

Student Name _____

Procedure Log for Nurse-Tech Shift

<p>Peripheral IV Insertion – 6 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>Peripheral IV Insertion – 6 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>
<p>Peripheral IV Insertion – 6 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>Peripheral IV Insertion – 6 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>
<p>Peripheral IV Insertion – 6 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>Peripheral IV Insertion – 6 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>
<p>Peripheral Blood draw –4 Needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>Peripheral Blood draw –4 Needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>
<p>Peripheral Blood draw –4 Needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>Peripheral Blood draw –4 Needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>
<p>ECG set up – 2 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>ECG set up – 2 needed Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>

Obtain 3 of the following 4 procedures

<p>Insertion of Nasogastric tube Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>Obtain ABG Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>
<p>Insertion of Urinary catheter Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>	<p>Application of extremity splint Name / MR # or patient sticker</p> <p>Date _____ Supervisor _____</p>