SELECT GBC NURSING POLICIES

SAFE PRACTICE POLICY

1. Safe practice in a clinical setting includes those patterns of professional behavior that follow legal and ethical codes of nursing and promote well-being of clients and self. This will be demonstrated through accountability in preparation, documentation, and continuity of care, as well as in showing respect for the rights of individuals.

2. Unsafe practice includes those behaviors which may endanger a client, family member, staff, peer, or faculty in the physiological, psychological, spiritual, or cultural realm. Specific behaviors of endangerment may include acts of commission or omission in the clinical agency and/or behavior that causes the faculty to question the student’s potential for safe practice.

3. The student whose actions or omissions endanger a client, family, peer, staff member, or faculty will receive verbal and written documentation of the event. The student may be removed from the clinical setting.

4. Based on the severity and nature of the unsafe practice, the student may receive a failure for that clinical experience, for the course or be dismissed from the Nursing Program.

NEEDLESTICK/INJURY POLICY

Should an injury or needlestick/bodily fluid contamination occur, complete the following steps:

1. Student will wash site immediately with soap and water and/or complete any first aid as needed.

2. Student will immediately report exposure and/or injury to the nursing instructor overseeing the student’s activities. The nursing instructor and/or student will complete an Injury Report (Appendix F) that will be forwarded to the Nursing Program Director’s office. The injury report will include the following:
   A. Name of the individual exposed with date, time, and location of injury
   B. Description of circumstances leading to and including the injury
   C. Any medical interventions implemented
   D. Further medical care that the individual sought (if applicable).

3. The student may be referred to a health care facility for further evaluation/follow-up.

4. If the incident occurred on a clinical facility’s site, that facilities protocol must also be completed.

MEDICATION ERROR POLICY & PROCEDURE
Policy
All medication errors (see definition below) must be documented on the medical record by the student who becomes aware of the error, reported according to the facility protocol, and reported to the instructor and staff nurse responsible for the patient. Failure to do so will result in counseling by the faculty and possible failure of the course.

Procedure
1. All medication errors must be reported to the nursing instructor and staff nurse responsible for the patient immediately on discovery of the error. After the patient is assessed, the error will be reported to the charge nurse or unit manager and to the physician.
2. Documentation of what medication was or was not given must be properly recorded in the patient’s medical record. Seek guidance from your clinical instructor before documenting in the medical record. This documentation includes the name of the drug, the patient’s response and any interventions.
3. All medication errors should also be documented on the appropriate quality assurance form per facility protocol where the error occurred.
4. Definition of Medication Errors:
   A. Medication given to the wrong patient
   B. Wrong medication given to patient
   C. Medication given at the wrong time
   D. Medication given via the wrong route
   E. Medication given in the wrong dose
   F. Medication omitted
   G. Administration of medication not documented properly
   H. Medication administered after patient refusal
   I. Duplication of a medication administration that has already been given
   J. Giving a medication that has been discontinued
   K. Medication left at the bedside without an order to do so
   L. Failure to check physician’s orders or complete necessary assessment interventions prior to administering the medication; For example, failure to: take an apical pulse, take a blood pressure, or check appropriate lab levels
   M. Failure to calculate correct dosages.
5. Medication errors that endanger the patient’s life or actually cause the patient harm can be grounds for immediate termination from the course.
6. Documentation of medication errors will be maintained in the student’s file.
7. Students giving medications under the supervision of an instructor will still be held accountable for medications errors even if the instructor prevents the error from occurring.

APPENDIX F
GREAT BASIN COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
INJURY REPORT

Name of Person(s) Injured: ________________________________________________

Person Completing this Form (if different from above): ________________________

Date of Incident/Accident: ________________________________________________

Exact location of the Incident/Accident:______________________________________

Description of the injury: _________________________________________________

________________________________________________________________________

Were there witnesses to this accident? If yes, list below:

________________________________________________________________________

Describe the circumstances in which the incident/accident occurred:

________________________________________________________________________

Describe follow-up care:

________________________________________________________________________

Was person injured referred for follow-up care? If yes, which facility?

________________________________________________________________________

Any further comments:

________________________________________________________________________

Signature of Injured/Person Completing Form  Signature of Program Director

Great Basin College
Associate Degree Nursing Program
Policies and Procedure
Telephone/Verbal Orders for Second Year Students

Rationale
1. Often during the day, a client’s condition will change requiring physician notification. Nursing students need the experience of gathering information about their client, organizing the information, and calling the physician.
2. Students are often intimidated about calling the client’s physician, yet once they are graduated nurses, it becomes a part of their job requirement. By having the experience as a student they will overcome anxieties with the help, guidance, and example of the instructor and staff.
3. Physicians often give telephone orders after they have received the new information. It seems very unfortunate for the student to have to hand the phone to another nurse, which lowers the students’ sense of importance and makes the physician wait to give a new order.
4. Students are often in the client’s room when the physician makes rounds and verbal orders are directed to the student.

Policy/Procedure
Nursing students may take Telephone or Verbal Orders from physicians if the following conditions are met:
- Must be a 2nd year student.
- Student must have been caring for that client and know the situation.
- For a telephone order, primary nurse or instructor must be on extension phone or with the student to verify order.
- For verbal order, primary nurse or instructor must hear the physician’s verbal order.
- Student will repeat the orders to physician to verify correctness.
- Student will write orders on order form and instructor/primary nurse will countersign.