**2024 SUMMER STUDENT NURSE EXTERNSHIP PROGRAM |   
CLINICAL SKILLS CHECK LIST**

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| **Name of Student Nurse Extern:** |
| **Name of School of Nursing:** |
| **STUDENT AGREEMENT:** |
| I request the Clinical Skills Check list be released to (*insert hospital/agency name below*)    I have read the approved list of nursing activities and procedures on this skills check list, and I agree to perform only approved skills in my role as a summer student nurse extern. I also agree to complete the extern evaluation form at the end of the externship. |
| *Signature of Student Nurse Extern Date* |

**INSTRUCTIONS TO THE SCHOOL 0F NURSING -** Place a check in the appropriate column below to indicate if content has been covered in theory. On the attached skills check list indicate: 1) that content has been covered in theory, and 2) the student has had clinical experience in performing the skill. Comment as appropriate. **Sign and date as indicated.**

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| **Content Relevant To:** | **Theory:** |
| Obstetrical Nursing |  |
| Pediatric Nursing |  |
| Medical Nursing |  |
| Surgical Nursing |  |
| Mental Health/Psychiatric Nursing |  |
| Other |  |

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| --- |
| *Comments:* |
| *Signature of Faculty Member* |
| *Date* |

**INSTRUCTIONS TO THE PRECEPTOR -** Date and sign **CLINICAL SKILLS CHECKLIST** form validating the Extern’s performance on skills and that the student nurse extern has covered theory and/or clinical experience. Indicate the method of validation used by the preceptor using the key provided on the form at the bottom of each page and initial each entry. All procedures are to be performed in the presence of the preceptor until the preceptor validates safe performance of the skill.

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2024 SUMMER STUDENT NURSE EXTERNSHIP PROGRAM | Clinical Skills Check List

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| Skill | Theory | Clinical Experience | Comments | Date | Method of Validation/  Preceptor Initials |
| I. NURSING PROCESS   1. ASSESSMENT 2. Participates in data collection of nursing history. |  |  |  |  |  |
| 1. Participates in therapeutic communication. |  |  |  |  |  |
| 1. Performs physical assessment. |  |  |  |  |  |
| 1. Provides information needed to RN for discharge planning. |  |  |  |  |  |

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| B. ANALYSIS   1. Formulates nursing diagnosis based on assessment data. |  |  |  |  |  |

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| C. PLANNING   1. Contributes to nursing plan of care. |  |  |  |  |  |

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| D. INTERVENTION   1. Observes and participates in assessment of behavior/health state and responses to therapy. |  |  |  |  |  |
| 1. Temperature   1. Oral |  |  |  |  |  |
| 2. Axillary |  |  |  |  |  |
| 3. Rectal |  |  |  |  |  |
| 4. Tympanic |  |  |  |  |  |
| 1. Pulse   1. Apical |  |  |  |  |  |
| 2. Peripheral |  |  |  |  |  |
| 1. Respirations |  |  |  |  |  |
| 1. Blood Pressure |  |  |  |  |  |
| 1. Neurological Checks |  |  |  |  |  |
| 2. Provides proficient nursing care based on validation of skills. |  |  |  |  |  |
| 3. Charts nursing care and observations. |  |  |  |  |  |
| 4. Reflects nursing care plan into record by proper charting. |  |  |  |  |  |
| 5. Communicates pertinent nursing observations to appropriate members of the health care team. |  |  |  |  |  |

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| Skill | Theory | Clinical Experience | Comments | Date | Method of Validation/  Preceptor Initials |
| E. EVALUATION  1. Participates in evaluation of nursing care given. |  |  |  |  |  |
| 2. Participates in planning of future care based on results of evaluation. |  |  |  |  |  |
| 3. Seeks and assists in evaluating feedback regarding nursing care to determine necessary changes in the care plan and in own performance. |  |  |  |  |  |

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| II. PROCESSES  A. PARTICIPATES IN ADMISSION/DISCHARGE AND TRANSFER  1. Admission Procedure |  |  |  |  |  |
| 2. Transfer |  |  |  |  |  |
| 3. Discharge Procedure |  |  |  |  |  |
| 4. Post Mortem Care |  |  |  |  |  |

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| B. PARTICIPATES IN ASSESSMENT OF SKIN AND APPLICATIONS OF HEAT AND COLD  1. Aqua Pad |  |  |  |  |  |
| 2. Hot/Cold Compresses |  |  |  |  |  |
| 3. Ice Bags |  |  |  |  |  |
| 4. Heat Lamp |  |  |  |  |  |

