Health System

SIMULATION LAB
CENTER FOR EXCELLENCE

HUNTSVILLE HOSPITAL HEALTH SYSTEM

2022

CLINICAL ORIENTATION MANUAL FOR NURSING STAFF

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Welcome to the Huntsville Hospital System. Clinical Orientation will begin at the Dowdle Center, 109 Governors Drive. At Orientation you will receive an agenda and folder with handouts.

We are looking forward to working with you during the week of orientation.

Sincerely, CNP TEAM

The Clinical Nursing Practice:

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Clinical Orientation Instructions

I. What to Wear

A. Comfortable business casual or scrubs are acceptable.
B. It's recommended you bring a sweater or jacket as some rooms can be quite cold.
C. Follow the Huntsville Hospital Health System dress code any time you are clocked-in. Ex: no blue jeans.

II. Parking

A. Park according to where security has assigned you or as instructed.

III. Lunch and Snack Recommendations

A. You may bring lunch from home or purchase lunch Grab N Go. Cash or debit only.
B. If you bring your lunch from home please note that there is no public refrigerator. Microwaves are available in the HH Cafeteria.

IV. Non-Negotiables

A. You must remain awake and alert during orientation.
B. Cell phone usage is limited to breaks and lunch.
C. If you have a personal emergency let your instructor and unit contact know immediately.
D. Bring your Clinical Orientation Folder each day during orientation.
E. If you are late or absent: call 256 265-9410, leave a message.

Your Clinical Nursing Practice Staff

Alexis Spalding, Yvette Hawkins, Everett King, Andrea Payne, Heather Thacker, Stacey Rhoden, Amanda Lawhead and Kathy Elliott

BATHING WITH 4% CHLORHEXIDINE GLUCONATE SOAP (16OZ. HIBICLENS FOAM)

The 16oz bottle should remain with patient as it can be used for 7-10 baths. Please designate the bottle as the patient's using a patient label or writing the patient's name on the bottle.

1. Perform hand hygiene and apply gloves. Always wear mask.

2. Identify patient, explain procedure and provide privacy.

3. If you plan to wash the hair, do this first. Shampoo and rinse hair with regular shampoo.
   Rationale: This is done prior to bathing with CHG, so the chlorhexidine soap is not washed off by the regular shampoo.

4. Fill the Easi-Cleanse Bath-in-a-Bags with warm water to the demarcated fill line on the packaging.

5. Take the first two cloths out of one of the Bath-in-a-Bags and clean the face and genital area, respectively with each cloth.
   Rationale: CHG can cause severe irritation if it gets into mucous membranes. It can also cause blindness if it gets into the eyes and ototoxicity (which can lead to deafness) if it gets in the ears. Thus, do NOT use any CHG on these areas. If CHG gets into the eyes, ears, or mouth, then rinse well with cool water.

6. Remove the next cloth from the Bath-in-a-Bag. This cloth will be the application cloth. Use 2 pumps of the CHG foam product per quadrant of the patient's body. Use 3 pumps per quadrant for larger patients. The CHG foam can be applied directly onto the application cloth or directly onto the skin of the patient.
   Rationale: CHG needs to attain a certain level of concentration in order to remain effective, therefore it should not be further diluted. The pre-moistened cloth from the Bath-in-a-Bag will help the CHG to adhere better to the skin. Linen washcloths should not be used. IF additional cloths are needed, obtain another Easi-Cleanse Bath-in-a-Bag kit.

7. After applying the CHG foam to the first quadrant of the body, take another cloth from the Bath-in-a-Bag and rinse the CHG foam off the body.
   Rationale: Hibiclens 4% CHG Foam adheres instantly to skin, so there is no need to let it sit on the skin for any length of time. Rinsing off the CHG can help reduce any mild irritation caused by excessive drying out of the skin.

8. Using the same application cloth, apply the CHG foam product to the next quadrant of the body. Remove a new clean cloth from the Bath-in-a-Bad to rinse the CHG foam off the body. Proceed in this pattern of applying the CHG foam and removing it with a clean cloth from the Bath-in-a-Bag until the body is completed. Make sure to wash armpits, behind the knees, and between any skin folds.
   Rationale: The soap in the Easi-Cleanse Bath-in-a-Bag is compatible with the CHG foam and will not lower its efficacy. Using the cloths from the Easi-Cleanse Bath-in-a-Bag avoids the use of a basin, which could harbor bacteria.

9. Dry the patient off with a clean towel and put on a clean patient gown.

10. Using lotion for dry skin is acceptable only if patient is not to have surgical procedure. Make sure to use only approved lotions that are compatible with CHG. All Huntsville Hospital supplied lotions are CHG compatible.

PATIENTS ON ISOLATION

Ambulation & Transportation

- When patients on isolation are ambulating, they must perform hand hygiene before leaving the room and should not touch the hallway walls, railings, or other objects such as the nurse's station counters.

- Notify personnel in the area to which the patient is being taken of the impending arrival of the patient and of the isolation precaution being used.

- Place patient charts or other documentation in a plastic bag and place under the bed-- NOT *on the bed or under the mattress.*

One Person Transport:

- Perform hand hygiene and don appropriate PPE when entering patient's room.
- If patient's gown is soiled, place clean gown on patient.
- Use clean linens to cover the patient for transport.
- If patient will be transported on their bed, prior to leaving room clean the head of the bed and upper side rails with disinfectant wipe.
- Assist patient with performing hand hygiene.
- Remove PPE and perform hand hygiene prior.

Two Person (or more) Transport – (possibly needed if patient is medically unstable)

- **Transporter One (or more)** will follow steps for One Person Transport but will not remove PPE prior to leaving the room. Transporter One pushes the bed and performs necessary patient contact activities and wears PPE during transport.

- **Transporter Two serves as an escort - has** contact with the environment only – doors, elevator buttons, equipment - and *DOES NOT WEAR PPE* during transport.

Morse Fall Scale

History of Falling
- □ No (score as 0)
- □ Yes (score as 25) Has history of falls in last 3 months.

Secondary Diagnosis:
- □ No (score as 0)
- □ Yes (score as 15) Select yes if more than one Medical diagnoses.

Ambulatory Aides used
- □ Bedrest/Nurse Assist (score as 0)
  Patient walks without assistive device, even is assisted by staff, uses a wheelchair or is on bedrest.
- □ Crutches/Cane/Walker (score as 15)
- □ Furniture (score as 30)
  Patient walks holding onto furniture for support. Needs help but does not ask or comply w/bedrest.

IV Access (includes Saline Lock):
- □ No (score as 0)
- □ Yes (score as 20) Select if attached to equipment or has Foley catheter.

Gait
- □ Normal/ Bed Rest/ Immobile (score as 0)
- □ Weak (score as 10)
  Walks stooped but able to lift head while walking without losing balance, may shuffle with short steps
- □ Impaired (score as 20)
  May have difficulty rising out of chair, may keep head down with poor balance, grasping furniture/person or walking aid for support, cannot walk without assistance

Mental Status
- □ Knows own limits (score as 0)
  Patient judges their own ability consistent with the ambulatory order on IPOC
- □ Overestimates or forgets limits (score as 15)
  Patient's response not consistent with nursing/IPOC orders. Overestimates own abilities &/or forgetful of limitations

Risk Level	MSF score	Implement following
No risk	0	Call bell and bed controls within reach, provide non-skid footwear, iBed is set , upper side rails up, room free of clutter
Low Risk	<25	Standard Fall Precautions include adequate room lighting, bed in low position, call bell and bed control within reach, personal possessions within reach, wheels locked, room free of clutter. Encourage handrail/safety bar use, encourage sensory support item use.
Moderate Risk	25-45	Include Standard Fall Precautions with Moderate Fall precautions. Bed alarms at night, fall risk armband/signage/magnet, iBed set and remind to call before getting up. Consider bedside commode, private room or move to a bed closest to bathroom. Use of chair alarm if available,
High Risk	>45	Include Standard Fall and Moderate Fall precautions with High Risk Fall Precautions. Bed alarm on at all times, high risk sign above bed. If possible 1:1 staffs, move close to desk.

All Patients

- Orient to room prn
- Non-skid footwear
- Include fall risk status on SBAR/handoff
- Call bell and bed controls within reach
- Telephone and personal items within reach
- iBed is set (Nursing unit)
- Bed in low position
- Upper side rails up
- Adequate lighting
- Minimize physical hazards in room
- Safety education
- Purposeful rounding

POST FALL MANAGEMENT STRATEGIES

- Assess patient for injury and obtain vital signs.
- Notify patient's practitioner immediately. Unless emergent, keep the patient on the unit until the patient's practitioner is notified.
- Notify patient's family, if appropriate, as soon as possible.
- Document the EMR.
    - Neuro assessment
    - Skin assessment
    - Pain assessment
    - Vital signs
    - Falls reassessment (Place on HIGH risk)
    - MD notification (Nursing Update)

- Update Plan of Care and Handoff..
- Complete Patient Safety Event Report in addition to above documentation. Only mark "witnessed" if a staff member witnessed the fall. The SAFETY EVENT REPORT is not part of the patient's permanent medical record, but rather, the SAFETY EVENT REPORT is for internal use to track issues related to falls.
- Remember that if there is concern that the patient may have hit his/her head, perform neuro checks frequently and document. A guideline for neuro assessment frequency is every 1 hour for 4 hours, then every 4 hours for 24 hours.

Medication Safety for Nursing Orientation

Medication Errors

- Definition: Any preventable event that may cause or lead to inappropriate medication use or patient harm while in the control of the health care professional, patient or consumer (NCC-MERP)
- Error rates: Estimates published in the patient safety literature are as high as 1 error per hospitalized patient per day. For a hospital with an average daily census of 650, this would extrapolate to over 200,000 medication errors a year.
- Common errors

Error Type	Avoidance Strategies
Insulin errors	• Check POC glucose results in the computer or on the glucose meter (if computer results unavailable). Don't rely on verbal or handwritten communication. • Follow HH policy for insulin preparation and storage. Different insulin types (except LEVEMIR) are stored in individual PYXIS pockets and removed under the patient's PYXIS profile. Since insulin vials are multi-dose products, the insulin should be drawn into the syringe and the vial returned to the PYXIS pocket before the drawer is closed. Be sure and label the syringe promptly (PYXIS labels are available in most areas). LEVEMIR is drawn up in the pharmacy IV room and dispensed to the nursing units in a syringe with a patient label. • Wait for the patient's meal tray to arrive before administering insulin doses scheduled with meals. Administering insulin at the wrong time may result in hypoglycemia.
Wrong patient errors	• Verify the patient's name and date of birth on the armband AND compare it to the medication administration record (MAR). Scan the patient's ID band. • Verify the medications against the MAR to link the medication(s) to the patient. Scan the medication before administration. • Remove medications from PYXIS for only one patient at a time. • Do not use room number to identify patients.
Wrong drug errors	• Remove drugs from PYXIS under the patient's profile whenever possible. • Read the entire drug label carefully, including name and strength, when removing the drug from PYXIS AND prior to administration at the patient's bedside. Don't assume that you have the correct drug, just because you removed it from the correct PYXIS pocket. • Always compare the drug product to the MAR at the bedside. Scan the medication prior to administration.

