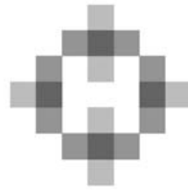

Student Orientation

Table of Contents

Page

I. HOSPITAL ENVIRONMENT

A. Department of Nursing …… 2
B. Security/Parking…… 3
C. Safety…… 3
   1. Hospital Safety…… 3
   2. Student Injury…… 4
   3. Fire Safety Response…… 5
   4. Hospital Emergency Codes/Emergency numbers…… 5
   5. Waste and Disposal…… 6
   6. Infection Control / PPE/Standard Precautions…… 7
   7. Patient Isolation/Fall Prevention…… 8-10
   8. In-hospital Code Blue…… 11
   9. Infant Abduction…… 11
D. Hazardous Communication/MSDS…… 12
E. Risk Management…… 13
F. Disaster Preparedness…… 13
G. Policies and Procedures…… 13
H. HIPAA, Privacy, Security…… 14
I. Restraints…… 15
   1. Philosophy…… 15
   2. What Are Restraints…… 15
   3. What Are Not Considered Restraints? …… 16
   4. Restraint Policy Exclusions…… 16
   5. Alternative Methods…… 16
J. Workplace Violence / Sexual Harassment…… 17
K. Regulatory Agencies…… 17

II. STUDENT PERFORMANCE EXPECTATIONS

A. Student Performance Expectations…… 18
B. Agency-Specific Documentation Policies…… 18
C. Faculty Expectations…… 18

III. PATIENTS

A. Patient Rights and Professional Ethics…… 19
B. A Patient's Bill of Rights/Patient Responsibilities…… 19-22
C. Patient Safety / Medical Care Error Reduction…… 22-23
D. Cultural / Religious Beliefs and Health Care Implications…… 24
E. Age-Specific Considerations…… 25-30
F. Communication…… 31
   1. General Communication…… 31
   2. Communication with Non-English Speaking/Hearing Impaired…… 31
G. Abuse, Neglect and/or Exploitation, Domestic Violence…… 31-32
H. Latex Precautions…… 32-33
I. Medication Administration…… 33

Orientation for Nursing Students

I. HOSPITAL ENVIRONMENT

A. Department of Nursing

MISSION: The Department of Nursing embraces the "Compassion of Family" through specialized quality centered care, utilizing interdisciplinary collaboration, and evidence based practice.

VISION: Commit to enhanced community wellness through excellence in nursing care, promotion of patient and family education, and collaborative practice by the health care team.

PURPOSE: The professional practice model provides a framework that encourages and assists clinical nurses to reach their highest level of professional practice.

CONCEPTUAL FRAMEWORK: The mission, vision, and values of the Department of Nursing at Hutchinson Regional Medical Center provide a foundation for the conceptual framework. The conceptual framework is based in part on Benner's Model and integrates the Dreyfus Model of Skill Acquisition into nursing practice. The conceptual framework describes a situation-based interpretive approach to nursing practice. This approach allows the professional nurse to evolve from novice to expert practice.

PATIENT CARE PHILOSOPHY: The Department of Nursing philosophy, in concert with the mission, vision, and values of the organization, view nursing as a caring art based on creative application and integration of research, knowledge, skills, and interpersonal competency to provide quality, individualized patient care.

We believe the profession of nursing is an art and science focusing on the mind, body, and spirit to assist patients, families and communities in achieving optimal health and well being in a complex and dynamic health care environment.

We recognize the inherent worth, dignity, and uniqueness of every individual. We promote participation of patients and significant others in making health care related decisions. We work with them to achieve an optimal level of health and wellbeing.

The RN is responsible for developing and maintaining a caring relationship with the patient and family, serves in an advocacy role, and coordinates the plan of care. The RN role focuses on preventative health care, as well as facilitation of education, recovery and continued support through illness, disability, or death. The patient care team serves and integral role in the establishment of a caring relationship with patient/family, and assists in the completion of the collaborative plan of care.

We apply the nursing framework of Imogene King, which includes three interacting systems: personal systems, interpersonal systems, and social systems. As indicated by King, we also maintain that nursing is a process that involves caring for human beings, with health being the ultimate goal. King's *Theory of Goal Attainment* is reflected in our Interdisciplinary Plan of Care in which the patient and the healthcare team unite to create mutual goal setting in order to strive for a state of health that permits optimum functioning.

We accept the challenge of providing high quality nursing care as a member of the total health care team. We are committed to providing a safe environment, continuously improving patient care delivery, embracing change, and encouraging flexibility in practice. We are accountable for our practice by following ethical standards and ethical codes.

We believe creating an environment that provides opportunity for advanced nursing education as well as stimulating personal and professional growth, enhances excellence in nursing practice. A professional learning environment, which is respectful and supportive of staff contributes to the growth, development and integrity of the professional nurse.

We are guided by the concept of shared Governance (UPIC), whereby staff are accountable for evidence-based decisions affecting nursing practice and clinical work environment. We believe in the enhancement of an environment that fosters trust and effective communication at all levels, provides recognition of nursing staff for excellence in clinical practice, and promotes the recruitment and retention of clinically competent staff.

B. Security

The safety and security of Staff / Students when they are in a health care environment is of the utmost importance. Staff / Students are expected to engage in activities that promote personal safety and security.

General Guidelines

- Do not bring purses or other valuables to clinical areas, as space to securely store may not be available.
- Lock any valuables and personal items in the trunk of your car *prior to arriving at the clinical facility*. This includes purses, CD's, cell phones etc. that might be visible in your vehicle.
- Only carry minimal cash on your person.
- Leave jewelry at home.
- Always wear proper identification (your name badge) while on affiliating agency property.
- Always be aware of your surroundings and alert for any suspicious activities or individuals.
- Your instructor will provide a hospital ID badge to you. The badge must be worn while working on hospital premises. Loss of the badge will result in a $10 replacement fee. Key replacement is $50.

Parking Areas

- Park in the lot south of the Chalmers Cancer Center. Enter through the main entrance.
- Always be alert when walking through parking lots.
- Be alert for and report any suspicious individuals or activities.
- When entering or leaving the facility in the early morning or late evening when it is dark: Always park in well-lit areas.
- Use a buddy system, so you are not walking in and out alone.
- Have your keys ready to unlock your car.

C. Safety

Hospital Safety

- Report all accidents/incidents to your faculty and unit management.
- Know and comply with safety rules and use the safety equipment provided.
- Report all unsafe or hazardous conditions.
- Obey safety signs and notices.
- Tobacco Free Campus: The use of lighted tobacco or other tobacco products is not permitted on the hospital campus as follows: Inside any building on the hospital campus; Inside any owned or leased HHC vehicle; On hospital grounds including parking lots.
- Know personal responsibilities in the event of a fire or other disaster.
- Keep personal work areas neat and clean.
- When in doubt, ask the person in charge.

Lifting, Carrying, Patient Transferring

Many back injuries can be prevented by proper utilization of body mechanics to avert strain when lifting and carrying heavy or bulky materials. The following procedure is designed to make safe use of the body as a perfect and safe lifting device. Before lifting, think about the load you'll be lifting. Ask yourself the following: Can I lift it alone? Do I need mechanical help? Is it too awkward for one person to handle, or should I ask for help? If the load is manageable, use the following techniques to avoid injury:

> **Tuck your pelvis** - by tightening your stomach muscles, you can tuck your pelvis, which will help your keep your back in balance while you lift.
>
> **Bend your knees** - Bend at your knees instead of at your waist. This helps you maintain your center of gravity and lets the strong muscles in your legs do the lifting.
>
> **Hug the load** - Try to hold the object you're lifting as close to your body as possible as you gradually straighten your legs to a standing position.
>
> **Avoid twisting -** twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.
>
> **Make sure that your footing is firm when lifting, and that your path is clear**. Use the same techniques when you set down your load. Remember it takes no more time to do a safe lift than it does to do an unsafe lift.

