Nursing Faculty Reference Materials
Nursing Faculty Reference Materials

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Tri-City Medical Center  
Faculty Instructions for Clinical Rotations

Academic Liaison Contact Information:  Tricia Guerra  
760.940.7306 or guerrapi@tcmc.com

☐ The school must provide the list of students to the Academic Liaison no later than 10 days prior to the first day of the clinical rotation at Tri-City Medical Center (TMC) so the background clearance can be completed.

☐ Name tags will be issued once all the Student Orientation Record and completed faculty/student orientation forms are submitted to the Academic Liaison. All orientation materials are available on the San Diego Nursing Education Consortium at http://www.sdnsec.org.

☐ All badges and passwords expire at the end of the semester.

Faculty Responsibilities

Faculty Orientation

☐ Complete Faculty Orientation Forms each Academic Year
  o TMC Faculty Orientation Checklist
  o Confidentiality Acknowledgement & Agreement Form
  o Social Media Best Practicies
  o Tri-City Healthcare District Non-Employee Test
    ▪ Review Nursing Faculty & Student Orientation Materials prior to taking exam
  o Nova StatStrip Glucose Meter Competency
    ▪ Schedule appointment with Academic Liaison to validate competency and receive access code
    ▪ The student may use the Instructor or TCMC Registered Nurse (RN) access code under direct supervision of the Instructor or TCMC RN and perform patient test
  o Compass System Access Request Form
    ▪ New instructors should be oriented by another faculty from school
  o Pyxis System Access Request Form
    ▪ Pyxis Access Code may not be given to students
    ▪ The Instructor or TCMC RN enters their Pyxis Access Code. The student may then perform all other Pyxis functions while under direct supervision of the Instructor or TCMC RN.

☐ Complete Clinical Rotation Skills Competency List and submit to Academic Liaison during 1st week of clinicals.

☐ Orient to clinical areas of the rotation. If you are not able to have another faculty from your school to orient you - contact Academic Liaison for assistance.

Room Scheduling

☐ Contact Catering Department at 760.940.3333 or salasrm@tcmc.com to schedule rooms and/or audiovisual equipment

☐ Contact Academic Liaison at 760.940.7306 or guerrapi@tcmc.com to schedule computer room for training

8/6/2013
**Student Orientation**

- Orient students to TCMC policies and procedures:
  - Nursing Faculty & Student Orientation Materials
  - Computer Orientation (Cerner)
    - See Cerner Training handout
  - Nova StatStrip Glucose Meter Glucometer
    - Contact Academic Liaison to reserve training materials
    - Students will perform capillary blood glucose under supervision of instructor or TCMC RN
  - Parking
  - Grade Non-Employee Test and Glucose Meter Competency Test

- Submit completed orientation forms for each students
  - TCMC Student Orientation Checklist
  - Confidentiality Acknowledgement & Agreement Form
  - Social Media Best Practices
  - Tri-City Healthcare District Non-Employee Test
  - Nova StatStrip Glucose Meter Competency
  - Compass System Access Request Form

**Assignments:**

- Assign patients to students
  - Check with Assistant Nurse Manager or designee if you have any questions
  - Students may visit nursing units the evening prior to clinical day to prepare for patient(s) the next day

- Arrive on the nursing unit each clinical day prior to the students

- All medications shall be administered under the direct supervision of the Instructor/following Patient Care Services (PCS) Medication Administration Policy (IV.I).
  - The staff RN may provide the direct supervision as available.
  - If neither the Instructor or staff RN is able to provide direct supervision, the RN nursing student may only observe the medication administration process.

- A skill will be performed by the student under the direct supervision of the nursing instructor until competency is validated. Certain skills may be performed by the RN nursing student without supervision once competency has been validated by the school (RN Nursing Student Skills List)
  - The staff RN assigned to the patient in may provide direct supervision as available once the student has demonstrated competency with the skill. The school is responsible for validating competency.
  - If neither the Instructor or staff RN is able to provide direct supervision, the RN nursing student may only observe the skill.

- Ensure students have their skills checklist with them at all times
Computer Labs – Classrooms
- The Computer Labs are maintained by the Education Department.
- The classroom keys are in Education.
- Classroom 8 is not used for ‘practice’ and is not accessed through Security.
- Classroom 4 is available when classes are not being held, evenings, and weekends - If you would like to ‘practice’ in Room 4, Security will open the room for staff.

Seating/ Set Up – Classrooms
- Sixteen terminals are available in Classroom 8, with one terminal at the front of the room for the Instructor (no printer)
- Twelve terminals are available in Classroom 4, with one terminal at the front of the room for the Instructor (printer trngpro1)

Overhead Proxima – Remote
- The Proxima is mounted on the ceiling.
- The remote control for the Proxima is kept in the top drawer of the desk at the front of the class. Please make sure it is always returned to this drawer.
- Turn on: Press the green button on the remote. The Proxima will beep, then the picture will slowly come up on the screen.
- Turn off: Press the green button on the remote. A gray screen will appear on the screen asking you if you want to shut down. Press again. The screen will immediately go dark.
- Always remember to turn off the Proxima (the bulbs are costly)

Temperature – Wear Layers
There is variable temperature in these rooms. It is kept a bit cool, because when the computers are on and the class is going, the room tends to heat up. We can send a change request to Environmental Services – but the fastest (and often most effective) way to change temperature is to WEAR LAYERS so you can control your temp. There is a small fan on the table in the front of the class.

Housekeeping Rules – No Food
- Food may not be brought into Classroom 8.
- Drinks may be brought into CR4 or CR8- as long as they are COVERED/HAVE A LID.
- Gum and candy – careful with these; never leave wrappers on desk of floor.
- PLEASE CLEANUP after yourselves when class is done.
Cerner Domains:
Training will be held in TRAIN.
Access from the URL:

- Open Compass using the desktop Icon for compass
- Go to the URL address drop down arrow
- From the drop down menu have the students search for the Cerner Train which will read “http://citycacmsapps/train”
- If this option is not available have the student replace “Prod” in the URL address bar with “Train” by highlighting up to the “/” just before Prod and type Train.
- Have the students do a double left click on the Power Chart icon, (the same one they will see in Live)

Log Ons in the Train Environment are:

User Name(s):  rn100 thru rn140
ldwhrn100 thru ldwhrn113
whrn100 thru whrn117
edrn100 thru edrn117

