CAPE FEAR COMMINITY COLLEGE
ASSOCIATE DEGREE NURSING EDUCATION PROGRAM
CLINICAL ASSIGNMENT SHEET

STUDENT LEVEL___*1st Level*___ INSTRUCTOR_____ PHONE # _____

Unit:_____ Clinical Date:_____ Hours:_____ Post Conference: _____ _____ Time Location	**Special Instructions:** • Students are responsible for the following today: • *Choose new Patient and make correction below if your Patient Is discharged:*
Student's Name:	Student's Initials:
Patient's Initials Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____
Student's Name:	Student's Initials:
Patient's Initials Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Name Room # 1. _____ _____ 2. _____ _____ 3. _____ _____
Student's Name:	Student's Name:
Patient's Initials Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Initials Room # 1. _____ _____ 2. _____ _____ 3. _____ _____
Student's Name:	Student's Name:
Patient's Initials Room # 1. _____ _____ 2. _____ _____ 3. _____ _____	Patient's Initials Room # 1. _____ _____ 2. _____ _____ 3. _____ _____