GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Sora Vang DATE 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.

Staff Signature

Nurse Signature