



**NURSING FACULTY & STUDENT
ORIENTATION
SELF STUDY**





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ORIENTATION SELF STUDY

This orientation self study contains standard information required by accreditation agencies for individuals working within the hospital setting.

It is very important that you complete the self study prior to working in the hospital. At the completion of the self study, you will be required to sign that you have reviewed all of the information contained within the manual. You will be held accountable for this information.

If at any time during your rotations, you have questions regarding this content, please direct these to your clinical instructors. If they need further clarification, they will contact the Educators at LNRMC for details.



As part of your clinical rotation, you are assigned to an instructor or preceptor. The role of your clinical instructor/preceptor is to ensure that you are oriented to the area or department. He/she will also offer guidance, education and consultation if you have questions and/or concerns. If for some reason your clinical instructor is unavailable, do not hesitate to ask another staff person for clarification.

- Colleges / universities must have a current agreement with LNRMC about clinical rotations for students.
- A current copy of the agreement is maintained in Human Resources and it is updated on a yearly basis
- The Clinical Instructor will provide a roster of current students for Nursing Education
- Clinical objectives and evaluation tools are provided to the Department Manager/ Nursing Education by the college/university prior to the clinical rotation.
- Orientation to all equipment is the responsibility of the Clinical Instructor.
- The Clinical Instructor and Nursing student should refer to Patient Care Policy and Procedures as well as Unit/Departmental Policy and Procedure Manuals located on the LNRMC Infosite.
- All Students and Clinical Instructors will sign an orientation checklist and a confidentiality statement.

LNRMC MISSION STATEMENT

Lake Norman Regional Medical Center is committed to meeting the healthcare needs of those we serve by providing state-of-the-art, comprehensive medical care combined with exceptional patient service

LNRMC VISION STATEMENT

To be the first choice for healthcare services in our region.



PATIENT CONFIDENTIALITY

Within LNRMC you may encounter patients who reveal personal information to you or you may have access to their personal medical file. It is important that you respect their privacy and keep this information confidential at all times.

LNRMC is required by law to ensure that certain information about patients is treated as confidential at all times. Confidential patient information should not be discussed or disclosed either within LNRMC or outside of the hospital.

CORPORATE CONFIDENTIALITY

During your rotation at the hospital, you will be exposed to materials, data and information, which are confidential to LNRMC. You must treat such information as confidential and use it only for the purpose connected to your clinical rotation.

CORPORATE COMPLIANCE

A compliance program is a system of checks and balances designed to deter, detect, and prevent fraud, abuse, and mistakes.

Your responsibilities include:

- Be familiar with compliance risk areas
- Report even suspected misconduct
- Receive continuing education
- If you are not sure - ASK

Marie Burdett, Director of Risk Management and Compliance (extension 4171) is the hospital compliance officer (HCO)

STAFF/STUDENT IDENTIFICATION



Hospitals are very busy places with many people coming and going within each department and/or area. As a hospital, we must know who is present on a particular unit or in a department at all times. Employees and students are easily identifiable as they are to be wearing their name badge at all times above waist level.

APPEARANCE AND PERSONAL HYGIENE

All hospital employees and students are required to be properly groomed and dressed while on duty. The following standards have been established and are minimal requirements to meet:

- Personal clothing and uniforms must be clean, neat and pressed
- Conservative beards/mustaches must be clean and neatly trimmed.
- Personal cleanliness and good oral hygiene must be practiced.
- Use of perfume is prohibited in clinical areas
- Hair must be tied so that it does not fall across the face and in front of the shoulders.
- Skirt lengths may range from two inches above the knee to two inches above the ankle.
- Spandex, chiffon, metallic, leather, denim, sheer or clinging fabric is not acceptable
- Shorts, skorts, culottes, T-shirts, blue jeans, halter tops or bare midriffs are not allowed
- Undergarments are to be worn and are not visible through clothing. Bare legs are not acceptable
- Jewelry should be conservative and body piercing and tattoos should not be visible
- Shoes must be clean and in good repair. Canvas sneakers, multi-colored athletic shoes, flip-flops, and bedroom slippers are not appropriate. Shoes in clinical areas should be “closed toe”.
- Fingernails must be no longer than 1/4” from the fingertip and conservative in color. No artificial nails are allowed in the clinical setting.

HARASSMENT

Our hospital is committed to providing a work environment that is free of discrimination of any type. In keeping with this commitment, the hospital maintains a strict policy prohibiting sexual harassment, intimidation and coercion. Sexual harassment by any hospital employee, manager, physician, vendor, volunteer, patient or any other person associated with the hospital is in violation of state and federal laws as well as hospital policy and will under no circumstances be tolerated or condoned.

CUSTOMER SERVICE EXPECTATIONS

Our customers are patients, family members, visitors, external agencies, staff members, physicians, students and everyone that we come in contact with. LNRMC values are identified in the acronym **I CARE.**

I	Integrity	Not compromising the absolutes of safety, honesty, trustworthiness, and ethical behavior.
C	Compassion	Kind and caring behavior.
A	Accountability	Ownership of one's actions.
R	Respect	Considerate of the feelings, beliefs and talents of each individual.
E	Excellence	Continually improving everything we do.

