

TRAVEL NURSE EVALUATION

Travel RN Evaluation is to be completed at 2 weeks and at 2 weeks prior to end date for initial assignment and all extensions.

PART A (To be completed by the Nurse before giving form to Charge Nurse on assigned unit.)

Name: _____ Date: ___ / ___ / _____ Unit: _____ Shift: _____ Name of Agency: _____

PART B (To be completed by the Nursing Manager/Designee)

1. Each statement must be checked "Satisfactory" or "Less than Satisfactory".
2. If any item cannot be rated or if "Less than Satisfactory" is checked, an explanation is required in the "Comments" column.
3. If an item is rated "Less than Satisfactory", the Nursing Manager or Evening/Night Administrative Manager/Assistant is consulted.
4. Place completed form in sealed envelope for Nursing Manager.

	Satisfactory	Less than Satisfactory	Comments
For each assigned patient, performs a basic, individualized nursing assessment using interview and observation techniques; identifies nursing diagnoses, and recognizes discharge planning needs.			
For each assigned patient, the nurse develops a daily care plan utilizing established standards of care, including physician-prescribed therapies and nursing measures which are common for the patient's given health status.			
For assigned patients, the nurse demonstrates competence in basic clinical nursing skills, transcribes and implements physician's orders correctly, and demonstrates beginning skills in developing effective communication.			
The nurse recognizes changes in the patient's health status based on planned medical and nursing interventions.			
For assigned patients, the nurse facilitates care by following the systems and policies for his/her nursing unit and by cooperating with other staff members in providing patient care. Organizes own daily work to complete assignments			
Demonstrates basic essential behaviors consistent with professional growth and development			
Other:			

 Travel RN

 Date

 Nursing Manager/Designee

 Date