

## Training Check-list for Nurses

**Volunteer/Staff Name:** \_\_\_\_\_ **Trained by:** \_\_\_\_\_

<b>Triage Area</b>	<b>Date Completed</b>
Patient verification (name, DOB, allergies)	
History taking	
Taking & recording vitals	
Clean-up & restocking	
<b>Labs</b>	
Hgb	
HgA1C	
FBS	
Lipids	
ALT/AST	
Strep screen	
U/A	
Micro albumin	
Pregnancy	
Occult blood	
Culture/Pathology	
<b>Med Room</b>	
Making labels	
Counting meds	
Documentation	
PAP process	
<b>Drug Runner</b>	
Final check of medications	
Lab/x-ray slips & financial letter	
Instructions for referrals	
Instructions for follow-up	
<b>Treatments</b>	
Nebulizers	
Ear lavage	
<b>Other</b>	
Sterilization/Room clean-up following procedures	