



FIELD REGISTERED NURSE JOB DESCRIPTION

JOB SUMMARY:

The Field Registered Nurse, also responsible for the case management of the Home Health Team, is responsible for the nursing care of the patients assigned to them, and directs the Home Health Aides in quality patient care. The Field Registered Nurse is responsible for assessing patient and family needs in order to promote the best care that the Home Health Team can give for recovery and rehabilitation.

JOB FUNCTIONS:

1. Knows the philosophies, purposes, policies and standards of the Home Health Team and their Nursing Service Department, and provides for their explanation and implementation to the Home Health Aide, and is also the case manager in all cases involving nursing and therapy care.
2. Assesses in depth upon the admission of the patient, the patient's physical and emotional status, level of competency, home environment, safety factors, family or household member's ability to assist with care and the needs of the patient. These are incorporated into the admission notes.
3. Formulates a nursing care plan with the goals indicated and the means of implementing the correct procedures to attain these goals.
4. Records all clinical and progress notes and enters them into the patient's permanent record files, and is responsible for the clinical record for each patient receiving nursing care.
5. Weekly reviews the utilization and progress of the patient with the supervisor and attending physician as necessary.
6. Has knowledge of patient's condition at all times and informs the physician and/or the Nursing Supervisor immediately of any change in the patient's condition that warrants attention. Also observes, evaluates and reports to the physician the patient's reaction to drugs or treatments, or if there are deviations from the plan of care.
7. Interprets to the patient and family the expectations of the diagnosis and the nature of the treatment consistent with the action and wishes of the physician.

Interprets the social and physical factors in the environment that affect patient care.

8. Observes and evaluates potential danger of disabling conditions and indicates preventive and corrective measures.
9. Is responsible for the execution of the physician's orders and keeps the physician informed of all pertinent information concerning the patient's condition and response to treatment. Gives skills of care to patients.
10. Extends paramedical services in carrying out the rehabilitative aspects of nursing care.
11. Obtains laboratory specimens when indicated per MD's orders.
12. Meets weekly with Nursing Supervisor for the purpose of discussing nursing care, policies and future planning, and keeps the Supervisor informed of all pertinent information concerning patients and the Home Health Aides.
13. Assists the Nursing Supervisor in surveying, analyzing and determining staff requirements for his/her assigned patients.
14. Coordinates treatment with Paramedical personnel.
15. Makes supervisory visits to all assigned Home Health Aides no less than once every two weeks.
16. Helps the family accept responsibility for providing care. Teaches and supervises family members regarding care of the patient.
17. Assumes the responsibility for orientation of new personnel and participates in in-service training programs.
18. Schedules his/her daily itinerary primarily based on the priority of care needed, length of time visits will require, proximity to other patients to be visited and other related factors.
19. A weekly itinerary is to be projected for regularly scheduled visits, allowing time for new admissions, emergency cases and Home Health Aide introduction.
20. Must advise the office of any itinerary changes and where he/she can be contacted at all times while in the field. He/she should call the office between 9:00-10:00 a.m. or 2:00-4:00 p.m. each day.
21. Responsible for the certification and re-certification of the Plan of Care.

22. May assign selected portions of patient care to licensed practical nurses and home health aides, but always retains the full responsibility for the care given and for making supervisory visits to the patient's home.
23. Performs other related duties as assigned by the Administrator.

QUALIFICATIONS:

1. A graduate of an accredited school of nursing and be licensed in the State of Florida.
2. Complete knowledge of nursing principles and procedures of skills in the technique of good patient care.
3. Good mental health and the quality of retaining emotional stability in situations of varying circumstances.
4. Minimum of one year experience, preferably in community health.
5. Meets the physical and health requirements of the Home Health Team.

