

Your Name

Clinical Placements and Skills

<b>YEAR ONE</b>			<b>YEAR TWO</b>				
	<b>Nursing Practice 1</b>	<b>Nursing Practice 2</b>	<b>CPE 1</b>	<b>Nursing Practice 3</b>	<b>Nursing Practice 4</b>	<b>CPE 2</b>	
<b>Clinical Placements</b>	SMH 2S						
<b>Type of Unit</b>	Medicine						
<b>Skills Practiced</b>	Vital Signs						
	Enemas						
	Hygiene						
	Bedmaking						
	Admissions						
<b>Conditions of Clients</b>	Diabetes						
	Hypertension						
	Chron's Disease						
	Angina						
	DVT						
	Dementia						
	Addisons						
<b>YEAR THREE</b>				<b>YEAR FOUR</b>			
	<b>Nursing Practice 5</b>	<b>Nursing Practice 6</b>	<b>CPE 3</b>	<b>CPE 4</b>	<b>Nursing Practice 7</b>	<b>Nursing Practice 8</b>	<b>CPE 5</b>
<b>Clinical Placements</b>							
<b>Type of Unit</b>							
<b>Skills Practiced</b>							
<b>Conditions of Clients</b>							

Your Name

Clinical Placements and Skills
