

Medical-Surgical Structure Standards supplement the Department of Nursing Structure Standards. The focus of this document is to appropriately relate the Department Structure Standards to the unit level of operations.

I. DESCRIPTION AND MISSION

A. DESCRIPTION

1. Type of Unit

The Surgery 7 unit houses patients from a variety of medical and surgical services. Patients represent a range of acuity and require the collaboration of multiple disciplines.

2. Physical Design/Size of Unit

Surgery 7 is a 28- bed unit consisting of 8 private rooms and 10 semi-private rooms. The unit is designed in a circle around a central work area for staff members. Additional space is provided for patient care, offices and educational activities.

a. Patient Rooms

Patients are assigned single or double accommodations depending on medical and nursing needs. The unit is equipped with: an electric bed with a removable headboard and footboard and retractable side rails; bedside stand; and over bed table. The head wall of each bed is equipped with lighting, one oxygen outlet, one air outlet and one suction outlet. Room 7041 is vented to the outside for use with patients diagnosed with airborne infections. Room 7033 is a structurally prepared room specific for radioactive implant use.

b. Central Module

- (1) The central module provides workspace for nursing, medical, pharmacy, dietary and secretarial personnel.
- (2) Kitchen facilities are maintained by Dietary and Housekeeping personnel.
 - (a) The refrigerator is to be emptied and stocked daily by Dietary staff. It is cleaned on a weekly basis by the Dietary staff. A sign reading: "Food Only" is placed on the door.
 - (b) The freezer is emptied and cleaned monthly by Dietary staff.
 - (c) The ice machine is disinfected every three months by the Maintenance Department. Only hospital personnel may use the machine.

- (d) The refrigerator in the Pharmacy area will have a sign indicating: "Medications Only". The temperature range should be checked daily in accordance with HAM policy 11-040 - Management of the Unit Medication Refrigerator. A log for recording this is kept on the door of the refrigerator.
- (e) Orange juice must be kept on the unit in the "Food Only" refrigerator for use with diabetics.
- (f) Electrical equipment must be checked by the Maintenance Department on a regular basis.

c. On-Call Rooms

Daily cleaning is the responsibility of the Housekeeping Department.

d. Utility Rooms/Supply Rooms

- (1) Cleanliness is the responsibility of the Housekeeping Department.
- (2) Central Sterile Supply technicians are responsible for removing soiled equipment, which has been properly bagged for re-sterilization.

e. Family and Patient Lounge (H-7001)

This room is located in the hallway of Surgery 7, near the 3 bank elevators

f. Brachytherapy Room (H-7033)

This is a lead-lined room, constructed to allow for safe treatment using radioactive implants. No modifications may be made to this room without notifying the Nursing Manager or designee. A two-way video camera with speaker is located in this room with the number located outside Room 7033 to facilitate safe monitoring of brachytherapy patients.

3. Scope of Nursing Services

a. Clinical

Nursing care is provided to a diversified population of Medical and Surgical patient groups. Standards of care are developed according to the Dempsey Model and are reviewed and approved by the appropriate Nursing Manager. These standards are then forwarded to the Nursing Standards Committee for final approval and entry into the Department Standards Database (Nursing Practice Manual or Unit Practice Manual). Practice concerns may also be addressed through Division meetings and the Nursing Administrative Council.

b. Professional

The unit employs RN & LPN staff who administer care via the modified primary care model. Professional concerns are addressed through the Nursing Manager, Clinical Nurse Specialist or Nursing Administrative Council. Professional development is supported through ongoing in-service and continuing education programs, standards of practice, and monitoring through the Clinical Advancement System.

c. Paraprofessional

The unit also employs Unlicensed Assistive Personnel (UAP) who assist the registered nurses and licensed practical nurses in certain aspects of direct patient care.

d. Administration

The structure and organization of the medical-surgical units are written in these standards for the purpose of planning, organizing, implementing and evaluating the daily operations of the units. Administrative responsibility for the unit is addressed through the Nurse Manager. The Nursing Manager is responsible for administrative concerns on each unit.

