

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 Medical-Surgical units house 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 Units

Medical-Surgical 5 is a 12 bed unit, consisting of four private rooms and four two-bed rooms. The unit is designed in a circle around a central work area.

a. Patient Rooms

Patients are assigned single or double accommodations depending on medical and nursing needs. Each unit is equipped with: an electric bed without a head board and secured foot board and retractable side rails; rooms are not equipped with bedside stands or bathroom doors. The head wall of each bed is equipped with lighting, one oxygen outlet, one air outlet and one suction outlet. There are two available Hewlett-Packard monitors for telemetry use on Medical-Surgical 5.

b. Central Module

- (1) The central module provides work space for multidisciplinary teams.
- (2) Kitchen facilities are maintained by Housekeeping personnel.
 - (a) The refrigerator is to be emptied and stocked daily by unit Unlicensed Assistive Professional (UAP). It is cleaned on a weekly basis by the unit UAP and/or housekeeping staff. A sign reading: "Food Only" is placed on the door.
 - (b) The freezer is emptied and cleaned monthly by the unit UAP and/or housekeeping 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 should have a sign on the door, reading: "Medications Only". The

temperature range should be checked daily in accordance with HAM policy 11-040 - Management of the Unit Medication Refrigerator. A log is kept on the door to document the above monitoring by unit staff.

- (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. Utility Rooms

- (1) Cleanliness is the responsibility of the Housekeeping Department.
- (2) Central Sterile Supply technicians are responsible for removing soiled equipment (once placed in the hallway), which has been properly bagged for re-sterilization.
- (3) The trays in the utility rooms (Specimen, IV, etc.) are the responsibility of the units' UAP.

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, Clinical Nurse Specialist and Acute Care Nurse Practitioner. These standards are then forwarded to the Nursing Standards Committee for final approval and entry into the Department Standards Database. Practice concerns may also be addressed through Nursing Administrative Council meetings.

b. Professional

The units employ an all-RN staff who administer care via the primary care model. Professional concerns are addressed through the Nursing Manager, Assistant Nursing Manager, Clinical Nurse Specialist or council representative and forwarded to the Nursing Administrative Council for consideration. Professional development is supported through ongoing inservice and continuing education programs, standards of practice, and monitoring through the Clinical Advancement System.

c. Paraprofessional

The unit also employs Unlicensed Assistive Personnel who assist the registered 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 units is consistent with that of the Department of Nursing and John Dempsey Hospital. Refer to Department of Nursing Structure Standards. The mission of the Department of Correction is consistent with that of the State of Connecticut Department of Corrections.

II. PHILOSOPHY AND GOALS

A. PHILOSOPHY

The philosophy of the Medical-Surgical units 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.

c. Intra-Division

- (1) Performance descriptions exist for each position on the organizational chart and can be found in the Performance Description Book of the Department.

2. Communication Mechanisms

a. Administrative

Verbal and written information to and from the Medical-Surgical units, Nursing Director, 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 units 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 staff is depicted in the Dempsey Model: Administrative Governance.

c. Mechanisms

A variety of communication mechanisms are available, such as shift/transfer report, email, telephone/paging system throughout the hospital, bulletin boards/mailboxes on each unit, unit staff meetings, meeting minutes and memos, Medical-Surgical committees, and the availability of foreign language interpreters (HAM - #08-007, Interpreters List).

3. Unity/Extent of Command

a. Overall management of each unit is the responsibility of the Nursing Manager with supervision, direction and support from the Nursing Director and Medical Director. Collaboration with physicians and appropriate department heads takes place periodically through formal and informal meetings. Close collaboration with the Department of Corrections staff is an integral part of day to day operations.

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. 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 Units

a. Institutional and Interdepartmental

Qualified nurses are selected to represent the Medical-Surgical units 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. Refer to Administrative Protocol: Committee/Council Membership for Department of Nursing for role and responsibilities on Department of Nursing Committees/Councils.

b. Intradepartmental

The functions listed in the Department of Nursing Structure Standards, page 8 are performed by the appropriate members of the nursing leadership group on the Medical-Surgical units.

