

TriStar HCA Patient Care Area Expectations of
Nursing Instructors and Students (Clinical and Observation)

Instructor Responsibilities

	Contact Facility Education Specialist to discuss disposition of required instructor and student documentation and orientation.
	Meet with Nurse Manager Prior to start of clinical rotation to discuss the following:
	Schedules <ul style="list-style-type: none"> • Dates • Times (hours)
	<p>Assignments (Observation students should be assigned to specific staff members.)</p> <ul style="list-style-type: none"> • Clinical year of nursing students (AD – first or second and BS – third or fourth) • Number of nursing students • Names of nursing students • Objectives • Tasks students may perform independently, with supervision or not at all • How assignments are made (acuity, medication administration and discharges) • How assignments are posted on the patient care unit (planned and unplanned) • Student Medication Administration Process <p>Note: It is the expectation instructors will have the patient assignments made for students the night before their clinical rotation.</p>
	<p>Communication:</p> <ul style="list-style-type: none"> • Clinical Instructor contact information • Patient care unit contact information • Schedule changes • Confidentiality • Assignments (communicate to Charge/Staff in writing and regularly throughout the shift) • Report (oncoming and outgoing) • Problem resolution (Chain – of – Command) • Required paperwork on file in the Education Department
	<p>Review mission and philosophy (organizational and/or departmental)</p> <p>Review values and Evidence Based Care Tactics</p> <p>Review patient population</p>
	<p>Departmental expectations</p> <ul style="list-style-type: none"> • Clinical Instructor is knowledgeable about patient population • Clinical Instructor is able to educate students concerning use of Meditech and BCMA (eMAR) • Comply with departmental shift reporting processes (bedside report). • Clinical Instructor remains on the patient care unit at all times with nursing students • Clinical Instructor remains actively engaged and seeks out other learning opportunities during the clinical hours on the unit. Minimal time spent sitting in the conference areas working on patient care plans. No time spent sitting in the conference areas working on other school work. • Follow the Student Medication Administration Process Checklist • Use of Vitals Now to take and record all vital signs and LOC (drives the MEWS score) • Communicate concerns or issues directly with Nurse Manager • Dressed appropriately at all times (professional)

	<ul style="list-style-type: none"> • Use of personal communication devices in patient care areas and during “work time” is prohibited. • Personal effects (bags, books and refreshments) put away during clinical hours • Departmental Specific Patient Care Expectations • Pharmaceutical Waste Program
	<p>Clinical Instructor expectations</p> <ul style="list-style-type: none"> • Communicate concerns or issues directly with Clinical Manager
	<p>Tour of department and Safety Scavenger Hunt</p> <ul style="list-style-type: none"> • Computers nursing students may use to obtain information for clinical assignments • Location students may sit to work on clinical assignments • Location of pre and post conference

Student Responsibilities (facilitated by clinical instructor)

	<p>Meet with Clinical Instructor and Nurse Manager PRIOR to start of clinical rotation to discuss the following:</p> <ul style="list-style-type: none"> • Review mission and philosophy and • Review ICARE values and Evidence Based Care Tactics • Department expectations
	<p>Student expectations</p> <ul style="list-style-type: none"> • Communicate concerns or issues directly with Clinical Instructor • Comply with departmental shift reporting processes. • The students remain actively engaged and seek out other learning opportunities during the clinical hours on the unit. Minimal time spent sitting in the conference areas working on patient care plans. No time spent sitting in the conference areas working on other school work. • Follow the Student Medication Administration Process Checklist • Function as a member of the patient care team (asking other members if they need help) • No printing or copying of the medical record for any reason other than nursing task list. Nursing task list must be discarded appropriately BEFORE leaving the medial center. • Dressed appropriately at all times (professional) • Use of personal communication devices in patient care areas and during “work time” is prohibited. • Personal effects (bags, books and refreshments) put away during clinical hours
	<p>Assignments</p> <ul style="list-style-type: none"> • Objectives • Tasks students may perform independently, with supervision or not at all • How assignments are made (acuity, medication administration and discharges) • How assignments are posted on the patient care unit (planned and unplanned)
	<p>Communication:</p> <ul style="list-style-type: none"> • Instructor contact information • Patient care unit contact information • Schedule changes • Confidentiality • Report (oncoming and outgoing) • Problem resolution (Chain – of – Command)
	<p>Tour of department</p> <ul style="list-style-type: none"> • Computers nursing students may use to obtain information for clinical assignments • Location students may sit to work on clinical assignments • Location of pre and post conference

Nursing Students MAY NOT DO THE FOLLOWING:

- Administer Blood And Blood Products
- Have Access To Narcotic Keys
- Take Physician Telephone Or Verbal Orders
- Change central line dressings and/or discontinue central lines (**includes instructors**)

Observation Nursing Students MAY DO THE FOLLOWING:

- Take vital signs
- Provide nursing care specific to activities of daily living (ADLs)

Observation Nursing Students MAY NOT DO THE FOLLOWING:

- Administer Medications
- Provide Treatments

Safety Scavenger Hunt

Environment of Care:

- Emergency Code Response: Report to charge nurse and/or instructor
- Evacuation Routes from your work area
- Eyewash stations closest to your work area
- Electrical Boxes and Medical Gas Boxes (nothing within 3 feet)
- Fire Pull Boxes and Extinguishers nearest your work area (nothing within 3 feet)
- Safety Data Sheets access information
- Path of Egress (Location of lighted EXIT signs)

Infection Prevention

- Use of Sani Cloths
- Clean supply areas, equipment storage areas, procedural areas, nutritional areas
- Dirty supply areas, equipment storage areas, procedural areas, nutritional areas
- Linen covered (flap down)



DISINFECTING: To disinfect nonfood contact surfaces only: Use a wipe to remove heavy soil. Unfold a clean wipe and thoroughly wet surface. Treated surface must remain visibly wet for a full **two (2) minutes**. Use additional wipe(s) if needed to assure continuous **two (2) minute** wet contact time. Let air dry.

