Purpose: To define the scope of practice for nursing students caring for patients at Aurora BayCare Medical Center (ABMC).

Policy:

A. Definition
1. Student Nurse is defined as a student currently enrolled in a Nursing program that provides direct patient care during a semester clinical rotation. Student Nurse can refer to a clinical group of students under the direction of a college instructor, or a preceptorship, consisting of one student under the direction of a Registered Nurse caring for the patient. Prior to any student nurse practice in an Aurora facility, a current contract between the college and Aurora Health Care must be in place. The RN caring for the patient has ultimate responsibility for patient care, but is not responsible for the actions of the student.

B. Special Considerations
1. The responsibility for the nursing student is the school’s accountability
2. The responsibility for patient care is ABMC’s accountability
3. The school and students will follow ABMC policy and procedures
4. ABMC retains the right to limit practice of students and to dismiss any student endangering patient care. RN faculty may indicate a student may not perform any specific skill at any time. ABMC RN may determine the student is to act in an observation role at any time.
5. The school will meet ABMC’s health requirements – See “Health Requirements for Students, Non-Employees” policy IC-707.
6. A student may activate Code Blue Response and start Basic Life Support at any time. The Code Team will assume care of the patient.
7. The nursing student will be provided Cerner access and training.

C. Documentation
1. The nursing student will document patient assessments, medications and all activities performed by them. Students must have their documentation reviewed by their instructor. Under special circumstances, i.e. outpatient areas, the RN taking care of the patient may be asked to review student nurse documentation. In the case of preceptorships, the preceptor will review documentation.

D. Scope of Practice
1. Skills that may be completed without supervision after receiving ABMC RN approval:
   a. Following ABMC RN approval and the student consistently demonstrating medication administration competency, the student may administer medications via oral, topical, transdermal and subcutaneous route without an RN present. Even when faculty is present, the student obtains ABMC RN approval to administer every individual medication.
   b. Ambulate patient (Gait belt is required if patient is a fall risk – Morse scale 45 and over)
c. Ambulate patient with assistive device (i.e., gait belt, walker, cane, crutches)
d. Bathing (including urinary catheter care)
e. Calculate I&O
f. Chart in ClinDoc Computer system (Student is provided a Cerner ID and password after completion of the ClinDoc course provided by faculty)
g. Discontinue IV site
h. Pass dietary tray and feed patients
i. Perform incentive spirometry
j. Perform nursing assessments
k. Perform oral hygiene
l. Perform vital signs (TPR, B/P, pulse oximetry)
m. Spike and prime IV sets
n. Transfer patient (i.e., from bed to chair)
o. Transfer patient with assistive device (gait belt, pivot disc, slide board, Mechanical lift)

2. Students who have documented competency from their School of Nursing may perform the following skills under the direct supervision of the RN caring for the patient of the nursing faculty. (Faculty will supply skills checklist to facility)
   a. Central line access to include: flushing, IV solutions, medication administration and dressing changes.
   b. Mediport access to include: IV solutions and administering medications, dressing changes, and discontinuing of the access needle.
   c. Access PICC and Power PICC lines to include: administration of medications, start IV fluids and dressing changes.
   d. Discontinuing internal jugular and subclavian lines.

3. Skills that must be completed with either faculty or ABMC RN supervision (observing/assisting the activity)
   a. Administer enema
   b. Administer inhalation medications. RT provides direct support. The RT Preceptor documents medication verification of each medication administered by a student. (ABMC RNs do not administer inhalation medications.)
   c. Administer IV push/flush, intramuscular, eye, ear and vaginal medications.
   d. Admit/transfer/discharge, including admission assessment, patient teaching and discharge instructions.
   e. Assist RN with patient transport to another department.
   f. Change chest tube dressing.
   g. Draw blood via VENOUS line and label specimen per “Labeling of Specimens” policy, PC-181.
   h. Obtain and label specimens at the bedside and in front of the patient per “Labeling of Specimens” policy, PC-181.
   i. Insert urinary catheter.
   j. Insert NG (nasogastric)/feeding tube.
   k. Modify nursing plan of care.
   l. Perform glucose monitoring. Clinical instructor or ABMC preceptor enters codes and accepts accountability of test outcome.
   m. Perform ostomy care.
   n. Perform phlebotomy via skin puncture. (Designated departments.)
   o. Perform simple and complex dressing change.
   p. Perform tracheostomy care.
   q. Remove sutures, staples and drains.
   r. Start peripheral IV or heparin lock.
   s. Suction via oral, nasal, and endotracheal tube routes.
t. Take and give report to RN on assigned patient. (Sign Continuity of Care Hand Off Form BC: 1310)
u. Transfer patient with transfer device (backboard, slip sheet).
x. LDRP Only: Perform vaginal examination for dilatation/effacement/station.

4. Skills that may NOT be done independently or with supervision. **Observation only.**
   a. Witness legal consent form.
   b. Witness consent for blood or blood product consent form.
   c. May not administer medications during Moderate Sedation (also known as Conscious Sedation).
   d. May not draw blood from arterial lines.
   e. May not cardiovert or defibrillate patients.
   f. May not adjust vasopressor or vasodilator IV drug therapy including Nipride, Dopamine and Insulin.
   g. May not remove chest tubes, pacing wires or Swan-Ganz lines.