

NAME

SIGNATURE

DATE

Sub – Acute Ward Orientation Checklist

- | | |
|--|--|
| <input type="checkbox"/> Air Viva | <input type="checkbox"/> MIMS / Injectable drugs book |
| <input type="checkbox"/> Allied Health Staff | <input type="checkbox"/> Name Bands |
| <input type="checkbox"/> Bandages / Dressings | <input type="checkbox"/> Nurses Station |
| <input type="checkbox"/> Bedpans / Urinals | <input type="checkbox"/> Nurse Unit Managers Office |
| <input type="checkbox"/> Blank Charts | <input type="checkbox"/> Oxygen / Suction |
| <input type="checkbox"/> Blood Fridge | <input type="checkbox"/> O ₂ Saturation Monitor |
| <input type="checkbox"/> Blood Pressure Machine | <input type="checkbox"/> Oxygen Masks and Tubing |
| <input type="checkbox"/> Blood Spill Kit | <input type="checkbox"/> Pan Room |
| <input type="checkbox"/> Care Plans | <input type="checkbox"/> Patient Medical Record |
| <input type="checkbox"/> Manual call points (Break Glass Alarms) | <input type="checkbox"/> Patient Bedside Chart |
| <input type="checkbox"/> Catheter Trolley | <input type="checkbox"/> Patient Bathrooms |
| <input type="checkbox"/> Dressing Packs | <input type="checkbox"/> Pat Slide's |
| <input type="checkbox"/> Dressing Trolley | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Drug Cupboard | <input type="checkbox"/> Policy & Procedure Manuals |
| <input type="checkbox"/> Drug Fridge | <input type="checkbox"/> Porter |
| <input type="checkbox"/> Duress Alarm | <input type="checkbox"/> Resuscitation Trolley |
| <input type="checkbox"/> ECG Machine | <input type="checkbox"/> Roster Requests |
| <input type="checkbox"/> Emergency Buzzers | <input type="checkbox"/> Scales |
| <input type="checkbox"/> Emergency Exits | <input type="checkbox"/> Sharps Containers |
| <input type="checkbox"/> Emergency Procedure Paging Instructions | <input type="checkbox"/> Shredding Box |
| <input type="checkbox"/> Evacuation Devices (mats) | <input type="checkbox"/> Slide Sheets |
| <input type="checkbox"/> Failsafe Phones | <input type="checkbox"/> Staff amenities |
| <input type="checkbox"/> Fax / Photocopier | <input type="checkbox"/> Staff Kitchen |
| <input type="checkbox"/> Fire and Evacuation Plan | <input type="checkbox"/> Staff Meal Ordering |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Store Room |
| <input type="checkbox"/> Glucometer | <input type="checkbox"/> Telephone Numbers |
| <input type="checkbox"/> Handover Sheets | <input type="checkbox"/> Tympanic Thermometer |
| <input type="checkbox"/> Help Desk Request | <input type="checkbox"/> Ward Clerk |
| <input type="checkbox"/> Intranet | <input type="checkbox"/> Ward Clerk Returns |
| <input type="checkbox"/> Ice Machine | <input type="checkbox"/> Wheel Chair |
| <input type="checkbox"/> Infectious Waste Bins | |
| <input type="checkbox"/> Isolation Rooms | |
| <input type="checkbox"/> IV Fluids | |
| <input type="checkbox"/> IV Poles | |
| <input type="checkbox"/> IV Pumps | |
| <input type="checkbox"/> Lifting Machines | |
| <input type="checkbox"/> Linen Room | |
| <input type="checkbox"/> Linen Skips | |
| <input type="checkbox"/> Medical Staff On call Roster | |

Please return to Development & Learning Department when completed

