X	X	X BJ
c. Home medication		X	X	X	X BJ
d. Triage categories			X	X	X BJ
e. Documentation			X	X	X BJ
2. Medication				X	X BJ
a. PO		X		X	BJ
b. IVPB			X	X	X all med
c. IM			X	X	X admin
d.IV push			X	X	X witnessed
e. IM			X	X	X
f. Subcutaneous			X	X	X
g. Intradermal	X				X
h. Topical			X		
I.Nasal	X				
J. Rectal	X			X	X
3. Peripheral IV					
a.Initiate			X	X	BJ
b.Monitor			X	X	X
c.Blood draw			X	X	X
d. Removal			X	X	X
4. Oxygen Therapy			X	X	
a. Nasal Cannula			X	X	X BJ
b.Face Mask			X	X	X
c.High flow			X		
5. Urinary Catheter	X			X	BJ
a.Insertion	X			X	X
b.Collect specimen	X			X	X
c.Monitoring			X	X	X
d. Removal	X			X	X
6.Blood sugar test			X		X BJ
a. Use of glucometer			X		X
b.Finger stick			X		X
c. Heel stick			X		
7. Gastric Tube			X		BJ
(NGT,OGT,PEG)					
a.Insertion	X				
b. Gavage			X		
c.Flushing			X		
d. Medication			X		
e. Initiate feeding			X		
f.Check residual	X				
g.Removal	X				
8. Drainage			X		
CT & Rectal tube)			X		
. Measure output			X		
Collect output			X		