



ACCS STAFF EVALUATION

Staff Name: _____ Date(s) Evaluated: _____

(circle one) RN / LPN / CNA

Hospital / Facility: _____ Unit/Floor _____

Evaluator's Name (print): _____ Evaluator's Signature: _____

EVALUATOR: American Critical Care Services appreciates the ongoing evaluation of ACCS staff working in your facility. Please check appropriate level and make a comment. Upon completion, please FAX to 804-330-9460. Thank you!

	✓ Above Standard	✓ Meets Standard	✓ Below Standard
Establishes priorities in the delivery of nursing care.			
Comment:			
Appropriate documentation of patient response to nursing and medical intervention			
Comment:			
Recognizes, reports and documents signs and symptoms of complication.			
Comment:			
Performs treatments/procedures and administers medications in a safe, competent manner.			
Comment:			
Adapts to changes in a positive manner.			
Comment:			
Demonstrates a positive attitude toward patients, families, co-workers and other hospital personnel.			
Comment:			
Staff is neatly attired and well groomed.			
Comment:			

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