

# Thompson Med/Surg Phase Checklist Tracker

Complete Phase 1 and Phase 2 once, then complete Med/Surg Phase 3 and Phase 4 before independent Med/Surg practice.

Use this as a bedside phase-gate worksheet. Initial/date the source checklist or guidebook for the official record. Phase placement shows where final competency is assessed; it does not prevent earlier teaching when the patient assignment creates the opportunity.

<b>Nurse:</b> _____	<b>Unit:</b> _____	<b>Start date:</b> _____
<b>Primary preceptor:</b> _____	<b>Educator:</b> _____	<b>Completion date:</b> _____

## Phase 1: Thompson Foundations

Local systems, safety behaviors, communication expectations, infection prevention, and safe mobility habits needed before the nurse builds a patient assignment.

**Before moving on:** Move forward when Thompson systems, communication routes, infection prevention, emergency response basics, and mobility safety have been observed or fast-tracked by the preceptor.

**Checklist source:** RN Orientation Checklist Med Surg, page 2, Nursing Fundamentals, Infection Control, Safe Patient Handling and Mobility

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
<b>Thompson systems and unit orientation</b> - Intranet, policy/procedure review, email, nursing webpage - Scheduling software, clocking, PTO, exception log - EHR, security, call bell system, fire plan, emergency exit routes - Floor orientation including clean/dirty utility, kitchen, patient rooms, code carts						
<b>Emergency response and escalation basics</b> - Rapid Response/Code Team process - Know how to activate help and identify local emergency equipment - Use direct communication when patient status is changing						
<b>Professional standards and confidentiality</b> - Nursing Standards of Care, Nursing Code of Ethics, RQI, PAS, pharmacy basics - HIPAA/patient confidentiality - Respect cultural and personal values, beliefs, and preferences						
<b>Patient/family communication</b> - Communicate effectively with patients, families, and visitors during care - Use clear explanation, teach-back, and appropriate visitor boundaries						
<b>Infection control and HAI prevention</b> - Hand hygiene, PPE donning/doffing, isolation initiation/discontinuation - CLABSI, CAUTI, C. diff, MDRO, and surgical site infection prevention						
<b>Safe patient handling and mobility</b> - Bed positioning, gait belt, non-friction devices - Total mechanical lift, sit-stand mechanical lift, manual stand aid - Ambulating, positioning, and transferring						
<b>Falls, BMAT, and basic alarm safety</b> - BMAT and Morse Fall Scale - Chair and bed alarms - Virtual Patient Safety Observation when applicable						

## Phase 2: Core Clinical Practice

General assessment and body-system review that supports safe care across routine Med/Surg and Observation assignments.

**Before moving on:** Move forward when the nurse can complete assessments, recognize change from baseline, document follow-through, and escalate concerns during supervised care.

**Checklist source:** RN Orientation Checklist Med Surg, pages 2-4, Clinical Care, Review of Systems, Specialty Care

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
<b>General assessment and care planning</b> - Admission, shift assessment, and reassessment - Education/care plan, allergies, falls precautions, alarm management						
<b>Gastrointestinal assessment and devices</b> - Abdominal assessment, bowel sounds/flatus - Colostomy/ileostomy - GI tubes including NGT, PEG, J-tube, G-tube - Enteral feeding and rectal tube						
<b>Cardiovascular assessment and telemetry basics</b> - Heart sounds, edema, CMS checks - Cardiac monitoring, telemetry start/stop, alarm limits, monitor/lead troubleshooting - Troponin/CK/BNP labs, orthostatic blood pressure, daily/admit weights, strict intake and output - Three successful EKGs						
<b>Respiratory assessment and oxygen support</b> - Breath sounds, cough, incentive spirometer, continuous pulse oximeter - Supplemental oxygen including nasal cannula, non-rebreather, Oxymask - Oral suctioning, respiratory medications, assessment/reassessment documentation						
<b>HEENT, neurologic, stroke, and communication safety</b> - Aspiration precautions and special communication needs - GCS, neuro checks, delirium assessment - Stroke care including activation, NIHSS, dysphagia screening, CT/CTA/MRI/labs/BG - Antiplatelet/anticoagulant awareness and DVT prophylaxis						
<b>Musculoskeletal, GU, skin, and psychosocial care</b> - ROM and muscle strength - Straight/Foley catheterization, nephrostomy, urostomy - Skin integrity and wound care - Social determinants of health, mental health, coping, and relationship concerns						
<b>Sepsis, pain, deterioration, and critical values</b> - NEWS/sepsis score and BPA, vital sign and level-of-consciousness cues - Treatment awareness including bolus, antibiotics, labs, type and screen, blood cultures, cultures - Pain assessment/reassessment and medications - SBAR, 6666, Rapid Response, Code Team, Stroke Alert, MI Alert, narrator use, critical value reporting						
<b>End-of-life care</b> - Organ donation, advanced directives, comfort care, hospice, palliative care - Postmortem care and documentation						

