# GRAYSON COLLEGE
## ASSOCIATE DEGREE
## NURSING PROGRAM

# NURSING COURSE 3 Clinical

## RNSG 2462

## Spring 2017

**Course Information**

RNSG 2462, Clinical Nursing 3

**Professor Contact Information**

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**Course Pre-requisites, Co-requisites, and/or Other Restrictions**

RNSG 1523, 1119, 1460, 2504, 1144, 1461 or 2404, 1227; 2404,1227; BIOL 2320, 2120, 2301, 2101, 2302, 2102; PSY 2301, 2314. Must be taken concurrently with RNSG 2414.

**Course Placement**: Third semester of the nursing program

**Course Description**

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. This course must be taken concurrently with RNSG 2414.

**Student Learning Outcomes**

Member of the Profession:

1. Demonstrate professional attitudes and behaviors.
2. Demonstrate personal accountability and growth.
3. Advocate on behalf of patients, families, self, and the profession using established guidelines.

Provider of Patient-Centered Care:

1. Use clinical decision making skills to provide safe, effective care for two or more patients and families.
2. Develop, implement and evaluate teaching plans to meet the needs of patients and families.
3. Integrate a caring approach in the provision of care for diverse patients and families.
4. Perform skills safely and correctly in the provision of patient care.
5. Manage resources in the provision of safe, effective care for patients and families.

Patient Safety Advocate:

1. Implement measures to promote a safe environment for patients, self, and others.
2. Formulate goals and outcomes to reduce patient risk using evidence-based guidelines.

Member of the Healthcare Team:

1. Initiate and facilitate communication to meet the needs of patients and families.
2. Collaborate with patients, families, and healthcare team members to promote quality care.
3. Develop skills as the leader of a student team.

**Scans Skills:**

When taken concurrently with RNSG 2414, the following skills will be achieved:

*Workplace Competencies*

1. Resources: Identifies. Organizes, Plans and Allocates Resources:
   Students in RNSG 2462 have to be able to allocate their time and material/facility resources in an efficient manner in the clinical setting. They must be able to manage the care of a group of clients in the clinical setting. Students must organize and plan patient care activities so that the work is completed in the allocated time. Concepts of making client assignments for a team, that helps students learn how to distribute the patient care among members of the team, is introduced.

2. Interpersonal Skills: Works with Others
   Students in RNSG 2462 must demonstrate skills of negotiation, delegation, and participation as a member of a team. Students learn to use concepts of management and evaluation skills as they work with other healthcare team disciplines. Students are also expected to meet self-directed learning goals that enable them to identify needs of growth.
3. Information: Acquires and Uses Information
   Students in RNSG 2462 must continue with development -of information skills so that all resources of patient information are used to collect data. Sources of information include the individual hospital information systems, the college's extensive collection of resources including internet, CAI, (available in the Health Science computer lab), patient record, physician record, nursing journals and other available references.

4. Systems: Understands Complex Inter-Relations
   Students in RNSG 2462 must be able to practice within the legal scope of nursing practice. This legal scope includes the state of nursing regulations, federal legislation, state statutes and common law. The practice of nursing is governed by the Nurse Practice Act, which was enacted by the state legislature. A variety of laws are enacted at the state level that has a direct impact on the nurse providing clinical care.
5. Technology: Works with a Variety of Technology
   Students in RNSG 2462 must be able to manage information and knowledge with use of advanced and emerging technology. Emerging technologies can be used to provide linkages, specifically information technologies used for information handling. The current focus is on using information collected by emerging technologies to gain a competitive advantage in healthcare.

*Foundation Skills*

1. Basic Skills: Reading, Writing, Math, Listening and Speaking
   Students in RNSG 2462 are required to do several written assignments reflective of their clinical experiences such as nursing care plans and/or teaching plans. Participation in case study presentations is also required. Dosage calculations on math mastery exams requiring 90% competency is required.
2. Thinking Skills: Creative Thinking, Problem Solving, Visualizing Relationships, Reasoning and Learning
   Students in RNSG 2462 are encouraged to be active participants in the learning process as well as self-directed learners. They must be able to identify their learning needs. Formulation of a philosophy of Nursing and personal values are exposed. By recognizing and identifying problems in the client populations, students develop and implement a plan of care.
3. Personal Qualities: Responsibility, Self-esteem, Sociability, Self-Management, Integrity and Honesty
   Students in RNSG 2462 critique themselves after each clinical day with regard to professional development. They are expected to demonstrate the professional nursing role by expressing insight into their own learning needs. They must demonstrate respect for others, assume accountability for decisions and/or actions and involve self in finding solutions to problems.

**Required Textbooks and Materials: See RNSG 2414 Syllabus**

**Required Assignments: Specific assignments, requirements, objectives, and clinical forms related to RNSG 2462 are included at the end of the course syllabus for ease of printing.**

**Academic Calendar: See RNSG 2414 syllabus**

## Methods of Instruction

1. Discussion
2. Group Process - Role Play
3. Simulation of client situations
4. Study Guides
5. Audio-visual /Computer materials
6. Clinical practicum
7. Written assignments
8. Required textbooks
9. Instructor - student conferences
10. Supervised care of selected clients
11. Daily evaluation

## Clinical Evaluation

(Revised 11/2015)

1. A student must pass theory, lab and clinical courses to progress to the next nursing level.

2. The clinical grade is based upon clinical performance and written assignments.
   A. Clinical performance will be evaluated by the clinical professor on a daily evaluation sheet, and on the *Clinical Performance Evaluation Tool* at mid-semester and upon completion of the semester.
   B. Clinical performance is evaluated as a “Pass” or “Fail” grade. To receive a clinical grade of “Pass”, the student must, at the completion of the clinical course, exhibit a satisfactory level of 75% or better on all starred (*) criteria (behaviors) on the *Clinical Performance Evaluation Tool*.
   C. All assignments listed in the syllabus as well as any additional assignments given by the clinical professor must be satisfactorily completed and submitted to the clinical professor by the designated deadline date in order to receive a grade of “Pass.” Assignments include returning the signed daily evaluation back to the instructor by the designated deadline.
   D. Continued failure to turn in assignments by the designated deadline will result in an “Unsatisfactory” for each day / week that the assignment is late.

**Course & Instructor Policies**

**Clinical Readiness Exam**
(Reviewed 8/14)
In order to satisfy requirements of the program, clinical facilities and accrediting agencies, all nursing students must pass a clinical readiness exam before clinical begins in Nursing 1 & 3, or upon re-entry into a previously enrolled semester if it has been more than one semester since the student was in a clinical course. The student will have two attempts to pass the exam with a score of 75%. Students who do not pass with a score of 75% within two attempts will not be able to progress in the clinical component of the program. A *Clinical Readiness Exam* study guide is available to assist the student to prep for this exam.

# Clinical Readiness Requirement

In order to satisfy requirements of the program, clinical facilities and accrediting agencies, each student is required to pass a clinical readiness exam prior to beginning their clinical experience. The student will have two attempts to pass the exam with a score of 75 %, and must be passed at the beginning of the Freshman and Sophomore year. Students who do not pass will not be able to progress in the clinical component of the program.

Topics to be included in the clinical readiness exam may include:

a) Patient identification
b) Communication among caregivers
c) Safety issues related to client medications
d) Universal protocols to eliminate wrong-site, wrong-patient, wrong-procedure surgery
e) Serviceable medical equipment
f) Clinical alarm systems
g) Health care-associated infections
h) Medication reconciliation across the continuum of care
i) Client falls
j) Abuse and neglect
k) Electrical safety
l) Fire safety
m) Hazardous materials
n) Sentinel events
o) Infection control
p) Tuberculosis: personal protective equipment
q) Client rights
r) Restraints
s) Cultural competence

t) Developmental (age specific) competence
u) Rights and safety of healthcare personnel
v) Latex allergy
w) Needle stick injury
x) Sexual harassment and workplace violence
y) Organizational ethics and compliance
z) Emergency preparedness: disaster and bioterrorism

## Attendance Policy

(Revised 11/14)

Regular attendance is mandatory for accomplishment of the ADN program's goals and objectives. The ADN program adheres to the *Grayson College Student Handbook* attendance policy. Should absences occur which do not allow for full evaluation of student performance (quality and consistency) faculty will be unable to assign a passing grade.

The following policies are specific to the clinical course.

1. Attendance on the assigned clinical day is mandatory. Any missed clinical time must be made up. More than one clinical absence during the entire program may be grounds for dismissal based on the recommendation of the Admission, Retention and Graduation Committee.
2. Students must attend all pre and post-conferences either in the clinical setting or on campus (i.e., guest speakers, lab practices, etc.).
3. Students are expected to remain on the clinical campus during the entire clinical day. If a student must leave the clinical campus during a designated meal or break time, the student must have permission of the clinical instructor and is responsible to ensure that there is adequate coverage to meet the needs of assigned clients.
4. Students must notify the professor or a designated alternate at least one hour prior to time scheduled for clinical if they are going to be absent. Failure to notify the professor will be reflected on the clinical evaluation and may result in a clinical failure.

## Clinical Dress Code

(Revised 04/15)

The following are the requirements for student dress in the ADN program. While in uniform, the student **must** observe the dress code regulations at all times. Instructors will notify students of required modifications for specialty areas.

1. Students must purchase the required brand, style and color of the scrubs approved for the current class. (Refer to *Clinical Uniform and Supplies* policy received during program orientation.)
2. When in uniform, top and pants must be of one color. (Different colored pants and tops may not be mixed) The assigned clinical agency will determine which color uniform is acceptable and will be part of the clinical orientation.
3. A designated ADN program approved white long sleeve or short sleeve shirt may be worn <u>under</u> the uniform for warmth or modesty.
4. Shoes must be conservatively and professionally styled with closed toes. Other than a medical device, boots of any type are not to be worn during the clinical day. Solid white or black socks or hose must be worn with the uniform. Socks must be a minimum of ankle length or longer.
5. The ADN program patch must be sewn on the left sleeve of each uniform and lab coat. These must be sewn on. Staples, safety pins or Velcro are not acceptable. The patch should be centered and located one inch below the shoulder seam.
6. A current Grayson College ADN program photo ID badge must be worn on the uniform at all times. Students will not be allowed to remain in clinical without the appropriate Grayson College-ID badge. (Available in the Student Life Center)
7. Any style lab coat or jacket may be worn over the uniform. However, it must be all white with an ADN program patch sewn on left sleeve.
8. Students are to maintain the following general appearance and decorum when in uniform.
   a. Neat, clean and well-groomed appearance.
   b. Shoes and uniforms must be clean and neat at all times.
   c. Uniform must be appropriate length and fit.
   d. Hair must be kept off shoulders. Collar length is acceptable if secured so as to not fall forward from the face.
9. Jewelry limited to:
   - Medical ID bracelet if needed. No other necklaces or bracelets.
   - One set of stud earrings (approximately 4mm in diameter, no colors). Only one stud allowed and only in each lower ear lobe.

- Earlobe expanders must be removed and replaced by a flesh-colored earlobe plug.
- Plain wedding ring only.
- No visible body piercing other than normally placed for stud earrings (in lower ear lobe).

10. No nail polish, artificial nails or tips; length of nails must not be visible over fingertips.
11. All tattoos must be covered.
12. Hair, breath and clothing must be free of perfume, smoke or other odors in the clinical area.
13. White laboratory coats with ADN program patch and Grayson College picture ID **must** be worn over street clothes (no jeans, shorts, open toe shoes, or unprofessionally short skirts allowed) when performing other assigned activities that do not require wearing the school uniform.
14. Nursing student uniforms may be worn outside the clinical area **only** during classes, laboratory sessions, or events directly related to educational experiences offered by the ADN department. Student uniform or lab coat with the college patch, and the college name badge may not be worn on any job not associated with the Grayson College nursing program. Students working outside the program may not sign S.N. (Student Nurse) to any documentation.
15. In addition to the uniform requirements listed above, students participating in a clinical course are required to have the following items with them:
    - Watch with second hand
    - Ball point pen with black ink
    - Black Sharpie pen
    - Bandage scissors
    - Hemostats
    - Stethoscope
    - BP cuff
    - Pen light
    - Safety goggles (optional)
    - Pocket organizer (optional)
    - Additional items specified by clinical instructor

Students are recognized by the public as representatives of Grayson College. A student's appearance reflects not only on themselves, but on the college. Therefore, students can expect to be reminded of the dress code regulations by any faculty member who observes them improperly dressed. In addition, instructors may choose to remove students from an area in which they are not appropriately dressed and/or assign a "U" (Unsatisfactory) for the clinical day.

