HOSPITAL ORIENTATION PACKET
ORIENTATION TO PATIENT CARE UNIT FOR CLINICAL INSTRUCTOR

This form is to be completed by the Nurse Manager, Charge Nurse or designee before the Clinical Instructor can begin his/her first shift of duty at the appropriate hospital.

Name: _____

College: _____

Patient Care Unit: _____ Date: _____

Place a check mark (√) in the space provided after the Clinical Instructor or affiliated student has been oriented to each of the following:

1. Opportunity to:
- Meet the Nurse Manager/Nurse Leader to review _____
- Faculty role and responsibilities for students _____
- Review course description _____
- Clinical objectives _____
- Work with staff member in a shadowing experience for new faculty _____

2. Education and training in specific technology/equipment used on unit if necessary. Please note any technology/equipment completed or N/A, if not applicable:
- _____
- _____
- _____

3. Location of:
- Workstations on Wheels and accessibility to the Electronic Medical Record _____
- Fire Pull Station, fire equipment and Floor Evacuation Plan _____
- Medical Gas Shut-off Valve (if applicable) _____
- Emergency Equipment/Medications (if applicable) _____
- Supply Cart, Linen Supply, General Equip/Supplies _____
- Generic Standards Manual, Unit Specific Standards Manual and other resources on unit _____

4. Review:
- Specific unit policy and/or orientation processes _____
- Security Issues (1:1 observation, narcotics, pt. belongings) _____
- Operation of Call Light System _____
- Operation of Wall Suction and Oxygen (if applicable) _____
- Operation of Electronic IV Equipment, other Medical Devices _____
- Unit specific standards with regards to blood borne pathogens, hazardous materials located on unit, and use of necessary PPE. _____
- Documentation guidelines for the Electronic Medical Record _____
- Barcode Medication Administration policies and medication supplies (if applicable)

Signatures Documenting Completion of Unit Orientation:

_____ _____
Print Name of Clinical Instructor Date

_____ _____
Signature of Clinical Instructor Date

_____ _____
Signature of Nurse Manager / Charge Nurse / Designee Date