

Mercy 4- Cardiac Telemetry

Mrs. Crow 806-786-8000

Med Room 51801 Student Room 3615 Central Supply 54266

Your clinicals begin at 0630 on Tuesday/Wednesday/ If you are going to be absent or are going to be late, you must text/call me and Mrs. Duriex.

Never leave the floor unless you check with me first, this includes going to radiology or the cardiac lab.

Upon arrival (after the first Tuesday) meet in the student room for patient assignment. You will be assigned 2 patients. Be prepared to turn in the required paperwork 0630 each week.

Introduce yourself to your TPCN and let the nurse know that you will be doing AM care, charting VS, Rounding, I/O's, and passing meds on your patients either with your instructor or them and any procedures that come up you can do with them or your instructor.

Suggested Daily Schedule after report

Vital Signs- done q 4 hrs.

If your patient is on an IV vasoactive drip, these medications require vital signs to be taken and documented every hour. BE SURE to let your TPCN and instructor know if vitals are abnormal.

Physical assessment-As soon as you have completed VS perform your physical assessment. Early physical assessment establishes our baseline of how the patient was doing first thing in the morning. You may have to wake your patient.

Breakfast- usually served around 0730-0800. Most of the patients are to be up in the chair for meals. Make sure to pick up trays at the end of breakfast and document I/O's

Pass Medications- You may NEVER give medications without a licensed nurse present. You may pass meds with me or your TPCN. But make sure you understand why you are giving the medication. IF you have 0730 or 0800 med and need to give with me, please text me ASAP.

EMR- look through your patient's chart, read over H&P, progress notes, review labs and radiology reports- WHAT do you notice? What is the number one problem that brought your patient to the hospital and how do you know? Do you notice any patterns or deviations from expected labs? What body systems need to have thorough nursing assessment because of the primary problem? What is the current nursing priority? What complications might you expect based on the primary problem? Are you able to summarize the pathophysiology of this problem in your own words to your patient? Don't be afraid to ask your nurse or instructor for help.

AM Care and ambulation-this is not an option for most patients. You cannot force but you can highly encourage and educate the importance. **Do NOT leave the patient's room while the patient is in the shower.** Please let the Monitor Tech know when you are going to take the pt off telemetry by calling (# 51436) or stopping by their area. (This number is also posted in the room). The EKG pads are changed daily – usually done at shower time. You can find these on the CS carts. Remove old EKG pads that are not being used.

1100 Begin vitals and accudatas. IF your Blood sugar is low or high report to nurse.

Lunchtime for patients is around 1130-1200. Please help your patients up to the chair and to get their side table ready for lunch before you leave.

Before we leave-Complete tasks/procedures **clean patient's room and leave orderly. Be sure your patient has fresh water, Kleenex, etc.**

There may be opportunities for procedures on M4 and the nurses always need help with other patients. Do not just stand or sit at the nurse's station. Answer call lights, ambulate other patients or ask the CN if there are any procedures on the floor that day that you could watch or assist in. BE willing to help. Go into the room if the medical team is rounding on your patients. Listen to what they are saying. Give report to TPCN before leaving the floor for post clinical debriefing.

**For the First Week of clinicals ONLY look up these additional 5:
Medication sheets are due at 6:30 on the first day of clinical.**

1. *Vancomycin*
2. *Metoprolol*
3. *Prednisone*
4. *Ondansetron*
5. *Levofloxacin*