RESPONSIBLE TO: Director of Nursing/Administrator

Employee

Date



POLICY AND PROCEDURES

FIELD STAFF

POLICY:

All field nurses shall provide quality comprehensive health care services through a coordinated plan of care that will

1. Assist homebound patients to assume full or partial responsibility for their personal and health care needs
2. Facilitate continuity of health care services through a coordinated team approach within the health care system that includes hospitals, nursing homes, rehabilitation centers, clinics, physicians offices and other health care organizations
3. Provide psychological and rehabilitative stimuli for early recovery and maximum rehabilitation of the patients
4. Provide individual client and/or significant other involved in the patient's lifestyle with appropriate education to promote and enhance their health, well being and ability to participate in their health care

The procedures listed below shall be followed to ensure that FHB's goals towards quality service for the homebound patients under our care are met:

Call Office:

- Before 9:00 a.m. daily to verify assignment or if unable to work.
- As soon as sign-up or re-instatement visit is completed to give verbal report.
- By 3:00 – 4:30 p.m. daily to report on patients seen and to receive assignment for next day.
- Whenever you identify a problem with a patient
- Whenever you don see a patient. Give a reason for documentation.
- When beeped – respond as soon as possible (within 15 – 20 minutes)

Call Patients:

- The day before visit to prepare for fasting when lab work has been ordered
- Before visit
- Whenever you will not arrive at expected time

Call Physician:

- When sign-up or reinstatement visit is completed
- Every two weeks for status report
- For any unstable condition
- When patient is discharged



Turn Into Office:

- Notes on a weekly basis, with complete documentation showing reason(s) for visit, homebound status, instructions provided, and elapsed hands-on visit time

The visit time recorded in the notes shall be equivalent to the actual hands-on time for service. This time does not reflect the travel and documentation time spent on each patient visit.

- Sign-Ups and Reinstatement notes within 24 - 48 hours of the visit

Also:

- Report any change in physician’s orders to the Patient Care Supervisor (PCS) on the date received
- Document Aide Supervisory visits every 14 days
- Correct all note deficiencies (as indicated in QA Notice) within one week
- See PCS in office at least once a week to update care plans, discuss problems, and obtain Plans of Care on all your patients
- Participate in Team Conferences, staff and in-service meetings.
- Place appropriate patient teaching tools/indexes in home folder
- Document: patient status on communication sheet and teaching tools/indexes for each visit
- Complete correct lab requisitions and notify lab of pick-up site

I have read and understand the policy and procedures listed.

Employee _____	Date _____
Witness _____	Date _____



NURSING SCREENING TEST

NAME: _____ **DATE:** _____

- 1. You are in the home situation and your patient has a hospital discharge list of medicines which are different from what is in the home. The patient tells you “The doctor said when I left the hospital that I can resume my old medicines too”. You should:**
 - a. Agree with the patient, as doctors often do this on discharge and don't change the orders for the home health referral.
 - b. Tell the patient to go ahead with her old meds and hospital discharge med regimen until you can confirm them with the M.D.
 - c. While in the home, call the doctor to confirm the patient's med regimen.

- 2. You are unable to confirm the medications with the M.D. You should:**
 - a. Tell the patient to take only the hospital discharge meds and to hold all old meds. Tell him that you will have the M.D. call the home care agency today with med clarification, and that as soon as we hear from the M.D. we will call the patient to confirm the specific med regimen.
 - b. Tell the patient to follow what the doctor verbally directed on discharge, as it is very common for them to change their minds and decide differently after discharge orders are already written.
 - c. Call the family member who was with the patient at discharge and determine what the M.D. actually ordered.

- 3. You are seeing a diabetic patient who has become insulin-dependent. She has reduced vision. She is preparing breakfast and tells you she had her insulin injection about an hour ago when she got up and now she is feeling a little “shaky”. You would first:**
 - a. Assess her ability to draw up insulin properly.
 - b. Assess her knowledge of home diabetes regimen.
 - c. Check her blood sugar per glucoscan to assess for hypoglycemia.

