

Nursing Student Assignments



Name of Nursing School

Day / Date: _____ **Unit:** _____ **Hours on Unit:** _____ -- _____

Instructor's Name: _____ **Instructor's Contact #:** _____

Please post alongside staff assignments for each scheduled rotation								
Student Name	Room	Patient Initials	Nurse	PO/ SQ/ IM Meds	IV Meds	Assess	Full Care	Chart