

## POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Medical Surgical Unit Registered Nurse  
 Prepared by: \_\_\_\_\_  
 Date: \_\_\_\_\_

Supervised by: Nurse Manager  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Job Summary:** Provides direct and indirect patient care in the medical-surgical setting. Communicates with physicians/Nurse Manager/co-workers, as appropriate about changes in patient's clinical condition including results of diagnostic studies and symptomatology. Is able to respond quickly and accurately to changes in condition or response to treatment. Additionally, is able to perform general nursing duties in all departments with adequate supervision.

### DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance                      2 = Expected Performance                      1 = Needs Improvement

#### Demonstrates Competency in the Following Areas:

Ability to perform a head-to-toe assessment on all patients and reassessments as per policy. This includes: pediatric, geriatric and the general patient population.	3	2	1
Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.	3	2	1
Ability to revise plan of care as indicated by the patient's response to treatment and evaluate overall plan daily for effectiveness.	3	2	1
Ability to perform waived testing (point-of-care testing) per Clinical Laboratory's and the resident care unit's policies and procedures.	3	2	1
Ability to interpret results of waived tests; take appropriate action on waived tests results.	3	2	1
Performs patient care responsibilities considering needs specific to the standard of care for patient's age.	3	2	1
Knowledge of medications and their correct administration based on age of the patient and their clinical condition.	3	2	1
Follows the six (6) medication rights and reduces the potential for medication errors.	3	2	1
Formulates a teaching plan based upon identified learning needs and evaluates effectiveness of learning, family is included in teaching as appropriate.	3	2	1
Demonstrates an ability to assist physicians with procedures and performs services requiring technical and manual skills.	3	2	1
Demonstrates ability to perform treatments and provide services to level licensure.	3	2	1
Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and their families. Functions as liaison between administration, patients, physicians and other healthcare providers.	3	2	1
Interacts professionally with patient/family and involves patient/family in the formation of the plan of care.	3	2	1
Demonstrates knowledge of the principles of growth and development over the life span and the skills necessary to provide age appropriate care to the patient population served. Able to interpret data about the patient's status in order to identify each patient's age specific needs and provide care needed by the patient group.	3	2	1

SUBJECT: MEDICATION AND SOLUTION ADMINISTRATION - INVASIVE PROCEDURES	REFERENCE #7042
	PAGE: 1 OF: 4
DEPARTMENT: MEDICAL SURGICAL UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

- All medications and solutions in procedural area shall be labeled. This includes medications and solutions on and off the sterile field.
- The label will include:
  - The name of the medication/solution
  - Strength of the medication/solution
  - Amount (if not apparent from the container)
  - Date of expiration, when the medication/solution will not be used within 24 hours
  - Time of expiration, when the medication/solution expires in less than 24 hours
- The following medications and solutions must be labeled when removed from their original containers:
  - Medications:
    - Prescription medications
    - Other products designated by the FDA as a drug
    - Over-the-counter drugs
    - Herbal supplements
    - Dietary supplements
    - Vitamins
    - Nutraceuticals
    - Vaccines
    - Diagnostic and contrast agents
    - Respiratory therapy treatments

## PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Medical Surgical Unit

Scope: Provides inpatient services to patients requiring acute medical and/or surgical management, diagnostic testing, clinical treatment, pre- and postoperative care, treatment and convalescence.

Date: \_\_\_\_\_

Responsibility: Medical Surgical Unit Nurse Manager, Nurse Executive, Nursing Services PI Committee, Organizationwide PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark	Data Collection (Methodology)	Integration and Collaboration
			Goal		
Assessment and Care/Service	<u>Management of Patient with CHF:</u> <ul style="list-style-type: none"> <li>- Assessment of diuresing as evidenced by I&amp;O every shift, weight on admission and discharge</li> <li>- Adequate assessment of lung sounds with documentation and any change reported to physician</li> <li>- Documented patient understanding of CHF teaching (early signs/symptoms)</li> </ul>	Information Management  Provision of Care, Treatment and Service		Data will be collected from the patient record on a weekly basis by the Medical Surgical Unit PI designee. 100% of CHF x-rays will be reviewed, with a random sample of five (5) to 10 assessed per month for evidence of improved lung sounds (compare x-ray with documentation). Data will be aggregated, reviewed and reported on a monthly basis to the Medical Surgical Unit Nurse Manager and the Nursing Services PI Committee on a quarterly basis.	Nursing  Medical Staff  Imaging/Radiology
	<u>Maintenance of Optimum Skin Integrity:</u> <ul style="list-style-type: none"> <li>- Progressive ambulation orders written, as appropriate</li> <li>- Patients with an overall assessment score of 10 will have potential for skin breakdown addressed</li> <li>- Immobile patients turned every two (2) hours</li> </ul>	Provision of Care, Treatment and Service		Data will be collected from the patient record, direct patient observation, staff communication and review of a coded list of patients with a diagnosis of pressure ulcers on a weekly basis by the Medical Surgical Unit PI designee. Data will be aggregated, reviewed and reported on a monthly basis to the Medical Surgical Unit Nurse Manager and the Nursing Services PI Committee on a quarterly basis.	Nursing  Medical Staff