4. **You realize this same patient had not eaten an adequate dinner the night before and neglected to fix an H.S. snack. This patient's needs most for SN to:**
- a. Define diabetes and explain complications.
 - b. Explain the importance of the relationship of insulin to three meals and an H.S. snack daily.
 - c. Administer orange juice with sugar or whatever is quickly available that is sweet in the home.
5. **You are now this patient's case manager and are preparing her next lesson plan. You would instruct patient on:**
- a. The importance of checking her weight each visit as well as blood sugar glucoscan levels.
 - b. The importance of foot and skin care and the complications of neglect of checking toes, feet, rashes, etc., daily.
 - c. The relationship of circulation and digestion to injected insulin in the bloodstream and the need for food.
6. **You have assessed on the first visit that this patient's vision is not adequate for her own safe insulin preparation. You would:**
- a. Call the doctor and inform him of the problem you have observed.
 - b. Pre-fill an emergency morning insulin syringe even though you plan on seeing her in the A.M.
 - c. Review with the patient s/s of hyperglycemia.
7. **A diabetic patient can never have granulated sugar in foods.**
- True False
8. **You are seeing a patient who has a deep L. trochanter pressure decubitus. The wound is draining greenish foul-smelling discharge and has black eschar with yellow string-like portions of flesh over parts of the wound. Your first concern is:**
- a. Wound needs thorough cleansing with hydrogen peroxide, NSS rinse and Betadine to prevent clostridium bacilla (gangrene) formation.
 - b. M.D. will need to be contacted for chemical or mechanical wound debridement order and possibly an order for a wound culture.
 - c. To measure the wound and begin thorough cleansing of wound with acetic acid, NSS rinse and Betadine and get a wound culture.

- 9. Your patient's abdominal incision appears reddened and the patient reports tenderness at site and there is drainage. You would first:**
- a. Notify M.D. of this change.
 - b. Check vital signs and call M.D.
 - c. Cleanse wound and change dressing as ordered and then call M.D.
- 10. It is not necessary to bag soiled dressing in the patient's home.**
- True False
- 11. Which is the most accurate explanation for why breathing is harder for the patient with emphysema:**
- a. The airways are collapsed during inspiration.
 - b. Fewer alveoli are available for gas exchange.
 - c. Respiratory muscles are paralyzed.
 - d. The PoCO_2 level is increased.
- 12. Dyspnea in a patient with CHF is caused by:**
- a. Decreased CO_2 levels.
 - b. Fluid congestion in lungs.
 - c. Inadequate peripheral circulation.
 - d. Pulmonary infarcts.
- 13. Which drug is usually given to patients with CHF?**
- a. Aminophylline.
 - b. Digoxin.
 - c. Deltasone.
 - d. Inderal.
- 14. A patient with recent acute CHF diagnosis would be assessed in which manner by the SN:**
- a. Blood sugar, BP, lung auscultation, edema.
 - b. Apical pulse, wt, lung auscultation, edema.
 - c. Blood sugar, dietary knowledge, weight.

- 15. The CHF patient is on a 2 gm Na diet. The SN would instruct him to avoid which of the following foods:**
- a. Canned soup, chocolate, ham.
 - b. Frozen vegetables, oranges, cereal.
 - c. Milk, fruit, chicken.
- 16. Your patient is exhibiting these symptoms: persistent dry cough, orthopnea, shallow aspiration, low BP, 4-lb. weight gain. She probably has:**
- a. Pulmonary edema.
 - b. Pneumonia.
 - c. COPD.
- 17. You would then:**
- a. Call the M.D. on an emergency basis.
 - b. Call for oxygen.
 - c. Tell the patient to take an extra Lasix.
- 18. You are unable to reach the patient's M.D. while still in the home. You would then:**
- a. Schedule another visit the next day.
 - b. Tell the patient to take an extra Lasix.
 - c. Have family take the patient immediately to the Emergency Room.
- 19. You are on call and a patient's spouse calls to report the patient is S.O.B., has pain in his chest/jaw and is sweating. You would:**
- a. Go right out to see patient.
 - b. Have spouse stay with patient while you call the paramedics.
 - c. Have family take patient right to the hospital.
- 20. If patient teaching is effective, the patient states that Cimetidine (Tagamet):**
- a. Coats the stomach.
 - b. Decreases acid production.
 - c. Changes stomach hormones.
 - d. Neutralizes stomach contents.