Password: is train
<table>
<thead>
<tr>
<th>Skill</th>
<th>Direction Observation</th>
<th>Student Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments</td>
<td>Yes</td>
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</tr>
<tr>
<td>Endotracheal suctioning deep</td>
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<tr>
<td>Enema Administer non-medicated solution</td>
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<td></td>
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<tr>
<td>Feeding Tube discontinuation</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Feeding Tube insertion</td>
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<tr>
<td>Feeding Tube irrigation</td>
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<tr>
<td>Gastrostomy Tube Care</td>
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<tr>
<td>IV Central Venous Access Dressing Change</td>
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</tr>
<tr>
<td>IV Peripheral Access/Venipuncture Insertion</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>IV Peripheral Access Discontinuation</td>
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<td></td>
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<tr>
<td>Medications Administration - oral</td>
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<tr>
<td>Medications Administration - gastrostomy tube</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Medications Administration - eye</td>
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<td></td>
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<tr>
<td>Medications Administration - subcutaneous</td>
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<td></td>
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<tr>
<td>Medications Administration - IM</td>
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<tr>
<td>Medications Administration IV peripheral push*</td>
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<td>Medications Administration IV central venous access</td>
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<tr>
<td>Nasogastric tube irrigation/care</td>
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<tr>
<td>Ostomy maintenance</td>
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<td>Skin Care Pressure Ulcer Precautions</td>
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<td>Skin Care Simple Dressing Change</td>
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<tr>
<td>Specimen Collect urine / stool / expectorated sputum</td>
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<td></td>
</tr>
<tr>
<td>Staple Removal</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Sterile Procedures/Surgical Skin Prep (except OR)</td>
<td>Yes</td>
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<tr>
<td>Surgical Drains ( penrose, constavac, JP) removal</td>
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<td>Tracheotomy care</td>
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<td>Urinary drainage catheters (Foley) Discontinuation</td>
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<tr>
<td>Urinary drainage catheters (Foley) Insertion</td>
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<tr>
<td>ADLs</td>
<td>No</td>
<td></td>
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<tr>
<td>Ambulation/Transfer (Fall Risk Procedure)</td>
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</tr>
<tr>
<td>Bath</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Capillary blood glucose testing</td>
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<tr>
<td>ECG monitoring electrode application</td>
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<td></td>
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<tr>
<td>Hand Off Communication</td>
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<tr>
<td>Hygiene (personal) administration</td>
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<td></td>
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<tr>
<td>Intake/Output</td>
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<tr>
<td>Isolation Precautions</td>
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</tr>
<tr>
<td>Meal - assist with feeding (aspiration precautions)</td>
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<td></td>
</tr>
<tr>
<td>Pulse oximetry monitoring</td>
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<tr>
<td>Urinary drainage catheters (Foley) Care</td>
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</tr>
<tr>
<td>Vital signs (Temp, BP, HR, RR SpO2, Pain)</td>
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</tr>
</tbody>
</table>

* Med Admin IV Peripheral Push: antidyshrthmics/intropes/medications for cardiac rhythm control may not be administered
**Tri-City Medical Center - Rotation Skill Competency List 1.14.13**

**Women & Children's Services**

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Areas</th>
<th>College</th>
<th>Instructor</th>
<th>Contact Info</th>
</tr>
</thead>
</table>

**Instructions:** Clinical Instructor shall initial the skill for each student once the student has demonstrated competency. Post each week in clinical area. Skills not included in this list may only be performed under direct observation once approved by the ANM/charge on the nursing unit.

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<thead>
<tr>
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<tr>
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<td>Yes</td>
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<tr>
<td>Neonatal - Medication Administration Eyes</td>
<td>Yes</td>
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<td>Yes</td>
<td></td>
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<tr>
<td>Neonatal – Bath</td>
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<td>Neonatal – Developmental Care</td>
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<td>Neonatal – Diaper Change</td>
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<td>Neonatal – Feeding Breast &amp; Bottle</td>
<td>Yes</td>
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<tr>
<td>Neonatal – Heel Sticks</td>
<td>Yes</td>
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<tr>
<td>Neonatal – Skin Care</td>
<td>Yes</td>
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<tr>
<td>Neonatal – Transcutaneous Bilirubin (TCB) screening</td>
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<td>Neonatal – Universal Saturation Screening</td>
<td>Yes</td>
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* Med Admin IV Peripheral Push: antidysrthmics/intropes/medications for cardiac rhythm control may not be administered
Glucose POC Testing with Nova Stat Strip Meter Blood Glucose Meter / Initial Competency

Operator will demonstrate the ability to:

### Meter Operation
- Identify and operate meter touch screen and buttons
- Demonstrate log-on and scanning methods
- Interpret blue dialogue bar to view meter operation
- Dock meter into data docking station for upload, download and battery charge
- Log out manually (you can touch top blue banner at any time and log off option will appear)
- Clean meter following manufacturer's guidelines (Purple & Red Wipes)
- Replace battery (when inserting new battery - only goes in one way - metal to metal and black side facing you, seat battery first, then gently click into place to avoid crushing pins which breaks meter)

### Quality Control
- Locate lot number and expiration date on QC solutions & test strips
- Calculate expiration date for QC solutions and Test Strips and apply to vials (90/180 days)
- Keep meter flat on counter for QC test to keep strip well dry / remove strip before reading screen to avoid the liquid running down into strip well
- Verbalize values displayed and pass/fail - Low an high value range for QC Solutions are printed on bottle

### Patient Test
- Process for Patient Test on registered patient, unregistered patient (Jane/John Doe)
- Perform Patient Test using control solution as blood sample
- Enter Patient ID / 10 digit FIN # (Training mode accepts manual and scan)
- Viewing test data on Stat Strip screen prior to accepting or rejecting the result
- Entering comments or testing reasons into the meter after performing Patient test
- Review results which will sort by date and Patient FIN #

### Troubleshooting Meter / Docking Station / Connectivity
- Operating and Locate TCMC Blood Glucose POC Testing PCS Procedure on the TCMC Intranet
- Review In service Reference Guides which are also being attached to Totes and Docking stations
- Quick QC Guide
- Performing POC Patient Test
- Quick Troubleshooting Guide
- System Troubleshooting Checklist for Meter / Docking Station and Connectivity

### Review Questions: some questions may have more than one answer.

1) When scanning the patient armband, the meter scans which item?
   - A. Aztec symbol
   - B. Barcode
   - C. Patient Name

2) The Aztec symbol identifies the patient by which piece of information?
   - A. FIN#
   - B. MRN
   - C. DOB

3) How might lifting meter to a vertical position damage meter?
   - A. Strip port gets wet
   - B. Scanning Laser inactivates

4) What is the lowest and highest glucose value the meter is built to read?
   - A. 10 - 600
   - B. 10 - 500

5) How long are strips good for once opened?
   - A. Expiration date printed on bottle if occurs before 180 days
   - B. 180 days
   - C. Both A&B

6) How long are QC solutions good for once opened?
   - A. Expiration date printed on bottle if occurs before 90 days
   - B. 90 days
   - C. Both A&B

7) What dates are written on both the Strip and the QC solution bottles?
   - A. Date opened
   - B. Discard date
   - C. Both A&B

I understand and have successfully demonstrated the above training points. I am competent to perform this waived complexity test. I acknowledge that I am authorized by the Laboratory Medical Director or designee to independently perform these tests without direct supervision.

