

**BAKERSFIELD COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM**

Nurs B27 - Pediatrics

TEAM LEADING EXPERIENCE

- Prepare team assignment the night before
 - Familiarize yourself with the patients on the floor. Make appropriate patient assignments for the following clinic day.

- Reflect on what type of leadership skills you want to develop.
- In the morning update pt. care assignments by assigning new patients if necessary.
- Receive morning report from your fellow students
- Prioritize each patient in the order they need to be assessed
- Assist team members with daily care needs
- Assist team members prepare medications and review need for the medication with students. Assist passing meds if necessary
- Assign any new patients through out the day
- Prepare rooms for new admissions
- Assign breaks for team members for the day
- Accompany doctors on rounds
 - Relate all new orders and information to team members

- Serve as a resource for team members
 - Circulate and see that:
 - Hourly rounds and charting is complete
 - Ensure that patient care is being done
 - Monitor I & O, check to see that it is kept up-to-date and that amounts are adequate

- Assist and delegate to team members as necessary
 - Help with any problems that arise, consult with instructor after plan for intervention has been made but before implementation

- Charting – check that it has been done and is thorough, all pertinent information is reflected, and charting reflects status of the client
 - Vitals and I & O are complete and recorded on an on-going basis on the client's door
 - Diet type and amount in % is recording on the graphic flow sheet in the chart

- Make assignments for the following day based on acuity

Bakersfield College
Nurs B27 Pediatric Clinical
Team Leading Experience

Date: _____	Rm #: _____ Client Initials: _____																																																																								
S Situation	Admit/Med Calc. Weight: _____ Allergies/rection: _____ Current Problem/diagnosis: _____ _____ Admission date: _____ Admit from: _____ Pediatrician: _____ Isolation: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Type: _____ Procedures/tests for today: _____ _____																																																																								
B Background	Medical and surgical history: _____ Diagnostic procedures: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Test</th> <th>Date</th> <th>Result</th> <th>Test</th> <th>Date</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>X-Ray</td> <td></td> <td></td> <td>Blood Culture</td> <td></td> <td></td> </tr> <tr> <td>CT</td> <td></td> <td></td> <td>Urine Culture</td> <td></td> <td></td> </tr> <tr> <td>MRI</td> <td></td> <td></td> <td>Wound Cx</td> <td></td> <td></td> </tr> <tr> <td>Ultrasound</td> <td></td> <td></td> <td>LP</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Comments/social issues: _____ IV fluids or heplock/site: _____ Diet: _____ Activity: _____	Test	Date	Result	Test	Date	Result	X-Ray			Blood Culture			CT			Urine Culture			MRI			Wound Cx			Ultrasound			LP																																												
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