



Nursing Student Assignment/Activity Sheet

Date: _____ Unit: _____ School: _____ Student Level (circle): Fundamental (sophomore) Intermediate (Junior) Advanced (Senior)

Instructor Name and Contact information: _____ Clinical Time: _____ Pre/Post Conference times: _____

Medication Administration Times (Students administer with supervision of clinical instructor only):_____

ALL students will do the following activities ✓ : ☐ Vital Signs ☐ Bed/Linen change ☐ Bath/Hygiene/ADLs ☐ Assessment/Charting ☐ LDA's
☐ Tube feedings ☐ Wound care/Dressings ☐ Accuchecks ☐ I&O ☐ Other_____

[illegible]