- 21. On an evaluation visit you find the patient in a condition which suggests abuse or neglect. You would:**
- a. Report it and any information about family situation immediately to the Agency, then to Adult Protective Services.
 - b. Tell the family what you suspect and that you expect better conditions on your next visit.
 - c. Call an ambulance and have the patient removed from the home immediately.
- 22. The most important precautions to teach a patient who has just had a total hip replacement include: Not to cross his legs, not to sit in a low sofa chair and not to sit in a 90 degree angle in bed.**
- True False
- 23. Homebound means that the patient is unable to leave his home because:**
- a. He doesn't own a car.
 - b. He doesn't want to.
 - c. It is a taxing effort for him.
 - d. He cannot get a doctor's appointment.
- 24. On hot, smoggy days, COPD and CHF patients should be instructed to stay inside with their air conditioner on and to conserve energy.**
- True False
- 25. Included in the SN's initial assessment of the patient should be how meals are obtained, a phone is in close proximity to patient, support system available, transportation to M.D., and seeing the patient ambulate to access safety in ambulation and transfers.**
- True False
- 26. Patients taking Coumadin should be instructed to take this medication at 5:00 p.m. because:**
- a. It is absorbed better at night on an empty stomach.
 - b. The patient is less likely to forget the med at that time.
 - c. Protime results can require a change in the Coumadin dose needed.

27. If your schedule does not allow you to get a lab specimen to the lab within one hour, you should:

- a. Place the specimen on ice and get to lab ASAP.
- b. Call a courier service to transport specimen.
- c. Ask family member to take specimen to the lab for you.

28. If you have a patient who has a “Do Not Resuscitate” order and he expires at home, you should:

- a. Call the paramedics.
- b. Initiate CPR.
- c. Call the physician, proper authorities, and the home health agency.

29. According to universal precautions, syringes and needles should be discarded in a milk container or coffee can that can be closed.

True False

30. Needles are to be recapped or broken before disposition.

True False

The following situations would require prompt notification of the primary physician:

31. True False Presence of temp over 100 orally or 101 rectally.

32. True False Systolic B/P of <85 >180.

33. True False BP under 50 or over 110 diastolically.

34. True False P. over 50 or under 100.

35. True False Significant change in mental status.

36. True False Poor medication compliance.

37. True False Fasting blood sugar results over 200.

38. When inserting a foley catheter in a male patient, the catheter should be:

- a. Inserted until urine returns.
- b. Well-lubricated and inserted 4” with urine return.
- c. Well-lubricated and inserted to the “Y” with urine return.

- 39. The patient with O₂ concentrator needs to have a portable O₂ tank close by for emergencies:**
- True False
- 40. The peak action of NPH insulin is:**
- a. 2 – 4 hours.
 - b. 10 – 18 hours.
 - c. 4 – 10 hours.
- 41. The peak action of regular insulin is:**
- a. 1 – 2 hours.
 - b. 2 – 4 hours.
 - c. 8 – 12 hours.
- 42. A usual daily dose (maintenance) of digoxin is:**
- a. 0.125.
 - b. 0.1260.5 mg
 - c. 1 mg.
- 43. If a 1000 cc bottle of I.V. fluids is to last 8 hours, it would need to be regulated to show how many drops per minute (15gtts = 1 cc):**
- a. 15.
 - b. 22.
 - c. 31.
 - d. 60.
- 44. For a patient with emphysema or other chronic lung problems, at what liter flow would you start oxygen through a nasal cannula without specific order from the physician?**
- a. 1 – 2.
 - b. 4 – 5.
 - c. 5 – 6.
 - d. 8 – 10.
- 45. Insertion of a nasal suction catheter should be done:**
- a. On inspiration.
 - b. On expiration.
 - c. With the patient holding his breath.

