

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Miracle "Misty" Mourman DATE 3-23-23
LENGTH OF TRAINING 1.25 hrs

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Epi-pen – purpose and use |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. DNR/DNI – POLST |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Diabetes – general overview, diet, meds |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other <u>Diets + Nutrition</u> |

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.

Miracle Mourman

Staff Signature

J. Anderson

Nurse Signature