Roles & Responsibilities of a Nurse Extern not IV Trained

The Nurse Extern shall function under the direction of an RN/LPN preceptor. The Nurse Extern shall not perform procedures without having validation of skill competency by RN/LPN preceptor, unless otherwise noted. If LPN is preceptor, the Nurse Extern may only function within the LPN scope of practice.

Assessment

1. Assist with obtaining subjective information pertinent to patient care
2. Perform Physical Assessments
3. Participate in therapeutic communication

Planning

1. Contributes to the nursing care plan for patient
2. Assists in setting mutually agreed upon realistic individualized patient goals

Intervention

1. Observes or monitors behavior/health state and response to therapy
    a. Temperature
    b. Heart rate
    c. Respirations
    d. Blood pressure
    e. Neurological checks
    f. Vascular checks
2. Provides nursing care based on validated skills
3. Communicate pertinent observations to appropriate members of healthcare team

Documentation

1. Updates to patient's plan of care
2. Document according to the floor standards
3. Sign documentation with name followed by "NE"

Evaluation

1. Assists in evaluating nursing care provided
2. Seeks and utilizes feedback regarding nursing care to determine necessary changes in the plan of care

The Nurse Extern under the direction of the RN/LPN preceptor shall participate in patient care utilizing the following technologies/interventions (see exceptions in the "Nurse Extern May Not" section):

Assessments

1. Breath sounds
2. Heart sounds
3. Abdominal assessment
4. Pain assessment
5. Response to medication administration
6. Neuro-circulatory assessment
7. Obtain vital signs
8. RN/LPN preceptor must complete and document his/her own admission and discharge assessment
9. RN/LPN preceptor must complete a shift assessment, but can document by authenticating nurse extern charting

Transferring Patients

1. Bed to Bed
2. Chair to Bed
3. Use of gait belt

Respiratory

1. Portable oxygen tank
2. Use of incentive spirometry
3. Set-up wall suction
4. Pulse oximetry
5. Oxygen therapy
6. Oral/nasal suctioning
7. Tracheal suctioning

Documentation

1. Charting guidelines
2. Nursing admission data
3. Update care plan each shift
4. Chart shift assessment
5. Chart all skills/nursing interventions performed
6. Intra-hospital/inter-facility transfer
7. Assist in completing fields on discharge mPage discharge summary
8. Physical restraints/seclusion flow sheets
9. Downtime forms
10. All Nurse Extern documentation in the EHR must be authenticated by the preceptor
11. Enter Home Medications under direct supervision of RN/LPN preceptor

Patient Discharge

1. Enter appropriate data into discharge paperwork.
    a. RN/LPN must sign discharge paperwork and approve any discharge documentation entered into EHR by the Nurse Extern

Medication Administration

1. Medications only to be administered under direct supervision of RN/LPN, preceptor must be present and administered medications must be documented under the preceptor's log in.
2. May remove medications from dispensing system.
3. May administer flu vaccinations under direct supervision of RN/LPN preceptor
    a. At flu clinics may administer flu vaccinations independently
4. May not administer medications listed on the high alert drugs list (See High Alert and Sound Alike/Look Alike (SA/LA) Drugs Policy), vasoactive medications, insulin, controlled medications or medications that require titration
    a) May not titrate medications at any time
5. May administer medications on the Sound Alike/Look Alike Drugs List under direct supervision of RN/LPN preceptor. (See High Alert and Sound Alike/Look Alike (SA/LA) Drugs Policy)
6. May not administer any IV medications or fluids

Central Line/Arterial Line/ Midline

1. Ensure proper date/time labels on IV tubing for all lines
2. Observe for clean/intact dressing and presence of Curos caps
3. Report the above to RN/LPN preceptor

Blood Administration

1. Monitor transfusion, after initial 15 minutes of infusion by obtaining scheduled vital signs, documenting and reporting to RN
2. Reporting signs and symptoms of adverse reaction

Skills that may be performed after demonstrated competency:

1. Insertion of nasogastric tube
2. Operation of Gomco Suction
3. Insertion of indwelling urinary catheter (male or female)
    a. First 3 attempts observed and documented by RN/LPN preceptor
4. Straight urinary catheterization
5. Catheter urinary irrigation
6. Hemovac Care
7. JP Drain Care
8. Colostomy Care
9. Ileal Conduit Care
10. Suture/Staple removal
11. Replace steri-strip on wound

12. Decubitus care
13. Use of Doppler
14. Non-invasive blood pressure machine
15. Participate in Code Blues within scope of practice

Operating Room Roles

1. Counting of instruments, laps, and other items to be done only under the direct supervision of circulating preceptor
2. Site prep with demonstrated competency X3
3. Scrubbing, must demonstrate competency
4. Gowning and gloving, must demonstrate competency
5. Retractor holder after competency demonstrated for scrubbing, gowning, and gloving
6. Place medication (which has been pulled from med dispensary by preceptor) on sterile field under direct supervision of preceptor
7. Documentation under preceptor log in

<u>Nurse Extern not IV trained MAY NOT:</u>

1. Administer medications of any type or in any form independently
2. Take verbal or telephone provider orders
3. Note off provider orders
4. Act as primary nurse in giving patient care
5. Receive or give report as primary care giver, must be under direct supervision of RN/LPN preceptor
6. Initiate or complete a care plan
7. Sign discharge paperwork
8. Complete discharge process or verify receipt of discharge instructions given
9. Initiate or discontinue IV access
10. Administer any IV medications or IV fluids
11. Initiate any blood or blood products
12. Sign off on consent forms
13. Access, flush or discontinue a central line or midline
14. Change dressings on central line or midline IV
15. Manipulate Arterial line in any way
16. Initiate or manage an intraosseous access
17. Insert internal fetal scalp electrode or intrauterine pressure catheter
18. Enter patient's home medications independently
19. Insert a Dobhoff
20. Program PCA pump
21. Program IV pump
22. Administer medications listed on the high alert drugs list (See High Alert and Sound Alike/Look Alike (SA/LA) Drugs Policy), vasoactive medications, insulin, controlled medications or medications that require titration.