- 46. You are changing a foley catheter and realize the catheter was contaminated by the patient's leg. This was the only catheter in the home and you have no extras in your car supply. You should:**
- a. Have family member drop you a sterile alcohol prep pad and cleanse the contaminated catheter.
 - b. Wipe the catheter off with an extra unused Betadine swab from your catheter kit.
 - c. Insert the catheter despite contamination and call the physician for antibiotic order.
 - d. Go back to office and get new catheter or call scheduling coordinator to see if it can be arranged for another nurse to do the catheter change – if your time schedule will not allow this.
- 47. The average amount of solution given as a cleansing enema is:**
- a. 4 oz.
 - b. 20 – 500 cc's.
 - c. 750 – 1000 cc's.
 - d. Over 1000 cc's.
- 48. When inserting a N/G tube, the patient should be:**
- a. Flat on his back with head flat.
 - b. Sitting upright.
 - c. On his right side.
 - d. On his left side.
- 49. Progressive signs/symptoms of ketoacidosis include:**
- a. Thirst.
 - b. Abdominal pain, headache, hot flushed appearance.
 - c. Kussmaul breathing.
 - d. All of the above.
 - e. a & b.
- 50. The effects of Coumadin are measured by the lab when blood is drawn for:**
- a. Clotting time.
 - b. Combs test
 - c. Prothrombin time
 - d. Sed rate.

INTERVIEW WORKSHEET QUESTIONS

- 1. Think of a personal or work related stressful situation and how you handled the stress.**

- 2. Describe how home care nursing will help you attain your professional goals.**

3. **What do you consider your area of expertise and how do you share with others?**

4. **We strive to maintain the patient’s medical record in accordance with agency policy. In an effort to achieve this goal, great emphasis is placed on nurses notes being delivered in a timely manner and documentation deficiencies being kept to a minimum. In the agency, nurses notes are due by 5:00 p.m. on Wednesday; sign-ups are due into the agency within 72 hours. How would you manage your time effectively in order to deliver your notes in a timely manner, with the least number of deficiencies, while still providing quality care to your full patient load?**

Applicant's name: _____

Position applied for: _____

Date: _____

QUESTIONS/SIMULATION

REVIEW OUTCOME:

Satisfactory Unsatisfactory

Reviewed by: _____

Employee Name: _____

The following is a list of skills that you may or may not have had experience with. It is essential that you answer honestly so that we may determine which skill you are proficient in and which skills you may need assistance with.

Please mark the box that most accurately reflects your experience in the area.

The skills with an asterisk (*) are considered essential for performance of nursing in the home health setting. You will be required to demonstrate your skill in these areas prior to performing them unsupervised. The preceptor will initial the box labeled "competent" or "re-evaluate" during your orientation period. Skills marked "re-evaluate" will have to be repeated prior to performing them unsupervised.

Procedure	Self Assessment		Preceptor	
	Experienced	Needs Review	Experienced	Re-evaluate
Hand washing*				
Bag technique*				
Vital signs*				
Neurological				
Assessment of Neuro signs*				
Assessment of pupils				
Assessment of LOC				
Assessment of CMS				
Patients with:				
Neurotrauma				
Overdose				
Seizure activity				
Spinal cord injury				
Cardiac				
Heart sounds*				
Peripheral pulses*				
Edema*				
Apical pulse*				
Capillary refill time*				
Care of:				
Post-op Cardiovascular patient				
Post-op vascular surgery				
Post-op aneurysm				
Post MI*				
Post CHF*				
Respiratory				
Ascultation of breath sounds*				
Oxygen administration:				
Care of oxygen tanks*				
Nasal Cannula*				
Face mask*				
Tracheotomy				
Tracheotomy site care				
Ventilators				
Establishing an airway*				
Chest tubes				

