

***RN Orientation Checklist***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***♦*** Not applicable to volunteer nurses

***General***

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| **Task** | **Date Reviewed** | **Reviewed By/Notes** |
| Introduced to staff |  |  |
| Oriented to physical surroundings (Community Room, restrooms, etc.) |  |  |
| Oriented to Dispensary |  |  |
| Explained role & use of interpreters |  |  |
| Explained dress code |  |  |
| ***♦*** Explained performance evaluation process |  |  |
| Demonstrated phone system |  |  |
| Explained lunch & breaks policy |  |  |
| Discussed expectation of confidentiality/HIPPA |  |  |
| Discussed security (keys, parking, etc.) |  |  |
| Shown exam room layout |  |  |
| Shown location of stock/supply rooms |  |  |
| ***♦*** Demonstrated use of online time card |  |  |
| Explained absentee policy |  |  |
| ***♦*** Explained daily and weekly chores |  |  |
| Demonstrated use of copier and fax |  |  |
| Shown location of educational materials |  |  |
| Shown location of patient forms (on wall next to copier) & how to complete them |  |  |
| Explained specialist provider referral system & completion of form |  |  |

***Clinic***

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|  **Task** | **Date Reviewed** | **Reviewed By/Notes** |
| Reviewed history, philosophy, mission of FHPC |  |  |
| Explained roles of volunteers |  |  |
| Reviewed administration’s and managers’ roles; “Who’s Who” |  |  |
| Reviewed funding sources |  |  |
| Reviewed definitions of “free” and “charitable” “FQHC” |  |  |
| Shown location of reference materials (policies and procedures, communication manual, provider manual, etc.) |  |  |
| Explained IBCCP Program |  |  |
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***Infection Control***

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|  **Task** | **Date Reviewed** | **Reviewed By/Notes** |
| Reviewed blood borne pathogen policy |  |  |
| Reviewed hand washing protocol |  |  |
| Shown location of PPE |  |  |
| Shown location of health alerts |  |  |
| Reviewed infectious waste disposal protocol |  |  |
| Reviewed procedure for safe disposal of used needles |  |  |
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***Illness and Injury Prevention***

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|  **Task** | **Date Reviewed** | **Reviewed By/Notes** |
| Discussed emergency preparedness |  |  |
| Shown locations of fire extinguishing systems  |  |  |
| Discussed fire alarm system |  |  |
| Reviewed identification and location of toxic substances |  |  |
| Discussed reporting of work related injury and use of incident form |  |  |
| Shown location of MSDS binder and hazardous materials |  |  |
| Discussed domestic abuse reporting/policies |  |  |
| Discussed child abuse reporting/policies |  |  |
| Discussed elder abuse reporting/policies |  |  |
| Reviewed disaster plan |  |  |
| Reviewed safety manual |  |  |
| Shown emergency exits |  |  |
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***Laboratory and Diagnostic Procedures***

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|  **Task** | **Date Performed** | **Observed By/Notes** |
| Obtained & labeled blood specimens |  |  |
| Obtained & labeled tissue specimens |  |  |
| Obtained & labeled Pap specimens |  |  |
| Filled out lab req: Blood, Gyne, tissue |  |  |
| Operated centrifuge |  |  |
| Obtained urine for urine dip, urinalysis and C & S |  |  |
| Performed pregnancy test |  |  |
| Performed TB testing & located TB binder |  |  |
| Obtainied GC and Chlamydia sample |  |  |
| Performed Strep testing |  |  |
| Performed occult blood testing |  |  |
| Operated Bionime glucometer |  |  |
| Performed hemoglobin test |  |  |
| Logged specimens |  |  |
| ***♦*** Logged lab results |  |  |
| ***♦*** Shared lab results with correct provider |  |  |
| ***♦*** Called patient after receiving orders on lab results |  |  |
| Completed a mammogram order (inc IBCCP) |  |  |
| Completed an xray order |  |  |
| Completed a CT, MRI, ECHO order |  |  |
| Completed a PT refereral |  |  |
| Completed an “Access to Care” form |  |  |
| Stated what constitutes annual labs |  |  |
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***General Procedures***

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| **Procedure** | **Date Performed** | **Observed By/Notes** |
| Roomed patient |  |  |
| Obtained BP, pulse, weight (height with all new patients and physicals) |  |  |
| Demonstrated use of pulse oximeter |  |  |
| Demonstrated use of thermometer |  |  |
| Demonstrated use of EKG |  |  |
| Demonstrated use of peak flow meter |  |  |
| Performed vision screening |  |  |
| Administered IM injection |  |  |
| Administered Depo Provera injection |  |  |
| Obtained consent for procedure |  |  |
| Demonstrated use of physician referrals and accompanying forms |  |  |
| Assisted with gyne patient procedure: LEEP |  |  |
| Assisted with gyne patient procedure: Colposcopy |  |  |
| ***♦*** Returned patient phone calls |  |  |
| Demonstrated use of “Pink Sheets” |  |  |
| Assisted with podiatry procedures |  |  |

***Orientation to EMR***

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| **Procedure** | **Date Observed** | **Observed By/Notes** |
| Located patient off of provider’s daysheet |  |  |
| Charted vital signs and chief complaint |  |  |
| Entered history and updated allergies, social history, and current meds |  |  |
| Created an exam note for a nurse visit |  |  |
| Demonstrated ability to use appropriate exam note template |  |  |
| Created a prescription in the R/X module |  |  |
| Entered the PAP module to dispense IP meds |  |  |
| Entered “In-House” Labs |  |  |

***Medication and Prescription Process***

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| **Procedure** | **Date Observed** | **Observed By/Notes** |
| Entered the R/X module and created a prescription |  |  |
| Deleted outdated scripts |  |  |
| Updated medication profile based on new script |  |  |
| Accessed the IDHS site for controlled substances |  |  |
| ***♦*** Called in a prescription to pharmacy |  |  |
| ***♦*** Explained process for reordering meds under FHPC guidelines |  |  |
| Demonstrated understanding of role of samples |  |  |
| Demonstrated understanding of the Pap/IP program |  |  |
| Utilized $4.00 medication list, Good R/X, and prescription savings programs |  |  |
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