PRISMA HEALTH

STUDENT - PATIENT ASSIGNMENT SHEET

Nursing or PCT Student Rotation

Date: _____ Unit: _____

School: _____ Clinical Course #: _____

Post Conference Hours: _____ Conference Location: _____

Patient Care Hours: _____ Clinical Instructor's Name/Cell #: _____

(The Faculty contact number will be used in the event of questions regarding patient care that needs clarification after the faculty has left the unit.)

NOTE: Student-Patient or Student-Nurse assignments are required to be made with the Charge Nurse or Supervisor in advance of the clinical start time.

Please indicate the type of **"direct patient care activities"** that the student will be performing.

Room #	Student Name	AM Care	Physical Assessment	IV's	Meds (PO, IM & SQ)	Additional Information	Staff Name

Faculty 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.