

Instructor:

Nursing School:

Date:

Unit:

Facility:

Method of Validation Key:

- O- Observation (Actual observation of the motor skill. Direct hands-on)
- D- Demonstration (Simulation of a situation that tests a competency. No hands-on.)
- C- Cognitive (Post Test. This method should not be used alone)

Skill/Procedure	Method of Review A=Self Study Packet B=Class C=One on One D=Other, please specify	Date of Review Place initial on each line	Method of Validation	Date Validated, Criteria used, and signature of Validator	Skill not validated
Use of Glucose Monitor					
Use of IV Pump					
Use of Syringe Pump					
Use of Dyna-maps					
Use of Pulse Oximeter					
Use of patient beds					
Use of Patient Call Lights					
Use of Bath in a Bag Warmer					
Use of Medication Pyxis					

Skill/Procedure	Method of Review A=Self Study Packet B=Class C=One on One D=Other, please specify	Date of Review Place initial on each line	Method of Validation	Date Validated, Criteria used, and signature of Validator	Skill not validated
Use of Supply Pyxis					
Documentation on Plan of Care					
Implementation of Falls Protocol					
Documentation on Skin Risk Assessment					
Unit Specific Information					
Use and Documentation of Restraints					