

Student _____
Dates of Rotation _____

Oncology Rotation Task Sheet

OBJECTIVES

OBSERVED/ASSISTED

- | | |
|--|---------------|
| 1. Basic Patient Care | |
| a. assessment / vital signs | _____ / _____ |
| b. height and weight measurement | _____ / _____ |
| c. intake and output | _____ / _____ |
| d. bathing and AM care | _____ / _____ |
| e. moving, lifting, positioning | _____ / _____ |
| f. meals/nourishment | _____ / _____ |
| 2. Universal Precautions | |
| a. isolation | _____ / _____ |
| b. reverse isolation | _____ / _____ |
| 3. Special Procedures | |
| a. chemotherapy | _____ / _____ |
| b. thoracentesis/paracentesis | _____ / _____ |
| c. hyperalimentation | _____ / _____ |
| d. biopsy | _____ / _____ |
| e. bone marrow aspiration | _____ / _____ |
| 4. The Terminal Patient | |
| a. stages of grief | _____ / _____ |
| b. psychological needs of patient/family | _____ / _____ |
| c. hospice care | _____ / _____ |
| d. advanced directives | _____ / _____ |
| e. DNR/No Code | _____ / _____ |
| f. signs of approaching death | _____ / _____ |
| g. care of the deceased | _____ / _____ |
| h. death certificate | _____ / _____ |

Mentor Signature

Date