NAME: Print Name / Signature ___________________________ DATE: ___________________

EVALUATOR: Print Name / Signature ___________________________ DATE: ___________________
PROCEDURE: GLUCOSE POINT OF CARE TESTING USING THE NOVA STATSTRIP BLOOD GLUCOSE METER

Purpose: To accurately determine blood glucose levels at the patient’s bedside.

Supportive Data: The Nova StatStrip Meter is used to monitor blood glucose in patients who have been diagnosed by conventional means. The meter is not to be used for screening or diagnosis of diabetes. Personnel trained and assessed through the Point of Care program may perform this procedure. Testing is under the supervision of the Laboratory Point of Care Coordinator and under the jurisdiction of the Laboratory Medical Director.

Equipment:
1. Nova StatStrip Meter
2. Single-use Lancet
3. Docking Station
4. StatStrip test strips
5. StatStrip control solutions level 1 low (green bottle) & level 3 high (red bottle)
6. StatStrip cleaning strips
7. Gauze
8. Alcohol Swab
9. Gloves

A. PREPARE THE METER

1. Touch the screen to activate the meter.
   a. Blue bar with screen title at the top of the meter will prompt next step.
2. From the Welcome screen, Press OK/Login to begin.
   a. For troubleshooting hints see the StatStrip Troubleshooting Guide on the Tri-City Medical Center (TCMC) Intranet under Clinical Products.
3. Perform Quality Control (QC) if indicated by meter. Meter is configured to require a QC both high and low every 24 hours. Meter will lock out at 24 hours and screen will display QC Lockout L1/L3 QC required if QC not performed. See QC and Calibration section for instructions on completing the QC.
4. At the Enter Operator ID Screen, scan or manually enter your Operator ID. ID must be 5 digits long; use zeroes to precede a 3- or 4-digit EID. Press Ok/Accept.
5. Note: the meter is designed such that the operator uses his or her finger when dealing with the touch screen. Any sharp or abrasive material may damage the meter.
6. At Patient Test screen press accept or select QC.
7. At the Enter Strip Lot screen, scan the strip lot from the bottle.
8. At the Enter Patient ID screen, scan the AZTEC symbol from the Patient’s armband or manually enter Patient 10 digit Financial Identification Number (FIN#), Press Accept.
   i. Non-Registered Patients in EMERGENT situations.
      1) Emergent patients should be issued a John/Jane Doe packet. Scan the AZTEC symbol from the packet.
      2) If packet not available, enter an invalid Patient ID to get to the downtime override key (use the following 10 digit FIN# 1 2 3 4 5 6 7 8 9 0)
      3) Fill out the Point of Care Testing Correction Form (available on TCMC Intranet)
9. At the Confirm Patient ID screen
   a. Valid Patient ID: Verify the FIN# (Account Number) and Patient Name are correct. Press Ok/Accept.
   b. Invalid Patient ID: The Admission/Discharge/Transfer (ADT) feature was unable to pull Patient Name. This will occur if the meter has not been recently downloaded and does...
not have current ADT information, if the scanned encounter has been discharged, or if the patient is not yet registered and a John/Jane Doe ID was scanned.

1) Verify the Patient ID. If the correct number was scanned, and the encounter is current press Ok/Accept to Override. The Patient ID will be recognized by the data manager, the error resolved, and the result will chart.

2) If the encounter is not current, obtain an armband for the current encounter and continue testing. If you press OK/Accept and Override a discharged encounter, the result will not chart. You must fill out the Point of Care Testing Correction Form and send it to the lab for error resolution.

3) If the patient a John/Jane Doe and is not yet registered, press OK/Accept to Override. When the patient is registered, complete the Point of Care

10. At the Insert Strip screen, insert a test strip into the strip port at the top of the meter. The print should face up and the gold contacts enter the meter.

B. PATIENT PREPARATION:
1. Capillary, Arterial, Venous whole blood may be used. Do not use serum or plasma.
   a. Sodium, Lithium, and Ammonium heparin are acceptable anticoagulants for syringes or vacutainer tubes. Test within 30 minutes when not sampling directly from a lancing device.
   b. Sample size is 1.2 uL.
2. Obtain single-use lancet
3. Select puncture site – see Patient Care Service (PCS) Collection of Blood Specimen by Skin Puncture.
   a. Adult/child - finger puncture
   b. Newborn – heel stick
4. Use the lancet to puncture the appropriate site - see PCS Collection of Blood Specimen by Skin Puncture.

C. SPECIMEN COLLECTION AND PATIENT TEST:
1. At the Apply Sample screen, obtain blood sample and touch the test strip to the drop of blood. Hold the test strip to the blood until the meter beeps.
   a. If the strip is not filled fully in the first attempt, you must repeat the test with a new puncture and a new test strip.
      i. Repeated squeezing of the puncture site may dilute the specimen with tissue fluid
      b. Criteria for rejection: If you receive a strip error for insufficient sample application or any other reason, you must repeat the test with a new finger puncture and a new test strip.
         i. Repeated squeezing of the puncture site may dilute the specimen with tissue fluid
   c. When collecting the sample: keep the meter level, or pointed slightly down while wet test strip is in the meter. Do not tilt the meter up while there is any chance that blood can drip down into the meter. If liquid gets into meter, use the cleaning strips to wick the extra fluid as soon as possible.
   d. Results will display in 6 seconds.
2. At the Patient Test screen
   a. Review results:
      i. Results may be read directly from the meter.
      ii. Results in the normal range display in Blue.
      iii. Results outside the normal range display in Red.
      iv. ↑ One arrow up indicates the result is high, but not critical.
      v. ↑↑ Double up arrows indicate the result is critical high.
         1) Follow PCS Critical Results and Critical Tests/Diagnostic procedure.
      vi. ↓ One arrow down indicates the result is low, but not critical.
vii. ↓↓ Double down arrows indicate the result is critical low.
   1) Follow PCS Standardized Procedure Hypoglycemia Management in the Adult Patient
   2) Follow PCS Standardized Procedure Newborn Hypoglycemia During Transition to Extraterine Life
   3) Follow PCS Critical Results and Critical Tests/Diagnostic procedure.