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| C. ASSISTS IN NURSING ROLE RELATED TO DIAGNOSTIC PROCEDURES |  |  |  |  |  |

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| D. APPLIES BANDAGING AND DRESSINGS  1. Ace Bandage |  |  |  |  |  |
| 2. Binders |  |  |  |  |  |
| 3. Support Hose |  |  |  |  |  |
| 4. Sterile Dressings |  |  |  |  |  |
| 5. IV Site Dressings (Central-PICC) Presence of Preceptor |  |  |  |  |  |
| 6. Suture Removal |  |  |  |  |  |
| 7. Staple Removal |  |  |  |  |  |

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| E. INSERTS N/G TUBE |  |  |  |  |  |

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| Skill | Theory | Clinical Experience | Comments | Date | Method of Validation/  Preceptor Initials |
| F. DIETARY NEEDS  1. Feeds Patient |  |  |  |  |  |
| 2. Provides Nourishment |  |  |  |  |  |
| 3. Prepares Patient for Meals |  |  |  |  |  |
| 4. Peg Tube Feeding |  |  |  |  |  |
| 5. Gastric Tube Feeding |  |  |  |  |  |
| 6. N/G Tube Feeding |  |  |  |  |  |

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| 1. ELIMINATION   1. Bedpan and Urinal:  Gives, removes, observes content |  |  |  |  |  |
| 2. Bowel Training Program |  |  |  |  |  |
| 3. Bladder Training Program |  |  |  |  |  |
| 4. Urinary Catheterization (Adult) |  |  |  |  |  |
| *a. Intermittent* |  |  |  |  |  |
| *b. Indwelling* |  |  |  |  |  |
| *5. Urinary Catheterization (Pediatric)*  *a. Intermittent* |  |  |  |  |  |
| *b. Indwelling* |  |  |  |  |  |
| 6. External Catheter |  |  |  |  |  |
| 7. Enemas |  |  |  |  |  |
| 8. Ostomies |  |  |  |  |  |
| 9. Rectal Tubes |  |  |  |  |  |

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| 1. HYGIENE   1. Bath |  |  |  |  |  |
| *a. Bed* |  |  |  |  |  |
| *b. Shower* |  |  |  |  |  |
| *c. Sitz* |  |  |  |  |  |
| *d. Tub* |  |  |  |  |  |
| *e. Therapeutic* |  |  |  |  |  |
| 2. Bed Making |  |  |  |  |  |
| *a. Occupied* |  |  |  |  |  |
| *b. Surgical* |  |  |  |  |  |
| *c. Unoccupied* |  |  |  |  |  |
| 3. Oral Hygiene |  |  |  |  |  |
| *a. Dentures* |  |  |  |  |  |
| *b. Routine Conscious* |  |  |  |  |  |
| *c. Routine Unconscious* |  |  |  |  |  |
| 4. Peri Care |  |  |  |  |  |
| 5. Routine Newborn Care |  |  |  |  |  |
| 6. Skin Care |  |  |  |  |  |
| *a. Prevention of Decubitus* |  |  |  |  |  |
| *b. Decubitus Care* |  |  |  |  |  |

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| 1. EMERGENCY MEASURES   Basic CPR and Heimlich Maneuver |  |  |  |  |  |

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| Skill | Theory | Clinical Experience | Comments | Date | Method of Validation/  Preceptor Initials |
| J. INFECTION CONTROL |  |  |  |  |  |
| 1. Handwashing |  |  |  |  |  |
| 2. Care of Soiled Items |  |  |  |  |  |
| 3. Universal Precautions |  |  |  |  |  |
| 4. Special Isolation Procedures |  |  |  |  |  |
| 5. Donning / Doffing PPE |  |  |  |  |  |

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| K. INTAKE AND OUTPUT |  |  |  |  |  |
| 1. Measures I&O |  |  |  |  |  |
| 2. Records I&O |  |  |  |  |  |

