

Name _____

Nursing-Department Specific Orientation Checklist**General Information**

- _____ Where schedule is posted
- _____ How to request time off
- _____ How to record time worked
- _____ Lunch hours/break times
- _____ Who/how to contact when call-in sick-attendance expectations
- _____ Where to place personal belongings
- _____ Emergency phone numbers-who to call

Department Specific

- _____ Duties in fire/tornado/disaster
- _____ Knows where policy book is kept
- _____ Use, labeling and storage of chemicals
(where MSDS sheets are and no unattended chemicals left not locked up)
- _____ Orientation to resident cares-Negotiated Service Agreements-tasks for appropriate shift
- _____ Laundry-collection/washing, redistribution
- _____ Serving in dining room-expectations-proper procedures
- _____ Light housekeeping duties
- _____ Admissions
- _____ Communicating with our Residents
- _____ Documentation guidelines-monthly expectations
- _____ Who to report changes in condition to
- _____ Emergency phone number list/location
- _____ Communication-shift report
- _____ Proper use of equipment (scales, glucose monitors, etc...)
- _____ Activity calendars and meal times
- _____ Advanced directives/medical emergency protocol
- _____ Infection control-universal precautions-handwashing
- _____ Proper respect/customer service expectations
- _____ Expectation of answering call system/use of pagers
- _____ Locked medication room policies
- _____ Mandatory in-service requirements
- _____ Incident/Accident policy and reporting

Medication Orientation (all of above and these added requirements)

- _____ Review 5 rights of medication administration (Iowa 7 rights)
- _____ Storage, handling and providing medications
- _____ Documentation in Medication Administration Record (MAR)
- _____ Procedures for documentation and reporting errors and adverse reactions
- _____ Knows who is responsible for direction and monitoring of Medication Aides

_____ Observe medication passes and fill out competency checklist
(make sure employee is competent on all types of medication provisions
you provide in your facility and check them off on it, ex: eye drops, topical, etc..)

LPN (all of above and these added requirements)

_____ Admitting a resident
_____ Documentation/charts
_____ Supervision of staff
_____ On-call expectations
_____ Physician orders/communication sheets
_____ MAR's
_____ Medication changeover
_____ Checking in medication
_____ Pharmacy information-how to order medications

Employee Signature

Date