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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SKILL | DATE | PEER | SKILL | **DATE** | **PEER** | SKILL | DATE | PEER |
| Blood Spill Clean-up |  |  | Oral Care\* |  |  | Abdominal Binders |  |  |
| Personal Protective Equipment |  |  | Bed Bath\* / Back Massage \* |  |  | Ace Wraps |  |  |
|  |  |  | Denture Care |  |  | Anti-Embolism Stockings |  |  |
| Hot and Cold Therapy |  |  | Shampooing Hair\* |  |  | Bandages |  |  |
|  |  |  | Shaving Male Patients\* |  |  |  |  |  |
| AEDs |  |  | Making an occupied Bed |  |  |  |  |  |
| Bag-valve Mask |  |  | Making an unoccupied Bed |  |  |  |  |  |
| CPR |  |  | Contact lens Care/Removal |  |  |  |  |  |
|  |  |  | Perineal Care |  |  |  |  |  |
| Ambulation |  |  | Sitz Bath |  |  |  |  |  |
| Cane |  |  |  |  |  |  |  |  |
| Cast Care |  |  | Bedpan (Regular and Fracture) |  |  |  |  |  |
| Crutch Training |  |  | Emesis Basin |  |  |  |  |  |
| Lifting Equipment (Hoyer, Slider) |  |  | Feeding\* |  |  |  |  |  |
| Range of Motion |  |  | Urinals |  |  |  |  |  |
| Traction |  |  |  |  |  |  |  |  |
| Walker |  |  |  |  |  |  |  |  |

Peer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial\_\_\_\_\_\_ Skills Lab Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

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

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

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

This form must be turned in to the Skills Lab coordinator on or before the instructor check off date.

Keep a copy of this form for your records.

\*These skills may be completed at home. If completed in the skills lab, please bring your own supplies.