Staff Name:		Preceptor	
ED Position		Completion Date:	

Skill	Date of completion and Preceptor Initial
Patient Security and Confidentiality	
1. Honors and protects patient confidentiality requests and health information privacy (HIPPA).	1.
2. Taps out or locks when leaving a computer every time.	2.
Tap and Go (system optimization)	
1. Tap in and log in / open applications at the beginning of the shift, minimizes apps. on taskbar.	1.
2. At end of shift closes all applications, un-assign, checkout, and exit with the door icon to save customization and cut connection in FirstNet, and Tap out.	2.
Tracking Board	
1. Check-in: phone #, Initials, and establish default relationship as "nurse".	1.
2. Check-out at end of shift.	2.
3. Familiar with Tracking board tabs, icons, and columns.	3.
4. Tracks patient care from the waiting room through depart.	4.
5. Manages Tracking board events: request, complete, and cancel (EKG: complete from Orders).	5.
6. Navigates to view results and reports (Results Review).	6.
7. Uses "refresh "as needed between actions.	7.
8. Uses Activity Column to complete Tasks (the only place to chart some items, i.e. restraint initiation).	8.
Allergy entry	
1. Enters, reviews, modifies and corrects errors.	1.
2. Uses order **Request for Allergy Removal by Pharmacy** to cancel existing profile allergies.	2.
Meds by History (not applicable for paramedics)	
1. Verifies status bar in Orders tab for green checkmark indicating completion of Meds by Hx.	1.
2. Manually completes Green N icon when both home med list and allergy intake are complete.	2.
Form charting	
1. Accesses forms through Tracking board toolbar buttons, Activities column, or AdHoc button.	1.
2. Use a variety of forms to chart; ensuring "right patient", "right time" "right information before signing.	2.
3. Modifies or un-charts form documentation using the Form Browser tab in the pt. chart.	3.
4. Completes Glasgow Coma Scale on every patient through triage or nursing assessment form.	4.
5. Uses Focus notes for patient presentation history; condition assessment, interventions, and response to treatment. Labels with appropriate topic 'cardiac', 'respiratory', etc. 'ER' label for "summary "of patient status.	5
6. Opens chart to view charting, orders, and other pertinent information. (Not all orders go to Nurse Review on Tracking board).	6.
Activities column- task charting or IV rate changes or pain reassessment	
1. Uses Activity Column: *Many items are tasked for the ER nurse. When an icon appears in the Activities Column double click on the icon to chart. A form, a virtual IView area, or a reminder task will open. Charting completes tasks, thus promotes a safer handoff for admitted patients (clean tasks).	1.
IView charting	
1. Direct charts 'real-time' events (Nursing Assessment, Lines, tubes, drains, Vital signs, etc.)	1.
2. Inserts date time for back charting.	2.
3. Sets time interval for serial charting (ex. q 15" vital signs).	3.
4. Pulls in hourly IV volumes at end of care for the patient; charts all other pertinent I&O for pt.	4.
5. Corrects IView charting errors.	5.
6. Creates labels to chart dynamic groups (i.e., wounds, catheters, GI tubes, drains, IV insertion/assessment/care, etc.). Inactivates dynamic group when appropriate.	6.
7. Practice 'keyboarding" and "grouping" techniques in IView.	7.

