

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Austin Pfefferding DATE ~~11-10-21~~ 11-10-21

LENGTH OF TRAINING 1 hour

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- 1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
- 2. Epi-pen – purpose and use
- 3. DNR/DNI – POLST
- 4. Diabetes – general overview, diet, meds
- 5. Other _____

The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.

- 1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
- 2. I will perform any procedure according to the instructions provided.
- 3. I will notify the nurse or healthcare provider of problems or questions.

Austin Pfefferding
Staff Signature

J. Anderson Re
Nurse Signature