## Clinical Procedures Policy

(Revised 5/15)

1. Medications may be administered only after satisfactory completion of a campus laboratory student demonstration (check-off).
2. Procedures not marked may be performed independently by the student following satisfactory lab check-off.
3. All procedures marked with a **(*)** must be supervised by a faculty member until released for supervision by a designated Registered Nurse.
4. All procedures marked with a **(#)** must be supervised by the faculty member until released for supervision by a designated Registered Nurse; or by an assigned student team leader after approval by the instructor.
5. If an error is made while completing a procedure, the student must follow the *Procedure Variance Policy.*
6. Removal of any medical device must be approved or supervised by the clinical instructor or approved Registered Nurse.
7. During Role Transition, the clinical preceptor is the "designated RN."

| Nursing 1 | Nursing 2 | Nursing 3 | Nursing 4 |
|---|---|---|---|
| Vital signs | Vital signs | Vital signs | Vital signs |

| | | | |
|---|---|---|---|
| Bed making | Bed making | Bed making | Bed making |
| Bed bath | Bed bath | Bed bath | Bed bath |
| ROM exercises | ROM exercises | ROM exercises | ROM exercises |
| Transfers / positioning | Transfers / positioning | Transfers / positioning | Transfers / positioning |
| Health assessment | Health assessment | Health assessment | Health assessment |
| Glucometer check | Glucometer check | Glucometer check | Glucometer check |
| | | Basic EKG interpretation | Basic EKG interpretation |
| Dressing change<br>Non-sterile dressing<br>Sterile dressing *<br>Central line dressing * | Dressing change<br>Non-sterile dressing<br>Sterile dressing *<br>Central line dressing * | Dressing change<br>Non-sterile dressing<br>Sterile dressing #<br>Central line dressing # | Dressing change<br>Non-sterile dressing<br>Sterile dressing #<br>Central line dressing # |
| | NG tube insertion * | NG tube insertion * | NG tube insertion * |
| | Gastric tube feeding * | Gastric tube feeding * | Gastric tube feeding * |
| | Urinary catheterization * | Urinary catheterization * | Urinary catheterization * |
| Medication administration | Medication administration | Medication administration | Medication administration |
| Oral * | Oral * | Oral * | Oral * |
| Intramuscular * | Intramuscular * | Intramuscular * | Intramuscular * |
| Intradermal * | Intradermal * | Intradermal * | Intradermal * |
| Subcutaneous * | Subcutaneous * | Subcutaneous * | Subcutaneous * |
| Suppository * | Suppository * | Suppository * | Suppository * |
| Topicals * | Topicals * | Topicals * | Topicals * |
| Inhalers * | Inhalers * | Inhalers * | Inhalers * |
| Eye / ear meds * | Eye / ear meds * | Eye / ear meds * | Eye / ear meds * |
| | NG / PEG tube meds * | NG / PEG tube meds * | NG / PEG tube meds * |
| | IV push / IV piggyback * | IV push / IV piggyback * | IV push / IV piggyback * |
| | Venipuncture / IV insertion* | Venipuncture / IV insertion * | Venipuncture / IV insertion * |
| | Blood specimen collection* | Blood specimen collection * | Blood specimen collection* |
| | Access implanted venous port* | Access implanted venous port* | Access implanted venous port* |
| | | Nasotracheal suctioning * | Nasotracheal suctioning * |
| | | Tracheostomy suctioning * | Tracheostomy suctioning * |
| | | Tracheostomy care * | Tracheostomy care * |

**Additional policies specific to the Nursing Program are published in the ADN Student Handbook.**

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**Grayson College is not responsible for illness/injury that occurs during the normal course of classroom/lab/clinical experiences.**

**These descriptions and timelines are subject to change at the discretion of the Professor.**

**Grayson College campus-wide student policies may be found on our Current Student Page on our website:**
http://grayson.edu/current-students/index.html

# Specialty Area Objectives

A clinical experience in a specialty area involves personal & professional responsibility in the following areas:

1. Preparation prior to the clinical experience as assigned
2. Communication & collaboration with the specialty area staff & your assigned preceptor
3. Completion of the specialty area objectives for the assigned experience

4. Completion of two clinical objectives
5. Timely submission of required paperwork related to your experience

**Emergency Room Clinical Objectives**

1. Report to the ER supervisor or charge nurse following pre-conference. Assist an RN preceptor with client assessment, care and discharge. Invasive procedures may be performed with RN preceptor supervision. Observe the process of triage.
2. Written work: Submit a summary of your day. Compare nursing care you performed with standard triage procedures. Complete the two additional objectives you were assigned. Submit daily evaluation.

**Day Surgery Clinical Objectives**

1. Report to the DS supervisor or charge nurse at the time designated by the instructor. Assist with client assessment, care and discharge in the pre- and post-operative phases. Observe and assist with IV fluid preparation and IV insertion as available. Invasive procedures may be performed with RN preceptor supervision.
2. Written work: Submit a summary of your day. Identify nursing priorities observed in the pre and post-operative phases. List nursing care and skills performed. Complete the two additional objectives you were assigned. Submit daily evaluation.

**Critical Care Clinical Objectives**

1. Report to the ICU charge nurse following pre-conference. Assist with client assessment and care. Invasive procedures may be performed with RN preceptor supervision. Manually calculate IV flow rates on any continuous IV infusions, such as dopamine, lidocaine or heparin. Compare your results with the computer generated calculations. Perform a complete systems assessment for one client.
2. Written work: Submit a summary of day. Submit your math calculations, systems assessment, and a list of nursing care and skills. Complete two additional objectives that you were assigned. Submit your daily evaluation.

**Cardiac Cath Lab Clinical Objectives**

1. Report to the cath lab supervisor or charge nurse following pre-conference. Observe nursing priorities of care. Observe the procedure and assess for arrhythmias on the ECG. Identify medications used during the procedure.
2. Written work: Submit a summary of your day. List nursing priorities observed, ECG rhythms observed, and medications administered during the procedure. Complete the two additional objectives you were assigned. Submit your daily evaluation.

**GI Lab Clinical Objectives**

1. Report to the GI Lab following pre-conference. Observe nursing priorities of care prior to, during, and post-procedure. Observe procedures, and identify medications used during the procedure. Invasive procedures may be performed with RN preceptor supervision.
2. Written work: Submit a summary of your dayList nursing priorities observed, medications used, and nursing care and skills you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

**Operating Room Clinical Objectives.**

1. Report to the OR at designated time. Observe the responsibilities and priorities of the circulating RN.
2. Written work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the circulating nurse and the operative procedures observed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

## Hyperbarics/Wound Care Clinical Objectives

1. Report to the Hyperbarics Unit following pre-conference. Observe the nursing care and priorities of the hyperbarics & wound care nurses. Assist with wound care procedures. Invasive procedures may be performed with RN preceptor supervision.
2. Written work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the hyperbarics & wound care nurses. List procedures you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

## Pediatrics Clinical Objectives

1. Observe the nursing care priorities and nursing care performed by the pediatric nurse. Assess and implement care for a pediatric client. Invasive procedures may be performed with RN preceptor supervision. Complete a full systems assessment on a pediatric client. In addition, include the following information:
   Age, height, weight.
   Locomotor skill level (sitting, crawling, walking, etc.)
   Developmental stage, including evidence of successful accomplishment of previous stage (Erickson)
   Interaction with family members
2. Written work: Submit a summary of your day. Describe nursing care and priorities of the pediatric nurse and the procedures you performed. Complete assessment data. Complete the two additional objectives you were assigned. Submit your daily evaluation.

## Rehabilitation Unit Clinical Objectives

1. Observe the nursing care priorities and nursing care performed by the rehab nurse. Implement nursing care for a group of clients. Invasive procedures may be performed with RN preceptor supervision. Attend an interdisciplinary team meeting, if possible.
2. Written work: Submit a summary of your day. Describe the nursing care priorities in the rehab setting and the care and procedures you performed. Describe team collaboration observed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

## Telemetry Unit Clinical Objectives

1. Observe telemetry recordings for normal electrical activity. Identify electrical and mechanical interference. Identify normal sinus rhythm, and compare with abnormal ECG recordings. Observe collaboration between the telemetry nurse and telemetry technician.
2. Written work: Submit a summary of your day. Describe the cardiac rhythms observed and the significance and treatment of each dysrhythmia. Complete the two additional objectives you were assigned. Submit your daily evaluation.

## Case Manager Clinical Objectives

1. Observe the role of the case manager. Identify priorities of case management, and communication and collaboration skills used to implement care.
2. Written work: Submit a summary of your day. Describe the role and priorities of the case manager, and the collaboration and communication skills observed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

## House Supervisor Clinical Objectives

1. Observe the role of the house supervisor. Identify priorities of the house supervisor, and the impact this role has on the provision of client care.
2. Written work: Submit a summary of your day. Describe the role and priorities of the house supervisor, the impact on client care, and your activities during the experience. Complete the two additional objectives you were assigned. Submit your daily evaluation.

### Obstetrics Specialty Objectives

1. Report to the unit following preconference. Assist with client care. Perform a complete systems assessment for one client.
2. Written Work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the OB nurses. List procedures you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

### Radiology Nursing Specialty Objectives

1. Report to the radiology nurse following preconference. Assist with nursing procedures and start IV's supervised by the radiology RN.
2. Written work: Submit a summary of your day. Describe the nursing care and priorities demonstrated by the radiology nurse. List procedures you performed. Complete the two additional objectives you were assigned. Submit your daily evaluation.

### Simulation Lab Specialty Objectives:

1. Completes preparatory assignment prior to attending SIM Lab.
2. Completes all applicable components of the daily evaluation form.
3. Actively participates in role playing and simulation scenario's.
4. Contributes to the debriefing process using a positive approach.

### Psychiatric Objectives

1. Attends psychiatric clinical rotation and completes written assignment.
2. Attends 1 approved community support group meeting and completes written assignment.
3. Completes daily clinical evaluation.

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**RNSG 2462**

# WRITTEN CLINICAL REQUIREMENTS

** Team Leaders and / or designated others are responsible for bringing an NCLEX-RN review book and drug reference to clinical for patient care preparation during pre-conference time.

1) **One comprehensive assessment:**
   Completed weekly until satisfactory grade is achieved.
   Remember to include labs, meds, etc.
   Not due when team leader.
   Blank form included in packet

2) **One priority problem each week:**
   Identified from systems assessment; focused and documented sample nursing note entry.
   Use blank **"Priority Nursing Diagnosis and Interventions"** form included in packet.
   Sample included in packet
   Not due when team leader.

3) **Completed daily evaluation:**
   Each clinical day documented on one weekly form.

4) **Team leader or team member evaluations**
   Blank forms included in packet

5) **Client Teaching plan:**
   One per semester.
   Use blank **"Teaching Plan Form"** included in packet
   Include Teaching Plan Evaluation form included in packet

6) **Grand Rounds Presentation**
   One per semester
   Use guidelines included in packet
   Include Evaluation form

**7) Med Administration sheet** (see example)
   All meds given each week should be documented on the Med Administration Sheet

# TEAM LEADER / MEMBER CLINICAL RESPONSIBILITIES

Daily student assignments will be organized around either direct client care or objectives for use in specialty areas. In addition to specific clinical objectives for the day, the student will:

a) prioritize needs and manage care for a group of clients.
b) perform assigned client care.
c) perform assigned nursing skills.
d) complete all assignments in a reasonable time.
e) complete written assignments by designated deadline.
f) utilize the nursing process as the basis for clinical performance.
g) maintain professional behavior and attitudes in the clinical area.

**STUDENT TEAM MEMBERS WILL:**

1. Prepare for clinical by:
   a) obtaining client assignment from Student Team Leader.
   b) organizing a nursing care flow sheet.
   c) having appropriate drug information for all assigned clients.
   d) reviewing standardized care for initially assigned clients

2. Provide / manage client care by:
   a) receiving a report on all assigned clients.
   b) completing an assessment and charting on all assigned clients within one hour of obtaining report.
   c) independently administering non-invasive nursing care to a group of assigned clients.
   d) seeking instructor for supervision of medication, treatments, etc., as appropriate.
   e) keeping the Student Team Leader and primary nurse informed of assigned clients' status.
   f) documenting pertinent, complete information on client's chart, flow sheets, graphics, etc.
   g) giving a pertinent report on all assigned clients to the appropriate nurse.