viii. LO indicates the result is below the readable range of the meter, or <10.
   1) <10 meter reads LO. Continue with treatment and retest according to standardized procedure for hypoglycemia.

ix. HI indicates the result is above the readable range of the meter, or >600.
   1) Results >600 mg/dL: obtain an order a STAT lab glucose for a valid result for treatment (Confirmatory Testing).
   2) Results that do not correlate with prior treatment: obtain an order a STAT lab glucose to verify result.

b. Enter Comments: After the result displays, enter a comment to describe the reason for testing. This comment will be charted after result appears on screen.
   1) Routine
   2) Post Tx recheck
   3) s/s of hyPOglycemia
   4) s/s of hyPERglycemia
   5) Insulin drip
   6) Lab Glucose Adult <70

c. Accept or Reject;
   i. You must ACCEPT the result at the meter for it to be automatically charted.
   ii. If, for any reason you do not want the result to be charted, select REJECT.
   iii. If you select neither and the meter turns off, the result will sit in a queue in the lab awaiting resolution.
      1) Fill out and submit the Point of Care Testing Correction Form to the LAB.

3. Clean and disinfect the meter after each patient. See cleaning under Maintenance section.
4. Log off meter by selecting logout on Patient Test Screen, touching blue bar at top of meter or docking the meter when you are finished testing. Battery must charge and data must transmit. Store the meter in the docking cradle and not in the tote.
   a. The Left light is Green when the meter is connected to the network.
   b. The Center light is Green when data is transmitting
   c. The Right light is Green when the battery is fully charged and Amber when the battery is charging.
   d. Auto log off will occur after 6 ½ minutes of inactivity.

D. DOCUMENTING RESULTS:
1. Patients must be identified with the Financial/ Account Number (FIN). Only results identified with FIN will be charted in CERNER. The FIN number should be scanned from the AZTEC(2D) barcode on the ARMBAND. Linear Barcodes must not be scanned or the results will not transmit to Cerner.
2. Dock the meter in the cradle. Results and comments will automatically post to the chart.
3. If the result does not immediately chart, 
   a. Verify the meter is properly docked and connected.
   b. The INTERFACE may be temporarily down; the results will transmit and post when the interface is again functional.
   c. Result was not ACCEPTED in the meter. Complete the Point of Care Testing Correction Form and send to the lab. The lab will resolve the error and process the result to the chart.
d. Patient ID was not recognized. (John/Jane Doe). Complete the Point of Care Testing Correction Form and send the lab. The lab will resolve the error and process the result to the chart.

E. **MAINTENANCE:**
1. **Charging the Meter:**
   a. When the battery Low symbol displays on the screen, place the meter into the docking station. If you have a spare battery that is fully charged, you can change the battery.
   b. The meter should always be left in the docking station when not in use.
2. **Cleaning the Meter:**
   a. Never immerse the meter in any cleaning agent or water.
   b. Never spray the meter with a disinfectant solution.
   c. Do not get excess liquid into the strip port or docking port or under the touch screen. This will damage the meter.
   d. Clean daily and when visibly soiled.
   e. Disinfect the meter after each patient.
   f. Using a hospital-approved disinfectant wipe, remove the wipe and wring out excess liquid, thoroughly clean the outside of the meter, avoiding the bar code scanner and electrical connector. Gently wipe the surface area of the test strip port making sure no fluid enters the port. Allow the meter to dry before docking.
   g. If the screen is ‘cloudy’ from a buildup of cleaning solution, wipe the screen with a water dampened gauze or alcohol pad then dry with clean gauze.
   h. If Strip port well is filled with, QC solution, blood or other liquid use the cleaning strips to wick the extra fluid (see StatStrip Troubleshooting Guide).
3. **Changing the Battery:**
   a. If the meter is left out of the docking station for more than 8 hours or 40 tests, the battery will need to be recharged. If the meter is needed for immediate use, change the battery.
   b. Touch the screen or the Sleep Mode Button to wake the meter up. This will allow the operator approximately 2 minutes to change the battery and not lose date/time settings.
   c. If it takes longer than 2 minutes to change the battery, set the date and time when prompted. Docking the meter resets the date and time.
   d. Push down on the cover latch to release the cover. Take the battery cover off the back of the meter.
   e. Push up on the battery latch. Remove the drained battery.
   f. Replace with a fully charged battery. (The battery is keyed to allow only insertion from bottom first then push in top.)
   g. Replace the battery cover.
   h. Place the drained battery into the docking station to recharge. Be sure the light to the left comes on signifying the correct positioning of the battery.

4. **Supplies and Storage:**
   a. Nova Stat Strip Glucose Meter (Operates 15 to 40C; 59 to 104F)
b. Stat Strip Glucose Test Strips (Store in original bottle 15 to 30C)
   i. When opened mark each bottle with the date opened and the expiration date (180 days / 6 months)
   ii. Once opened, both Stat Strip bottles in the single package must be labeled because there is no safety seal on the individual bottle.
   iii. Stable when stored as indicated for 180 days or until the printed expiration date (whichever comes first).

5. Stat Strip Glucose Control Solutions, level 1 low and level 3 high (Store 15 to 30C)
   i. When opened, mark the bottle with the date opened and the expiration date (90 days/ 3 months).
   ii. Once opened, stable for 90 days or until the printed expiration date (whichever comes first).

b. Do not use strips or controls past their expiration date.
c. Remove the test strip from the vial only when ready to test and recap vial.

F. QUALITY CONTROL AND CALIBRATION:
   1. Quality Controls (QC) are used to confirm that the meter and test strips are working correctly.
   2. Control Frequency:
      a. Meter is configured to require a QC with both Level 1 low and Level 3 High every 24 hours. Meter will lock out at 24 hours and screen will display QC Lockout.
      b. Perform a QC if a patient test has been repeated and the blood glucose results are still lower or higher than expected
      c. Perform a QC any time you have a concern about the function of the meter, i.e it is dropped or problems are identified (storage, operator, instrument)
      d. Performing a QC with both Level 1 low and Level 3 high solution is required for Alere / Freedom to recognize new operators in the system. This shall be done upon initial and annual competency.

3. Perform QC with both Level 1 low and Level 3 high QC solutions to unlock meter: If one level fails, both must be repeated consecutively passing each time. For example if low control QC is performed and meter passes then high QC is performed and Fails, first repeat low then do the high both passing will unlock meter.

