Student Name:_____

IV SKILLS (need at least 25 successful)						
Date	Time	Gauge	Fluid / Lock	Pt Age	Preceptor Init	Student Init

Student Name:

VENTILATION SKILLS (need at least 20)				
Date	Time	Pt Age	Preceptor Init	Student Init

Student Name:_____

IV SOLUTIONS AND OXYGEN CANNOT BE APPLIED TO THIS LOG

MEDICATION LOG (need at least 15)						
Date	Time	Medication	Route	Dose	Preceptor Init	Student Init