Assistive devices are available to assist you in lifting and/or transferring patients. Gait belts should be available in each patient room. Mechanical lifts should be operated with no less than 2 trained caregivers. Always seek assistance from unit staff when needed.

Avoiding Cuts and Needle Punctures

To prevent cuts and needle punctures:

- Put away sharps in designated location when not in use.
- Avoid trying to catch a sharp object or glass object if it starts to fall.
- Dispose of broken glass and crockery immediately.
- Wrap ampules, glass tubing, flask stoppers, and similar items in a towel before twisting, pulling or pushing.
- Avoid digging into a wastebasket. If trying to locate an object, hold the wastebasket by the sides and dump onto a sheet of paper.
- Report and treat immediately all needle punctures and cuts.
- Avoid overfilling of sharps containers.

Student Injury

If you become ill or injured during your clinical experience, report to the faculty and health professional in charge of the clinical unit. Any unusual occurrence, such as an injury or event outside the routine, must be immediately reported to management and applicable paperwork completed.

Students are expected to have insurance coverage, including professional liability and individual health insurance, while in the clinical setting.

Emergency care is available for students who are affected by accident or illness occurring while in the agency. The emergency care expense is the responsibility of the student. Hutchinson Regional Medical Center shall not incur any expense associated with treating students.

Fire Safety Response – Code Red

When a potential fire is identified, PBX shall announce it on the overhead PA system by saying:

"Code Red (area) ______".

Remain in the area until the all clear is sounded. Do not use elevators in the event of a fire. Prevent visitors from the utilization of elevators until the all clear is sounded.

If fire is in your immediate area, remember the acronym **RACE:**

Rescue persons in immediate danger;
Alarm – call the alarm;
Confine the fire by closing the doors;
Evacuate the area by horizontal evacuation or Extinguish the fire.

If possible, and it does not put you in danger, extinguish the fire with a fire extinguisher. If you cannot safely extinguish the fire, leave the area. Seal off the room with a damp towel or blanket at the base of the door.

Remember the acronym **PASS** for using an extinguisher.

Pull the pin;
Aim at the base of the fire;
Squeeze the lever;
Sweep from side to side.

Hospital Emergency

Emergency Numbers:

Code Red: 2199
Code Blue: 2583
Security: 777

Codes:

Code Red: Fire
Code Black: Bomb threat
Code Orange: Hazardous material spill/release
Code Pink: Infant abduction
Code Blue: Cardiac arrest, medical emergency

WASTE ITEMS AND APPROPIATE DISPOSAL CONTAINERS

WASTE ITEMS	SHARPS BOX	RED BAG	CLEAR BAG	CHEMO BOX
Needles/Syringes with needles	X			
Lancets	X			
Sutures/Sutures needles	X			
Scissors/Scalpel blades/Razors	X			
Broken glass	X			
IV Catheters	X			
Gloves, gowns, aprons, masks (dripping with blood)		X		
Gauze or dressings (dripping with blood)		X		
Foley Catheters/bags (with blood)		X		
Pleuro-Vacs, Hemovac’s, Sump tubes		X		
Lab: cultures, culture media, blood, blood products, stocks o inf. Agents, biopsy tissue, organs, etc.		X		
Hemodialysis tubing		X		
IV lines and bags (with blood)		X		
Surgery items (large amounts of blood)		X		
IV lines and bags (no blood or chemo)			X	
Bedpans, urinals, emesis basins			X	
Ventilator tubing			X	
Foley catheters & bags (without blood)			X	
Gauze, dressings (no blood or stained with blood)			X	
Chux/Diapers			X	
ET tubes & Suction Containers			X	
Gloves, gowns, aprons (no Blood or stained with blood			X	
Packaging, boxes, newspaper, magazines			X	
Plates, cups, utensils, tissues, magazines			X	
Food & food packaging			X	
Medication vials (non-chemo)			X	
Guiac cards			X	
Surgery: packaging when opening case or items used during case not heavily soiled with blood			X	
Chemotherapy items				X

The routine is still the same. All red bagged items are to be placed in the soiled holding area, in the gray cart or the red tote supplied for us. Sharps containers are still to be placed in the cart or red tote. They are not clear bag items.

Infection Prevention / Personal Protective Equipment (PPE)

Key Points:

- It is your responsibility to learn where the Personal Protective Equipment (PPE) is located in each health care setting.
- Always read and follow the signs that are posted on or by the door to a patient's room.
- If you should sustain a needle stick injury or blood exposure (splash to your face, or contact with non-intact skin), notify your faculty and management at once.

Hand Hygiene:

Performing hand hygiene is the most important way to prevent the transmission of infections from patient to patient, from health care provider to patient, from patient to health care provider, or from one health care provider to another. Frequent hand hygiene removes germs that you may have picked up on your hands through various types of contact. When performing hand hygiene, it is important to use the alcohol foam/gel in the dispensers by each patient door or wash with soap and running water for at least 15 seconds.

Always perform hand hygiene:

- Before and after work shift (washed with soap and water)
- Before and after contact with each patient
- After contact with soiled material or equipment
- Before and after eating or smoking
- After using the toilet (hands must be washed with soap and water)
- After blowing your nose or covering a sneeze
- Before handling food or administering medications
- Before any contact with your eyes or contact lenses
- Whenever you think they may be contaminated
- After removing gloves

Standard Precautions:

Healthcare workers face the risk of acquiring infections from patients, including bacterial, viral, and blood borne infections. Several blood borne diseases have been transmitted in the healthcare setting, including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

Standard Precautions were developed to protect healthcare workers from the risk of occupational exposures to infectious organisms. Standard/Universal Precautions require the use of protective barriers, PPE, to prevent contact with infectious agents that may be present in blood and body fluids. Types of PPE include gloves, masks and eye protection, moisture resistant or impervious gowns, and other apparel as needed. It is not always known when patients are infected with blood borne or other communicable condition. Therefore, use Standard Precautions each time you interact with the patient's environment.

The type of protective barrier depends on the type of exposure you anticipate. Hutchinson Regional Medical Center has a variety of PPE available. It is located in the patient rooms, in the nurse servers and in clean holding areas.

When properly used, Standard precautions will also protect patients from health care acquired infections. Patients are on standard precautions from the time they enter the Hospital. All health care workers are to follow standard precautions when they interact with patients and the hospital environment regardless of their job description.

Transmission-Based Isolation Categories:

In 1996, the Centers for Disease Control and Prevention (CDC) recommended the adoption of transmission-based isolation categories to prevent the transmission of infections in the hospital setting. When indicated, Transmission-Based Isolation precautions are used in *addition* to Standard Precautions. These recommendations prevent the spread of infections by interfering with the mode of transmission.

It is your responsibility to become familiar with and follow the isolation signs:

Contact Precautions:

- Used to prevent the transmission of infections that are spread through direct or indirect contact.
- Contact Precautions are utilized for patients known or suspected to be colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces or items in the patient's environment.
- PPE are worn to prevent contact with infectious microorganisms. **Gloves** are required to enter the room for any reason. **Gowns** are required, unless patient contact is not anticipated.
- If the "Red Box" safety zone is in place you may enter the safety zone without gown or gloves providing you do not cross the red lines on the floor.

Droplet Precautions:

- Used to prevent the transmission of organisms that are carried in droplets generated by the infected patient.
- Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large particle droplets > 5 microns in size) that can be generated by the patient when coughing, sneezing, talking, or during a cough-inducing procedure, or during procedures that produce aerosolized body fluids.
- Droplets containing infectious microorganisms are propelled a short distance through the air. Risk of transmission is to a susceptible host who is within approximately 3 feet of the patient.
- PPE is worn to prevent contact with the droplets. A **mask** is worn to enter the room. **Glove**s are worn if contact with respiratory secretions is anticipated.
- Special ventilation is not required.