B. MISSION

The mission of the Medical-Surgical unit - Surgical 7 is consistent with that of the Department of Nursing and John Dempsey Hospital. Refer to Department of Nursing Structure Standards.

II. PHILOSOPHY AND GOALS

A. PHILOSOPHY

The philosophy of the Medical-Surgical unit - Surgery 7 coincides with that of the Department of Nursing and John Dempsey Hospital. Refer to the Department of Nursing Structure Standards.

B. GOALS

1. The purpose of the goals is to establish the major activities believed to be important for the on-going operations, continued development and success of the department.

III. ADMINISTRATIVE POLICIES

A. ORGANIZATION

1. Relationships

a. Administrative

Refer to Department of Nursing Structure Standards.

b. Interdepartmental

Each unit is under the direction of the Nursing Manager who reports to the Associate Vice President of Operations/Director of Nursing.

2. Communication Mechanisms

a. Administrative

Verbal and written information to and from the Medical-Surgical unit - Surgery 7, and Hospital and Health Center Administration is reviewed, received and transmitted through the Nursing Manager.

b. Interdepartmental

Communication channels to and from the Medical-Surgical unit - Surgery 7 and the Department of Nursing are based on the Departmental Organizational Chart (Department of Nursing Structure Standards). The flow of information to and from the Medical-Surgical Unit - Surgical 7 staff is depicted in the Dempsey Model.

c. Mechanisms

A variety of communication mechanisms are available, such as shift/transfer report, telephone/paging system throughout the hospital, bulletin boards/mailboxes on each unit, unit staff meetings, meeting minutes and memos, Medical-Surgical committees, email, and the availability of foreign language interpreters as addressed in the Hospital Administrative Manual Policy titled "Interpreters/Linguistic Access for Persons with Limited English Proficiency" (HAM - #08-007).

3. Unity/Extent of Command

a. Overall management of the unit is the responsibility of the Nursing Manager with supervision, direction and support from the Associate Vice President of Operations/Director of Nursing. Collaboration with physicians and appropriate department heads takes place periodically through formal and informal meetings.

b. The Nursing Manager is a registered nurse with appropriate clinical and management skills and/or potential for same. He/she is responsible for the effective organization and management of the Medical-Surgical unit - Surgical 7. He/she has 24-hour accountability of the effective functioning of the staff including their development and evaluation, the efficient functioning of the unit subsystem, and the quality of patient care provided in the setting.

c. The Nursing Manager assigns an Assistant Nursing Manager or charge nurse each shift for the purpose of decision-making and facilitating unit communication, coordination and delivery of patient care.

- d. The Nursing Supervisor (Evenings/Nights) is a resource person to the Assistant Nursing Manager or charge nurse (in the absence of the Nursing Manager) providing direction and support in the decision-making process during weekends, holidays and alternate shifts.

4. Evaluation of Organizational Structure

- a. The organizational structure is approved by the Nursing Administrative Council.

B. GOVERNANCE

1. Functions of the Medical-Surgical Unit - Surgery 7

a. Institutional and Interdepartmental

Qualified nurses are selected to represent the Medical-Surgical unit -Surgical 7 on Department, Hospital and Health Center committees based on the recommendation of the appropriate Nursing Manager/Clinical Nurse Specialist/Director. These recommendations are processed through the appropriate council for confirmation of committee appointments.

Refer to Department of Nursing Structure Standards for nursing's role and responsibilities in Hospital and Health Center Committees.

b. Intradepartmental

The functions listed in the Department of Nursing Structure Standards are performed by the appropriate members of the nursing leadership group on the Medical-Surgical unit -Surgical 7.

2. Nursing Direction

a. Type of Governance

See Department of Nursing Structure Standards.

(a) Unit Staff Meetings

CHAIRPERSON: Nursing Manager/Designee

MEMBERSHIP: Staff nurses of each unit

- PURPOSE:
1. Identify staff problems, concerns.
 2. Communicate and receive staff feedback concerning changes in: standards, professional practice, administrative operations for the unit, Department of Nursing, Hospital and Health Center.
 3. Facilitate unit-based problem solving.

