(Print) Student Name: From-To Dates:

(Signature) Student Name:

Preceptors: / / /

LVNRN Precepted Clinical Experience Skills Checklist

Behavioral Health (AED, CICU, LTACH), SICU, NSICU, MICU, LTACH, Pedi ED, Pediatrics, PICU, NICU, L&D, Mom-Baby

Purpose: This inventory of required skills is to be completed during each of the listed precepted clinical rotations and submitted to your advisor at the end of Block 4's last clinical rotation. **IT IS YOUR RESPONSIBILITY TO KEEP UP WITH THIS DOCUMENT!**

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**			
Triage Assessment				/	/	/	/	/	/	/	/
a. triage category											
b. Vital signs											
c. Head-to Toe											
d. Focus assessment											
e. Home medication											
f. Health history											
g. Anxiety screening											
Assessment											
- Anxiety Screening											
a. Vital signs											
b. Pain											
c. Neurological											
d. Respiratory											
e. Cardiovascular											
f. Gastrointestinal											
g. Peripheral NV											
h. Gestational age											
- EDC/LMP											
- Ballard Score											
1. Physical											
2. Neurological											

i. HEENT											
j. Neonatal abstinence											
scoring											
k. Pain - NPASS/FLACC											
l. Apgar scoring											
Medication											
a. PO											
b. IVPB											
c. IM											
d. IV push											
e. IM											
f. Subcutaneous											
g. Intradermal											
h. Topical											
I. Nasal											
J. Rectal											
K. Eye											
L. Ear											
Peripheral IV											
CVL, PICC, IO, Broviac											
a.Initiate											
b.Monitor											
c.Blood draw											
d. Removal											
e. Dressing change											
f. Clave change											
Oxygen Therapy											
a. Nasal Cannula											
b. Face Mask											
c. High flow											
e. CPAP / BiPAP											
f. Ventilator											
g. Oscillator											

Urinary Catheter											
a. Insertion											
b. Collect specimen											
c. Monitoring											
d. Removal											
Blood sugar test											
a. Use of glucometer											
b. Finger stick											
c. Heel stick											
d. From access											
Gastric Tube											
(NGT,OGT,PEG)											
a.Insertion											
b. Gavage											
c. Flushing											
d. Medication											
e. Initiate feeding											
f. Check residual											
g. Removal											
Drainage											
(CT & Rectal tube)											
a. Measure output											
b. Collect output											
c. Monitoring											
d. Removal											
e. Foley											
f. CT suction/dry											
g. CT air leak											
Ostomy											
a. Measure output											
b.Skin care											
c. Change bag											
d.Monitor											

Documentation											
a.Admission											
b. Assessment											
c. Vital signs											
d.Discharge											
e. Transfer											
Collaborative											
Communication											
a.SBAR											
b.Case Mgt.											
c.Physician											
d.Pharmacy											
e. Diagnostic											
f.Respiratory											
g. Chaplain											
h. Child life											
i. SANE											
J. Security											
h. PT/OT											
i. Diagnostics											
Unit Routines											
a. Massive Blood Trans.											
b. Sepsis protocol											
c. Stroke Protocol											
d. Chest pain protocol											
e. Suicidal ideation											
f. Child/adult abuse											
g. Palliative/Hospice											
h. Admission											
i. Discharge											
j. Transfer											
h. Post mortem care											
Isolation Precations											
a. Contact											

b. Droplet											
c. Airborne											
e. Neutropenic											
Patient education											
a. Medication											
b. Safety											
c. Diet											
d. Activity											
e. Follow-up											
f. Community											
resources											
Dressing Change											
a. Incision											
b. Wound											
Test											
a. Strep test											
b. Flu test											
c. Alcohol level											
d.Drug test											
e. COVID											
Lab Draws											
a. CBC											
b. CMP											
c. Type & Cross											
OB-GYN											
- Anxiety screening											
a. Stress test											
b. Post NSD care											
c. Newborn screening											
d. Pre/post CS care											
e. Magnesium mgt.											
f. Pitocin titration											
g. External TOCO/FHT											

h. Vaginal delivery											
i. Vaginal recovery											
j. Cesarean Section											
k. Cesarean recovery											
l. Fundal massage											
m. Calculate MVUs											
n. Positions to engage											
baby											
NICU											
a. Incubator											
b. Radiant warmer											
c. Phototherapy											
d. Billilight											
e. Newborn screening											
f. Hearing screening											
g. CHD screening											
Nutrition Delivery											
a. NGT/OG/PEG											
b. IV											
c.											
Code Blue											
a. Observe											
b. participate											
Others Skills											
a.											
b.											
c.											
d.											
e.											
f.											