

Nursing STUDENT - PATIENT ASSIGNMENT SHEET

Date: School: Post Conference Hours:				Unit: Clinical Course #: Conference Location:											
								Patient	Care Hours:	Clini	cal Instructor's	Name/	Cell #:		
								Level	of Student (i.e. identify the	e skills & o	pportunities -	meds,	vitals, ADLs, IA	DLs; sugars):	
	aculty contact number will has left the unit.)	be used in	the event of qu	estions	regarding patient	care that needs cla	arification after the								
NOTE Superv	: Student-Patient or S visor in advance of the cli			ts are	required to be	made with the	Charge Nurse or								
	indicate the type of "direct	_		nat the s											
Room #	Student Name	AM Care	Physical Assessment	IV's	Meds (PO, IM & SQ)	Additional Information	Staff Name								

<u>Faculty</u> with a rotation of students is directly responsible for supervising students performing procedures, medication administration, and co-validating documentation.

PLEASE LEAVE THIS SHEET POSTED FOR A COMPLETE DAY SO THAT PATIENTS WILL NOT BE ASSIGNED TO A SECOND NURSING STUDENT IN THE SAME DAY.