MEETING
FREQUENCY: Once per month.

AGENDA/
MINUTES: The agenda is developed by the Nursing Manager with input from unit staff. Minutes are kept and circulated for signature by all staff who are unable to attend the meeting. A file is maintained on each unit for minutes, and copies are sent to the Associate Vice President of Operations/Director of Nursing.

c. Day to Day Operations

- (1) Authority, responsibility and accountability for the day-to-day, shift-to-shift provision of nursing services is vested in the unit hierarchy.
- (2) Unit Hierarchy
 - (a) Staff nurses are responsible for providing nursing care to a specific patient assignment for a designated shift. Modified primary nursing is the delivery of care model. Each staff nurse is accountable to the Charge Nurse.
 - (b) In the absence of the Nursing Manager, the Assistant Nursing Manager or shift charge nurse is responsible for decision-making and facilitating unit communication, coordination and delivery of care. On evenings, nights and weekends, this person is responsible to the Nursing Supervisor on duty for staffing/ census/patient care decisions.
 - (c) First Line Managers-Nursing Managers

The Nursing Manager is responsible for the management of a patient care unit. Each Nursing Manager assumes 24-hour accountability for the management of patient care programs on their respective units including resource allocation, planning and development, information management, and educational endeavors. The Nursing Manager has authority to make decisions in these areas for the unit or seeks guidance from the Associate Vice President of Operations/Director of Nursing. The Nursing Manager is responsible for the effective functioning of staff, including their development and evaluation.

Refer to Department of Nursing Structure Standards.

d. Support Services within the Medical-Surgical Units

- (1) Clinical Nurse Specialist is responsible for clinical practice, consultation, education and research for the Medical-Surgical unit - Surgery 7.

(2) Preceptor

Refer to Administrative Protocol in the Medical-Surgical Unit Practice Manual for: Preceptor Responsibilities: Medical-Surgical Units.

(3) Non-Nursing Support

(a) Health Unit Clerks are available on the day shift. Health Unit Clerks are accountable to the Charge Nurse/Assistant Nursing Manager; they report to the Nursing Manager.

e. Support Services within the Department of Nursing

Nursing Supervisors are resources to the Assistant Nursing Manager or Charge Nurse (in the absence of the Nursing Manager) to provide direction and support in unit management during weekends, holidays and off shifts.

Refer to Department of Nursing Structure Standards.

3. Medical Direction of Patient Care

a. Attending Physician's Role

All Medical-Surgical patients on Surgery 7 will receive clinical appraisal by an attending physician from the Department of Medicine or Department of Surgery. Refer to Department of Nursing Structure Standards.

b. Chief of Staff and Chief of Service Role

Refer to Department of Nursing Structure Standards.

c. Physician Consultant

Refer to the Department of Nursing Structure Standards.

d. Teaching Staff

Refer to Department of Nursing Structure Standards. Nursing staff collaborates daily with resident staff to coordinate clinical management of patient care.

C. RESOURCE DEVELOPMENT/ALLOCATION/UTILIZATION

1. Financial

Refer to the Department of Nursing Structure Standards.

2. Facilities

a. Patient Care Areas

The Medical-Surgical unit - Surgery 7 provides twenty-four hour per day care.

(1) Admission

(a) Admission Criteria

- [1] Patients are considered candidates for admission to Medical-Surgical Unit -Surgical 7 if they are 16 years of age or older and are experiencing acute or potentially acute illness or injury in single or multiple body systems. Patients may be direct admissions, transfers, or emergency admissions.
- [2] Refer to Department of Nursing Structure Standards for listing of Administrative Procedures related to admission issues.