PERSONAL SAFETY: Please wear gloves when you use this product.

Tristar HCA Instructor/Student Medication Administration Process

PURPOSE

To direct and standardize instructor and/or student medication administration practices.

POLICY:

- 1. Patient care areas that instructors and/or students are not allowed to prepare and administer medications**
 - A. Cardiac: Invasive (CCL and EP)
 - B. Cardiac: Non-Invasive
 - C. Endoscopy
 - D. OR
 - E. PACU

- 2. Patient populations that instructors and/or students may not administer medications**
 - A. Neonatal

- 3. Classifications of medications that instructors and/or students may not administer**
 - A. Chemotherapeutic Agents
 - B. High Alert Medication Infusions: Anticoagulant and Heparin
 - C. High Alert Medication as outlined in the HCA TriStar policy, except subcutaneous insulin and anticoagulants
 - D. IVIG
 - E. Medications Associated with Moderate Sedation

- 4. Routes for medication administration that instructors and/or students may not use**
 - A. Epidural
 - B. IV Push (excludes saline flush before and after infusion)
 - i) Intravenous (IV) Push Medications: Time factor: 5 minutes or less. The administration of intravenous push medications refers to medications administered from a syringe directly into an ongoing intravenous infusion or into a saline or heparin lock.
 - C. Intraperitoneal
 - D. PCA

- 5. Access to medication dispensing systems is not granted to instructors or students.**

- 6. Students may not prepare and administer medications alone: An instructor or TGRH staff member and/or a credentialed/privileged staff member must be present.** If in a preceptorship may be waived. Will involve consensus of hospital and school leadership staff.

See Attachment A: Student Medication Administration Processes Checklist

Attachment A: Instructor/Student Medication Administration Processes Checklist

<p>Start of Shift (All Except Where Indicated)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide daily report to unit regarding the types of medications the students will and will not be administering (nursing instructor). <input type="checkbox"/> Attend bedside report and walking rounds as applicable (assigned and new - admission & transfer). <input type="checkbox"/> Agree on plan that clarifies and details the responsibility for administration of each ordered medication. <input type="checkbox"/> Agree on plan that clarifies and details the responsibility for how NEW medication orders received during the shift will be handled. <input type="checkbox"/> Agree on plan that clarifies and details the responsibility for how HOLD medication orders received during the shift will be handled. <input type="checkbox"/> Agree on plan that clarifies and details the responsibility for how DISCONTINUED medication orders received during the shift will be handled. <input type="checkbox"/> Agree on huddle times to review medication administration record MAR for administration and omissions.
<p>During the Shift (All)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review all sources of documented drug administration (patient transfer from a different level of care or unit). <input type="checkbox"/> Use MAR (facility policy) when preparing and administering medications (NO WORK SHEETS). <input type="checkbox"/> Avoid unsafe abbreviations, minimally includes, U, IU, QD (in all formats) QOD (in all formats), a trailing zero, lack of a leading zero, MS, MSO4, MgSO4. <input type="checkbox"/> Verbalize appropriate indication/use for medication including any contraindications, side effects or potential for adverse reactions. <input type="checkbox"/> Check vital signs before administering medications that may alter heart rate and/or blood pressure. <input type="checkbox"/> Check laboratory values before administering electrolytes. <input type="checkbox"/> Bring the patient's MAR to the bedside and scan the medication and patient bracelet before administering the medication. <input type="checkbox"/> Use two unique identifiers before drug administration (name and birth date). <input type="checkbox"/> Observe "No Interruption Zone" around persons preparing medications. <input type="checkbox"/> Prepare one patient's medications at a time, at the patient's bedside and administer those medications before preparing another patient's medications. <input type="checkbox"/> Use correct type of syringe when preparing medications (oral, intramuscular, subcutaneous and parenteral). <input type="checkbox"/> Date multi-dose vials are dated when opened according to organizational policy (28 Days). <input type="checkbox"/> Double check high risk medications with a qualified person (instructor or staff nurse) (concentrated electrolyte, heparin and insulin) <input type="checkbox"/> Administer the medication as scheduled <input type="checkbox"/> Trace a tube or catheter from the patient to the point of origin before connecting any new device or infusion (administration of medications or enteral feedings via tubing). <input type="checkbox"/> Tell patient the purpose of the medication (every time – always). <input type="checkbox"/> Tell patient the side effects of the medication (every time – always). <input type="checkbox"/> Observe the patient take the medication(s). Leave no medications at the bedside. <input type="checkbox"/> Document drug administration immediately after the patient has taken the medications (real time). <input type="checkbox"/> Assess patient within 2 hours (minimum) after administration of new or pain medication. Assessment and documentation should include desired effects and adverse drug reactions.
<p>End of Shift (All)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review MAR with staff nurse assigned to patient to confirm medications that were administered, started, held and discontinued.