

Hospital Clinical Instructions CSON IM7 (2 pages)

Before every clinical shift you must be screened by your instructor. Meet in the main lobby by the player piano with your mask on before you walk in the hospital door.

Morning shift – 0630 until 1130 followed by Post Clinical via TEAMS from 1230 to 1330

Notify the clinical instructor with *absences* between 0500 and 0600

PP - South 5 and ED Day shift: Ms. Ponder cell: 806-928-0826

DK - Surgical Intensive Care Unit (SICU E3 & E4) Day shift: Ms. Kilpatrick cell: 806-239-6263

Evening Shift – 1100 until 1600 followed by Post Clinical via TEAMS from 1700 to 1800

Notify the clinical instructor with *absences* between 0900 and 1000

CL - South 5 and ED Evening shift: Ms. Leavell cell: 806-789-8352

JJ - Surgical Intensive Care Unit (SICU E3 & E4) Evening Shift: Ms. Jones cell: 806-239-8358

Dress Code and PPE:

Adhere to CSON dress code and policies regarding cell phone use, social media etc.

Bring as few personal items as possible into the hospital

Your face mask *with filter* **MUST BE WORN AT ALL TIMES** while you are in the hospital

Your **face shield** must be worn when you are **within 6 feet of any patient**. Clean the face shield with hydrogen peroxide or alcohol – NO BLEACH; at the beginning & end of your shift

You will be responsible for keeping up with your personal mask and face shield

Remember: Because you are not wearing an N95 mask you are not allowed in a patient room if the patient is receiving high flow nasal cannula O2, CPAP or BIPAP by facemask.

Exit the patient room during aerosolized type treatments like nebulizer treatment, CPR, intubation, open suctioning, etc. Refer to the attached guidelines.

Clinical Survey: Please complete the clinical unit survey daily. The QR code is on the back of your Module badge

Meals: We will not take a meal break – If you need a snack before we leave clinical bring a snack bar, crackers, etc.

Paperwork:

You will chart on the paper assessment sheet provided in LMS for every patient you care for in the ICU. **Print** and bring with you

A patient report sheet is available in LMS - Clinical if you would like to use it for report

You may use the report sheet for post clinical, but the form must only include age and diagnosis and no other identifying information such as DOB, name, room number or unit. Be mindful of HIPPA

Gibbs Reflective Practice is due by **1200 midnight** of your **second clinical day** with your instructor. Late submissions will receive an unmet. Please type each reflection & place in clinical instructor's LMS Dropbox.

Meditech Documentation: Documentation of medication administration and invasive procedures done with your nurse

Bedside CPE: You will conduct a CPE on a patient during the first 2 weeks of clinical. **Print** & bring the CPE form provided in LMS – Clinical. Review the CPE example in LMS – Clinical folder and review your NII's as needed

Clinical Expectations:

Bring a copy of "CSON Student Procedure Progression" to all rotations (found in LMS – Clinical)

You will be giving student shift to shift report at 1100

Your instructor will ask you questions related to your assigned patient such as the following:

Admitting diagnosis versus current problem. Medications. Why? Abnormal lab values.

Is your patient on mechanical ventilation? Why? What mode and settings?

What lines and tubes does the patient have? Safety?

I and O's from the last 3 days and or trends. Nutrition and so on

Post Clinical Meeting Guidelines:

Find your Teams meeting on the LMS calendar. Prepare to participate. Turn your camera on during post clinical.

Remember HIPPA. Conduct the meeting in a private location

You must exit the patient room for the following procedures, but you may reenter when the procedure is finished:

Invasive tracheal/oral/esophageal and/or nasal procedures

- Tracheal intubation or extubation
- Bronchoscopy
- Open suction catheter via tracheostomy, endotracheal tube, nasotracheal intubation
- Placing or exchanging tracheostomy tubes
- Any oral nasoendoscopic procedure (includes oral or nasogastric tube insertions)
- Transesophageal echocardiography (TEE)
- ENT surgeries

Respiratory Treatments that create aerosolization

- Opening a ventilator circuit
- Nebulized treatments
- Heated high flow nasal cannula oxygen therapy
- Continuous aerosol treatment CPAP/BIPAP (noninvasive mechanical ventilation)
- RT intervention for secretion therapy such CPT/PEP/OPV/ Metaneb etc.
- CPR

Other

- Autopsy
- Colonoscopy

DOES NOT INCLUDE

- Normal oral or nasal suctioning
- Vaginal delivery
- Toilet flushing
- Nasopharyngeal/oropharyngeal swab collection or nasal wash

Retyped from 3/31/2020 PSJH Infectious Disease Guidelines