Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CTPN Clinical Observation:

Wound Cart Day 1

During this rotation you may assist with the following skills under the supervision of the RN, LPN, mid-level practitioner, or physician, e.g., any skill that you have been checked off by an instructor and within the scope of the LPN at the facility in which you are in. At the completion of this observation experience, prepare a written report addressing your experience.

1. List up to 10 types of dressing you observed being used and explain the reason for using that particular dressing.

|  |  |  |
| --- | --- | --- |
| **Dressing Type & Location** | **Wound or Incision with Description** | **Scientific Rationale** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |
| **9.** |  |  |
| **10.** |  |  |

1. Describe medications used on the incisions or wounds and why.

1. What did you learn?

|  |  |  |
| --- | --- | --- |
| **Grading Area** | **Point Possible** | **Point Received** |
| **Objectives (10 points each)** | **30** |  |
| **Attendance** | **5** |  |
| **Net Score** | **35** |  |
| **Deductions (direction/spelling/grammar) Max 10** |  |  |
| **Final Grade** |  | **/35** |
| **Percentage** |  | **%** |

Clinical Observer’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Observer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_