4. Procedure:
   a. From the Welcome Screen press Login.
   b. Manually Enter or Scan your Operator ID and press OK/Accept.
   c. From the Patient Test Screen, press QC.
   d. At the Enter Strip Lot screen, scan the strip lot
   e. At the Enter QC Lot screen, scan the QC lot
   f. At the Insert Strip screen, insert the test strip into the meter.
   g. Mix the control well by rolling the vial, do not shake.
   h. At the Apply Sample screen, touch the tip of the test strip to the drop of control and the strip will fill by capillary action. Keep contact with the drop of control until the meter beeps, indicating sufficient sample was obtained.
      i. The test strip must fill completely on the first attempt. If insufficient sample is obtained, repeat with a new test strip.
      ii. HOLD THE METER LEVEL or downward WHILE TESTING. This prevents any excess liquid from seeping down the strip and into the meter, causing damage.
      iii. If liquid gets into meter, perform strip port cleaning by inserting cleaning strips as soon as possible to wick liquid.
   i. The QC Result screen will show with a PASS or FAIL . Press Ok/Accept.
   j. If QC does not fall within the specified range, perform corrective action:
      i. Verify the correct level of control was scanned and tested.
      ii. Verify the test strips and control solutions are not expired. If expired, open new strips or controls.
iii. Mix the control thoroughly. Repeat the test with a new strip. If the second test fails, contact the lab.

k. Log off meter when you are finished testing. Auto log off will occur after 6½ minutes of inactivity.

l. The meter does not require Calibration.

G. **PRINCIPLE/CLINICAL SIGNIFICANCE:**

1. This test is CLIA WAIVED for capillary, venous, and arterial whole blood and neonatal capillary whole blood.

2. Glucose is measured amperometrically, using an enzyme based test strip.

3. The meter is plasma calibrated to allow easy comparison of results with laboratory methods.

4. The measurement of glucose is used in the monitoring of carbohydrate metabolism disturbances including diabetes mellitus, and idiopathic hypoglycemia, and of pancreatic islet cell carcinoma.

5. Testing by this method is not for diagnosis of or screening for diabetes.

6. **Limitations**
   
a. Capillary blood glucose testing may not be appropriate for persons with decreased peripheral blood flow, as it may not reflect the true physiological state. Examples include, but are not limited to, severe hypotension, shock, hyperosmolar-hyperglycemia (with or without ketosis) and severe dehydration. Venous and arterial blood is a more accurate sample.

b. When performing frequent testing in a patient, try to use the same blood type as consistently as possible. Rationale: Venous and capillary blood may differ in glucose concentration by as much as 70 mg/dL, depending on the time of blood collection after food intake. Draw lab serum glucose for the most accurate glucose value.

7. A test within 20% of laboratory results is considered accurate.

8. **Interfering Substances**
   
a. The StatStrip Glucose meter exhibits no interference from the following substances at known therapeutic levels: Acetaminophen, Ascorbic acid, Dopamine, Ephedra, D+ Galactose, Ibuprofen, L-Dopa, Methyl-Dopa, Salicylate, Tetracycline, Tolazamide, and Tobutamide.

b. The StatStrip Glucose meter exhibits no interference from the following substances at or above the upper clinical normal range concentrations: Bilirubin, Cholesterol, Creatinine, Triglycerides, and Uric Acid.

c. The StatStrip Glucose meter exhibits no interference from the following substances at the normal therapeutic levels found in renal dialysis: D(+) Maltose monohydrate, D(+) Maltotetraose, and D(+) Maltotriose.

d. The StatStrip Glucose meter exhibits no interference in blood specimens with hematocrits from 20% to 65% or with varying oxygen content.

H. **REFERENCE INTERVALS:**

1. **Meter range 10-600 mg/dL**
   
a. <10 meter reads LO. Continue with treatment and retest according to standardized procedure for hypoglycemia.

b. >600 meter reads HI. Order lab glucose to obtain a valid number for treatment.

2. **Reference Range (all in mg/dL)**

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>CRITICAL LOW</th>
<th>CRITICAL HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>70 – 110</td>
<td>≤ 40</td>
<td>≥ 450</td>
</tr>
<tr>
<td>Neonates</td>
<td>45 – 120</td>
<td>≤ 30</td>
<td>none established</td>
</tr>
</tbody>
</table>

3. Critical Results must have follow up documentation of physician notification and any interventions.
4. Any result that is questionable or does not correlate with patient symptoms or treatment history should be repeated with a new finger puncture to rule out operator, strip, or meter error. If repeat meter value does not ‘make sense’, order a lab glucose.

I. REFERENCES:
3. Nova Biomedical. StatStrip Glucose Hospital Meter IFU. Ref 41853 H. 2012-06

J. FORMS
1. Point of Care Testing Correction Form
2. StatStrip Troubleshooting Guide

K. RELATED DOCUMENTS
1. PCS Collection of Blood Specimen by Skin Puncture
2. PCS Critical Results and Critical Tests/Diagnostic procedure
3. PCS Standardized Procedure Hypoglycemia Management in the Adult Patient
4. PCS Standardized Procedure Newborn Hypoglycemia During Transition to Extrauterine Life
5. Lab Policy
# Point of Care Testing Correction Form

**NURSING** Complete this form when 1. Valid Result was not “Accepted” at meter. 2. Any ID other than the current FIN # (account) was used to identify the patient in the meter/instrument. Complete in full and return to Lab. Result will be charted after the lab resolves the error.

<table>
<thead>
<tr>
<th>POC Test: ☑</th>
<th>Reason for Exception: ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Glucose (Nova Statstrip)</td>
<td>☐ Result not ACCEPTED at meter</td>
</tr>
<tr>
<td>☐ Hemoglobin (Hemocue 201DM)</td>
<td>☐ Unregistered Patient (scan John/Jane Doe armband)</td>
</tr>
<tr>
<td>☐ Urine Dipstick (Siemens Clinitek)</td>
<td>☐ Scanned Armband of old encounter, bypassed warning</td>
</tr>
<tr>
<td>☐ ACT (Medtronic ACT Plus)</td>
<td>☐ Scanned wrong barcode, did not confirm</td>
</tr>
<tr>
<td></td>
<td>☐ Downtime override used</td>
</tr>
<tr>
<td></td>
<td>☐ Scanning function not working</td>
</tr>
<tr>
<td></td>
<td>☐ Manual entry of Patient FIN # not accepted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Test:</th>
<th>Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Test:</td>
<td>Operator Name/ID: (Performed Test)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result:</th>
<th>Correct Patient ID: (fill out or attach chart label)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Correct Patient ID Verified by:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MRN: __________________________</td>
</tr>
<tr>
<td></td>
<td>FIN: __________________________</td>
</tr>
</tbody>
</table>

**Send to Lab via pneumatic tube or Fax to x4048**

**LAB USE ONLY**

<table>
<thead>
<tr>
<th>Corrected by:</th>
<th>Date/Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
Please circle the correct answer.

