(Print) Student Name: Unit: From-To Dates:

(Signature) Student Name: Preceptor:

LVNRN Precepted Clinical Experience Skills Checklist

Emergency Unit Adult ED & Pedi ED

Purpose: This inventory of required skills is to completed during each of the listed precepted clinical rotations and submit to your advisor at the end of each clinical rotation or block.

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

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

	Student's Pre - Assessment			**Observed - Preceptorship Clinical Assessment**					
Skills	**No Experience**	**Work Experience**	**Lab/SIM/CPE**	**Assisted**		**Performed independently**			
1. Triage Assessment									
a. Vital signs									
b. Head-to Toe									
c. Home medication									
d. Triage categories									
e. Documentation									
2. Medication									
a. PO									
b. IVPB									
c. IM									
d.IV push									
e. IM									
f. Subcutaneous									
g. Intradermal									
h. Topical									
I.Nasal									
J. Rectal									
3. Peripheral IV									
a.Initiate									
b.Monitor									
c.Blood draw									
d. Removal									
4. Oxygen Therapy									
a. Nasal Cannula									
b.Face Mask									
c.High flow									
5. Urinary Catheter									

a.Insertion									
b.Collect specimen									
c.Monitoring									
d. Removal									
6.Blood sugar test									
a. Use of glucometer									
b.Finger stick									
c. Heel stick									
7. Gastric Tube									
(NGT,OGT,PEG)									
a.Insertion									
b. Gavage									
c.Flushing									
d. Medication									
e. Initiate feeding									
f.Check residual									
g.Removal									
8. Drainage									
(CT & Rectal tube)									
a. Measure output									
b.Collect output									
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.									

c.									
d.									
e.									