3. Utilize the nursing process as the basis for all nursing care by:
   a) collecting assessment data and identifying problems on all assigned clients.
   b) analyzing and formulating nursing diagnoses.
   c) planning goal-directed nursing interventions.
   d) implementing nursing care according to plan, and seeking instructor verification when appropriate.
   e) evaluating care provided, and revising care when appropriate.

4. Function as a member within the Discipline of Nursing by:
   a) meeting all objectives for professional behavior and attitude as identified on the clinical evaluation tool.

**STUDENT TEAM LEADERS WILL:**

1. Organize clinical by:
    a) assigning clients for individual Student Team Members on the day of clinical. Assignments should include clients appropriate to the unit of study when possible.
    b) posting assignments according to hospital requirements.
    c) constructing and utilizing a nursing care flow sheet.
    d) assigning breaks and lunch for Student Team Members.
    e) planning, organizing and directing the activities of Student Team Members

2. Provide / manage care by:
    a) receiving and giving report for assigned clients.
    b) making nursing assessment rounds for all team clients.
    c) supervising and assisting team members with clients care as appropriate.
    d) consulting with appropriate nurse and instructor regarding changes in client status.
    e) making rounds with HCP, head / charge nurse and instructor.
    f) advising Student Team Members of any changes in orders for assigned clients.
    g) reviewing information documented on client chart and in electronic record.
    h) coordinating Team Leader activities with those of other health team members.
    i) facilitating communication between students and other health team members.
    j) conducting a student conference.

3. Utilize the nursing process by:
    a) collecting assessment data and identifying problems.
    b) analyzing and formulating nursing diagnoses.
    c) planning nursing activities according to team priorities.
    d) implementing planned activities, following verification with instructor when appropriate.
    e) evaluating team activities and revising team priorities as needed.

4. Function as a member within the Discipline of Nursing by:
    a) meeting all objectives for professional behavior and attitude as identified on the clinical evaluation tool.

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 2462
***1 due weekly when team member***

Priority Nursing Diagnosis & Interventions

***CLIENT ROOM:*** _____ ***STUDENT:*** ________________ ***DATE:***________

Medical Diagnosis_______________________________________

**Nursing Diagnosis:** ______________________________________________

**R/T:** ______________________________________________

**A.M.B.** ______________________________________________

**GOAL:** ______________________________________________

**PLANNED INTERVENTIONS:**

1. ______________________________________________
2. ______________________________________________
3. ______________________________________________
4. ______________________________________________

**EVALUATION:** (Problem focused nurses' note)

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

# Priority Nursing Diagnosis & Interventions

## *(SAMPLE)*

**Nursing Dx**: Acute Pain
**R/T:** frequent severe headaches secondary to hypertensive episodes
**A.M.B.**
a. client reports pain of "10" on scale of 0 – 10
b. client exhibits clenched jaws, pinched features & tightly closed eyes
c. client appears agitated

**Goal:** Client will report pain < 3 by the end of the shift
**Planned Interventions:**
a. Acknowledge presence of pain
b. Identify activities that increase pain
c. Administer analgesics as ordered
d. Teach distraction techniques
e. Assess BP q 2 hours
f. Review antihypertensive regimen with HCP

**Evaluation: (**Problem-focused nurse's note)
0730 BP 130/88. Alert, oriented, denies pain at present. Reports episode of severe headache during the night, relieved with pain medication.
0930. Returned from xray dept with c/o severe pain 10 on scale of 0 – 10. Agitated, voiced displeasure at not being given Catapres the evening prior for BP. Acknowledges that BP was not elevated the night before, and that the night nurse explained that the medication was ordered PRN for elevated BP. Encouraged client to discuss BP management with physician if a change in med regimen is desired. Client verbalized understanding and stated that taking BP med at night prevents a headache & high BP the next morning. BP at present 188/104.
0940 Morphine 2 mg given IVP for pain.
0950. Client reports decrease in headache. Rates at a 5. Instructed on relaxation techniques. Demonstrated understanding by performing deep breathing. Verbalized a willingness to use techniques when pain starts. BP 172/90.
1015 Client reports headache as "tolerable." Rates at a 3.
1030. HCP notified of client's request for PM dose of antihypertensive. New orders received, and client notified of new orders to begin this evening.

I. Wannabe A. Goodnurse, SN

Revised: May 2014

**Medication Sheet EXAMPLE**
Due weekly for each client

| **Medication (brand/generic) Dose/route** | **Classification Information** | **Nursing Interventions (expected outcome of the med, what the nurse will monitor or watch for)** | **Relevant Supporting Data (Actual Patient Data)** |
| --- | --- | --- | --- |
| Furosemide/ Lasix<br>20mg IV BID | Loop Diuretic | May give undiluted 20mg over 1 minute.<br>Check electrolyte level<br>Monitor Urine Output, b/p | Given slowly over 1 minute<br>K level 3.9<br>UO 900ml for the shift<br>b/p 140/88 |
| Insulin/ Humulin R<br>Sliding scale<br>Subcutaneous | Antidiabetic Agent | Insulin syringe<br>Give 30min before meals<br>Rotate sites<br>Monitor blood glucose<br>Monitor for s/s of hypoglycemia | 5 units given subcutaneously in Lt upper arm 30 min before breakfast and 2 units in Rt upper arm 30 min before lunch<br>BSG = 198 0600<br>BSG = 134 12:00<br>No s/s hypoglycemia |
| Digoxin<br>0.05 mg PO QD | Antiarrhythmic | Check apical rate for 1 minute<br>Monitor rhythm<br>Hold if HR less than 60<br>Monitor for s/s of bradycardia<br>Monitor dig and K levels<br>Hold if dig level > 2ng/ml<br>Monitor for s/s dig toxicity | HR 86<br>Atrial Fibrillation<br>Dig level 1.4<br>K level 4.0<br>No visual disturbance, n/v |
| Tenormin/ Atenolol<br>25mg PO QD | Beta-adrenergic antagonist<br>Antihypertensive | Monitor B/p<br>Monitor for s/s of hypotension after administration<br>Encourage to change positions slowly | b/p 140/88 0700<br>b/p 128/78 1 hr after administration at 10:00<br>no s/s of hypotension |
| Xanax/ Alprazolam<br>0.5 mg PO q 8 hrs prn | Antianxiety Agent | Assess CNS effects and risk for Falls | pt alert and oriented x 4, fall precautions in place |
| Zoloft / Sertraline HCL<br>60 mg PO daily | Antidepressant | Monitor appetite and nutritional intake<br>Monitor mood changes | Ate 90% of breakfast, appetite adequate, pt calm, cooperative and attentive |
| | | | |

Client room___________ Student______________________Date________________

Medication Sheet (Meds given by student)

| Medication (brand/generic) Dose/route | Classification Information | Nursing Interventions (expected outcome of the med, what the nurse will monitor or watch for) | Relevant Supporting Data (Actual Patient Data) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Nursing Comprehensive Assessment

Date: ___________ Time: ___________

Informant: □ Patient □ Other__________

Reason for Admission (client's own words):____________________________________________________________________________

________________________________________________________________________________________________

Onset & Duration_______________________

Rm #_____ Age ______ Date of admission_______

Advanced directive status: □ Living Will □ DNR □ POA □ None

Current Diagnosis: ___________________ Other Diagnoses_________________________________________________

Current Surgery & Date______________________________

CODE Status: □ Full □ DNR □ Other________ Isolation Status: _______________ Reason_____________________

ID band present: □ No □Yes Allergy band present □ No □Yes

| **Allergies** | **Reaction** |
| --- | --- |
| | |
| | |
| | |
| | |
| | |

Past Medical History:

□ Respiratory Problems____________________ □ Cardiovascular Problems___________________

□ COPD/Emphysema □ Pneumonia □Hypertension □Heart Disease □ Peripheral Vascular Disease □Stroke

□GI problems_____________ □Endocrine Problems___________ □ GU problems__________

□Liver disease □Diabetes □Thyroid problems □Kidney disease

□ Integumentary problems____________ □ Neurological Problems______________ □Cancer_____________

□Seizures

□ Musculoskeletal problems________________

□ Arthritis/Joint Disease

Past Surgical History and dates (if available)

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Family History: □Hypertension___________ □Diabetes_________ □Stroke_________

□Seizures_____________ □Kidney disease_________ □Cancer_________

□Liver disease_________ □Thyroid problems________ □Heart Disease__________`

## Vital signs

| **Temp:** O/R/A/T | **Pulse:** Reg/Irreg | **$SpO_2$:** RA/NC | **$O_2$@____LPM** | **Respiration:** | **BP:** Lying/ Sitting/ Standing | **Wt:** <br> **Ht:** |
|---|---|---|---|---|---|---|
| | | | | | | |

PsychoSocial

□Lives alone □Lives with_____________ Ethnic Origin: ____________

Marital Status: □ Single □ Married □ Divorced □ Widowed Primary Language: _______________

Religion: _____________ Education: ______________

Immunizations current: □ Flu Vaccine_________ (last date given) □ Pneumonia Vaccine_________ (last date given)

Nicotine Use: □ No □Yes- How much? _________ How Long? __________ What type? ______________

Hx of Nicotine Use □ No □Yes Date of Cessation_______

Alcohol Use: □ No □Yes- How much? _________ How Long? __________ Last Drink? _____________

Social Drug Use: □ No □Yes- Type? _________ Frequency? __________ What type? ______________

Hx of Drug Use □ No □Yes Date of Cessation_______

Support Services: □ No □Yes- Type? □ HHC □ Hospice □ Other__________________

Supportive Relationships: □ No □Yes- Type? _____________

Additional Help needed? □ No □Yes- Referral made to ____________________

Erikson's Developmental Stage______________________________

Safety

Call System in Reach: □ Yes □ No

Wheels Locked: □ Yes □ No

Seizure precautions: □ Yes □ No

Offer Toileting: □ Yes □ No

Fall Precautions: □ Yes □ No

Keep Floor Clear of clutter: □ Yes □ No

Provide orientation to unit: □ Yes □ No

Bed in lowest position: □ Yes □ No

Bed Alarm on: □ Yes □ No

Side Rails up x2: □ Yes □ No

Non-skid footwear when out of bed: □ Yes □ No

Swallow Precautions: □ Yes □ No

Circle the numbers that apply under each heading:

| **Braden Scale** | | | | | |
|---|---|---|---|---|---|
| **Sensory Perception** (Ability to respond to pressure r/t discomfort) | **Moisture** (Skin exposed to moisture) | **Activity** (Degree of physical activity) | **Mobility** (Ability to change and control body position) | **Nutrition** (Food intake pattern) | **Friction/ Shear** |
| No impairment (4) | Rarely Moist (4) | Walk Freq. (4) | No Limitations (4) | Excellent (4) | No Problem (3) |
| Slightly Limited (3) | Occ. Moist (3) | Walk Occ (3) | Slightly Limited (3) | Adequate (3) | Pot. Problem (2) |
| Very Limited (2) | Very Moist (2) | Chairfast (2) | Very Limited (2) | Inadequate (2) | Problem (1) |
| Comp. Limited (1) | Const. Moist (1) | Bedfast (1) | Immobile (1) | Very Poor (1) | |

Total Score_______ An adult score <18 is at risk for developing pressure sores.

