



Student/RN Daily Communication Tool Medical/Surgical

To be prepared for clinical, please fill out the form below for each clinical day.

Instructor Name _____ Contact # _____ School: _____

<p>Student Name:</p> <p>ADN BSN</p> <p>Semester/Course _____</p> <p>Pt Room #:</p>	<p>Circle all that you are able to perform:</p> <p>Meds: PO, IV, IM, ALL</p> <p>Vital Signs: Perform/document</p> <p>Assessment: Perform/document</p> <p>ADL's: perform document</p>
<p>Semester objectives:</p>	<p>Today's objectives:</p>
<p>Special Procedures you would like to learn today:</p> <p><i>eg: foley cath, trach care, wound care</i></p>	