

**St. Louis Children's Hospital  
Nursing Observation Request**

Observer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Observer Address: \_\_\_\_\_

Observer E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Nursing Program (if applicable): \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Are you currently completing clinicals at St. Louis Children's Hospital? (If yes, end date) \_\_\_\_\_

Date requesting observation: \_\_\_\_\_ (3-week minimum notice required)

Time requested to observe = check one 0700 to 1100 \_\_\_\_\_ 1100 to 1500 \_\_\_\_\_ 1500 to 1900 \_\_\_\_\_

What area would you like to shadow in? (Please rank your preferences 1-4)

**Non-Critical Care areas:**

\_\_\_\_ Neuro

\_\_\_\_ General Medicine

\_\_\_\_ Pulmonary

\_\_\_\_ Ortho

\_\_\_\_ Behavioral Health

\_\_\_\_ Hem/Onc

**Critical Care areas:**

\_\_\_\_ PICU

\_\_\_\_ NICU

\_\_\_\_ Emergency Dept.

\_\_\_\_ OR

\_\_\_\_ SDS/PACU

**Pre-Observation Requirements:**

\_\_\_\_ Tuberculosis (TB) screen within  
last year  
\_\_\_\_ Flu Vaccine – Annual – (Oct-April)  
\_\_\_\_ COVID-19 Vaccine

\_\_\_\_ MMR (Measles/Mumps/Rubella)  
\_\_\_\_ Varicella (Chicken Pox)  
\_\_\_\_ Tetanus, Diphtheria, Pertussis  
(Tdap)

**Signature** \_\_\_\_\_

By signing the above, you (the observer) attest that all information provided is accurate and available to St. Louis Children's Hospital upon request.

Please return completed form to:

Sue Marten – 314-243-6752

[Susanjm@bjc.org](mailto:Susanjm@bjc.org)



## St. Louis Children's Hospital

I, the undersigned hereby acknowledge my responsibility under applicable state and federal laws to understand and comply with BJC's Compliance Program, including the Code of Conduct, the Privacy Compliance Policies and any other applicable policies or procedure. I understand that my failure to comply with the policies may result in my dismissal from facility. I understand that I should raise any compliance concerns with my facility preceptor. I agree to keep confidential any information regarding the facility, the facility's patients, as well as all confidential patient information, including any electronic protected health information to which I may have access.

I also acknowledge that I have received and reviewed a copy of the Observation Expectations, and that the BJC Code of Conduct is available upon request.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Observer's Signature

\_\_\_\_\_  
Printed Name

For students less than 18 years of age, parent/legal guardian signature is required. Signature indicates that student has reviewed and understands the expectations for the observational experience.

\_\_\_\_\_  
Parent/Legal Guardian Signature

As the sponsor and supervisor for the above-referenced Visitor, I understand and acknowledge that I must use my best efforts to maintain the confidentiality of patient information in compliance with BJC Privacy Compliance Policies. Information/expectations have been communicated to the observer and assigned staff member.

\_\_\_\_\_  
Observer Sponsor Signature Date

\_\_\_\_\_  
Printed Name

**Document will be maintained:  
By Clinical Education Department for 6 years for Student Observations.  
By Human Resource Department for 6 years for Pre-Hire Observations.**

**St. Louis Children's Hospital  
Observation Experience Expectations**

- The badge provided for the experience must be worn on the day(s) of your observational experience. The badge enables the staff to recognize that you have permission to be in the facility.
- Masking guidelines as indicated per hospital guidelines.
- Dress in an appropriate yet comfortable manner (i.e. business casual or scrubs if you are in a nursing or other health care related program). This means no blue jeans, shorts or open toe shoes.
- Be aware of your body language (i.e., avoid staring, making faces, or laughing inappropriately). Playing and interacting with the children are appropriate activities, and encouraged in most instances. Take cues from the individual you are working with if they feel limitations need to be set.
- To maintain the confidentiality of our patients, the names of any of the patients that you may come in contact with during your observational experience may not be shared with anyone outside of those providing care to those patients.
- You may hear information that is considered confidential. This information should only be shared with those who need it to care for the child. This means that you cannot talk or share information on social media sites about your experience with friends, family, etc. When in the hospital please avoid speaking about patients in public areas such as the cafeteria or elevators.
- You should not complete your observation visit if you feel ill, have a fever, a cold, or other flu-like symptoms. If you are not feeling well on the day you are scheduled for your observation, please contact me at 314-243-6752 to cancel/reschedule your observation day. It is important that you call so that the unit can be notified that you will not be observing on that day.
- During your time on the patient care area you will be reminded to wash your hands frequently (This should be done upon entering and leaving a patient room.) Hand washing is the most effective way to decrease the spread of germs and infections.
- Please eat a meal or snack prior to your observation experience.
- The brightly decorated hospital cafeteria offers meals, snacks, and beverages. Please check with the staff member that you have been assigned whether it is appropriate to bring food or drinks to the clinical area. Food may be brought in from home and stored in refrigerators available in most patient care areas. Microwaves are available on the units and in the cafeteria for heating food.
- The use of cell phones is prohibited in patient care areas. Please turn your cell phone off while shadowing.
- A copy of the BJC Code of Conduct is available upon request.