POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Pediatric Registered Nurse
Prepared by: __________________________
Date: ________________________________

Supervised by: Pediatric Unit Nurse Manager
Approved by: __________________________
Date: ________________________________

Job Summary: Provides direct and indirect patient care in the medical-surgical setting. Communicates with physicians/Nurse Manager/co-workers, as appropriate about changes in patient’s clinical condition including results of diagnostic studies and symptomatology. Additionally, is able to perform general nursing duties in all departments with adequate supervision.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance  2 = Expected Performance  1 = Needs Improvement

Demonstrates Competency in the Following Areas:

1. Ability to perform a head-to-toe assessment on all pediatric patients and reassessments as per policy.
   3  2  1
2. Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.
   3  2  1
3. Performs patient care responsibilities considering needs specific to the standard of care for pediatric patients.
   3  2  1
4. Knowledge of medications and their correct administration based on age of the pediatric patient and their clinical condition.
   3  2  1
5. Follows the seven (7) medication rights and reduces the potential for medication errors.
   3  2  1
6. Demonstrates knowledge of pediatric milestones. Able to detect deviations from the anticipated milestones and report same to physician.
   3  2  1
7. Ability to revise plan of care as indicated by the patient’s response to treatment and evaluate overall plan daily for effectiveness.
   3  2  1
8. Ability to perform waived testing (point of care testing) per Clinical Laboratory’s and the patient care unit’s policies and procedures.
   3  2  1
9. Ability to interpret the results of waived tests; takes appropriate action on waived test results.
   3  2  1
10. Is able to respond quickly and accurately to changes in condition or response to treatment.
    3  2  1
11. Formulates a teaching plan based upon identified learning needs of the patient and family and evaluates effectiveness of learning.
    3  2  1
12. Educates the patient's family in regard to the patient's illness. Encourages families to participate in the child's care and teaches the child self-care when appropriate.
    3  2  1
13. Demonstrates an ability to assist physicians with procedures and performs services requiring technical and manual skills.
    3  2  1
14. Demonstrates ability to perform treatments and provide services to level licensure.
    3  2  1
15. Communicates appropriately and clearly to Nurse Manager, co-workers and physicians.
    3  2  1
16. Consults other departments as appropriate to provide for an interdisciplinary approach to the patient’s needs.
    3  2  1
17. Provides care appropriate to condition and age of the pediatric patient.
    3  2  1
POLICY:

- ________________(organization name) shall administer all neonatal and pediatric medications in a safe and uniform manner.

- This hospital shall use the ________________ formulary as a reference for all neonatal medications.

- This hospital shall use the ________________ formulary as a reference for all pediatric medications.

- Due to age-related changes in pharmacokinetic parameters, the dosage of medications prescribed for neonatal/pediatric patients shall be based on:
  - The patient’s weight (in kilograms)
  - The patient’s age
  - The medication’s chemical characteristics
  - Other medications the neonatal/pediatric patient is taking
  - The patient’s physical condition

- The pharmacy shall be staffed with a dedicated practitioner who shall be responsible for the oversight of all neonatal and pediatric medication processes.

- A neonatal/pediatric satellite pharmacy shall be in close proximity of the neonatal/pediatric units.

- All neonatal and pediatric staff who administer medications shall receive education and confirm competency in the administration of medications upon hire and annually.
  - Competency shall include dosage calculations of medications.

- Weight-based dosing shall be required for all neonatal and pediatric patients who weigh 40 kilograms or less.

- All patient weights shall be measured in kilograms.
POLICY:

- ________________ (organization name) shall provide a uniform method of administering heparin to pediatric patients.

- This hospital shall require weight-based dosing, relative to safe and effective dosing for pediatric patients.

- Due to age-related changes in pharmacokinetic parameters, the dosage of medications prescribed for pediatric patients should be based on:
  - The patient’s weight (in kilograms)
  - The patient’s age
  - The medication’s chemical characteristics
  - Other medications the pediatric patient is taking
  - The patient’s physical condition

- The following formula shall be used:

  Infusion rate (mL per hour) =

  \[ \text{Infusion rate (mL per hour)} = \frac{[\text{weight (kg)} \times \text{dose (mcg per kg per minute)}] \times 60 \text{ minutes per hour}}{\text{concentration (mcg per mL)}} \]

- **Only** pre-loaded syringes of heparin, specifically designed for the pediatric patient, shall be used in this hospital.

- **Only** preservative-free heparin shall be dispensed to neonates.
BACKGROUND:

- Tubing and catheter misconnections errors occur with significant frequency as reported by the FDA, the Institute for Safe Medication Practices (ISMP), United States Pharmacopeia (USP), ECRI and The Joint Commission.

- The types of tubes and catheters involved in misconnection errors include:
  - Central intravenous catheters
  - Peripheral IVs
  - Nasogastric feeding tubes
  - Percutaneous enteric feeding tubes
  - Peritoneal dialysis catheters
  - Tracheostomy cuff inflation tubes
  - Limb cuff inflation devices
  - Bladder irrigation

POLICY:

- _________________ (organization name) has established, as a part of its Patient Safety Program, a plan that recognizes tubing and catheter misconnections, performing risk assessments of new tubing/catheters and equipment, acceptance testing of new tubing/catheters and staff, patient and family education.

- This hospital, when possible, shall not purchase non-intravenous medical equipment that has connectors that can join with a female luer IV line connector.