# Review of Systems

## Sensory

**Eyes:** PERRLA: □ Yes □ No

Impaired Vision: □ Yes □ No Glasses/Contacts: □ Yes □ No Double Vision: □ Yes □ No

Blurred Vision: □ Yes □ No Pain: □ Yes □ No Inflammation: □ Yes □ No Itching: □ Yes □ No

Color Blind: □ Yes □ No Pupils Abnormal: □ Yes □ No

Drainage: □ Yes □ No Color __________ Amount __________

Ophthalmic Medications

______________________________________________________________________

______________________________________________________________________

Labs/Diagnostic

Tests__________________________________________________________________

Comments_______________________________________________________________

______________________________________________________________________

## Ears:

Impaired Hearing: □ Yes □ No R/L/Both Deaf: □ Yes □ No R/L/Both
Hearing Aid: □ Yes □ No R/L/Both
Signs/Symptoms:
Tinnitus: □ Yes □ No ↓ sense of balance: □ Yes □ No Pain: □ Yes □ No
Drainage: □ Yes □ No Color __________ Amount __________
Otic Medications
______________________________________________________________________
______________________________________________________________________
Labs/Diagnostic
Tests____________________________________________________________________
Comments_____________________________________________________________________
________________________________________________________________

## Nose:

Signs/Symptoms:
Congestion: □ Yes □ No Pain: □ Yes □ No Sinus problems: □ Yes □ No
Nasal Flaring: □ Yes □ No Alignment: □ Yes □ No Nosebleeds: □ Yes □ No -Frequency_____
Drainage: □ Yes □ No Color __________ Amount __________
Nasal Medications
______________________________________________________________________
______________________________________________________________________
Labs/Diagnostic
Tests____________________________________________________________________
Comments_____________________________________________________________________
________________________________________________________________

## Mouth:

Gums: Pink: □ Yes □ No
White: □ Yes □ No
Red: □ Yes □ No
Bleeding: □ Yes □ No
Ulcers: □ Yes □ No

Tongue: Pink: □ Yes □ No
Coated: □ Yes □ No
Swollen: □ Yes □ No
Sore: □ Yes □ No

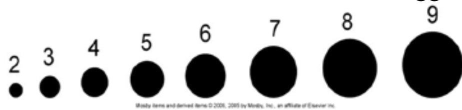
Signs/Symptoms:
Dentures: □ Yes □ No □ Upper □ Lower □ Partials Poor dentition: □ Yes □ No
Halitosis: □ Yes □ No Pain: □ Yes □ No ↓ sense of taste: □ Yes □ No
Medications
______________________________________________________________________
______________________________________________________________________
Labs/Diagnostic
Tests____________________________________________________________________
Comments_____________________________________________________________________
________________________________________________________________

## Throat/Neck:

Signs/Symptoms:
Sore Throat: □ Yes □ No Hoarseness: □ Yes □ No Lumps: □ Yes □ No
Swollen glands: □ Yes □ No Stiffness □ Yes □ No Pain: □ Yes □ No
Dysphagia: □ Yes □ No
Medications
______________________________________________________________________
______________________________________________________________________

Labs/Diagnostic
Tests_______________________________________________________________________________
Comments____________________________________________________________________________________
___________________________________________________________________________

**Neurological:**
Oriented: □ Person □ Place □ Time □ Situation □ Disoriented
LOC: □ Alert □ Forgetful □ Confused □ Drowsy □ Lethargic □ Comatose
Speech: □ Clear □ Slurred □ Aphasic □ Dysphasia □ Non-verbal □ Other_________
Affect: □ Pleasant □ Cooperative □ Withdrawn □ Flat □ Uncooperative □ Combative
Pupils: Right: Size:_____ □ PERRLA □ Fixed □ Irregular
Reaction □ Brisk □ Sluggish □ No Response
Left: Size:_____ □ PERRLA □ Fixed □ Irregular
Reaction □ Brisk □ Sluggish □ No Response




Grips: Right: □ Strong □ Weak □ Flaccid
Left: □ Strong □ Weak □ Flaccid
Signs/Symptoms:
Cooperative: □ Yes □ No
Tingling: □ Yes □ No
Tremors: □ Yes □ No
Seizures: □ Yes □ No
Memory Changes: □ Yes □ No
Diminished sensation: □ Yes □ No -Location_____________
Numbness: □ Yes □ No -Location__________
Syncope: □ Yes □ No
Dizziness: □ Yes □ No
Neuro Medications:
_______________________________________________________________________________
_______________________________________________________________________________
Labs/Diagnostic
Tests_______________________________________________________________________________
Comments____________________________________________________________________________________
___________________________________________________________________________

Circle the numbers that apply under each heading:

## Glasgow Coma Scale

Appropriate stimulus for Best Motor Response: verbal command or pain (apply pressure to nail bed)
Best Verbal Response: verbal questioning with maximum arousal
Best Eye Response: approach to bedside, verbal command, or pain

| **Best Motor Response** (Record best upper limb response) | **Best Verbal Response** (Record "E" if endotracheal tube in place, "T" if tracheostomy tube in place) | **Best Eye Response** (Record "C" if eyes closed by swelling) |
|---|---|---|
| Obeys verbal Command (6) | Oriented x 3 (5) | Spontaneous (4) |
| Localizes to Pain (5) | Conversation-Confused (4) | On Command (3) |
| Normal Flexion (withdrawal) (4) | Speech-Inappropriate (3) | To Pain (2) |
| Abnormal Flexion* (3) | Sounds-incomprehensible (2) | None (1) |
| Abnormal Extension** (2) | No Response (1) | Unable to test (U) |
| No Response(1) | Unable to test (U) | |
| Unable to test (U) | | |

Total Score_______ (*abnormal flexion-decorticate rigidity) (**abnormal extension-decerebrate rigidity)

**Respiratory:**
Lung Sounds: □ Clear________ □ Rales________ □ Rhonchi________
□ Wheezing________ □ Stridor________ □ Pleural Rub_______ □ Decreased________
□ Absent

Respirations: □ Regular □ Irregular □ Labored □ Unlabored □ Shallow □ Tachypnea
□ Orthopnea □ Bradypnea □ Cheyne-Stokes □ Apnea
Dyspnea: □ None □ With activity □ At rest □ Lying down □ Retractions
Cough: □ None □ Non-productive □ Productive-Color________ Amount______ Consistency_______
Chest Symmetry: □ Yes □ No- □ Barrel □ Funnel □ Other____________
Signs/Symptoms:
Night Sweats: □ Yes □ No Hemoptysis: □ Yes □ No Clubbing: □ Yes □ No
Cyanosis: □ Yes □ No -Location_________
Respiratory Medications:
______________________________________________________________________________
______________________________________________________________________________
Labs/Diagnostic
Tests_____________________________________________________________________________
Comments_______________________________________________________________________________________
_______________________________________________________________________

Respiratory Equipment:

O2 Device: □ Yes □ No
- □ Room Air
- □ Cannula O2 LPM____
- □ Venti-Mask/ Non-Rebreather
- □ Trach Collar
- □ CPAP/Bipap
- □ Ventilator
- □ Home O2

Chest Tube: □ Yes □ No
- □ Location__________
- □ Fluctuates w/ Resp.
- □ Air Leak
- □ Crepitus
- □ Suction _______
- □ Secretions: Color______ Amt________

Tracheostomy: □ Yes □ No
- □ Intact
- □ Care Provided
- □ Suction _______

## Cardiovascular:

Apical Pulse: □ Regular □ Irregular Heart Sounds: □ S1/S2 Audible □ Murmur □ Muffled
Nail Beds: □ Normal □ Pale □ Cyanotic □ Clubbing □ Other_________
Capillary Refill: □ Brisk, < 3 sec □ Sluggish, >3 sec.
AV Graft/Fistula: □ Yes □ No Bruit: □ Yes □ No Thrill: □ Yes □ No

| Right Upper Extremity | Left Upper Extremity | Right Lower Extremity | Left Lower Extremity |
|---|---|---|---|
| □ Radial<br>□ Brachial | □ Radial<br>□ Brachial | □Dorsalis Pedis<br>□ Posterior Tibial | □Dorsalis Pedis<br>□ Posterior Tibial |
| □ Normal (2+) | □ Normal (2+) | □ Normal (2+) | □ Normal (2+) |
| □Weak (1+) | □Weak (1+) | □Weak (1+) | □Weak (1+) |
| □ Bounding (3+) | □ Bounding (3+) | □ Bounding (3+) | □ Bounding (3+) |
| □ Doppler | □ Doppler | □ Doppler | □ Doppler |
| □ Absent | □ Absent | □ Absent | □ Absent |
| Edema: □ None | Edema: □ None | Edema: □ None | Edema: □ None |
| □ Non-pitting | □ Non-pitting | □ Non-pitting | □ Non-pitting |
| □ Pitting | □ Pitting | □ Pitting | □ Pitting |
| □ 1+ trace | □ 1+ trace | □ 1+ trace | □ 1+ trace |
| □ 2+ mild | □ 2+ mild | □ 2+ mild | □ 2+ mild |
| □ 3+ moderate | □ 3+ moderate | □ 3+ moderate | □ 3+ moderate |
| □ 4+ severe | □ 4+ severe | □ 4+ severe | □ 4+ severe |

Signs/Symptoms:
Calf Tenderness: □ Yes □ No Phlebitis: □ Yes □ No Jugular Vein Distention: □ Yes □ No
Palpitations: □ Yes □ No Syncope: □ Yes □ No Dizziness: □ Yes □ No
Chest pain: □ Yes □ No - Location________ Onset________ Duration_____ Intensity (1-10) _____
Cardiovascular
Medications_______________________________________________________________________
______________________________________________________________________________
Labs/Diagnostic
Tests_____________________________________________________________________________

Comments________________________________________________________________________________
____________________________________________________________________

Cardiovascular Equipment/Monitors:
Telemetry: □ Yes □ No □ Rhythm___________
Pacemaker: □ Yes □ No Holter Monitor: □ Yes □ No Other: □ Yes □ No______

## Gastrointestinal:

Abdomen: □ Soft □ Firm □ Flat □ Distended □ Round □ Ascites
□ Tender □ Rigid □ Obese
Bowel Sounds: □ present x __ quadrants □ Hyperactive □Hypoactive □ Absent
Last BM: Date________ Freq_______ □ Normal □ Loose □ Hard
Appetite: □ Good □ Poor □ Recent Change______
Diet: □ Normal (as tolerated) □ Soft □ Low Fat □ Diabetic ______ADA □ Full Liquid
□ Thin Liquid □ NPO □ Other________

Signs/Symptoms:
Laxative Use □ Yes □ No - Type______ Freq________ How long________
Constipation: □ Yes □ No Diarrhea: □ Yes □ No Nausea: □ Yes □ No
Vomiting: □ Yes □ No Incontinent: □ Yes □ No Hemorrhoids: □ Yes □ No
Heartburn: □ Yes □ No GERD: □ Yes □ No Pain: □ Yes □ No
Rectal bleeding: □ Yes □ No Black Stools: □ Yes □ No
Weight gain/loss: □ Yes □ No -Amt______ Rectal Tube: □ Yes □ No -Insertion Date_________
Ostomy: □ Yes □ No □ Colostomy □ Ileostomy □ Other________
GI Medications__________________________________________________________________________
___________________________________________________________________________
Labs/Diagnostic
Tests__________________________________________________________________________________
Comments________________________________________________________________________________
____________________________________________________________________

Gastrointestinal Equipment:
NG Tube: □ Yes □ No Feeding Tube: □ Yes □ No Type/Rate Feeding____________
□ Placement verified □ NG Tube Tube Drainage: □ None
□ Low Suction □ Duotube □ Green
□ Continuous □ PEG Tube □ Bloody
□ Intermittent Suction □ Bolus □ Coffee Ground
□ Clamped □ Continous □ Other________

## Genitourinary:

Urine: Color___________ Amt_____________ □ Yes □ No Sediment
Signs/Symptoms:
Frequency: □ Yes □ No Flank pain: □ Yes □ No Incontinent: □ Yes □ No
Retention: □ Yes □ No Burning: □ Yes □ No Stress Incon/Dribbling: □ Yes □ No
Nocturia: □ Yes □ No Hematuria: □ Yes □ No Discharge: □ Yes □ No
Hx of UTI: □ Yes □ No Hx of calculi: □ Yes □ No
GU Medications__________________________________________________________________________
___________________________________________________________________________
Labs/Diagnostic
Tests__________________________________________________________________________________
Comments________________________________________________________________________________
____________________________________________________________________

Genitourinary Equipment:
Foley Catheter: □ Yes □ No Bladder Irrigation: □ Yes □ No
Date Inserted_______ Dialysis: □ Yes □ No
Date Changed________ Urostomy: □ Yes □ No

## Reproductive:

**Female**:

LMP_________ G____ P____ Last Pap__________
Birth Control: □ Yes □ No Menopausal: □ Yes □ No -How long? _______
Vaginal Discharge: □ Yes □ No Hormone Replacement: □ Yes □ No Lesions: □ Yes □ No
Itching: □ Yes □ No Dysmenorrhea: □ Yes □ No Amenorrhea: □ Yes □ No Hx STD exposure: □ Yes □ No Hysterectomy: □ Yes □ No

Breast Do SBE Monthly: □ Yes □ No Lumps: □ Yes □ No Breast feeding: □ Yes □ No
Nipple Discharge: □ Yes □ No Dimpling: □ Yes □ No Symmetry: □ Yes □ No
Nipple inversion: □ Yes □ No Pain: □ Yes □ No
Last Dr. Exam________ Last Mammogram______________

