The DAISY Award®
FOR EXTRAORDINARY NURSES
HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

Nomination Form

I would like to nominate _____
from _____ department.

Please share how this nurse meets our PETALS guidelines.

P - Passion/compassion for nursing/care

_____
_____
_____

E - Empathy in the situation

_____
_____
_____

T - Trust and Teamwork

_____
_____
_____

A - Admirable Attributes

_____
_____
_____

L - Love for the patient and profession

_____
_____
_____

S - Selflessness

_____
_____
_____

Please describe the situation that inspired this nomination. What happened? What actions did the nurse take? How did those actions make a difference?

_____
_____
_____
_____
_____
_____
_____
_____

(flip over to continue)

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 be chosen for the prestigious DAISY Award.

Your Name: _____ Phone #: _____
Email: _____ Date: _____
I am (please check one): ☐ Patient ☐ Family/Visitor ☐ Volunteer ☐ Staff ☐ Other

Please place this nomination form in one of the DAISY and ROSE boxes around the facility or mail to:
Lucas County Health Center, Attn: Marketing, 1200 North 7th Street, Chariton, IA 50049

LUCAS COUNTY HEALTH CENTER

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