Airborne Precautions:

- Used to prevent transmission of organisms that are carried in air currents as tiny droplet nuclei (<5 microns in size).
- Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. Therefore, they can infect susceptible hosts near or far from the infected patient.
- Special ventilation in a negative air pressure isolation room is required.
- PPE is worn to prevent inhalation of droplet nuclei. A **N95** mask is required to enter the room. Persons wearing a N95 mask must be fit tested to wear the mask.

Preventing Patient Falls

Hutchinson Regional Medical Center policy: The purpose of the fall prevention protocol is to identify patients who are at risk of falling so that fall-prevention measures can be initiated to reduce falls within the hospital and provide a safe environment. All patients admitted to the hospital will be assessed for fall risk for anticipated physiological falls with the exception of patients less than 10 years of age.

Definitions:

Fall: An unplanned decent to the floor (or extension of the floor, e.g. trash can or other equipment) with or without injury to the patient. Patient's assisted to the floor are also considered a fall.

- **Anticipated physiological fall**: A patient who scores "at risk of falling" on the Morse Fall Scale.
- **Unanticipated physiological fall**: Falls attributed to physiological causes that cannot be anticipated before the first fall.
- **Accidental fall**: Caused by patients with a normal Morse Fall Score who slip, trip, or have some other mishap resulting in a fall.

Injury: A disruption of structure of function of some part of the body that is the result of a fall.

- **Severity Score 1**: injuries that involve little or no care, formal intervention or observation such as an abrasion, contusions, small skin tears or minor lacerations that do not require suturing.
- **Severity Score 2**: Injuries that require some medical and/or nursing interventions or observation. These include sprains, large or deep lacerations, or skin tears, minor contusions that might require interventions such as ice packs, ace bandaging, suturing, or splinting.
- **Severity Score 3**: Injuries that clearly require medical intervention or consultation. These include fracture, loss of consciousness, changes in mental or physical status. Such injuries clearly have an adverse impact on the patient's course of treatment and may result in an increased length of stay.

Fall prevention: Strategies design to prevent a fall from occurring, usually by decreasing fall risk.

Fall protection: Strategies preventing the patient from injury should a fall occur or immediate delaying or preventing an imminent fall.

Morse Fall Risk Scale: A rapid and simple method of assessing a patient's likelihood of falling utilizing six variables.

Assessment:

The RN will assess all adult patients on admission for fall risk utilizing the Morse Fall Risk Scale.

The RN or LPN will reassess the patient at least once on a daily basis with the AM assessment or with any change in health status.

Morse Fall Scale

Variables	Score
1. History of Falling	No 0 Yes 15 _______
2. Secondary diagnosis	No 0 Yes 15 _______
3. Ambulatory aid -None/bed rest/nurse assist -Crutches/cane/walker -Furniture	0 15 30 _______
4. IV or IV Access	No 0 Yes 20 _______
5. Gait -Normal/bedrest/wheelchair -Weak -Impaired	0 10 20 _______
6. Mental Status -Oriented to own ability -Overestimates or forgets limitations	0 15 _______
	________
	TOTAL

Management

1. Identify all patients for the risk of falls by utilizing the Morse Fall Risk.
2. Implement Universal Fall Risk Precautions for patients with a score of 0 - 24.
3. Implement appropriate interventions utilizing Moderate Risk Fall Precautions for a Score of 25 - 44.
4. Implement appropriate interventions utilizing the High Risk Fall Precautions for Score 45 or greater.
5. Implement appropriate interventions utilizing the Extremely High Risk Fall Precautions for Score 65 or greater.
6. Place score on the IDP under Morse Fall Scale.
7. Place "Fall Magnet" on the door jam indicating Morse Fall Score and the number of staff recommended to transfer patient safety.

Fall Risk Prevention Guidelines

Universal Fall Risk Prevention Interventions	Score **0** to **24**	1. Provide a safe environment (no clutter on floor, evaluate equipment for safety, educate patient and family about use of equipment). 2. Place call light, water, tissue and phone within reach at all times. 3. Brakes applied on bed and wheelchair 4. Wear non skid footwear 5. Provide adequate lighting 6. Provide patient/family education on fall prevention **7.** Place bed in low position **8.** Round frequently for toileting. 9. Evaluate for medical risk factors
Moderate Fall Risk Prevention Interventions	Score **25** to **44**	1. Universal Fall Risk Prevention Interventions plus the following; 2. Assess gait, balance and fatigue level with ambulating 3. Instruct to call for assistance to ambulate if needed 4. *Obtain order for PT and OT to evaluate for assess gait and for strengthening as indicated
High Fall Risk Prevention Interventions	Score **45** to **64**	1. Universal Fall Risk Prevention interventions, Moderate Fall Risk Prevention Interventions plus the following 2. Place Fall Risk precaution sign on door 3. Place yellow blanket on patient visible to staff. 4. Place yellow 'Fall Risk' patient ID band 5. Frequent surveillance 6. Reorient frequently to surroundings and call light usage. 7. Minimize environmental stimuli if increased agitation 8. Assist with toileting at least every 2 hours 9. Offer fluids each time you enter the room **10.** Use appropriate safety alarms- tab, chair, floor, bed- for the patient **11.** If appropriate and available, relocate patient to a room close to the team center.
Extremely High Risk Prevention Interventions	Score **65** and **greater**	1. Universal Fall Prevention Interventions, Moderate Fall Risk Interventions plus the following: 2. Place patient in a low bed. 3. Use floor mats and safety alarms. 4. Offer accommodations to family to sit with the patient.

In-Hospital Code Blue Procedure

Efficient code blue procedure provides for timely assessment of the patient, prompt response of additional skilled personnel and equipment, and prompt establishment of an effective means of artificial circulation.

First Responder:

- Establish unresponsiveness by shaking the person and calling his/her name to evaluate that the person has not fainted or is in deep sleep.
- Call the code (dial B-L-U-E / 2583) and note the time. Do not leave the person to do this. Be prepared to identify yourself and give the room number.
- Begin BLS per American Heart Association standards.
- Flatten the head of the bed to perform adequate compressions and assure adequate perfusion of the brain.

Second Responder:

- Obtain crash cart from clean holding.
- With assistance of first responder:
- Position the person to allow placement of AED pads. (See additional information.)
- Place head board/cardiac board under patient's upper torso if patient is in bed.
- Attach AED cable to Stat Padz. Turn AED on and follow verbal commands.

Code Team Members:

1. Patients Assigned Hospital Nurse
2. Physician from ED
3. 2 - ICU Nurses
4. EMS
5. Respiratory Therapy
6. Lab
7. X-Ray
8. Patient Care Supervisor
9. HHC Pastoral Care

**** Students are to exit the room when the team arrives. If a student is assigned to the coding patient they must remain in the hallway to be readily available to give patient information if asked.**

Infant Abduction

To prevent an infant abduction:

- Do not leave infants unattended.
- Educate parents on infant security.
- Question individuals who do not belong in the area.
- Students must wear proper identification (ID badge) at all times. Badge must be visible at all times.
- Do not leave photo IDs where someone could get it to use in an infant abduction.
- Do not leave hospital attire such as scrubs, lab coats, and surgical gowns where unauthorized individuals could use them.

If you hear "Code Pink" over the PA system:

1. Go to the closest exits in the area you are in and watch for any individual with an infant or large package.
2. Employees must continue to watch exits until released by Security. Stop any suspicious individuals or individual with an infant or large package and contact Security.
3. Explain to the individual that we have enacted an emergency response plan because of a possible infant abduction.
4. Reassure patients, families or visitor as necessary.
5. Do not discuss the situation with media persons or non-employees.