(b) Candidates for admission include:

- [1] Post ICU transfers.
- [2] Patients with a variety of medical pathologies requiring diagnostic or therapeutic interventions are represented by the Medical Services: Cardiac Surgery, Cardiology, Medical Hematology/Oncology, Pulmonary, General Medicine, Dermatology, Renal.
- [3] Candidates for pre- and post-surgical intervention for a variety of surgical services: General Surgery; Orthopedics; Ear, Nose and Throat, Urology, Gynecology, Vascular.
- [4] Patients experiencing chronic renal failure who may require dialysis therapy.
- [5] Epidural narcotic infusions.
- [6] The unit is staffed and designed for the acute/potentially acute adult patient as outlined above. Patients under 16 years of age will not be admitted to the Surgical 7 unit.
- [7] Patients requiring invasive cardiac monitoring and or arterial line placement are never housed on the Medical-Surgical floors.
- [8] Patients requiring endotracheal intubation and/or ventilator management are not housed on the Medical-Surgical units.
- [9] Patients requiring titrated cardiac medications such as those commonly used in the Intensive Care Unit, (antiarrhythmics, antihypertensives, isotropic

agents) will be transferred to the ICU. Insulin, Morphine, Hydromorphone, Ranitidine, Pantoprazole, Heparin, Octreotide, Lasix, and Phenytoin are titrated medications that may be given on the Medical-Surgical Unit - Surgical 7.

[10] Patients requiring a continuous Ativan infusion will not be housed on the Medical-Surgical unit - Surgery 7.

[11] Surgical 7 staff are not allowed to administer or monitor patients undergoing Conscious Sedation. However, conscious sedation administered for certain procedures and/or cardiology testing such as a Transesophageal Echocardiogram (TEE) can be administered on Surgical 7 by critical care nurses or those who have received competency training for conscious sedation. The critical care nurse is responsible for the monitoring the patient during the recovery phase of conscious sedation.

[12] Patients requiring every one hour vital signs cannot be maintained on the Medical-Surgical unit-Surgery 7. The only exceptions are frequent monitoring following special procedures where vital signs every one hour for a maximum of 4 hours is permissible, and a patient receiving epidural/spinal analgesia who may require every one hour respiratory rate and sedation evaluation.

(c) Admitting MD Responsibilities:

It is essential that patients are admitted, and moved to nursing units with medical orders. The nursing staff must have medical direction/support at all times. These orders must include, but are not limited to the following:

- [1] Admission or transfer orders
- [2] Diet
- [3] Activity or unit routine
- [4] Vital signs
- [5] Lab work
- [6] Routine medications
- [7] PRN medications

(d) Admitting Nurse Responsibilities:

- [1] Operating within the model of modified primary nursing, it is the responsibility of the admitting nurse to initiate the procedure for "Documentation: Admissions (Inpatient)" within two hours of admission to the unit, including an initial assessment of the patient's current physical status. The Admissions Procedure includes: completion of the database and admission note and initiation of a patient care plan, patient and family teaching record, as well as orienting patients to the unit.
- [2] Standards for the documentation of the nursing admission process are defined in the Nursing Practice Manual.
- [3] All inpatient admission handoffs by nurses will be communicated and documented using the Inpatient Transfer Handoff Communication Form (HCH 2080).
- [4] Guidelines for the initiation of the nursing care plan are defined in the Nursing Practice Manual.

(2) Transfer

- (a) Mechanisms for in-house transfer are defined in the Nursing Practice Manual.
- (b) The responsible House Officer and assigned nurse: evaluate the patient's status and determine whether the patient is appropriate to remain on Medical-Surgical unit - Surgery 7; and determine referral to the appropriate service/unit for care.
- (c) The responsible House Officer must write transfer orders and identify the Attending Physician who will accept the patient. All previous orders are cancelled at this time.
- (d) A Transfer Note and updated nursing care plan are written by the patient's assigned nurse per Nursing Practice Manual Standards. Nursing report is telephoned to the receiving unit prior to transfer. All unit transfer handoffs by nurses will be communicated and documented using the Inpatient Transfer Handoff Communication Form (HCH-2080). Upon transfer, the patient is accompanied by appropriate care providers.

