



In collaboration with



NOMINATION FORM

I would like to nominate _____ from the _____ unit/department as a deserving recipient of **The DAISY Award**. This nurse's clinical skill and especially her/his compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

- Serves as a role model for the nursing profession
- Successfully coordinates care with the care team
- Anticipates patient care needs
- Actively listens and responds to patient requests and needs
- Demonstrates a positive attitude
- Goes "above and beyond" what is required to meet patient and family needs

Please describe a situation involving the nurse you are nominating that clearly demonstrates she/he meets the criteria for

The DAISY Award:

Thank you for taking the time to nominate an extraordinary nurse for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the nurse you nominated is chosen.

Your Name _____ Unit _____ Phone _____

Email _____ Pager _____

I am (please check one): RN ___ Patient ___ Family/Visitor ___ MD ___ Staff ___ Volunteer ___

Date of nomination _____

Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Signed: _____ Title _____

Please submit your nomination in one of the Daisy boxes found around the hospital, or online at www.kvhealthcare.org.

If you have any questions, please contact the House Supervisor.

