LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

School of Nursing

Nursing 233L:

Medical/Surgical Rotation

ORIENTATION PACKET

SPRING 2023

N233L MED SURG ROTATION ORIENTATION
SPRING 2023

Purpose: This rotation is designed to help students apply the nursing process and nursing responsibilities in decision-making as a member of the inter-professional healthcare team in assessing, maintaining, and promoting health to achieve safe, quality patient-centered care. Students will apply principles of teamwork and collaborative relationships as a member of the inter-professional healthcare teams and provide competent nursing care to clients in the medical-surgical units.

1. WELCOME

a. Day One: Review of syllabus, clinical requirements, and introduction to the nursing unit.

b. Test ORCHID access: call Helpdesk **(323) 409-8000**

2. FORMS TO COMPLETE

a. Student contact info

b. Scavenger hunt for unit.

c. Various forms & badges (if applicable)

3. OFFICE HOURS: Please contact instructor for appointment. Hours posted on Teams.

4. POST CONFERENCES

a**.** Post-conferences may vary depending on circumstances of the day, otherwise, every Wednesday (Time & Location TBD). We may have an occasional pre-conference, if we do, I will let you know via email/text.

5. SCHOOL POLICIES

a**.** Attendance

i. Must be ready to start clinicals at 0630. Arriving after 0630 is considered late. Arriving after 0700 is considered an absence.

ii. Absences & tardies per rotation: One (1) clinical absence in Medical-Surgical rotation. One (1) tardy allowed in this rotation.

iii. Notify instructor at least one hour before the shift starts if you are going to be tardy or absent.

6. ASSIGNMENT DUE DATES

a. Submit all assignments at the time and date indicated by your instructor.

Incomplete or late assignment will not be accepted

i. Simulation: (refer to Semester Schedule for date and time due)

ii. Care Plan: (refer to Semester Schedule for date and time due)

iii. Reflection Paper: (refer to Semester Schedule for date and time due)

b. Clinical Paperwork

i. For the first 2 weeks, clinical worksheets will be due at 0700 on Tuesday. Research will be done on Monday.

ii. After the first 2 weeks, you may be progressed by your instructor to concept maps. Research will be done on Tuesday morning and clinical paperwork will be due on Wednesday at 0700.

iii. If a patient is discharged, the patient database sheet will be due at the end of the day.

7. DRESS CODE: You are representing the School of Nursing. Please be presentable and professional.

a. No heavy perfumes/colognes

b. Wear clean, wrinkle free uniform, hair pulled back and up, no excessive jewelry.

c. Clean and impermeable shoes (no cloth shoes). Per policy all black or white.

d. No gum

e. Please cover tattoos, if possible

8. CLINICAL ROTATIONS: COME TO CLINICAL PREPARED EVERYDAY

a. Stethoscope: AT ALL TIMES

b. Penlight: Not the LED ones

c. Carry extra black ink pens

d. Watch with a second hand (ANALOG WATCH)

e. Clipboards (Not recommended due to infection control).

f. DO NOT bring all your books to clinical. Bring only what you can carry in your pockets.

i. Select someone to bring a drug book, lab book, med/surg book and rotate.

g. Review the CLINICAL PERFORMANCE EVALUATION TOOL in your syllabus. This is what you will be graded on.

h. Get enough sleep the night before in order to competently care for your patients.

i. Arrive on time. Aim for 15 minutes before start of shift as temperature checks may be required.

j. Electronics:

i. Cell phones: can carry with you for research and clinical activities only.

ii. No personal phone calls or text messaging during clinicals or post-conferences.

iii. Computers: RNs and MDs have priority. When one of them enters the area, ask if they need a computer. If yes, log off and give them the computer. Students are not allowed to use the hospital medical library computers.

k. HIPAA violation: No patient identifier information can leave the clinical area or be left in areas where non-caregivers reside. This includes: Patient name, MRUN, or Date of Birth. Use patient initial and room numbers only.

