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 many aspects of the following criteria:

Fellow nurses say, “I would want this nurse to take care of my mother”

• Generates enthusiasm and energy in providing excellent care for our patient and families
• Establishes a special caring and compassionate connection with patients and families through trust and emotional support
• Has excellent clinical skills
• Works well with interdisciplinary team to provide excellent patient care
• Passionate about patient and family-centered care

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

Nominations received by the 1st of January, April, July and October will be considered for the quarterly DAISY Award.

Please submit this nomination to Jane Doerrer, Nursing Administration, Box 63. If you have any questions, please contact Kristine_Brickler@urmc.rochester.edu.