**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| SKILL | DATE | PEER | SKILL | **DATE** | **PEER** | SKILL | DATE | PEER |
| Isolation Techniques |  |  | Urine Dip Stick Testing |  |  | Rectal Med Administration |  |  |
| Admission/Discharge Assessments |  |  | Urine Specimen-Pediatric |  |  | Vaginal Med Administration |  |  |
| Pulse Deficits |  |  | Urine Specimen-Foley |  |  |  |  |  |
| Doppler (Vascular and FHT) |  |  | Urine Specimen-Midstream |  |  | Infusion Pumps |  |  |
| Heart/Lung Sounds |  |  | Blood Glucose Monitors |  |  | IV Volume Control Devices |  |  |
| Cranial Nerves |  |  | Wound/Throat Cultures |  |  | Venipuncture |  |  |
| Glasgow Coma Scale |  |  | Sputum Cultures |  |  | Patient Controlled Analgesia |  |  |
| Breast Self-Exam Teaching |  |  |  |  |  |  |  |  |
| Testicular Self-Exam Teaching |  |  | Pouring Sterile Solutions |  |  | NGT Insertion/Discontinue |  |  |
| Intake and Output |  |  | Surgical Hand-washing |  |  | NG/G-tube feedings |  |  |
|  |  |  | Pre-op Teaching |  |  | Enema Administration |  |  |
| Oxygen Delivery Devices |  |  | Surgical Checklist |  |  | Ostomy Care |  |  |
| Incentive Spirometer |  |  | TEDs/SCDs |  |  | Removal of Fecal Impaction |  |  |
| Oral/Nasal Airways |  |  | Post Op Assessment |  |  |  |  |  |
| Bag-Valve Masks (Ambu) |  |  | Specialty Dressings |  |  | Oral Suctioning |  |  |
| Pulse Oximetry |  |  | Drains (Penrose, JP, Wound Vac) |  |  | Nasal-pharyngeal Suctioning |  |  |
| Nebulizer |  |  | Pin Care |  |  | Tracheal Suctioning |  |  |
|  |  |  | Condom Catheters |  |  | Endotracheal Suctioning |  |  |
| Stool Specimen-Routine |  |  |  |  |  |  |  |  |
| Stool Specimen-Quiac |  |  | Topical Medication Applications |  |  | Chest Tube/Bottle Drainage |  |  |

Peer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_ Peer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_ Peer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Initial\_\_\_

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All Peer check-offs must be complete for credit in RNSG1216.

Keep a copy of this form for your records.