POLICY:

• Each patient admitted to the institution shall receive a complete head-to-toe assessment by a qualified individual so that a plan of care can be developed to best meet the needs of the patient.

• The assessment of the care or treatment required to meet the needs of the patient shall be ongoing throughout the patient’s hospital stay, with the assessment process individualized to meet the needs of the patient population.

• An RN shall complete a nursing assessment within 24 hours after the patient’s inpatient admission or sooner as dictated by the patient's condition.

SCOPE OF PRACTICE:

All nursing staff in the patient care units shall be qualified by level of licensure to perform a complete assessment and reassessment of the patient. A complete assessment shall include physical, psychological, pain management, nutrition and hydration status, functional status, spiritual needs, social status (includes psychosocial assessment, personal values and belief system assessment), as well as educational and discharge preparedness/planning needs.

PROCEDURE:

• At the time of admission each patient shall have an initial physical/psychological assessment completed by a registered nurse. The registered nurse shall obtain information about the patient from multiple sources, as applicable:

  • The patient
  • Patient’s family
  • Other patient care providers as applicable
  • Medical jewelry
  • Paper or electronic documents
  • Databases the patient may belong to
PURPOSE:

To provide guidelines for patient management of all procedures requiring the use of sedation throughout the hospital.

DEFINITIONS:

- Sedation is produced by the administration of pharmacologic agents. The patient under sedation has a depressed level of consciousness, but retains the ability to maintain a patent airway independently and continuously, and respond purposefully to physical stimulation and/or command. The following are definitions for the four (4) levels of sedation and anesthesia:
  
  - Minimal sedation (anxiolysis):
    
    - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
  
  - Moderate sedation/analgesia (conscious sedation):
    
    - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands (reflex withdrawal from a painful stimulus is not considered a purposeful response), either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
  
  - Deep sedation/analgesia:
    
    - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
POLICY:

- Medications shall be administered only upon the order of physicians, dentists or podiatrists, who are members of the medical staff, are authorized members of the house staff or have been granted clinical privileges to write such orders and under the guidelines of their respective scopes of practice. Administration shall be by a physician, registered nurse, licensed practical/vocational nurse, respiratory therapist, physical therapists and/or their respective supervised students.

- Registered nurses may administer all parenteral, oral, rectal and topical medication, including blood and blood products, if not specifically excluded elsewhere by medical staff by-laws.

- Licensed practical/vocational nurses may administer IV electrolytes, nutrients, blood and blood products, if IV certified, and all IM, subcutaneous, intradermal, rectal, topical, sublingual and oral medications, if not specially excluded elsewhere by medical staff by-laws. (Verify with your state’s Board of Nursing.)

- In the instance of intravenous therapy and cancer chemotherapy, only those persons approved by the hospital to administer such medications shall be allowed to do so, in accordance with state law.

- Oral contrast media is considered a medication. Oral contrast media may be administered, according to policy and procedure, to inpatients and outpatients without a Pharmacist’s review of the physician’s order. This does not include circumstances where an oral contrast media is ordered to be administered to a patient for a non-urgent test. In this situation, the oral contrast media order shall be reviewed by the Pharmacist according to the Pharmacist Order Verification policy and procedure before administration.
POLICY:

• (organization name) Infection Prevention and Control Program shall ensure that this organization develops, implements and maintains an active, organizationwide program for the prevention, control and investigation of infections and communicable diseases in order to reduce the risks of endemic and epidemic infections in patients, visitors and healthcare workers, and to optimize use of resources.

• This hospital’s Infection Prevention and Control Program shall be systematic, comprehensive and pro-active.

• The Infection Prevention and Control Program shall be a fundamental part of this organization’s strategic and operational plans.

• Elements of the Infection Prevention and Control Program shall include:
  • Identifying risks in the healthcare organization through a risk assessment annually and when significant changes occur in the organization (See Infection Risk Assessment policy)
  • Implementing policies and procedures to reduce the likelihood and spread of infections
  • Responding to outbreaks
  • Communicating and educating staff, patients and visitors regarding infection control processes
  • Infection control processes for the Environment of Care
  • Employee health and safety
DEFINITION:
The term "contract" is inclusive of all contracts, i.e., professional and labor contracts, leases, letter agreements, credit arrangements or contracts for fixed assets and all other financial arrangements.

POLICY:

• The Chief Executive shall insure proper review and coordination of all "contracts" (refer to definition) which directly affect the hospital's interests.

• The Purchasing Agent and the Engineering Director must confer with the Chief Executive during contract negotiations pertaining to preventive maintenance or equipment acquisition. All other departmental managers, with the assistance of the Materials Management Director, may receive initial information and quotations or participate in consultations as they pertain to preventive maintenance or equipment acquisition.

• Final negotiations and execution of all contracts shall remain solely within the purview of the Chief Executive.

• Any entity contract with __________________ (organization name) to provide direct or indirect care and services has the potential of a fiduciary relationship and may constitute a conflict of interest situation (See Conflict of Interest policy). Contracts shall not be approved or denied based on financial gain by any member of the Governing Entity, medical staff or the hospital staff and/or its agents.
  • Contracts shall be sought, approved and/or renewed based on ability to efficiently and effectively meet the needs of the patients and the hospital at the most cost effective means possible.
  • Clinical decision making shall not be based on contractual agreements by any hospital staff, medical staff or Governing Entity member.

• All contracted services shall meet the requirements of this hospital's performance improvement program and abide by the tenets of the organization performance improvement plan. Contracted services shall be responsible to conduct performance improvement activities and report outcomes on a quarterly basis to the hospital Performance Improvement Department, pursuant to the performance improvement plan.