



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 Accucheks I&O Other _____

Room Number(s): Patient Name(s) or initials	Student Name	Student Administering Medications
		<input checked="" type="checkbox"/>