- More error avoidance strategies
  - Frequently check the electronic MAR for overdue medications. Printed medication profiles and the PYXIS profile may not be up to date. Review new orders in the EMR carefully; the 'nurse review' step should prompt you that you have new orders to be carried out (especially for new continuous infusion orders).
  - Chart the administration of medications at the bedside using the MAW barcoding system. Check the last dose administered time on the electronic MAR. Pull up the electronic MAR and discuss pending medications and recently administered medications during report at shift change or other hand-offs.
  - Pay attention to 'Red Flags'. When any of the following occur, double-check your work:
    - Patient or family questions the order
    - An alert is generated when the medication is scanned
    - The drug is not available under the patient's PYXIS profile
    - The dose requires greater than 2 or 3 dosage forms (tablets, vials, etc.)
    - The dosing limit alert fires on the infusion pump
    - A tubing connection doesn't fit well
  - Manage interruptions during medication administration. Develop a standard process to follow every time you administer medications and start the process over from the beginning, if interrupted.

- NEVER administer a drug that is unfamiliar to you. Look up the indication, usual dosing, warnings, and common adverse effects for new drugs prior to administration.
- Involve the patient. Tell him/her the name of the medication, dose, and indication prior to administration.
- Read PYXIS screen warnings, MAR comments, and barcode scanning alerts.
- Limit the use of the PYXIS override function to emergent situations or when the provider is at the bedside requesting medication administration.

- Medication error reporting
  - If you discover a medication error:
    - Notify the provider
    - Report online through the SER system
  - Why should you report errors?
    - Error reports are reviewed by the Medication Safety Committee and are used to improve the medication process. Notify Michele Durda (Medication Safety Pharmacist/5-8229/ michele.durda@hhsys.org) if you have concerns or suggestions regarding Medication Safety.

Adverse Drug Reactions

- Definition: An injury large or small, caused by the use of a drug
- Addressing Adverse Drug Reactions (ADR):
  - Notify provider
  - Document reaction and actions taken in the medical record. If appropriate, update the patient's allergies to include the new medication.
  - Report the ADR to pharmacy. Choose one of the following:
    - Complete safety event report in Quantros
    - Complete orange 'ADR' alert card
    - Answer 'yes' when prompted in PYXIS – 'For an ADR?'
    - Call your unit based pharmacist
    - Call the Drug Information Center (5-8284)
  - Avoiding ADRs
    - Check patient's allergies
    - Check patient's renal function
    - Make sure drug is appropriate in light of patient's current clinical status (vital signs, lab values, etc.)
    - Look for duplications
    - Do not abruptly discontinue drugs that require tapering
    - Contact the provider for instructions prior to medication administration, if you identify potential safety concerns

High-Risk/High-Alert Drugs

- Definition: Drugs that bear a heightened risk of causing significant patient harm when used in error (ISMP)
- Huntsville Hospital's High-Risk/High-Alert (HR/HA) Drug List is posted in the medication rooms throughout the hospital.
- HR/HA safety initiatives at Huntsville Hospital:
  - Neuromuscular blocking agents are restricted to certain areas and are shrink-wrapped when stored in the ICUs and ED
  - Insulin is stored in PYXIS in separate compartments and removed under patient profile to prevent confusion between insulin types
  - Pyxis pop-up warnings and warning labels are used for some HR/HA drugs
- Anticoagulant safety (NPSG.03.05.01):
  - The Joint Commission recognizes anticoagulant drugs (including heparin, low molecular weight heparins, warfarin, and the direct acting oral anticoagulants) to be a significant cause of serious preventable adverse drug events.
  - Huntsville Hospital has implemented many safety initiatives to improve the safety of anticoagulant drugs:
    - Standardized protocol for IV heparin therapy
    - Standardized times for warfarin administration and lab draws
    - Pharmacy management of warfarin therapy when consulted

  - Participate in making anticoagulant use safer:
    - Check your patient's most recent INR before administering warfarin
    - Be familiar with the hospital's IV Heparin Therapy Protocol
    - Have a second nurse check the PTT value, your dose calculations, pump settings, and line connections when initiating heparin therapy or adjusting the dose. Also use the infusion pump drug library and Infusion Suite to help prevent programming errors and facilitate accurate documentation.
    - Wait for pharmacy to verify the order prior to giving heparin boluses.
    - Educate your patients on the use of anticoagulants and document the performance of the education in the computer system. Contact pharmacy if you feel a patient needs more intensive education.
    - If your patient is being discharged on warfarin, make sure that he/she has an appointment for follow-up.
- Insulin safety
  - See attached insulin chart – be familiar with the different insulin types and their properties.
  - Special instructions:
    - Contact the provider for instructions prior to administration when a patient is scheduled to receive a dose of insulin and has a low glucose reading, is made NPO, or has not been eating well/vomiting, etc.
    - When combining compatible insulins into the same syringe, draw up the short or rapid-acting insulin into the syringe before drawing up the intermediate-acting insulin.
- Other HR/HA drugs
  - TPN – avoid infusing other drugs or solutions with TPN whenever possible to prevent incompatibility issues. TPN is to be run on its own pump.
  - Promethazine (PHENERGAN) – Huntsville Hospital policy bans IV push administration of PHENERGAN to prevent serious injuries related to extravasation.

Look-Alike/Sound-Alike Drugs (LA/SA) (MM.01.02.01)

- Huntsville Hospital's Look-Alike/Sound-Alike (LA/SA) Drug List: LA/SA drugs are a common cause of medication errors. Huntsville Hospital has created lists of LA/SA drugs that are of special concern ("Unlucky 13"). These lists are posted in the medication rooms throughout the hospital.
- To prevent errors with LA/SA drugs:
  - Be familiar with LA/SA drug pairs
  - Check indications – if the patient has no reason to be on a drug, double-check the order and contact the provider as needed
  - Spell out the drug name or use both brand and generic name when reading back phone orders for LA/SA drugs
  - Don't store LA/SA drugs near one another – contact your pharmacist if you discover problems

Double-Check Policy (Think PINCH)

- The following high risk drugs require verification by 2 licensed healthcare providers prior to administration (See the '*Medication Administration: Double Checking Medications and Hand-offs*' policy):
  - **P** (**P**RN **P**otassium, **P**arenteral nutrition)
  - **I** (**I**nsulin – IV only)
  - **N** (**N**arcotics – PCAs and Epidurals/Intrathecals)
  - **C** (**C**hemotherapy)
  - **H** (**H**eparin – IV only)
- Research shows that properly performed double-checks detect > 95% of errors before they reach the patient. So take them seriously!

Medications restricted to certain patient care areas/restricted medications

- Many drugs requiring titrating (See *Titration and IV Medication Use (Adult) Guidelines and Titration and IV Medication Use (Pediatric) Guidelines*)
- Chemotherapy – (nurse must be chemo-certified to administer non-oral chemo)
- Check with your charge nurse or unit director if you're not sure if a drug is appropriate for your area

Joint Commission Medication Management Standards for Nursing Orientation

MM.01.01.01 – Patient-specific information is readily accessible to those involved in the medication process

- Height, weight
- Allergies
- Current (home) medications
- Diagnoses/medical conditions
- Pregnancy and lactation status

All this information must be in the clinical information system and available to Pharmacy for verification

MM.01.01.03 – High-alert and hazardous medications are safely managed

- Develop hospital-specific lists of high-alert and hazardous medications
- Develop and implement plans for managing high-alert and hazardous medications

MM.01.02.01 – Look-alike/sound-alike medications are appropriately managed

- The hospital maintains a list of look-alike/sound-alike drugs and takes action to prevent errors with the listed drugs
- Look-alike/sound-alike drugs must be segregated

MM.03.01.01 – Medications are properly and safely stored

- Medications should be stored under lock unless being prepared for patient use
- Only approved drugs may be kept as floorstock (see Rx-for-Nursing)
- Meds can NEVER be carried in pockets…no matter what the reason!
- Expired/damaged/contaminated meds are separated from active stock and returned to pharmacy
- Refrigerator temps must be recorded daily (twice daily if vaccines are stored in that device); actions must be noted when the temp is out of the normal range; similar meds (e.g., different types of insulin) cannot be stored in the same bin in the refrigerator

MM.03.01.05 – Medications brought into the hospital by patients are safely controlled

- See HH "Patient's Own Supply of Medications and Patient Self-Administration" policy
- Use of the patient's own supply is restricted to medications that are not stocked by pharmacy
- Before the patient's own supply of medications are used in the hospital:
  - Pharmacist approves the use of the patient's own supply (confirms medication is not available from pharmacy)
  - Pharmacist visually verifies the medication in the bottle and labels it with a barcode
- Patient's own supply of medications should be stored in the medication room in a clean plastic bag

MM.04.01.01 – Medication orders are written clearly and transcribed accurately

- Unsafe abbreviations are unacceptable [U/u, IU/iu, QD/qd, QOD/qod, ending zero (e.g., 1.0), lack of a leading zero (e.g., .1), MS, MSO_4, $MgSO_4$]. Medication orders containing unsafe abbreviations must be clarified
- Duplicate PRN orders with the same indication are not allowed. There must be some guidance regarding which medication to give in a particular situation (i.e., PRN *severe* pain or pain *not relieved by oral medications*, etc.)
- Verbal/phone orders are strongly discouraged and must be READ BACK to the provider
- Blanket orders (e.g., "resume previous meds") are not allowed
- Any unclear, incomplete, or confusing order must be clarified with the provider

MM.05.01.01 – Medication orders are reviewed for appropriateness

- Unless there is a documented emergency or the provider is in charge of all aspects of the medication process, medication orders must be verified by a pharmacist before administration
- All Pyxis overrides are reviewed for appropriateness…must document the nature of the emergency in the computer system if med is removed on override