Procedure	Self Assessment		Preceptor	
	Experienced	Needs Review	Experienced	Re-evaluate
Side-arm nebulizer*				
Suctioning:				
Oral				
Trach				
Naso-pharyngeal				
Patients with				
COPD*				
Pulmonary edema				
Post thoracic surgery				
Gastrointestinal				
Ascultation of bowel sounds*				
Naso-gastric Tubes:				
Insertion				
Placement verification				
Bolus feedings				
Continuous feedings				
Irrigation				
PEG tubes:				
Placement verification*				
Bolus feedings				
Continuous feedings				
Irrigation				
Site care				
Feeding pumps*				
T-tubes:				
Site care				
G-Tubes:				
Site care				
Care of patients with:				
Iliostomy				
Colostomy				
Ostomy site care*				
Ostomy appliances*				
Administration of Enemas*				
Digital exam with manual disimpaction				
Nutrition				
ADA diet				
Exchange list				
Low Fat diet				
Low sodium diet				
Low cholesterol diet				
Low protein diet				
Genitourinary				
Foley catheter:				
Insertion: male*				
Insertion: female*				
Irrigation				
Care of drainage bag*				

Collection of urine*				
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Procedure	Self Assessment		Preceptor	
	Experienced	Needs Review	Experienced	Re-evaluate
Suprapubic Catheter				
Site care				
Care of patients with:				
Nephrectomy tube				
Renal transplant				
Shunts and fistulas				
Gynecology				
Self breast exam				
Care of patients with:				
Hysterectomy				
Mastectomy				
Orthopedic				
Care of patients with:				
Amputations				
Arthroscopy/Arthrotomy				
Crutch walking				
K-wires				
Total hip replacement				
Total knee replacement				
Trauma				
Traction				
Cast care				
Assistive devices				
Hoyer lift				
Foot care*				
Psychiatric				
Assessment of patient*				
Aggressive/combative*				
D.T.s				
Eating disorders				
Manic depressive*				
Obsessive-compulsive				
Schizophrenia*				
Other				
Care of patients with:				
Pressure ulcers*				
Staging*				
Stasis ulcers				
Burns				
Surgical wounds*				
Wound care				
Wound assessment*				
Wound measurement*				
Aseptic technique*				
Wound irrigation*				
Wound packing				
Wet to dry dressings*				
Duodern*				

		Competency	
		Yes	No
5. Ability to Perform New Procedure/Technique			
5.1	Demonstrates new procedure/technique appropriately		
5.2	Demonstrates use of equipment/Type of equipment:		
5.2.1	Safely		
5.2.2	Appropriately		
6. Evaluation of Safety/Environment			
6.1	Home		
6.1.1	Floors		
6.1.2	Electrical		
6.1.3	Phone		
6.1.4	Bathroom		
6.1.5	Stairs		
7. Evaluation of Waste Management			
7.1	Safely		
7.2	Appropriately		

8. Comments _____

Skill Identified	Improvement Plan	Projected Completion	Actual Completion

Employee Signature _____

Training and Development _____

Date _____

Employee: _____ Date: _____

Sub-contracted Agency _____

Check one: Probationary Annual Other

		Competency	
		Yes	No
1. Preparation for Visit			
	1.1 Uniform dress/identification tag?		
	1.2 Calls patient ahead before visit?		
	1.3 Provider bag content? Supplies adequate? Cleanliness?		
	1.4 Organization of materials?		
	1.5 Understands Assignment?		
2. Assessment of Skills			
	2.1 Vital Signs		
	2.2 Neurological		
	2.3 Cardiovascular		
	2.4 Pulmonary		
	2.5 Endocrine		
	2.6 Gastrointestinal		
	2.7 Genitourinary		
	2.8 Integumentary		
	2.9 Psychiatric		
	2.10 Orthopedic		
	2.11 Nutritional		
	2.12 Interviews for symptoms related to: Primary diagnosis		
	Terminal diagnosis		
	2.13 Other:		
3. Treatment Technique			
	3.1 Explanation to patient		
	3.2 Treatment: Specify		
	3.3 Proper draping of patient for privacy		
	3.4 Use of Universal Precautions		
	3.4.1 Gloves worn for the contact or potential contact of blood/body fluids		
	3.4.2 Masks, gowns, goggles (or mask&sheild) are worn for actual or potential splashing or aerosolization of blood or body fluids		
	3.4.3 Provider has appropriate personal protective equipment (PPE) to use when a potential for exposure exists.		
	3.4.4 Handwashing is performed as outlined in Infection Control and Safety Management Manual.		
	3.5 Proper draping of patient for privacy.		
	3.6 Follows provider bag technique as outlined in the Infection Control and Safety management manual.		
4. Teaching Technique			
	4.1 Provides written instruction to patient and/or family.		
	4.2 Provides verbal instruction to patient and/or family.		
	4.3 Return demonstration evaluated/verbalized.		
	4.4 Able to anticipate needs related to care.		