D. Hazardous Communication

Community Right to Know Law

- All employees and students shall comply with federal, state, local and institutional regulations and guidelines when working with chemicals that pose a hazard to the worker, other persons or the surrounding community. Each student is responsible for their own personal safety and health and for the safety and health of others nearby and for the protection of the environment. The Right-to-Know Law was enacted to protect employees, and students by making available pertinent information about any chemicals with which they might be working. There are three components to a Hazardous Communication Program: training, labels and Material Safety Data Sheets (MSDS).
- Regulations list many specific hazardous chemical wastes and define criteria for other categories. Generally, if a substance is ignitable, corrosive, reactive, or toxic, it is hazardous. All hazardous material must be labeled and it must be handled, packaged, transported and disposed of according to directions. If there is a hazardous chemical question contact the Safety Officer in charge of the Hazardous Communication Program.
- Common substances that may be considered hazardous include bleach and other disinfecting solutions. For nurses, chemotherapeutic or antineoplastic agents are among the most hazardous substances. Special training is often required before a nurse may administer such medications. Traveling Nurses are not allowed to administer chemotherapeutic agents or any other high-risk drugs unless competency has been established.

Labels

- Each person is responsible for knowing about the chemicals used in the course of work in that setting. Each container must be labeled with the chemical name, and not merely its function. Always use containers in such a way that the labels will continue to be readable. If a label is missing or damaged, notify someone, such as your clinical faculty, the unit secretary or the nurse in charge of the area, who will correct the problem. Labels must tell you what the chemical is, any danger or hazard that may exist with that chemical or ingredients and the name, address and telephone number of the manufacturer. Always read the label before you use the contents of a bottle or can or other container.
- Another warning label is that of the National Fire Protection Association (NFPA). It is a four part colored diamond. There is a numerical rate 0 (mild) to 4 (greatest) if there is a hazard in that particular category.

MSDS

Each work area's Material Safety Data Sheets (MSDS) for all chemicals should be located on the Hospital Intranet. Other MSDS sheets can be located on the Intranet. The MSDS includes the following information:

- The name of the substance, the manufacturer and the date the MSDS was prepared.
- Other names the chemical(s) may be called or listed and exposure limits.
- Physical characteristics: For example how a chemical looks or smells, melting and boiling points, how easily it dissolves or if it does not, and whether it floats or sinks in water.
- Fire and explosion data tells you if a substance is flammable or combustible and the lowest temperature it could catch fire. It also tells you the safest way to put out a fire with this chemical.
- Reactivity tells you what happens when that chemical comes in contact with air, water, or other chemicals. This part tells you when it might burn, explode or release dangerous vapors.
- Health Hazards lists how a chemical might enter your body. This might be inhalation, ingestion, absorption (through skin) or injection.
- Use, handling and storage describe how to clear up a spill or leak in addition to handling, storage and disposal of the chemical.
- Special protection and precautions explains any need for PPE (such as goggles or a respirator) or signs or other equipment (such as a ventilation hood over a lab or pharmacy area) when using the chemical.

E. Risk Management

Risk Management involves all medical and facility staff, including students. It provides for the review and analysis of actual and potential risk/liability sources involving patients, visitors, staff, and facility property.

A ***reportable incident*** is defined as any act by a healthcare provider that is, or may be, below the applicable standard of care and has a reasonable probability of causing injury to a patient.

Student's involvement in a reportable incident will be communicated to the Kansas State Board of Nursing and the Student's company.

Students should:

- Be alert for occurrences that might cause undesirable effects.
- Communicate the positive and/or negative aspects of he occurrence.
- Document the occurrence for further tracking and monitoring.
- Report unsafe conditions/situations to the staff and management.

Students, in collaboration with unit management must complete a variance report. All variance reports must be completed at the time of the incident and no later than 24 hours after the event.

The Risk Management Coordinator or designee will perform an investigation and make a preliminary determination of reportability of any referred incident, and or practice involving nursing "health care providers". If an incident, act, or practice is deemed reportable, the affected nursing "health care provider" will be notified in writing of this fact and given the opportunity to be heard.

If you find a problem, or have a great idea for improvement of the organization where you are in clinical rotation, please submit your idea to an RN or manager in the organization for consideration.

F. Disaster Preparedness

Students should report to unit management and/or faculty to await specific instructions regarding either an internal or external disaster.

G. Policies and Procedures

Hutchinson Regional Medical Center has specific policies, procedures, and standard reference texts with which you should be familiar. The policy manuals and reference texts are available on each patient care area. You are expected to adhere to these policies and standards. For clarification of a policy or procedure, resources available are: Compliance 360 on the Intranet, education, clinical coordinator, supervisor, or your director.

Administrative policy manual

Safety Manual

Nursing Standards Manual

Lippincott Manual of Nursing Practice (2006)

Perry & Potter Clinical Skills & Techniques (2006)

Mosby Drug Handbook

H. HIPAA, Privacy, Security

Overview

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Organizations affected by HIPAA must be compliant or risk investigation by the Office of Civil Rights and violations may result in fines and penalties.

The main purpose of the HIPAA regulations is to ensure that *protected health information* or *PHI* is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient's medical record, but it also includes ID bracelets; insurance cards, procedure codes, dictation tapes, photographs and so on.

Patients receive a Notice of Privacy Practices when visiting Hutchinson Regional Medical Center or its entities. This document tells how their health information will be used by that facility and outlines the rights patients have regarding their PHI. This includes the right to see a copy of any PHI kept by the facility, the right to request an amendment to their PHI, the right to receive an accounting of disclosures and the right to request restrictions on the release of PHI.

As a Student, your role in HIPAA will be to:

- Refrain from sharing PHI with anyone who does not have a need to know it.
- Ask yourself "Do I have a need to know this information as a student?" before looking at PHI.
- Report known or suspected privacy or security breaches to your faculty.
- All electronic devices (IPOD, Smart Phones) should be on "airplane" mode only and should be used in the nurse's lounge, classrooms, cafeteria and outside only (not in hallways, nurses stations or stairways). Photo taking is prohibited on Hospital property.

Your role in privacy will be to:

- Limit patient specific information discussed in hallways, elevators, cafeterias and other public areas.
- Control patient information that you have in your possession.
- Dispose of PHI in an appropriate manner, such as placement into shredding bin.
- Access only the minimum amount of patient information necessary to fulfill your role as a student.
- Keep the nurse server door closed.

Your role in security will be to:

- Keep print-based medical records in a secure area.
- Use a password (not to be shared) to access PHI through a computer.
- Prevent the viewing of PHI on a computer screen through use of a screensaver or repositioning of the PC.

✷See Notice of PRIVACY PRACTICES at Hutchinson Regional Medical Center✷

I. Restraints

<u>Refer to Clinical Practice Policy “Restrain and Seclusion:</u>

A patient has the right to be free from restraints or seclusion imposed as a means of coercion, discipline, convenience or retaliation by staff. A restraint can be used only if needed to improve patient’s “well being” and less restrictive intervention has been determined to be ineffective. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, staff, or others and must be discontinued at the earliest possible time. (Patient’s Bill of Rights)

-A physician order must be obtained and will specify the clinical justification for the restraint or seclusion, the duration of use, the type of restraint to be used, the criteria for release and the date and time ordered.

-PRN orders are not acceptable.

-Prior to placing the patient in seclusion or restraints, a clinical assessment will be performed by an RN.
-The condition of the restrained patient shall be continually assessed, monitored, and re-evaluated.

<u>When restraints are necessary; the goals are to:</u>

- Use the least restrictive method(s) to prevent harm to self or others and/or to minimize interruption.
- Protect patient's health and safety and to preserve their dignity, rights, and well-being when restrained.
- Eliminate the use of restraints whenever possible and, when they are used, to discontinue their use as soon as possible.

What Are Restraints?

Physical Restraints: any manual method, physical or mechanical device material or equipment, that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.