MM.05.01.07 – Medications are prepared safely

- All sterile admixtures (IVs) must be prepared in the Pharmacy unless a documented emergency exists; these IVs must be labeled appropriately
- Wherever meds are prepared, there must be a clean, functionally separate area for med prep
- Equipment (mortar & pestle, pill crusher, etc.) should be cleaned after each use

MM.05.01.09 – Medications are properly labeled

- *See also NPSG.03.04.01*
- Any medication removed from its original container (into syringe, cup, bowl, bin, basin, etc.) must be labeled…even if there is only one med.
- This applies to all areas…inpatient and outpatient
- The label should include drug name, strength/amount, preparer's initials, date, expiration date/time, patient's name & location
- Labels are available on Rx-for-Nursing or printed from PYXIS (when available)
- This standard also applies to sterile procedures…sterile labels and markers are available from Central Supply for use on the sterile field

MM.06.01.01 – Medications are safely and accurately administered

- Nurse must verify that drug removed is correct in all aspects (drug name, strength, route, time, etc.) and inspect for visual integrity (also expiration date)
- *NPSG.01.01.01* - Two forms of ID (patient name and date of birth) must be checked before administering meds
- Medications must be checked against the MAR and barcode scanned prior to administration
- Patients must be educated about potential clinically significant adverse events prior to the administration of a new medication
- All adverse drug reactions must be documented in the chart and reported to Pharmacy

MM.06.01.03 – Self-administered medications are safely and accurately administered

- Patient self-administration of meds is discouraged, but allowed
- See "Patient's Own Supply of Medications and Patient Self-Administration" policy
- In order to self-administer meds, the following must be done
  - MD order to self-administer
  - Patient is educated about the medication
  - Patient is judged to be competent by nursing staff
  - Patient signs self-administration waiver
  - Patient keeps in-room MAR, charting each dose
  - Meds are stored out-of-sight in the patient's room and sent home at discharge
  - The self-administration MAR is placed in the chart at the end of each shift
  - The nurse charts self-administered medications in EMR

Who does what (and when) in the medication reconciliation process?

ADMISSION (THROUGH DISCHARGE) AS INPATIENT:

- The **admitting nurse** should obtain a complete medication history and record it in the electronic medical record (EMR), if not already completed by TOC staff or designated procedural area staff.
- The **admitting provider** should review the completed medication history and indicate which medications are/are not to be resumed in the hospital. (For changes to the route, dose, or frequency of medication on the medication history list, the provider may modify the orders within the medication reconciliation module or enter new orders as appropriate in the EMR.)
- A **pharmacist** will review the order and contact the nurse/provider if any clarifications are needed.
- Upon transfer to a different level of care, a **provider** should review all medications listed within the EMR's transfer reconciliation module and perform a complete medication reconciliation. He/she may modify order(s) for changes to route, dose, frequency, or enter new orders for therapeutic alternatives, as well as discontinue any medication orders that are no longer appropriate
- Upon discharge, the **provider** will review medications listed within the EMR's discharge reconciliation module and select the appropriate medications for continuation, document the medications to be discontinued, and enter prescriptions for new medications to be started after discharge.
- Upon discharge, a **nurse or discharging provider** will give the patient a complete list of medications that he/she is to take after discharge (in layman's terms), and provide the patient with any written or printed prescriptions, if applicable; *the patient is encouraged to take this list to his/her next provider of care*. The **nurse or discharging provider** should obtain the patient's signature on the last page(s) of the discharge med list and discharge instructions, and place the page(s) in the chart.

INTAKE INTO THE ED (whether admitted or not):

- An **ED nurse** will enter the patient's current meds into the EMR.
- The **provider** will review this list.
- If the patient is not to be admitted, the **provider or nurse** will instruct the patient as to which medications to continue, along with any new medications to be taken. The complete list of medications that the patient will be taking (including newly added drugs) is given to the patient; *the patient is encouraged to take this list to his/her next provider of care*.

INTAKE INTO OUTPATIENT PROCEDURAL AREAS (CHF Clinic, Pain Center, Endoscopy, Imaging, Surgery, etc.):

- A **nurse (or other qualified personnel)** will complete the medication history and record it in the EMR
- The **provider** will review this list.
- The **provider or nurse** will instruct the patient as to which medications to continue, along with any new medications to be taken. The complete list of medications that the patient will be taking (including newly added drugs) is given to the patient; *the patient is encouraged to take this list to his/her next provider of care*.

UPON TRANSFER:

- Upon transfer to a different level of care (to and from an ICU), a **provider** should review all medications listed within the EMR's transfer reconciliation module and perform a complete medication reconciliation. He/she may modify order(s) for changes to route, dose, frequency, or enter new orders for therapeutic alternatives, as well as discontinue any medication orders that are no longer appropriate.

CLINICS:

- A complete medication history will be taken and reviewed upon each visit to the clinic by the **nurse or provider.**
- A complete list of medications to take will be given to the patient by the **provider or nurse** upon conclusion of the clinic appointment; *the patient is encouraged to take this list to his/her next provider of care*.

- **Insulin Types and Characteristics**

Insulin Type	Specific Agents	Formulary Agent*	Characteristics
Rapid Acting	insulin lispro (HumaLOG) insulin aspart (NovoLOG) insulin glulisine (APIDRA)	HumaLOG	Appearance: Clear Administration: Subcutaneous or Intravenous Meal Timing: 5-15 minutes before meals Onset: 5-20 minutes Peak: 1-3 hours Duration: 3-5 hours Compatible Insulins: NPH
Short Acting	insulin regular (HumuLIN R) insulin regular (NovoLIN R)	HumuLIN R	Appearance: Clear Administration: Subcutaneous or Intravenous Meal Timing: 30 minutes before meals Onset: 30-60 minutes Peak: 1-5 hours Duration: 6-10 hours Compatible Insulins: NPH
Intermediate Acting	insulin NPH (HumuLIN N) insulin NPH (NovoLIN N)	HumuLIN N	Appearance: Cloudy Administration: Subcutaneous ONLY Meal Timing: 15 minutes before meals if given with HumaLOG, 30 minutes before meals if given with regular Onset: 1-2 hours Peak: 6-14 hours Duration: 16-24 hours Compatible Insulins: HumaLOG and regular
Pre-mixed Combination (NPH/lispro)	NPH/lispro (HumaLOG MIX 75/25) NPH/aspart (NovoLOG MIX 70/30)	HumaLOG MIX 75/25	Appearance: Cloudy Administration: Subcutaneous ONLY Meal Timing: 15 minutes before meals Onset: less than 30-60 minutes Peak: 1-4 hours Duration: up to 24 hours Compatibility: Do NOT mix with other insulins
Pre-mixed Combination (NPH/regular)	NPH/regular (HumuLIN 70/30) NPH/regular (NovoLIN 70/30)	HumuLIN 70/30	Appearance: Cloudy Administration: Subcutaneous ONLY Meal Timing: 30 minutes before meals Onset: 30-60 minutes Peak: 2-12 hours Duration: 12-24 hours Compatibility: Do NOT mix with other insulins
Long Acting (glargine)	insulin glargine (LANTUS)		Appearance: Clear Administration: Subcutaneous ONLY Timing: Give at bedtime usually; can be given in AM if ordered or every 12 hours if large dose; give at same time each day Onset: 1.1 hours Peak: No pronounced peak Duration: 24 hours Compatibility: Do NOT mix with other insulins
Long Acting (detemir)	insulin detemir (LEVEMIR)		Appearance: Clear Administration: Subcutaneous ONLY Timing: Dosed once daily (usually at bedtime) or twice daily Onset: 3-4 hours Peak: No pronounced peak Duration: 6-23 hours Compatibility: Do NOT mix with other insulins

* If a formulary agent is listed, other agents of the same type will automatically be converted to the formulary agent, unless the order specifies 'no substitution'. Contact your pharmacist with specific questions about the hospital formulary.

Alarm Management

Level 1 (***Critical/Immediately life threatening alarms)***	**Level 2** (***Potentially life threatening if left unattended for longer periods***)	**Level 3** (***Non-life threatening but possible source of patient harm if not addressed***)
1. Bedside monitor/Central Station: Cardiac, NIBP (non-Invasive blood pressure), SPO2 (pulse oximetry), Pressure Monitors 2. Telemetry monitor 3. Ventilator 4. Intra-Aortic Balloon Pump 5. ProPaq/Transport monitor 6. Non-invasive Positive Pressure Ventilation (NIPPV) 7. Capnography 8. Fetal monitor 9. Pediatric apnea monitor 10. Hemodialysis/Apheresis machine 11. Infant Security 12. Bed/chair exit 13. Staff Assist 14. Impella 15. POC Advisor Sepsis Alert	1. Intravenous Pump/Syringe Pump/PCA/Epidural/Anesthesia drug delivery pumps 2. Infant warmer 3. Airborne Infection Isolation Room 4. Negative Pressure Room 5. Mulit-gas analyzer 6. EKOS (EkoSonic Endovascular) machine 7. Hypo/Hyperthermia Unit Temperature alarm 8. Blood/Fluid warmer 9. Rapid Infuser 10. Pneumatic Tourniquets (Main Emergency Department only) 11. Hemodialysis RO (Reverse Osmosis) unit 12. Cyclic Peritoneal Dialysis 13. Enteral feeding pump 14. Aquapheresis / Ultrafiltration	1. Negative Pressure Wound Therapy (NPWT)- Wound Vac 2. Sequential Compression Device

Alarm Safety Settings and Parameters

Who has the authority to set alarm parameters?
Licensed care provider based on physician order, manufacturing guidelines, age appropriateness, and/or clinical judgment.

Who can adjust alarm parameters?
Licensed care provider according to patient clinical condition and/or age appropriate standards

Who can turn off alarms?
Alarms used for monitoring critical vital signs and values are not silenced or turned off indefinitely.

Who monitors alarms?
Licensed clinicians

Who responds to alarms?
No alarms are ignored. All care staff to report or respond to alarms. Response is based on job descriptions. (Ex. RT responds to Vents / PCA's report alarms).

Who sets audibility?
Biomedical department by industry standards.

Who checks alarm signals for proper settings, operation and detectability?
Primary nurse is to set customized alarms within one hour of assuming care. RT performs alarm checks on respiratory equipment. Licensed care provider assures alarms are on and set appropriately. Biomed maintains, inspects, and tests all med equip in accordance with risk factors.

When can alarm signals be silenced?
Only a licensed care provider may silence a critical alarm while remaining at patient's bedside to troubleshoot and intervene as appropriate.

Policies to Review

To Select:
Go to Pulse page-Select Hotlist-Select policy and procedure.
Select Nursing Policies and Procedures.