Violation of the HIPAA regulations will result in a disciplinary action.

l. You cannot use USB memory sticks at any time, for any reason.

m. Pyxis: Discussion by instructor

n. Notify instructor of all procedures/skills to be performed.

   i. Do not do any procedure or give any medication that you are not competent to do and that you have not been cleared by instructor.

o. SKILLS: If you need to review a skill, it is up to you to go to the skills lab and practice. Instructor will assist you and give you pointers, but you must also work on improving them.

p. Watch for MD rounds in the morning. This is your opportunity to clarify orders and ask questions.

q. No drinks or food at the nurses' station.

r. Nursing Staff: Nursing staff work with different types and levels of students. It is your responsibility to inform the primary nurse of what you will and will not be doing for the patients. Report any problems to the instructor promptly.

s. Take all the VS for all your patients. Collaborate with the NA that you will be taking VS.

9. PATIENT SELECTION

a. Daily Patient Assignment Sheet: Always sign in and out, this is your attendance record. Do not select Covid-19 patients. Instructors will assign rooms each week for students to take the patients in them.

i. Each day, a student will oversee posting the assignment sheet (alphabetical order).

ii. You must place the patient's room number and initials on the assignment sheet, and it must be legible.

iii. You must update the assignment sheet when changing or obtaining a new patient. When there is a change, inform instructor and the affected RN.

b. If the patient was discharged, select another, and inform instructor no later than 0715. Patient Database sheet due at the end of the day.

c. Once assigned a patient, do not change without notifying instructor.

10.PATIENT RESEARCH

a. Read the ER note, H&P, and current progress notes.

b. Note the PMH, SH, PSH, Psych issues, and other complaints

c. Look for the "disposition note" within the progress note. This tells you the plan of care for your patient.

d. When was a med/procedure cancelled and why?

i. What procedures were ordered? Why were they ordered? Results? Follow up?

ii. Were any consults ordered? Why? What's the plan?

iii. Is there anything you need to do to prepare your patient?

iv. Does the patient know about new orders: any teaching need?

e. Review the last week's MD orders. Have they changed and why?

f. Review nursing assessment for trends.

g. Review the MARs and MD orders. Check for discrepancies.

h. Never give or do anything without verification of instructor.

i. Verify that administration time is the correct time. Double check time of last administration, especially with pain meds and antibiotics.

11.AM REPORT

a. Get report from the night nurse

b. If reporting does not begin on time, get busy

i. Check your patient

ii. Check for any new or order changes

c. Report sheet (brain sheet)

d. Introduce yourself and let the RN know what you will and will not be doing

e. Know the names of the primary RN, and other staff. Ask how they wished to be addressed.

f. Do not be afraid to ask questions when needed. Always seek clarification.

12.PM REPORT

a**.** Ensure you give report to your primary nurse before leaving the unit

b. Let the nurse know of any pending orders or procedures. However, check with instructor first. You may have to stay over and complete if it was something that should have been completed during the shift.

c. Once you give report, you can no longer perform patient care.

13.PATIENT PRESENTATION TO INSTRUCTOR

a. All students must give the instructor report. Be succinct. Instructor will ask you questions regarding the patient's disease process and medication.

b. Before reporting to the instructor, please complete the assessment

c. You should know what nursing care is required for each patient

i. All procedures must be cleared by instructor first. The first time a procedure is done, it must be cleared by instructor before doing it.

ii. You are expected to complete all care in a timely manner.

d. Always keep the primary nurse informed of the patient's status and any significant changes.

e. KNOW YOUR PATIENT

i. Current complaint

ii. Allergies

iii. Past Medical History

iv. Surgical History

v. Know present status

vi. Know procedures

vii. Know pending diagnostic tests and labs

viii. Know the pathophysiology, indications and rationale for All medications, procedure, and orders given/done

ix. Know trends: BP, HR, RR, Temp, labs

g. Patient physical assessments should be completed by 0800. Instructor or primary RN will authenticate all patient assessments.

