



## Nursing Student Assignment/Activity Sheet

**Date:** 11/23/2009    **UNIT:** H71    **School:** Nursing USA    **Student Level:**  Fundamental     Intermediate     Advanced

**Clinical Time:** 0700-1430    **Pre conference time/location:** 0700/H71 lounge    **Post conference time/location:** 1330/M14

**Instructor and Contact phone number:** Mary Smith 216-555-5555

**Overall Learning Objective for Clinical Day:** Care of the diabetic patient

**Med Delivery Times:** 0900 1100 1200

**All students will do the following activities:**  Vital Signs     Bed     Bath     Assessment/Charting     Tubes & Drains     Tube feedings     Dressings     BGM  
 Medications (circle)     PO IV     SQ     IM     PRN     ALL Medications     Fecal Occult     IV maintenance     I&O     Other

Room Number(s) Patient Name(s) or initials	Student Name	Medications Circle selections	Patient Care Assignments (Complete only if this varies for individual students)
H71-5 J. K.	Mary Jones	PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-9 M. T.	Tom Smith	<input checked="" type="checkbox"/> PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-11 Q. B.	Harry Carey	<input checked="" type="checkbox"/> PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-14 M. W.	Jean Blue	<input checked="" type="checkbox"/> PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-16 V. B.	Joe Black	PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-22 L. G.	Roger Jolly	<input checked="" type="checkbox"/> PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-25 C. P.	Mack Truck	PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-26 T. R.	Sally Brown	<input checked="" type="checkbox"/> PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-30 P. K.	Lucy VanPelt	PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other
H71-32 W. S.	Bella Ball	PO IV SQ IM PRN All Medications	<input type="checkbox"/> Vital Signs <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Assessment/Charting <input type="checkbox"/> Tubes & Drains <input type="checkbox"/> I&O <input type="checkbox"/> BGM <input type="checkbox"/> Fecal Occult <input type="checkbox"/> IV maintenance <input type="checkbox"/> Tube feedings <input type="checkbox"/> Dressings <input type="checkbox"/> Other