1. What is the number to dial at Tri-City Medical Center to activate the emergency codes?
   a. 9112  c. 6677
   b. 66  d. 5000

2. In responding to a fire, what does the acronym RACE stand for?
   a. Run And Call Engineering
   b. Rescue, Alarm, Call the Fire Department, Exit the building
   c. Rescue people from danger, Activate fire alarm, Contain fire by closing doors, Extinguish the fire
   d. Rush Around, Call Everyone

3. What color electrical outlets are supported by emergency generators during a power outage?
   a. green  c. gray
   b. yellow  d. red

4. What does “Code Orange” indicate?
   a. poor air quality in the building  c. cafeteria is out of orange juice
   b. internal or external disaster  d. an infant has been abducted

5. Hand-Hygiene isn’t really important for healthcare workers.
   a. True  b. False

6. If you find a used needle, syringe, or sharp device, you should:
   a. ask an employee to help dispose of it properly  c. put it in any trash can
   b. hide it under some paper towels  d. none of the above

7. You should not enter a room with a precaution sign posted, unless instructed by staff.
   a. True  b. False

8. Influenza Vaccination is offered free of charge.
   a. True  b. False

9. If you see a spill of an unknown substance, you should
   a. get closer to it, so you can smell it and identify it  c. call EVS for clean-up
   b. clean it up with paper towels  d. put a blanket over it

10. MRSA, VRE and C. difficile;
    a. Are considered Multi-drug resistant organisms
    b. Can be prevented with meticulous hand hygiene
    c. Can be difficult to treat
    d. All of the above.

11. The law requiring that patient information be kept confidential is the:
    a. Health Insurance Portability & Accountability Act (HIPAA)
    b. Medicare Information Privacy Act (MIP)
    c. Hospital Information Privacy Act (HIPA)
    d. Federal Freedom of Information Act

12. Confidentiality and privacy are important concepts in healthcare because:
    a. They help protect hospitals from lawsuits.
    b. They allow patients to feel comfortable sharing information with their doctors.
    c. They avoid confusion of having people other than the physician distributing info about a patient.
    d. Both a and b

13. The most common breach of confidentiality comes from:
    a. Loose talk
    b. The internet
    c. Misuse of fax machines
    d. Misuse of cell phones
14. If you suspect someone is violating the facility’s privacy policy, you should:
   a. Say nothing. It’s none of your business.
   b. Watch the individual involved until you have gathered solid evidence against him or her.
   c. **Report your suspicions to the ValuesLine, Privacy Officer, or Manager as outlined in the Confidentiality policy.**

15. What should you keep in mind when determining whether you should have access to patient information?
   a. Disregard all patient information
   b. Any information out in the open is public record
   c. **Need to know**
   d. **All of the above**

16. Patients can agree to be included in the Hospital directory or opt out of being included in this listing.
   a. **True**
   b. False

17. Disposal of patient identifiable information can be done using any trashcan.
   a. True
   b. False

18. Only employees with access to patient records have to worry about protecting patient privacy and confidentiality.
   a. True
   b. False

19. You must be able to prove abuse in order to report it.
   a. True
   b. False

20. Which of the following are signs of abuse?
   a. Malnourishment, poor hygiene, skin ulcers
   b. Unusual patterns of injury (eg. hairbrush marks)
   c. Fear of parent or caregiver
   d. **All of the above**

21. Religious beliefs rarely impact attitudes regarding healthcare.
   a. True
   b. False

22. Which of the following is not important when interacting with other cultures?
   a. Respect
   b. Talking louder
   c. Communication
   d. Education and teaching

23. Which is not a resource available at Tri-City?
   a. Cultural info on diet, communication, dying/death
   b. Reference/Education material in Spanish
   c. CyraCom phones
   d. **None of the above**

24. Patient safety is the job of the doctors and nurses only.
   a. True
   b. False

25. Which would not eliminate and/or minimize risks? Compliance with regulatory standards
   a. Blaming coworkers for mistakes
   b. Teamwork
   c. Communication
   d. **None of the above**

26. What does “PDCA” in the FOCUS-PDCA stand for?
   a. **Plan improvement, Do the improvement, Check results, Act to continue improvement**
   b. Play games, Design a plan, Cultivate friendships, Ask questions
   c. Pretend to work, Discuss the problems, Critique each other, Argue about nothing

27. Which type of team would most likely include several departments?
   a. Problem-Solving Team
   b. **Multi-Disciplinary Team**
   c. Quality Improvement Team

28. Which of the following do teams **not** need?
   a. Ground rules
   b. Consensus
   c. **Bad attitudes**
   d. Team Character
A. **POLICY:**

1. Students from several professional registered nursing (RN) schools are affiliated with TCMC Nursing Services. All RN students must be affiliated with a school that has an agreement/contract with TCMC.
   a. Student affiliation agreements are maintained in the Education Department and are signed by the Chief Nurse Executive.

2. Annually, the schools make clinical requests through the San Diego Nursing Service-Education Consortium. Requested schedules for nursing students are submitted to the Education Department for coordination and approval. Finalized schedules are distributed to the clinical areas prior to the students’ arrival. There are two types of clinical rotations:
   a. Clinical Rotation with Instructor On Site: a group of RN nursing students in one of the four primary clinical areas: Acute Care Services, Telemetry, Behavioral Health Unit or Women’s and Children’s Service Mother Baby, where the clinical instructor is on site.
   b. Clinical Rotation with Instructor Off Site: a RN nursing student in a clinical rotation where the nursing student follows an assigned staff nurse for a designated number of hours determined by the school, where the clinical instructor is off site.
   c. Any change in approved clinical rotations (department, day, time) must be authorized by the TCMC Academic Liaison through the Education Department.

3. The Student Orientation Record from the San Diego Nursing Service-Education Consortium with the list of students and instructors must be submitted 2 weeks before the start of the semester for background checks.
   a. Any flagged background checks will be reviewed and any action will be decided by the Director of Human Resources and the Director of Education and Clinical Informatics. The background checks must be cleared or resolved before the start of the clinical rotation.

4. Responsibility for nursing care and related duties is retained by nursing unit when students are providing care within a patient care unit.
   a. The nursing staff has the right and responsibility to intervene or prevent a student from performing any nursing activity that appears inappropriate or potentially injurious to patients.

5. The faculty and students of affiliated schools are responsible for knowing and complying with TCMC Policies and Procedures.

6. The Director or designee and the TCMC Academic Liaison have the option to discuss behavioral or practice issues with students and/or instructors.

