

**The University of Colorado Hospital
Ambulatory Care and Emergency Services (ACES)**

Orientation to the Ambulatory Care Clinic or Outpatient Care Setting

Purpose: To provide orientee and/or student with general patient safety and environment of care information specific to clinic setting.

- Instructions:
1. Orientees: complete this document within first week of orientation and submit to care team manager.
 2. Students: complete this document on first clinical day and submit to clinical instructor; for graduate students submit to Office of Professional Resources, Box A021-860 or fax to 303-372-5559.
 3. Please do not hesitate to ask for assistance from staff members to complete the orientation document; write a brief description of location, initial and date in boxes.

Patient Rights	Equipment or Document Location and other information (phone numbers)	Initial and Date
Patient Rights Brochures		
Advance Directives Brochures		
Abuse Brochures		
Informed Consent forms		
Annual Consent to Treat forms		
Annual Patient Self-Assessment forms		
Interpretative Services Phone Number		
Patient Privacy hotline number		
Compliance hotline notice		
Clinic/Outpatient Info	Equipment or Document Location and other information (phone numbers)	Initial and Date
Staff lounge or locker room		
Staff restrooms		
Staff Education Bulletin		
Telephone Number		
Address		
Performance Improvement Model posting		
Cafeteria or Food Vendor		

Patient Care and Life Safety	Equipment or Document Location and other information (phone numbers)	Initial and Date
Location of AED		
Oxygen Tank and Ambu Bag		
Tackle Box and/or Code Cart		
Emergency Phone Number		
Isolation room for patients with communicable disease		
Restroom for patients		
Keys to patient restroom		
Patient Occurrence Report forms		
Patient Education materials		
Original Medical Records		
Patient Safety flyers		
Medication Dispensing System, if applicable		
Environment of Care	Equipment or Document Location and other information (phone numbers)	Initial and Date
Fire Emergency Phone Number		
Fire pulls/alarms		
Oxygen shut off valves		
Fire extinguishers		
Emergency exits and route		
Evacuation zone – Smoke zone		
Fire drill and Emergency Preparedness records		
Personal Protective Equipment		
Accidental Exposure form		
Hazard Communication information		

 Orientee/Student Signature
 Reviewed By:

 Date

 Care Team Manager or Preceptor, Title

 Date