(3) Discharge

- (a) Duration of stay on Medical-Surgical unit - Surgery 7 is determined by the patient's physiologic status and patient care needs. Planning for discharge is a collaborative effort between: the responsible House Officer, Attending Physician, Nurse, Case Manager,

Social Work Departments and Support Services who provide patient care (Physical Therapy, Occupational Therapy, Speech Therapy, Clinical Dietitian).

- (b) Modes of Discharge include: home, transfer to a Community Health Care Facility appropriate for patient need, or transfer to another acute care hospital.
- (c) Refer to Department of Nursing Structure Standards, for listing of standards related to the discharge of patients.

3. Human Resource Development

a. Orientation

(1) Health Center/Hospital

Permanent new employees attend an eight-hour orientation session coordinated by the UCHC Human Resource Division. A general overview of the Health Center, including a brief history and current organizational structure, is provided followed by a review of pertinent safety services (fire, police, environmental hazards), employee benefits information and other general information.

(2) Department of Nursing

(a) New Employee Orientation

The New Employee Orientation program is organized to provide general, hospital wide information first, then focuses on more specific nursing related areas. A combination of Healthstream on-line learning modules, competency-based techniques and more traditional educational methods (e.g. lecture/discussion and exercises) are used, as appropriate, to the various content areas. Evaluation of learning is accomplished through verbal feedback, review of written assignments, and paper-and-pencil tests.

Documentation of completion of orientation activities is recorded on the orientation checklist. The completed orientation checklist is placed in the employee's file in Human Resources.

(b) Medical-Surgical Orientation

[1] A Clinical Nurse I Competency Checklist is reviewed with all new nursing personnel at the beginning of the Orientation process. This tool is reviewed again periodically by the preceptor, orientee, and Nursing Manager during the working test period until all critical elements are met.

b. Staff Development

- (1) Unit decentralized development is the responsibility of the Nursing Manager and Clinical Nurse Specialist. The purpose of this development is to facilitate clinical and professional educational programs based on input from the staff, and recognition of changes in clinical care and professional practice. Health team members are utilized to provide inservices as appropriate. All educational programs are documented and the record is maintained by the Nursing Manager according to Department of Nursing Standards.
- (2) An educational activity record for each staff member is maintained as part of the annual evaluation process.
- (3) All Department of Nursing programs, including Mandatory Inservices, are coordinated through the Staff and Patient Education Department.

c. Continuing Education

Refer to Department of Nursing Structure Standards. Support for nurses to attend educational programs is provided through the UHP contract.

d. Support Services Outside of the Department of Nursing

Refer to Department Structure Standards.

e. Consultants

(1) Medical

In the provision of patient care, nursing consults with physicians on formal (e.g. rounds and conferences) and informal bases. Refer to Department of Nursing Structure Standards.

(2) Nursing

Additional nursing resources can be found in the Clinical Nurse Specialists, and Acute Care Nurse Practitioners. The Clinical Nurse Specialists are Master's prepared.

4. Materials Management

a. Equipment

Refer to Department of Nursing Structure Standards.

(1) General Equipment

(2) Emergency Equipment

- (a) Appropriate emergency equipment will be maintained on the Medical-Surgical unit - Surgery 7. This equipment must be checked each shift and will include:
 - [1] code cart
 - [2] ECG machine
 - [3] defibrillator - Life Pack
 - [4] emergency medications
 - [5] oxygen
 - [6] Ambu bag and O₂ set-up
- (b) The emergency equipment is located between the Clean and Dirty Utility Rooms on each unit.
- (c) Additional supplies which may be needed in an emergency are available on each unit.
 - [1] Airways
 - [2] Suction Set-up: on code cart
 - [3] Flow Meter and Non Re-Breather
 - [4] Tracheostomy Set

b. Supplies

Refer to Department of Nursing Structure Standards.

c. Linen

Refer to Department of Nursing Structure Standards.

d. Product Safety Evaluation

Refer to Department of Nursing Structure Standards.

