

Unit Orientation Checklist for Nursing Students

(Faculty to provide unit orientation to students prior to start – Submit form within 1 week after start date)

SON Instructor Name: _____ School: _____

Clinical Start Date: _____ Clinical End Date: _____

Student Type: RN LVN Course: _____

Semester: 1st 2nd 3rd 4th Other: _____

Rotation(s): Med Surg ICU ED OB Peds Other: _____

Orientation Topics for all Nursing Students Nurses:

- Student Nurse Scope of Practice
- Professionalism & Ethics
- JCAHO National Pt Safety Goals
- Patient Rights
- Abuse Reporting
- Advanced Directives
- Restraints

Environment of Care and Safety Topics

- Safety Management
- Emergency Management
- Security Management
- Medical Equipment Management
- Hazardous Materials
- Waste Management
- Fire Prevention
- Magnetic Resonance Imaging Safety
- Radiation Safety
- Ergonomics
- Infection Control – Blood Borne Pathogens/Isolation/Handwashing
- Uniforms and Dress Code

Unit Specific orientation completed for all Nursing units the students will be on.

- Rotation Schedule
- Preparation and Picking Patients
- Posting Assignments
- Role Expectations for Students
- Unit/Department's Scope of Services
- Shift or Safety Huddle attendance - if applicable
- Bedside Handoff/Reporting
- Accessing Policies & Procedures via Ellucid
- Accident/Injury Reporting for Non-employees
- Risk Management & Incident Reporting
- Following Chain of Command
- Bar Code Med Administration (BCMA)
- Pyxis Overview
- Use of Blood Glucose Meter – if applicable
- Use of Rovers (BCMA scanners) – if applicable
- Use of Vocera – if applicable

Student Nurse Onboarding Completed Prior to 1st rotation day:

- Mandatory Annual Training (MAT module for Nursing Students)
- Privacy and Security Training
- EMR Confidentiality & HIPAA
- Respiratory Protection
 - Fit Testing with CPPN
 - PAPR Training with CPPN
- Alaris Pump *Integration* Training if applicable
- EPIC/EMR Introductory Training

I acknowledge that the items checked & listed above were covered during the onboarding of my students to UCD Health. *Attached is a list of students who participated in this student orientation.*

SON Instructor Signature: _____

Date: _____

Unit Orientation for Nursing Students ROSTER

Instructor Name(s):

Date:

	<i>NAME</i>	<i>Student School ID # or email</i>	<i>INITIAL</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

If co-teaching a clinical group with another faculty member, provide unit orientation to them & have them sign below

	<i>NAME</i>	<i>Faculty School ID # or email</i>	<i>INITIAL</i>
1			
2			
3			