**Male**:

Last Prostate Exam___________ Last PSA____________
Penile discharge: □ Yes □ No Hernias: □ Yes □ No Sores: □ Yes □ No
Do STE Monthly: □ Yes □ No Testicular lumps: □ Yes □ No Hx STD exposure: □ Yes □ No
Scrotal Swelling: □ Yes □ No Scrotal Pain: □ Yes □ No

Breast Pain: □ Yes □ No Lumps: □ Yes □ No Swelling: □ Yes □ No Discharge: □ Yes □ No

Medications______________________________________________________________________________
______________________________________________________________________________________

Labs/Diagnostic
Tests_________________________________________________________________________________
Comments_________________________________________________________________________________
______________________________________________________________________________

## Hematological:

Signs/Symptoms:

Bruising: □ Yes □ No Anemia-Hx: □ Yes □ No Anemia-Current: □ Yes □ No
Anticoagulant Use: □ Yes □ No Blood Transfusion-Hx: □ Yes □ No

Medications______________________________________________________________________________
______________________________________________________________________________________

Labs/Diagnostic
Tests_________________________________________________________________________________
Comments_________________________________________________________________________________
______________________________________________________________________________

## Endocrine:

Thyroid: □ Hypothyroidism □ Hyperthyroidism

Signs/Symptoms:

Polydipsia: □ Yes □ No Polyuria: □ Yes □ No Polyphagia: □ Yes □ No
Intolerance to heat or cold: □ Yes □ No Excessive bleeding/bruising: □ Yes □ No

Diabetes Mellitus: □ Type I □ Type II - □ Diet Controlled □ None
□ PO meds
□ Insulin

FSBS Range_________ Frequency checked________ □ FSBS checked performed- result_______

Medications______________________________________________________________________________
______________________________________________________________________________________

Labs/Diagnostic
Tests_________________________________________________________________________________
Comments_________________________________________________________________________________
______________________________________________________________________________

## Musculoskeletal:

Signs/Symptoms:

Fractures: □ Yes □ No　Inflammation: □ Yes □ No　Swelling: □ Yes □ No
Stiffness: □ Yes □ No　Tremors: □ Yes □ No　Back Problems: □ Yes □ No
History DVT: □ Yes □ No　Crepitus: □ Yes □ No
Joint Replacement: □ Yes □ No Location____________ Date___________

Extremities:

| Right Upper Extremity | Left Upper Extremity | Right Lower Extremity | Left Lower Extremity |
|---|---|---|---|
| NSF: □ Yes □ No | NSF: □ Yes □ No | NSF: □ Yes □ No | NSF: □ Yes □ No |
| Weakness: □ Yes □ No | Weakness: □ Yes □ No | Weakness: □ Yes □ No | Weakness: □ Yes □ No |
| Tingling: □ Yes □ No | Tingling: □ Yes □ No | Tingling: □ Yes □ No | Tingling: □ Yes □ No |
| Pain: □ Yes □ No | Pain: □ Yes □ No | Pain: □ Yes □ No | Pain: □ Yes □ No |
| Numbness: □ Yes □ No | Numbness: □ Yes □ No | Numbness: □ Yes □ No | Numbness: □ Yes □ No |
| Deformity: □ Yes □ No | Deformity: □ Yes □ No | Deformity: □ Yes □ No | Deformity: □ Yes □ No |
| Contracture: □ Yes □ No | Contracture: □ Yes □ No | Contracture: □ Yes □ No | Contracture: □ Yes □ No |
| Amputation: □ Yes □ No | Amputation: □ Yes □ No | Amputation: □ Yes □ No | Amputation: □ Yes □ No |

Muscle Strength:

| Right Upper Extremity | Left Upper Extremity | Right Lower Extremity | Left Lower Extremity |
|---|---|---|---|
| □ Strong | □ Strong | □ Strong | □ Strong |
| □ Moderate | □ Moderate | □ Moderate | □ Moderate |
| □ Weak | □ Weak | □ Weak | □ Weak |
| □ Paralysis | □ Paralysis | □ Paralysis | □ Paralysis |
| □ ROM-Normal | □ ROM-Normal | □ ROM-Normal | □ ROM-Normal |
| □ ROM-Impaired | □ ROM-Impaired | □ ROM-Impaired | □ ROM-Impaired |
| □ Overcomes Resistance | □ Overcomes Resistance | □ Overcomes Resistance | □ Overcomes Resistance |
| □ Overcomes Gravity | □ Overcomes Gravity | □ Overcomes Gravity | □ Overcomes Gravity |
| □ Twitch of Muscle | □ Twitch of Muscle | □ Twitch of Muscle | □ Twitch of Muscle |

Current Mobility: □ Ambulate w/o help　□ Ambulate w/ help　□ Up in Chair　□ Not Ambulatory
Level of Assistance: □ None needed　□ Amb w/ family/friend　□ Min assist　□ Mod assist
□ Max assist　□ Assist x 1　□ Assist x 2 or more
Gait: □ Steady　□ Unsteady　Balance: □ Steady　□ Unsteady
Medications_______________________________________________________________________
___________________________________________________________________________________
Labs/Diagnostic
Tests_____________________________________________________________________________
Comments__________________________________________________________________________
___________________________________________________________________________
Musculoskeletal Equipment:

Ambulatory Device: □ Yes □ No
□ Cane
□ Walker
□ Wheelchair
□ Mobilized Scooter

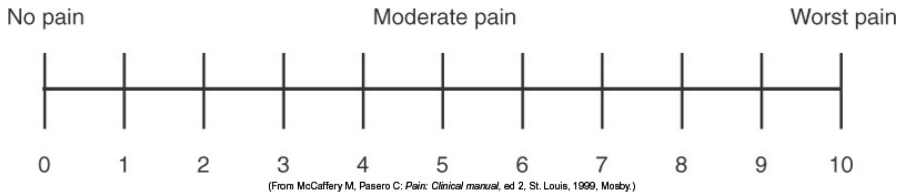
Shower Chair: □ Yes □ No
Traction: □ Yes □ No
Crutches: □ Yes □ No
Prosthesis: □ Yes □ No
Trapeze Bar: □ Yes □ No
CPM: □ Yes □ No
Ice Pack: □ Yes □ No

Bedside Commode: □ Yes □ No
Immobilizer: □ Yes □ No
Brace: □ Yes □ No
Cervical Collar: □ Yes □ No
TED Hose: □ Yes □ No
SCDs: □ Yes □ No
Abduction Pillow: □ Yes □ No

**ADLS:**

Bathing: □ Self-care　□ Supervise　□ Assist　□ Total　□ Shower　□ Tub　□ Bed bath
Toileting: □ Self-care　□ Supervise　□ Assist　□ Total　□ Bedside Comm　□ Bedpan
□ Urinal　□ Bathroom Privileges
Feeding: □ Self-feed　□ Assist □ Total

## Pain:




Stated Pain level ___ Pain stated location_____________ Pain Frequency: □ Constant □ Intermittent
Pain Descriptors: □ Aching □ Burning □ Dull □ Numb □ Pressure □ Radiating
□ Sharp □ Throbbing □ Stabbing
Pain Intervention: □ Medication_______________ □ Repositioning □ Other__________________
Other Nonverbal Pain indicators: □ Grimacing □ Guarding □ Splinting □ Changes in VS
Medications_______________________________________________________________________________________
__________________________________________________________________________________________________
Labs/Diagnostic
Tests_____________________________________________________________________________________________
Comments__________________________________________________________________________________________
__________________________________________________________________________________________

## Intravenous Therapy (IV): □ none present

| IV Site #1 | IV Site #2 | IV Site #3 |
|---|---|---|
| Location: | Location: | Location: |
| IV Type: □ Venous<br>□ Central Line<br>□ Arterial Line<br>□ Porta Cath<br>□ PICC Line<br>□ Dialysis Catheter | IV Type: □ Venous<br>□ Central Line<br>□ Arterial Line<br>□ Porta Cath<br>□ PICC Line<br>□ Dialysis Catheter | IV Type: □ Venous<br>□ Central Line<br>□ Arterial Line<br>□ Porta Cath<br>□ PICC Line<br>□ Dialysis Catheter |
| IV Gauge: | IV Gauge: | IV Gauge: |
| Date Started: | Date Started: | Date Started: |
| Patent, Fluids Infusing: □ Yes □ No | Patent, Fluids Infusing: □ Yes □ No | Patent, Fluids Infusing: □ Yes □ No |
| Patent, Saline Lock □ Yes □ No | Patent, Saline Lock □ Yes □ No | Patent, Saline Lock □ Yes □ No |
| IV Site Dry: □ Yes □ No | IV Site Dry: □ Yes □ No | IV Site Dry: □ Yes □ No |
| Redness: □ Yes □ No | Redness: □ Yes □ No | Redness: □ Yes □ No |
| Edema: □ Yes □ No | Edema: □ Yes □ No | Edema: □ Yes □ No |
| Pain: □ Yes □ No | Pain: □ Yes □ No | Pain: □ Yes □ No |
| Infiltrated: □ Yes □ No | Infiltrated: □ Yes □ No | Infiltrated: □ Yes □ No |
| IV Line Flushed: □ Yes □ No | IV Line Flushed: □ Yes □ No | IV Line Flushed: □ Yes □ No |
| IV Dressing Changed: □ Yes □ No | IV Dressing Changed: □ Yes □ No | IV Dressing Changed: □ Yes □ No |
| IV Fluid Discontinued: □ Yes □ No | IV Fluid Discontinued: □ Yes □ No | IV Fluid Discontinued: □ Yes □ No |
| IV Tube Change: □ Yes □ No | IV Tube Change: □ Yes □ No | IV Tube Change: □ Yes □ No |
| IV Tubing Labeled: □ Yes □ No | IV Tubing Labeled: □ Yes □ No | IV Tubing Labeled: □ Yes □ No |
| IV Site Discontinued: □ Yes □ No | IV Site Discontinued: □ Yes □ No | IV Site Discontinued: □ Yes □ No |

Medications_______________________________________________________________________________________
__________________________________________________________________________________________________
Labs/Diagnostic
Tests_____________________________________________________________________________________________
Comments__________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________________

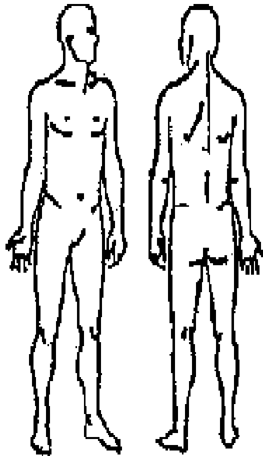
## Integumentary:

Skin: □ Dry □ Intact □ Moist □ Diaphoretic □ Clammy □ Fragile □ Warm
□ Hot □ Cool □ Other_____________

Skin Color: □ Pink □ Pale □ Dusky □ Cyanotic □ Jaundice □ Mottled □ Other ______
Turgor: □ Elastic □ Non-Elastic Mucosa: □ Moist □ Dry □ Intact □ Other
Signs/Symptoms:

S/s of Infection: □ Yes □ No Bruises: □ Yes □ No Change in Mole: □ Yes □ No
Erythema: □ Yes □ No Petechiae: □ Yes □ No Pruritis: □ Yes □ No
Rash: □ Yes □ No Scar: □ Yes □ No

Medications______________________________________________________________________________
Labs/Diagnostic Tests____________________________________________________________________
Comments_________________________________________________________________________________



_________________________________________________________________________________________
_________________________________________________________________________________________
______________________________________________

**Wounds:** □ none present

Please mark an "X" indicating the locations of any wounds or skin problems. Number them as necessary

| Wound #1 | Wound #2 | Wound #3 |
|---|---|---|
| Location: | Location: | Location: |
| Measurements:<br>____cm L x ____cm W x ____cmD | Measurements:<br>____cm L x ____cm W x ____cmD | Measurements:<br>____cm L x ____cm W x ____cmD |
| Drainage Amt: □ None<br>□ Scant<br>□ Minimal<br>□ Moderate<br>□ Heavy | Drainage Amt: □ None<br>□ Scant<br>□ Minimal<br>□ Moderate<br>□ Heavy | Drainage Amt: □ None<br>□ Scant<br>□ Minimal<br>□ Moderate<br>□ Heavy |
| Drainage Color: □ Serous<br>□ Serosanguineous<br>□ Sanguineous<br>□ Purulent | Drainage Color: □ Serous<br>□ Serosanguineous<br>□ Sanguineous<br>□ Purulent | Drainage Color: □ Serous<br>□ Serosanguineous<br>□ Sanguineous<br>□ Purulent |
| Odor: □ Yes □ No | Odor: □ Yes □ No | Odor: □ Yes □ No |
| Approximated: □ Yes □ No □ N/A | Approximated: □ Yes □ No □ N/A | Approximated: □ Yes □ No □ N/A |
| Dehisced: □ Yes □ No □ N/A | Dehisced: □ Yes □ No □ N/A | Dehisced: □ Yes □ No □ N/A |
| S/S of Infection: □ Yes □ No | S/S of Infection: □ Yes □ No | S/S of Infection: □ Yes □ No |
| Redness: □ Yes □ No | Redness: □ Yes □ No | Redness: □ Yes □ No |
| Edema: □ Yes □ No | Edema: □ Yes □ No | Edema: □ Yes □ No |
| Dry: □ Yes □ No | Dry: □ Yes □ No | Dry: □ Yes □ No |

Drain Present: □ Yes □ No
□ none

Wound Action Taken:
□ Dressing Change performed

□ Penrose
□ Hemovac
□ Jackson-Pratt (JP)
□ T-tube
□ Other__________

□ Wound Med applied______________
□ Drain Device Removed
□ Drain Emptied
□ Other________________

**Notes:**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
__

**Nurse Signature: ______________________________________________________**

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 2462

# Client Teaching Plan Form

(Turn in with Teaching Plan Evaluation)

Student's Name: ____________________ Date: _________ Instructor:_________________

Rules:

1. Must be related to actual clinical assignment and preferably covering a topic related to theory for this semester.
2. At least one reference must be internet based with documentation of professional validity.
3. Any written information given to the client must be from a hospital approved source.

