

Wayne-Finger Lakes BOCES Practical Nurse Program

Weekly Clinical Outline

Student's name: _____ Date Due: _____

Pt. Initials: _____

Completed outline will be reflected on daily anecdotal sheets for (D) Knowledge of subject.

Admission diagnosis:

Etiology/Pathophysiology:

Signs and symptoms:

Emergency considerations:

Diagnostic tests:

Past Medical History / Co-Morbidities: