

DEU Student Activity Log

Student Name: _____
 Unit: 9CCP - UCMC
 Clinical Instructor: _____
 Completion Date: _____

PURPOSE

Review should be completed at 3 week intervals. Please initial/date each item as it is completed. **All skills will be completed per hospital policy and/or Potter and Perry Fundamentals of Nursing textbook.** At the end of the semester, this completed checklist will be returned to your Clinical Educator. You are responsible for all of the knowledge and skills contained in this checklist. Frequently review this checklist and use it to guide your goals during this practicum. If you are unable to complete all the items due to the lack of opportunity, you must demonstrate the ability to locate resources for these items and verbalize understanding. Your preceptor will acknowledge this understanding in the section titled, "Reviewed".

General Checklist:

Preceptor to date and initial completion of the item in the appropriate column

Reviewed	Perform with Assistance	Perform Independently	Skills or Knowledge Demonstrated
<u>BL</u>		<u>BL 10/14</u>	Administrative <input type="checkbox"/> Locker <input type="checkbox"/> EPIC Access <input type="checkbox"/> Call off protocol
<u>BL</u>	<u>B</u>		Emergencies <input type="checkbox"/> Locates crash cart and conducts a crash chart check with documentation <input type="checkbox"/> Locates fire alarms on unit <input type="checkbox"/> Locates oxygen shut off valves on unit <input type="checkbox"/> Demonstrates knowledge of procedure for "calling a CODE Blue" <input type="checkbox"/> Demonstrates knowledge of indication and/or activation of the Rapid Response Team <input type="checkbox"/> Locates/becomes familiar with the yellow Emergency Procedure Guide <input type="checkbox"/> Demonstrates knowledge of calling 911 or 4-1111 for an appropriate event <input type="checkbox"/> Demonstrates knowledge of various codes; i.e., grey, red, brown, etc
<u>BL</u> <u>H</u> <u>H</u> <u>H</u> <u>H</u>		<u>BL 10/19</u> <u>BL 10/14</u> <u>BL 10/14</u> <u>BL 10/19</u>	Assessment and Documentation <input type="checkbox"/> Conducts/ documents nursing head to toe assessment <input type="checkbox"/> Obtains and documents vital signs and weight per unit standards <input type="checkbox"/> Completed Nursing Progress Notes using Focus Charting <input type="checkbox"/> Demonstrates appropriate use of co-signer requirement in EPIC
<u>H</u> <u>H</u> <u>H</u> <u>H</u>		<u>BL 10/14</u> <u>BL 10/14</u> <u>BL 10/19</u> <u>BL 10/19</u>	New Patient <input type="checkbox"/> Sets up room for new patients <input type="checkbox"/> Ensures ID/ Allergy/ Fall Risk bands placed on patient and documented <input type="checkbox"/> Obtains report as appropriate from transferring unit <input type="checkbox"/> Reviews "Ticket to Ride" if appropriate

Reviewed	Perform with Assistance	Perform Independently	Skills or Knowledge Demonstrated
			Patient Discharge/Transfer/Admission/Operating Room Discharge
BJ		BJ 10/9	<input type="checkbox"/> Assesses need for discharge teaching
M		BJ 10/9	<input type="checkbox"/> Provides appropriate discharge instructions and handouts are available
BJ		BJ 10/9	<input type="checkbox"/> Provides patient with prescriptions and reviews educational materials as available
M		BJ 10/9	<input type="checkbox"/> Provides After Visit Summary to patient/family
BJ		BJ 10/9	<input type="checkbox"/> Ensures PIVs are removed
p		BJ 10/9	<input type="checkbox"/> Ensures home care arranged if needed with social work
h		BJ 10/9	<input type="checkbox"/> Ensures pt/family has belongings & completes belongings checklist
BJ 10/9			Transfer
			<input type="checkbox"/> Demonstrated knowledge of the elements of appropriate transfer to another acute care facility and demonstrated appropriate documentation of EMTALA transfer in EPIC
BJ 10/9			Admission
			<input type="checkbox"/> Discusses release of <u>held orders</u> for admitted patient
BJ 10/9			<input type="checkbox"/> Demonstrates ability to utilize summary to handoff to other areas of care
			<input type="checkbox"/> Demonstrated appropriate handoff to ICU, step-down and OB
			Operating Room
BJ 10/9 10/14			<input type="checkbox"/> Demonstrated proper handoff to operating room
			<input type="checkbox"/> Demonstrate proper documentation of OR checklist in EPIC
			Communication & Job Tools
BJ 10/9		BJ 10/9	<input type="checkbox"/> Demonstrates knowledge of Chain of Command
			<input type="checkbox"/> Demonstrates knowledge of indications for incident reporting & how to complete an incident report (Intranet>Job Tools>MIDAS Incident Report Form)
BJ 10/9			<input type="checkbox"/> Demonstrates understanding of patient flow
BJ 10/9			<input type="checkbox"/> Demonstrates understanding of charging system (Parex)
BJ 10/9			<input type="checkbox"/> Demonstrates understanding of SBAR with hand-offs in patient care
BJ 10/9		BJ 10/9	<input type="checkbox"/> Demonstrates knowledge of ticket-to-ride process