The following is a list of basic customer service principles that we expect all employees and students to adhere to known as **AIDET**

- Acknowledge (Greet the person)
 - Introduce (Introduce yourself, peers, etc.)
 - Duration (time to...)
 - Explanation (Explain what we are doing & why)
 - Thank you (thank you for trusting us with your care)
-
- * I will treat everyone with respect and dignity
 - * I will pay attention to both verbal and non verbal communications and always avoid abrupt answers
 - * I will be aware of and sensitive to different cultures
 - * I will take pride in LNRMC and be a positive ambassador
 - * I will assume responsibility and never say "It's not my job". I make no excuses
 - * I will be cooperative, pleasant, efficient, respectful, supportive, friendly, courteous and polite
 - * I view complaints as opportunities to improve and take initiative to resolve problems.
 - * Anticipate, Acknowledge, Apologize, Amend.
 - * I end each encounter with "Is there anything else I can do for you"

COMMUNICATION

Communication is an integral part of our role as health care workers. Effective communication increases customer satisfaction and decreases litigation. At LNRMC we use the communication format SBAR for passing on information.

- **S – Situation** – provide a brief reason for the call or exchange
- **B – Background** – give any information/data you have about the situation
- **A – Assessment** – state the problem
- **R – Recommendations** – give your recommendations about what needs to be done

For Nursing: during shift to shift report, we do bedside reporting using the **I Pass the Baton** acronym.

I: Introduction: Introduce yourself; discuss your role/job, experience

P: Patient: Present patient identifiers---name, age, gender, etc.

A: Assessment: Chief complaint; vital signs; signs and symptoms; diagnosis

S: Situation: Current situation/status---any recent patient changes, code status

S: Safety Concerns: Allergies, risks/alerts (fall, skin, isolation, etc.), critical labs

The

B: Background: history (family, medical, social); current medications

A: Actions: what has been done and why

T: Timing: level of urgency / priority of actions

O: Ownership: responsibilities of provider and patient / family

N: Next: anticipated plan of care

RISK MANAGEMENT/ QUALITY IMPROVEMENT

The role of risk management is to identify, reduce and eliminate actual or potential risk to the quality of patient care. Patients depend on the staff to provide them with a safe and secure environment. Please report when something is not correct or right.

ABUSE AND NEGLECT

Patients are screened upon admission to the hospital for signs of abuse and/or neglect as well as the potential for such an occurrence. If you observe any signs and/or symptoms of abuse or neglect, please contact the Resource Manager for that unit/department.

ADVANCE DIRECTIVES

Upon admission to the hospital, all appropriate patients are asked whether or not they have Advance Directives. In the event that the patient does have Advance Directives, they are requested to provide the hospital with a current copy.

If a patient does not have an Advance Directive then they are asked if they would like information about this topic. If they state they are interested, an Advance Directive packet is provided to them. Resource Management can review contents of packet which is available on the intranet under teaching tools.

HEALTH AND SAFETY

As a student, you are expected to take reasonable care for your own safety. If you believe there is a safety hazard, then discuss it with your clinical instructor first. Your instructor will contact the Director should the need arise.

If you do experience an accident or an incident, report it immediately to your clinical instructor. An Event Report will need to be initiated. For a personal injury, you will be instructed to report to the Employee Health Nurse and / or the Emergency Department, and the unit manager must be notified.

In the event of a patient injury or accident, notify your instructor immediately. He/she will determine the severity of the incident and the need to notify Risk Management. Items that should be reported immediately include but are not limited to: patient injury (i.e. laceration, fracture), wrong patient procedure, sentinel event, near miss, etc.

Steps to take to maintain your safety and the safety of our customers

- Use proper body mechanic to avoid injury
- Immediately report any malfunctioning equipment
- Immediately report spills or breakages
- Be aware of your surroundings
- Report suspicious persons or activity

ETHICAL ISSUES

The hospital has an Ethics Committee that is available as a resource for any and all issues that are appropriate. Anyone can submit an ethical issue for review to the committee. If you feel you have an ethical issue that warrants investigation, notify your instructor who will in turn communicate this to the department manager.

CULTURAL DIVERSITY

At LNRMC, we value the rich diversity of our organization and aspire always to demonstrate respect for the uniqueness of each individual. There is a cultural diversity resource manual located on the computers available for all staff as a resource to help improve your awareness of how culture can influence and affect the patient's hospital visit.

HOSPITAL CODES

Code Blue	=	Cardiac Arrest	Code Yellow	=	Hostage
Code Green	=	Person Out of Control	Code Pink	=	Missing Child/Infant
Code B	=	Bomb Threat	Code D	=	Disaster
Code F	=	Fire			(Internal and External)

The **Rapid Response Team or RRT** is called to evaluate and assist in the assessment and care of unstable patients in all areas of the medical center.

Cardiac Alert is called to evaluate and assist in the assessment and care of a patient experiencing chest pain in all areas of the medical center.

Code Stroke is called to evaluate and assist in the assessment and care of a patient experiencing signs and symptoms of a stroke.

Dial **288** for all Emergencies and the operator will answer immediately. You will hear an overhead page stating the Code that is called as well as the location. You must know your role in each of these situations should they occur where you are working, please check with your instructor/preceptor of what role you should serve in the code. Refer to the Environment of Care (EOC) manual available on the InfoSite for hospital and unit specifics.