1. **Behavioral Restraints** (violent/self-destructive) - restraints used in an emergency or crisis situation when a patient’s behavior becomes aggressive or violent, presenting an immediate, serious danger to the patient’s safety or that of others.
2. **Medical and Post-surgical** use of restraints (non-violent/non-destructive) – restraint used to limit mobility or temporarily immobilize a patient related to a medical conditions or post-surgical procedure. The restraints are used for the primary reason of supporting medical healing…such as preventing the patient from removing an endotracheal tube that is medically necessary.

Chemical restraint: A drug or medication used to control behavior or to restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s medical or psychiatric condition.

Seclusion: the involuntary confinement of a person alone in a room or an area where the person is physically prevented from leaving.

What Are Not Considered Restraints?

A device is not considered a restraint if it is usually and customarily employed during medical, diagnostic or surgical procedures and is considered a regular part of such procedures. The use of handcuffs or other restrictive devices applied by law enforcement officials who are not employed or contracted by the hospital when the device is for custody, detention, and public safety.

Alternative Methods

Restraints should be applied after less restrictive methods (alternatives) have been tried. Such alternatives may include, but are not limited to, the following:

- Walk in hall
- Ask family/significant other to stay with patient
- Ask Chaplain to visit
- Ask family what might calm patient
- Address elimination needs
- Address comfort/pain/positioning
- Use reality orientation, active listening
- Assign to room near nurses station
- Play soothing music or TV
- Shower, bathe, rub back
- Provide quieter environment
- Use bed alarm
- Wrap IV site/tubing with protective dressing
- Increase supervision

J. Workplace Violence/Sexual Harassment

-Hutchinson Regional Medical Center promotes a work place free from harassment and intimidation.

-Harassment or intimidation in any form is prohibited.

-Any healthcare provider found to have engaged in such conduct will be subject to disciplinary action.

-Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.

Examples of workplace violence/harassment may include the following:

- Verbal threats to inflict bodily harm, including vague or covert threats
- Attempting to cause physical harm, striking, pushing, and other aggressive physical acts against another person
- Verbal harassment, abusive or offensive language, gestures, or other discourteous conduct toward others
- Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, and slamming doors
- Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature constitutes sexual harassment when:
    - submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
    - submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
    - such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

If you witness or experience any form of harassment / violence, please report the incident to your faculty, management, or Human Resources, following hospital policy.

K. Regulatory Agencies

When State surveyors are in the organization you may be asked questions about your assignments. This may include questions about:

- Your interactions with patients such as what have you taught a patient or what care have you learned to provide to a patient.
- How you have taken the age of the patient into consideration for the delivery of care.
- The environment, such as where is the nearest fire extinguisher, the evacuation route for patients in a fire, or your role in the various emergency codes.
- How you were oriented to the agency.

II. STUDENT PERFORMANCE EXPECTATIONS

A. Performance expectation of Students:

- Assumes responsibility for own actions.
- Performs job assignment with supervision.
- Follows departmental policies and procedures.
- Reports any unusual occurrences/variances to management and Clinical Coordinator in compliance with the Risk Management Plan.
- Reports any changes in personal health status to supervisor and notifies Nursing Director of absence.
- Applies sound guest relation principles in the clinical setting.
- Maintains confidentiality of agency and/or patient-related information.
- Participates in departmental / unit in-services.
- Participates in routine unit activities (e.g., answers lights, passes meal trays, etc.)
- Meets hospital dress code

B. Agency Specific Documentation Policies - see Additional Handouts

C. Faculty Expectations:

- Assumes responsibility for the overall supervision of care rendered by affiliating students including all procedures performed and medications administered.
    a. Affiliating students may perform noninvasive procedures without the direct supervision of faculty/staff once curriculum is completed and competency is established with the faculty and/or staff.
    b. All medication administration and invasive procedures performed by an affiliating student will be directly supervised by the faculty or Registered Nurse.
    c. Students participating in "preceptor-based program" may not require direct supervision for all medication administration and invasive procedure if competency has been established with preceptor.
    d. Affiliating students shall not administer chemotherapy, experimental, or high-risk drugs.
- Interprets and follows departmental policies and procedures
- Requests for use of clinical facilities in writing to the Director of Education at least 1 month prior to the beginning of the clinical experience
- Contacts the unit Nursing Director prior to beginning the clinical rotation to discuss the learning needs and expectation of the students while on the clinical area.
- Provide a copy of the Student clinical objectives and rotation schedule to both the unit Nursing Director and Director of Education, and post a copy in the Nursing Unit.
- Schedules clinical orientation for self and students as applicable.
- Facilitates problem solving and communications between clinical personnel and affiliating students.
- Reports and or assists students in reporting any unusual occurrence/variance report according to the Risk Management Plan.
- Notifies the Director of Education of any changes in the rotation plan, or changes in student health status.
- Promotes sound customer relation principles for self and students.
- Makes student assignments in cooperation with management, staff, and other affiliating institutions if applicable.
- Maintains confidentiality of Agency and/or patient-related information.
- Supervises all student documentation and entries into the computer system.
- Complies with all aspects of the affiliation agreement.

- Participates in departmental/unit in-services and continuing education as applicable.
- Evaluates clinical placement in relation to specific clinical objectives and reports to liaisons.
- Will ensure that conflicts with staff and/or faculty and students should be resolved through the unit manager. If resolution not achieved, the Director of Education can be brought into the situation.
- Attends agency orientation if new to the faculty position.

III. PATIENTS

A. Patient Rights and Professional Ethics

A variety of documents guide the health care professional's behavior in the clinical setting. Included in these documents are policies and procedures, professional codes and patient's bill of rights.

A *Patient's Bill of Rights* provides guidance for the nursing student's behavior in the clinical setting.

Policies and procedures that relate to patient rights include:

- Advanced directives
- Care of the dying
- Institutional patient rights statement
- Professional ethics

A Patient’s Bill of Rights

- The patient has the right to considerate and respectful care given by competent personnel.
- The patient has the right to complain. Federal law requires every hospital to have a formal grievance procedure. The patient has the right to timely resolution of a complaint without fear of reprisals. The patient also has the right to file a grievance and expect reasonable response to that grievance. A complaint may be made by calling the At Your Service phone line at 620-513-4321. If using a hospital phone, the patient should dial 4321. If the patient feels his/her complaint is unresolved, he/she may write the Kansas Department of Health & Environment (KDHE) at: 1000 SW Jackson, Suite 200, Topeka, KS 66612-1365 or may call 1-800-842-0078.
- The patient has the right to obtain from physicians and direct caregivers complete, current and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of hospitalization, and recuperation time, and the medically reasonable alternatives and their accompanying risks and benefits. The patient has the right to request staff to notify promptly a family member or representative and the patient’s personal physician of the patient’s admission to the hospital. Patients have the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- The patient has the right to assistance in obtaining a consultation with another physician or practitioner at the patient’s request and own expense.
- The patient or his/her representative has the right to make informed decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy, to be informed of his/her health status, and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides. The hospital should notify patients of any policy that might affect patient choice within the institution.

- The patient has the right to have an advance directive (such as a living will, health care proxy or durable power of attorney for health care) concerning treatment or designation of a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients during the admission process of their rights under state law and hospital policy to make informed medical choices, ask patients if they have advance directives and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully and legally valid advance directives.

- The patient has the right to every consideration of privacy. Case discussion, consultation, examination and treatment should be conducted so as to protect each patient's privacy.

- The patient has the right to receive care in a safe setting and to expect that no form of abuse, neglect or harassment from staff, patients, or visitors will be allowed.

- The patent has the right to appropriate assessment of condition and management of pain. The patient also has the right to expect a quick response to reports of pain, and the right to be involved in the development of his/her individualized pain management plan.

- The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting as permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

- The patient or his/her legally designated representative has the right to review the records pertaining to his/her medical care and have the information explained or interpreted as necessary, except when restricted by law.

