

# Infirmiry Health System Clinical Form

Directions: Complete this form along with the clinical schedule and email to the nurse manager/team leader at the beginning of the clinical rotation.

School of Nursing: \_\_\_\_\_

Instructor: \_\_\_\_\_ Contact number: \_\_\_\_\_

Dates students will be on the unit: \_\_\_\_\_ - \_\_\_\_\_

Unit(s) students will be: \_\_\_\_\_ Maximum # of students: \_\_\_\_\_

Days of the week: \_\_\_\_\_ Clinical hours: \_\_\_\_\_

Students' current clinical level: \_\_\_\_\_

Clinical focus: \_\_\_\_\_

\_\_\_\_\_

New skills to be performed this semester: \_\_\_\_\_

\_\_\_\_\_

Current theory topics: \_\_\_\_\_

\_\_\_\_\_

Prior clinical settings including types of patient care: \_\_\_\_\_

\_\_\_\_\_

Skills that students may NEVER perform:

Take verbal orders

Hang blood / blood products

Administer medication without clinical instructor's verification

Additional: \_\_\_\_\_

\_\_\_\_\_