

## Hospital Clinical Instructions CSON IM7 2021-2022

**Check in with your clinical instructor at the designated place listed below. You will check your temperature, record it, answer the COVID questionnaire, and receive a colored dot to place on your badge. If you have a fever or do not feel well, please contact your clinical faculty for that day and let them know.**

**Clinical Shift:** Tuesday and Wednesday (5 weeks)- 0630 -1430

### Clinical Units and Faculty:

<b>AED</b>	Ms. Ponder cell: 806-928-0826 Meet in the lobby of the Adult ED
<b>South 5</b>	Ms. Leavell cell: 806-789-8352 Meet in the conference room - located by the staff elevators
<b>SICU (E3 &amp; E4)</b>	Ms. Kilpatrick cell: 806-239-6263 Meet in the East 4 waiting room
<b>MICU (E5)</b>	Dr. Smith cell: 806-789-9408 Meet in the MICU waiting room
<b>CICU (E6)</b>	Dr. Kineman-Wiginton cell: 806-632-2300 Meet in the CICU waiting room

### Dress Code and PPE:

- Adhere to CSON dress code and clinical policies.
- Masks & Face Shield
  - **Level 2 face mask** (blue medical mask) **MUST BE WORN AT ALL TIMES** in the hospital.
    - Pick up a new blue mask from the unit each clinical day.
    - Wear a new mask each day you are on the unit.
  - **N95 mask** (or equivalent) in a patient room if the patient is receiving aerosol generating procedures such as high flow nasal cannula O2, CPAP or BIPAP by facemask, and so on. *Refer to the attached guidelines.*
    - Soiled N95 or used more than 3 days, pick up a new mask from the unit.
  - **Face shields** must be worn over your Level 2 face mask or N95 mask equivalent 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.
    - Face shields should have foam at the top.
    - Let Dr. Smith know if you need a new one.
- *You are responsible for keeping up with your personal mask and face shield.*
- Bring as few personal items as possible into the hospital.

### Clinical Expectations:

- Bring a copy of “CSON Student Procedure Progression” to all rotations (found in LMS – Clinical)
- 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? Nutrition?
  - What lines and tubes does the patient have? Safety? I/O's from the last 3 days and or trends.
- Start your day with a positive thought, you are going to learn something great today!

**Bedside CPE:**

- You will conduct a CPE on one patient sometime during the 2<sup>nd</sup> or 3<sup>rd</sup> week of clinical.
- Print & bring the CPE form in LMS – Clinical.
- Review the CPE example in LMS – Clinical folder and review your NII's as needed.

**Meditech Documentation:**

- Documentation of medication administration and invasive procedures will be done with your nurse.

**Paperwork:**

- You will chart on the paper assessment sheet provided in LMS-Clinical folder for one primary patient per day.
  - Print and bring with you to each clinical day.
  - 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 HIPAA.
  - Fill out the paperwork to hand in to your clinical faculty at the end of each day.

**Post Clinical Meeting:**

- Conducted on the clinical units at the end of the day.
- Be actively engaged with presenting your patient and listening to your peer's patient scenario so we all can apply clinical knowledge to the patient care you provided and the possible outcome for the patient.
- Be inquisitive!

**Surveys for clinical experience:**

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

## **You must wear your N95 equivalent mask or step out of the room for the following procedures:**

### 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 (during and for 1 hour after)

- 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