1. Intravenous Infusion, Peripheral
2. Intravenous Infusion, Central
3. Blood Administration
4. Medication Administration
5. Dress Code
6. Computer Downtime
7. New Codes: Code Blue, etc.

Netlearning

- As assigned by the hospital, educator and from clinical orientation (CNP).
- Due at various times.

Health System

SIMULATION LAB
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Safe Patient Handling

Name	Lift Equipment	Best Practice	Location
Stedy & Sara/Stedy		-Use the Sara/Stedy for Limited assist patients. -Weight capacity of Stedy is 265lbs. -Weight capacity Sara/Stedy is 400lbs. -Always lock Stedy & Sara/Stedy wheels when the patient is rising and lowing. -Explain to the patient in advance what you are going to do.	Throughout Main, Madison & Women & Children Hospitals. Including: Valet & Emergency Departments
Sara 3000		-Use the Sara 3000 for Moderate assist patients. -Weight capacity of the Sara 3000 is 440lbs & Sara Plus is 420lbs. -Sara 3000 slings are disposable and size fits all-Sara Plus has reusable slings. -The Sara 3000 is appropriate for a stroke patient under most situations. -Sara Plus can be used to ambulate patients.	**Sara 3000** unit locations: 3WS-E,4 East, 5MST, 6MST, 7MST, 8MST (Madison Street Tower), 2 East & West, & Oncology **Sara Plus:** 8N-M, PCV,Card-2, & Card-1
Opera & MaxiMove		-Use of the Opera & Maxi Move is for Total assist patient. -Weight capacity of the Opera is 440lbs. -Weight of the MaxiMove is 500lbs. -The Opera & MaxiMove is designed for "Clip" slings only. -It is important to inspect the sling and always check that the sling attachment clips are fully in position before and during the lift cycle.	**Operas** are located: 4 East & West **MaxiMoves** are located: RCU. Psych, 2 East & West, Imagining (Med Mall), Family Practice, CVICU, Cardiac Short Stay, CCU 1 & 2, Cardio 1, & Wound Care, Pre-Op Main & W&C.
Tenor		-The Tenor is designed primarily for bariatric patients. -Weight capacity of the Tenor is 704lbs. -The Tenor loop slings are reusable and if soiled – bag and handover to appropriate staff for cleaning.	**Tenor** is located: 4th Floor Main- Old elevator Tower near 4-East & 4-West

MaxiSlides		-MaxiSlides are designed for repositioning a patient up in bed and for lateral transfers. -It is best to use 2 sheets to perform the task. -MaxiSlides is friction reducing sheets. -Never leave Disposable MaxiSlides under patients. -MaxiSlides have not been designed to lift patients.	**Disposable MaxiSlides** are available Hospital Wide. **Reusable MaxiSlides** (purple) are located in Cath. Lab & Cardiac Short Stay

Obesity Treatment Goals

Primary Goal is to protect the patient and yourself from injury.
Secondary Goal is to provide care in an environment that fosters emotional and physical healing.

Patient Transfer Tips

- Allow the patient to do what they are able and listen to them for suggestions.
  - They have been carrying the weight for a long time and may know how best to maneuver.
- Respect the patient's emotional distress at having to be dependent on you.
  - Just like everyone else, they want to be able to care for themselves.
  - Loss of independence is a very real fear for the obese patient.

Patient Transfer Tips

- Survey your surroundings and be prepared.
- Check the weight limits on equipment prior to using them on an obese patient.
- Gather your team's members prior to attempting a transfer.
- Always utilize proper body mechanics.
- Always be familiar with equipment.

Bariatric Equipment

- Maxi Slide
- HoverJack
- HoverMatt
- Extra Large blood pressure cuffs
- Bariatric Bedside Commode – 650 & 1000 pound capacity
- Gowns
- Medline Wheel Chair – 450 pound capacity
- MediChoice Wheel Chair – 750 pound capacity
- ConvaQuip Recliner – 850 pound capacity
- Special Beds
- Chairs

ARJO Lifts	Safe Working Load
• Maxi Lite	350 pounds
• Tenor	704 pounds
• Stedy	264 pounds
• Sara 3000	440 pounds
• Maxi Move	500 pounds
• Sara Plus	420 pounds
• Maxi Sky1000	1000 pounds
• Maxi Sky 600	600 pounds
• Maxi Sky 440	440 pounds

Bariatric patients have unique emotional and physical needs that we must meet. Each staff member should be a good role model by being sensitive to the obese patient.

Never say "BIG BOY" when with a bariatric patient. You need to say, "I need to use a "Bari or Bariatric" wheelchair to transport my patient."

Safety + Sensitive & Emotional Support=Top Priority!!!

Appendix 1

Huntsville Hospital Unit Descriptions

1GSM 1GNM STICU-Surgical Trauma Intensive Care Unit– Provides care for adolescent, adult, and senior patients requiring advanced assessment and monitoring post surgery, including mechanically ventilated patients, patients with multiple traumatic injuries, sepsis, and multiple organ failure.

2E/2W-Internal Medicine/Nephrology: Provides care to adult, adolescent, and senior patients with emphasis on renal, pulmonary, gastrointestinal, diabetes, peritonitis, altered mental status, occluded dialysis shunts, central line thrombosis, and diagnostic procedures or interventions.

3E/3W/6N/6MST-Cardiology I/II/III/IV: Provides care for patients with artery disease, hypertension, pacemaker malfunction/failure, cardiac rhythm changes, endocarditis, cardiogenic shock, thrombophlebitis, congestive heart failure, chest pain, post acute MI, post cardiac surgery, pre/post cardiac catheterization.

3S/3SE/3SW-Behavioral Health/Behavioral Health Geriatric: Provides care for patients with acute and chronic psychological disorders including suicide, depression, anxiety, dementia, and Alzheimer's.

4E/4W/4N/4NW-Progressive Surgery I, II, III: Care of adolescent, adult, and geriatric pre/post operative patients including gastric, colon rectal, urological, vascular surgeries and trauma patients, monitoring for complications such as pneumothorax, pneumonia, pulmonary embolus, hypovolemic shock, and electrolyte imbalances.

4MST/4NE MICU-Medical Intensive Care Unit-Provides care for critical patients including suicide, overdosage, gastrointestinal bleeds, chronic respiratory requiring pulmonary monitoring and/or ventilation.

5E/5W-Respiratory Care/Medical Progressive Care: Patient population includes acute and chronic pulmonary diseases, tracheostomy care, patients requiring mechanical ventilation and step-down care for patients transferred from MICU/AICU.

Sivley Tower 2ST/3ST/4ST/5ST-Ortho Trauma/Joint Camp/Orthopedics: Care of patient's pre/post surgical intervention of hip, knee, extremity fractures, complex and blunt traumatic injuries, total joint arthroplasties, and spinal surgery.

6NE/6NW CCU1/CCU2– Coronary Care Unit– Provides care to patients with cardiac rhythm changes, chest pain/acute myocardial infarction, dissection aortic aneurysm, digoxin toxicity, pacemaker failure, pulmonary embolus, pericarditis, hypertension, CHF, pulmonary edema, and cardiogenic shock.

6E CVICU-Cardiovascular Intensive Care Unit-Provides care to patients post cardiac/thoracic surgery, acute and chronic cardiac diseases requiring pressors and rhythm regulating drips, ventilator assistance.

6W-Progressive Cardiovascular (PCV): Provides care for the adolescent, adult, and senior pre-operative and post-operative cardiovascular and thoracic surgery patients, medical cardiology patients, and cv related medical-surgical overflow patients.

7N/7NE/7NW/7W-Family Practice/General Medicine: Provides care to adolescent, adult, and senior patients with medical/surgical conditions with an emphasis on diabetes, infectious processes, respiratory disease, chronic heart disease, gastrointestinal disease, thrombosis, bleeding disorders, pancreatitis, sepsis, renal failure, and altered mental status.

7MST/7E: Oncology/Stem Cell: Provides care to adolescent, adult, and senior patients receiving chemotherapy, radiation therapy, and administration of blood products and pain management. Care is also provided to patients with complications from chemotherapy, radiation, cancer, and cancer treatments.

8MST/8NPCU-Neuro Spine/Neuro Progressive Care: Provides care to individuals recently

suffering from transient ischemic attacks, ischemic or hemorrhagic strokes, and traumatic brain injuries, and brain tumors, aneurysms, and seizures, individuals with neuromuscular disorders, spinal surgery, or spinal cord compression.

8NE NICU-Neuro Intensive Care Unit-Provides care for patients needing advanced assessment and monitoring due to stroke, trauma head injury/bleed, acute spinal cord injury, post neurological surgery and neuromuscular disorders requiring mechanical ventilation.

Women's and Children's Hospital-

2E Labor and Delivery– Care of patients experience active labor, provides monitoring and assessment of mother and baby during labor and delivery process.

2SE-Antepartum: Care of patients experience preterm labor, premature rupture of membranes, pre-eclampsia, placenta previa, high risk antepartum patients.

2WE- Obstetric Emergency ED- Care of high risk obstetric patients.

3E Neonatal Intensive Care Unit-Provide care of premature neonates requiring intensive monitoring, assessment and treatment including ventilation, hydration, temperature management and feeding.

3WSE-Women's Surgical-Care of patients requiring general gynecological, GYN oncology, ENT, robotic surgeries, plastic surgery, pain procedures, postpartum complications including perinatal loss through miscarriage, ectopic pregnancy, fetal demise, still birth, and adoptive process.

4SE-Pediatrics-Care of infant, child, and adolescent with respiratory illnesses, seizures, trauma, infections, gastrointestinal disorders and cardiac conditions. The surgical patient present a variety of specialties including ear, nose, and throat surgery, general surgery, orthopedics, neurology, urology, and cardiology.

4SEE-PICU-Pediatric Intensive Care Unit-Comprehensive care of children with surgical ear, nose, and throat surgery, general surgery, orthopedics, neurology, and urology surgery, children that require advanced assessment and monitoring for care/treatment of disease processes.

4NE AICU -Adult Intensive Care Unit—Provide care for patients post OB-GYN surgery, ENT surgery, critical gynecology patients, mothers with complications post delivery, and other medical-surgical patients requiring intensive monitoring.

5MBE - Mother Baby- postpartum vaginal or cesarean section care; postoperative care. Care of well neonate, circumcision care, neonatal feeding, hyperbilirubinemia, postpartum vaginal or cesarean section care, postoperative care, transitional infants up to 4 hours of life.

