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| NURSING SERVICE POLICIES | | | | NO. 3 | |
| The Nursing Department recognizes that the total care of the resident is a synthesis of ideas contributed by many minds. The organization of the attitudes, knowledge and skills of the entire nursing staff must be directed in such a way as to ensure that each individual resident will receive the most effective and complete nursing care possible.  The objectives of the Department are based upon the premise that an integration of every aspect of daily living is necessary for the long-term care and rehabilitation of a resident if he is to maintain their optimum health and happiness.  It is the Department's goal to provide nursing care based upon the "total care" concept which is designed to help each resident reach his full potential for self-help. This involves taking every means to preserve the dignity of the individual, protect his pride and allow maximum independence. It is expected that this care will change as the resident's condition and always aim towards his highest degree of restoration. It is important to note that the care for the resident whose condition remains unchanged, or who suffers from terminal illness, should be provided comfort, emotional support and spiritual guidance.  OBJECTIVES  To consider each resident as an individual and recognize his needs for total care, physical, mental and spiritual, and to provide said care safely and efficiently.  To consider an active teaching program for the Staff, patients and families as an integral part of the nursing care.  To participate in any research project that would promote better, more scientific care to the resident.  To rehabilitate each resident to his fullest potential possible.  To encourage as much independence as possible.  To maintain good staff-family, staff-community and staff-physician relationships so that the resident's progress will not be impeded.  To participate with each individual agency or institution who could contribute to their happiness.  To perform responsibilities in accordance with the Nurse-Practice Act of this state and in accordance with the standards of the American Nurse's Association | | | | | |
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| NURSING SERVICE POLICIES, continued | | | | NO. 3A | |
| ORGANIZATION OF SERVICE  The Director of Nurses is the head executive in the functions of the nursing service. The Director of Nurses is immediately responsible to the Administrator and has the authority and responsibility for all other nursing personnel at the facility.  Immediately below the Director of Nurses are the Supervising Nurses. Or Charge Nurses. Below the Charge Nurse are the Nurses and Certified Nurse Assistants. The Director of Nurses, the Supervising Nurses and/or Charge Nurse will work with other disciplines such as Physical Therapy, Occupational Therapy. Dietary, etc. helping to correlate these services into a nursing care program of each resident.  The responsibility and authority of the Director of Nurses, Supervising Charge Nurses, and Certified Nurse Assistants are clearly defined in the job descriptions for each of these levels of nursing.  AUTHORITY  In the absence of the Administrator, and the Director of Nursing, a designated person shall have the highest ranking authority in the facility, and he/she may speak and make decisions and take action that the Administrator, and/or the Director of Nursing would take if they were there.  REHABILITATION  Upon each resident's admission, a Team meeting will be held to determine the rehabilitative potential of a patient, stating immediate needs and long-term goals. The Physical Therapy and Occupational Therapy Departments and all clinical departments will evaluate the patient papers, especially the part dealing with the rehabilitation potential, and develop a comprehensive Individualized Service Plan. This plan will guide the' course of treatment for the resident and modified as necessary.  BUDGET  The Administrator will prepare an annual budget with input from the department. The Director of Nursing continuously reviews the expenses of the Nursing Department. The Director will give a report to the Administrator showing the number of nursing hours used per resident day. From time to time the Administrator, or his Assistant, will review the nursing hours with the Director of Nurses. At least monthly the Director of Nurses and the Administrator will meet to discuss the allocation of labor, supplies and equipment, etc. for the coming month. | | | | | |
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| NURSING SERVICE POLICIES, continued | | | | NO. 3B | |
| RECORDS REPORTS AND CHARTS  A Director of Nurses in conjunction with the Medical Records Clerk shall be responsible for insuring that all Medical Records are complete in accordance with the policies for maintaining clinical records.  The Director of Nurses shall have the responsibility to see that the paper work is completed in accordance with all the nursing care policies, such as the Weekly Schedule for the nursing department, any changes on the time cards, etc. The Director of Nurses and the Supervising Charge Nurses shall see that all medicine cards and narcotic books are kept current and accurate.  NURSING CARE OF EQUIPMENT AND SUPPLIES  The nursing personnel shall direct the requests for equipment or supplies to the Director of Nurses who shall cause to order said equipment and/or supplies. A Supervising Nurse or Charge Nurse shall make a list of any maintenance needs on any of the nursing care equipment. The Department of Maintenance shall have the responsibility for the monthly and weekly maintenance of nursing care equipment under the direction of the Director of Nursing.  EMERGENCIES  It shall be the responsibility of the Supervising Nurses and Charge Nurse to report and fill out an Incident Report each time a patient, staff member or visitor has an accident. This report is given to the Director of Nursing who, in turn, reviews it, initials it and a duplicate copy of this report shall be filed.  PHYSICIAN ORDERS  All physician's orders be in writing and written a legible manner. When a telephone order is taken, which will only be done by a licensed nurse, the nurse will repeat the order verbally to the physician, and then she will sign her name. All medication orders for resident's cease after thirty days, unless otherwise ordered or level of care allows.  MEDICATIONS SYSTEM  The Director of Nursing shall insure that only licensed personnel give medications, and if an error is made, the DON will see that the medication error report is filled out and that the physician is notified. Disciplinary action will be taken, including re-education of medication administration. | | | | | |
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| NURSING SERVICE POLICIES, continued | | | | NO. 3C | |
| The system of giving medicines will be that the Pharmacy with which we have a written contract or is the Pharmacy of Consent by the resident, will deliver the medications that have been ordered by one of the licensed nursing personnel to the Nursing Station. A licensed nurse will check the medication, especially watching for possible errors in labeling. Any incorrectly labeled medication will be returned to the druggist.  The charting of medications will be done by licensed nursing personnel only (see instructions for recording medication and narcotic records.)  RESIDENT DIETS  It shall be the policy of this facility to encourage all able residents to take their meals in the dining room. Each resident will be encouraged to come appropriately dressed to these meals. The nursing service shall be aware of the dietary needs, food and fluid intakes of residents. The Charge Nurse shall make nursing assignments, specifying which nursing personnel shall give assistance with residents who need help with eating. The Charge Nurse shall obtain verbal reports from the other nursing personnel concerning unusual diet patterns of residents. The dietary policy shall be supported and aided by the -nursing personnel.  NURSING UNITS  A Charge Nurse shall be in charge of each nursing station/building and will see that the nursing objectives and policies of the facility are fulfilled in her unit and that each patient's chart is reviewed to see that the objectives for rehabilitation and the nursing care plan for that particular resident are being fulfilled and charged.  When a Charge Nurse feels that a resident has to be transferred or moved for any reason whatsoever, she will report this to the Director of Nurses who will confer with the Administrator, and together they will make a decision on a proposed transfer. They will also consult with the patient's doctor and notify the resident's family as appropriate. | | | | | |
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