Sample Orientation Checklist
Nurse Orientation

All new nurses will be given a general orientation, covering the following information, prior to orientation on the unit with a staff nurse:

1. Phone system including emergency paging.
2. A review of documents and forms that will be used in performance of the assignment.
   a. Face Sheets (Admission and Discharge Summary)
      i. Responsible Party
      ii. Physician
      iii. Pharmacy
      iv. Insurance
   b. COR Status
      i. What it means
      ii. Procedure to initiate CPR & call 911
   c. Living will
   d. Physicians Orders. How to use the TO’s
   e. Progress Notes
   f. Consultation Form
      i. How to make
      ii. What to do with it
   g. Nursing Notes
   h. Vital Signs Tracking Form (Monthly Form)
      i. Weight accuracy and evaluation
   i. Skilled Charting Forms
   j. Intake Sheet for meals, snack, and weights
   k. Dietary Order change form
   l. Care Plans – Acute/Temporary & Comprehensive
3. Medication Administration Form (Medication Sheet)
   a. How to use it
   b. What is on it
   c. Proper order to give and sign meds
   d. How times are assigned
   e. How to do properly administer medications using “five rights”
   f. Medication-errors
   g. How to send meds for pass
4. Narcotic Sign Out Sheet
   a. Narcotic counting
   b. Sheets and Procedures
   c. Duragesic Patch Procedure
   d. Drug box for new patients/new orders
5. Treatment Sheets
   a. Times assigned
   b. Importance of treatment being done as assigned
6. Skin Protocol
   a. Pressure ulcer documentation
b. Weekly Skin assessment
c. Braden Scale
d. Star Program
e. Admissions Skin Assessment

7. Quality Indicator Report
8. Labs
   a. How to order
   b. The labs we use/various insurance providers
   c. What to do with results
   d. Obtaining urine specimens

9. Minimum Data Set (MDS)
10. Complaints, Concerns, and Missing Item reports
11. Protecting confidentiality of resident medical records and information
    a. HIPAA Guidelines
12. Expectation for supervision of CNA’s
    a. Counseling Form
13. Coumadin policy & management
    a. Use of Coumadin Flow Sheet
    b. Communication w physician re PT/INR results
14. Transportation for appointments
15. Nursing H&P for admits and readmits
16. Personal possessions sheets
17. Incident Reports
    a. What constitutes an incident
    b. Who & when to notify
    c. What follow-up is required
    d. Neuro checks; policy, procedures, and documentation

18. Hours Adjustment form
19. Absence Report
20. Workers Compensation
21. Infection Reports
    a. TB testing protocols for residents and staff
    b. Isolation precautions

22. Expectations of nurses role here and in interaction with:
    a. Residents
    b. Families
    c. Other staff in nursing
    d. Other departments

23. Abuse:
    a. Resident
    b. Staff
       i. Physical
       ii. Verbal
       iii. Sexual
       iv. Active
       v. Passive
       vi. Misappropriation
c. Nurses’/Supervisor’s role
24. Managing care of tube fed residents
   a. Revue of Policies and Procedures
   b. Standard of care
   c. Checking tube

I have received information on the aforementioned topics and understand the facility policies and procedures, and understand what is expected of me in the performance of my duties at Care Center XYZ.

Printed Name__________________________ Date____________
Signature______________________________
Orientation By________________________ Title_________________