



**DALHOUSIE  
UNIVERSITY**

**School of Nursing**

**Remediation Request Form for Dalhousie University School of Nursing**

Student name: \_\_\_\_\_ ID # \_\_\_\_\_

Clinical Course(s) Registered in: \_\_\_\_\_

**REMEDICATION REQUEST**

Remediation requested by:

\_\_\_\_\_ Student      \_\_\_\_\_ Course Professor      \_\_\_\_\_ Clinical Instructor/Preceptor

Indicate issues/concerns identified that require remediation:

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Factors affecting student inability to meet objectives according to Clinical Evaluation Tool:

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**Please check off specific skills identified for remediation:**

- Wound care, sterile dressing change, aseptic technique
- Hand hygiene,
- Universal Precautions and Personal Protective Device Use
- Catheterization
- NG care     NG insertion     Tube feeding
- Medication Administration     Medication Reconstitution
- Medication calculations
- Physical assessment
- IV Initiation     IV management     Central line care
  
- Critical Thinking: Pulling it together
- Patient Safety \_\_\_\_\_
- Time management, prioritizing care, daily care
- Communication skills/documentation
- Pediatric considerations
- Maternity considerations

\_\_\_ Other (please list)

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Please provide details of specific areas of focus for the remediation

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