

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Telemetry Unit Nurse Manager
 Prepared by: _____
 Date: _____

Supervised by: Nurse Executive
 Approved by: _____
 Date: _____

Job Summary: Responsible for direction of patient care on the Telemetry Unit. Manages _____ staff members in the unit. Consults with staff, physicians and Nurse Executive on nursing problems and interpretation of hospital policies to ensure patient needs are met. Maintains performance improvement activities within the department and participates in CQI activities.

DUTIES AND RESPONSIBILITIES:

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

Demonstrates Competency in the Following Areas:

Responsible for the direction of the Telemetry Unit nursing staff.	3	2	1
Coordinates and directs patient care to ensure patients' needs are met and hospital policy is followed.	3	2	1
Consults other departments as appropriate to provide and collaborate in patient care and performance improvement activities.	3	2	1
Maintains performance improvement activities for the department.	3	2	1
Communicates appropriately and clearly to physicians, staff, Nurse Executive and administrative team.	3	2	1
Maintains a good working relationship both within the department and with other departments.	3	2	1
Documentation meets current standards and policies.	3	2	1
Provides education to staff on performance improvement. Ability to plan and organize orientation and inservice training for unit staff members. Participates in guidance and educational programs.	3	2	1
Performs management activities including interviewing, hiring, evaluating, termination and departmental staffing scheduling.	3	2	1
Maintains records pertinent to staff and operation of the unit. Prepares reports, i.e., utilization, performance improvement, outcome data.	3	2	1
Develops, justifies and maintains a fiscal budget for the Telemetry Unit.	3	2	1
Participates in patient care conferences.	3	2	1
Ability to perform a head-to-toe assessment on all patients and reassessments as per policy. This includes pediatric to the geriatric patient population.	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
Ability to monitor hemodynamic status of patient and correctly interpret the results.	3	2	1

SUBJECT: TELEPHONE, VERBAL AND WRITTEN ORDERS FOR MEDICATION	REFERENCE #6033
DEPARTMENT: TELEMETRY/PROGRESSIVE CARE UNIT	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- Verbal and telephone orders are allowed, however in an effort to reduce medication errors, the use of these types of orders is discouraged. The medical staff is educated on a continual basis to make all attempts to minimize the use of verbal and telephone orders. It is the policy of this institution never to allow verbal or telephone orders for the purposes of medical staff practitioners convenience only. Whenever possible and practicable, all members of the medical staff with privileges and approval to prescribe medication, will do so by physically entering an order in the patient’s medical record or on a Pharmacy prescription pad.
- Telephone and verbal orders for administration of medications may be received and recorded by pharmacists and other licensed staff lawfully authorized to administer drugs. Such orders prescribed verbally or by telephone, are to be issued in the best interest of the patient and therefore will be kept to a minimum. Telephone and verbal orders for medication may be prescribed in the following instances:
 - The prescribing practitioner has determined that the patient is in need of medication within a specific time period and he/she is unable to physically write the order in the patient’s medical record due to his/her physical location. To delay administration of the medication would not be in the best interest of the patient’s plan of care and treatment, therefore expedient ordering and administration of the medication is necessary.
 - The prescribing practitioner has determined that the patient is in need of medication in an urgent or emergent situation, with verbal/telephone communication presenting the swiftest method of accomplishing the order.

PROCEDURE:

- Orders given verbally or by telephone for medications and their administration shall be filled only when given by a qualified physician, surgeon, dentist, podiatrist or other person duly licensed or authorized to prescribe by the State of _____ and who has been approved as a member of the medical staff of this hospital. All verbal/telephone orders of medication shall be transcribed in writing into the medical record of the patient or, if appropriate, on a prescription form if taken by a Pharmacist.
 - All verbal and/or telephone orders for medications shall include the following criteria:
 - Date and time the order is prescribed verbally or via telephone

SUBJECT: INTERNATIONAL NORMALIZED RATIO (INR) - WARFARIN THERAPY	REFERENCE #6048
DEPARTMENT: TELEMETRY/PROGRESSIVE CARE UNIT	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

To provide successful delivery of care to the patient on Anticoagulation Therapy.