	Competency	
	Yes	No
5. Evidence of Patient/Family Involvement in Plan of Care		
6. Evaluation of Documentation		
6.1 Nursing clinical note		
6.2 RN: Coordination of services and follow-up		
6.3 Updating field chart		
6.3.1 Patient Summary report		
6.3.2 Medication Profile		
6.3.3 Nursing Care Plan		
6.3.4 HHA Care Plan		
6.3.5 Communication Log		
6.3.6 Client teaching per visit		
6.4 LPN: Evidence of communication of appropriate data to RN		
7. Ability to Perform New Procedure/Technique		
7.1 Demonstrates new procedure/technique appropriately		
7.2 Demonstrates use of equipment/Type of Equipment:		
7.2.1 Safely		
7.2.2 Appropriately		
8. Evaluation of Safety/Environment		
8.1 Home		
8.1.1 Floors		
8.1.2 Electrical		
8.1.3 Phone		
8.1.4 Bathroom		
8.1.5 Stairs		
9. Evaluation of Waste Management		
9.1 Safely		
9.2 Appropriately		

10. Comments _____

Skill Identified	Improvement Plan	Projected Completion	Actual Completion

Employee Signature _____

Training and Development _____ Date _____

Employee Name: _____

Performance Responsibilities	Below	Meets	Exceeds
Complies with accepted ethical conduct and professional Standards of Nursing Practice as set forth by the American Nurses Association.			
Assesses client's condition and needs, through the collection of health data and the recognition, interpretation and reporting of symptoms and psychological responses; re-evaluates the client's nursing needs as required.			
Develops and implements a nursing plan of care with consideration for the dignity and desires of the client, organizes and participates in direct client care, performs treatment, and administers medications.			
Formulates, modifies, and carries out a client care plan which prescribes nursing actions toward achievable goals, according to client needs.			
Maintains a safe, therapeutic environment for the client.			
Initiates and participates in the development of the Plan of Treatment, obtains physician's orders, clarifies those orders and obtains necessary revisions as needed, informs the physician of changes in the client's condition, and provides written summary reports to the physician.			
Participates in health counseling and teaching with the client and/or family members.			
Maintains detailed records of nursing actions, client progress, and response to therapy and teaching, so that the Plan of Care can be documented and evaluated.			
Records clinical/progress notes on the client's clinical record weekly. Supervises care given by ancillary personnel. Initiates preventative and rehabilitative nursing procedures.			
Coordinates discharge planning and prepares discharge summaries and instructions.			
Initiates emergency procedures when necessary.			
Communicates information effectively to appropriate personnel to facilitate continuity of care.			
Accepts accountability for own practice.			
Maintains competency by participating in inservice and continuing education programs.			
Complies with policies and standard procedures.			
Coordinates Nursing, Home Health Aide, Physical Therapy and other services delivered to the client.			
Provides consultation to the Coordinator to insure placement of qualified personnel.			
Documents all client-related activities in a timely manner.			
Reacts to change productively and performs other job-related tasks and duties as assigned.			

Employee Signature _____

Training and Development _____ Date _____