FIRE SAFETY

Immediate actions upon discovery of a fire

R - Rescue and remove patients or other persons from immediate danger.

A - Activate alarm: Pull fire station, call #288

C - Contain fire, close all doors, isolate fire to area and follow departmental fire plans.

E - Extinguish and / or evacuate if necessary, follow evacuation plans.

Use of Fire Extinguisher

P - Pull the pin

A - Aim the nozzle at the base of the fire

S - Squeeze the handle

S - Sweep the discharge across the base of the fire.

RED OUTLETS

There are red electrical outlets in every patient room as well as designated areas throughout the hospital. These outlets are to have **ONLY** emergency equipment plugged into them such as ventilators, IV pumps, tube feeding pumps, etc. In the event of a power outage, the red outlets are run off of the generator.

LINENS

Clean linen is a very important part of good hygiene for the patients. In addition, patients expect that their linens be changed on a regular basis and more often when soiled. In order to ensure that enough linen is always available, it is important to only take enough linen into the patient's room for their immediate need. You should not be stockpiling linen in patients' rooms.

ARMBANDS

Lake Norman has adopted the North Carolina Color-Coded Wristband Standardization initiative for DNR, Allergy, and Fall Risk.

1. White Armbands are the **patient identification bands**.
 - Each patient must have an ID band in place
 - All patients need to be identified using 2 indicators before any care or procedure is performed. Ask the patient to recite their name & birthday and confirm the information against the ID band.
2. Yellow Armbands on patients mean the patient is on **Falls Precautions**.
 - Eliminate clutter in rooms
 - Keep safe lighting at all times to enhance visibility
 - Place bed alarms on as needed
 - Keep door of room open so that one can visualize the patient
 - Keep personal items within reach
 - Sit the patient at the side of the bed and dangle feet before getting the patient up
 - Reorient to the environment
 - Ensure patient is wearing proper foot wear to increase stability
 - Use bedside equipment for urgency/frequency with elimination needs



3. Purple Armbands on patients
 - This means that the patient is a **DNR or a No Code Blue**.
 - Do not call 288 to call a code for these patients



4. Red Armbands on patients means the patient has an **allergy**.
 - This could be an allergy to food, medication, latex, or other environmental agent



5. Pink Armbands on patients---**Limb Alert**

- This means that you should not use the limb that the pink bracelet is on for blood pressures, IV sticks, etc.

6. Red Blood Bank Armbands on Patients

- This means that the patient has been **Typed and Crossed for blood or blood products.**
- Do not remove the red band from a patient without Lab being notified first and present in the room.

If blood band found on dresser, floor, etc, the patient will have to be Type and Crossed again whether or not the time period has elapsed

Lake Norman Regional Medical Center Patient's Bill of Rights

A patient has the right to respectful care given by competent personnel

A patient has the right, upon request, to be given the name of his attending physician, the names of all other physicians directly participating in his care, and the names and functions of other health care persons having direct contact with the patient.

A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and should be conducted discreetly.

A patient has the right to have all records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.

A patient has the right to know what facility rules and regulations apply to his conduct as a patient.

The patient has the right to expect emergency procedures to be implemented without unnecessary delay.

The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

The patient has the right to full information in laymen's terms, concerning his diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on his behalf to the patient's designee.

Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure or treatment, or both.

A patient has the right to refuse any drugs, treatment offered by the facility, to the extent permitted by law, and a physician shall inform the patient of his right to refuse any drugs, treatment or procedures and of the medical consequences of the patient's refusal of any drugs, treatment or procedure.

A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.

A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual preference, national origin or source of payment.

A patient who does not speak English shall have access, when possible, to an interpreter.

The facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient's medical record. A patient's access to medical records may be restricted by the patient's attending physician. If the physician restricts the patient's access to information in the patient's medical record, the physician shall record the reasons on the patient's medical record. Access shall be restricted only for sound medical reason. A patient's designee may have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.

A patient has the right not to be awakened by hospital staff unless it is medically necessary.

The patient has the right to be free from needless duplication of medical and nursing procedures.

The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.

When medically permissible, a patient may be transferred to another facility only after he or his next of kin or other legally responsible representative has received complete information and an explanation concerning the needs for and alternative to such a transfer. The facility to which the patient is to be transferred must first have accepted the patient for transfer.

The patient has the right to examine and receive a detailed explanation of his bill

The patient has the right to full information and counseling on the availability of know financial resources for his health care.

A patient has the right to expect that the facility will provide a mechanism whereby he is informed upon discharge of his continuing health care requirements following discharge and the means for meeting them.

A patient cannot be denied the right of access to an individual or agency that is authorized to act on his behalf to assert or protect the right set out in the section.

A patient has the right to be informed of his rights at the earliest possible time in the course of his hospitalization.

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT

HIPAA is a Federal law passed to protect patient's privacy.

HIPAA is a broad law dealing with the privacy and security of health information. The Lake Norman Regional Medical Center's HIPAA Privacy Officer is Jamey Stoner, CFO (Interim), ext. 4054

There are two rules contained in the HIPAA law:

- The Privacy Rule tells hospitals when and how they can use or disclose patient health information.
- The Security Rule tells hospitals how to protect health information from being inappropriately accessed, edited or destroyed.