5. Evaluation of Resources

- a. Departmental review is conducted by the Nursing Administrative Council.
- b. Unit review of resources is the responsibility of the Nursing Manager.

6. Staff

a. Professional

Refer to Department of Nursing Structure Standards.

b. Non-professional

(1) Levels and Descriptions

- (a) Certified Nurse's Aide and Medical Assistants: Assists with patient care and unit support activities on the Medical-Surgical unit - Surgery 7; maintains supply standards and a clean, organized environment; performs assigned aspects of patient care under the direction of nurses.
- (2) Staffing Patterns for non-RN staff (including budgeted FTE's) are developed at the unit level by the Nursing Manager in consultation with the Associate Vice President of Operations/Director of Nursing and Finance. This will be reviewed each budget period.
- (3) The mechanism for requesting/making changes in non-RN staffing is determined at the unit level through the budget process.
- (4) General Department of Nursing staffing standards are located in the Administrative section of the Nursing Practice Manual.

c. Status

Staff can be hired full or part time as determined by the Nursing Manager and based on unit budget needs.

d. Temporary Staff

(1) Agency Personnel

Refer to Department of Nursing Structure Standards.

(2) Private Duty Nurses

Refer to Department of Nursing Structure Standards.

(3) Student Nurses (undergraduate and graduate)

Refer to Department of Nursing Structure Standards.

(4) NURSE PROS

Refer to Department of Nursing Structure Standards.

D. STAFFING

1. Responsibility for Providing Adequate Staffing

Refer to Department of Nursing Structure Standards.

2. Administrative Staffing

Refer to Department of Nursing Structure Standards.

3. Master Staffing

Refer to Department of Nursing Structure Standards.

4. Unit Staffing

a. Each unit determines and projects its staffing needs on a shift-to-shift basis using hours per patient day, situational acuity, patient care requirements, available human resources and other relevant data.

b. Staff are allocated to units based on staff expertise, patient care requirements and support services availability.

5. Delivery of Care Methodology

Refer to Department of Nursing Structure Standards.

6. Patient Classification System

Refer to Department of Nursing Structure Standards.

7. Shift Assignments

Refer to Department of Nursing Structure Standards.

8. Scheduling

Refer to Department of Nursing Structure Standards.

E. EMPLOYMENT

Refer to Department of Nursing Structure Standards.

F. QUALITY IMPROVEMENT PLAN

Refer to department and unit Quality Improvement Plans.

IV. NURSING PROFESSIONAL PRACTICE POLICIES

A. NURSING PROCESS

1. Assessment (Supplement to Department of Nursing Structure Standards).

a. Each patient is assessed by a registered nurse within the first two hours of admission to the unit. This initial admission assessment is documented on the Medical-Surgical flowsheet. The Nursing Database is completed within twenty-four hours of admission.

b. Each patient is assessed by a registered nurse within the first hour of transfer to the Medical-Surgical unit -Surgical 7 from the

ICU/PACU/CSDU. This assessment is documented on the Medical-Surgical Flowsheet.

- c. All patients housed on Surgery 7 will have vital signs taken every four hours, unless ordered by the LIP (may be either more or less frequently).
- d. Each patient is re-assessed by a registered nurse every eight hours, and more frequently as their condition warrants it unless otherwise ordered.
- e. Each patient transferred from the ICU/CSDU/PACU will be reassessed every four hours for a twenty-four period following transfer to the medical-surgical unit - Surgery 7. These assessments are documented on the Medical-Surgical Flowsheet.
- f. Each patient on Surgery 7 will be assessed for acuity by the following:

LEVEL I:

Mobility: Completely independent with ADL's

Specials: No tubes or dressing changes

Medications: Few medications

Emotional/Behavioral Needs: Good coping skills/no confusion

LEVEL II:

Mobility: Minimal assist with ADL's

Specials: Simple dressing changes, HV, JP and/or foley

Medications: Few medications

Emotional/Behavioral Needs: Good coping skills/no confusion

LEVEL III:

Mobility: Requires assistance with ADL's and is incontinent

Specials: Multiple lines and/or drains. Complex dressing changes

Medications: Several medications

Emotional/Behavioral Needs: Fair coping skills/confusion

* ENT patients are marked as ENT: III E, Ortho hips and Knees as III H or K, and Cystectomy III C

LEVEL IV:

Mobility: Total care, incontinent

Specials: Multiple lines and/or drains. Complex dressing changes/ trach care

Medications: Multiple medications

Emotional/Behavioral Needs: Poor coping skills/confusion

2. Planning

Refer to Department of Nursing Structure Standards.