5- Well Baby Nursery–. Care of well neonate, circumcision care, neonatal feeding, and hyperbilirubinemia. Rooming-in is encouraged as much as possible with quiet time dedicated from 1-3 daily so Moms can get rest.

Huntsville Hospital Unit Rooms and Phone Extension List

HH Main Units	Location	Rooms	Extension
Nephrology	2E	250,251, 270-297	58241
Internal Medicine	2W	252-269	58243
Cardiology 3	3E	371-397	58587
Cardiology 2	3W	350-370	56648

ED OBs	3NE	328-339	58836
Behavioral Health MRC	3S	301-310	58995
Behavioral Health CSU	3SE	318-325	58989
Behavioral Health Geriatric	3SW	312-316	58980
PSU1	4E	470-497	56629
PSU2	4W	450-469	56639
PSU3	4N 4NW	401-428 429-447	56968
RCU	5E	550-598	58499
MPCU	5W	552-568	58622
Cardiology 4	6MST	1640-1660	50650
HH Main Units	Location	Rooms	Extension
Cardiology 1	6N	601-647	58648
PCV	6W	650-675	58643
Oncology	7E	770-797	52741
Oncology/Stem Cell	7MST	1740-1760	50715
Family Practice	7N 7NE 7NW	701-747	58595
General Medicine	7W	750-769	56976
Neuro Spine	8MST	1840-1860	50850
NPCU	8N	801-847	56657

HH Main ICUs	Location	Rooms	Extension
STICU	IGSM IGNM	1-11 12-25	58811 58196
MICU	4MST 4NE	1-16 1-10	58649
CVICU	6E	1-14	58618
CCU 1	6NE	1-10	58645
CCU 2	6NW	11-20	58644
NICU	8NE	1-17	56644
W&C Units	Location	Rooms	Extension
L&D	2E	1-20	57299
Antepartum	2S	205-216	57298
Mother/Baby	5th Floor	505-576	57599
OB ED	2W	221-234	57450
Women's Surgery	3WSE	303-334	57399
Pediatrics	4S	405-434 461-476	57499
W&C ICU	Location	Rooms	Extension
Neonatal ICU	3E	N1-30 P31-P45	57317
Adult ICU	4NE	1-9	50492
Pediatric ICU	4SE	1-14	57946

SivleyTower	Location	Rooms	Extension
Ortho Obs	2ST	205-211	55200
Ortho	3ST	301-324	55300
Ortho	4ST	401-424	55400
Ortho	5ST	501-524	55500

Appendix 2

Health System

SIMULATION LAB
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How do I dispose of...

Drug Waste	Disposal	Special Instructions
<u>Controlled Substance Patches</u>: • fentaNYL • testosterone Disposal of controlled substances occurs with a witness	 TRASH 	To use DETERRA Drug Deactivation System: 1. Remove DETERRA pouch from PYXIS (on override) 2. Open pouch 3. Place patch in pouch 4. Add water to pouch (fill about halfway) 5. Seal pouch tightly 6. Shake gently 7. Discard in trash
<u>Other Controlled Substance Waste</u>: • Liquids • Tablets • Capsules	SINK/TOILET 	If disposing liquid controlled substances in an area with no sink, empty the drug onto absorbent material in the trash can and obscure with other materials
<u>Hazardous Drugs</u>: • HAZ-MED • CHEMO	YELLOW 	Hazardous (Toxic) Drug waste: • Hazardous drugs are identified as <u>HAZ-MED</u> or <u>CHEMO</u> with stickers or PYXIS messages • After administering one of these drugs, discard the bag, tubing, and/or syringe in the YELLOW bucket • Return full or partially administered IV bags of hazardous drugs to Pharmacy for disposal

DRUG DISPOSAL ON THE NURSING UNIT

Waste Stream	What Goes In It?	Special Instructions
YELLOW ***trace* HAZ-MED or CHEMO** 	Hazardous (Toxic) Drug waste: • Hazardous drugs are identified as HAZ-MED or CHEMO with stickers or PYXIS messages • After administering one of these drugs, discard the bag, tubing, and/or syringe in the YELLOW bucket	Un-administered or partially administered hazardous drugs (full or half-full bags/syringes), should be returned to Pharmacy for special disposal in a BLACK bucket
RED SHARPS **regulated medical waste and sharps** 	Biohazardous (Infectious) Drug waste or Sharps: • Biohazardous waste = grossly contaminated with blood or body fluids • Sharps = needles or broken glass	Empty drugs from syringes before discarding in the sharps container
SINK/TOILET 	Controlled Substance waste: • Liquids • Tablets • Capsules	Do not dispose patches in the sink/toilet because they clog the plumbing
TRASH 	Most other drug waste, including: • Controlled substance patches (in DETERRA pouch) • Controlled substances (if no sink available)	If disposing liquid controlled substances in an area with no sink, empty the drug onto absorbent material in the trash can and obscure with other materials

Pyxis Process: Using DETERRA Deactivation Pouch to Waste FentaNYL and Testosterone Patches

The DETERRA Drug Deactivation Pouch is used to dispose of controlled medication patches (**fentaNYL** and **testosterone**). If you attempt to waste these two products via the "Waste" function in Pyxis, you will receive a warning to use the following process instead.

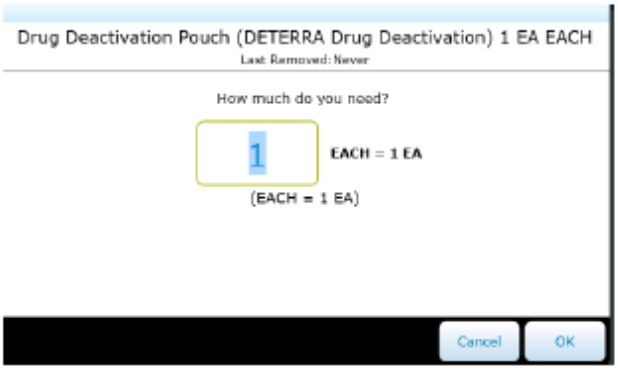
You are required to have a witness for this process

1. Select patient from Patient List and select 

at the bottom of the screen

2. On Override Screen, search for "Drug Deactivation Pouch" or "DETERRA" and select item

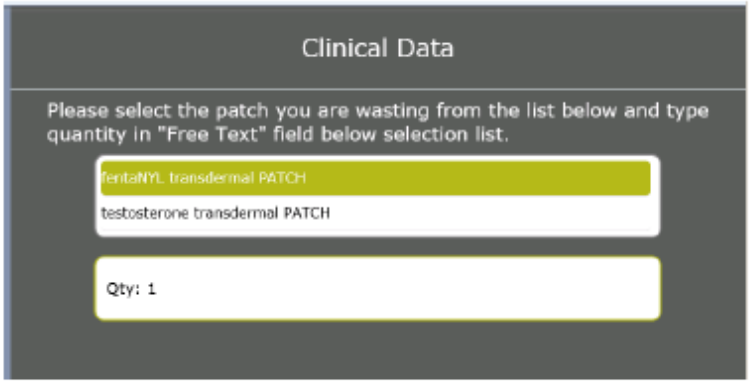
3. When prompted for "How much do you need?", keep the value of "1" and select OK



4. Select "Remove Med" in bottom right corner

5. Prompt will appear for witness credentials

6. On the following screen, select the patch you are wasting and enter the quantity being wasted in the "Free text" box below selection list. Once completed, press "ACCEPT" in bottom right corner.



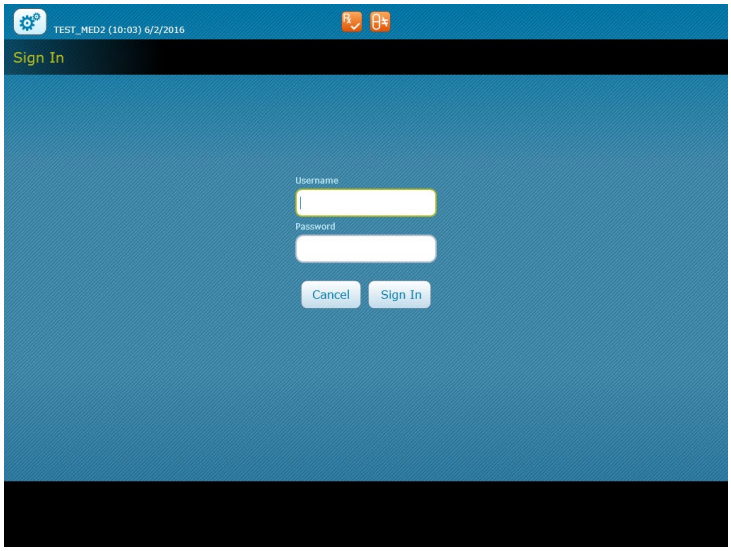
7. Remove the DETERRA pouch from the pocket and follow the instructions on the pouch to dispose of the used patch (with your witness)

Signing onto Pyxis ES

- Type in your employee number for your user ID

- Type in your Kronos password

- Pyxis ES will request you to scan your finger print 3 times



Users will log into Pyxis using their employee ID and Kronos password

Visual Indicators:

When present, the following icons appear on the top of the device screen to alert you of specific issues. Select the indicator to get more information.

***Please note that all discrepancies should be resolved prior to the end of your shift.**

Symbol	Meaning
	**Critical Override**—indicator appears when the device has not been communicating with the server for a determined period of time or if the current time is within the device's critical override period.
	**Device Disconnected**—indicator appears when the device is not communicating with the server.
	**Discrepancy**—indicator appears when one or more unresolved discrepancies are displayed on a device.
	**Failed Drawer (Hardware)**—indicator appears when there are one or more failed drawers or pockets in the device.
	**Interface Delay**—indicator appears on a device in profile mode when the system detects that the facility has a problem with the orders interface.
	**Interface Down**—indicator appears on a device in profile mode when the system detects that the facility has a problem with the orders interface.
	**Temperature Out of Range**—indicator appears on the device when there is a Pyxis SMART Remote Manager with loaded items associated with the device. This indicator shows a current Temperature Out of Range event that can be resolved.
	**Temporary Non-Profile**—indicator appears on all devices in profile mode when a temporary non-profile event is present.