Personal Health information is ALL personal health, billing and personal information used in the hospital. A patient has the right to expect that no one, except those involved in his treatment, should see his confidential information. Simply working or volunteering at a hospital does not give you the right to read confidential information about a patient.

- You may not access your health information or that of anyone you know.
- You cannot share information of family or friends without their permission; including test results or even the fact they were here.
- You cannot call your pastor to notify him of a church member in the hospital without the person's permission.

President Obama signed the Economic Stimulus Bill into law on February 17, 2009 and went into effect September 15, 2009.

- The HIPAA changes are known as "HITECH"
- "HITECH" is the Health Information Technology for Economic and Clinical Health Act
- Federal law requires us to tell patients if someone has snooped into their information protected by HIPAA.
- We are required by the new HIPAA law to notify the patient in writing and report to the Federal Government

Some reasonable precautions to protect the patient's privacy would include the following:

- Make sure that computer screens are not visible to visitors.
- Make sure computers are not left unattended, and if it is necessary, then log off.
- Make sure that charts or lab results are not left lying around.
- Do not discuss patients in any public areas at any time.

VIOLATIONS CAN RESULT IN FINES, TERMINATION AND LEGAL ACTION.

Violations should be reported to the Hospital Privacy Officer:
Jamey Stoner, CFO 704 660 4054 (Interim)

INFECTION CONTROL

It is very important to prevent patients from acquiring an infection while in the hospital. It is also very important to prevent personnel from acquiring infections or diseases while working in the hospital. Therefore, staying healthy and employing good hand hygiene practices is the most effective method of controlling the spread of infection.

You should perform hand hygiene

- **Before entering a patient's room and upon leaving the room.**
- **After performing personal hygiene**
- **Before eating, drinking or handling food**
- **When hands are visible soiled (must wash hands with soap & water)**

How to Wash Your Hands

- *Wet hands
- *Apply soap
- *Use friction rubbing for at least 10-15 seconds
- *Rinse hands well under running water
- *Dry hands thoroughly with paper towel

How to Use Foam

- *Apply product to the palm
- *Rub hands together, covering all surfaces of hands and fingers until hands are dry, 15-25 seconds

DO NOT REPORT TO THE HOSPITAL IF YOU HAVE A COMMUNICABLE DISEASE

STANDARD PRECAUTIONS

Standard precautions are designed for the care of all patients, regardless of known infection status. Standard precautions include:

- Hand hygiene
- Use of Personal Protective Equipment
- Equipment handling and cleaning
- Preventing exposure to Blood Borne diseases

TRANSMISSION BASED PRECAUTIONS

To prevent the spread of infections/diseases, you may see patients with certain diseases or infection placed in isolation. The type of precautions that you need to use depends on the mode of transmission of the infection. For example, respiratory secretions, drainage from a wound, blood, etc.

A color-coded sign on a room door will show you the type of precaution that is needed such as gloves, gown, mask, etc. These must be placed on before entering the room. For your safety the main point to remember is “good hand washing practices is the best method of controlling the spread of infections”.



- This warning sign protects you from blood borne pathogens
- Bags or containers bearing the biohazard sign tell you when the containers hold blood or other potentially infectious materials.
- Warning labels are also used to designate contaminated equipment.

What Are Transmission Based Precautions?

Air = when germs stay suspended in the air or when dust becomes contaminated

Droplets= sent into the air when an infected person coughs, sneezes or talks

Direct Contact= between a person and an object or other person

AIRBORNE PRECAUTIONS



These are required for patients known or suspected to be infected by airborne germs. Airborne germs can travel throughout a room and/or beyond. Examples of such diseases caused by such germs are: measles, varicella (chickenpox) and tuberculosis

- Patients infected with airborne germs need a private room with negative pressure.
- The door must remain closed at all times.
- The person entering the room must wear an N95 mask.
- A healthcare worker should not enter the room of a patient with known or suspected to have measles or varicella unless you are already immune.
- Avoid transporting the patient unless absolutely necessary.
- When you must move the patient out of the room, place a surgical mask on the patient if possible.

DROPLET PRECAUTIONS



These precautions are required for patients with known or suspected to be infected by germs that travel in droplets. Illnesses that may require droplet precautions include: whooping cough, influenza and certain types of meningitis.

- Use a private room for the patient
- Wear a mask when working within 3 feet of the patient
- Avoid transporting the patient unless absolutely necessary
- When you must move the patient out of the room, put a surgical mask on the patient, if possible.

CONTACT PRECAUTIONS

These are required for patients with known or suspected to be infected by germs that travel by direct contact. Contact is the most common form of transmission. It can occur from direct skin-to-skin contact, such as when you turn or bathe a patient. It can also occur through objects such as medical instruments. Skin infections may include: impetigo, scabies, clostridium difficile, staph infections, RSV and a history of or risk factors for infection or colonization with multidrug-resistant bacteria such as MRSA.

- Wear PPE when coming in contact with contaminated patient environment or equipment
- Masks are necessary if a splash or splatter is anticipated during patient care
- Avoid transporting the patient unless essential
- When transportation is necessary, have the patient wear a surgical mask if the patient is coughing and there are resistant organisms in the sputum.