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| L. INTRAVENOUS THERAPY: NOTE:  All IV procedures must be done in the presence of preceptor at all times |  |  |  |  |  |
| 1. Initiate Venipuncture |  |  |  |  |  |
| *a. Initiate INT* |  |  |  |  |  |
| *b. Hang Continuous IV Fluids* |  |  |  |  |  |
| 2. IV push medications |  |  |  |  |  |
| 3. Hang Basic and Balanced Electrolyte Solutions |  |  |  |  |  |
| 4. Hang Primary Solution with approved medications labeled by RN or Registered Pharmacist |  |  |  |  |  |
| 5. Hang IV Piggybacks to Peripheral, Central, and  PICC IV Lines and Buretrols. |  |  |  |  |  |
| 6. Withdraw blood from Central Line. |  |  |  |  |  |
| 7. May administer medications and intravenous fluids through Peripheral, Central, PICC and implantable ports. May access the “pig tail” of the implantable port but not insert the HUBER Needle. |  |  |  |  |  |
| 8. Monitors IV Rate |  |  |  |  |  |
| 9. Records IV Intake |  |  |  |  |  |
| 10. Discontinue Peripheral IV |  |  |  |  |  |

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| M. IRRIGATIONS |  |  |  |  |  |
| 1. Bladder |  |  |  |  |  |
| 2. Colon (non-medicated) |  |  |  |  |  |
| 3. Vaginal |  |  |  |  |  |
| 4. Nasogastric |  |  |  |  |  |

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| N. PERITONEAL DIALYSIS: NOTE: must be done in the presence of preceptor at all times |  |  |  |  |  |

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| Skill | Theory | Clinical Experience | Comments | Date | Method of Validation/  Preceptor Initials |
| O. MEDICATION ADMINISTRATION |  |  |  |  |  |
| 1. Oral |  |  |  |  |  |
| 2. Subcutaneous |  |  |  |  |  |
| 3. Intramuscular |  |  |  |  |  |
| 4. Intravenous |  |  |  |  |  |
| 5. Mucous Membrane Application |  |  |  |  |  |
| *a. Sublingual* |  |  |  |  |  |
| *b. Buccal* |  |  |  |  |  |
| *c. Inhalants* |  |  |  |  |  |
| *d. Vaginal* |  |  |  |  |  |
| *e. Rectal* |  |  |  |  |  |
| 6. Topical |  |  |  |  |  |
| *a. Dermal* |  |  |  |  |  |
| *b. Transdermal* |  |  |  |  |  |
| *c. Ophthalmic* |  |  |  |  |  |
| *d. Otic* |  |  |  |  |  |

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| P. MOBILITY AND IMMOBILITY CARE |  |  |  |  |  |
| 1. Ambulation with devices |  |  |  |  |  |
| 2. Bed Cradle |  |  |  |  |  |
| 3. Bicycle |  |  |  |  |  |
| 4. Footboard |  |  |  |  |  |
| 5. Scales |  |  |  |  |  |
| *a. Bed* |  |  |  |  |  |
| *b. Upright* |  |  |  |  |  |
| *c. Infant* |  |  |  |  |  |
| *d. Wheelchair* |  |  |  |  |  |
| 6. Special Beds/Mattresses |  |  |  |  |  |
| 7. Range of Motion |  |  |  |  |  |
| *a. Active* |  |  |  |  |  |
| *b. Passive* |  |  |  |  |  |
| 8. Safe Patient handling equipment |  |  |  |  |  |
| 9. Positioning |  |  |  |  |  |
| 10. Prosthetic Devices |  |  |  |  |  |
| 11. Restraints, care of patients |  |  |  |  |  |
| 12. Side Rails |  |  |  |  |  |
| 13. Stretcher |  |  |  |  |  |
| 14. Wheelchair |  |  |  |  |  |
| 15. Radiation Therapy Precautions |  |  |  |  |  |

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| Skill | Theory | Clinical Experience | Comments | Date | Method of Validation/  Preceptor Initials |
| Q. PATIENT TEACHING |  |  |  |  |  |

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| R. PRE-OPERATIVE CARE |  |  |  |  |  |

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| S. POST-OPERATIVE CARE |  |  |  |  |  |

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| T. RESPIRATORY CARE |  |  |  |  |  |
| 1. Humidifiers |  |  |  |  |  |
| 2. Oxygen |  |  |  |  |  |
| *a. Cannula* |  |  |  |  |  |
| *b. Mask* |  |  |  |  |  |
| 3. Tracheal Suctioning |  |  |  |  |  |
| 4. Trach Care |  |  |  |  |  |
| 1. Aerosol Therapy |  |  |  |  |  |