Reviewed	Perform with Assistance	Perform Independently	Skills or Knowledge Demonstrated
BY		BY	Medication Administration <ul style="list-style-type: none"> <input type="checkbox"/> Administers/ documents patient medications appropriately <ul style="list-style-type: none"> • Assuring 5 Rights – right patient, right medication, right dose, right time, right route • Correct use of scanner/barcodes • Utilizing 2nd nurse verification process <input type="checkbox"/> Discusses/aware of appropriate use of PYXIS system (DOES NOT HAVE PYXIS ASSESS) <ul style="list-style-type: none"> • Obtained medications from PYXIS • Resolved a discrepancy in PYXIS • Wasted a narcotic medication in PYXIS • Conducted a change-of-shift narcotic count • Recovered a failed drawer in PYXIS <input type="checkbox"/> Demonstrates knowledge of Basal Bolus Correction <input type="checkbox"/> Demonstrates understanding of the Heparin Protocol <ul style="list-style-type: none"> • Verbalizes understanding of documentation of administration of the heparin drip in EPIC <input type="checkbox"/> Demonstrates and documents correct site for IM & SQ injections <input type="checkbox"/> Demonstrates and documents correct application of topical and drop medications <input type="checkbox"/> Demonstrates knowledge of high alert meds and documentation <input type="checkbox"/> Demonstrates knowledge of PRN medication refill process <input type="checkbox"/> Verbalizes and demonstrates knowledge of unapproved abbreviations <input type="checkbox"/> Demonstrates knowledge of IV medication compatibility (Intranet>Patient Care Tools>Injectable Drug Compatibility Reference>ASHP-HID)
BY			
BY	BY	BY	
BY		BY	
BY	BY	BY	
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BY	BY	BY	
BY	BY	BY	
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BY	BY	BY	
BY	BY	BY	Labs <ul style="list-style-type: none"> <input type="checkbox"/> Reports and documents with preceptor critical lab values to MD/LIP <input type="checkbox"/> Provides proper patient teaching and collection of a clean catch urine specimen <input type="checkbox"/> Collects urine culture <input type="checkbox"/> Collects stool culture <input type="checkbox"/> Interprets blood glucose level results <input type="checkbox"/> Demonstrates proper patient identification and labeling at the bedside during specimen collection <input type="checkbox"/> Assisted in the correct collection of <u>swabs</u> for sexually transmitted infection testing <input type="checkbox"/> Demonstrated understanding of the role of <u>phlebotomy</u> on 9CCP <input type="checkbox"/> Demonstrates knowledge of normal laboratory results and accurate interpretation
BY	BY		
BY			
BY		BY	
BY	BY	BY	
BY	BY	BY	
BY	BY	BY	Intravenous Nursing Care <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates proper maintenance/flushing of PIVs <input type="checkbox"/> Demonstrates proper cap change procedure and care of CVADs <input type="checkbox"/> Demonstrates proper assessment and care of IV access sites <input type="checkbox"/> Demonstrates proper technique in <u>placing</u> IV catheter <input type="checkbox"/> Maintains IVAC pump and IV fluid maintenance
BY	BY	BY	
BY		BY	
BY		BY	

