



## GENERAL GUIDELINES *for* NURSING STUDENTS

### **Nursing Student Supervision**

1. All medication administration and invasive skills/procedures performed by a student are to be performed under the **direct** supervision of the clinical instructor or patient's primary nurse. NOTE: Even if the physician is in the room with the student nurse, the clinical instructor or the patient's assigned nurse must be present.
2. It is the responsibility of the Clinical Nursing Instructor, not APRH Associates, to supervise, teach and facilitate learning of the Nursing Students.
3. Students are **NOT** allowed on the unit without a qualified Nursing Instructor present on that unit.
4. Students may only perform skills which have been previously taught and supervised by their educational institution.

### **Nursing Student Assignments**

An assignment sheet must be completed & posted on the unit to facilitate communication with the Nursing Associates. It is also recommended that each student/instructor introduce themselves to the primary RN.

1. Students/Instructor are expected to keep the patient's assigned nurse informed of the patient's condition, changes in treatment plan, etc. during the shift and right before leaving the unit for the day.
2. In turn, the patient's assigned nurse should alert the clinical instructor about any changes in the treatment plan that would affect the care delivered during their clinical time on the unit.
3. Students must notify patient's assigned nurse and nurse assistance before leaving the unit.
4. If unable to complete an assignment, the student and/or instructor must notify the assigned staff nurse at least one hour prior to the end of the shift

## **NURSING SKILLS**

- 1.** Under direct supervision of an RN (clinical instructor, patient's assigned nurse or APRH RN preceptor) students may administer and document administration of:
  - oral medications
  - subcutaneous/ IM injections
  - IV solutions (with the exception of chemotherapy drugs, cardiac drugs and blood products)
  - certain medications through IVP route:  
**Normal saline flush, Solumedrol, Lasix, Protonix, Dilaudid, Toradol, Zofran, Morphine**
- 2. Students will follow their School of Nursing guidelines for skills, procedures and medications.**
- 3. Students **may not** accept verbal orders from a physician, nurse practitioner, physician assistant or physician residents.**
- 4. Students may monitor blood and blood products **AFTER** it has been initiated by the patient's assigned nurse. This includes ensuring patency of the infusion, performing vital signs, and monitoring and reporting any signs and symptoms of a transfusion reaction.**

## **Documentation Requirements**

- 1. Without exception, No part of the Patient's medical record may be printed.**
- 2. Students are to complete computer orientation to electronic medical record (EMR) prior to starting clinical rotation.**
- 3. Charting in EMR must be clear and concise. Progress notes should not duplicate charting found on flow sheets.**
- 4. Students are **ONLY** allowed to access patient charts on-site at CHMC.**
- 5. All charting completed by the Nursing Students are reviewed and co-signed by the Nursing Instructor.**

## **Clinical Skills**

- 1. Always practice and follow the National Patient Safety Goals.**
- 2. Always refer to the Hospital policy on the intranet. If a policy cannot be located for reference please refer to Perry and Potter for guidance.**
- 3. Perry and Potter's "Clinical Nursing Skills and technique" is your nursing resource guide to use and follow at APRH.**

## **Miscellaneous**

- 1.** Copy machines are **NOT** for student use. Clinical instructors are permitted to use the copy machine in the Nursing Education Office for a small number of materials on an emergency basis for student information necessary to the hospital.
- 2.** Students are expected to be familiar and in compliance with general hospital policies. On the initial orientation day in the signed Environment of Care Handbook agreement form will be collected and kept on file.
- 3.** Students and instructors are expected to demonstrate professionalism at all times while on hospital premises. Keep in mind that you are representing your nursing school once you enter Crittenton.
- 4.** Hospital and School I.D. badges must be worn and clearly visible at all times.
- 5.** Personal use of cell phones is prohibited. Students may use applications on their phones for drug reference, disease, research, etc. (**DO NOT** use in patient rooms, the patient's will misinterpret what you are doing with the phone).
- 5.** Please enter and exit the unit as a group.
- 6.** **NO** Food or Drinks on the unit floor. Food/drinks are permitted in break rooms **ONLY**.
- 7.** All "Off Unit Observation" allows the student observation status only. Absolutely no patient care will be performed. Please note the Manager of the unit/department has the prerogative to cancel the observation at any point in time (for example if census is low).

## **Student Injury**

- 1.** In the event of an injury, please immediately report to the Employee Health Department (x 5203) Mon-Fri 7:30am to 4:00pm or after hours report to our Emergency Department (x 5311). Follow up with notification to our Education Department.

## **Student Parking**

- 1. All students are allowed to park in the parking structure on Level 3 only.**
- 2.** Security monitors this area for proper vehicle parking.

# Electronic Medical Record (EMR)

*Where to find what you need*

## Plan Of Care

- Comprehensive list of all active orders for your patient, including:
  - Admitting Diagnosis
  - Allergies
  - Code Status
  - Diet & Activity
  - Vital Sign frequency
  - Labs and specimens that need to be collected
  - Accuchecks (glucose point of care), if ordered

## Results/Flowsheet

- Radiology
- Laboratory
- Vitals
- Assessments and treatments
- EMAR summary

## Laboratory

- Will have results of all labs performed for this admission as well as previous admissions. You should concentrate in this course on obtaining the following labs:
  - Electrolytes
  - Creatinine/ BUN
  - Glucose
  - CBC (hemoglobin, hematocrit, WBC, RBC and platelets)
  - PT, PTT, INR (for patient on Heparin or Warfarin)

## Radiology

- Will have radiology reports
  - CXR
  - CAT scans
  - MRI

## Intervention List

- RN Task list
- Forms to be completed

## EMAR

- Medications to be administered
  - Scheduled
  - PRN
  - Continuous Infusions

## **Clinical Notes**

- Will have transcribed report from physicians
  - History and physical (details past medical history or comorbid conditions) ·
  - Consults
  - Emergency department physician's reports

## **Interdisciplinary Progress Notes**

- Narrative notes for multiple disciplines

## **Patient Education**

- Education topics to teach and review with patients/families



# RAPID RESPONSE TEAM

**CALL: 999**

## CRITERIA

- Heart Rate acute changes: <50 or >130
- Systolic BP changes <90 or >180
- Respiratory Rate <10 or >30
- Oxygen Saturation <90 despite O<sub>2</sub> therapy
- Chest Pain
- Acute changes in mental status
- Seizures: new or prolonged
- Urine Output: <5cc in 24 hours
- Failure to respond to treatment acutely