Appendix 3

What is a Rapid Response Team (RRT):
A quick response to patients that provides urgent care to patients experiencing serious changes in their medical condition including, but not limited to; chest pain, choking, difficulty breathing, shortness of breath, possible seizure activity, change in LOC, etc.
It brings highly trained staff to the patient bedside (or wherever it's needed) without delay for faster assessment/diagnosis, treatment, and increased chance for better outcomes. (Time not lost while contacting the physician)

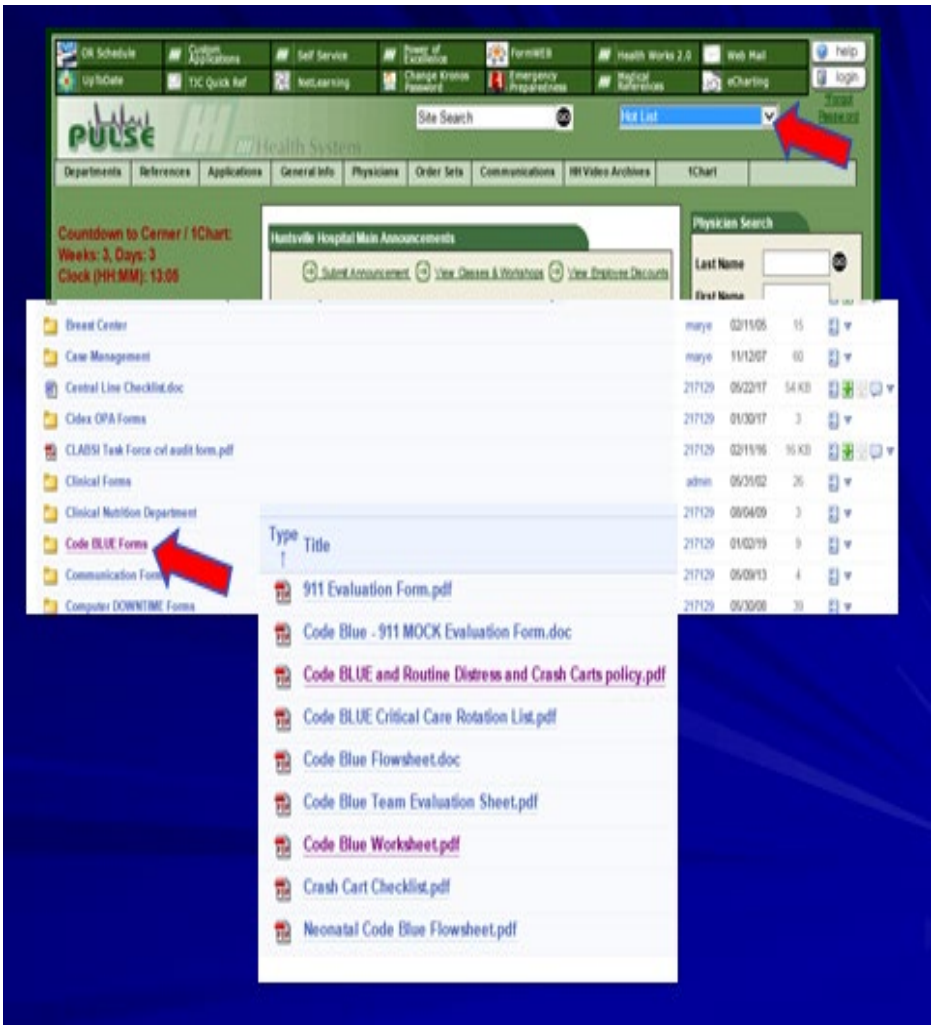
How to Initiate a Rapid Response:
The staff member requests PRC (ext. 45555) or by pressing the patient's Nurse Call button to page out the response team needed: "**Rapid Response Team** (RRT) **Specify Hospital and the patient location".**

Who responds:
Critical Care RN & Respiratory Therapist

Neuro Rapid Response:
If neurological changes or a change on level of consciousness is assessed, specify to PRC to initiate the Neuro Rapid Response Team. The **Neuro Rapid Response Team** will determine if a Stroke Alert should be activated. **(Neuro ICU RN responds to a neuro rapid response)**

Code Blue:
Huntsville Hospital maintains a standing order to initiate cardiopulmonary resuscitation (CPR) for any patient who suffers cardiac and/or pulmonary arrest, unless there is a specific "Do Not Resuscitate (DNR)/Allow Natural Death (A.N.D.) order written to the contrary. A DNR/A.N.D. order may be suspended for the duration of interventional procedures. See Do Not Resuscitate (DNR) / Allow Natural Death (A.N.D.) Policy.
CPR is performed according to the guidelines set by the American Heart Association for Basic Life Support (Refer to BLS program employee competency policy).

What is Your Responsibility?
Know the location of the crash cart in the department, content of the crash cart, use of the defibrillator.
Recognize a patient emergency.
Know the location and use of emergency call buttons in their department.
Know the emergency call numbers for their department.
Start CPR.



Code Blue and Routine Distress and Crash Carts policy
Code Blue Team Evaluation sheet
Code Blue Flowsheet
Code Blue Worksheet
Code BLUE Critical Care Rotation List

Appendix 4

Diabetes

The Diabetes Educators are from the out-patient department Diabetes Control Clinic. Our office is composed of both Registered Dietitians (RD) and Registered Nurses (RN) who are also Certified Diabetes Care and Education Specialists (CDCES). The in-patient/out-patient educators address patients through the age span. We discuss prevention, management, and disease progression/ complications—we troubleshoot problems within a wide range of issues related to Diabetes.
The goal is to provide meaningful, productive conversations in a non-judgmental, supportive, and encouraging manner. Questions are welcomed from patients and staff.

The Diabetes Educator role:

1. Explain the A1C number and the diagnosis of Diabetes to the patient during their visit.
2. Discuss healthy lifestyle changes, how to manage blood sugar, how to take medications for Diabetes, and how to inject insulin. E
3. Discuss pumps and continuous glucose monitors.
4. Educate on how to check a finger stick blood sugar. We **do not** give a sample glucometer to everyone. We have "a few" sample glucometers we can give out. We save them primarily for the homeless or special situations because people with insurance can have the Hospital bill their insurance while in-patient. People who go home with glucometers will need prescriptions for lancets, test strips, etc. Make sure the discharging provider enters these orders.
5. Discuss how to buy a glucometer at any pharmacy or store. In Wal-Mart, you can buy a glucometer over the counter with no prescription. Huntsville Hospital has a program for supplying medications to persons without insurance. The Case Manager will often initiate; it is called Dispensary of Hope (DOH). The out-patient pharmacy will also provide competitive pricing for syringes/ supplies when patients use cash to pay.
6. Diet how to eat healthy with "The Plate Method" and "Diabetes and You." We use a large full-size placemat picture called "My Plate Planner."
7. Healthy eating can be a challenge for everyone. Encourage whole foods. We do not advocate any one kind of diet plan over another because there are pros/ and cons to each diet plan, and each person is different.
8. Adult in-patients are typically placed on an American Diabetes Association (ADA) 1800 diet with no added sweets. Some patients need more or fewer calories depending on what is going on with them. The Dietitian on each floor calculates calories based on a complex set of factors: sex, age, height, current weight, need to lose or gain weight, sodium restrictions, fluid restrictions, protein requirement, etc.
9. The Dietitian and the Diabetes Educators consider religious, cultural, and food preferences. The Dietitian and the Diabetes Educators overlap in their education of what to eat. The Diabetes Educators primarily focus on how food and medications work together to keep the whole day within a big picture view. We also discuss the disease management process and avoidance of complications.
10. Discuss the Outpatient Education Center for continuing education. The Diabetes Control Center is located at the Medical Mall. We offer Diabetes Education, RN follow-up appointments, Gestational Diabetes Education, and Nutrition Counseling. Some of our classes are Zoom, and some appointments are in person.
11. The Diabetes Educators talk about the financial and emotional burden of Diabetes called Diabetes Distress. The Diabetes Educators discuss complications and why we want to avoid these; we talk about foot care.

12. Patients are allowed to wear an insulin pump in the hospital. Patients on an insulin pump must sign a form stating they will manage it and they have the appropriate supplies and insulin required for their stay. Refer to Policy "Insulin Pump use in Hospitalized Patients."
13. Patients are not allowed to use a continuous glucose monitor (CGM) for treatment decisions while in-patient. In-patients can leave a CGM on their body, but they cannot use it for treatment decisions. Huntsville Hospital uses a Point of Care Glucometer (POC) for consistency and treatment for all in-patients. Huntsville Hospital has a house-wide policy for hypoglycemia. "Hypoglycemia Policy Without Orders." The policy provides direction if your patient has hypoglycemia but no specific power plan attached to address low blood sugar.

The Diabetes Educators add education to the patient's charts from CERNER; we also bring booklets and pamphlets to patients' rooms. You can also add education to a patient's chart. GO to Patient Education; in the search box type in Diabetes, you can also have education print out in different languages. The Diabetes Educator typically does add this education to each chart: A1C, Plate Method, Diabetes University, and Diabetes Diagnosis. We can also add DKA and Type 1 stuff. We also have a Diabetes Tips and Diabetes Resources page that lists all of the current financial resources info. You can print this out and look it over; you can also attach it to anyone's chart. We would love for you to add any of the CERNER education to a patient's chart.

The Inpatient Diabetes Educator office number is x 58413 pager 256-514-5707; the Educator is also on Aionex, so you can type in a question and give me an extension.

Thank you,
Holly Fowler MSN RN CDCES, Diabetes Educator

Common questions:

1. **Can I call the Diabetes Educator for a glucometer?** The Diabetes Educator does have some meters to hand out. The priority for free meters is homeless/ special situations. Discharge Pharmacy can also provide the same sample meter the Diabetes Educator has.
2. **Can I call the Diabetes Educator for Education?** Yes. You can call or page the DE. You can also order a consult for the DE. Sometimes the DE has already talked to your patient. Refer to the progress noted in the EMR for the diabetic notes.
3. **Can I call the Diabetes Educator for a question?** Yes. You can call or page the DE. Someone is here M-F 7-3. In bad weather, we can work remotely, so we may still see consults you put in.
4. **My patient is going home. Can I put in an ASAP consult**? Sure. But this is not ideal. DE has 72 hours to answer a consult. So IF YOU think your patient needs education go ahead and put in a consult at any time before discharge.
5. **Does the Diabetes Educator explain/ demo insulin?** Yes. The DE discusses how to give insulin and provides teach back. We also cover glucose monitors. That's why we want you to let us know if you think someone is going home on insulin; go ahead and put in a consult.
6. **The hospital has a Patient Learning Channel- channel 36.** There is a TV guide listed on the floor, and there may be one in a patients' room. These videos play Monday through Sunday at different times.

Diabetes Education Videos:

- Healthy Eating/Healthy Lifestyle Changes: 0730, 1530, 2230
- Managing your Diabetes: 0900, 1700, 0100
- Diabetes Basics/ Diabetes Nutrition: 1230, 2030, 0430
- Patients can also log into these videos with their phone; go to huntsvillehospital.healthclips.com. The code for videos is 01330. Available in English/ Spanish.