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| U. SPECIMENS, COLLECTION OF |  |  |  |  |  |
| 1. Sputum |  |  |  |  |  |
| 2. Stool |  |  |  |  |  |
| 3. Urine |  |  |  |  |  |
| *a. Routine Voided* |  |  |  |  |  |
| *b. 24-Hour* |  |  |  |  |  |
| *c. Clean Catch* |  |  |  |  |  |
| *d. Culture and Sensitivity* |  |  |  |  |  |
| 4. Blood |  |  |  |  |  |
| *a. Venipuncture* |  |  |  |  |  |
| *b. Neonatal Heel Stick / PKU only when Preceptor is present* |  |  |  |  |  |
| *c. Bedside Glucose* |  |  |  |  |  |
| 5. Wound Culture |  |  |  |  |  |

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| Skill | Theory | Clinical Experience | Comments | Date | Method of Validation/  Preceptor Initials |
| V. SUCTION |  |  |  |  |  |
| 1. Gastric |  |  |  |  |  |
| 2. Chest Tube Maintenance |  |  |  |  |  |

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| W. TRACTION MAINTENANCE |  |  |  |  |  |
| 1. Cervical |  |  |  |  |  |
| 2. Bucks Extension |  |  |  |  |  |
| 3. Pelvic |  |  |  |  |  |
| 4. Halo Vest |  |  |  |  |  |
| 5. Pin Care |  |  |  |  |  |

See NEXT PAGE for Skills Exclusion List.

Attached to the Skills is a list of clinical skills that MAY NOT be performed by an extern. Schools and/or hospitals/agencies may identify additional skills that are not to be performed by summer student nurse externs. Please list below any additional skills that may NOT be performed:

|  |  |
| --- | --- |
| *Student Nurse Extern: Printed Name (print in space below)* | *Date* |
| *Student Nurse Extern: Signature (sign in space below)* | *Date* |
| *Preceptor Name: Printed Name (print in space below)* | *Date* |
| *Preceptor Name: Signature (sign in space below)* | *Date* |

Prepared by:

Externship Committee

Formulation Date: 9/81

Last Reviewed/Revised: 11/09, 12/10, 12/11, 11/12, 11/13, 12/14, 10/15, 11/16, 12/17, 1/18, 11/18, 11/19 12/20, 12/21, 12/22, 1/23, 10/23

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2024 SUMMER STUDENT NURSE EXTERNSHIP PROGRAMText

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**SKILLS EXCLUSION LIST**

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Description automatically generated***(Skills That the Student Nurse Extern MAY NOT PERFORM)*

Each Student Nurse Extern enrolled in the Summer Student Nurse Externship Program is provided a Skills Check List that outlines what skills can be performed under the supervision of the preceptor.

The following clinical skills MAY NOT be performed by a Student Nurse Extern.

1. Hang lipids, hyperalimentation, chemotherapy, rejection medications, epidurals, and/or experimental drugs or monoclonal antibody infusions.
2. Titrate IV medications. This includes but not limited to Pitocin or Magnesium Sulfate Drips in L&D.
3. Administer or restart blood products including albumin, HESPAN, platelets, RhoGAM, and fresh-frozen plasma.
4. Check out blood products from the blood bank.
5. Withdraw blood from arterial lines.
6. Discontinue PICC or Central IV lines.
7. Conduct cardiac outputs or manipulate *(to include but not limited to instillation of fluids, inflation of balloon, adjustment of parameters in any manner)* arterial and/or invasive monitoring lines (including removal of catheter).
8. Access controlled medications and/or independent access to narcotics.

8A. Once the process has been validated by the Preceptor, the Extern can give the medication.

1. Remove or hang narcotics for PCA pumps.

9A. The Extern can hang the narcotics with the mandatory requirement that the Preceptor is present at the time of administration.

1. Access dialysis devices or give meds.
2. Access implantable ports - permanent or temporary.
3. Tape, extubate, or manipulate *(to include but not limited to tape, extubate, maneuver, or adjust in any manner)* endotracheal tubes.
4. Manipulate *(to include but not limited to taping, maneuvering, or adjusting in any manner)* respiratory ventilator equipment, auto-infusion devices, and/or dialysis devices.
5. Discontinue chest tubes.
6. Perform vaginal examinations.
7. Transport a client per ambulance or helicopter.
8. Ride in ambulance or helicopter.

Not sure? Contact [rpowell@mhanet.org](mailto:rpowell@mhanet.org) who will confer with the Committee for resolution.

1. Take verbal or telephone orders.
2. Sign as a witness for an informed consent.
3. Defibrillate.
4. Procedural sedation.
5. Insert ultrasound, guidewire assisted peripheral IV (example: AccuCath)

REV: 1/19 | 12/18 | 11/19 | 12/21 | 1/22 | 6/22, 12/22, 10/23