**Staff Sign In Sheet for Training**

Type of Training: 60-Day Date: 1-23-25

Please print and sign your name below

Kaitlyn Heddle
Andrea Swearingen

## Employee Training

Presenter: ~~Shannon Rice, RN~~ Teresa Hausch, RN

Employee: Andrea Swearingen Date: 1-23-25

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

1. I fully understand the above information and am willing to assume the responsibility for performing the procedures.
2. I will perform the procedures according to written instructions.
3. I will notify the nurse or physician of problems or questions.

Staff signature: Andrea Swearingen

Signature of Trainer: [signature]

# Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Andrea Swearingen

DATE 1-23-25 LENGTH OF TRAINING 2 Hours

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 1. Purpose and effects of procedure |
| ☒ | ☐ | ☐ | 2. Equipment necessary for procedure |
| ☒ | ☐ | ☐ | 3. Specific protocol |
| ☒ | ☐ | ☐ | 4. Symptoms and signs requiring physician notification |
| ☒ | ☐ | ☐ | 5. Consequences if procedure is not performed correctly |
| ☒ | ☐ | ☐ | 6. Information about contacting nurse or doctor |
| ☒ | ☐ | ☐ | 7. Procedure for cleaning/replacing equipment |
| ☒ | ☐ | ☐ | 8. Location of written procedure and protocol |
| ☐ | ☐ | ☐ | 9. Other _____ |
| ☐ | ☐ | ☐ | **THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.** |

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Andrea Swearingen
Employee Signature

Nurse Signature

# Employee Training for Use of EpiPen

EMPLOYEE NAME Andrea Swearingen

DATE 1-23-25 LENGTH OF TRAINING 2 Hours

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

| Yes | No | N/A | |
|---|---|---|---|
| ☒ | ☐ | ☐ | 1. Signs and Symptoms of anaphylaxis |
| ☒ | ☐ | ☐ | 2. Equipment necessary for procedure |
| ☒ | ☐ | ☐ | 3. Specific protocol |
| ☒ | ☐ | ☐ | 4. Consequences if procedure not performed correctly |
| ☒ | ☐ | ☐ | 5. Symptoms and signs requiring physician notification |
| ☒ | ☐ | ☐ | 6. Procedure for contacting nurse or doctor |
| ☒ | ☐ | ☐ | 7. Procedure for cleaning/replacing equipment |
| ☒ | ☐ | ☐ | 8. Location of written procedure and protocol |
| ☒ | ☐ | ☐ | 9. Purpose and effects of procedure |
| ☐ | ☐ | ☐ | 10. Other _____ |
| ☒ | ☐ | ☐ | **THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.** |

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Andrea Swearingen
Employee Signature

Nurse Signature

# GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Andrea Swearingen DATE 1-23-25

LENGTH OF TRAINING 2 Hours

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 Diets & Nutrition |
| ☒ | ☐ | ☐ | **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.

Andrea Swearingen

**Staff Signature**

**Nurse Signature**