7. Staff issues identified by the nursing student instructor are to be directed to the Assistant Nurse Manager (ANM) or designee of the unit.

8. All medications shall be administered under the direct supervision of the Instructor/following Patient Care Services (PCS)) Medication Administration Policy (IV.I).
a. The staff RN may provide the direct supervision as available.
b. If neither the Instructor or staff RN is able to provide direct supervision, the RN nursing student may only observe the medication administration process.
c. When removing medications from the Pyxis machine, the Instructor or staff RN will enter their access code and student may remove medications under the direct supervision of the Instructor/staff RN.
   i. Nursing Students will not be issued their own Pyxis code.

9. A skill will be performed by the student under the direct supervision of the nursing instructor until competency is validated. Certain skills may be performed by the RN nursing student without supervision once competency has been validated by the school (RN Nursing Student Skills List attachment 1).
a. The staff RN assigned to the patient in may provide direct supervision as available once the student has demonstrated competency with the skill. The school is responsible for validating competency.
b. If neither the Instructor or staff RN is able to provide direct supervision, the RN nursing student may only observe the skill.

B. CLINICAL ROTATIONS WITH INSTRUCTORS ON SITE (REQUIREMENTS):

1. The nursing school is responsible for planning the education program and providing Nursing Services with outlined goals and objectives relating to the clinical experience. Instructors are also responsible for updating and reviewing clinical goals for each student for every unit rotation.

2. Instructor Responsibilities:
   a. Establish orientation dates for themselves and the student groups.
      i. Orientation shall include time spent on the unit to learn standards, physical layout, fire and code responsibilities, communication skills, methodology of patient care, documentation system, patient assignment mechanism, call light system, daily schedules and roles of the staff and students.
   b. The instructor shall turn in all completed forms/tests for faculty and students to Academic Liaison in the Education Department. Once the required documentation is completed and turned in, TCMC badges and access codes will be issued.
      i. The orientation forms/tests are available on the consortium website.
      ii. The completed forms should be returned within the first week of the TCMC rotation.
      iii. Instructors/students must complete the TCMC orientation annually.
      iv. Access codes shall be issued for each semester.
   c. Select students’ patient assignment and post by start of shift.
      i. The ANM or designee may change assignment according to unit needs including the number of students and TCMC orientees assigned to a staff RN.
      ii. Instructor is to assess needs of the unit as well as educational objectives of students prior to making patient assignments
   d. Monitor the activities of the students at all times and is present on the units to monitor students or is available to students via pager and/or cell phone.
   e. Assessments may only be documented by RN nursing student when performed under the direct supervision of the instructor. The instructor supervising the assessment will authenticate the documentation.
      i. Assessments performed without direct supervision may not be documented in the medical record.
      ii. The staff RN assigned to that patient may provide direct supervision as available once the student has demonstrated competency with the skill. If the staff RN provides supervision, they will authenticate the documentation.
   f. The instructor shall review student documentation including but not limited to:
      i. Medication administration
      ii. Vital Signs
      iii. Plan of care
iv. Clinical notes
v. The staff RN assigned to the patient may review the student documentation as available.
g. Teach and supervise student education and actions while on the unit.
h. Communicate expectations of student's performance.
i. Evaluate the student's clinical competency prior to arrival on the floor and also during performance of patient care skills.
j. Assume final responsibility for management and evaluation of students.

3. Student Responsibilities:
a. Report to work at a specified time to receive report on their assigned patients from the primary nurse.
i. Perform nursing care according to TCMC policies and procedures. Care delivery must be under the direct supervision of the Instructor or staff RN according to attachment 1.
ii. Students are not to leave floor/unit without reporting to primary nurse.
iii. Ensure documentation is reviewed and authenticated by instructor/staff RN.
iv. Students shall not be excused until Intake and Output and charting is reviewed by the Instructor and verbal report is given to the primary nurse.
v. All unfinished work is to be reported to the primary nurse.
b. Communicate all pertinent information including changes in patient status, problems, concerns, and questions or learning needs to patient’s primary RN.
c. Work with all health care team members in an effective/professional manner.
d. Review paper and electronic chart prior to the start of patient care and throughout the shift.

4. Staff RN Responsibilities:
a. Function as role models and are responsible for the nursing care given to the patients/families.
b. Facilitate the student learning experience as available.

C. CLINICAL ROTATIONS WITH INSTRUCTORS OFF SITE (ADDITIONAL REQUIREMENTS):
1. Clinical Instructor
   a. Submit the request for preceptors to the TCMC Academic Liaison prior to the start of the rotation.
   b. Ensure students are oriented to TCMC and forms/tests for faculty and students are completed and turned in within the first week of the rotation.
   c. Ensure students have access to clinical application including but not limited to Cerner, capillary blood glucose meter and Supply Pyxis.
   d. Manage any concerns/problems with students including conflicts with schedule
2. TCMC Academic Liaison Responsibilities
   a. Collaborate with the Clinical Educator/Manager to assign students to a specific department.
   b. Provide to the department goals of the rotation including dates of the rotation and hours required.
3. Clinical Educator/Manager Responsibilities
   a. Identify staff RN and provide the name of staff RN to facilitate scheduling the RN nursing student with the staff RN
      i. The instructor is responsible for managing any concerns/problems including conflicts with schedules.
4. RN Nursing Students Responsibilities:
   a. Follow designated staff RN’s schedule.
      i. If staff RN is not available (Hospital Requested Time Off or illness) the nursing unit is responsible for assigning an alternative staff RN for that shift.
      ii. If the student unable to report for an assigned shift, they must notify the nursing unit. The student will make arrangements with the nursing unit to make up the shift.
b. Report to nursing unit with academic skills checklist and clinical goals/objectives for each shift. The student may only perform skills for which they have demonstrated competency as validated by the school.

c. Discuss any schedule conflicts with Clinical Instructor.

