**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_**

**CHI Franciscan Health Nursing Student Orientation**

**Didactic and Clinical Information Checklist**

|  |  |  |
| --- | --- | --- |
| **Pre-Arrival Modules and Materials****(To be completed prior to arrival at CHI FH)** | **Date Review** **Completed** | **Nursing Student Signature** |
| **Nursing Student Orientation Modules – Located on the Clinical Placement Northwest (CPNW) website:****CHI FH specific – Student and Instructor Orientation:*** Mission, Vision, Values, AIDET, Safety First

 **CPNW Modules:*** Bloodborne Pathogens
* Infectious Medical Waste
* Compliance
* Patient Safety
* Emergency Procedures
* Standard Precautions
* Patient Rights
* Chemical Hazard Communication
* Post Tests
 |  |  |
| Has completed CPNW Student/Faculty Clinical Passport Requirements |  |  |
| Wearing CHI FH Approved Picture Identification (badge)and has received CHI FH parking sticker from security. |  |  |
| Has a copy of current quarter’s objectives and instructor contact information (CHI FH Clinical Objective Form) |  |  |
| **Verification of Completion:**Nursing Student Signature | Date Written Review Completed | Date Completed in Clinical Area |

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHI Franciscan Health Nursing Student Orientation**

**Didactic and Clinical Information Checklist**

|  |  |  |
| --- | --- | --- |
| **Topics: General Orientation** | **Date** | **Nursing Student Signature** |
| Activate Emergency Code: Dial 5555 Code Red = FireCode Yellow = Hospital only TraumaCode Blue = Cardiopulmonary ArrestCode Gray = Combative PatientAmber Alert= Neonatal IncidentRapid Response Team = Activate Rapid Response TeamCode Silver = Weapon/HostageCode 5 = Shelter in PlaceCode Triage = Disaster Response (phase 1: alert, phase: 2 activate) |  |  |
| Location of Equipment: (Scavenger Hunt)* Crash Cart
* Fire Pull Station, Fire Extinguisher and Floor Evacuation/Emergency exit
* Eye wash station
* BLS resuscitation devices
* Safety equipment: PPE, face shields and goggles
* Pharmaceutical Waste Disposal Containers
* Sharps containers
* Isolation carts and supplies
* Spill kit
* Emergency preparedness disaster kits
* Linen supplies
* Patient care supplies
* Dietary supplies
* Dirty utility Café/lunch room
* Lab
* Diagnostic Imaging
 |  |  |
| Location of Medical Gas Shut Off Valve |  |  |
| Operation of call light system |  |  |
| Identify meaning of Signage Alerts* High Risk for Falls
* Skin Precautions
* Stop Sign
* Cytotoxic
* See Nurse before entering room
 |  |  |
| Location of Policy and Procedure Clinical Manual: Policy Stat |  |  |
| Medication Administration/Medication Safety 945.00 |  |  |
| Clinical Instructor/ RN Preceptor/UBE Signature and Date |  |
| Nursing Student Signature and Date |  |