

ATTACHMENT VI Medical Foster Care Child Specific Training Verification

Child's Name _____ DOB: _____

MFC Parent Name: _____

Trainee Name: _____ Relationship: _____

Dx: _____

Teaching Method Code:

Evaluation Code:

E – Verbal Explanation **P – Printed Material** **S – Successful Demonstration**
D – Demonstration **V – Vendor** **UV – Understanding Verbalized**
AV – Audio Visual **S – Supplies/Equipment** **A – Need Additional Instruction**

Instructor Name: _____ Initials: _____

Instructor Name: _____ Initials: _____

Mandatory Instructions Reviewed **Date:** _____

Handwashing CPR/First Aid Confidentiality
 Universal Precautions Hurricane Disaster Plan Hazardous Waste
 Fire Drill

Comments	Date, MFC RN Initials	Date, Instruct or Initials	Teach Code	Eval Code	Comments	Date, MFC RN Initials	Date, Instruct or Initials	Teach Code	Eval Code
Reviewed the Following Diagnosis of the Child:					Medication Administration and Side Effects:				
Temperature: < 1 Year > 1 Year					Measurements: Head Circum, Height, Weight, Other				
Pulse: - Apical - Peripheral					Blood Pressure				
Cast Care					Wound/Skin Care				
Perineal Care					Catheterization: Clean/Sterile				
Gastronomy Tube: - Feeding - Care - Insertion - Skin Care					Nasogastric Tube: - Feeding - Care - Insertion - Skin Care				
IICP/Neuro Signs					Cardiology /Pulmonary Assessment				
Pulse Monitor					Apnea Monitor				
Enteral Pump					Reflux Precautions				
Oxygen Administration					Suctioning (Indicate Type)				

**Medical Foster Care
Child Specific Training Verification**

Child's Name: _____ DOB: _____

Comments	Date, MFC RN Initials	Date, Instruct or Initials	Teach Code	Eval Code	Comments	Date, MFC RN Initial	Date, Instruct or Initials	Teach Code	Eval Code
Tracheostomy: Care/Change					Ostomy Care: - Colostomy - Urostomy - Vesicostomy				
Seizure Precautions/Care					Specimen Collection				
Positioning and Adaptive Equipment					Equipment Care (Indicate Type):				
Vascular Line (Indicate Type)					Other				
Other					Other				

Comments:

The Provider listed above ___ has ___ has not satisfactorily completed and/or adequately demonstrated skills and ability necessary to provide the care for the child listed above.

MFC RN Signature: _____ Date: _____

Trainee Signature: _____ Date: _____