- The patient has the right to expect that, within its capacity, hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested due to religious or other reasons a patient may be transferred to another facility only after the patient has received complete information and explanation concerning the need for, risks, benefits and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for risks, benefits, and alternatives to such a transfer.

- The patient has the right to request and receive information regarding any business relationships among the hospital, educational institutions, other health care providers or payers that may influence the patient's treatment and care.

- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

- The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

- The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment and responsibilities. In addition, the patient has the right to be informed of available internal resources for resolving disputes, grievances and conflicts, such as ethics committees, patient representatives, the grievance process or other mechanisms available in their institution. In addition, the patient has the right to be informed of the hospital's charges for services, available payment methods and to examine and receive a detailed explanation of his/her bill.

- The patient has the right to hospital services without discrimination based upon race, color, religion, sex, national origin or source of payment.

- The patient has the right to be free from restraints or seclusion imposed as a means of coercion, discipline, convenience or retaliation by staff. A restrain can only be used if needed to improve the patient's well-being and less restrictive intervention has been determined to be ineffective. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

- The patient or the support person has the right, subject to his/her consent to receive the visitors whom he/she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and has the right to withdraw or deny such consent at any time. The hospital will not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. The hospital will restrict or limit visitation privileges only when visitation would interfere with the care of the patient and/or the care of other patients consistent with the hospital's overarching goal of advancing the care, safety, and well being of all its patients.

Patient Responsibilities

The partnership nature of health care requires that patients, or their families/surrogates*, take part in their care. The effectiveness of care and patient satisfaction with the treatment depends, in part, on the patient fulfilling certain responsibilities. The following are patient responsibilities:

- Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision-making, patients are responsible for asking for additional information or explanation about their health status or treatment when they do not fully understand information and instructions.

- Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one.

- Patients are responsible for telling their doctors and other caregivers if they expect problems in following prescribed treatment.

- Patient should be aware of the hospital's duty to be reasonably efficient and fair in providing care to other patients and the community. The hospital's rules and regulations are intended to help the hospital meet this responsibility. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Included in this would be policies related to smoking, use of alcohol and other drugs and visiting hours.

- Patients are responsible for giving necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

- A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyle on their personal health.

Conclusion

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

*A designated surrogate can exercise these responsibilities on the patient's behalf or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent or is a minor.

Reference: www.aha.org

Last Updated: Tuesday, May 31, 2011

B. Patient Safety and Medical Care Error Reduction

Each year the National Patient Safety Goals are evaluated and updated.

Organizations are encouraged to incorporate these goals into their safety standards and policies and procedures.

Goals:

1. **Improve the accuracy of patient identification**
   - Use at least **two patient identifiers** (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.
   - Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out" to confirm the correct patient, procedure and site, using active (not passive) communication techniques.

2. **Improve the effectiveness of communication among caregivers**
   - Implement a process for taking verbal or telephone orders that require verification "read-back" of the complete order by the person receiving the order.
   - Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.
   - Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
   - Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

3. **Improve the safety of using medications**
   - Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
   - Standardize and limit the number of drug concentrations available in the organization.

- Identify and, at minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- Label all medications, medication containers (e.g. syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

4. **Eliminate wrong-site, wrong-patient, wrong-procedure surgery**
   - Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available
   - Implement a process to mark the surgical site and involve the patient in the marking process

5. **Improve the safety of using infusion pumps**
   - Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization

6. **Improve the effectiveness of clinical alarm systems**
   - Implement regular preventive maintenance and testing of alarm systems.
   - Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

7. **Reduce the risk of health care-associated infections**
   - Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
   - Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

8. **Accurately and completely reconcile medications across the continuum of care.**
   - Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medication the organization provides to those on the list.
   - A complete list of the patient's medication is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

9. **Reduce the risk of patient harm resulting from falls.**
   - Implement a fall reduction program and evaluate the effectiveness of the program.

C. Cultural/Religious Beliefs and Health Care Implication

Culture is the combined total of the way people live. This includes, among other things, values, language, basic communication, social structures, environment, ways of earning a living, ways of spending leisure time, level of technology, and climate.

All cultures are alive and changing - they are not fixed.

Relevance is often affected by life experiences.

Hutchinson Regional Medical Center standard reference text for diversity is:

Lipson, J.; Dibble, S.; Minarik, P. (2001) Culture and Nursing Care: A Pocket Guide. University of California, San Francisco Nursing Press.

D. Age-Specific Considerations

In accordance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the special needs and behaviors of specific age groups need to be considered when defining the qualifications, duties and responsibilities of staff.

What this means for you is that you should modify the care you provide based on knowledge of the clients' growth and development, and their unique safety, biophysical, and social needs.

See attached charts.

Key Characteristics of Neonates
(Birth to One Month)

Physical	Psychosocial / IPR	Safety	Teaching
Normal vital signs: Heart rate 100-160 Respirations 40-60 Temperature 36.S-37.S C 97.7-99.5 F Has poor temperature regulation Obligate nose breathers Weak immune system Unable to support weight of own head Umbilical cord should dry and fall off by the 2nd or 3rd week of life	There are 6 sleep-awake states: *deep sleep* *light sleep* *awake drowsy* *quiet alert* *active alert* *crying* The *quiet alert* state is "prime time"for interaction. The *quiet alert* state is characterized by: minimal body activity brightening and widening of eyes regular breathing pattern. Recognition of sleep/awake state is important in planning of care and acquainting parents & caregivers with the unique behavior of their infant. Neonates are totally dependent for all needs. Significant people are parents or primary caregivers. Mother/baby attachment develops through skin contact, interaction and by providing care to the infant.	Prevent heat loss especially in newborns by placing warm blankets on scales and other surfaces. Keep newborn clothed and head covered. Place neonate away from drafts, vents, and keep warm during transport between rooms. Parents/caregivers are encouraged to restrict neonate contact to hospital employees who show proper identification. Position neonate on back or side for sleep. When discharging neonate, ensure neonate is placed in regulation infant car seat. Utilize protective devices to immobilize neonate during procedures (i.e. circumcision). Protect neonate from infection. Staff/visitors/family with known active infections should avoid close contact with neonate. Keep bulb syringe available for suctioning as needed.	All teaching is directed to parents/caregivers with emphasis on providing health promotion, accident prevention, good nutrition and infant bonding. Instruct parent/caregiver at his/her appropriate age/developmental level. Allow time for parent/caregiver to ask questions and perform return demonstration.

Key Characteristics of Infants
(One Month to One Year)

Physical	Psychosocial / IPR	Safety	Teaching
Normal vital signs: Heart rate: Up to 3 months of age: 80-160 3 to 12 months of age: 70-150 Respirations: 30	Significant people are parents or primary caregivers. They are totally dependent for all needs.	Keep crib rails up at all times unless parent/caregiver is facing infant. No pillows should be placed in cribs.	All teaching is directed to parents/caregivers with emphasis on providing health promotion, accident prevention, good nutrition, and infant bonding.
Birth weight doubles by end of first 6 months of life.	They develop sense of trust and security if needs are met consistently.	To protect infant from injury, when a parent/caregiver is unavailable to hold infant during a procedure, utilize protective devices per unit procedure.	Instruct parent/caregiver at his/her appropriate age/developmental level.
Birth weight triples by end of first year of life.	Infants smile and repeat actions which elicit response from others. They establish a cycle for sleep and awake periods.	Parents/caregivers are encouraged to restrict infant contact to hospital employees who show proper identification.	Allow time for parent/caregiver to ask questions, and perform return demonstrations.
Height increases approximately 1 inch per month during the first 6 months, and by half that during the second 6 months of life. By 1 year, the birth length has increased approximately 50%.	At 4-8 months they develop separation anxiety where they cry and are fearful when separated from parents.	Make sure toys do not have removable parts. Small objects should be kept out of infant's reach. Bottles should not be propped. Infants should not be fed while lying down.	Keep parent/caregiver in infant's line of vision to decrease infant anxiety. Also, limit the number of caregivers who provide care for the infant.
Exclusive breastfed infants gain weight rapidly during first 3 months of life but thereafter and up to 18 months demonstrate a slower weight -for- length pattern of growth than formula fed infants.	They fear unfamiliar situations, and develop fear of strangers beginning at 6-8 months.	Protect infant from infection. Staff/visitors/family with known active infections should avoid close contact with infant. When discharging infant, ensure infant is placed in regulation infant car seat.	