Nursing Diagnosis: (3 Part) ______________________________________________________

__________________________________________________________________________

Subject Taught: ____________________________________________________________

## Client Behavioral Objectives:

As a result of this lesson, the client will: (Include action verb / and expected learning)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

**Content of Presentation:** (On separate sheet of paper, and in detailed outline form)

**Terms to be reviewed with client:**_________________________________________________

__________________________________________________________________________

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(continued on next page)

**Evaluation:** (Of each objective)
What statements or behaviors made by your client indicates that teaching was effective / ineffective?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

**How would you alter your teaching plan to meet special learning needs?** Select one situation from the following list, or come up with one of your own. List at least 5 strategies to address the needs of the patient in this situation.

Situations with special learning needs:

| | |
|---|---|
| 4 year old patient | Asian-American with traditional cultural beliefs |
| 11 year old patient | Spanish-speaking patient (no translator available) |
| 16 year old patient | CVA patient with expressive aphasia |
| Blind patient | Native American with traditional cultural beliefs |
| Deaf patient | Developmentally delayed patient |
| 88 year old patient | |

______________________________________________________________________

______________________________________________________________________

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______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

List computer resources utilized: **(REMEMBER TO ATTACH DOCUMENTS)**

______________________________________________________________________

# Client Teaching Plan Evaluation

(To be submitted with completed Teaching Plan)

Name:______________________Topic: ______________________Date: ____________

| **Grading Criteria:** | **Satisfactory** | **Unsatisfactory** |
|---|---|---|
| 1. Teaching plan form completed | | |
| a. Nursing diagnosis | __________ | __________ |
| b. Behavioral Objectives | __________ | __________ |
| c. Eval. Criteria for each objective | __________ | __________ |
| 2. Comprehensive content outline including critical elements | __________ | __________ |
| 3. Strategies to adapt teaching plan to selected situation | __________ | __________ |
| 4. Appropriate references attached and include documentation of professional validity | __________ | __________ |

Date documented as Satisfactory: ___________

## Grand Rounds Presentation

Criteria that must be included in presentation to achieve a “Satisfactory” grade:

Client Demographics: gender, age race, cultural background

Primary Medical Diagnosis:
- Definition
- Etiology
- Pathophysiology
- Expected prognosis

Cllient’s course of hospitalization:

Client’s actual clinical manifestations:

Priority nursing diagnoses:
- 1 diagnosis addressing learning needs
- 1 diagnosis addressing psychosocial needs
- 2 additional priority diagnoses

Nursing care implemented related to the four nursing diagnoses listed above:
- Critical thinking skills needed to plan, implement and evaluate care.
- Clinical skills needed in the implementation of care.
- Communication skills needed in the implementation of care.
- Caring interventions incorporated in the implementation of care.

Correlation of client’s prescribed medications to diagnosis and manifestations:

Correlation of client’s diagnostic test results (lab, radiology & others) to diagnosis & manifestations:

Client teaching that was implemented, or that needs to be implemented:
- Content
- 2 Objectives
- Evaluation of teaching

Collaboration with health care team:
- Tasks which were/could be delegated in the implementation of nursing care (and to whom)
- Examples of collaboration with professional members of the health care team (MD, RD, PT)

Ethical-legal issues related to client’s plan of care

Components for a successful presentation:
Professional presentation; approximately 20- 30 minutes in length
Audiovisuals aids; such as posters or overheads may be used (handouts are not required)
**Utilize evidence based peer reviewed journal with at least one article from GC library database**

### Access to Internet Library Resources

To access peer reviewed journals including evidence-based practice required for assignments:

1. Login to the GC Website
2. Click on Library on the right upper part of page

3. Click on Find Articles and More
4. Click on Databases by Subject
5. Click on Health & Medicine
6. Click on Databases
7. Choose an appropriate Database (ie. Medline, Medline plus)
8. Search by subject or keywords
9. If you are off campus and are prompted for a login/password – use your portal login/password
10. You may want to select “full text”

Student Name________________________________ Date____________________

Grading Sheet for Grand Rounds Presentation

*(Turn in to instructor when presenting Grand Rounds)*

| Criteria that must be included in presentation to achieve a “Satisfactory” | Satisfactory | Unsatisfactory |
|---|---|---|
| Client Demographics: gender, age race, cultural background | | |
| Primary Medical Diagnosis: | | |

| | | |
|---|---|---|
| Definition<br>Etiology<br>Pathophysiology<br>Expected prognosis | | |
| Client's course of hospitalization | | |
| Client's actual clinical manifestations: | | |
| Priority nursing diagnoses:<br>1 diagnosis addressing learning needs<br>1 diagnosis addressing psychosocial needs<br>2 additional priority diagnoses | | |
| Nursing care implemented related to the four nursing diagnoses listed above:<br>Critical thinking skills needed to plan, implement and evaluate care.<br>Clinical skills needed in the implementation of care.<br>Communication skills needed in the implementation of care.<br>Caring interventions incorporated in the implementation of care. | | |
| Correlation of client's prescribed medications to diagnosis and manifestations: | | |
| Correlation of client's diagnostic test results (lab, radiology & others) to diagnosis & manifestations | | |
| Client teaching that was implemented, or that needs to be implemented:<br>Content<br>2 Objectives<br>Evaluation of teaching | | |
| Collaboration with health care team:<br>Tasks which were/could be delegated in the implementation of nursing care (and to whom)<br>Examples of collaboration with professional members of the health care team (MD, RD, PT) | | |
| Ethical-legal issues related to client's plan of care | | |
| Professional presentation; approximately 20- 30 minutes in length | | |
| Audiovisuals aids; such as posters or overheads may be used (handouts are not required) | | |
| Utilize evidence based peer reviewed journal with at least one article from GC library database | | |

GRAYSON COLLEGE
RNSG 2462
*Team leader completes*

# TEAM LEADERS EVALUATION FORM

STUDENT:____________________________ DATE:___________________________

1. How did you select the clients you assigned to student members?

2. Summarize you leader activities.

3. What priorities did you set for your activities?

4. Summarize your activities related to the student conference.
   (Preparation, organization, conduct of conference)

5. Describe your interactions with health team members.

6. Describe your interactions with student team members.

7. Describe any changes you would like to implement during future leadership assignments.

8. Peer review standards require all unprofessional and/or substandard nursing behaviors to be evaluated. Please document any irregularities or discrepancies occurring in the following areas.

   a) Medication administration (include problems with med. Knowledge, preparation and / or administration by
   yourself or team members.

b) <u>Basic patient care</u> (include any aspect of basic care not done and why)

c) <u>Patient relations</u> (include circumstances surrounding difficulties, if any)

d) <u>Staff relations</u> (include circumstances surrounding difficulties, if any)

9. Summarize the performance of each of your student team members.

Team Member 1 Name__________________

Team Member 2 Name__________________

Team Member 3 Name__________________

Team Member 4 Name___________________

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
RNSG 2462
*Team member completes*

# TEAM MEMBERS EVALUATION OF TEAM LEADER

TEAM LEADER:___________________ DATE: __________________

Comment on the following aspects of team leading, based on your experience with the above team leader.

1. Availability / accessibility throughout the shift:

2. Information resource:

3. Quality of report (if applicable)

4. What feedback did the team leader give on student performance:

5. Delegation and / or organizational skills:

6. Strengths or weaknesses as a leader: (include points for improvement)

5. Interactions with staff / peers:

GRAYSON COLLEGE
Associate Degree Nursing
RNSG 2462

# Team Leader Rounds/Checklist: Day Shift

The goal is to make rounds with each team member immediately after getting report from the night shift, or as soon as 7:30 meds are given. Make rounds alone if team member is unavailable. Communicate with team members often!!!!!

Team member:

| **Room #:** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***First rounds:*** | | | | | | | | | |
| Basic homeostasis intact/ no acute distress | | | | | | | | | |
| IV: Correct solution, rate, additives<br>IV site ok/ type of site identified | | | | | | | | | |
| Oxygen as ordered | | | | | | | | | |
| Dressings, drains, suction, therapies as ordered & intact | | | | | | | | | |
| Dialysis access intact<br>(Tessio, fistula, graft, etc.) | | | | | | | | | |
| Safety: siderails, call bell, restraints,<br>Bed in low position, look, check, connect<br>Client ID bands: ID, allergy, DNR | | | | | | | | | |
| Special signs needed: NPO, No BP, isolation | | | | | | | | | |
| ***Mid-morning checks:*** | | | | | | | | | |
| 0800 VS charted | | | | | | | | | |
| 0730, 0800, 0900 meds given | | | | | | | | | |
| Needed flow sheets in use<br>(Blood sugars, restraints, decub, etc.) | | | | | | | | | |
| New orders completed (meds, etc.) | | | | | | | | | |
| Look, check, connect | | | | | | | | | |
| ***End of shift rounds w TM &/or Instructor*** | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Basic homeostasis intact/ no acute distress | | | | | | | | | |
| IV: Correct solution, rate, additives<br>IV site ok | | | | | | | | | |
| Oxygen as ordered | | | | | | | | | |
| Dressings, drains, suction, therapies as ordered & intact | | | | | | | | | |
| Dialysis access intact<br>(Tessio, fistula, graft, etc.) | | | | | | | | | |
| Safety: siderails, call bell, restraints,<br>Bed in low position, look, check, connect<br>Client ID bands: ID, allergy, DNR | | | | | | | | | |
| Special signs needed: NPO, No BP, isolation | | | | | | | | | |
| ***End of shift checks*** | | | | | | | | | |
| 1600 VS charted | | | | | | | | | |
| Care plans updated/revised | | | | | | | | | |
| All meds given, MARs signed | | | | | | | | | |
| All new orders completed | | | | | | | | | |
| All nsg notes completed, given to staff nurse | | | | | | | | | |
| Report given to staff nurse | | | | | | | | | |

Grayson College
Associate Degree Nursing
RNSG 2462

# Team Leader Rounds/Checklist: Evening Shift

The goal is to make rounds with each team member immediately after getting report from the primary RN, or as soon as 3:00 meds are given. Make rounds alone if team member is unavailable. Communicate with team members often!!!!!