FIT TESTING

As a student you may be assigned to a patient who is placed on airborne precautions. In this case, you are expected to wear a N95 mask. You must be fitted for this mask to ensure your safety. The Employee Health Nurse will do this for you at the appropriate time. Do not enter a room without first being fitted for the mask.

PRECAUTIONS

1. ASPIRATION PRECAUTIONS

- Sit upright for meals at a 90-degree angle when possible. Never lower than 45 degrees.
- Refer to Speech Therapy if patient is experiencing swallowing difficulties, pocketing of food, prolonged chewing, choking, etc.
- Thickened liquids are available for patients from Nutrition Services
- Oral care every 4 hours

2. SEIZURES PRECAUTIONS

The following seizure precautions should be activated for patients with a history of seizures or at risk for developing seizures (i.e. head trauma, ETOH withdrawal)

- Suction equipment available for emergency use.
- Side rails up and padded.
- Have patient lie down if experiencing a pre-seizure aura.
- Oxygen available
- Patient will be assessed minimally by an RN every two hours

The following should occur during a seizure to ensure patient safety:

- Stay with patient and maintain privacy.
- Position patient's body to the side.
- Loosen any constrictive clothing.
- Protect the airway
- Assess breathing patterns, observe for signs of obstruction.
- Protecting head and limbs from injury by guiding patient movements carefully. Do not restrain patient.
- Notify physician of activity.
- Do not insert an oral airway.

3. SUICIDE PRECAUTIONS

The purpose of Suicide Precautions is to provide guidelines to maintain a safe environment and to prevent injury to patients exhibiting suicidal behavior and/or ideation.

- Suicide precautions are to be instituted when a patient verbalizes and/or makes an overt suicidal attempt (including self-mutilation attempts that are clinically deemed to be suicidal behavior by the attending physician)
- In the event that a suicide attempt is believed to have occurred, it is the responsibility of the nurse to notify the physician for follow up and placement of the patient on suicide precautions.
- When deemed necessary, the patient will be placed on 1:1 observation. If a patient is on 1:1 observation the nursing staff will have direct visualization of the patient at all times. This may include camera use with constant monitoring or 1:1 staff to patient.

3. FALLS PRECAUTIONS

All patients are screened for falls risk at time of admission by completing the Morse Fall Score. If patient scores 49 or greater the Falls Protocol is implemented.

- A yellow armband is placed on patient
- Yellow slippers are available for patient's on falls precautions
- Education to patient and family regarding safety practices
- Toileting schedule, assist to bathroom or use bedside commode
- Bed in the lowest position
- Call light in reach at all times
- Reorient to environment prn
- Bed alarm, patient monitor alarm (i.e. TABS alarm), and/or CareView system
- Hourly Rounding

SKIN CARE PROTOCOL AND PRESSURE ULCER PREVENTION PROTOCOL

- On admission, the nurse will assess the patient's skin and complete a Skin Risk Assessment by completing the Braden Score.

- **All articles of clothing, pressure relieving devices, bandages, TEDS, SCDs, immobilizers, etc. must be removed and the skin thoroughly inspected.**
- A complete skin assessment will be performed once a shift and documented.
- If a Stage I-IV pressure ulcer is identified, a consult will be initiated to the Wound Care Nurse.
- An **Event Report** is completed and forwarded to Risk Management for Stage I-IV pressure ulcers that are identified either on admission and/or during the patient's hospital stay.
- At any time that a wound is identified, a picture will be taken after obtaining consent from the patient for a photograph.
- Patients, that require assistance with turning, **will be turned minimally every two hours** and will be advanced as skin tolerates. A bong is heard overheard every 2 hours on the odd hours to remind staff to turn & position patients.
- Patients that are incontinent will have a moisture barrier applied after each episode of incontinence, when applicable.
- If the Braden Risk score is less than 15, the patient will be assessed for a specialty mattress and a referral made to Dietician.
- If the Braden Risk score is less than 19, the pressure ulcer prevention protocol will be placed into effect.
- On admission, if a patient has a dressing on an existing wound, the dressing will be removed and the wound assessed.

EVERY HOUR REMEMBER TO ASSESS FOR THE FIVE "P"s

Positioning, Personal Needs, Pain, Physical Environment & Plan of Care

RESTRAINTS

**A restraint is: any manual method, physical or mechanical device, material or equipment attached or adjacent to the patient's body that he or she cannot easily remove, that restricts freedom of movement or normal access to one's body.
Restraint is not specific to the setting or type of device.**

To provide medical protective devices which physically restricts a patient's freedom of movement, physical activity or normal access to his or her body in a manner that protects the patient's health and safety and preserves the patient's dignity, rights, and well being. The underlying premise is the patient has the right to be free of restraint in all settings.

The use of restraints will be limited to situations which are clinically appropriate and adequately justified using criteria-based assessments to include, but are not limited to:

- A. The prevention of injury/harm to the patient, other patients or staff.
- B. The prevention or interruption of therapy to the patient.
- C. Restraints will **not** be used for the following situations:
 1. A history of dangerous behavior
 2. A history of requiring restraints

At LNRMC we utilize two classifications of restraints:

Behavior Management - the use of restraint or seclusion to manage behavior as an emergency measure. This is reserved for those occasions when an unanticipated, severely aggressive or destructive behavior places the patient or others in imminent danger.

