Fairview Southdale Hospital

Name________________________________ Agency________________________________

Date______________________________

Agency Nurse Checklist

Required by FSH from Agency prior to first shift

<table>
<thead>
<tr>
<th>Task</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering Opioid Analgesics Safely: Monitoring and Documentation</td>
<td></td>
</tr>
<tr>
<td>Special patient population Competency</td>
<td></td>
</tr>
<tr>
<td>BCLS/ACLS/NALS/PALS**</td>
<td></td>
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<tr>
<td>Confidentiality Statement (signed)</td>
<td></td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td></td>
</tr>
<tr>
<td>Customer Service Instruction</td>
<td></td>
</tr>
<tr>
<td>FCIS and Equipment Use</td>
<td></td>
</tr>
<tr>
<td>FSH Documentation and Forms</td>
<td></td>
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<tr>
<td>Hepatitis B Immunization</td>
<td></td>
</tr>
<tr>
<td>Mantoux (annually)</td>
<td></td>
</tr>
<tr>
<td>Restraints</td>
<td></td>
</tr>
<tr>
<td>Rubeola Titre</td>
<td></td>
</tr>
<tr>
<td>Varicella Titre</td>
<td></td>
</tr>
<tr>
<td>Verification of License</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td></td>
</tr>
<tr>
<td>FSH Required Learning Resource</td>
<td></td>
</tr>
</tbody>
</table>

Provided by FSH during First Shift and As Indicated

<table>
<thead>
<tr>
<th>Task</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation to the Hospital/Unit</td>
<td></td>
</tr>
<tr>
<td>FCIS/Equipment Codes &amp; Training</td>
<td></td>
</tr>
<tr>
<td>Orientation Manual++</td>
<td></td>
</tr>
<tr>
<td>Performance Evaluation</td>
<td></td>
</tr>
</tbody>
</table>

*See Agency Nurse Orientation Manual

**Requirement determined by assigned specialty area

Performance Evaluation Completed (see evaluation form)

<table>
<thead>
<tr>
<th>Due</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Shift</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Date</td>
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<tr>
<td>Six Months</td>
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<td></td>
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<tr>
<td>Date</td>
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<tr>
<td>One Year</td>
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<td></td>
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<tr>
<td>Date</td>
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</tbody>
</table>

This document will be completed, verified, and filed at the Agency and is subject to periodic audit by Fairview Southdale Hospital.
Fairview Southdale Hospital

Agency Nurse
FCIS, Equipment, and Required Learning Documentation of Completion Form

To meet regulatory requirements for completion, sign and return this page to the Manager at your agency.

I have completed from the CD-ROM programs the following:
- FSH Required Learning
- Nursing Orientation
- Baxter IV Pump
- Baxter I-Pump for PCA
- Documentation with KBC
- FCIS (Fairview Clinical Information System) including order entry, flowsheets and EMAR
- Sure Step Flexx Glucometer
- How to access policies and procedures via intranet

Regarding this education, I:
- Understand the information,
- Am responsible for working safely and
- Know who to contact to obtain more information or report unsafe conditions.

Confidentiality Policy

I may become aware of confidential information as part of my job or unintentionally through my association with Fairview. This includes written, oral, or electronic data. This may contain the private information about a patient, employee or may pertain to financial, business, scientific, or research matters. Fairview expects that any discussion, access, storage, interpretation, release or handling of confidential information will be treated with care and caution. I understand that any breech of confidentiality may result in discipline or termination of my assignment at Fairview Southdale Hospital.

Agency_________________________________ Date_________________________

Print Name______________________________________

Signature_______________________________________
Fairview Southdale Hospital
Agency Nurse Performance Evaluation

Name_______________________________ [ ] RN [ ] LPN
Agency_______________________
License No. ______________ License Expires ________________ Verified by ___________________
Area Worked________ Date Worked ________________ BCLS/ACLS Expires ________________
Evaluation Type: [ ] First FSH Shift [ ] Annual [ ] Other ______________________________

My signature verifies that I have read the FSH Agency Orientation Packet and I acknowledge my responsibility to practice safely.
Agency Nurse Signature _______________________________________________________________

Performance will be rated according to the following standards:

<table>
<thead>
<tr>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates clinical skills necessary to carry out and complete patient care assignment according to established care plan</td>
</tr>
<tr>
<td>Administers all medications to assigned patients within one hour of scheduled time following FSH policies</td>
</tr>
<tr>
<td>Documents administration of all medications following FSH policies</td>
</tr>
<tr>
<td>Nursing practice is consistent with FSH standards of care, policies and procedures</td>
</tr>
<tr>
<td>Documentation is complete, accurate and the appropriate entries are made in KBC</td>
</tr>
<tr>
<td>Follows OSHA and FSH standards for infection control in the delivery of care and related activities</td>
</tr>
<tr>
<td>Notifies charge nurse and physician of significant changes in patient condition</td>
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<tr>
<td>Has knowledge of and can implement designated tasks during an emergency</td>
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<tr>
<td>Organizes time so that work is completed by the end of the shift</td>
</tr>
<tr>
<td>Collaborates with all team members to provide quality patient care</td>
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<tr>
<td>Appearance and attire are consistent with FSH dress code</td>
</tr>
<tr>
<td>Demonstrates FSH values: compassion, dignity, integrity, and service</td>
</tr>
<tr>
<td>Communicates effectively and courteously with patients, families, and all team members</td>
</tr>
</tbody>
</table>

Adapts care to individual, age-specific, and cultural needs or circumstances without compromising safety, ethics, or standards of care

Circle all that apply
AGE SPECIFIC KEY: N=Neonate; I=Infant; T=toddler; C=Child; AD=Adolescent; A=Adult; G=Geriatric; N/A=Not Applicable

Would you recommend that this nurse return to work on this unit? Yes______ No______

Additional Comments: ___________________________________________________________________________
Evaluated by: _____________________________________________________________________________

Steps:
1. Evaluator: Return this document to the Staffing Office immediately
2. Staffing Office: Forward a copy of this document to the Agency immediately. The original should be kept on file in the FSH Staffing Office.
Compliance with JCAHO standards requires that each evaluation of patient care staff MUST include a WRITTEN statement of the demonstration of care to special patient population competency. You may select an appropriate statement from the list below, or you may write your own. Evaluations without a special population-specific statement will be returned for completion.

Sample Statements:

Administration of medications with adjustments made, based on the age of the patient

Planning of diet with adjustments made, based on the individual, cultural and or physical needs of the patient

Medication preparation is based on weight, age or standards

Management of restraints with adjustments made, based on the age and or physical needs of the patient

Management of infusion therapy using ethnic backgrounds, spiritual needs or unique disability as one criteria for adjustments in care

Planning and management of patient mobility/activity based on special population e.g. provides assistance if needed and/or requested for toileting

Planned and implemented skin care interventions using age as one criteria for adjustments in care e.g. assessed and prepared skin prior to applying tape

Developed and/or implemented a discharge plan with consideration for and adjustments made, based on the age and cultural needs of the patient

Involved patient/family in education and/or discharge planning when indicated or requested

Provided patient education re: condition and/or self-care with consideration for patient age and cultural needs

Uses equipment appropriate for and size of patient
Title: Agency Nurse Orientation

Contact Hours: 3.0       Clock Hours: 3.0

Objectives:
Upon completion of this program, the participant will be able to:

1. Access information about, and put into practice Fairview Southdale Hospital
   ➢ Values, mission, and vision
   ➢ Required Learning
   ➢ Confidentiality Policy
   ➢ Infection Control Policies
   ➢ Restraint Policies
   ➢ Documentation Policies
   ➢ FCIS and KBC

2. Provide safe patient care using FSH policies, procedures, and equipment

Program Coordinator: Renee Steffen, MA, RN, ACRN  Nursing Education Coordinator
Contact Information: 952.924.8457 or rsteffe3@fairview.org

Certificate of Completion

This is to certify that ________________________________ has successfully completed the Agency Nurse Orientation for Fairview Southdale Hospital.

Date__________________________________

Manager________________________________

Note: If you use this program for renewal of your license, please keep this sheet for your own record-keeping. It is your responsibility to determine if this program meets the continuing education requirements of your licensing board.
Your signature signifies that you have completed the FSH Agency Orientation Packet made available to you at your agency and that you accept responsibility for working safely.

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Date</th>
<th>First Shift at FSH?</th>
<th>*License Verified</th>
<th>*CPR Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>

*Staffing Office may request to see current license and/or certification
Breaks: A 30-minute break is allowed per 8-hour shift and a 15-minute break is allowed for each 4-hour period worked. The Charge Nurse or your assigned resource person will let you know how your breaks are scheduled.

Confidentiality: Fairview expects that any discussion, access, storage, interpretation, release or handling of confidential information will be treated with care and caution. Any breach of confidentiality may result in discipline or termination of assignment at Fairview Southdale Hospital.