Team member:

| **Room #:** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***First rounds:*** | | | | | | | | | |
| Basic homeostasis intact/ no acute distress | | | | | | | | | |
| IV: Correct solution, rate, additives<br>IV site ok/ type of site identified | | | | | | | | | |
| Oxygen as ordered | | | | | | | | | |
| Dressings, drains, suction, therapies as ordered & intact | | | | | | | | | |
| Dialysis access intact (Tessio, fistula, graft, etc.) | | | | | | | | | |
| Safety: siderails, call bell, restraints,<br>Bed in low position, look, check, connect<br>Client ID bands: ID, allergy, DNR | | | | | | | | | |
| Special signs needed: NPO, No BP, isolation | | | | | | | | | |
| ***Mid-afternoon checks:*** | | | | | | | | | |
| VS charted | | | | | | | | | |
| 1500, 1600, 1700,meds given | | | | | | | | | |
| Needed flow sheets in use (Blood sugars, restraints, decub, etc.) | | | | | | | | | |
| New orders completed (meds, etc.) | | | | | | | | | |
| Look, check, connect | | | | | | | | | |
| ***Late afternoon-evening checks:*** | | | | | | | | | |
| VS charted I&O as required | | | | | | | | | |
| 1800 meds given | | | | | | | | | |
| Care plans updated/revised | | | | | | | | | |
| ***End of shift rounds w TM &/or Instructor*** | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Basic homeostasis intact/ no acute distress | | | | | | | | | |
| IV: Correct solution, rate, additives<br>IV site ok | | | | | | | | | |
| Oxygen as ordered | | | | | | | | | |
| Dressings, drains, suction, therapies as ordered & intact | | | | | | | | | |
| Dialysis access intact<br>(Tessio, fistula, graft, etc.) | | | | | | | | | |
| Safety: siderails, call bell, restraints,<br>Bed in low position, look, check, connect<br>Client ID bands: ID, allergy, DNR | | | | | | | | | |
| Special signs needed: NPO, No BP, isolation | | | | | | | | | |
| ***End of shift checks*** | | | | | | | | | |
| All meds given, MARs signed, Nsg notes ck. | | | | | | | | | |
| All new orders completed | | | | | | | | | |
| All I & O recorded, IV pumps cleared | | | | | | | | | |
| Report given to staff nurse & oncoming SN | | | | | | | | | |

**Team Leader**: **Unit:** **Date:**

| Team Member | Rm # | Client initials Age/Gender CPR status, Dr. | Medical Diagnoses & Significant Labs | IV Fluids, Tubes, Treatments | Parenteral Meds (IV, IM, SC) | Parenteral Med Times |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
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Grayson College
Associate Degree Nursing Program
Clinical Objectives
May include any of the objectives for previous clinical courses, as well as those listed for each course.

| | RNSG 1460 | RNSG 1461 | RSNG 2462 | RNSG 2463 |
|---|---|---|---|---|
| ***Member of the Profession*** | | | | |
| Professionalism | Describe professional behaviors and attitudes observed on your assigned unit.<br><br>Describe a clinical situation you observed which involved an ethical issue.<br><br>Describe a clinical situation you observed which involved a legal issue | Describe how you demonstrated professional behaviors in the provision of care to your assigned patients.<br><br>Describe how you used an ethical principle to in planning and implementing care for your assigned patients.<br><br>Describe how you used a legal principle in planning and implementing care for your assigned patients. | 1. Analyze the impact of professionalism on the outcome of care for your assigned patients.<br><br>2. Analyze the impact of ethical principles in the outcome of care for your assigned patients.<br><br>3. Analyze the impact of legal principles in the outcome of care for your assigned patients. | Analyze the impact of professionalism on patient care outcomes on your assigned unit.<br><br>Analyze a clinical situation that involved an ethical dilemma.<br><br>Analyze legal considerations that impact the outcome of care for patients on your assigned unit. |
| Personal Accountability | Describe a situation where you took personal accountability for your actions within the clinical setting. | Analyze the outcome of a situation in which you assumed personal accountability for your actions in the clinical setting. | 4. Implement a plan to address your personal learning needs in the clinical setting. | Evaluate strategies you implemented to address your personal learning needs in the clinical setting. |

| Advocacy | Describe a specific clinical situation which involved advocacy. | Describe how you acted as an advocate for your assigned patient. | 5. Analyze how patient advocacy impacted the outcome of patient care in a clinical situation. | Analyze how you independently advocated on behalf of your patients, families, self, or the profession. |
|---|---|---|---|---|
| ***Provider of Patient-Centered Care*** | | | | |
| Clinical Decision Making | Describe the nursing knowledge needed to plan safe, effective care for your assigned patient. | Describe how your assigned patient's plan of care relates to your assessment findings.<br><br>Describe a patient care situation in which clinical decision making skills impacted the outcome of patient care. | 6. Analyze a clinical situation in which additional nursing knowledge might have impacted the outcome of patient care.<br><br>7. Analyze a clinical situation in which decision making skills impacted the outcome of patient care. | Discuss how the nurse manager on your assigned unit uses nursing knowledge in the management of care for the patients on the unit.<br><br>Analyze how your use of decision making skills impacted the outcome of patient care for a group of patients. |
| **Patient Teaching** | Describe your assigned patient's response to the teaching you provided | Discuss the principles underlying your approach to patient teaching for your assigned patients. | 8. Analyze a clinical situation in which the strategies used to provide patient teaching impacted the outcome of patient care. | Analyze how your approach to patient teaching impacted the outcome of patient care. |
| Caring Approach | Describe caring interventions you used in the care of your assigned patient. | Describe a patient care situation in which the implementation of a caring approach impacted the outcome of patient care. | 9. Analyze how a caring approach impacted the outcome of patient care in a clinical situation. | Analyze the utilization of a caring approach to meet the needs of a diverse patient population |
| | | | | |

| | | | | |
|---|---|---|---|---|
| Resource management | Identify resources available to you in the provision of care for your assigned patient. | Describe how your use of resources impacted the outcome of your patient care. | 10. Discuss the role of the nurse in ensuring adequate resources for patient care. | Analyze how availability of adequate resources impacts outcomes of care on your assigned unit. |
| Skill Competency | Describe skills used to ensure safe, effective care.<br><br>Discuss the importance of the rights of medication administration.<br><br>Identify factors that may impact safe medication administration on your assigned unit. | Analyze the effectiveness of the skills you used in the care of your patients.<br><br>Analyze the effectiveness of the strategies you used to organize medication administration for your assigned patients. | 11. Analyze a clinical situation in which effective time management skills impacted the outcome of patient care.<br><br>12. Evaluate a clinical situation in which the approach to medication administration impacted the outcome of patient care. | Analyze the effectiveness of the strategies you used to care for a group of patients.<br><br>Discuss alternate approaches to promote safe medication administration. |
| ***Patient Safety Advocate*** | | | | |
| Safety | Describe measures you used to promote a safe environment for your patient, self, and others. | Discuss measures you used to promote a safe environment for your patients, self, and others. | 13. Analyze measures used to promote a safe environment for patients, self, and others. | Evaluate measures to promote a safe environment for patients, self, and others. |
| Risk Reduction | Describe how abnormal values (vital signs; diagnostic test findings) reflect increased risk for your assigned patient. | Describe the diagnostic test results, prescribed medications and/or treatments for your assigned patients. | 14. Analyze the relationship between the assessment findings, diagnostic test results, and prescribed treatments for your assigned patients.<br><br>15. Analyze how the implementation of | Analyze the impact of evidence-based practice on the outcomes of care on your assigned unit.<br><br>Describe a clinical situation where failure to rescue could lead to potential harm. |

| | | | | |
|---|---|---|---|---|
| | | | risk reduction strategies impacted the outcome of care for your assigned patients. | |
| ***Member of the Health Care Team*** | | | | |
| Communication | Identify communication skills used in the care of your assigned patient. | Describe a patient care situation in which therapeutic communication skills impacted the outcome of patient care. | 16. Analyze a clinical situation in which therapeutic communication skills impacted the outcome of patient care. | Analyze how your use of therapeutic communication skills impacted the outcome of patient care. |
| Collaboration & Coordination | Describe activities you used to encourage participation of the patient, family, and/or health care team to meet patient needs.<br><br>Describe the role of a non-nurse member of the interdisciplinary healthcare team. | Describe how varying members of the IDT healthcare team impacted the outcome of care for your assigned patient. | 17. Describe how your collaboration with other IDT members impacted the outcome of care for your assigned patients. | Analyze strategies you used to promote effective collaboration. |

Grayson College
Associate Degree Nursing Program
2462 Clinical Evaluation
**Performance Standards which Define Satisfactory Performance of Expected Behaviors**

*A summative clinical evaluation grade of Satisfactory is achieved by demonstrating expected behaviors 75% of the clinical time on all starred items. Behaviors that are graded are listed in the course clinical evaluation tool for each semester, under each clinical objective. The criteria that define behavioral standards at each level are listed below.*

INDEPENDENT
- Performs safely and accurately each time behavior is observed without supportive cues from instructor.
- Demonstrates dexterity.
- Spends minimal time on task.
- Appears relaxed and confident during performance of task.
- Applies theoretical knowledge accurately each time.
- Focuses on client while giving care.

SUPERVISED
- Performs safely and accurately each time behavior observed.
- Requires supportive or directive cue occasionally during performance of task.
- Demonstrates coordination, but uses some unnecessary energy to complete behavior/activity.
- Spends reasonable time on task.
- Appears generally relaxed and confident; occasional anxiety may be noticeable.
- Applies theoretical knowledge accurately with occasional cues.
- Focuses on client initially; as complexity increases, focuses on task.

ASSISTED
- Performs safely and accurately each time observed.
- Requires frequent supportive and occasional directive cues.
- Demonstrates partial lack of skill and/or dexterity in part of activity; awkward.
- Takes longer time to complete task; occasionally late.
- Appears to waste energy due to poor planning.
- Identifies principles, but needs direction to identify application.
- Focuses primarily on task or own behavior, not on client.

PROVISIONAL
- Performs safely under supervision, not always accurate.
- Requires continuous supportive and directive cues.
- Demonstrates lack of skill; uncoordinated in majority of behavior.
- Performs task with considerable delay; activities are disrupted or omitted.
- Wastes energy due to incompetence.
- Identifies fragments of principles; applies principles inappropriately.
- Focuses entirely on task or own behavior.

DEPENDENT
- Performs in an unsafe manner; unable to demonstrate behavior.
- Requires continuous supportive and directive cues.
- Performs in an unskilled manner; lacks organization.
- Appears frozen unable to move, non-productive.
- Unable to identify principles or apply them.
- Attempts activity or behavior, yet is unable to complete.
- Focuses entirely on task or own behavior.

Satisfactory: "Supervised or Above" criteria
***"Assisted" or above in new clinical learning experience***
***Unsatisfactory; "Assisted" or lower criteria***

GRAYSON COLLEGE
ASSOCIATE DEGREE NURSING
CLINICAL PERFORMANCE EVALUATION TOOL

STUDENT ______________________ Term ______________ Instructor ____________________

Clinical Facility ____________________

I have read this evaluation tool and understand that my clinical performance will be evaluated according to these criteria.

Date: ________________ Signature: ________________________________________

1. The student shares the responsibility for seeking opportunities for evaluation.
2. Definition for criteria for clinical evaluation:
   S - (Satisfactory) Student demonstrates expected behaviors 75%-100% of clinical time.
   U - (Unsatisfactory) Student demonstrates expected behaviors 74% or less of clinical time.
3. In order to pass clinical, the student must achieve Satisfactory on all items identified with an asterisk at the time of final evaluation.

