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| **Skill** | **Year One** | **Year Two** | **Year Three** | **Year Four** |
|  | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | LocationC = clinical S = sim L = lab |
| Vital signs |  |  | Jan 16/2020 | C | JAN 13 2021 | C |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Hygiene: Assist |  |  |  |  | Dec 2 2020 | c |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Hygiene: Total care | Nov 6/18 | L | Nov 5 2019 | c |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Oral care | Nov 6/18 | L |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Feeding |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Transferring | Nov 13/18 | L | OCT 8/2019 | C | Oct 21 2020 | c |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Positioning | Nov 13/18 | L | OCT 8/2019 | C | Oct 21 2020 | c |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Mobility | Nov 13/18 | L |  |  |  |  |  |  |
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| **Skill** | **Year One** | **Year Two** | **Year Three** | **Year Four** |
|  | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab |
| Meds: po |  |  |  Jan 23/2020 + Jan 16/2020 | C | Oct 21 + nov 25 2020 | c |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Meds: subcut |  |  | OCT 21/2019 | C | Oct 212020 | c |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Meds: IM |  |  |  |  | Feb 3 2021 | c |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Meds: IV |  |  | Feb 6/2020 (syringe pump) | C | Nov 25 2020 | c |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Meds: Other |  |  | Jan 23/2020 (suppository) | C |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Accucheck |  |  | OCT 21 2019 |  | Sept 232020 | c |  |  |
|  |  |  |  | Jan 23 2021 | c |  |  |
|  |  |  |  | Feb 3 2021 | c |  |  |
| Insert Foley |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| D/C Foley |  |  |  |  |  |  |  |  |
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| **Skill** | **Year One** | **Year Two** | **Year Three** | **Year Four** |
|  | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date |
| Sterile Dressing |  |  | NOV 21 2019 | C | Oct 212020 | c |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Wound Packing |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Suture Removal |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Staple Removal |  |  | DEC 3 2019 | C |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Drainage: JP/Hemovac |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Ostomy care |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| IV Therapy |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| DC IV |  |  |  |  | Nov 25 2020 | c |  |  |
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| **Skill** | **Year One** | **Year Two** | **Year Three** | **Year Four** |
|  | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab | Date | Location C = clinical S = simL = lab |
| Closed chest Drainage |  |  |  |  |  |  |  |  |
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| N-G tube Insertion |  |  |  |  |  |  |  |  |
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| N-G tube Meds |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| N-G tube feeding |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Suctioning |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Trach care |  |  |  |  |  |  |  |  |
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| BladderIrrigation |  |  |  |  |  |  |  |  |
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| \* IV start |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \*\*Blooddraw |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \*\*\*Centralline: dressing |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \*\*\*Centralline: Meds |  |  |  |  |  |  |  |  |
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* Must have been certified and be supervised by preceptor, when an agency policy allows. Certification for IV starts might entail the successful completion of one or both of the following:
	+ IV Start Program from U of W Nursing Lab or other approved course (must have obtained certificate).
	+ Community Agency inservice education program on IV starts**.**

\*\*Must have successfully completed the agency inservice on phlebotomy and be supervised by preceptor.

\*\*\*Must have the requisite theoretical knowledge/skill and be supervised by preceptor in accordance with agency policy