

EMPLOYEE TRAINING FOR HEALTH / MEDICAL TOPICS

EMPLOYEE Ariyana Holyfield

DATE 1-29-2020

LENGTH OF TRAINING 1.5 hours

TYPE OF TRAINING 60 Day orientation to Parkway (Seizure 1st Aide, VNS, Diabetic Monitoring/testing, Epi-pen, DNR/DNI, Trach Care)

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

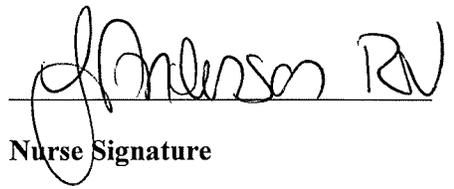
- 1. Purpose and effects of each health/medical topic.
- 2. Any equipment necessary for procedure.
- 3. Specific protocol/training.
- 4. Consequences if the procedure is not performed correctly.
- 5. Symptoms and signs requiring prescriber notification.
- 6. Information about contacting nurse or health care provider.
- 7. Procedure for cleaning/replacing any equipment. -Trach care/removal
- 8. Location of written procedure and protocol.
- 9. Other _____.

The staff member has successfully demonstrated/verbalized their knowledge/skill on this topic.

- 1. I fully understand the above information and am willing to assume the responsibility for performing the procedure/understanding policy.
- 2. I will perform the procedure according to the written instructions.
- 3. I will notify the nurse or health care provider of problems or questions.



Staff Signature



Nurse Signature