

14 WEEK NEW NURSING GRADUATE/NEW RN ORIENTATION PATHWAY
Intensive Care Unit
Southern Ohio Medical Center

ORIENTEE _____ **Date Started** ____ / ____ /**2019** **Date Completed** ____ / ____ /**2019**
Preceptor: _____ **Initials:** _____ **Preceptor:** _____ **Initials:** _____
Preceptor: _____ **Initials:** _____ **Preceptor:** _____ **Initials:** _____
Clinical Nurse Educator: _____ **Initials:** _____
Nurse Manager: _____ **Initials:** _____

The Pathway serves as a guide to your orientation. It will not always be possible to achieve week by week as written. It may not be possible to get all types of patients, skills, etc., within the orientation period. Please utilize the following to facilitate your orientation progress:

- *Critical Care Orientation notebook*
- *AACN's Core Curriculum for Critical Care Text Book*
- *Nurse Manager: Ronda Wyant, BSN, RN & Kim Lester, BSN, RN*
- *Hospital procedures and protocols (Intranet & Elsevier Clinical Skills)*
- *In-house Classes as offered*
- *Clinical Nurse Educator: Korina Eichenlaub, BSN, RN, CCRN*

Level I — Basic Orientation

Benner's Stage 1: Novice (No Experience) – The novice nurse has no experience of any situation in which they are expected to perform. Novices are taught rules (policy and procedures) to help them perform.

Defining Characteristics

- ✓ *They are learning objective information, with tasks being broken down into steps.*
- ✓ *Knowledge is context-free and can be understood without experience.*
- ✓ *Practice is based on theoretical knowledge, rules and procedures.*
- ✓ *Rules are used to determine actions that are limited and inflexible.*
- ✓ *They are dependent on and have total confidence in those with greater expertise.*
- ✓ *They have an inability to use discretionary judgment.*

Level II – Unit Orientation

Benner's Stage 2: Advanced Beginner – The advanced beginner can demonstrate marginally acceptable performance based on experience.

Defining Characteristics

- ✓ *Work is shaped by concern to organize, prioritize, and complete tasks.*
- ✓ *They perceive clinical situations as a set of tasks that must be completed.*
- ✓ *Attention and energies are focused on an inventory of things to do, all which are relevant.*
- ✓ *Assessments are more a task rather than a structure to direct clinical care.*
- ✓ *Patients appear as a perplexing collection of problems/conditions; absorbed in biological needs and feel unable to attend to psychosocial needs of patients/family.*
- ✓ *They respect and rely on judgment of nurse experts and defer complex clinical observations and decision making to those with greater expertise.*
- ✓ *They are aware of their partial grasp; anxiety makes them more vigilant in their care.*
- ✓ *Precepting/mentoring is essential, it guides them as they fit the disjointed pieces together, seeing patterns, validating observations, weighing and balancing competing concerns, appreciating immense variation in individual responses and tailoring of care, and analyzing situations that did not go well.*

****All items must be marked by the preceptor, Unit Manager, or Clinical Nurse Educator deeming the nurse competent or at least educated about that topic.**