Key Characteristics of Children
(Ages 1 – 12 Years)

Physical	Psychosocial / IPR	Safety	Teaching
Normal Vital Signs Temperature: 97.8 - 99.7 F Pulse: 1-2 yrs: 80 – 120 3-12 yrs: 60 – 120 Respirations: 1-2 yrs: 25-30 3-12 yrs: 18-30 B/P 1-2 yrs: 72-110 /38-73 3-5 yrs: 72-113/44-70 6-12 yrs: 77-126/40-80	Attachment to security objects and toys. Until school age significant persons are parents/caregivers. As child ages, peers gain increasing influence. Separation from parents/caregivers is major fear; also fears pain. Loss of control and routines, and of being a "different person" after surgery/illness.	Keep crib rails up at all times unless direct contact with child is being done. Secure and supervise children in wheelchairs, strollers and highchairs. Do not leave child under 6 years of age unattended when eating, drinking, and bathing. Do not leave child unattended during procedures.	Allow child to be active participant. Include parent/ caregiver in teaching and/or procedure as possible. Use multi-sensory approach (i.e. watching, doing, listening games.) For younger child, use therapeutic play with medical equipment, puppets, dolls, books for school age child, use drawings, books or audio-visuals.
Gains weight average 2 kg (4 lb) year and grows in height avg. 6-8 cm (2-4 in) per year. Arms and legs grow faster than trunk. At age 2-3 years old, develops daytime bladder control and 20 permanent teeth.	As child matures. he/she is more interested in self-management, develops a sense of will and increased independence from parents. Asserts independence. Has temper tantrums.	Check toys for: Age appropriateness No small removable pieces (<6 years old) Cleanliness. Disinfect between use per infection control practices.	Explain equipment. Demonstrate movement to decrease fear. Present information in small amounts, using clear and understandable words.
Body systems mature in orderly sequential way, but exact age at which change occurs varies widely. Young child may focus full attention on one object or event at time. Attention span and focus increases as child matures. but is typically 10-30 minutes.	Coping behaviors are often limited. Regression may occur under stress (i.e. thumb-sucking, crying behaviors, bed wetting, etc.) Child sees hospitalization/ procedures as punishment.	Keep the following out of child's reach: Needles, syringes and sharp objects Plastic bags or sheets Cords or tubing	Use firm, direct approach. Encourage child to verbalize fears and ask questions. Assess what the child believes about a procedure or disease and clarify misconceptions.
At 10-12 years pubescent changes may begin to appear – especially in females.	Child develops increasing sense of modesty and awareness of gender differences. Use distraction techniques.	Use appropriate sized items (i.e. gowns, blood pressure cuffs, stethoscope, EKG electrodes, infant scales, 02/IV equip, etc.)	Reassure child that he/she has not caused the situation. Provide privacy.

Key Characteristics of Adolescents
(Ages 12 – 18 Years)

Physical	Psychosocial / IPR	Safety	Teaching
Teens grow rapidly in height and weight. Sexual organs mature, and body hair and facial blemishes develop. Vital signs approximate those of the adult. Adult lab values are reached, but hematocrit levels are higher in boys, platelet and sedimentation rates are increased in girls, and white blood cell numbers are decreased in boys and girls. May be awkward in gross motor activity. Fine motor skills are improving. Needs additional rest and sleep. Many teen health problems are related to stress.	Self-image and being accepted by peers is important. Separation from peers can cause concerns. Teens are often critical and confused about own appearance and body changes. They believe that others are as concerned with their appearances as they are. Hospitalization may threaten their self-identity. Wide mood swings and outbursts of anger may occur. Conflicts with authority over rules and lifestyles develop. They accept criticism or advice reluctantly. Teens longs for independence but also desire dependence.	Negative effect of alcohol / drugs and positive effects of physical activity should be emphasized. Physical injuries are greatest single cause of death in teens. Encourage general safety measures in all activities. Allow for adequate sleep and rest. Suicide rates continue to rise. Teens who show signs of depression must be identified and referred to physician / social service staff. Behaviors which may signify depression include: • pessimistic about career • pessimistic about dating • dwells on past errors • talks about death • hears voices • sleeping problems • loss of interest in hobbies • loss of weight • loss of appetite • always tired • frequent sighing • withdrawal • suspicious • preoccupied with health	Respect teen's needs, and teach rather than demand or tell. There is a misconception that teens have a greater understanding of medical procedures or body functions than they actually do. Teach and use acceptable and understandable words / terms for body parts. Involve adolescents in care and decision making. Give responsibility with regard to self care. Explore wishes regarding parental presence; may teach parents separately. Address long term or follow - up concerns. Provide reason for procedures and how it will be done. Obtain both adolescent's and parent's consent for procedures. Respect privacy and confidentiality.

Key Characteristics of Adults
(Ages 18 – 65 Years)

Physical	Psychosocial / IPR	Safety	Teaching
Muscular efficiency is at its peak between 20 and 30 years. Normal Vital Signs: Pulse = 80 +/- 20) Resp. = 20 (+ / - 4) Older Years (over 40): Decreased muscle strength and mass if not used, endurance declines. Visual changes occur, especially farsightedness. Decreased balance and coordination.	Individual matures to develop a sensitivity to others and able to deal constructively with frustrations. Matures to maintain self-control and willing to assume responsibility. Young Adult (to 40 years) Strives for success and independence. Becomes independent of parents. Establishes a personal set of values and formulates a philosophy of life. Continually adjusting to stresses and satisfactions of work and family. Older Adult (over 40) Begins to express concerns for health. Seeks and maintains a satisfactory performance in career.	Patient may be left alone if safety is not an assessed issue of concern. Assist with necessary adjustments related to health. Endurance may start to decline over 40 years. Decreased balance and coordination may be seen over 40 years.	Always explain procedures to patient. Bring significant other into patient's education. Ascertain that patient understands instructions. Question females regarding pregnancy. Allow patient to ask questions. Address patient with respect. Make eye contact and speak clearly.

Key Characteristics of Older Adults
(Ages 65 and Older)