IMPORTANT PRESCRIBING INFORMATION:

- According to the FDA, the dosage and administration of warfarin must be individualized for each patient according to the particular patient's Prothrombin Time (PT)/International Normalized Ratio (INR) response to the drug.
- Prescribers should follow the specific dose recommendations as they are described in the warfarin product labeling, along with information regarding the impact of genetic information upon the initial dose and the response to warfarin.
- Ongoing warfarin therapy should be guided by continued INR monitoring.
- As of August 16, 2007, the FDA has approved updated labeling to include pharmacogenomics information to the Clinical Pharmacology, Precautions, and Dosage and Administration sections of the prescribing information for coumadin. According to the FDA, manufacturers of warfarin, the generic version of coumadin, are to add similar information to their products' labeling.
- This new information explains that an individual's genetic makeup may influence how he/she responds to the drug.
 - Specifically, individuals with variations in two genes may need lower warfarin doses than individuals without these genetic variations. The two genes are called CYP2C9 and VKORC1. The CYP2C9 gene is involved in the breakdown (metabolism) of warfarin, and the VKORC1 gene helps regulate the ability of warfarin to prevent blood from clotting.

POLICY:

- A patient-specific INR range shall be obtained based on patient-specific information and medical literature. The primary physician, in consultation with the Anticoagulant Management Program, is responsible for defining the patient-specific INR range.
- A baseline International Normalized Ratio (INR) shall be obtained for every patient before the start of warfarin therapy.

SUBJECT: INSERTION OF CENTRAL VENOUS LINES AND PICC LINES - BUNDLE	REFERENCE #8121
DEPARTMENT: TELEMETRY/PROGRESSIVE CARE UNIT	PAGE: 1 OF: 8
APPROVED BY:	EFFECTIVE: REVISED:

DEFINITION:

- According to the Institute for Healthcare Improvement (<http://www.ihl.org/ihl>), “The Central Line Bundle is a group of evidence-based interventions for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually.”
- The central line bundle has five (5) key components:
 - Hand hygiene
 - Maximal barrier precautions
 - Chlorhexidine skin antisepsis
 - Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters
 - Daily review of line necessity, with prompt removal of unnecessary lines

POLICY:

- A standardized supply kit shall be used for insertion of central and PICC lines.
- Aseptic technique shall be followed for the insertion and care of intravascular catheters.
- Catheters shall be properly anchored after insertion.
- Hand Hygiene:
 - Hand hygiene shall be followed before and after palpating catheter insertion sites, as well as before and after inserting, replacing, accessing, repairing or dressing an intravascular catheter.
- Maximum Barrier Precautions:
 - The proceduralist and the assistant must wear a head cover, mask, sterile gown and sterile gloves.

SUBJECT: REPORTING OF CRITICAL RESULTS OF TESTS AND DIAGNOSTIC PROCEDURES	REFERENCE #8129
	PAGE: 1 OF: 6
DEPARTMENT: TELEMETRY/PROGRESSIVE CARE UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

DEFINITIONS:

- Critical Results: Findings (even if from routine tests) which always require rapid communication of the results, i.e., panic values or red-line values.
- Generally critical results or “panic” values are defined by the medical staff, with input from nursing services for specific tests.
- However, critical results are understood to be any resultant test values/levels/interpretations where delays in reporting have the potential for causing serious adverse outcomes for patients.

POLICY:

- Critical results of tests and diagnostic procedures for the organization include:

_____	_____
_____	_____
_____	_____

- The following individuals may report critical results of tests and diagnostic procedures:

_____	_____
_____	_____
_____	_____

- The following licensed healthcare providers are permitted to receive the results of critical results of tests and diagnostic procedures:

_____	_____
_____	_____
_____	_____