Week 1

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<p><i>Should be receiving a variety of patient assignments. Should not be the same from day to day unless good learning experiences.</i></p> <p><i>1st Day: Shadow preceptor and complete Scavenger Hunt. Preceptor with patients.</i></p> <p><i>Then: ICU Orientee: 1 Patient Level 1</i></p> <p><i>Preceptor: 1 patient Level 1/2</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Meet Preceptor/s <input type="checkbox"/> Define role and responsibilities of orientee and preceptor. <input type="checkbox"/> Pyxis privileges/badge for med drawers/blood card signed (Educator assists) <input type="checkbox"/> Scavenger Hunt <input type="checkbox"/> Introduction to patient care. <input type="checkbox"/> Role of Critical Care Educator <input type="checkbox"/> Role of Assistant Nurse Manager <input type="checkbox"/> Critical Care Physician/Provider <input type="checkbox"/> Physical environment 	<ul style="list-style-type: none"> <input type="checkbox"/> Location of emergency equipment / Fire Extinguisher <input type="checkbox"/> Emergency Shut-off Valve for O₂ <input type="checkbox"/> Use of Telephones <input type="checkbox"/> Bed Controls: Stryker Beds <input type="checkbox"/> Pyxis System <input type="checkbox"/> Use of Cardiac Monitors/SpO₂ <input type="checkbox"/> Monitoring <input type="checkbox"/> Glucometer <input type="checkbox"/> IV Pumps 	<ul style="list-style-type: none"> <input type="checkbox"/> Review Basic Skills Assessment <input type="checkbox"/> Cardiac Monitor & Lead Placement. <input type="checkbox"/> Using SOMC's Intranet <input type="checkbox"/> Insertion of Peripheral IV's
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<p><i>Routine HCU/ICU Assessment</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain Assessment <input type="checkbox"/> Routine HCU/ICU patient care. 	<ul style="list-style-type: none"> <input type="checkbox"/> Jet Forms: location & printing <input type="checkbox"/> Nursing Progress Notes <input type="checkbox"/> eMAR/POC <input type="checkbox"/> RIDER Order <input type="checkbox"/> Critical Care Orientation checklist <input type="checkbox"/> Patient Chart 	<ul style="list-style-type: none"> <input type="checkbox"/> DNR Policies: cc verses cc arrest <input type="checkbox"/> Completion of time card (API) <input type="checkbox"/> Falls Risk Assessment <input type="checkbox"/> Falls Risk: review & use of sign <input type="checkbox"/> Locating SOMC Policies <ol style="list-style-type: none"> 1. Patient Rights 2. Safety /Infection Control 3. Organization Wide 4. Department of Nursing 	<ul style="list-style-type: none"> <input type="checkbox"/> Peripheral lines maintenance <input type="checkbox"/> Administration of Antibiotics <input type="checkbox"/> Administration of Electrolyte Replacement (RIDERS) <input type="checkbox"/> Administration of IVP

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 1 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Preceptor: _____
Orientee: _____

Week 2

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<p><i>ICU Orientee: One Patient Level 1</i> <i>Preceptor: 1 simple patient</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Patient Care Routine <input type="checkbox"/> Room Layout <input type="checkbox"/> Room Stock <input type="checkbox"/> Material Management Supply Room 	<ul style="list-style-type: none"> <input type="checkbox"/> Tube System. <input type="checkbox"/> Hyper-/Hypothermia Machine <input type="checkbox"/> Oxygen Outlets <input type="checkbox"/> Wall Suctions <input type="checkbox"/> Dopplers 	<ul style="list-style-type: none"> <input type="checkbox"/> Basic EKG Assessment/ Interpretation <input type="checkbox"/> Central Lines: Setup/Protocol/Procedure <input type="checkbox"/> CVP Monitoring <input type="checkbox"/> Pressurized Tubing System for Hemodynamics (CVP/Swan/Aline)
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<p><i>Cardiovascular assessment</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal Heart Sounds <input type="checkbox"/> Unstable Angina/ Acute Coronary Synd. <input type="checkbox"/> Acute MI: Inferior, Anterior, Septal, Lateral, Right Ventricular, Non Q Wave <input type="checkbox"/> CHF/Pulmonary Edema 	<ul style="list-style-type: none"> <input type="checkbox"/> Nursing Admission Data Base <input type="checkbox"/> Implementation of protocols, <input type="checkbox"/> POCs & nursing documentation <input type="checkbox"/> Heparin protocol/Anticoagulant documentation <input type="checkbox"/> Insulin drip Flow Sheet <input type="checkbox"/> Discharge forms 	<ul style="list-style-type: none"> <input type="checkbox"/> Noting Physician Orders <input type="checkbox"/> Physician On call & notification <input type="checkbox"/> Surgical / Procedure Consents <input type="checkbox"/> Time Out / Site Verification procedure 	<ul style="list-style-type: none"> <input type="checkbox"/> Infusing Multiple IV's <input type="checkbox"/> Heparin protocol <input type="checkbox"/> Nitroglycerin <input type="checkbox"/> Pain Medications/Management <input type="checkbox"/> PRBC/FFP/Cryo/Platelets Administration <input type="checkbox"/> Fluid Boluses

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 2 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____

