I would like to nominate ____________________________________________ from __________________ unit/department for the DAISY Award. This nurse's thoughtful care and clinical skill represent the kind of nurse that our patients, families and staff recognize as an outstanding role model. This nurse regularly meets the following qualifications:

- DAISY Nurses keep close watch on their patients. They can spot the tiny changes. From their findings, the nurse does things to help save a patient's life. In what way has this nurse shown this skill?

- DAISY Nurses always work hard to get things done for the sake of their patient. In what way has this nurse gone above and beyond to meet a need for a patient?

- DAISY Nurses make the time to talk with a patient's family. DAISY Nurses help the family choose what's best for their loved one. How has this nurse helped in this way?

- DAISY Nurses lead by example. They are coaches and teachers for other nurses on the unit. How has this nurse acted like a role model for other staff members?

- DAISY Nurses are great TEAM PLAYERS. Their peers view working with them as a plus! What has this nurse done to show this skill?

- DAISY Nurses know that the “little things” can play a big part in a patient's care. The little things also can play a big role in how the patient improves. What little things has this nurse done to add to a patient's well-being?

- DAISY Nurses not only listen with their ears, but with their hearts.

- DAISY Nurses work closely with other health care workers. They study how to give the best care for their patients. How has this nurse helped to improve patient care at UI Hospital?

Please tell your story about this special nurse:

Thank you for taking the time to nominate this nurse for the DAISY award. Please tell us about yourself, so that we may include you in the celebration should the nurse you nominate be chosen.

Your Name:________________________________ Phone: _______________ E-mail:______________________

I am (please check one):

- Patient/Family member [ ]
- Physician [ ]
- UIH Employee [ ]

Date:____________________