| RNSG 2462<br>EXPECTED STUDENT BEHAVIOR | Mid-term | | Final | | INSTRUCTOR<br>COMMENTS |
|---|---|---|---|---|---|
| | S | U | S | U | |
| **I. MEMBER OF THE PROFESSION** | | | | | |
| **1.Professionalism** | | | | | |
| *a. Maintains confidentiality | | | | | |
| *b. Seeks appropriate supervision and direction. | | | | | |
| *c. Adheres to agency policies | | | | | |
| *d. Demonstrates positive, respectful demeanor and approach to others. | | | | | |
| **2. Personal Accountability** | | | | | |
| *a. Demonstrates accountability through insightful self-evaluation. | | | | | |
| *b. Adheres to ADN program policies. | | | | | |
| *c. Meets requirements for attendance. | | | | | |
| *d. Meets requirements for written assignments. | | | | | |
| *e. Implements instructions from instructor and licensed personnel. | | | | | |
| *f. Assumes responsibility for achievement of learning outcomes. | | | | | |
| **3. Advocacy** | | | | | |
| *a. Identifies situations of concern to assigned patients and families. | | | | | |

| RNSG 2462<br>EXPECTED STUDENT BEHAVIOR | Mid-term | | Final | | INSTRUCTOR<br>COMMENTS |
|---|---|---|---|---|---|
| | S | U | S | U | |
| | | | | | |
| *b. Reports situations of concern in an effective manner. | | | | | |
| *c. Acts on behalf of patients and families in an effective manner. | | | | | |
| **II. PROVIDER OF PATIENT CENTERED CARE** | | | | | |
| **4. Clinical decision making in the provision of Care** | | | | | |
| *a. Demonstrates sound clinical reasoning based on accurate, relevant knowledge. | | | | | |
| *b. Obtains report/gathers needed information before assuming care of the patient. | | | | | |
| *c. Completes focused assessment within one hour of report. | | | | | |
| *d. Analyzes assessment data to plan and prioritize care. | | | | | |
| *e. Report abnormal findings to instructor and staff. | | | | | |
| *f. Completes assigned care according to priorities. | | | | | |
| *g. Evaluates nursing care. | | | | | |
| *h. Uses outcomes of care to revise the plan of care. | | | | | |
| *i. Documents nursing care: Accurate, legible, concise, Timely. | | | | | |
| *j. Reports patient's condition and summary of care at the end of clinical day. | | | | | |
| *k. Organize and manage time effectively. | | | | | |
| **5. Patient Teaching** | | | | | |
| *a. Provides appropriate explanations prior to implementing care. | | | | | |
| *b. Implements teaching plans. | | | | | |
| *c. Documents effectiveness of patient teaching. | | | | | |
| **6. Caring approach to diverse patients and Families** | | | | | |

| RNSG 2462<br>EXPECTED STUDENT BEHAVIOR | Mid-term | | Final | | INSTRUCTOR COMMENTS |
|---|---|---|---|---|---|
| | S | U | S | U | |
| *a. Provides considerate, non-judgmental, and respectful care. | | | | | |
| *b. Offers self in a therapeutic manner within professional boundaries. | | | | | |
| **7. Effective use of Resources** | | | | | |
| *a. Uses appropriate resources to ensure safe, effective care: | | | | | |
| Human: faculty, staff, patient, HCP, families | | | | | |
| Information: medical record, report, current data, policies, references, worksheets | | | | | |
| **8. Skill Competency** | | | | | |
| *a. Performs skills/tasks correctly. | | | | | |
| *b. Safe Medication Administration: | | | | | |
| 1. Demonstrates knowledge of medications being given. | | | | | |
| 2. Identifies unsafe/or inaccurate drug orders and practices. | | | | | |
| 3. Calculates dosages accurately. | | | | | |
| 4. Demonstrates use of patient's rights. | | | | | |
| 5. Demonstrates correct administration procedures. | | | | | |
| 6. Documents medication administration correctly. | | | | | |
| *c. Completes skills/tasks in an organized, efficient manner. | | | | | |
| *d. Ensures patient comfort and privacy during tasks. | | | | | |
| *e. Evaluates and reports patient outcomes following skills. | | | | | |
| **III. PATIENT SAFETY ADVOCATE** | | | | | |
| **9. Safety** | | | | | |
| *a. Adheres to recognized safety standards. | | | | | |
| **10. Risk Reduction** | | | | | |
| *a. Implements care to reduce patient risk. | | | | | |

| RNSG 2462<br>EXPECTED STUDENT BEHAVIOR | Mid-term | | Final | | INSTRUCTOR COMMENTS |
|---|---|---|---|---|---|
| | S | U | S | U | |
| | | | | | |
| *b. Uses evidence-based guidelines to impact quality of care. | | | | | |
| **IV MEMBER OF THE HEALTH CARE TEAM** | | | | | |
| **11. Communication** | | | | | |
| *a. Manages information using available technology. | | | | | |
| *b. Communicates information accurately an in a timely manner: Written and Verbal | | | | | |
| *c. Clearly identifies self and student nurse role to patient, family, and healthcare team. | | | | | |
| **12. Collaboration & Coordination** | | | | | |
| *a. Negotiates mutually agreeable solutions with others. | | | | | |
| *b. Elicits participation of patient, family, and HC team members. | | | | | |
| *c. Accepts criticism in a constructive manner. | | | | | |
| **13. Demonstrates skill as a team leader** | | | | | |
| a. Makes team assignments when team leader. | | | | | |
| b. Makes critical patient needs assessments during nursing rounds. | | | | | |
| c. Identifies, assesses team member's activities when team leader. | | | | | |
| d. Reviews information documented on patient chart and kardex. | | | | | |
| e. Assist team members when appropriate. | | | | | |
| f. Accepts accountability for team member actions. | | | | | |

**RNSG 2462**

Date____________________ Mid-Rotation Grade ______ Absences _________

Instructor Comments:

Instructor Signature: __________________________ Student Signature: _______________________

************************************************************************************************************

Date ___________________ Final Grade _______________ Absences ______________

Specialty Rotations satisfactorily completed: Mental Health Simulation OR

Required paperwork/presentations satisfactorily completed: Yes No

Instructor Comments:

Instructor Signature: _____________________________ Student Signature: ______________________

Grayson College

Associate Degree Nursing Program

Clinical Evaluation RNSG 2462

Name ___________________________________________ Dates ________________ and _______________

State today's assigned clinical objective(s) and describe how ***you*** met it:

**Clinical Objective 1:** **Clinical Objective 2:**

IV Start __________
IVP __________
IVPB __________
Other __________
__________
__________
__________

Please check all skills performed during clinical day:
Comments

| | | |
|---|---|---|
| Insertion of IV | | |
| Administration of IV Solutions | | |
| Administration of IVP | | |
| Administration of IVPB | | |

| Other | | |
|---|---|---|

Pt # 1 MDx ___________________________ Pt # 2 MDx ____________________________

Pt # 3 MDx ___________________________ Pt # 4 MDx ____________________________

1. Identify ***your*** independent decisions/interventions for each day.

2. Describe specifically what you did to implement "look-check-connect"

3. Describe patient teaching ***you*** did. (include patient's response to teaching, and method of documentation).

4. Describe any clarification ***you*** need about the clinical experience and/or other comments:

Instructor Comments:

Instructor's Signature ________________________________ Student's Signature ___________________________

Acknowledges having read instructor's remarks & evaluation criteria

| Independent | Supervised | Assisted | Provisional | Dependent |
|---|---|---|---|---|
| Satisfactory | Satisfactory | Satisfactory only in new clinical learning experiences | Unsatisfactory | Unsatisfactory |

Rev 5/15

**RNSG 2462** – Criteria for Student Clinical Daily Evaluation: ✓ = Satisfactory; ***U*** = Unsatisfactory; S = Student; I = Instructor

| S 1 | S 2 | I 1 | I 2 | Evaluative Criteria | S 1 | S 2 | I 1 | I 2 | Evaluative Criteria |
|---|---|---|---|---|---|---|---|---|---|
| | | | | **Member of the Profession:** | | | | | **7. Effective use of resources** |
| | | | | **1. Professionalism** | | | | | *a. Uses appropriate resources to ensure safe, effective care: |
| | | | | *a. Maintains confidentiality. | | | | | Human: faculty, staff, patient, HCP, families |
| | | | | *b. Seeks appropriate supervision and direction. | | | | | Information: medical record, report, current data, policies, references, worksheet |
| | | | | * c. Adheres to agency policies. | | | | | Material: supplies, equipment |
| | | | | *d. Demonstrates positive, respectful demeanor and approach to others. | | | | | **8. Skill Competency** |
| | | | | **2. Personal Accountability** | | | | | *a. Performs skills/ tasks correctly. |
| | | | | *a. Demonstrates accountability through insightful self-evaluation. | | | | | *b. Safe Medication Administration: |
| | | | | *b. Adheres to ADN program policies. | | | | | 1. Demonstrates knowledge of medications being given. |
| | | | | *c. Meets requirements for attendance. | | | | | 2. Identifies unsafe &/or inaccurate drug orders & practices. |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | *d. Meets requirements for written assignments. | | | | | 3. Calculates dosages accurately. |
| | | | | *e. Implements instructions from instructor and licensed personnel. | | | | | 4. Demonstrates use of client's rights. |
| | | | | *f. Assumes responsibility for achievement of learning outcomes. | | | | | 5. Demonstrates correct administration procedures. |
| | | | | **3. Advocacy** | | | | | 6. Documents medication administration correctly. |
| | | | | *a. Identifies situations of concern to assigned patients and families. | | | | | *c. Completes skills/tasks in an organized, efficient manner. |
| | | | | *b. Reports situations of concern in an effective manner. | | | | | *d. Ensures client comfort and privacy during tasks. |
| | | | | *c. Acts on behalf of patients and families in an effective manner. | | | | | *e. Evaluates and reports patient outcomes following skills. |
| | | | | **Provider of Patient-Centered Care:** | | | | | **Patient Safety Advocate:** |
| | | | | **4. Clinical decision making in the provision of care** | | | | | **9. Safety** |
| | | | | *a. Demonstrates sound clinical reasoning based on accurate, relevant knowledge. | | | | | *a. Adheres to recognized safety standards. |
| | | | | *b. Obtains report/gathers needed information before assuming care of patient. | | | | | **10. Risk Reduction** |
| | | | | *c. Completes focused assessment within one hour of report. | | | | | *a. Implements care to reduce patient risk |
| | | | | *d. Analyzes assessment data to plan and prioritize care. | | | | | *b. Uses evidence-based guidelines to impact quality of care. |
| | | | | *e. Reports abnormal findings to instructor and staff. | | | | | **Member of the Health Care Team** |
| | | | | *f. Completes assigned care according to priorities. | | | | | **11. Communication** |
| | | | | *g. Evaluates nursing care. | | | | | *a. Manages information using available technology. |
| | | | | *h. Uses outcomes of care to revise the plan of care. | | | | | * b. Communicates information accurately and in a timely manner: Written and Verbal |
| | | | | *i. Documents nursing care: Accurate, legible, concise, timely. | | | | | *c. Clearly identifies self and student nurse role to patient, family, and healthcare team. |
| | | | | *j. Reports client's condition & summary of care at end of clinical day. | | | | | **12. Collaboration & Coordination** |
| | | | | *k. Organize and manage time effectively. | | | | | *a. Negotiates mutually agreeable solutions with others. |
| | | | | **5. Patient Teaching** | | | | | *b. Elicits participation of patient, family, and HC team members. |
| | | | | *a. Provides appropriate explanations prior to implementing care. | | | | | *c. Accepts criticism in a constructive manner. |
| | | | | *b. Implements teaching plans | | | | | **13. Demonstrates skill as a team leader.** |
| | | | | * c. Documents effectiveness of patient teaching. | | | | | a. Makes team assignments when team leader. |
| | | | | **6. Caring approach to diverse patients and families** | | | | | b. Makes critical client needs assessment during nursing rounds. |
| | | | | *a. Provides considerate, non-judgmental, and respectful care. | | | | | c. Identifies, assesses team member's activities when team leader. |
| | | | | *b. Offers self in a therapeutic manner within professional boundaries. | | | | | d. Reviews information documented on client chart & kardex. |
| | | | | | | | | | e. Assist team members when appropriate. |
| | | | | | | | | | f. Accepts accountability for team member actions. |

Grayson College
Associate Degree Nursing

**SBAR Communication with a Health Care Provider** (Always follow appropriate Chain of Command)

| | |
|---|---|
| **S** | **Situation**<br><br>This is: *identify self and agency / location*<br>I am calling about: *Patient name and location, Physician's name*<br>The problem I am calling about is: *briefly state the situation, what it is, when it happened or started, and*<br>*how severe the problem is.* |
| **B** | **Background**<br><br>Have available any pertinent background information/ past medical history related to the situation.<br>Might include:<br>Admitting diagnosis / date of admission<br>Review of most recent progress notes / nurses notes<br>Current medications, allergies, IV fluids, restrictions<br>Special directives (code status, isolation, restraints, etc.)<br>Most recent vital signs<br>Lab results: significant / appropriate and compare to previous results<br>Current / previous treatments used & how pt. responded<br>Brief systems review: (specific to problem)<br>Cardiac status<br>Respiratory status<br>Neurological / mental status |

| | |
|---|---|
| **A** | **Assessment**<br><br>This is what I think the situation is: *say what you think the problem is.*<br>If unsure of the problem: "*I do not know what is going on; but the patient is deteriorating.*"<br>"*The patient is unstable and seems to be worsening.*"<br>" *I thought you would want to know about this situation / lab value / change in condition / etc.*" |
| **R** | **Recommendation**<br><br>What is the nurse's recommendation; or what does the nurse need / want from the health care provider?<br>Are any tests needed?<br>Is a change in treatment needed?<br>Does the patient need to be seen immediately? |

**Documentation should include:**

1) **Date and time healthcare provider notified, or report given. If multiple attempts were made; document time of each attempt.**
2) **Healthcare providers response to communication, orders received, and that "read back" of orders was completed.**

Adapted from JCAHO website