

BHLOU ICU/CCU Agency RN – Stroke Program Orientation Checklist

NAME _____ EID# _____ UNIT/DEPARTMENT _____

POSITION _____

“P” = Psychomotor (demonstrated, observed, simulated) “C” = Cognitive (verbalized, written, eLearning, attend class)

<u>Competency/Skill</u>	<u>Date Completed</u>	<u>Validator initials</u>	<u>Method of Assessment</u>	
			C	P
Post Thrombolytic management				
Post Thrombectomy patient care				
Care of the Intracerebral Hemorrhage patient				
Care of the Subarachnoid Hemorrhage patient				

Validator Initials	Validator Signature	Validator Credentials	Validator Initials	Validator Signature	Validator Credentials

Agency Staff:

I am confident that I have received adequate training and am competent to perform the listed skills/competencies.

I understand, if I have skills that I have not assessed myself (post orientation) as fully independent with; I will seek assistance from my manager, co-workers, and/or the policy and procedure manuals when performing these skills/functions.

Agency Signature: _____

Date: _____

To be signed by Supervisor/Manager:

I have reviewed and discussed with the employee the content of Assessment/Validation Tool. I accept the employee statement that he/she has received adequate training and is competent to perform the listed skills.

Supervisor/Manager Signature: _____

Date: _____