## Med/Surg Phase 3: Unit Transition

Med/Surg/Observation workflow, common specialty patterns, post-op care, and the skills most likely to appear as patient assignments become more complex.

**Before moving on:** Move forward when the nurse can apply core assessment to Med/Surg patient flow, post-op risk, cardiac/respiratory monitoring, and escalation without waiting for the preceptor to find the problem.

**Checklist source:** RN Orientation Checklist Med Surg, pages 3-5, Advanced Cardiac Care, Respiratory, Specialty Care, Post-Operative Care

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
<b>Med/Surg patient assignment workflow</b> - Organize care across multiple patients - Use handoff, care plan, education, discharge planning, and interdisciplinary follow-up to keep the assignment moving safely						
<b>Advanced cardiac care for Med/Surg</b> - Defibrillator/AED, defibrillation pads, synchronized cardioversion, transcutaneous pacing - Code cart checks - Pacemakers including single, dual, and defibrillator devices - Echocardiogram, TTE, stress test, bubble study, Definity						
<b>Respiratory devices and higher-risk respiratory care</b> - Tracheostomy care, plastic tracheostomy tube with inner cannula, tracheostomy suctioning, aerosol mask - Chest tube care - Respiratory medications and ongoing documentation						
<b>Post-operative hernia care</b> - Vital signs schedule, continuous oxygen saturation, continuous telemetry - Patient education and care plan						
<b>Post-operative orthopedic care</b> - Vital signs, CMS checks, pain timing, incentive spirometry - IV fluids, drains, Foley catheter timing, surgical site care - Patient education and care plan						
<b>GI tubes, enteral therapy, and ostomy application</b> - Medication administration through GI tubes - Enteral feeding - Colostomy/ileostomy care - Recognize intolerance, aspiration risk, obstruction, bleeding, or worsening abdominal findings						

## Med/Surg Phase 4: Practice Integration

High-reliability medication, IV, blood product, pump, and final assignment validation before independent Med/Surg practice.

**Before moving on:** Complete Phase 4 when IV access, blood products, medication safety, pump use, prioritization, and final checklist items are validated for independent Med/Surg practice.

**Checklist source:** RN Orientation Checklist Med Surg, pages 5-6, IV Access, Blood/Blood Product Administration, Alaris IV Pump, Medication Administration

Checklist item / source details	Observed	Performed	Competent	N/A	Date / initials	Notes
<b>Peripheral and central venous access</b> - Peripheral IV access, three successful IV catheter insertions, removal, and maintenance - CVC types including Hohn, tunneled lines, implanted ports, PICC/Power PICC - CVC assessment, flushing, and dressing change						
<b>Blood and blood product administration</b> - Pre-transfusion, intra-transfusion, and post-transfusion checks - Transfusion reaction response						
<b>Alaris pump, PCA, ETCO2, and nutrition infusions</b> - Primary and secondary infusion - PCA initiation and two-RN cosign documentation - ETCO2 setup, tubing, troubleshooting, and alarms - TPN and lipids						
<b>Medication administration foundation</b> - Pyxis tutorial and usage guidelines - Six rights, positive patient identification, MAR, barcode scanning - Patient-specific medications, PTA review, wasting, overrides/linking						
<b>Medication routes and common medication types</b> - Rectal, transdermal, IV drip, IV push, IM, SQ, oral/enteral, sublingual, ocular, otic - Insulin SQ and IV, insulin nomogram/sliding scale - Anticoagulation including SQ, oral, heparin/bivalirudin drips - Antibiotic therapy, peaks/troughs, antibiotic resistance						
<b>Final checklist packet completion</b> - Confirm clinical orientation checklist and department-specific checklist completion - Submit completed records to the Nursing Director per checklist direction						