



## AGENCY ORIENTATION CHECKLIST

<b>Name (print):</b>		<b>Date:</b>
<b>Agency:</b>	<b>Title:</b>	<b>Department / Unit:</b>

*Instructions: Upon completion of this checklist the agency RN and Assigned NAH RN will initial each area with signature at end of checklist. Return to unit manager upon completion*

SKILL	Verbalized "Yes" or Demonstration Performed or NA
<b>IV and PCA PUMPS PUMP(s)</b> Setting, tubing, and labeling	
<b>Enteral FEEDING PUMP</b> Setting, tubing, and labeling	
<p style="text-align: center;"><b>Important Numbers</b></p> <p>EVS: 8287, Security:8277, CT: 8804, X-RAY:8803 US: 4555 Lab:8235            Nursing Supervisor/Bed control 8245/3905, Registration:8222, or 8514 L&amp;D 8353            2A 4604, Tele 8319, ICU 5992, ER 8282, BMU(3A 2620,3B 8318, 3D 8350), 3C 8501</p>	
<b>SEQUENTIAL COMPRESSION DEVICE</b>	
<b>BLOOD/BLOOD PRODUCT TRANSFUSIONS</b>	
<b>WALL SUCTION Units – Continuous and Intermittent</b> Equipment, record output	
<b>Intravenous Insertion with line management</b> Supplies, flush, documentation	
<p style="text-align: center;"><b>Code Blue/RRT(call4444)CRASH CART/DEFIBRILLATOR</b></p> <p style="text-align: center;">Location, use, Cart Exchange (contacts below)</p> <p>Central Supply M-F 0800-1530 at 312-250-5626/ Nursing Supervisor after hours 3905</p>	
<p style="text-align: center;"><b>TELEMETRY/REMOTE TELEMETRY</b></p> <p style="text-align: center;">Tele desk number <b>8359</b> , lead placement, Connection and basic EKG Interpretation.</p>	
<b>Hourly Care Rounds, Patient Hand Off/SBAR, Ticket to Ride</b>	
<b>Omnicell</b> Location, how to use	

***Our Mission***

Norwegian American Hospital provides high quality compassionate healthcare service that improves individual and community health. We partner with patients and their families, our employees, physicians, and the community we serve.

***Our Vision***

Norwegian American Hospital is the hospital of choice for our communities and our care givers. We are the best in class for clinical care, customer service, employee engagement, access to care and stewardship.



SKILL	Verbalized "Yes" or Demonstration  Performed or NA
<b>RESTRAINTS</b> Policy, safe use, documentation	
<b>Portable Vital Signs Monitor Unit</b>	
<b>Contact Precautions / Isolation Hand Hygiene / PPE</b>	
<b>Phlebotomy / Blood Draws, Accucheck Inform II</b>	
<b>TOUR OF UNIT:</b> Assignment Board, Bed board, Supply Rooms, Omnicell , Kitchen, Break Area, Bathroom, Locker Room.	
<b>FIRE SAFETY AND EQUIPMENT</b>  Locate Fire Extinguisher, Fire Alarm Pull Station and O2 Shut Off Valves	
<b>MEDITECH TRAINING</b> Document, Plan of Care, Falls, Skin, Pain Assessments, Plan of Care(POC), Medication Reconciliation, BVM, Order Entry and Review	
<b>Intranet</b> Locate Policies, MSDS, Nursing Forms, MERS <b>Core Measure Order Sets</b> Pneumonia, SCIP, CHF,AMI	

Agency RN: \_\_\_\_\_ Date: \_\_\_\_\_

Unit RN: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Please Return to Staffing Coordinator/Nursing Supervisor Office.**

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