Preceptor: _____

Orientee: _____

Week 3

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<p><i>ICU Orientee: One Patient Level 1 or 2</i></p> <p><i>Preceptor: 1 simple patient</i></p>	<input type="checkbox"/> Admit a level 1 or level 2 patient. <input type="checkbox"/> Transfer patient to another floor <input type="checkbox"/> Discuss a current HCU/ICU QI indicator <input type="checkbox"/>	<input type="checkbox"/> Ventilators <input type="checkbox"/> PCA Pump setup <input type="checkbox"/> Kangaroo Enteral Pumps <input type="checkbox"/> Bladder Scanner <input type="checkbox"/> Defibrillation Monitor: <input type="checkbox"/> Zoll <input type="checkbox"/> Transporting	<input type="checkbox"/> Overview of critical care/cardiac <ul style="list-style-type: none"> ○ drugs - Protocols used in HCU/ICU. <input type="checkbox"/> Blood Gas Interpretation <input type="checkbox"/> Introd. to mechanical ventilators <input type="checkbox"/> Role in Code Blue
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<p><i>Respiratory assessment</i></p> <input type="checkbox"/> Care of patient after heart catheterization <input type="checkbox"/> Reinforce cardiovascular assessment <input type="checkbox"/> Cardiogenic Shock <input type="checkbox"/> Pneumonia/COPD/Asthma/Respiratory Failure	<input type="checkbox"/> Sedation Orders <input type="checkbox"/> Cardiac Cath Orders <input type="checkbox"/> Post Cardiac Cath Order Sheet <input type="checkbox"/> Hyperalimentation Orders <input type="checkbox"/> Thrombolytic documentation eform <input type="checkbox"/> Code Blue Sheet	<input type="checkbox"/> Incident reporting/ SAFE Hotline <input type="checkbox"/> NG Tube Care <input type="checkbox"/> Keofeed Care/Protocol <input type="checkbox"/> Safety Devices/Restraints	<input type="checkbox"/> HAL Infusion/Tube Feeding Protocol <input type="checkbox"/> Maintenance of CVC Lines: flushing, drawing from, dressing changes, tubing changes. <input type="checkbox"/> Lasix Drips <input type="checkbox"/> Dopamine, Dobutamine/Primacor

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 3 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____

Preceptor: _____

Orientee: _____

Week 4

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<p><i>ICU Orientee: One Patient Level 2</i> <i>Preceptor: 1 simple patient</i></p>	<input type="checkbox"/> COMPLETION OF Orientation Checklist in PM	<input type="checkbox"/> Hemodynamic Monitoring Equipment introduction <input type="checkbox"/> Fluid warmer <input type="checkbox"/> BIS monitor	<input type="checkbox"/> 12 lead EKG Machine <input type="checkbox"/> Arterial Line: setup, insertion & maintenance. <input type="checkbox"/> Epidural's <input type="checkbox"/> Jejunostomy Care/G Tubes <input type="checkbox"/> Wound/Skin Care <input type="checkbox"/> Surgical Drains/Ostomy's <input type="checkbox"/> Assisting with Bedside EGD
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<p><i>Surgical Assessment</i></p> <input type="checkbox"/> Arterial line <input type="checkbox"/> Sepsis <input type="checkbox"/> Bowel Obstruction <input type="checkbox"/> Carotid Endarterectomy <input type="checkbox"/> Perforated Ulcer/Colon <input type="checkbox"/> Abdominal Surgeries	<input type="checkbox"/> Arterial Line Monitoring/ Document <input type="checkbox"/> Epidural Documentation <input type="checkbox"/> Pre-Op Check sheet <input type="checkbox"/> Blood Products Consent/Record	<input type="checkbox"/> Blood Products protocol <input type="checkbox"/> Epidural protocol	<input type="checkbox"/> Epidural Infusions <input type="checkbox"/> TPA/TNK; thrombolytics <input type="checkbox"/> Cordarone <input type="checkbox"/> Aggrastat <input type="checkbox"/> Lidocaine/Procainamide

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 4 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____

