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

(Signature) Student Name: Preceptor

# LVNRN Precepted Clinical Experience Skills Checklist

## Women Services & Pediatrics: Mom/Baby & Pediatrics

**Purpose:** This inventory of required skills is to be 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-Self Assessment = Mark an X on each skill that describes you experience.

**Preceptorship Clinical Time:** = Write the date & preceptor's initial that describes the clinical experience while present & observing at all times?

| | Student's Pre-Self Assessment | | | Preceptiorhip Clinical Assessment | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Skills** | **No Experience** | **Work Experience** | **Lab/SIM/CPE** | **Assisted** | | **Performed Independently** | | | |
| **1. Assessment** | | | | | | | | | |
| a. Vital signs | | | | | | | | | |
| b. Neurological | | | | | | | | | |
| c Respiratory | | | | | | | | | |
| d. Cardiovascular | | | | | | | | | |
| e. Gastro intestinal | | | | | | | | | |
| f. Neuro-vascular | | | | | | | | | |
| **2. Documentation** | | | | | | | | | |
| a. Assessment | | | | | | | | | |
| b. vital signs | | | | | | | | | |
| c. Admission | | | | | | | | | |
| d. Discharge | | | | | | | | | |
| e. Transfer | | | | | | | | | |
| **3. Collaborative** | | | | | | | | | |
| **Communication** | | | | | | | | | |
| a. SBAR | | | | | | | | | |
| b.Case Mgt | | | | | | | | | |
| c. Physician | | | | | | | | | |
| d. Pharmacy | | | | | | | | | |
| e. Diagnostic | | | | | | | | | |
| f. Respiratory | | | | | | | | | |
| g. PT/OT | | | | | | | | | |
| **4. Medication** | | | | | | | | | |
| a. PO | | | | | | | | | |
| b. IVPB | | | | | | | | | |
| c. IV push | | | | | | | | | |
| d.Topical | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|
| e. Tube feeding | | | | | | | | | |
| f. IM | | | | | | | | | |
| g. Subcutaneous | | | | | | | | | |
| h. intradermal | | | | | | | | | |
| i. Nasal | | | | | | | | | |
| j. Rectal | | | | | | | | | |
| **5. CVL & PICC** | | | | | | | | | |
| a. Med.admin | | | | | | | | | |
| b. Blood draws | | | | | | | | | |
| c. Dressing change | | | | | | | | | |
| e. Clave change | | | | | | | | | |
| **6. Drainage** | | | | | | | | | |
| a. Removal | | | | | | | | | |
| b. Dressing change | | | | | | | | | |
| e. Monitoring | | | | | | | | | |
| **7. Tube feedings** | | | | | | | | | |
| a. Insertion | | | | | | | | | |
| b. Removal | | | | | | | | | |
| c. Checking residual | | | | | | | | | |
| d. Feeding | | | | | | | | | |
| e. Monitoring | | | | | | | | | |
| **8. Urinary catheter** | | | | | | | | | |
| a. Insertion | | | | | | | | | |
| b. Removal | | | | | | | | | |
| c. Collect specimen | | | | | | | | | |
| **9. Blood sugar test** | | | | | | | | | |
| a. Operate glucometer | | | | | | | | | |
| b. Blood draw | | | | | | | | | |
| c. finger stick | | | | | | | | | |
| d. Heel stick | | | | | | | | | |
| **10. Isolation Precautions** | | | | | | | | | |
| a. Contact | | | | | | | | | |
| b. Droplet | | | | | | | | | |
| c. Neutropenic | | | | | | | | | |
| d. Airborne | | | | | | | | | |
| **11. Dressing Change** | | | | | | | | | |
| a. Incision | | | | | | | | | |
| b. Wound | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|
| c. Pressure Ulcer | | | | | | | | | |
| **12. Peripheral IV** | | | | | | | | | |
| a. Initiate | | | | | | | | | |
| b. Maintenance | | | | | | | | | |
| c. Removal | | | | | | | | | |
| **13. Patient Education** | | | | | | | | | |
| a. Medication | | | | | | | | | |
| b. Safety | | | | | | | | | |
| c. Wound care | | | | | | | | | |
| d. Diet | | | | | | | | | |
| e. Activity | | | | | | | | | |
| f. Clinic follow-up | | | | | | | | | |
| **14. Ostomy** | | | | | | | | | |
| a. Measure output | | | | | | | | | |
| b. Change bag | | | | | | | | | |
| c. Skin care | | | | | | | | | |
| d. Monitoring | | | | | | | | | |
| **15. Oxygen Therapy** | | | | | | | | | |
| a. Nasal Cannula | | | | | | | | | |
| b. Venturi Mask | | | | | | | | | |
| c. BIPAP | | | | | | | | | |
| d. Weaning Oxygen | | | | | | | | | |
| **16. Unit Routines** | | | | | | | | | |
| a. Admission | | | | | | | | | |
| b. Discharge | | | | | | | | | |
| c. Transport | | | | | | | | | |
| e. Blood trasnfussion | | | | | | | | | |
| f. Sepsis protocol | | | | | | | | | |
| g. MEWS | | | | | | | | | |
| h. Rapid Response | | | | | | | | | |
| i. Transfer | | | | | | | | | |
| j. Huddle | | | | | | | | | |
| 17. OB-GYN | | | | | | | | | |
| a. Stress test | | | | | | | | | |
| b. Post NSD care | | | | | | | | | |
| c. Newborn screening | | | | | | | | | |
| d. Pre/post CS care | | | | | | | | | |
| e. Magnesium Mgt. | | | | | | | | | |

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