



**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 back. Thank you!

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

(804) 320-1113

PO Box 35717, Richmond, VA 23235  
www.accsnurses.com  
Honoring Christ in Nursing since 1986.

FAX (804) 330-9460