Preceptor: _____

Orientee: _____

Week 5

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
ICU Orientee: Two Patient Level 1 / 2 Combination or One Level 3, if ready		<input type="checkbox"/> Type of Ventilator used in HCU/ICU <input type="checkbox"/> Hemodynamic Monitoring Equipment	<input type="checkbox"/> Intubation <input type="checkbox"/> Ventilation Modes: SIMV & CMV <input type="checkbox"/> Bedside Bronchoscopy <input type="checkbox"/> Ambu Bag Techniques <input type="checkbox"/> Troubleshooting Vent problems <input type="checkbox"/> Introduction to Swan Ganz <input type="checkbox"/> Assisting with Swan Ganz Insertion <input type="checkbox"/> Obtaining Hemodynamic Readings
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<input type="checkbox"/> Patient with Swan Ganz Catheter <input type="checkbox"/> Patient with Endotracheal Tube <input type="checkbox"/> Ventilator Checks <input type="checkbox"/> Pneumothorax/Hemothorax <input type="checkbox"/> Respiratory Failure <input type="checkbox"/> DKA and HHNK	<input type="checkbox"/> Documentation of patient with Swan <input type="checkbox"/> Documentation of patient with ETT	<input type="checkbox"/> Mechanical Ventilation protocol <input type="checkbox"/> Swan Ganz Catheters protocols <input type="checkbox"/> ICU Sedation protocol & orders for awakening patients daily	<input type="checkbox"/> Fentanyl Drips <input type="checkbox"/> Ativan Drips <input type="checkbox"/> Versed Drips <input type="checkbox"/> Diprivan <input type="checkbox"/> Insulin drip <input type="checkbox"/> Bicarbonate Drip

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 5 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____

Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____

Preceptor: _____

Orientee: _____

Week 6

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<p><i>ICU Orientee: Two Patient Level 1 / 2 Combination or One Level 3</i></p>	<input type="checkbox"/> ICU – Admit a Level 3 patient	<input type="checkbox"/> External Pacer <input type="checkbox"/> Temporary Pacer	<input type="checkbox"/> External Pacing on ZOLL <input type="checkbox"/> Assisting with insertion of Temp Pacer <input type="checkbox"/> Management of Temp Pacer <input type="checkbox"/> Pacer Port Swan Ganz <input type="checkbox"/> Arterial Blood Gas Interpretation <input type="checkbox"/> Post Mortem Care
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<input type="checkbox"/> Septic Shock <input type="checkbox"/> Patient with Temp Pacer <input type="checkbox"/> Cardiac Arrhythmias <input type="checkbox"/> GI Bleed <input type="checkbox"/> Hypovolemic Shock <input type="checkbox"/> Care of Dying Patient & their Family	<input type="checkbox"/> Conscious Sedation eForm <input type="checkbox"/> Neurovascular Flowsheet eForm <input type="checkbox"/> Death documentation eForm / <input type="checkbox"/> Lifeline Ohio	<input type="checkbox"/> Pacing protocols <input type="checkbox"/> Lifeline Ohio	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Cardizem/Calan/Cardene <input type="checkbox"/> Esmolol <input type="checkbox"/> Adenosine

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 6 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____

Preceptor: _____

Orientee: _____

Week 7

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<i>ICU Orientee: Two Patient Level 1 & 3 Combination</i>	<input type="checkbox"/> Developing Critical Thinking Skills <input type="checkbox"/> Prioritizing critical actions	<input type="checkbox"/> Ventilator Modes: PS, CPAP <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Chest Tube Drainage System <input type="checkbox"/> Capnography (End-Tidal CO2)	<input type="checkbox"/> Weaning Techniques & Parameters <input type="checkbox"/> Extubation <input type="checkbox"/> Chest Tube Insertion <input type="checkbox"/> Hemodynamic Monitoring <input type="checkbox"/> Thoracentesis <input type="checkbox"/> Tracheostomy: Emergency Insertion, Dislodgement, Care
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<i>Advanced Surgical Assessment</i> <input type="checkbox"/> Weaning/Extubation <input type="checkbox"/> Vascular Surgeries <input type="checkbox"/> Thoracotomy/ Thorascopy <input type="checkbox"/> AAA Repair <input type="checkbox"/> Esophagogastrorjejunostomy <input type="checkbox"/> Cardiac Tamponade	<input type="checkbox"/> Documentation of the Critically Ill Surgical Patient <input type="checkbox"/> Documentation of Extubation/ Weaning	<input type="checkbox"/> As related to the above Skills & Equipment.	<input type="checkbox"/> Fluid Resuscitation <input type="checkbox"/> Levophed/Neosynephrine/ Vasopressin <input type="checkbox"/> Proficiency in Monitoring Critical Care Infusions