14.CONTACTING MEDICAL TEAMS

a. Before contacting the medical team, collaborate with the instructor/primary RN. You contact the provider with the agreement of the primary RN.

b. Document under *"provider notification"* in Orchid with the name of the person you spoke to.

c. Do not take verbal/telephone orders.

15.MEDICATIONS

a. Always check to see if there are any new or changed medication orders.

b. You will be checked off on medication administration during week 1 and 2.

c. Instructor will administer medications with students.

d. No IVPB/IVP without the instructor present.

e. Pharmacy rounds are between 0730 and 0900. They remove "unused" meds from cassettes. If you do not want your meds taken, label them with the date and "do not remove" written on the cup or plastic bag if pulled by RN.

f. Understand how medication works, why it is being given, any relevant labs and vital signs. Before coming to the instructor for report, you must have already done your pre-medication assessment:

   i. Electrolyte levels for diuretics

   ii. Vital signs for antihypertensive/narcotics.

   iii. Platelet counts for blood thinners

   iv. Toxicity levels when applicable

   v. Pain meds: last dose, OLD CART, pre-medication charting

   vi. Always check for allergies

   vii. Post medication assessments. Know when to reassess medications.

   viii. AM assessment: IV site, IVF, and tubing labels must all be checked for date/time/initials. IV SL flushed.

ix. Independent checks are done with an RN.

x. Assess and document continues fluids every 2 hours and saline locks every 4 hours.

xi. Always check for IV solution/medication compatibility/drug information.

1. IBM Micromedex Drug Reference APP password: **P5aswu**
2. IBM Micromedex Drug IV compatibility APP password: **PesAs8**
3. Dynamed.com
4. Lippincott Advisor on CoursePoint

g. Never leave medications unattended

h. Do not carry medications for more than one patient.

16.PROCEDURES

a. Students may not perform blood transfusions or give study/chemo/drip medications.

b. Open the MAR at bedside each time

c. Notify the instructor/primary RN before holding any medication. If you chart "hold" on a medication, notify the MD and document the reason. Be aware of the parameters.

d. Remove isolation precaution equipment when leaving the patient's room. Wash/gel hands in and out

e. Schedule an approximate time with instructor to review.

f. Gather all your supplies and have them ready at the bedside (except sharps).

g. Know the rationale for the procedure and pre/post-assessments.

h. Assess for your patient's need for premedication.

i. Once you are ready, please find instructor.

17.CHARTING

a. Complete patient assessments by 0800 and documentation by 0900. If falling behind, please notify instructor.
b. Chart exact times you give the medication (MAR) or do an assessment. Times noted in MAR are not set in stone. Know when the last medication dose was given.
c. All abnormal findings require an intervention and must be documented.
d. When you have "notified" someone on something about the patient, document on the provider notification tab.

18.LEAVING THE WARD

a. Notify instructor when it is reasonable.
b. Always notify the primary nurse.
c. Break/Lunch: Instructor will discuss.
d. In case of an emergency,
    i. Return to the unit if possible, DO NOT leave the hospital
    ii. If off the unit, call the unit or instructor to let me know you are okay and your location.
    iii. Evacuation: Follow directions of the instructor/charge nurse. Students are to meet instructor at the steps of the inpatient hospital.

19.STUDENT RESPONSIBILITIES AND ACCOUNTABILITY

a. Act professionally and ethically.
b. Provide safe and compassionate care.

c. Understand what is going on with your patient.

d. Administer medications safely

e. Communicate effectively. Seek clarification and guidance as needed. Please ask for assistance as needed. Instructor is here to help you be successful, but you must ask for help as needed.

f. Identify any problems you are encountering on the ward: supplies, troublesome ward staff, getting behind your duties, and notify instructor in a timely manner.

g. Getting behind: Do not be afraid, instructor will try to pinpoint the problem and give you guidance to correct it.

h. Know the policies and procedures of the School of Nursing and the hospital.

20.LAC+USC POLICIES

a. Always refer to the policy as needed (online)