



## Restorative Nurse Orientation

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

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

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

**C. Job Specific Orientation below.**

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
1. Review of Nursing Services Policy Manual	DON/SDC Manual			
2. Review of Restorative Policy Manual	DON/SDC Manual			
3. Review of Restorative Program <ul style="list-style-type: none"> <li>• Lift Program</li> <li>• Splints, Braces, Assistive Devices</li> <li>• Prosthesis</li> <li>• ROM</li> <li>• Ambulation</li> <li>• Exercise Groups</li> <li>• Restorative Dining</li> </ul>	Restorative Nurse/DON  Infection Prevention Policy and Procedure Manual			
4. Admission/Quarterly Assessments <ul style="list-style-type: none"> <li>• Assessments</li> <li>• MDS Observation Periods</li> <li>• Section GG</li> <li>• Initiating and Implementing Care Plans</li> </ul>	MDS Coordinator/Therapy Team Leader  Nursing Policy and Procedure Manual			

<b>Criteria</b>	<b>Information Source</b>	<b>Employee Signature</b>	<b>Instructor Signature</b>	<b>Date Completed</b>
5. Documentation: <ul style="list-style-type: none"> <li>• Daily Documentation</li> <li>• Weekly Summaries</li> <li>• Monthly Evaluations</li> </ul>	Restorative Nurse/SDC/DON  Restorative Policy and Procedure Manual			
6. Bowel and Bladder Program <ul style="list-style-type: none"> <li>• Evaluation of Bowel and Bladder Function Forms</li> <li>• Bladder and Bowel Retraining</li> <li>• Prompted Toileting</li> <li>• Habit/Scheduled Toileting</li> <li>• Incontinence Program</li> <li>• Brief Sizing</li> </ul>	Restorative Nurse/DON  Restorative Policy and Procedure Manual			
7. Team Based Meetings <ul style="list-style-type: none"> <li>• Discharge Plans</li> <li>• FMPs</li> </ul>	Therapy Team Leader			
8. Falling Star Program <ul style="list-style-type: none"> <li>• Reviewing A&amp;I Reports</li> <li>• Root Cause Analysis</li> <li>• Initiating and Implementing Fall Care Plan</li> <li>• Adding/Discharging from Falling Star Program</li> </ul>	DON/SDC  Nursing Policy and Procedure Manual			
9. QA/QAPI Process <ul style="list-style-type: none"> <li>• Reports for QA</li> <li>• TQI Report</li> <li>• PIP Process</li> </ul>	QA Coordinator/Director of Quality Assurance  QA Policy and Procedure Manual			

<b>Criteria</b>	<b>Information Source</b>	<b>Employee Signature</b>	<b>Instructor Signature</b>	<b>Date Completed</b>
10. Restraints: <ul style="list-style-type: none"> <li>• Assessment for Least Restrictive Device</li> <li>• Care Planning</li> <li>• Quarterly Evaluation</li> <li>• Proper Application of Restraint</li> <li>• Monitoring Use of Restraint</li> </ul>	DON/MDS/SDC  Nursing Policy and Procedure Manual  PT/OT			
11. Supervision of Restorative Aides: <ul style="list-style-type: none"> <li>• Assignments</li> <li>• Training on FMPs</li> <li>• Monitoring Documentation</li> </ul>	Restorative Nurse/SDC/DON  Restorative Policy and Procedure Manual			
12. Review of State and Federal Regulations related to Restorative Programs	Director of Quality Assurance			
13. Survey Process: <ul style="list-style-type: none"> <li>• Survey Assignments</li> <li>• Survey Reports</li> <li>• Survey Readiness Binder</li> </ul>	Administrator/DON			
14. Manager of the Day Duties	Administrator			
15. Skills Check Off: <ul style="list-style-type: none"> <li>• Active/Passive Range of Motion</li> <li>• Bed Mobility Techniques</li> <li>• Transfer Techniques/Walking Activities</li> <li>• Dressing/Grooming Activities</li> <li>• Eating/Swallowing Techniques</li> </ul>	Restorative Nurse/ST/PT/OT			

Criteria	Information Source	Employee Signature	Instructor Signature	Date Completed
<ul style="list-style-type: none"> <li>• Amputation/Prosthesis Care</li> <li>• Brace/Splint Assistance</li> <li>• Communication Techniques</li> <li>• Equipment: Walkers, Canes, Crutches, Exercise Equipment, Parallel Bars, Specialty Chairs, Gait Belt, Hand Rolls, Slings, Adaptive Eating Devices</li> </ul>				
16. Job Description				

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

*(Attack skills check to this orientation.)*