

NAME

SIGNATURE

DATE

SSU Orientation Checklist

- | | |
|--|--|
| <input type="checkbox"/> AED | <input type="checkbox"/> Nurses Station |
| <input type="checkbox"/> Air Viva | <input type="checkbox"/> Nurse Unit Managers Office |
| <input type="checkbox"/> Airway Management Trolley | <input type="checkbox"/> Oxygen / Suction |
| <input type="checkbox"/> Bandages / Dressings | <input type="checkbox"/> O ₂ Saturation Monitor |
| <input type="checkbox"/> Bedpans / Urinals | <input type="checkbox"/> Oxygen Masks and Tubing |
| <input type="checkbox"/> Blank Charts | <input type="checkbox"/> Pan Room |
| <input type="checkbox"/> Blood Fridge | <input type="checkbox"/> Patient Medical Record |
| <input type="checkbox"/> Blood Pressure Machine | <input type="checkbox"/> Patient Charts |
| <input type="checkbox"/> Blood Spill Kit | <input type="checkbox"/> Patient Bathrooms |
| <input type="checkbox"/> Cubicles 1 – 4 | <input type="checkbox"/> Pat Slide's |
| <input type="checkbox"/> Cubicle Equipment Checklist Folder | <input type="checkbox"/> PPE |
| <input type="checkbox"/> Care Plans | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Manual Call Points (Break Glass Alarms) | <input type="checkbox"/> Policy & Procedure Manuals |
| <input type="checkbox"/> Dressing Packs | <input type="checkbox"/> Porter |
| <input type="checkbox"/> Dressing Trolley | <input type="checkbox"/> Scales |
| <input type="checkbox"/> Drug Room | <input type="checkbox"/> Sharps Containers |
| <input type="checkbox"/> Drug Fridge | <input type="checkbox"/> Shredding Box |
| <input type="checkbox"/> Duress Alarm | <input type="checkbox"/> Slide Sheets |
| <input type="checkbox"/> ECG Machine | <input type="checkbox"/> Staff Amenities |
| <input type="checkbox"/> Emergency Buzzers | <input type="checkbox"/> Staff Muster Board |
| <input type="checkbox"/> Emergency Exits | <input type="checkbox"/> Staff Kitchen |
| <input type="checkbox"/> Emergency Procedure Paging Instructions | <input type="checkbox"/> Staff Meal Ordering |
| <input type="checkbox"/> Evacuation Devices (mats) | <input type="checkbox"/> Store Room |
| <input type="checkbox"/> Failsafe Phones | <input type="checkbox"/> Telephone Numbers |
| <input type="checkbox"/> Fax / Photocopier | <input type="checkbox"/> Tympanic Thermometer |
| <input type="checkbox"/> Fire and Evacuation Plan | <input type="checkbox"/> Ward Clerk Returns |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Wheel Chair |
| <input type="checkbox"/> GE Monitors | |
| <input type="checkbox"/> Glucometer | |
| <input type="checkbox"/> Help Desk Request | |
| <input type="checkbox"/> Intranet | |
| <input type="checkbox"/> Infectious Waste Bins | |
| <input type="checkbox"/> IV Fluids | |
| <input type="checkbox"/> IV Poles | |
| <input type="checkbox"/> IV Pumps | |
| <input type="checkbox"/> Linen Cupboard | |
| <input type="checkbox"/> Linen Skips | |
| <input type="checkbox"/> Medical Staff | |
| <input type="checkbox"/> MIMS / Injectable Drug Book | |
| <input type="checkbox"/> Name Bands | |

Please return to Development & Learning Department when completed