Acute Medical-Surgical Care - Restraint used that may be necessary to ensure the patient's well being, or for the patient to receive effective treatment. For example, to ensure that an intravenous feeding tube will not be removed, or that a patient who is temporarily or permanently mentally incapacitated will not re-injure him or herself by moving after surgery. The use of restraints is necessary to provide medication that, if skipped, would cause the patient considerable injury or harm.

Restraint Order

- A. A telephone or written physician order is required for initiating the placement of each use of restraints.
- B. The order must be obtained **prior** to the application of restraints except when an RN places restraints as an emergency safety intervention. In this case, the physician (licensed independent practitioner who is primarily responsible for the patient's ongoing care) is notified and an order obtained as soon as the nurse can safely leave the patient (this must be completed within one hour). The physician must sign the order within one calendar day.
- C. The order must be restraint type-specific (utilizing the least restrictive, safe and effective restraint), must state clinical justification/rationale, and must state the maximum time for usage (not longer than 24 hours).
- D. Selection of the restraint will be based on the patient's assessed needs and will be appropriate for the size and age of patient. The physician will reevaluate the use of a patient's restraints by visual exam once each calendar day in which the restraints remain in use and will reorder or discontinue their usage as appropriate per patient needs.
- E. The patient's family/significant other will be notified as soon as possible upon application of the restraint.
- F. When a restraint is terminated before the time-limited order expires, that **original** order can be used to reapply the restraint if the patient is at imminent risk of physically harming himself or herself or others, and nonphysical interventions are not effective.

Suggestions for alternative methods of care in place of restraints:

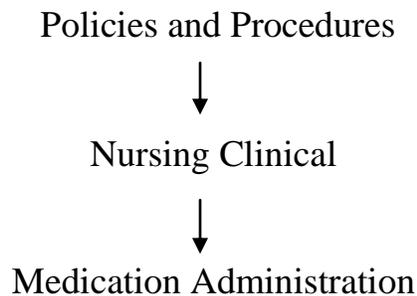
- A. A Geri chair with a tray to use during mealtimes or other appropriate activities during usual patient care.
- B. Direct observation of patient by staff.
- C. Education of patient and/or family members as to possible participation in care process.
- D. Suggest direct family member observation/ interaction/ physical and verbal calming of patient.
- E. Redirect the patient's focus.
- F. Utilize the Busy Hands and Mind Closet located in the Resource Center



MEDICATION ADMINISTRATION

It is your responsibility to review the most current Lake Norman Regional Medical Center Medication Administration Policy PRIOR to administering ANY medication during your clinical rotation.

The policy is located on the LN InfoSite under:



If you have difficulty locating the policy, please ask a staff member to assist you



Intravenous Management

Peripheral IVs

- IV sites are checked for signs of infiltration and/or phlebitis every shift, as well as, before and after each administration.
- IV sites are changed every 3 days, all IV dressings should be dated, timed & initialed
- IV PRN adaptors (IV locks) are flushed once a shift with 3mls of NS when not in use, before and after each intermittent IV administration
- All IV attempts are documented in the medical record stating the use of “aseptic technique”
- **Maximum number of 2 IV initiation attempts per RN x 2 RN’s is allowed Central Venous Access devices**
- Assess site for redness, drainage or swelling each shift
- Always use at least a 10 ml syringe when flushing all central lines
- Central lines are to be aspirated and then flushed with 10 mls of NS before an intermittent infusion. **If there is no blood return, you may not infuse through the line**
- CVAD dressing changes are done every 7 days utilizing the Biopatch disc and sorbaview dressing.

IV Maintenance

- IV tubing is changed every 72 hours with the exception of TPN tubing which is changed every 24 hours
- IV bags are changed every 24 hours
- Secondary tubing is changed every 3 days
- Disposal of IV bags – **The nurse shall “black out” the patient name, room number and medication before disposing of bag in the regular trash.**
- All IV infusions are placed on an IV pump
- All tubing should be checked for misconnection. All tubing should be traced from the patient to the point of origin before connecting or disconnecting an infusion.
 - Multiple lines should be labeled.
 - Instruct patient & families to call for staff when a need to connect or disconnect devices or infusions.

NURSING DOCUMENTATION

A patient's medical record or chart is an account of his/her history, current health status, treatment plan and progress. It is highly confidential, legal document, by which all members of the health care team communicate about the patient.

Communication is the backbone of the healthcare team ensuring effective patient care. It needs to be clear and accurate whether it is verbal or written. Written communication is more efficient and effective and provides evidence against negligence. Patient records must have the following:

- Date and time for every entry. Entries must be legible and written in black ink
- Signature of the person making the entry, title of the person
- Errors are to have a single line drawn through them
- Abbreviations must be from the approved list. (See acceptable abbreviations list policy)
- Unacceptable abbreviations: "U" or 'u', "IU", QD, QOD, MgSO₄, MS, MSO₄, no trailing zeros "X.0 mg", omitting a leading zero ".X mg"
- Patient ID labels must be placed on all forms

PROBLEM ORIENTED DOCUMENTATION (Policy NS-CL 105.03)

Purpose: To provide guidelines for the documentation of the nursing process including assessment and identification of problems, interventions and the evaluation of those interventions.