Reviewed	Perform with Assistance	Perform Independently	Skills or Knowledge Demonstrated
<i>for</i>			
<i>for</i>			Death and Dying <ul style="list-style-type: none"> <input type="checkbox"/> Consults spiritual care services <input type="checkbox"/> Demonstrates knowledge of contacting ODA <input type="checkbox"/> Demonstrates knowledge of triggers for contacting LifeCenter <input type="checkbox"/> Provides post mortem care if opportunity available <input type="checkbox"/> Demonstrates knowledge of hospital policy for Advance Directives <input type="checkbox"/> Demonstrates knowledge of hospital policy for DNR/ AND consent
<i>for</i>		<i>for</i>	Comfort – Pain Management <ul style="list-style-type: none"> <input type="checkbox"/> Conducts/ documents a comprehensive pain assessment and re-assessment <input type="checkbox"/> Demonstrates correct documentation in EPIC for any PRN, PCA or Epidural medications <input type="checkbox"/> Demonstrates understanding of analgesic medication guidelines - (refer to addendum 2 of the Admin Pain Management policy) <input type="checkbox"/> Demonstrates competence caring for a patient using Patient-Controlled Analgesia
<i>for</i>		<i>for</i>	Protective Mechanisms <ul style="list-style-type: none"> <input type="checkbox"/> Completes handwashing skills at times appropriate <input type="checkbox"/> Completes Braden Scale for all patients <input type="checkbox"/> Demonstrated <u>proper</u> technique utilizing the patient lift equipment <input type="checkbox"/> Skin/Wound Care <ul style="list-style-type: none"> • Demonstrates knowledge of assessment, documentation and implementing appropriate interventions • Demonstrates knowledge of the nursing management of a Vacuum-Assisted Closure Device (<u>wound vac</u>) <input type="checkbox"/> Seizure Precautions <ul style="list-style-type: none"> • Identifies a patient at risk for seizure • Implements seizure precautions and documents appropriately <input type="checkbox"/> Restraints <ul style="list-style-type: none"> • Demonstrates knowledge of assessment, documentation, and alternatives to restraints <input type="checkbox"/> CIWA Protocol <ul style="list-style-type: none"> • Demonstrates familiarity with assessment and documentation requirements for patients on <u>CIWA</u> Protocol <input type="checkbox"/> Spine Precautions <ul style="list-style-type: none"> • Monitors <u>cervical collar</u> placement and neurological assessment • Log roll of patients as appropriate • Identifies physician assessment for removal of precautions <input type="checkbox"/> Demonstrates ability to make a social work referral for a patient with suspected neglect, abuse or exploitation <input type="checkbox"/> Demonstrates ability to complete a suicide screening <input type="checkbox"/> Demonstrates knowledge of the use of a patient monitor for patients at risk of hurting themselves or others <input type="checkbox"/> Demonstrates knowledge of the role of the psychiatric social worker on the care team <input type="checkbox"/> Implement appropriate incisional site assessment, change skills and usage of supplies and documentation

