

NURSE TRANSITION FORM - OKCamps

Please use this form as a handy checklist to orient yourself to the facility.

In-Coming Nurse: _____

Out-going Nurse: _____

Transition Date: _____

<p>Tour of Camp</p> <p>Take a walking tour of the facility and indicate the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location of first-aid kits <input type="checkbox"/> Procedure for checking cabins, bathrooms, etc. <input type="checkbox"/> Routine maintenance requests <input type="checkbox"/> Names of buildings, offices, residences, activity areas <input type="checkbox"/> Kitchen: <ul style="list-style-type: none"> _____ How to notify kitchen staff of special diet needs _____ How to get food supplies for health center _____ How to help kitchen staff stay healthy <input type="checkbox"/> Introduction to Key People <ul style="list-style-type: none"> _____ Camp Dean(s) _____ Business Manager _____ Head Cook _____ Waterfront Director _____ Remaining staff _____ Nurse assistant 	<p>Orientation to Health Center</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stock medications: location, how to re-order <input type="checkbox"/> Personal medications: routine for distributing/ charting daily meds, location of PRNs <input type="checkbox"/> Keys: pass health center key ring. Demonstrate which keys open what and how to open unusual locks. (Include refrigerated meds box.) <input type="checkbox"/> Admit area <input type="checkbox"/> Records box (go over use of each form.): <input type="checkbox"/> Individual health record <input type="checkbox"/> Letter to parents <input type="checkbox"/> Health log <input type="checkbox"/> Insurance forms <input type="checkbox"/> Worker's compensation form <input type="checkbox"/> Injury report cards <input type="checkbox"/> Session file with individual records <input type="checkbox"/> Orient to use of supplies: <ul style="list-style-type: none"> _____ Air splints _____ Germicidal wipes _____ Ice supply _____ CPR microshield <input type="checkbox"/> Routine for getting people to, and contacting camp physician <input type="checkbox"/> Contacting the Site Director <input type="checkbox"/> Relief nurse (if applicable) <input type="checkbox"/> Opening day registration procedures for camp
<p>Orientation to Health-Care Role at Camp</p> <p>Routine daily activities for health center:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Camp schedule <input type="checkbox"/> Giving routine meds <input type="checkbox"/> Time for cabin check <input type="checkbox"/> Phone procedures <input type="checkbox"/> Routine information to camp office <input type="checkbox"/> Health center hours <input type="checkbox"/> Staff meetings, time, and topics <input type="checkbox"/> Camp emergency system <input type="checkbox"/> Signals used to indicate emergency <input type="checkbox"/> Driver in emergency, how to contact <input type="checkbox"/> Role during waterfront emergency <input type="checkbox"/> Staff designated to help in emergency 	<p>Orientation to People with Special Health Needs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Report on current clients and their care plan (Use log to summarize.) <input type="checkbox"/> Report on special-needs campers: <ul style="list-style-type: none"> _____ Diabetes _____ Asthma (carrying inhalers) _____ Recovering from illness/injury <input type="checkbox"/> Report on special-needs staff <input type="checkbox"/> Review injury/illness rate of staff <input type="checkbox"/> How to notify director when staff member is ill/injured <input type="checkbox"/> Risk management practices in use at camp <p>Additional Items Specific to the Camp Session:</p>