

### **CLINICAL POLICY & PROCEDURE**

XXX DAYTONA BEACH XXX MEDICAL GROUP

35	Department:	Policy Number
	NURSING	500.105
		Effective Date
	Title:	11/18
	SCOPE OF PRACTICE FOR	Distribution: STUDENT NURSES
	STUDENT NURSES AND	NURSING INSTRUCTORS NURSING ADMINISTRATION
	NURSING ASSISTANTS	NURSING STAFF

APPROVALS:			1/85
	Director	Date	Originated Date
	Michele Goeb-Burkett	10/19	3/87, 2/88, 12/93, 10/96, 8/97, 3/98, 1/99, 5/00, 11/03, 11/05, 8/06, 2/09, 1/10, 11/10, 6/12, 2/14, 1/15, 8/16, 7/18, 11/18
	Vice President	Date	Revised Date
			2/96, 3/99, 10/01, 10/02, 11/04, 8/06, 6/07, 3/08, 11/11, 4/13, 12/15, 8/17, 10/19
	President/CEO	Date	Reviewed Date

### **POLICY STATEMENT:**

- 1. Student nurses practice within the Scope of Care and Standards of Practice established by AdventHealth Daytona Beach (AHDB) according to Clinical Affiliation Agreements established between AHDB and the educational institution.
- 2. Students meet employment criteria for AHDB in relation to background checks and health screening requirements as established by Human Resources. It is the responsibility of the educational institution to notify AHDB of students with positive background checks.
- 3. Students must complete required orientation prior to start of rotations.

GENERIC: Yes X No UNIT EXCEPTIONS: (List)

### **PATIENT OUTCOME:**

The patient can expect that all care provided by students is well supervised and meets the standards set by AdventHealth Daytona Beach.

### PROTOCOL/PROCEDURE:

1. The Student Nurse utilizes the nursing process in giving patient care, according to the Nursing Practice Act, policies, procedures and standards of care established for AHDB.

- 2. The Student Nurse delivers patient care under the direct or indirect supervision of the Clinical Instructor or AHDB RN staff member.
  - a. <u>DIRECT SUPERVISION:</u> The responsible person (AHDB RN staff member or Clinical Instructor) is physically present in the room to supervise the activity of the Student Nurse.
  - b. <u>INDIRECT SUPERVISION:</u> The responsible person (AHDB RN staff member or Clinical Instructor) is <u>not</u> physically present in the room, but <u>is</u> available/ present within the unit of practice. It is understood by AHDB that each student is observed by the Clinical Instructor for competency prior to an activity being performed with indirect supervision.
- 3. AHDB retains the ultimate responsibility for the care of patients assigned to nursing students and assigns a member of the nursing staff to oversee each patient's care.
- 4. Non-professional students (Nursing Assistant Program) follow the appropriate hospital policies and procedures applicable to their area of practice.

#### SPECIFICS:

- A. Clinical Affiliation privileges of the Student Nurse requiring <u>DIRECT SUPERVISION BY A</u> AHDB RN STAFF MEMBER:
  - 1. Perform an Admission Assessment/history.
    - Utilize the nursing process in giving care according to established standards. Based on the assessment and history performed by a AHDB RN staff member, the Student Nurse may:
    - a. Assess the patient's needs and develop a nursing diagnosis.
    - b. Develop a care plan and implement according to priority needs.
    - c. Evaluate and document according to standards of care.
    - d. Teach patients and families appropriate self-care and health maintenance measures.
  - 2. Communicate the needs of the patient with the physician.
  - 3. Participate in the referral process to health/social agencies.
  - 4. Participate in the discharge planning process.
  - 5. Identify and use community resources specific to the patient's needs.
  - 6. Nursing care of patients in critical care must be given under the direct supervision of the primary AHDB RN staff member. (See Section F)
- B. Clinical Affiliation Privileges of the Student Nurse requiring <u>DIRECT SUPERVISION BY THE CLINICAL INSTRUCTOR OR A AHDB LICENSED STAFF MEMBER:</u>
  - 1. Utilize therapeutic principles of elimination:
    - a. Insert, determine patency, irrigate and remove
      - 1) Rectal tubes
      - 2) Foley catheters
      - 3) N/G tubes
    - b. Perform continuous and intermittent bladder irrigations.
    - c. Perform ostomy care.
  - 2. Utilize therapeutic principles of nutrition:
    - a. Administer enteral feedings
    - b. Monitor nutritional infusion pumps

