

Student _____
Dates of Rotation _____

Progressive Care Rotation Task Sheet

OBJECTIVES

OBSERVED/ASSISTED

- | | |
|--|---------------|
| 1. Orientation to Unit | _____ / _____ |
| 2. Answering call lights | _____ / _____ |
| 3. Procedures of Patient Care | |
| a. Vital signs/Patient status assessment | _____ / _____ |
| b. Ambulation | _____ / _____ |
| c. Nourishment | _____ / _____ |
| d. Measuring/Recording Intake & Output | _____ / _____ |
| e. Administration of Medications | _____ / _____ |
| f. Chest Tubes | _____ / _____ |
| g. Telemetry/EKG | _____ / _____ |
| h. Specimen Collection | _____ / _____ |
| i. Oxygen administration | _____ / _____ |
| 4. Patient Teaching | |
| a. Rehabilitation/Therapy | _____ / _____ |
| b. Discharge Planning | _____ / _____ |
| 5. Emergency Care | |
| a. Code protocol | _____ / _____ |
| b. Drug therapy/defibrillation | _____ / _____ |
| 6. Infection Control | |
| a. types of isolation | _____ / _____ |
| b. gown & gloving | _____ / _____ |
| c. waste disposal | _____ / _____ |
| d. sterile technique | _____ / _____ |

Mentor Signature

Date