2. Nursing Direction

a. Type of Governance

See Department of Nursing Structure Standards

b. Unit Control

- (1) The authority, responsibility, and accountability for assisting the Nursing Manager in directing operations of the Medical-Surgical units to fulfill unit function is vested in the Director of Nursing.

(a) Unit Staff Meetings

CHAIRPERSON: Nursing Manager/Designee

MEMBERSHIP: Staff nurses and UAP 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 Chairperson with input from unit staff. Minutes are kept in ink and are posted for signature by all staff who are unable to attend 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 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.

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 units.
- (2) Acute Care Nurse Practitioner (ACNP) is a principle provider of care for acutely and/or critically ill patients. ACNP is an advanced practice nurse who provides a unique combination of advanced nursing and medical services for individuals and their families, e.g., performs comprehensive health assessment; performs orders and/or interprets diagnostic studies; plans and implements therapeutic regimens; initiates referrals and consultations; and monitors and evaluates patient outcomes.
- (3) Preceptor

Refer to Administrative Protocol for: Preceptor
Responsibilities: Medical-Surgical Units.

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. The Medical Director of Medical-Surgical 5 is responsible for administrative coordination of medical and surgical services. Regular meetings are held with the Medical Director, Nursing Manager and the Clinical Nurse Specialist.

- b. Attending Physician's Role

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

- c. Chief of Staff and Chief of Service Role

Refer to Department of Nursing Structure Standards.

- d. Physician Consultant

Refer to the Department of Nursing Structure Standards.

- e. Teaching Staff

Refer to Department of Nursing Structure Standards. Nursing staff collaborate 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 5 unit provide twenty-four hour per day care.

(1) Admission

(a) Admission Criteria

- [1] Patients are considered candidates for admission to Medical-Surgical 5 unit 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] Patients on Medical Surgical 5 are all Department of Corrections inmates.
- [3] Refer to Department of Nursing Structure Standards, page 31 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.
- [4] Patients experiencing chronic renal failure who may require dialysis therapy.
- [5] Telemetry patients.
- [6] CAPD.
- [7] Epidural narcotic infusions

- [8] Orthopaedic patients.
 - [9] The units are 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 Medical-Surgical 5 unit.
 - [10] Patients requiring invasive cardiac monitoring and or arterial line placement are never housed on the Medical-Surgical 5 floor.
 - [11] Patients requiring endotracheal intubation and/or ventilator management are not housed on the Medical-Surgical 5 unit.
 - [12] 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, and Phenytoin are titrated medications that may be given on the Medical-Surgical units.
 - [13] Patients requiring a continuous Ativan or Lasix infusion will not be housed on Med Surg 5.
 - [14] Conscious Sedation is not permitted on Med Surg 5.
 - [15] Patients requiring every one hour vital signs cannot be maintained on the Medical-Surgical 5 unit. 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.
 - [16] Patients required to be released from shackles from a specific extremity, due to medical necessity, must have an MD order written, with date and time. A renewal of this order must be done every 48 hours. A copy of the order and each renewal must be given to the Lieutenant. "to: LT." must be written on the order sheet making sure that this process has been completed.
 - [17] Patients requiring chemotherapy, both initial and subsequent doses, may be housed on Med Surg 5.
- (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

Physicians are expected to evaluate all emergency admission patients as soon as possible. The House Officer is notified of the arrival and status of emergency admissions by the health unit clerk or nursing staff.

(d) Admitting RN Responsibilities:

- [1] Operating within the model of modified primary nursing, it is the responsibility of the admitting nurse to initiate the Admissions Protocol within two hours of admission to the unit, including an initial assessment of the patient's current physical status. The Admissions Protocol includes: completion of the database, admission note, patient family teaching record and initiation of a care plan (outcomes based flowsheet), as well as orienting patients to the unit.
- [2] Medical Surgical 5 patient care plans are documented on the last three pages of the 24 hour flowsheet.
- [3] Standards for the documentation of the nursing admission process are defined in the Nursing Practice Manual.
- [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 a Medical-Surgical

unit; 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 (outcomes based flowsheet) are written by the patient's assigned nurse per Nursing Practice Manual Standards. A verbal nursing report is telephoned to the receiving unit prior to transfer. Upon transfer, the patient is accompanied by appropriate care providers.