Diabetes Education

The following is a guide to evaluate a patient's knowledge and understanding of Diabetes and its treatment. Many of the patients you care for will have Diabetes.
Knowing what your patient understands about their disease, and teaching the information they lack, can often prevent re-admission to the hospital and better blood glucose control.

· What are the symptoms of hypoglycemia? (Sweaty, shaky, weak, nervous)
· How do they treat hypoglycemia? (4oz juice, glucose tabs/fast-acting)
· What are the symptoms of hyperglycemia? (Thirst, polyuria, blurred vision)
· Does the patient have a glucometer? (Ask family to bring/pt. give demo)
· Do they know to wash hands before checking glucose? (No lotion/No hand sanitizers)
· What sites do they give insulin? Do they rotate?
· Do they know how to use an insulin pen? (Observe this or have them give step-by-step instructions.)
Do they hold the pen to the count of 10?
· Do they understand carbohydrates? (Fruit, Milk, and Starches. Portion size, no sugary drinks, eat regular meals
· Do they understand their diabetes medication? (Correct time, before meals at bedtime)
· How do they dispose of the sharps? (Empty bleach or laundry soap bottle). Alabama law states hard plastic that you can't see through to deter drug seekers who may search the trash.

TEACH YOUR PATIENTS:
Symptoms of hypoglycemia?
How to treat hypoglycemia?
Symptoms of hyperglycemia?
How to check their blood glucose? And how often?
Wash hands, check the side of the finger
Have a working glucometer?
How to dispose of needles? Use an empty non-clear plastic bottle
Eat regularly spaced meals?
Understand what foods have carbs?
Know how to use an insulin pen?
Know where to give insulin?
Subcutaneous tissue, belly, sides of legs, back of the arm
Know when to take diabetes medicine?
Know why take diabetes medicine? With food? Before meals? Etc.
Know how diabetic med lowers blood glucose
Is aware that physical activity is important? Physical activity lowers bg values.

Appendix 5

Health System
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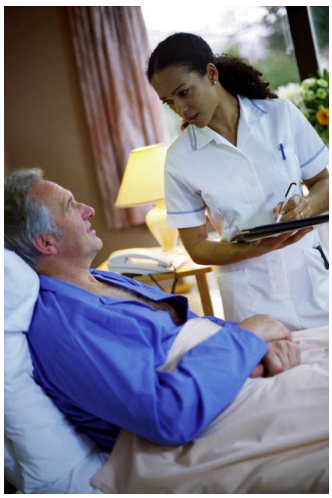
Huntsville Hospital
LPN Scope of Practice

Within LPN Scope



- Obtain vital signs, allergies, height, weight, medical/surgical history, and medication history for the initial assessment; notify the physician of arrival.
- Perform ongoing shift assessments.
- Add interventions and update the IPOC goals once the care plan has been initiated by the RN; communicate changes with the RN before implementation. May discontinue IPOCs on patients at discharge.
- Complete discharge process to include discharge assessment, discharge education, discontinuing IPOCs, etc.
- Telemetry cardiac monitoring. Recognize and respond to basic dysrhythmias.
- Manage and document on non-violent and violent restraints. RN must initiate/discontinue all restraints.
- Screen patients for suicidal risk. Initiate suicide precautions and re-screen.
- Initiate, maintain and follow isolation precautions.
- Evaluate patient response to PCA pump/Epidural such as checking request history, dosage delivery, and cumulative data.
- Insert, remove, unclog, irrigate, and feed through nasogastric and feeding tubes.
- Care for gastrostomy/PEG tubes, Jackson Pratt drains, lumbar drains, hemovac drains, bowel management systems, biliary drains, and nephrostomy tubes.
- Manage and care for patients with an ostomy.
- Apply and remove male and female external catheters and Foley catheter insertions and straight catheterization procedures.
- Perform tracheostomy care. Perform oropharyngeal and nasopharyngeal suctioning.
- Perform bedside swallow screening.
- Perform specimen collection except through central line.
- Manage negative pressure wound therapy.
- Discharge patients, including discharge assessments, teaching, and ending/discontinuing the IPOC.
- Receive telecommunication for pronouncement of patient death.
- Suture and staple removal.

**Note that this is not a comprehensive list.*
*Please refer to Huntsville Hospital specific policies and procedures for additional details.**

Expanding LPN Scope

- May perform defibrillation if ACLS certified.
- LPN must have special training to manage behavioral restraints including MOAB certification.
- May perform the following tasks after attending *LPN IV Therapy* class and after completion of necessary competencies:
  - Start IVs.
  - Start and change large volume IV fluids with approved additives and IVPBs to peripheral IVs.
  - Push approved medications through a peripheral IV.
  - Change existing large volume IV fluids with approved additives and IVPBs to central lines.
  - Initiate, monitor and discontinue blood products and clotting factors to a peripheral line. Annual CBL required.
  - Manage heparin drips. May not initiate heparin drip or administer heparin IV pushes.
- Trained endoscopy LPNs may assist with percutaneous endoscopic gastrostomy tube insertion and gastrojejunal feeding tube insertion under the instruction and direct supervision of the performing physician.
- Perform continuous and manual bladder irrigation after completing the CBL and one competency assessment.

**Note that this is not a comprehensive list.*
*Please refer to Huntsville Hospital specific policies and procedures for additional details.**

Beyond LPN Scope

- Initial comprehensive admission assessment.
- Suicide Risk Assessment.
- Initiate IPOCs, goal(s), or intervention(s) upon patient admission.
- Add, change, or discontinue plans and/or goal(s) on an existing IPOC. Exception: LPN may discontinue IPOCs on patients at discharge.
- Perform pacing, defibrillation or cardioversion. Exception: May perform defibrillation if ACLS certified.
- Manage arterial lines or obtain arterial blood samples.
- Start peripheral IVs, push approved peripheral IV medications, or hang approved large volume fluids to peripheral or central lines if LPN has not attended the *LPN IV Therapy* class and has not completed the necessary competencies. ** See LPN Role in Peripheral IV Push Medication policy for and up-to-date list of approved drugs that may be administered**
- Directly access (ex: push medications), manage (including de-clotting and/or changing dressings), draw blood, or remove central lines (ex: PICC, IJ, femoral, Hickman, dialysis catheter, implanted ports, etc.).
- Titrate any medications. Exception: may manage heparin drips once trained.
- Initiate or discontinue PCA/Epidural pumps, including adding cartridges/bags and changing settings.
- Initiate or discontinue blood product transfusions to a central line. Administer albumin and immunoglobulin. May not accompany patients during transport with blood infusing.
- Perform moderate sedation.
- Initiate/discontinue non-violent and violent restraints.
- Maintain, care for, or remove a chest or pleural tube. Irrigate locking drainage pleural catheter.
- Flush and/or perform dressing changes for biliary drains or nephrostomy tubes.
- Perform ECMO (perfusionist only).
- Diabetic foot care (CWOCN only).
- Chemotherapy administration by any route.
- Accompany patients on oxygen equipment that delivers 50% or more of oxygen (examples: NC 6LPM or more, nonrebreather, optiflow, continuous CPAP/BiPAP, ventilator, etc) during transport.

**Note that this is not a comprehensive list.*
*Please refer to Huntsville Hospital specific po policies and procedures for additional details.**

Appendix 6

COMMUNICATION & LANGUAGE RESOURCE CONTACT LIST

- **Inpatient Spanish**- Mon. through Fri. 6am-6pm; Sat. & Sun. 8am-4:30pm. Call 256-564-4000. (Language Solutions) covers HH Main & Women's/Children's.
- **Outpatient in-person Spanish**- Mon. through Fri. 7:30am-5:00pm. Call 256-713-3578. (Foreign Language Services) covers HH Physician offices and clinics.
- **Over the phone** for foreign languages- 24/7. Call 1-855-837-8682, code 52606. (Any phone or location can use this number).
- **Martti video units**- 24/7 for foreign language and sign language. HH main call Nursing Admin. 256-265-8889 to check out a unit. Women's/Children's or Madison can call their nursing office.
- **AIDB** for inpatient sign language-Call 256-539-7881, or 256-493-4015 (cell phone).

12/26/18

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GRIEF AND BEREAVEMENT SUPPORT

Crisis Services of North Alabama

Survivor of Suicide…..**256-716-1000**

Help Line 24/7……..**1-800-691-8426**

Family Services Center……..**256-551-1610**

Homicide Survivor Program

Hospice Family Cares……..**256-650-1212**

Caring House, Support group for children

Adult Support Group

Hospice of the Valley in Decatur……..**256-350-5585**

Adult and Children Support Groups

Resolve Through Sharing (RTS)…… ……...**256-265-7440 or 256-265-7286**

Bereavement Support for Pregnancy and Infant Loss

Senior Center Grief Support ……..**256-880-7080**

Healing Hearts for Baby Loss……Hea**ling Hearts for Baby Loss of North Alabama on Facebook**

Hospice Family Care……..**www.hospicefamilycare.org**

Hospice of the Valley…… ……..**www.hospiceofthevalley.net**

Mommies Enduring Neonatal Death (MEND)……**www.mend.org**

Chaplain Services……..**256-265-2273**
Employee Assistance Program (EAP)……**256-265-2600**

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Appendix 7

Job Descriptions

RN
LPN

Title: Registered Nurse	**FLSA Status:** Non-Exempt
Job Code: 5272 RN Staff, 5298 RN Float 20P, 5322 RN PRN 10P, 4762 RN Supplemental 30P, 5373 RN Weekend, 2080 RN Clinic, 8888 RN Plus, 9988 RN Plus P	**Revision Date:** 7/2013; 11/2019
Department: Nursing Administration	

***Our Mission**: Provide quality care that will improve the health of those we serve.*
***Our Vision:** To be one of the best hospitals in America and consistently recognized for clinical and service excellence.*
Our Values:

- *Integrity: Be consistent, honest, and fair in everything we do.*
- *Excellence: Exceed the standards in service, clinical, and financial performance.*
- *Innovation: Promote creativity to enhance patient care and hospital performance through a team environment.*
- *Accountability: Take responsibility and ownership for our actions and their outcomes.*
- *Compassion: Be aware of the needs of others.*
- *Safety: Eliminate or minimize potential harm to patients, visitors, physicians, and employees.*

***The Employee Promise**: As an employee, I am committed to doing my part to fulfill the mission, vision, and values of Huntsville Hospital. I will provide my patients, guests, coworkers, physicians, and customers with the highest quality of service and ensure their needs are met with the utmost courtesy and respect. This commitment must be reflected in my behavior.*

Job Summary: The RN identifies patient needs and priorities for care though assessment. The RN plans and delegates care based on patient needs. The RN evaluates the patient's response to care and the attainment of or progress toward expected outcomes. The RN is accountable for outcomes of patient care delivered during the assigned shift.

