



Treatment 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 Wound and Skin Care Policy and Procedure Manual	DON/SDC			
2. Medical Supply Wound Care Program: <ul style="list-style-type: none"> • Identifying Wound Type • Product Selection • Education Program • Product Ordering 	Med-Line Consultant/ Nurse Quality Advisor			
3. Wound/Skin Reports <ul style="list-style-type: none"> • Weekly Reports in AHT System 	DON/SDC			
4. Weekly Wound Meeting: <ul style="list-style-type: none"> • Review and evaluate progress of current treatment 	DON/SDC			

<p>5. Admission/Readmission Process:</p> <ul style="list-style-type: none"> • Body Audit • Braden Score • Admission Note 	DON/SDC/CC			
<p>6. Body Audits:</p> <ul style="list-style-type: none"> • Admission/Readmission Body Audits • Weekly Body Audits 	DON/SDC/CC			
<p>7. MDS Process:</p> <ul style="list-style-type: none"> • Admission and Quarterly Assessments • Section M on MDS • Initiating and Implementing Care Plans 	MDS Coordinator/ DON			
<p>8. Documentation:</p> <ul style="list-style-type: none"> • Initial Documentation • Weekly Progress Notes • PUSH Tool 	DON/SDC			
<p>9. End of Month Review:</p> <ul style="list-style-type: none"> • TAR/Physician Orders 	DON/SDC			
<p>10. Billing:</p> <ul style="list-style-type: none"> • Daily Charges • Part B Billing • Wound Consultant Services 	AMT Consultant/ DON/Central Supply Clerk			

<p>11. Preventative Wound Care:</p> <ul style="list-style-type: none"> • Identifying Risk Factors • Specialty Mattresses • Turn and Position Schedule • Assistive Devices for Turning and Positioning • Pressure Relieving Cushions for Wheelchairs • Staff Education 	DON/SDC			
<p>12. Treatment Cart:</p> <ul style="list-style-type: none"> • Stocking Cart • Cleaning and Disinfecting Cart 	SDC/DON			
<p>13. Wound Certification Process:</p> <ul style="list-style-type: none"> • Qualifications 	DON			
<p>14. QA/QAPI Process</p> <ul style="list-style-type: none"> • Reports for QA • TQI Report • PIP Process • Monthly Compliance Audits 	<p>QA Coordinator/Nurse Quality Advisor</p> <p>QA Policy and Procedure Manual</p>			
<p>15. Review of State and Federal</p>	Director of Quality Assurance			

Regulations Wound Care				
16. Survey Process: <ul style="list-style-type: none"> • Survey Assignments • Survey Reports • Survey Readiness Binder 	Administrator/ DON			
17. Manager of the Day Duties	Administrator			
18. Skills Check List: <ul style="list-style-type: none"> • Staging Wounds • Dressing Change • Turning and Positioning • Use of Assistive Devices 	SDC			
19. Review Job Description and Sign	DON/SDC			

D. Nursing Skills Check Completed on: _____

(Attach skills check to this orientation.)