

## Longwood University Department of Nursing Core Universal Clinical Skills Form

Student Name: Sarah H. Sa	unders	Entr	y Year: 2017	
Instructions: The student is responsible	e for bringing this fo	orm to campus lab and to the clinical set	tings. This form is to be significant	gned off
by your lab and clinical instructors. A co	by of this form will h	be maintained in the student's permaner	nt record and updated after	r each
clinical course. In order to complete the (*). Students will have up to <i>three</i> attem	course, you must re	eceive a satisfactory (S) on all critical sk	ills, which are labeled by a	n asterisk
critical skill, it will constitute as a course	failure and you will	receive a grade of a D per the Academic	c Progression Policy. In ac	ddition to
the critical skills, all other skills must be o	hecked-off by the	end of the designated course.		
Faculty/Preceptor Signature	Initiate	FIt/D	Initials	

Clinical Nursing Skills	300		al Sk us la			Date/ Instructor Initials		cal ing Sk ck Off		Date/ Instructor Initials	Instructor/Preceptor Comments
	P	V	D	S	U		S	U	100		
Patient History*	-	~	-	-		MINING				216/19 0	
Physical Assessment*	V	-	L	-	-	Bikulli	1			2/10/19 0	
Safe patient transfer	V	1	-	1	_	97/ll				2/27/19 (2)	
Apply restraints	1	1	L	1		2/15/1				2/5/20 Wt	
Hand Hygiene*	1	1	IV	-		9 Date	//			2/6/19	
Universal Precautions*	IL	1	1	1	-	9/201164	-			2/6/19 2	
Isolation Precautions*	1	- (	1	1		1/24/0	_			3/13/19 0	
Personal Hygiene and Bed Making	V	-	i	-	-	alulin	1			2/9/9 2	
Compression Stockings	V	/	~	-		01/11/16				9/16/19 1	-
Ambulation/Assistive Devices	V	L	V			91/0				1/29/27/17	No.

Word Key: (P) Performed (V) Verbalized (D) Demonstrated by Lab Instructor (S) Satisfactory (U) Unsatisfactory CORE UNIVERSAL CLINICAL SKILLS FORM REV 2016

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Clinical Nursing Skills	Clinical Skills Campus lab	Initials	Clinical Setting Skills Check Off	Date/ Instructor Initials	Instructor/Preceptor Comments
Vitals signs must be an un	PVDS	U	SU		
Vitals signs must be correctly Temperatures*	performed on two	peers and one simulat	or. Ranges must l	be verbalized.	
Blood Pressure*	000	9/2/18		2119 a	
(within 4 mmHg of accuracy)	Viti.	1 1	1	2/10 0	
Pulse Oximetry*		19/		2/19 0	
Pulse (peripheral & apical)*	1,99	3/21		2/19 02	
Respirations*		1010		2/19 2	
Pain Assessment*	1	Igh		2/19	
Blood Glucose Sampling	MAY	9/00		2/27/19	
Sterile Gloving/Technique*	10000	10/3910	1	4/17/19 0	
NGT insertion & D/C*	1000	19/1		1129120 WH	
NGT & PEG Tube feeding	1	VOLON			
Foley & Straight Catheter*	1 TITE	1 9287			
Ostomies & Care	7000	19394		1/29/20WT	
Sterile Dressing Change*	111	0/2/3/		3/13/191	
Drainage evacuation/	100	9/00		1/29/20	
collection devices	Niv	11/13/18	1	1/29/2010	
Oxygen Therapy	11.11		7		
Incentive Spirometry	1600			12912060	
Peripheral IV maintenance*	1000	Mall		129/2010	
Oral/sublingual*	11/1/1/	18/2/16		1/14/11	
Subcutaneous*	1000	11/2/1-		116/19 WT	
Intramuscular*	1/1/1/	11919		16/19 WT	
Intravenous Push (IVP)*	VVV	ilali y	9	116/19 W	
Intravenous Fluids and	1. CVIV	119/		and the second second	
Piggyback (IVPB)*		1112/	1 9	HeA W	
Inhalants (MDI & HHN)	VVVV	11/2/14		μ.	

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complete 11/13/18 floss, Mr

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Clinical Nursing Skills	Ca	nical			Date/ Instructor Initials	Clinical Setting Skills Check Off	Date/ Instructor Initials	Instructor/Preceptor Comments
Onth al. : 1011	P	V	D	SU	1	SU		
Opthalmic/Otic	V	10	1		11/2/1	-	9/16/19 W	
Topical/Dermal	V	0	V		11516			
JUNIOR YEAR					1111110			
Tracheostomy care*	/	-	_	_	2/10/20	CBT		
Chest tube maintenance	1	-	-	F	1/2/10			
Blood therapy		-	-		3/10/20	100		
Central line maintenance*	-	-	-	-	2/10/20	NT	_	
Parenteral nutrition (TPN)		1	,		2/11/200	10101		
Triage	1	-	v	1	3/200	7 -01	_	
Disaster Preparedness	V	-	-		2/2000			
Dysrhythmias	/	V	-	14	3/2000	)		
Defibrillators	V	1	v		3/20			
Code cart	V	V	V	2	3/20 0	2		
Code medications	v	V	~	~	3/10	2h		
Critical care drips	1	V	L	2	3/200	1		
Nebulizer treatments	/	/	/	-	2/11/202	CICA		

## **Unsatisfactory Grades**

Critical Clinical Nursing Skill	Date/Signature of Instructor	Student Signature
	200100000000000000000000000000000000000	

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