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 7 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____

Preceptor: _____

Orientee: _____

Week 8

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<i>ICU Orientee: Two Patient Level 1 & 3 Combination</i>	<input type="checkbox"/> COMPLETION of Orientation Checklist in PM	<input type="checkbox"/> Peripheral Nerve Stimulator <input type="checkbox"/> Transporting Critical Patients per Life Flight or Ground <input type="checkbox"/> Traveling with critical patients throughout Hospital	<input type="checkbox"/> Lumbar Puncture <input type="checkbox"/> Neuromuscular Blockade Monitoring
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<i>Advanced Neurological Assessment</i> <input type="checkbox"/> Acute CVA <input type="checkbox"/> Seizures <input type="checkbox"/> HTN Crisis <input type="checkbox"/> Post-Cardiac Arrest <input type="checkbox"/> Confused/Psychiatric Patients <input type="checkbox"/> Meningitis <input type="checkbox"/> Overdoses	<input type="checkbox"/> Documentation of neurologically compromised patient	<input type="checkbox"/> As related to the above Skills & Equipment.	<input type="checkbox"/> TPA for Stroke/ Pulmonary Embolus <input type="checkbox"/> Normodyne/ Lopressor <input type="checkbox"/> Nipride

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 8 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____

Preceptor: _____
Orientee: _____

Week 9

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<i>ICU Orientee: Two Patient Level 1 & 3 Combination</i>		<input type="checkbox"/> Ventilator Modes: PC/Inverse I:E Ratio <input type="checkbox"/> Vigilance SVO2 Monitoring	<input type="checkbox"/> Proning <input type="checkbox"/> CCO/ SVO2 Swan Ganz* <input type="checkbox"/> Drawing Mixed Venous Gases
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<i>Advanced Cardiopulmonary Assessment</i> <input type="checkbox"/> ARDS <input type="checkbox"/> DIC	<input type="checkbox"/> Documentation of the critically ill patient.	<input type="checkbox"/> As related to the above Skills & Equipment.	<input type="checkbox"/> Management of multiple infusions.

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 9 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____

Preceptor: _____

Orientee: _____

Week 10

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<i>ICU Orientee: Two Patient Level 3 & 1 Combination or One Level 4</i>	<input type="checkbox"/> Developing Critical Thinking Skills <input type="checkbox"/> Prioritizing critical actions	<input type="checkbox"/> Introduction to CRRT Machine	<input type="checkbox"/> Auscultating Abnormal Heart Tones: Murmurs, S3, S4* <input type="checkbox"/> Modes of CRRT: SCUF, CVVH, CVVHD, CVVHDF
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<input type="checkbox"/> Renal Assessment <input type="checkbox"/> Acute Renal Failure <input type="checkbox"/> Hemodialysis <input type="checkbox"/> CRRT	<input type="checkbox"/> Orientation Competency and Evaluations	<input type="checkbox"/> As related to the above Skills & Equipment.	<input type="checkbox"/> Proficiency in Monitoring Critical Care Infusions

LINES: _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 10 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____

Preceptor: _____

Orientee: _____

Week 11

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<i>ICU Orientee: Two Patient Level 3 & 1 Combination or One Level 4</i>	<input type="checkbox"/> Organizational Skills <input type="checkbox"/> Fetal Monitoring capabilities in ICU 7	<input type="checkbox"/> Introduction to Intra Aortic Balloon <input type="checkbox"/> Pumping	<input type="checkbox"/> Proficiency in Critical Care Assessments <input type="checkbox"/> Blakemore Tube Management <input type="checkbox"/> Pericardial Catheters Management
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<input type="checkbox"/> Liver Failure <input type="checkbox"/> Cardiac Tamponade <input type="checkbox"/> Pulmonary Embolus <input type="checkbox"/> Cardiac Arrest / Post-Cardiac Arrest	<input type="checkbox"/> Documenting on the 1:1 Patient <input type="checkbox"/> Documentation of the critically ill patient.	<input type="checkbox"/> As related to the above Skills & Equipment.	<input type="checkbox"/> Paralytics

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 11 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____
Preceptor: _____
Orientee: _____