3. Nursing Interventions

Refer to Department of Nursing Structure Standards.

4. Evaluation

Review, revision and evaluation of patient care plans are done by the RN.

5. Documentation/Retention of Records

- a. The John Dempsey Hospital documentation system is devised to reflect the delivery of professional care, nursing process and the status of the patient on admission, progress through the shift, transfer and discharge.

General policies regarding requirements for, frequency of and guidelines for documentation are addressed in the Nursing Practice Manual (NPM).

- b. Transfer and discharge summaries are required as noted in NPM.
- c. Evidence of discharge planning will be documented in the patient record within 48 hours of admission as per NPM. The electronic discharge instructions serve as the written discharge plan.
- d. Patient care plans are retained as part of the permanent patient medical record.

B. NURSING RESPONSIBILITIES

The role of the professional nurse at JDH is consistent with the scope of practice outlined in the State of Connecticut Nurse Practice Act (1975).

Registered Nurse are authorized to perform all JDH protocols and procedures contained in the Department and Unit-specific manuals, along with identified procedures from the Lippincott Manual (1996). Orientation programs, ongoing educational activities and completed annual evaluations which include competency checklists ensure that individual nurses are competent.

The specialized, tertiary care setting demands assessment of specific nursing responsibilities in each clinical area. Therefore, Unit Structure Standards and Practice Manuals further define the professional nurse role in each area of nursing practice.

1. Medical-Surgical - Surgical 7 nursing staff do not perform the following:
 - a. Discontinuation of central lines (including PICC lines)
 - b. Change supra-pubic tubes
 - c. Draw blood gases

- d. Maintenance of arterial lines
- 2. Medical-Surgical nursing staff may perform the following bedside testing:
 - a. Instrument: glucose by Glucometer
 - b. Non-Instrument:
 - (1) Guaiac - Hemocult
- 3. Nursing staff on the night shift are responsible for performing a 24-hour audit on their assigned patients. These audits will include:
 - a. A review of all physician orders written during the previous 24/12 hours.
 - b. A check for added transcriptions and accuracy of transcriptions on the Medication Administration Record.
 - c. A review of the following will also occur: Laboratory folder/requisitions, careplan (reflecting current patient status, and active problems), core and inpatient database completion, updating the patient family teaching record, and the presence of a nursing progress note.
 - d. Document completion of the 24/12 hours audits in the Physician Order Entry (POE) system, and complete the Inpatient Daily Chart Check sheet.
- 4. NURSE PROs and Contract/Agency Nurse staff do not perform the following patient care on the Medical-Surgical unit - Surgical 7:
 - a. Brachytherapy
 - b. Epidural Catheters: unless oriented and per unit need
- C. PROFESSIONAL BEHAVIORS
Refer to Department of Nursing Structure Standards.
- D. CREDENTIALING
Refer to Department of Nursing Structure Standards.
- E. RESEARCH
Refer to Department of Nursing Structure Standards.
- F. STANDARDS
Refer to Department of Nursing Structure Standards.

Medical-Surgical Standards are reviewed triannually by the Medical-Surgical Nursing Managers and Clinical Nurse Specialist with input from unit staff.

V. CLINICAL POLICIES

Refer to: Department of Nursing Structure Standards and Medical-Surgical Nursing Practice Manual

REVISIONS: 11/02, 11/03, 10/04, 3/06, 7/07, 8/07, 10/07, 7/08, 7/09