Physical	Psychosocial / IPR	Safety	Teaching
Vital Signs: a lower mean temperature and lower mean temperature spikes with illness. Lower cardiac reserve. Older heart takes longer to recover from stress. Position changes from lying to sitting or standing may cause a drop in BP, dizziness, lightheadedness or confusion. Respiratory effort or activity is often reduced causing secretions to pool in lungs, coughing to be less and infections to develop with few early symptoms. Higher risk for aspiration. Slower movement of food in G.I. contributes to constipation problems. Bladder and kidney changes cause urinary frequency, retention, and infection. Incontinence is not a normal finding with aging and should be evaluated. Reflexes, bone / muscle mass and strength decrease and patients are susceptible to injury. Skin is drier and thinner. Vision and hearing acuity decline. Disease often presents atypically or with nonspecific symptoms, e.g., confusion; falls. Older adults are also more at risk for hypo / hyperthermia and dehydration due to a diminished thirst response.	Changing social roles from working to retirement and decline in health status lead to concerns about finances, loss of control in one's life, and loss of contact with family / friends. Ask about family and significant others and their ability to assist in providing care. Older patients are more likely to require continued support / care after their hospitalization. Discharge planning must begin at time of admission to enable time to arrange for needed services. Many older adults have experienced significant losses and deaths of family members and friends. This experience with grief and mourning may prepare some for facing the end of their own lives, although they may still have fears regarding pain or how they will be treated as they are dying. Support them and family members in any advance directives they have drafted. Hospitalization and illness can cause acute confusion in some older adults that is not related to an underlying dementia. Use family members as resources when concerns about behavior or confusion arise. Dependent older adults, like children, are more at risk for abuse or neglect. Be alert to any signs or symptoms and follow your hospital's policy on reporting any suspected abuse / neglect.	Older adults are more at risk for falls. They should be assessed frequently for fall risk and appropriate fall precautions taken by all caregivers. Prevent falls by: • keeping pathways clear of hazards & equipment • keeping bed in low position, wheelchair wheels locked and side rails up as appropriate • clean spills immediately • use night lights • provide physical aids, i.e., assist with walking, use gait belt, visual / hearing aids, devices to maintain posture or balance in chair • allow extra time for position changes • modify clothing (skid proof shoes / slippers) • offer assistance with eating and toileting • answer call lights promptly Identify and report signs of agitation. Encourage family to participate in care. Use restraints only after less restrictive measures are unsuccessful.	Find out if patient has other immediate concerns and address them before teaching, i.e. pain, hunger. Remember, short term memory may be poorer and there is a slowed processing time for new information. Present information at slow pace and limit to a few concepts in each short session. Face client directly, and limit distractions, i.e. TV, especially if he / she has hearing problems. Use appropriate printed material: large bold type on white or yellow paper works best; handouts with simple drawings or pictures are helpful. Encourage active participation. Repeat and summarize key concepts often.

F. Communication

General Communication

As a Student working in the health care setting, you are representing the hospital. The clients and visitors will look to you *for* assistance as they would any hospital employee. Please keep the following "customer service" concepts in mind when you are in the facility:

1. If patients or visitors ask you a question you cannot answer or asks for assistance that you are unable to provide (e.g. directions to a location in the agency), offer to help them find an answer rather than simply saying that you don't know the answer.
2. Don't wait for a patient or visitor to approach you. If you see someone walking around as if they are lost or trying to locate someone or something, offer assistance. If directions to the location are complicated, please consider accompanying the individual to assure that they find their destination without further difficulty.
3. Please refer patients or visitors with complaints to the appropriate staff person. Again, we would ask you to consider accompanying the individual and introducing him or her to the appropriate staff person.
4. You should always be dressed in an appropriate professional manner. When in patient care areas you should be in uniform, following the dress code of the nursing unit and the clinical program, or wearing a clean, neat lab coat over street clothes.
5. If answering the telephone please identify the unit, provide your name and identify yourself as a student. It helps to smile when you answer the telephone -- it really makes a difference in the sound of your voice.
6. If you are not able to provide the caller with the information he or she is seeking, explain your planned actions and place the caller on hold. For example, "I am going to put you on hold while I locate Nurse Smith. It should not take more than two minutes." If there is a delay, return to the phone, explain the delay, and provide the individual with the option of continuing to hold or to leave a message.
7. After leaving a telephone or pager message asking for a return call, notify the unit staff. This will allow them to easily refer the call to you when the individual calls back.

Communication with Non-English Speaking / Hearing Impaired

Hutchinson Regional Medical Center recognizes that an individual patient has the right to obtain information concerning diagnosis, treatment and prognosis and well as all information involving their rights as a patient. Patients experiencing communication barriers due to a physical condition, ethnic origin, or physical disability are provided with appropriate interpreter services. Methods are utilized include:

- Local interpreter service is available
- Online Interpreters
- A family member can translate for the patient if requested to do so by the patient.

See Administrative Policy (950.48)

G. Abuse, Neglect and/or Exploitation, Domestic Violence

State laws mandate the reporting of child and adult abuse and neglect. Laws mandate a report to be submitted to the County Department of Human Services when there is reasonable cause to suspect that a patient has suffered abuse, negligence, or exploitation**.**

Immunity from Liability

Any person making a report or investigation pursuant to this Code, including representatives of the agency in the reasonable performance of their duties and within the scope of their authority shall be presumed to be acting in good faith. The agency representative shall thereby be immune from liability; civil or criminal that might otherwise be incurred or imposed.

Definitions

- ***Reasonable Cause*** might include a situation where the nature and extent of injuries or neglect seem inconsistent with the explanation of cause given by the informants.
- ***Abuse*** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being.
- ***Verbal Abuse*** is defined as any use of oral, written or gestured language that includes disparaging and derogatory terms to patients or their families, or within their hearing distance, to describe patients, regardless of their age, ability to comprehend or disability.
- ***Sexual Abuse*** is defined as, but not limited to, sexual harassment, sexual coercion, sexual exploitation or sexual assault.
- ***Physical Abuse*** is defined as non-accidental injuries secondary to hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
- ***Mental Abuse*** is defined as, but not limited to, humiliation, harassment, threats of punishment, or abandonment.
- ***Neglect*** is the failure to provide adequate treatment and services necessary to maintain the health and safety of a patient. It may also include lack of supervision of a minor.

H. Latex Precautions

Hutchinson Regional Medical Center will make every effort to minimize exposure to latex in the workplace and to provide a latex safe environment for employee and patient who suffer from latex allergy.

- The hospital provides a latex glove and a non-latex glove for employees.
- All gloves in the hospital are powder free.
- Patients who are sensitive to latex will be identified on admission and, once identified, a green bracelet will be placed on the patient with appropriate documentation on the patient chart and Kardex.

A **latex allergy** is an adverse reaction to products made from latex or natural rubber. Reactions may occur when rubber objects come into contact with the skin or mucous membranes of when latex proteins are released into the air from powdered latex gloves or balloons. Reactions to latex proteins range from mild to life threatening. Latex may be found in hospital products such as gloves, catheters, IV equipment, surgical tape, tourniquets, ventilation and airway equipment, and medication stoppers.

A **latex sensitivity** is an unexpected reaction to products made from latex or natural rubber. Irritant contact dermatitis is the most common reaction to latex. It occurs within minutes to hours of the time you touched latex. It manifests with red, dry, itchy, or cracked skin. Allergic contact dermatitis usually occurs within 24 to 46 hours after touching latex. It manifests with skin redness, itching, watery eyes, runny itchy nose, sneezing, asthma, or other breathing problems.

I. Medication Administration:

Personnel administering medications shall be accountable for reviewing the order and knowing the action, adverse reactions, and implications for nursing care, of each medication administered.

Prior to administration of a medication, the following shall be carefully checked:

1. The original physician's order and or the MEDEX/MAR information regarding the drug name, dosage, route and time.
2. The medication label
3. The name of the patient
4. The patient identification band
5. Allergies

Prior to administration, the following medications must be checked by another professional nurse and verified with the written order:

1. Insulin, subcutaneous or IV
2. Anticogulants, IV
3. Pediatric / Neonatal IV meds
4. Chemotherapy
5. PCA Narcotics
6. Vasopressors, IV

Other considerations:

- Unit dose medication shall remain in the manufacturer's/pharmacy's packaging until the point of administration at the bedside. This allows for a final check of the drug against the MAR.
- Patient education will be provided at the time of administration.
- Non-bacteriostatic/single use vials shall be discarded immediately after use.
- Multiple dose vials including insulin must be marked with the date it is opened and must be discarded when suspected contamination occurs or within 30 days of initial puncture of the vial.
- Insulin pens have an expiration date and are patient specific. Once a pen is removed from the Pyxis it is to be labeled with patient ID, marked with an expiration date and kept in the locked nurse server medication drawer.
- Once an IV bag is spiked, it cannot be infused for more than 24 hours. After 24 hours the bag must be discontinued and replaced regardless if fluid remains.
- Medications should be administered within 30 minutes before or 30 minutes after the scheduled time.
- Medications should be removed from the PYXIS for one patient at a time just prior to administration.