

Rancho Los Amigos National Rehabilitation Center DEPARTMENT OF NURSING CLINICAL POLICY AND PROCEDURE

SUBJECT:	Policy No.: Effective Date: Page:	1 of 2
Purpose of Procedure:		
Performed By:		
Physician's Order Required:		
Equipment: (if needed)		
Policy Statement:		
Procedural Steps: (as needed)		
Revised/Reviewed By: References:		

Subject: Policy No.:

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