**Nomination Form**

**What is The DAISY Award?**

The DAISY Foundation was established in 1999 by the family of J. Patrick Barnes. Patrick died at the age of 33, from complications of the auto-immune disease Idiopathic Thrombocytopenia Purpura (ITP). During his eight-week hospital stay, his family was impressed by the care and compassion his nurses provided, not only to him but to everyone in the family. They created the DAISY Award in Pat’s memory to recognize those nurses who make a big difference in the lives of so many people.

Our DAISY Award honorees demonstrate the PETALS principles. They also demonstrate excellence through their clinical expertise and compassionate care. They are recognized as role models in our nursing community. Carolina Pines Regional Medical Center is proud to be a DAISY Award partner, and will recognize one of our nurses with this special honor every quarter. Each DAISY Award Honoree will be recognized at a public ceremony at the facility, and will receive:

• a beautiful certificate

• a DAISY Award pin

• a hand-carved stone sculpture entitled A Healer’s Touch

In addition, the nurse will celebrate with Cinnabon® cinnamon rolls – a favorite of Patrick’s. The Barnes family asks that whenever nurses smell that wonderful cinnamon aroma, they stop for a moment and think about how special they are.

**How to Nominate an Extraordinary Nurse**

Patients, families, visitors, nurses, physicians, and other employees may fill out this nomination form and submit it to any director of the facility or Human Resources.

**Nomination form is on the back of this page.**

To find out more about the DAISY program, including the growing list of Partners, please go to [www.DAISYfoundation.org](http://www.DAISYfoundation.org).



**Nomination Form**

I would like to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ unit/department for **The DAISY Award for Extraordinary Nurses**.

Please describe a situation in which the nurse demonstrated at least one of these PETALS principles:

**P: Passion/Compassion for nursing and the care you provide** – does the nomination show the nurse is passionate about nursing and compassionate in the situation?

**E: Empathy in the situation** – does the nurse show empathy toward the individual or situation in the nomination?

**T: Trust and Teamwork of families, patient and peers** – is there a sense of trust in the nurse conveyed in the nomination?

**A: Admirable attributes possessed** – are there some attributes that others would admire in the nurse conveyed in the nomination?

**L: Love for the patient and nursing profession –** with the nomination can you tell the nurse has a true love for the nursing profession?

**S: Selflessness** – is there any selflessness on the part of the nurse?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you need additional space, please add additional paper.

Thank you for taking the time to nominate this extraordinary nurse. Please provide your contact information so we can include you in the award celebration if your nominee is chosen.

Date of Nomination \_\_\_\_\_\_\_\_\_

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am (please circle one): Patient/Family/Visitor/Volunteer/Employee/Physician

(If Staff, please provide: Title \_\_\_\_\_\_\_\_\_\_\_ Work Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Please give completed form to any Director, Human Resources or send to address listed below.**

Carolina Pines Regional Medical Center, 1304 W. Bobo Newsom Hwy., Hartsville, SC 29550