



Unit Orientation for Nursing Faculty

Instructor Name: _____ Facility & Unit _____

Print Name

Validator Name: _____ Validator Signature: _____

Print Name

Instruction: This form is to be filled out for orientation by any faculty new to the unit. Unit orientation is required for each unit on which the instructor brings students. Validator should date and initial during the faculty orientation. Indicate N/A if not required. Thank you.

Upon completion, return this form via email to Barbara.defulvio@sharp.com

Or fax 858-499-5237

DEPARTMENT ASSIGNED:	Date/ Initials
A. Physical Environment	
1. General layout of unit (i.e., location of utility room, restroom and linens,)	
2. Medication cart: PYXIS	
3. Stock/supplies: PYXIS	
4. Resource information: Sharp Intranet; P&P's; Micromedics	
5. Communication systems: i.e. emergency call light, pager system, phones, intercom, etc	
6. Reporting Safety Hazards, Work injuries, Waste stream disposal	
7. Break-room/cafeteria/pre-post conference rooms	
B. Emergency Protocol and Equipment	
1. Location of fire exits and extinguisher, O2 shutoff/Med Gases	
2. Procedure for fire and disaster	
3. Describe Code Blue, Code Green, Code Purple, Code Pink, Code Yellow (info on faculty web site)	
4. Location of resuscitation equipment, crash cart, defibrillator.	
5. Patient equipment, relevant to unit; beds, I.V. Pumps,	
6. Chain of Command	
C. Patient Documentation	
1. Attended Cerner Training: Review charting protocols.	
2. Bar Coding Certificate and complete medication administration	
D. Alaris Pump	
1. Primes and inserts tubing	
2. Programs	
3. Trouble Shoots alarms	
4. Uses dose mode function	
D. Review National Patient Safety Goals	
1. Can state National Patient Safety Goals and knows which are applicable to the unit and how they are managed.	

Instructor Signature: _____ Date: _____

Consortium # _____