



**Charge Nurse Orientation Check List**

**Employee Name:** \_\_\_\_\_

**A. General Orientation was completed on:** \_\_\_\_\_

**B. General Orientation for Nursing Service was completed on:** \_\_\_\_\_

**C. Job Specific Orientation below.**

<b>Criteria</b>	<b>Information Source</b>	<b>Employee Signature</b>	<b>Instructor Signature</b>	<b>Date Completed</b>
1. Location of Policy and Procedure Manuals	SDC/DON			
2. Infection Prevention <ul style="list-style-type: none"> <li>• Infection Tracking Forms</li> <li>• Point of Care Equipment</li> <li>• Infection Watch</li> </ul>	IPN/SDC Infection Prevention Manual			
3. Wound Care <ul style="list-style-type: none"> <li>• Initiating TX for new skin concerns</li> <li>• Notifying TX Nurse and/or CC of new skin concerns</li> <li>• Implementing Preventative Care Plan Interventions</li> <li>• Weekly Body Audits</li> </ul>	Treatment Nurse/ MDS Nurse			
4. Therapy Services <ul style="list-style-type: none"> <li>• Communication to Therapy for Screenings</li> <li>• Team Based Meetings</li> </ul>	Therapy Team Leader			

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5. Documentation: <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• HMO</li> <li>• Hospice</li> <li>• Weekly Summaries</li> <li>• Changes in condition/SBAR</li> <li>• Incident/Accident</li> <li>• Notification of MD/RR</li> </ul>	SDC/DON			
6. MDS Assessments and Care Plans <ul style="list-style-type: none"> <li>• Admission Assessments and Interim Care Plans</li> <li>• ARD Window for Documentation</li> <li>• Implementing Care Plans</li> <li>• Significant Changes in Condition *Documentation</li> <li>• Care Plan Meetings</li> </ul>	MDS Coordinator/SDC			
7. Nutritional Services <ul style="list-style-type: none"> <li>• IRONS Program</li> <li>• Diet Communication Forms</li> <li>• I&amp;O documentation</li> </ul>	Restorative Nurse/Director of Clinical Nutrition			
8. End of Month Review <ul style="list-style-type: none"> <li>• Comparing PO to Current MAR to New MAR</li> </ul>	DON/SDC/CC			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<p>9. Specific Admission Duties:</p> <ul style="list-style-type: none"> <li>• Notify Team Members of arrival</li> <li>• Verify room and needed equipment is ready</li> <li>• Meet and greet resident and family upon arrival</li> <li>• Complete Admission Assessments</li> <li>• Initiate Interim plan of care</li> <li>• Orientate to room, staff and roommate</li> </ul>	DON/SDC/MDS/CC			
<p>10. Specific Planned Discharge Duties</p> <ul style="list-style-type: none"> <li>• Verify discharge order</li> <li>• Complete discharge summary</li> <li>• Review discharge summary and medications with resident and/or Resident Representative</li> <li>• Provide teaching as needed</li> <li>• Document how resident left facility and who they left with.</li> </ul>	DON/SDC/CC			

<b>Criteria</b>	<b>Information Source</b>	<b>Employee Signature</b>	<b>Instructor Signature</b>	<b>Date Completed</b>
11. Changes in Condition <ul style="list-style-type: none"> <li>• Identifying and Communicating Changes</li> <li>• Documentation of change</li> <li>• Notification of MD and RR</li> <li>• Post change documentation</li> </ul>	DON/SDC/CC			
12. Transfer to Hospital <ul style="list-style-type: none"> <li>• Verify PO unless 911</li> <li>• Notify resident representative</li> <li>• Send current PO, labs, special instructions</li> <li>• Complete transfer form and Infection transfer form</li> <li>• Call report to ER</li> <li>• Document Discharge</li> </ul>	DON/SDC/CC			
13. ECG Process	SDC/CC			
14. Staff Accident & Incidents <ul style="list-style-type: none"> <li>• Reporting A&amp;I's</li> <li>• Triage Line</li> <li>• Workman's Comp Report</li> </ul>	HR/Administrator/SDC			
15. Medications <ul style="list-style-type: none"> <li>• How to Order New/refill medications</li> <li>• Preauthorization for medication</li> </ul>	SDC/CC/DON  Nursing Policy and Procedure Manual  Pharmacy Policy and Procedure Manual			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<ul style="list-style-type: none"> <li>• Controlled Substance Policy and Procedure</li> <li>• Narcotic Count Sheets</li> <li>• Reporting narcotic discrepancies.</li> <li>• Discontinued Medications</li> <li>• Obtaining and Transcribing Physician Orders.</li> <li>• 24 hour Chart Check Medication Administration</li> </ul>				
<p>16. Team Huddles</p> <ul style="list-style-type: none"> <li>• Changes in Condition</li> <li>• Admission/Discharge</li> <li>• Care Plan Updates</li> </ul>	DON/ADON/CC			
<p>17. Daily Team Assignments</p> <ul style="list-style-type: none"> <li>• Giving and Receiving Report</li> <li>• CNA Assignments Based on Acuity</li> <li>• Shower Assignments</li> <li>• Feeding Assignments</li> <li>• Cleaning Assignments</li> <li>• Making Rounds with Team</li> </ul>	SDC/CC			

<b>Criteria</b>	<b>Information Source</b>	<b>Employee Signature</b>	<b>Instructor Signature</b>	<b>Date Completed</b>
18. Abuse Reporting and Investigations <ul style="list-style-type: none"> <li>• Ensuring Resident Safety</li> <li>• Assessment of Physical and/or Mental Status</li> <li>• Giving and Obtaining Statements</li> <li>• Notifications</li> <li>• Documentation</li> </ul>	DON/Administrator			
19. Incident and Accident Investigations <ul style="list-style-type: none"> <li>• Reporting I's &amp; A's</li> <li>• Obtaining/Giving Statements</li> <li>• Documentation Post I &amp; A</li> <li>• Implementing Interventions</li> <li>• Staff Education</li> </ul>	DON/ADON/MDS Coordinator			
20. MAC Program <ul style="list-style-type: none"> <li>• MAC Assignments</li> <li>• MAC Scoop of Practice</li> </ul>	SDC/DON			
21. Midnight Census <ul style="list-style-type: none"> <li>• Residents in the facility at Midnight</li> </ul>	DON/SDC			
22. Review and Sign Job Description	DON/SDC			

**D. Nursing Skills Check Completed on:** \_\_\_\_\_

(Attach skills check to this orientation.)