

Employee Information				
Employee Name:			Orientee Name:	
Orientation Date (DD/MMM/YY):				
<p>Important Note:</p> <p>This checklist is to be completed over the course of orientation shift(s) when orientating to a new facility and/or unit. For each item listed, indicate if it was reviewed/completed during orientation. This checklist is for staff reference only and is not required to be submitted to the program upon completion of orientation shifts. The orientee and assigned nurse will initial sections as completed and provide comments if necessary.</p> <p>Please note that equipment and processes can be site/unit specific (eg. Beds, lifts, scales). It is the responsibility of the orientee and assigned nurse to know what duties and responsibilities are required of them for their designated shifts, as well as what equipment is available, being used and how to use the equipment in a competent manner.</p> <p>If additional education needs are identified, please reach out to our educator team for further guidance at PTNTEducators@sharedhealthmb.ca</p>				
General				
Item	Yes No (N/A if not applicable on unit)	Completed During Orientation		Comments
		Orientee Initials	Nurse Initials	
Site Specific				
Provincial Logins: Ensure ability to access required clinical access programs with Regional Logins. *If issue, contact service desk				
Unit Routines- Shift specific <ul style="list-style-type: none"> Day Evening Nights 				
Monthly Unit Routines + Responsibilities				
Shift Report+ Assignment				
Staff Break Room(s)				

Item	Yes No (N/A if not applicable on unit)	Completed During Orientation		Comments
		Orientees Initials	Nurse Initials	
Nutrition <ul style="list-style-type: none"> • How to change diet orders • Routines 				
Supply Room(s) <ul style="list-style-type: none"> • Unit • Off-Unit Storage 				
Utility Room(s)				
Weight Scales				
Pharmacy Location				
Communication <ul style="list-style-type: none"> ▪ Physician-Medical Team ▪ Paging system general and codes ▪ Emergency Support (Disaster Management) ▪ Frequently used numbers ▪ After Hours Contact-Process (Manager, Physician, Supervisor, Maintenance) 				
Policies and Procedures <ul style="list-style-type: none"> • How to Access • Review of policies 				
WHMIS and Safety Data Sheet Binder(s)				
Family Room(s)				
Visitation Hours + Policy				
Isolation Rooms <ul style="list-style-type: none"> • Positive Pressure • Negative Pressure 				
Parking				
Lab Protocol: <ul style="list-style-type: none"> • Collection • Submission Process 				
Fire Safety				

<ul style="list-style-type: none"> Exits Extinguishers 				
Item	Yes No (N/A if not applicable on unit)	Completed During Orientation		Comments
		Orientees Initials	Nurse Initials	
Patient Safety				
Bedside Communication Tool				
Protected Code Blue Cart				
Call Bell				
Supplemental Oxygen Delivery Devices (if applicable): <ul style="list-style-type: none"> Nasal Prongs (Regular and high-flow) Simple Face Mask Oxymask Non-Rebreathe Rebreathe Ventura Opti-flow/AirVo CPAP/BiPAP Portable O2 Tank Steam-Cold Pot Bubble Humidifier 				
Wall and Transport Suction				
AED Locations				
StatStrip Glucose Meter <ul style="list-style-type: none"> QC checks (inclusive of expiry) 				
Incident Reporting System				
Documentation				
Old Charts				
Referrals				

Discharge				
Item	Yes No (N/A if not applicable on unit)	Completed During Orientation		Comments
		Orientees Initials	Nurse Initials	
Admission Packages <ul style="list-style-type: none"> • Process • ACP 				
Transfer Process- Internal and Interfacility				
Forms and Flowsheets- Location and use				
Medication				
Medication Administration Records				
Medication Room(s) <ul style="list-style-type: none"> • Medication system- Pyxis vs. Cart • Reordering of Meds 				
Medication Fridge-Freezer				
Narcotic Count and Storage				
Compatibility Chart				
High Alert Medications				
Monographs				
Medication Disposal				
General Equipment				
Vital Sign Monitors				
N95 Mask Storage Location				
Wander Guards				

Bed Alarms				
Item	Yes No (N/A if not applicable on unit)	Completed During Orientation		Comments
		Orientees Initials	Nurse Initials	
Bed Alarms				
Personal Protective Equipment- Gown, gloves, eye protection				
Blanket Warmer				
Lift and Transfer Equipment				
Intravenous Infusion Pumps				
Kangaroo Feeding Pumps				
PCA Pumps				
Epidural Pumps				
Intravenous Supplies <ul style="list-style-type: none"> • Cannulas • Extension sets • IV Lines • IV Bags 				
CVAD Supplies				
Bladder Scanner				
Restraints				
Wound Care- Dressing Supplies				
Mobility Equipment <ul style="list-style-type: none"> • Walker • Cane • Wheelchair 				
Program Specific Equipment				
Staff are able to utilize the below empty sections to input Program specific/specialty specific items they would like reviewed or identified during their orientation shift(s).				