5. Staff RN Responsibilities:

a. Ensure the student functions appropriately within their scope of practice and in accordance TCMC policies and procedures.

b. Review the skills the RN nursing student has demonstrated competency which have been validated by the school. The staff RN is not responsible for teaching new skills.

c. Observe assessments performed by the RN nursing student. The staff RN will authenticate the assessment documentation.

d. Review student documentation including but not limited to:
   i. Medication administration
   ii. Vital Signs
   iii. Plan of care
   iv. Clinical notes

e. Provide feedback to the Instructor on the student’s performance during the rotation.
### RN Nursing Student Skills List

<table>
<thead>
<tr>
<th>Skill</th>
<th>RN Nursing Student Able to Perform</th>
<th>Direct Observation by Instructor or RN Staff Required</th>
<th>Able to Perform after Competency Validated by Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADLs</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Ambulation/Transfer (Fall Risk Procedure)</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Assessments</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Bath</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Blood Product Administration</td>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>CAPD, Peritoneal Dialysis Administration</td>
<td>NO</td>
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<td>Capillary Blood Glucose Testing</td>
<td>Yes</td>
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<td>ECG Monitoring Electrode Application</td>
<td>Yes</td>
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<td>Endotracheal Suctioning Deep</td>
<td>Yes</td>
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<tr>
<td>Enema Administer Non-Medicated Solution</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Feeding Tube (weighted/non-weighted) Discontinuation</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Feeding Tube (weighted/non-weighted) Insertion</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Feeding Tube (weighted/non-weighted) Irrigation</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Gastrostomy Tube Care</td>
<td>Yes</td>
<td></td>
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<td>Hand Off Communication</td>
<td>Yes</td>
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<td>Hygiene (personal) Administration</td>
<td>Yes</td>
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<td>Intake/Output</td>
<td>Yes</td>
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<tr>
<td>Isolation Precautions</td>
<td>Yes</td>
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<tr>
<td>IV Central Venous Access Dressing Change</td>
<td>Yes</td>
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<tr>
<td>IV Peripheral Access/Venipuncture Insertion</td>
<td>Yes</td>
<td>Yes</td>
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<td>IV Peripheral Access Discontinuation</td>
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<td>Pulse Oximetry Monitoring</td>
<td>Yes</td>
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<tr>
<td>Epidural Infusions Maintain/Discontinue</td>
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<tr>
<td>Meal - Assist with Feeding (Aspiration Precautions)</td>
<td>Yes</td>
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<tr>
<td>Medication Administration - Chemotherapy</td>
<td>NO</td>
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<tr>
<td>Medication Administration Investigational/Experimental Drugs</td>
<td>NO</td>
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<tr>
<td>Medication Administration – Gastrostomy Tube</td>
<td>Yes</td>
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<tr>
<td>Medications Administration - Eye</td>
<td>Yes</td>
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<td>Medications Administration - Intramuscular (IM)</td>
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<td>Medications Administration - Oral</td>
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<td>Medications Administration - Subcutaneous</td>
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<tr>
<td>Skill</td>
<td>RN Nursing Student Able to Perform</td>
<td>Direct Observation by Instructor or RN Staff Required</td>
<td>Able to Perform after Competency Validated by Instructor</td>
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<tr>
<td>Medications Administration IV Peripheral Push*</td>
<td>Yes</td>
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<td>Medications Administration IV Central Venous Access</td>
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<td>Medications Administration IV Peripheral - Infusion pump</td>
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<td>Nasogastric Tube Discontinuation</td>
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<td>Nasogastric Tube Irrigation/Care</td>
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<td>Neonatal – Bath</td>
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<td>Neonatal – Developmental Care</td>
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<td>Neonatal – Diaper Change</td>
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<td>Neonatal – Heel Sticks</td>
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<td>Neonatal - Medication Administration Eyes</td>
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<tr>
<td>Neonatal - Medication Administration IM</td>
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<td>Neonatal – Feeding Breast &amp; Bottle</td>
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<td>Neonatal – Skin Care</td>
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<td>Neonatal – Transcutaneous Bilirubin (TCB) screening</td>
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<td>Neonatal – Universal Saturation Screening</td>
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<td>Oral gastric tubes insertion/irrigation/discontinuation</td>
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<td>Ostomy maintenance</td>
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<td>Ostomy irrigation</td>
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<td>Rectal Tube Insertion/irrigation/discontinuation</td>
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<td>Skin Care Pressure Ulcer Precautions</td>
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<td>Skin Care Simple Dressing Change</td>
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<td>Specimen Collect urine / stool / expectorated sputum</td>
<td>Yes</td>
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<td>Standardized Procedure Initiation</td>
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<td>Staple Removal</td>
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<td>Sterile Procedures / Surgical Skin Preparation (excluding Surgical Area)</td>
<td>Yes</td>
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<td>Suprapubic catheter Irrigation</td>
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<td>Surgical drains (penrose, constavac, JP) removal</td>
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<td>Telephone/Verbal Orders</td>
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<td>Tracheotomy care</td>
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<td>Urinary drainage catheters (Foley) Care</td>
<td>Yes</td>
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<tr>
<td>Skill</td>
<td>RN Nursing Student Able to Perform</td>
<td>Direct Observation by Instructor or RN Staff Required</td>
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</tr>
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<td>---------------------------------------------------</td>
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<tr>
<td>Urinary drainage catheters (Foley) Discontinuation</td>
<td>Yes</td>
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<td>Y</td>
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<tr>
<td>Urinary drainage catheters (Foley) Insertion</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Vital signs (Temp, BP, HR, RR SpO2, Pain)</td>
<td>Yes</td>
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</table>

* Medications Administration IV Peripheral Push: antidysrhythmics, intropes and medications for cardiac rhythm control may not be administered by RN nursing students.
A. **PURPOSE:**
   1. To provide adequate parking for patients and visitors by defining Tri-City Healthcare District's (TCHD) parking program.

B. **POLICY:**
   1. All employees and physicians are required to complete a parking application form.
      a. The parking application form details their mode of transportation and identifying characteristics.
         i. Employees shall submit a completed and/or revised form to Human Resources.
         ii. Physicians shall submit a completed and revised form to the Medical Staff Office.
      b. All employees and physicians are required to display the TCHD parking placard while parked on TCHD campus.
   2. All TCHD Board Members, Medical staff, Vice Presidents, and Directors may park in the Medical Staff parking area.
   3. Employees shall park in designated employee parking areas (Refer to Attachment 1: “Tri-City Healthcare District Parking Map”).
      a. Employees or others who use a bike as their mode of transportation shall park and secure bikes in the designated bike parking areas.
      b. Volunteers may park either in reserved volunteer parking areas or in employee parking areas.
   4. Construction personnel shall receive parking instructions from the Engineering Department during their orientation.
      a. The department manager shall be notified if an employee receives a second parking violation. Corrective action follows Administrative Policy, *Coaching and Counseling for Performance Improvement*.
   6. Valet services are provided to all District residents with a District benefit card. Valet services may be used for special events.
   7. The designated speed limit on campus is 15 MPH unless posted otherwise.
1. Open TCMC IntraNet and select Policies & Procedures

2. Most patient care policies & procedures will be found under Patient Care Services. Open PCS Alpha Index and search for policy/procedure alphabetically.
3. The index will indicate where to look: Policy, Procedure, Mosby’s Nursing Skills or Standardized Procedure.