SUBJECT: PATIENT IDENTIFICATION FOR CLINICAL CARE AND TREATMENT	REFERENCE #9101
	PAGE: 1 OF: 4
DEPARTMENT: MEDICAL SURGICAL UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

\_\_\_\_\_ Hospital shall ensure that all patients are properly identified prior to any care, treatment or services provided.

Exception: Patients unable to provide identifying information, who experience conditions requiring emergency care, will receive treatment prior to identification if such care and treatment is necessary to stabilize the patient’s condition (i.e., unidentified patient arriving comatose to the Emergency Department).

**PRINCIPLES OF IDENTIFICATION:**

- A system for positive identification of all hospital patients fulfills four (4) basic functions:
  - Provides positive identification of patients from the time of admittance or acceptance for treatment.
    - This identification system shall apply to patients in all areas of the hospital.
  - Provides a positive method of linking patients to their medical records and treatment.
  - Minimizes the possibility that identifying data can be lost or transferred from one patient to another.
  - Improves the accuracy of patient identification.

**PATIENT IDENTIFICATION POLICY:**

- Hospital Wristband:
  - A tamperproof, nontransferable identification band shall be prepared and affixed to the patient in the Admitting Department.
  - The identification band will include the patient’s full name, hospital identification number, medical record number, date of birth, age, sex and attending physician.
    - If the patient is an Emergency Department admission, an Emergency Department identification band will be prepared immediately upon patient entry to the Emergency Department treatment area. The identification band will be affixed to the patient and will list the patient’s full name, Emergency Department identification number, sex and date of birth.

SUBJECT: IV THERAPY - COMPLICATIONS	REFERENCE #9177
DEPARTMENT: MEDICAL SURGICAL UNIT	PAGE: 1 OF: 5
	EFFECTIVE:
APPROVED BY:	REVISED:

**PURPOSE:**

The purpose of managing complications of IV therapy is to prevent a more serious problem from developing. If a problem does develop, it is necessary to intervene to prevent sepsis, emboli or more serious problems which could lead to the demise of the patient if they are not dealt with properly. Each complication will be explained with regard to a) possible causes, b) signs and symptoms, c) intervention and d) prevention.

**POLICY:**

\_\_\_\_\_ Hospital shall manage the complications of IV therapy and possibly prevent them. Depending on the kind of problem, intervention may be needed from the physician in the management of the problem. In that case it is the duty of the RN or the IV certified LPN/LVN to notify the patient’s physician.

**COMPLICATIONS:**

- Infiltration:

Possible causes: Needle or catheter displacement, puncture of the vein and loss of integrity of the vessel wall with seepage of IV fluid into the tissue.

Signs and symptoms: Cool skin, swelling and discomfort around the site; edema of the entire arm or leg; absence of blood flashback (there may still be blood flashback with infiltration present); sluggish flow rate; leakage of IV fluid from the IV site.

Intervention: Discontinue the infusion and remove the catheter immediately. Apply warm or cold compresses, depending on the medication or solution infused, to promote absorption, and elevate the affected arm or leg. Start a new IV in the unaffected arm/leg if possible.

Prevention: Stabilize the needle or catheter with a splint if the site lies over a joint or if the patient is active; palpate occasionally to confirm proper needle position; check the IV flow rate frequently; check the IV site frequently.

- Please see section on the management of extravasation. Some IV fluids pose special problems.