Policy:

- The Registered Nurse will document utilizing a Problem Oriented format minimally once every shift. This documentation will include review of all existing problems, interventions and response to those interventions.
- In the event that the nurse has documented their findings on another form such as the nursing flow record, they may simply note the Problem, "See Nursing Flow Record"
- If the patient is transferred within two hours of the admission to a particular unit, the receiving unit is responsible for initiating the problem list.

Procedure:

- I. Problem
 - A. Utilizing the Plan of Care, the nurse will document on each identified problem for that particular patient. He/she will begin note with the Problem that is the priority problem for that particular shift.
 - B. Once the problem is noted, the nurse will include any specific findings/assessment issues.
- II. Intervention
 - A. The daily nurse's note will include all interventions that are not identified or listed on the Daily Flow Record and/or those which require elaboration.
 - B. Interventions are chosen based on the individual patient/family needs. They may not be the same for two patients with like diagnosis. They are individualized.
- III. Patient Response
 - A. The patient response of the above mentioned intervention would be next.



PATIENT EDUCATION TEACHING TOOLS

All patient education is documented on the Interdisciplinary Patient/Family Education Teaching Record. This is an extremely important responsibility as our team members communicate their patient teaching as well as further educational needs.

Patient Education Teaching Tools are readily available throughout the hospital on the individual unit/departmental computers. You will need to access the LNRMC Intranet. There is no password to enter the hospital Infosite but some programs may require a sign on and password. Please check with the nursing staff or education department. Teaching tools that are available include:

- LNRMC created Patient Education Tools
- KRAMES
- Clinical Reference System
- Clinical Pharmacology
- Patient Education Brochures
- Cultural Diversity Manual

***Please complete the following pages and return to your instructor prior to attending your clinical rotation at Lake Norman Regional Medical Center**

- Page 26 ---- HIPAA PRIVACY & SECURITY TRAINING CERTIFICATE
- Page 27 ---- HIPAA TEST
- Page 28 ---- NONDISCLOSURE AGREEMENT
- Page 29 ---- ORIENTATION SELF STUDY SIGNATURE PAGE

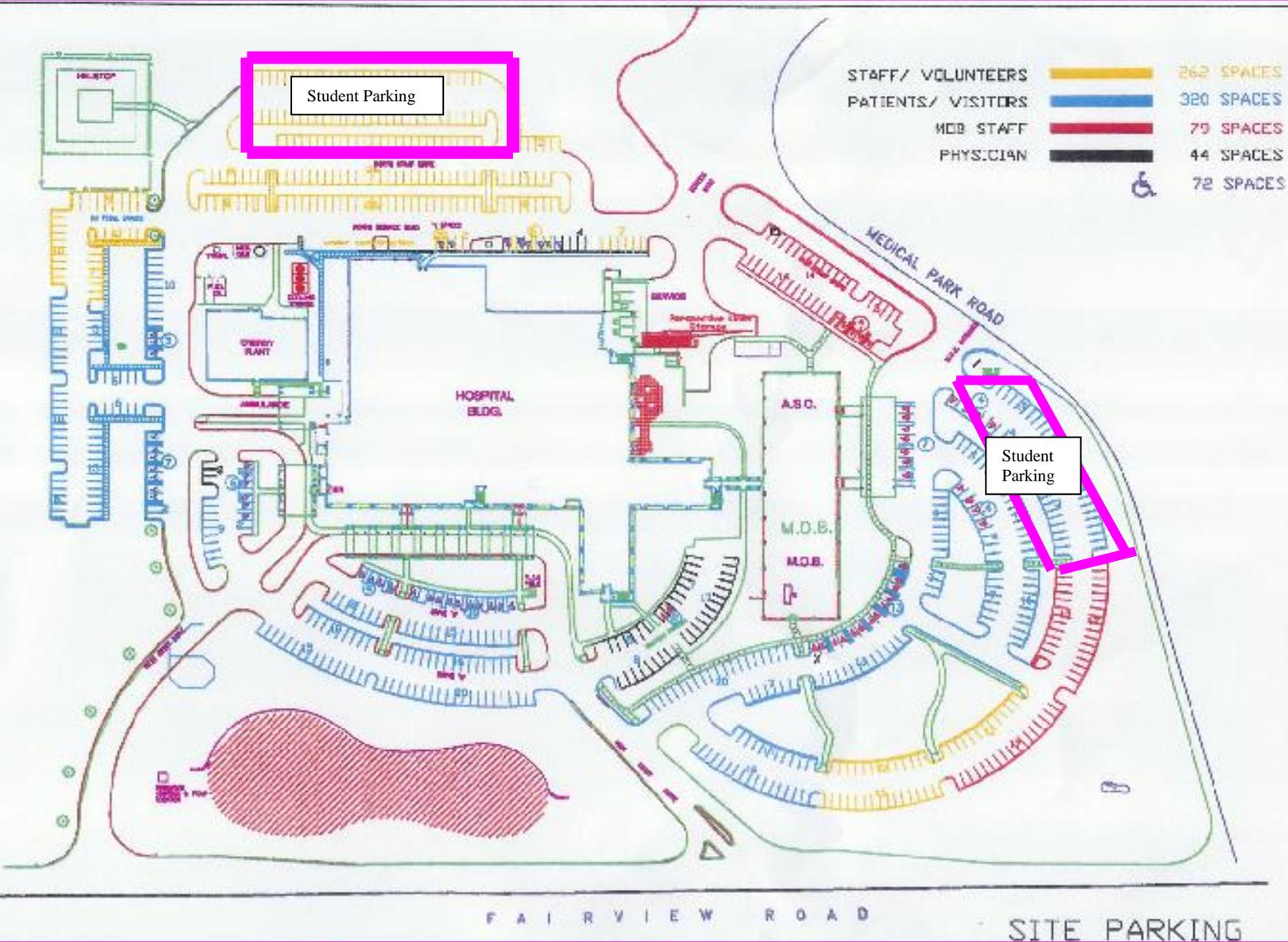
Welcome to Lake Norman!!

