

Nursing Clinical Placement Unit Communication Tool

School: _____ Clinical Faculty Name: _____

Clinical Start Date: _____ Clinical End Date: _____

Areas marked with a **✓** will be completed by nursing students on (date) _____

during the clinical hours of _____.

- | | |
|--|---|
| <input type="checkbox"/> Personal hygiene and grooming
<input type="checkbox"/> Linen change
<input type="checkbox"/> Assistance with meals
<input type="checkbox"/> Head to toe physical assessment
<input type="checkbox"/> Measurement of vital signs (T,P,R,BP, O2 sat)
<input type="checkbox"/> Measurement of weight
<input type="checkbox"/> Measurement of I & O
<input type="checkbox"/> Administration and documentation of oral, inhalation, topical, IVPB, subcutaneous, intramuscular, and intradermal medications | <input type="checkbox"/> Documentation of/on: <ul style="list-style-type: none"> <input type="checkbox"/> Daily assessment on EMR <input type="checkbox"/> Medications administered (no IVP) <input type="checkbox"/> Daily patient assessment <input type="checkbox"/> Patient care plan <input type="checkbox"/> Education <input type="checkbox"/> Nurses Notes <input type="checkbox"/> Other: _____ <input type="checkbox"/> Wound care
<input type="checkbox"/> Drain/tube care
<input type="checkbox"/> Basic cardiac monitoring
<input type="checkbox"/> Other: _____ |
|--|---|

Please complete the following:

<i>Student Name</i>	<i>Assigned Patient(s) First Name and Last Initial</i>	<i>Room # (s)</i>