- c. Monitor total parenteral alimentation
- 3. Perform therapeutic respiratory procedures:
  - a. Perform nasopharyngeal suctioning
  - b. Perform tracheostomy care including suctioning
  - c. Introduce oropharyngeal airway
  - d. Care of chest tubes
- 5. Perform blood glucose monitoring with a qualified Clinical Instructor. A qualified Instructor has completed initial BGM Training and maintains annual competency per Policy #1000.007. The Instructor's ID is used when performing the patient test.
- 6. RN students may initiate, maintain and discontinue intravenous therapy and medications. All IV's, IV medications, blood and blood products must be checked and/or co-signed by a AHDB RN staff member or Clinical Instructor.
  - Perform venipuncture for intravenous infusion under the direct supervision of a AHDB RN or Clinical Instructor.
  - b. Select and initiate proper fluid at specified rate
  - c. Add secondary lines
  - d. Flush intermittent locks
  - e. Maintain tubing patency
  - f. Change IV tubing
  - g. Change IV dressings
  - h. Maintain infusion pumps/controllers
  - i. Administer IV push medications
  - j. Check blood products for proper identification
  - k. Report and record transfusion and infusion reactions
  - Maintain and dress subclavian and other central IV line sites
  - m. Discontinue and dress venipuncture site (no PICC, ports or central lines)
- C. Clinical Affiliation Privileges of the Student Nurse requiring INDIRECT SUPERVISION BY THE CLINICAL INSTRUCTOR after competence demonstrated:
  - 1. Prepare and administer medication as prescribed by the physician with the exception of chemotherapeutic agents:
    - a. Oral
    - b. Topical
    - c. Subcutaneous
    - d. Intramuscular
    - e. Intradermal
    - f. Inhalant
    - g. Rectal
    - h. Ear, eye and nose drops
  - 2. AM & PM care, back rubs, etc.
  - 3. Bed making
  - 4. Vital signs
  - 5. Weight and body measurements
  - 6. Fluid balance (intake & output)
  - 7. Skin preps
  - 8. Wound care
  - 9. Gowning & gloving

- 10. Recognition of changes in patient's condition and intervention with basic safety measures (e.g., orientation, restraints, side rails)
- 11. Post mortem care
- 12. Mobility
  - a. Ambulate patient with and without assist devices
  - b. Passive and active range of motion
  - c. Transfer to and from bed to stretcher, wheelchair, chair
  - d. Transfer from one unit to another
- 13. Maintain immobilization and support
  - a. Casts
  - b. Traction
  - c. Splints
  - d. Special bed frames
  - e. Slings
  - f. Binders
  - g. Anti-embolism stockings
- 14. Observe general nutritional status and utilize principles of diet therapy in administering patient care direct and assist with oral feeding.
- 15. Assist patients with equipment for elimination
  - a. Fracture pan
  - b. Bed pan
  - c. Urinal
  - d. Bedside commode
  - e. Ostomy appliances
- 16. Maintain basic oxygen therapy
- 17. Maintain a patent airway
  - a. Supervise coughing and deep breathing exercises
  - b. Position for postural drainage, percussion and vibration
- 18. Administer specific therapeutics
  - a. Ice packs
  - b. Sterile compresses
  - c. Cradle
  - d. Moist heat and cold
- 19. Administer therapeutic baths
  - a. Sitz
  - b. Medicated
- 20. Collect, label and deliver specimens
- 21. Administer non-medicated enemas
- D. Electronic Medical Record
  - 1. The Student Nurse does <u>not</u> put patient orders into the computer.
  - 2. The Student Nurse may utilize the Electronic Medical Record under the indirect supervision of the Clinical Instructor.
- E. Participation in Code Blue:
  - 1. The Student Nurse may observe when it does not interfere with the resuscitation efforts or the dignity of the patient.
  - 2. The Student Nurse may do chest compressions.

- F. Unit Specific Performance Criteria:
  - 1. Critical Care Units (ICU, MPCU, CVSD, CPU, SPCU, Emergency Department)
    - A student works on a "Buddy System" in collaboration with the hospital care team member and clinical instructor.
  - 2. Cardiovascular Intensive Care (CVICU)
    - a. The "Buddy System" is used with one (1) student per RN.
    - b. This is an <u>observation</u> area; however, the student may assist with assessment, AM care, meals, dressing changes, repositioning, and transferring patients under the direct supervision of a CVICU RN.
  - 3. BirthCare Center
    - a. The "Buddy System" is used with one (1) student per RN.
    - b. The student may assist with patient care under the direct supervision of a BirthCare Center RN or the Clinical Instructor.
- G. Documentation in the Patient's Medical Record by the Student Nurse:
  - All "pending" student documentation in the EMR is verified by the nursing instructor or a AHDB RN staff member.
  - 2. Documentation on patients on Medical/Surgical units:
    - a. Observations and care given may be documented in the Electronic Medical Record (EMR). Assessments are verified by a AHDB RN staff member or by the Clinical Instructor.
    - Documentation of administration of medications, IV's, IV medications, blood and blood components, T.P.N. etc. are entered on the Medication Administration Record under the indirect supervision of the Clinical Instructor or AHDB RN staff member.
  - 3. Documentation on patient in MPCU/CVSD/SPCU/CPU/ICU/ER
    - a. Observations and care given to the patient by the Student Nurse may be documented in the EMR. All documentation is reviewed by the Clinical Instructor or a AHDB RN staff member prior to being recorded on the medical record. Assessments are verified by the Clinical Instructor or AHDB RN staff member.
    - b. Documentation of administration of medications, IV's, IV medications, blood and blood components, T.P.N. etc. are entered on the Medication Administration Record under the indirect supervision of the Clinical Instructor or AHDB RN staff member.
  - Documentation on the mother in Birth Care Center: All documentation is reviewed by a AHDB RN and Clinical Instructor prior to being recorded on the medical record. All documentation is verified by a BirthCare Center RN.
    - a. No documentation is done on the baby in the medical record
  - 5. Documentation for the Neonatal Intensive Care Unit
    - a. No documentation is done on the neonate in the medical record

GUIDELINES (FORMS): N/A