Week 12

<i>Patient Assignments</i>	Unit Activities	Equipment	Skills
<i>ICU Orientee: Two Patient Level 3 & 1 Combination or One Level 4</i>	<input type="checkbox"/> COMPLETION of Orientation Checklist in PM <input type="checkbox"/> Time Management of difficult two patient assignment or 1:1 patients.	<input type="checkbox"/> Review as needed	<input type="checkbox"/> Review as needed
Assessment & Patient Management	Documentation	Policies / Procedures	IV Therapy/ Critical Care Medications
<input type="checkbox"/> MODS <input type="checkbox"/> The critically ill Maternal Patient	<input type="checkbox"/> Legal Aspects	<input type="checkbox"/> As related to the above Skills & Equipment.	<input type="checkbox"/> Proficiency in titration, maintenance, and documentation of all SOMC critical care drips as per protocols.

LINES: _____ / _____ / _____ / _____ / _____
DRIPS: _____ / _____ / _____ / _____ / _____
VENTILATION: _____ / _____ / _____ / _____ / _____
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 12 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____

Preceptor: _____
Orientee: _____

Week 13

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 13 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____
Preceptor: _____
Orientee: _____

Week 14

LINES: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
DRIPS: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
VENTILATION: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ /
Miscellaneous Experiences: _____

Comments – include the Type/Diagnosis of Patient Assignments, Strengths, Goals/Areas Requiring Reinforcement:

Week 14 Patient 1: _____ **Patient 2:** _____ **Patient 3:** _____
Patient 4: _____ **Patient 5:** _____ **Patient 6:** _____
Preceptor: _____
Orientee: _____

*O = Observed – Observed skill or procedure being performed by competent clinician.

*NP = Needs Practice – Has difficulty identifying own limitations, needs assistance to complete activity and/or to state theory behind actions.

*S = Satisfactory – Able to perform independently, identifies own limitations and can state theory behind actions without coaching.

SKILL WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Completes and Documents Patient Assessments according to policy.	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____
Administers meds safely / Timely med adm. / Competent use of eMAR	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Processes MD orders in a timely manner (Events/Meds/Testing)	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Utilizing hospital policy/protocol/ educational resources appropriately	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Documentation: Critical Care Drips Titration on eMAR and Flowsheet	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Documentation: Admission and Discharge Process	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Documentation: Plan of Care and Teaching Record	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Consults members of the patient care team	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Utilizes bedside monitor for patient data / Vitals program	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Sets alarm limits for patient parameters	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Interprets EKG strips / 12 Lead EKG	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Interprets and Documents Pressure monitoring waveforms	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Performs & Documents Point of Care: Glucose/ACT according to policy	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Effective Interpersonal Skills	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____
Delegates appropriately	O NP S _____	O NP S _____	O NP S _____	O NP S _____	O NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____	NP S _____

	ONPS _____	ONPS _____	ONPS _____	ONPS _____	ONPS _____	NPS _____	NPS _____	NPS _____	NPS _____	NPS _____	NPS _____	NPS _____	NPS _____	NPS _____
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This section can be removed if we leave the section under each weekly assessment.

Clinical Experiences / Observations – ENTER DATES:

Sheath/Introducer: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

A-Line: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

CVC: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Critical Care Drips: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

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_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

NIPPV: BiPAP / CPAP _____ / _____ **BiPAP / CPAP** _____ / _____ **BiPAP / CPAP** _____ / _____ **BiPAP / CPAP** _____ / _____ **BiPAP / CPAP** _____ / _____

BiPAP / CPAP _____ / _____ **BiPAP / CPAP** _____ / _____ **BiPAP / CPAP** _____ / _____ **BiPAP / CPAP** _____ / _____ **BiPAP / CPAP** _____ / _____

Vent: ETT / Trach, Mode: CMV, CPAP, etc.: **ETT / Trach, Mode:** _____ / _____ **ETT / Trach, Mode:** _____ / _____

ETT / Trach, Mode: _____ / _____ **ETT / Trach, Mode:** _____ / _____ **ETT / Trach, Mode:** _____ / _____

ETT / Trach, Mode: _____ / _____ **ETT / Trach, Mode:** _____ / _____ **ETT / Trach, Mode:** _____ / _____

_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Intubation, Extubation, Bronchoscopy, Emergency Interventions, Code Blue, etc.: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

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_____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Miscellaneous Experiences:

Revised 3/19