

Nursing Student Assignment/Activity Sheet

Date: _____ **UNIT:** _____ **School:** _____ **Student Level:** Fundamental Intermediate Advanced

Clinical Time: _____ **Pre conference time/location:** _____ **Post conference time/location:** _____

Instructor and Contact phone number: _____

Overall Learning Objective for Clinical Day: _____

Med Delivery Times: _____

All students will do the following activities: Vital Signs Bed Bath Assessment/Charting Tubes & Drains Tube feedings Dressings
 Medications (circle) PO IV SQ IM PRN BGM 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)
		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
		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
		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
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