(3) Discharge

- (a) Duration of stay on Medical-Surgical 5 unit is determined by the patient's physiologic status and patient care needs. Planning for discharge is the collaborative effort of: the responsible House Officer, Attending Physician, Registered Nurse, and Support Services who provide patient care (Physical Therapy, Occupational Therapy, Clinical Dietitian). DoC staff are also included to confirm transportation needs for patients on Medical-Surgical 5.
- (b) 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

New Employee orientation is a 9-day program which is scheduled on at least a monthly basis and conducted by the Department of Staff and Patient Education. All newly hired Department of Nursing Staff attend a portion(s) of General Orientation. Specific orientation plans for each category of personnel are determined by

the Department of Educational Services in consultation with the appropriate managers of those personnel.

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 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] All new Medical-Surgical 5 staff participate in an orientation program consisting of 4-6 weeks of clinical orientation with a preceptor, and 3 days of didactic content, which is included in the 9 day New Employee Orientation. The specific content of this program is outlined in the Medical-Surgical Orientation Packet.

[2] 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 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 Department of Staff and Patient Education.

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 in a clinical specialty.

(3) Management

Consultation about management can be obtained from appropriate Administrative officers, members of the NAC, Management Forum and the Department of Staff and Patient Education. Networks have been established with peer groups outside of the Hospital.

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 units. This equipment must be checked each shift and will include:

[1] code cart

[2] ECG machine

[3] defibrillator - Life Pack

[4] oxygen

[5] Ambu bag and O₂ set-up

- (b) The emergency equipment is located between the Clean and Dirty Utility Rooms on each unit (see Appendix 5).
- (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) Medical Assistants: Assists with patient care and unit support activities on the Medical-Surgical unit; maintains supply standards and a clean, organized environment; performs assigned aspects of patient care under the direction of a registered nurse. Medical Assistants, who are responsible for ordering routine supplies, stocking areas, and some cleaning of procedure carts and areas.

- (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. General Department of Nursing staffing standards are located in the Administrative section of the Department 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 - all not allowed on Medical Surgical 5.

Refer to Department of Nursing Structure Standards.

(3) Student Nurses (undergraduate and graduate)- are not allowed on Medical Surgical 5.

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, census and 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. PROCESS/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. Patients admitted to the Medical-Surgical units as "Admit Day of Surgery Patients" are assessed within the first hour of admission to the unit. Databases developed by other nursing units and approved by the Nursing Standards Committee may be utilized by Medical-Surgical staff.
 - c. Each patient is assessed by a registered nurse within the first hour of transfer to the Medical-Surgical unit from the ICU/PACU/CSD. This assessment is documented on the Medical-Surgical Flowsheet.

- d. Each patient is re-assessed by a registered nurse every eight hours, and more frequently as their condition warrants it.
- e. Each patient transferred from ICU/CSDU/PACU will be reassessed every four hours for a twenty-four period following transfer to the Medical-Surgical Unit. These assessments are documented on the Medical-Surgical Flowsheet.

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 and are patient oriented and based on outcome criteria.

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 NPM.

- b. Transfer and discharge summaries are required as noted in NPM.

- c. Discharge Planning documentation does not have to be done unless warranted for the DoC patient population because they will be transferred to the appropriate Correctional Facility by DoC. The Clinical Resume form serves as the written discharge plan.

- d. Patient care plans (outcomes based flowsheets) 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 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. This audit will include:
 - a. Review all physician orders written during previous 24 hours.
 - b. Check documentation of transcription of all orders on the: MAR, UNIT FLOWSHEET, KARDEX, DIET SHEET, and LAB SHEET.
 - c. Document completion of the 24 hours audits, after the last written order in the right column of the Physician Order Sheet.
4. NURSE PROs and Contract/Agency Nurse staff do not perform the following patient care on the Medical-Surgical 5 unit:
 - a. CAPD: unless oriented and per unit need.
 - b. Epidural Catheters: unless oriented and per unit need.
 - c. Telemetry: Unless orientated and passed telemetry test 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 tri-annually 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: 11/03, 9/04, 3/06, 7/08