Scanning/Barcoding medication administration	
1. 100% bar code scans for patient safety–hospital policy.	1.
2. Utilizes MAR Summary to view plan meds administered, last given PRN, IV begin bag time.	2.
3. Checks for the last dose given before med administration.	3.
4. Scan patient first, then scan. Meds/IVs.	4.
5. Uses positive pt. ID to administer (2 patient identifiers and initial FIN# confirmation).	5.
6. Charts meds as 'given' or 'not given' (refused or clinically omitted).	6.
7. Back charts meds to reflect actual administration time (Activities column med task or MAR)	7.
8. IV: scans all IV's/IV meds, IV boluses, and charts as "Begin bag".	8.
9. Corrects medication charting via MAR (right-click on charted dose).	9.
IV administration and Infusion Billing	
1. Confirms order for each IV and IV bolus.	1.
2. Scans for actual start times.	2.
3. Charts rate change times as they occur (at bedside).	3.
4. Changes rate to "0" for IV/IV meds when IV finishes/order competed.	4.
5. Charts all hourly IV volumes in IView –I&O.	5.
6. IV Bolus: charts infused volume total when bolus complete in IView –I&O.	6.
7. Completes Infusion Billing as bags/orders complete at the bedside (at Depart-RN)	7.
8. Uses MAR Summary at end of pt. care to check all meds and IVs are charted.	8.
Order Entry and Order Management (4-8 do not apply to Paramedics)	
1. Uses standard viewing approach "Order" view & "PowerPlan" order tree.	1.
2. Calls provider on 'Pending' status PowerPlan when in doubt.	2.
3. Uses filter and 'customize view' for appropriate display of orders, resize columns.	3.
4. Reviews current orders before placing new orders.	4.
5. Cancels orders in correct sequence 'cancel sign' 'order sign'.	5.
6. Nurse reviews all ED orders and other orders for the care given in the ED.	6.
7. Preforms Nurse Review from Orders tab in the chart; b/c not all orders go to Nurse Review.	7.
8. Order management: cancel/complete outstanding orders not meant for other departments (to act on) when moving patient to a different unit/department	8.
Depart (# 6-11 not applicable for paramedics)	
1. Verifies all medications have been given and charted (MAR summary)	1.
2. Verifies all IV's and IV meds have 'Begin bag' times, rate changes, stop times	2.
3. Infused volumes charted in IView-I&O AND Infusion Billing window	3.
4. Disassociate from the monitor in IView, and discharge from the bedside monitor.	4.
5. IView: all charting is complete (including IV sites, dynamic groups for catheters, GI, and wounds, etc.).	5.
6. Completes Nurse Review and cancels any outstanding orders (not intended for other units).	6.
7. Pt/caregiver receives correct instructions/prescriptions and expresses understanding.	7.
8. Handoff form (non-critical pt.) or report given for patients being admitted.	8.
9. Disposition form completed on all patients (including AMA, LWBS).	9.
10. Verifies correct discharge disposition (home or self-care, expired, etc.) on the Departed tab.	10.
11. Uses Departed tracking tab to 'Reactivate' patient to correct discharge disposition errors (remember to reset time to actual depart time).	11.
Spacelabs monitor and Clinical Access	
1. Admit patient to bedside monitor on admission to ED bed. Scan or manual 10-digit M number (verify name displays on Cube).	1.
2. Associate patient to beside monitor number in Interactive view (Patient Chart)	2.
3. Dissociates patients from the monitor in Interactive view (Patient Chart) when pt. leaves ED. Failure to do so will end in charting errors (ex. wrong information on wrong chart).	3.
4. Discharges from bedside monitor before leaving the unit or removing leads.	4.
5. The preceptor teaches bedside and central monitor functions and settings.	5.
6. The preceptor reinforces the use of Spacelabs Clinical access for data analysis, retrieval, and printing/charting. *There is a Spacelabs Clinical Access class available through Staff Development.	6.

Other Preceptor topics (check with Unit Resource Clinician Kirsten Scott for practice guidelines) there are charting considerations for each topic in FirstNet (*I.E. -see paper chart on Update form for blood administration)	
1. Sepsis	1.
2. Blood product ordering /administration	2.
3. CIWA	3.
4. Stroke	4.
5. Care Coordination Protocol	5.
6. Heparin Protocol	6.
7. BVC	7.
8. Insulin	8.
9. Electrolyte Protocol	9.
10. Restraints (task)	10.
11. CAUTI (order and task)	11.
Downtime	
1. Follows ED Downtime processes.	1.
2. Checks email for instructions and updates.	2.
3. Locates ED downtime cart	3.
4. Logs into 724 Access for patient information during Cerner downtime.	4.
5. Logs into 724 FN Downtime app for back up tracking board-patient list/location (charge desk only during Network downtime).	5.
6. Logs into Read-Only FirstNet for patient information during downtime- understands Read-Only delay time/gap time.	6.
Resources	
1. Locate intranet, FirstNet, and unit resources (Lippincott, Lexicomp, Clinical EHR education website), etc.	1.