

## 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<br><input type="checkbox"/> Linen change<br><input type="checkbox"/> Assistance with meals<br><input type="checkbox"/> Head to toe physical assessment<br><input type="checkbox"/> Measurement of vital signs (T,P,R,BP, O2 sat)<br><input type="checkbox"/> Measurement of weight<br><input type="checkbox"/> Measurement of I & O<br><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"> <li><input type="checkbox"/> Daily assessment on EMR</li> <li><input type="checkbox"/> Medications administered (no IVP)</li> <li><input type="checkbox"/> Daily patient assessment</li> <li><input type="checkbox"/> Patient care plan</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Nurses Notes</li> <li><input type="checkbox"/> Other: _____</li> </ul> <input type="checkbox"/> Wound care<br><input type="checkbox"/> Drain/tube care<br><input type="checkbox"/> Basic cardiac monitoring<br><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>