Demonstrates through behavior Huntsville Hospital's mission, vision and values as outlined in this document, Employee Handbook and the Power of Excellence.

Minimum Knowledge, Skills, Experience Required:

Education:
Graduate of state board School of Nursing with current Alabama or multi-state licensure
Experience:
Experience preferred; new graduates accepted.
Additional Skill/Abilities: BLS required before the conclusion of the orientation period. ACLS within one year of hire following department specific requirements.

Key Responsibilities / Essential Functions

1. **Ability to perform a complete assessment on all patients and reassessment based on unit scope of care. Takes appropriate action based on assessment findings.**
2. Develop and implement interdisciplinary plan of care based on identified needs involving patient/family and evaluate/revise as needed.
3. Develop and implement interdisciplinary teaching plan based on identified needs involving patient/family and evaluate/revise as needed.
4. Utilize critical thinking in performing technical and manual skills to meet patient care needs.

5. Acknowledge physicians on the unit; providing patient information, accompanying on rounds and assisting as needed.
6. Appropriate delegation, coordination and supervision of others in the delivery of patient care.
7. Demonstrates appropriate knowledge and utilization of critical thinking skills in the administration of medications.
8. Documentation meets current standards and policies.
9. Assumes accountability for appropriate utilization of resources.

Physical Requirements:

The following information describes the physical activities that are performed during the normal workday by the associates performing this job classification. It should be noted that this information is not inclusive of all job tasks.
The percentage of the normal workday that the physical activity is conducted will be determined as follows:

8-Hour Work Shift

- **Rarely up to .5 hr. in an 8 hr. workday** **or** **1-5% of a workday**
- **Occasionally up to 3 hrs. in an 8 hr. workday** **6-33% of a workday**
- **Frequently up to 5.5 hrs. in an 8 hr. workday** **34-66% of a workday**
- **Continuously up to 8 hrs. in an 8 hr. workday** **67-100% of a workday**

12-Hour Work Shift

- **Rarely up to 45 mins. in a 12 hr. workday** **or** **1-5% of a workday**
- **Occasionally up to 4.5 hrs. in a 12 hr. workday** **6-33% of a workday**
- **Frequently up to 8.25 hrs. in a 12 hr. workday** **34-66% of a workday**
- **Continuously up to 12 hrs. in a 12 hr. workday** **67-100% of a workday**

Physical Requirements	Rarely	Occasionally	Frequently	Constantly
Floor to waist lift*: 26 lbs.		X		
Waist to overhead lift*: Up to 20 lbs.	X			
Standing Horizontal lift*: Up to 45 lbs. of force during patient transfer- Occasionally, up to 46 lbs. of force for surgical instrument sets		X		
Right/left carry*: Up to 10 lbs. (supplies)			X	
Front carry*: Up to 46 lbs. (surgical instrument sets)		X		
Right/left hand grip: Up to 35 lbs. of force for patient transfers as well as carrying		X		
Sustained lift*: may be required to perform a sustained lift (patient's extremity) of up to 25 lbs. during surgical procedure		X		
Push/pull*: may be required to push/pull a chick/fracture table requiring up to 43.6 lbs. of force, Zeiss microscope up to 46.6 lbs. of force, Andrews table up to 46.2 lbs. of force, and/or hospital bed with patient requiring up to 35 lbs. of force		X		

Elevated work*: Lift up to 20 lbs.		X		
Forward bending/sitting:		X		
Forward bending/standing:			X	
Rotation sitting:		X		
Rotation standing:		X		
Crawling:	X			
Kneeling:	X			
Crouch (deep static):	X			
Repetitive squat:	X			
Stretching/reaching:			X	
Sitting tolerance:		X		
Standing tolerance:				X
Walking:			X	
Stair climbing:	X			
Step ladder climbing: N/A				
Balance: N/A				
Hand/finger dexterity:				X
Hearing: Must be able to hear request from Surgical team and alarms over other room noises.				X
Seeing: Reading pick tickets, computer screen, pager numbers, color changes on intergrators and chemical indicators				X
Speaking:				X
Exposure to Blood Borne pathogens, dust, fumes, noise, chemicals:		X		

*While employees may be required to give a maximal effort in performing lifting/carrying/pushing/pulling on a rare basis (1 – 5%), any weight greater than 50lbs should involve lift assistance.

Employee Signature & Badge#: _____ Date: _____

POPULATION SERVED

Renders professional nursing care to patients in age groups served by the unit as directed by the Medical Staff and pursuant to objectives and policies of the hospital.

UNITS	**Neo/Infant Birth - 1 mo**	**Infant 1-12 mos**	**Pediatrics 1-14 yrs**	**Adolescent 14-19 yrs**	**Adult 19-65 yrs**	**Senior 65 & over**
HUNTSVILLE HOSPITAL MAIN						
1G STICU				X	X	X
2S Dialysis				X	X	X
2E Nephrology				X	X	X
2W IMED				X	X	X
3S/SE Psych				X	X	X
3E Cardiology II				X	X	X
3W Cardiology III				X	X	X
4E PSU I				X	X	X
4W PSU II				X	X	X
4N/ NW PSU III				X	X	X
4NE MICU				X	X	X
5E RCU				X	X	X
5W MPCU				X	X	X
5T-Card Recov.				X	X	X
6E CVICU				X	X	X
6W PCV				X	X	X
6N Cardiology I				X	X	X
6NE CCU1				X	X	X
6NW CCU2				X	X	X
7E Oncology				X	X	X
7W Oncology				X	X	X
7N/NE/NW FP/Diabetes				X	X	X
7T Chest Pain Obs				X	X	X
8N NPCU				X	X	X
8 Neuro Spine				X	X	X
8NE Neuro ICU				X	X	X
				X	X	X
SIVLEY TOWER						
2ST, 3ST, 4ST, 5ST				X	X	X
				X	X	X
Wound Center	IP only	IP only		X	X	X
WOMEN/CHILDREN'S HOSPITAL						
2E LDR/Triage	X			X	X	X
2S Antepartum	X			X	X	X
2NW Neo Stab.	X					
3W&C Surgical				X	X	X
3GNICU	X	X				
3GNPCU	X	X				
4S Peds	X	X	X			
4SE PICU	X	X	X			
5 Nursery	X					
5 Mother Baby	X	X	X	X	X	X
2W-E Med/Surg				X	X	X
4NEE Adult ICU				X	X	X

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Huntsville Hospital Job Description

Title: Licensed Practical Nurse	**FLSA Status:** Non-Exempt
Job Code: 3533, 9901	**Revision Date:** 7/2013; 11/2019
Department:	

***Our Mission**: Provide quality care that will improve the health of those we serve.*

***Our Vision:** To be one of the best hospitals in America and consistently recognized for clinical and service excellence.*

Our Values:

- *Integrity: Be consistent, honest, and fair in everything we do.*
- *Excellence: Exceed the standards in service, clinical, and financial performance.*
- *Innovation: Promote creativity to enhance patient care and hospital performance through a team environment.*
- *Accountability: Take responsibility and ownership for our actions and their outcomes.*
- *Compassion: Be aware of the needs of others.*
- *Safety: Eliminate or minimize potential harm to patients, visitors, physicians, and employees.*

***The Employee Promise**: As an employee, I am committed to doing my part to fulfill the mission, vision, and values of Huntsville Hospital. I will provide my patients, guests, coworkers, physicians, and customers with the highest quality of service and ensure their needs are met with the utmost courtesy and respect. This commitment must be reflected in my behavior.*

Job Summary: The Licensed Practical Nurse provides patient care for all age groups. The LPN performs technical nursing procedures according to established policies and procedures, assists and reinforces routine education plans, and documents patient care appropriately. The LPN communicates and interacts with other team members to facilitate teamwork and delivery of quality care.

Demonstrates through behavior Huntsville Hospital's mission, vision and values as outlined in this document, Employee Handbook and the Power of Excellence.

Minimum Knowledge, Skills, Experience Required:

Education:
Graduate of state board School of Practical Nursing with current Alabama or multi-state licensure. BLS required before the conclusion of the orientation period

Experience: Experienced/New Graduate

Additional Skills/Abilities: BLS required before the conclusion of the orientation period.

Key Responsibilities / Essential Functions

1. **Contributes to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner.**
2. Demonstrates ability to modify plan of care as indicated by the patient's response to treatment and evaluate overall plan daily for effectiveness.
3. Implement interdisciplinary teaching plan based on identified needs involving patient/family and evaluate/revise as needed.
4. Utilize critical thinking in performing technical and manual skills to meet patient care needs.
5. Acknowledge physicians on the unit; providing patient information, accompanying on rounds and assisting as needed.
6. Appropriate delegation, coordination and supervision of others in the delivery of patient care.
7. Demonstrates appropriate knowledge and utilization of critical thinking skills in the administration of medications.
8. Documentation meets current standards and policies.
9. Assumes accountability for appropriate utilization of resources.

Physical Functions

Below are the physical activities that are performed during the normal workday. It should be noted that this information is not inclusive of all job tasks. These functions are the minimum physical abilities required to perform this position.

Physical Requirements	Occasionally 6 to 33%	Frequently 34 to 66%	Constantly 67 to 100%
Walking		X	
Sitting		X	
Standing		X	
Stooping		X	
Bending		X	
Kneeling	X		
Crouching	X		
Twisting	X		
Climbing Stairs	X		
Climbing (Ladder/Scaffolding)			
Crawling	X		
Stretching/Reaching	X		
Hearing			X
Seeing			X
Speaking			X
Hand-finger Dexterity			X
Lifting/Carrying/Pushing/Pulling up to*:			
( ) 20 lbs.		X	
( ) 30 lbs.		X	
( ) 40 lbs.	X		
( ) 50 lbs.			
Exposure to blood borne pathogens	X		

Exposure to dust	X		
Exposure to fumes	X		
Exposure to noise	X		
Exposure to chemicals		X	
Other: _____			

*While employees may be required to give a maximal effort in performing lifting/carrying/pushing/pulling on a rare basis (1 – 5%), any weight greater than 50lbs should involve lift assistance.

Employee Signature & badge#: _____

Date: _____