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<i>BN</i>	<i>M</i>		Mobility <ul style="list-style-type: none"> <input type="checkbox"/> Fall Prevention <ul style="list-style-type: none"> • Conducts and documents a fall risk assessment • Implements fall prevention strategies based on the Fall Prevention Algorithm
<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	Elimination <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates proper technique for placement of a Foley catheter <input type="checkbox"/> Demonstrates proper technique for straight catheterization <input type="checkbox"/> Identifies need for and usage of Bladder Scan <input type="checkbox"/> Demonstrated appropriate care of a colostomy or ileostomy, including assessment and acquisition of supplies <input type="checkbox"/> Successfully maintains a record of I/Os or STRICT I/O's <input type="checkbox"/> Demonstrates competence caring for a patient with a drain (i.e., chest tube, Wound Vac, Etc.) <ul style="list-style-type: none"> • Conducts/ documents a nursing assessment and I/O related to drain care and characteristics of drainage <input type="checkbox"/> Demonstrated proper care of drains: <ul style="list-style-type: none"> • Jackson Pratt • Percutaneous • Hemovac <input type="checkbox"/> Provided education for to patient/family for proper drain care at home <input type="checkbox"/> Demonstrates proper technique for ostomy irrigation <input type="checkbox"/> Demonstrates competence caring for a patient with a NG tube <input type="checkbox"/> Demonstrates proper removal of a NG tube
<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	Nutrition <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates knowledge of a dysphagia screen, and when to consult speech pathology <input type="checkbox"/> Demonstrates knowledge of caring for G-tubes/PEG tubes <input type="checkbox"/> Demonstrates knowledge of caring for a patient on enteral nutrition <input type="checkbox"/> Demonstrates knowledge of parenteral nutrition <u>TPN</u>/Lipids <input type="checkbox"/> Demonstrates understanding of specific diet orders, meal delivery, communicating w/ Food & Nutrition Services, guest trays & room service <input type="checkbox"/> Follows unit standards for changing tube feeding bags
<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	Ventilation <ul style="list-style-type: none"> <input type="checkbox"/> Administer O2 therapy per hospital policy <input type="checkbox"/> Demonstrate competence of <u>suctioning</u> for airway maintenance <input type="checkbox"/> Demonstrate competence caring for a patient with a <u>trach</u> <input type="checkbox"/> Demonstrate competence caring for a patient with a chest tube <input type="checkbox"/> Demonstrate appropriate location, utilization and storage of oxygen tank <input type="checkbox"/> Demonstrated ability to insert an oral and nasal airway <input type="checkbox"/> Demonstrated ability to use a <u>bag-valve mask</u>
<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	<i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i> <i>BN</i>	Circulation <ul style="list-style-type: none"> <input type="checkbox"/> Review the Competency for Management of Patients Receiving a Transfusion of Blood or Blood Products policy <input type="checkbox"/> Demonstrate understanding of cardiac monitoring per unit standards

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<u>BJ</u> <u>BJ</u>	<u>BJ</u> <u>BJ</u>	 	(lead placement, alarm management & equipment) <input type="checkbox"/> Demonstrated competence assessing <u>heart tones</u> , vital signs & pulses <input type="checkbox"/> Demonstrated competence in the use of the Doppler for BP measurement and pulse checks
<u>BJ</u> <u>BJ</u>	 	 	Neurologic <input type="checkbox"/> Demonstrates competence conducting a neurologic assessment <input type="checkbox"/> Demonstrates competence in performing a dysphagia screen
<u>BJ</u> <u>BJ</u> <u>BJ</u>	 	 <u>BJ</u> <u>BJ</u>	Musculoskeletal <input type="checkbox"/> Demonstration of placement of orthopedic devices including: <ul style="list-style-type: none"> o <u>Ace wrap</u> o Sling and swath o <u>Knee immobilizer</u> o Ankle air splint o Assembly or crutches and crutch education about walking technique <input type="checkbox"/> Demonstrates proper body mechanics when moving a patient <ul style="list-style-type: none"> o Used a gait belt to transfer a patient <input type="checkbox"/> Assists in patient ambulation with walker, crutches, and/or cane
<u>B</u> <u>B</u> <u>B</u> <u>B</u> <u>B</u> <u>B</u>	 	 	Hospital Wide Policies (found on the intranet) <input type="checkbox"/> Demonstrates knowledge of Restraint Policy <input type="checkbox"/> Demonstrates knowledge of the Visitor Policy <input type="checkbox"/> Demonstrates knowledge of the Code Brown policy <input type="checkbox"/> Demonstrates knowledge of the Patient Pass Policy <input type="checkbox"/> Demonstrates knowledge of the AKA policy <input type="checkbox"/> Reviews Role of the Student Nurse at UCMC

Preceptor Name/Initials _____

Doreen J. Lathan RN (BJ)

Preceptor Name/Initials _____

Preceptor Name/Initials _____