

Overview: Policy and Procedures

It is a clinical expectation that you will look up and review all policy and procedures prior to completing new skills.
However there is also a lot to remember so an overview sheet.

Safety Checks

- Done at the start of your shift
- Documentation essential
- If something is missing – correct it ASAP (missing ID bracelet, missing allergy bracelet, emergency equipment lock broken)

I&O

- Accurate I&O is critical – keep up to date, check previous flow sheets –
- Check bathroom for diapers – all diapers are weighed for output (1 gram = 1 ml)
- Weights are done in AM; document scale number that was used for consistent weights

IVF/TPN/IL infusion

- Verify and document all infusion rates at beginning of shift
- Verify and document correct fluids hanging
- Document hourly volume infused
- Check date (sticker on lines) to change
- Ensure pump cord(s) is/are plugged into wall

Line/syringe/bag changes

- Check stickers on lines/syringes/bags for date to change
- Enteral feed bags, IVF, TPN/IL/PCA, syringes
- Most lines/syringes changed Q 24 hours

Gastrostomy/jejunostomy tube care and management

- What type of GT/JT is it? Bard? AMT? Skin level?
- Site care and assessment done **BID** –clean with soap and water; apply ointment if ordered
- Is Gastrostomy tube clamped? Vented? Used only for medications?
- Is Jejunostomy tube clamped? Vented? Used only for medications? Used only for enteral feeds?
- Are enteral feeds continuous? Overnight? Bolus?
- Are feeds given through the GT? The JT?

NG/NJ tube management

- tube measurement – at the beginning of shift and prior to each feed/meds if intermittent feeds
- Check pH at time of insertion and if measurement/placement is uncertain
- Are feeds all NG/NJ? OR are feeds PO + NG/NJ?

Feeding pump/enteral feeds

- Verify correct rate and infusion at beginning of shift
- 4 hours supply of formula in bag
- Check refrigeration/kitchen for adequate formula at beginning of shift
- Bag change Q 4 hrs if intermittent feeds and Q 24 hr if continuous – check date label on bag

Respiratory treatments (inhalers/nebulizers)

- Pre/post assessments **must** be done & documented – **HR/RR/POX & Resp assessment**
- Peak flow pre and post treatment if age appropriate
- Verify with nurse/respiratory therapist who will be doing treatments

CVL/PICC line management

- Check dates for site dressing change (weekly)/cap change(Q 3 days)
- PICC line: Measure arm circumference 2 inches above insertion site Q shift and document
- PICC: Remove ace wrap and assess site Q shift
- Use only 10 cc syringe for any flushing
- Ensure that line is secured
- Chlorhexidine bath **and** linen change daily and document

Pulse oximetry/CRM

- Pulse ox probe: change probe to different site every 4 hours and document
- On continuous pulse ox: document reading hourly
- Ensure monitor cord is plugged into wall

Seizure management

- Emergency safety equipment at bedside (suction, O2, pulse ox)
- padded side rails, if appropriate
- Emergency prn medication in drawer

Chest tube management

- Chest tube line is secure; dressing intact
- Water seal patent and chamber maintained at 2 cm level
- Cm. of pressure accurate
- Drainage system in upright position, below the level of the heart at all times
- Emergency dressing at bedside – sterile 4x4 dressing (inadvertently pulled out)

Student scope of practice:

With supervision and/or approval of clinical instructor or staff nurse:

- administer medications (po, gt, IV – intermittent)
- IV/TPN/IL pump documentation
- perform full assessments and vitals
- complete hourly documentation
- I&O
- complete progress note as applicable
- participate in team rounds; and family meetings (if appropriate and approved by family)
- accompany child to off unit activities (if approved by RN)
- complete specified nursing skills with supervision of clinical instructor or staff nurse
- review skills with instructor/staff to ensure within scope of practice
- transport child to diagnostics with RN; can say with child if RN presence not required
 - If child on oxygen, pulse oximeter/CRM, any concerns with stability – student cannot remain with child independently

DOES NOT allow:

- IVP medications administration (exception Saline)
- PCA pump administration/verification
- investigational drugs
- chemotherapy
- KCL boluses (po/IV)
- blood/blood product administration or double check verification
- take verbal or telephone orders
- 'acknowledge' orders
- obtain consents and/or sign discharge orders
- transport of patient independently, a CHW employee must always be present