

CLINICAL ORIENTATION CHECKLIST

Hospital Tour

	ICU & waiting area		Cafeteria
	ER & waiting area		Hospital Floors (Med. Surg, ICU, DOU, etc.
	Surgery & waiting area		Pharmacy
	Laboratory		Pre-Op/Post Op
	Respiratory		Nursery/NICU/Pediatrics

Radiology Department

	Front Desk		Pt. Dressing Room
	File Room		Fire Extinguishers/Fire Alarms
	Waiting Room		Crash/Drug Care
	Introductions to Staff, Radiologists, Director		Emergency Exits
	RAD's Reading Room		Location & Operation of C-arms
	Restrooms		Location & Operation of Portables
	Lockers/Break Room		

Supplies

	Masks		Contrast
	Gloves		Syringes
	Linens (sheets, towels, blankets, pillow cases, gowns)		

Examination Rooms

	Table		Location of Oxygen & Suction
	Bucky		Emergency Shut off Button
	Chest Board		Operation of X-ray Equipment
	Control Console		Code Blue Button

Other Modalities

	Cat Scan		MRI
	Ultrasound		Interventional

Other Modalities (continued)

	Mammography		Other
	Nuclear Medicine		

Universal Precautions/Infection Control			
	Gloves (1 pair/pt)		Sharps/Infectious Waste
	Gowns		Infection Control Policy
	Masks (Regular & TB)		Respiratory Precautions (types of Isolation)
	Clean Up Body Fluids		Hand Washing
Review of Department/Hospital Policies & Procedures			
	Evacuation Plan/Fire Procedures/Emergency Preparedness Procedures		Procedure to Release Images/Making Copies for Patients
	Calling Codes (Blue, Pink, etc)		Overhead Paging
	Answering Phones		HIPAA Policy
	Department Protocol Handouts for Radiographic Procedures		Protocols for the Following Hazards: fire, electrical, chemical
Student Responsibilities			
	Cell Phone Use (during breaks & lunch only)		
	Explanation of Breaks & Lunch		
Facility Expectations			
	Assertiveness		Students Parking Area/Instructions
	Re-stocking Rooms		Cleaning Rooms/Equipment
	Appropriate "Slow Period Behavior" (studying if allowed or anything else facility is expecting of the student during slow periods)		

As the Clinical Instructor, I verify _____
 (print student name)

has completed a clinical orientation addressing all areas/items listed above and has had the opportunity to ask questions.

Print Clinical Instructor Name

Signature

Name of Clinical Facility

Date