TELEPHONE NUMBERS

LNRMC General Information	704 660 4000
Human Resources	704 660 4026
Employee Health	704 660 4094
Infection Control Nurse	704 660 4820
Nursing Administration	704 660 4018
Organizational Development	704 660 4391
Wound Care Nurse	704 660 4702
Nursing Units	
Emergency Department	704 660 4130
CCU	704 660 4835
TOM (main nurse's desk)	704 660 4200
ONS	704 660 4688
Women's Services	
L&D	704 660 4866
Newborn Nursery	704 660 4379
Postpartum	704 660 4874
Women's Health	704 660 4875
Dialysis	704 660 4245
Operating Room	704 660 4400
PACU	704 660 4422
Endoscopy	704 660 4449
Home Health	704 660 4480

PARKING

Since parking is limited, we strongly encourage the students to car pool. Students are permitted to park in the Employee's Parking Lot or on the upper level of the Medical Office Building lot. See Highlighted Areas Below. Please do not park in the visitor's area in the front of the building. Your cooperation is appreciated.



LAKE NORMAN REGIONAL MEDICAL CENTER
HIPAA PRIVACY & SECURITY TRAINING CERTIFICATE

Purpose: This form is used to certify completion of HIPAA Privacy and Security training

Section A— Workforce member trained (complete this section)

Name: _____

School: _____ Type of Student: _____

Clinical Instructor Name: _____ School: _____

Social Security Number: (optional) _____

Training Type: HIPAA Privacy HIPAA Security

Date of training: ____/____/____

Reason for privacy training: Initial Training Annual Training Violation of Policy
 Change in Policy Change in Job Role Other: _____

SECTION B—Workforce member’s training acknowledgement.

I have completed training on our organization’s HIPAA policies and procedures. I am aware that any violation of patient privacy, confidentiality or security violations should be reported to our Privacy Officer, Security Official, Compliance Officer, or the Corporate HIPAA Compliance Manager. I am aware that failure to maintain patient privacy, confidentiality or security of patient information may result in an inability to continue with my clinical rotation.

Signature: _____

Date: _____

Print name: _____

HIPAA TEST

NAME _____ Date: _____

1. Protected Health Information is only in written format and found in the patient chart?

TRUE

FALSE

2. HIPPA is a law that protects patient's privacy?

TRUE

FALSE

3. Protecting a patient's privacy and confidential information is the responsibility of all health care workers and volunteers?

TRUE

FALSE

4. "HITECH" HIPAA requires us to notify the patient in writing if anyone has snooped in their personal information as well as informing the federal government.

TRUE

FALSE

5. HIPAA violations include walking away from a computer signed onto patient information or leaving census information on counters in view of the public?

TRUE

FALSE

NONDISCLOSURE AGREEMENT

The undersigned Student recognizes and acknowledges: that the services the Hospital performs for its patients are confidential and that to enable the Hospital to perform those services, its patients furnish to the Hospital confidential information concerning their affairs; that the good will of the Hospital depends, among other things, upon its keeping such services and information confidential; and that by reason of the Student's duties, the Student may come into possession of patient information or information concerning the services performed by the Hospital for its patients even though the Student does not take any direct part in or furnish the services performed for those patients. The Student accordingly agrees that, except as directed by the Hospital, the Student will not at any time during or after his/her affiliation with the Hospital, disclose any of such services or information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by the Student or coming into his/her possession under his/her control, that have in any way to do with the patients of the Hospital. The Student recognizes that the disclosure of information by the Student may give rise to irreparable injury to the Hospital or to the owner of such information, and that accordingly, the Hospital or the owner of such information may seek any legal remedies against the Student that may be available. Disclosure of information by the Student will result in cause for immediate dismissal.

The Student further agrees that he/she will at all times comply with all Hospital and Health Management Associates, Inc., policies and security regulation in effect from time to time for all materials belonging or relating to the Hospital or Health Management Associates, Inc.

I have read all of this Agreement and I understand it and agree to abide by its terms.

Student Signature

Date

LNRMC

ORIENTATION SELF STUDY SIGNATURE PAGE

- I have completed and understand the information contained in this LNRMC Orientation Booklet

- I have signed the LNRMC HIPAA Privacy and Security Form

- I have an identification badge and will display it at all times

- I understand that I am to park in the employee's parking lot or on the upper level opposite the Medical Office Building

- I will address all issues, concerns, and/or events with my clinical instructor. If at any time, I am unsure or unclear of my duties, I will wait until such time I can obtain my instructor's guidance.

Name: _____

(Print)

Signed: _____

Date: _____