# Orientation Checklist for RN (Ambulatory Care)

**ORGANIZATION:**
**LOCATIONORGANIZATION TYPE: Ambulatory Care**
**TITLE: Orientation Checklist - RN**

| ORIENTATION CHECKLIST | REGISTERED NURSE |
|---|---|

Name: _____ Date: _____

All orientation duties are to be reviewed and completed within 90 days of assignment.

**General**

() Introduction to Staff
() Work Hours (Start, Stop)
() Location of Restrooms
() Lunch Accommodations
() Who to Call Regarding Absence
() Dress Code
() Security (Keys, parking, codes)
() Exam Room Layout & Supplies
() Appointment System
() Medical Emergency Supplies
() Mailbox
() Chart Layout
() Job Descriptions and Work Performance Evaluation Process
() Confidentiality
() Time Cards, PTO Requests, Mileage sheets and Reimbursement Process
() Referrals
() Operation of Telephone System
() Sonitrol

**Corporate**

() Review history, philosophy, mission, values, and patient population being service at CMC
() Review administration and supervisors' roles
() Review funding sources and clinic billing procedures
() Location of reference materials (e.g., Medical Policies and Procedures, Administration, Quality Developement and Fiscal Policies, Health Plan Manuals, Reference Manuals)

**Infection Control**

() Blood Borne Pathogen Policy
() Limitation of Exposure with Contagious Patients
() Hand Washing
() Infectious Waste Disposal
() Location of PPE

**Injury and Illness Prevention**

() Emergency Preparedness
() Fire Alarm System
() Fire Extinguishing Systems/Locations
() Disaster Plan
() Identification and Location of Toxic Substances
() Incident Reporting Policy
() Report of Work Related Injury
() Safety Manual
() MSDS Binders and Hazardous Materials
() Emergency Exits
() Domestic Violence Reporting/Polices
() Elder Abuse Reporting/Policies
() Child Abuse Reporting/Policies
() Radiation Safety (CMC Only)

**Orientation to Laboratory Procedures**

() Patient Instruction on collection of specimens
() Logging laboratory specimens
() Logging laboratory reports (at sites other than CMC)
() Obtaining laboratory results CMC
() Lab specific safety sites
() Laboratory Service Manuals

**Orientation to Medical Equipment**

() Scales
() Thermometers
() Blood Pressure Units
() Pulse Oximeter
() EKG
() Glucometer
() Autoclave
() Suction Machine
() Centrifuge
() Pullmonoaide

**Observed Performance**

Observed performance and authorization to perform certain tasks may be delayed until after initial orientation completed. If delayed, must be documented on second orientation sheet as part of three or six month evaluation.

| Procedure | Date & Initials | Date & Initials | Date & Initials | Date & Initials | Date & Initials |
|---|---|---|---|---|---|
| Blood Pressure | | | | | |
| Weight Measurement | | | | | |
| Documentation of Chief Complaint | | | | | |
| Measuring of Glucose | | | | | |
| Vision Screening | | | | | |
| Urinalysis | | | | | |
| Fecal Occult Blood | | | | | |

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| Rapid Strep A | | | | | |
| Temperature Measurement | | | | | |
| Height Measurement | | | | | |
| Charting | | | | | |
| Hemoglobin Measurement | | | | | |
| Hearing Screening | | | | | |
| Pregnancy Testing | | | | | |
| Finger Stick Blood Collection | | | | | |
| Urine Pregnancy | | | | | |
| Set up for Minor Surgery | | | | | |
| Sterile Technique | | | | | |
| Immunization/Injection | | | | | |
| Informed Consent | | | | | |
| Venipuncture | | | | | |
| Other: | | | | | |

| **Areas Requiring Additional/Extensive Training** | **Time Line for Training** |
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All of the above items have been reviewed and discussed with this employee. The **original** copy is to be signed by the supervisor and employee, then forwarded to Human Resources.

Supervisor's Signature Date:

Employee's Signature Date:

**Disclaimer:**

This service is designed to provide accurate and authoritative information in regard to the subject matter covered. Every attempt has been made to ensure accuracy, however, please note that laws, regulations and standards are subject to change. Please also note that some of the examples in this service are specific to the laws and regulations of the locality of the facility. The information and examples in this service are provided with the understanding that Joint Commission Resources is not engaged in providing medical care or legal advice. If any such assistance is desired, the services of a competent professional should be sought.