

NURSING STUDENT INVENTORY LIST

COMPLETE THE FOLLOWING TOOL BEFORE STARTING YOUR PRECEPTORSHIP. DURING YOUR FIRST FEW DAYS DISCUSS THIS TOOL WITH YOUR PRECEPTOR, AND THEN PLACE IT IN YOUR PRECEPTOR PACKET.

FOR ANY ANSWER LESS THAN ONE, DETAIL IN THE COMMENT SECTION WHAT CONCERNS YOU HAVE REGARDING THIS SKILL. . PLEASE BE SURE THIS FORM IS RE-EVALUATED AT THE END OF PRECEPTORSHIP. DO THE RE-EVALUATION IN A DIFFERENT COLOR INK.

WRITE THE APPROPRIATE NUMBER NEXT TO EACH ITEM, USING THE FOLLOWING:

1. – I feel confident doing this skill on my own.
2. – I have done this skill many times, but still need supervision.
3. – I have done this skill once and need close supervision.
4. – I have never done this skill with a patient.

ITEM	NO#	COMMENTS
Physical assessment		
Lab value interpretation		
EKG interpretation *		
Medications		
SL/PO		
IM/SC		
IV Piggybacks		
Catheterization		
male/Female		
removal/insertion		
Naso-gastric tube		
insert/removal		
feeding		
Dressing changes		
sterile/clean		
Suctioning		

Trach care

IV-peripheral

tubing/dressing_change
removal

IV-central line

tubing/dressingchange
CVP_reading
TPN_dressing

Blood and TPN

monitoring

Colostomy

empty
change_bag

Chest Tubes

setup/change

Pulmonary toilet

MDI
O2_setup
ear_oximetry
ventilator_support*