Disaster/Emergency Codes: Manuals are located on every patient care unit.
- Code Pink=Infant Abduction
- Code Blue=Cardiac/Respiratory Arrest
- Severe weather =Tornado
- Code Red=Fire
- Code Search=Bomb Threat
- Code 21=Behavioral Crisis
- Orange Alert=Internal or External Disaster

Documentation: Stamp both sides of all forms with addressograph. Use black ink. Use military time. All nursing entries are entered using Knowledge Based Charting an electronic chart. You are expected to obtain a code to access and utilize FCIS (Fairview Clinical Information System). You are also expected to review the self learning cd on KBC and be able to chart using the EMR when you arrive for your first shift.

Dress Code: Clean white or colored uniforms/scrubs and white shoes are recommended. Identification badge must be worn above the level of the waist at all times. Long hair is to be tied back or pinned back off the face and shoulders. Mental Health and Chemical Dependency units wear regular street clothes.

Important Telephone Numbers: Emergency .....222 Staffing Office…..(952) 924-5041
Nursing Supervisor….751 (follow prompt) then dial 0087 Main Hospital…..(952) 924-5000

Meals: The Crosstown Café is located on the lower level of the hospital. The menu hotline is 5411. Caffe’ Amore’ has specialty coffees, soups, sandwiches and desserts and is located on the lower level of the Minnesota Heart and Vascular Center.

PARKING: If your shift begins before 2:00 p.m., you should park in the “Contract Parking Only” spaces in the Skyway Ramp. These are on the west end on levels A, B, and C and are marked with signs. The entire D level is contract parking. If you arrive after 2:00 p.m., you may park in either the Skyway or East Ramp. Avoid spaces that are reserved for Handicapped, Walking Impaired, ER patients, etc. You may park in any other space.

Personal Belongings: Do not bring large sums of money or valuables. Belongings are not protected from theft or loss. Please ask the Charge Nurse to show you the location for your belongings.

Receiving Assignments: Assignment sheets vary by unit. The Charge Nurse will show you the assignment. Please request a locator badge and a companion (portable) phone. Some units have routines written out to help you. Ask the Charge Nurse for these.

Reporting to Work: When you arrive for your shift, you should report to the Staffing Office and sign-in on the sheet provided. At the end of your shift, you must return your signed time card to the staffing office. This is important so that we can verify your hours with your Agency to facilitate timely and accurate payment.

Smoking: Smoking is not permitted anywhere at FSH.

Work-Related Injury: You are responsible for reporting any injury to your Agency.
CRITICAL ELEMENTS

1. Turn on pump
   - Select **Pump Personality**
   - Prime and load IV tubing
   - Press PRIMARY soft key

2. Press **COLLEAGUE GUARDIAN** soft key

3. Highlight desired drug name with ARROW key
   - Press SELECT

4. Enter patient’s weight (if appropriate)
   - Enter dose (if not pre-configured)

5. Reconfirm information
   - Press CONFIRM SETTINGS soft key
   - Press START

6. Alert tone and pop-up window, indicate when dose values are higher or lower than **Colleague Guardian** limits
   - Press arrow key next to ACCEPT DOSE
   OR
   - Press arrow key next to CANCEL DOSE to cancel dose, and return to programming screen to enter correct dose

7. Dose and dose mode are displayed in red over a yellow highlight if **Colleague Guardian** limits were overridden
**CRITICAL ELEMENTS**

1. **Turn on pump**
   - Select **Pump Personality**
   - Prime and load IV tubing
   - Identify desired pump channel (A, B, or C)
   - Press corresponding CHANNEL SELECT key

2. **Press COLLEAGUE GUARDIAN soft key**

3. Highlight desired drug name with ARROW key
   - Press SELECT

4. Enter patient’s weight (if appropriate)
   - Enter dose (if not pre-configured)

5. Reconfirm information
   - Press CONFIRM SETTINGS soft key
   - Press START

6. **Alert tone and pop-up window, indicate when dose values are higher or lower than Colleague Guardian limits**
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   **OR**
   - Press arrow key next to CANCEL DOSE to cancel dose, and return to programming screen to enter correct dose

7. **Dose and dose mode are displayed in red over a yellow highlight if colleague Guardian limits were overridden**

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1. In addition to reviewing the function of the IV and PCA pumps I have reviewed the orientation information on analgesic management and understand the information.

Date: ________________________________________

Name: ______________________________________________________

Signature: ___________________________________________________

Agency: _____________________________________________________

**Return this page to your Agency Manager**