

BRIGGS.

PERSONNEL POLICIES

**Home Care
and Hospice**

Stock No 7428

POSITION: LICENSED PRACTICAL/VOCATIONAL NURSE

REPORTS TO: Clinical Supervisor/RN Case Manager

POSITION SUMMARY

Performs skilled nursing functions in accordance with the federal, state, and local laws and within the guidelines of his/her professional organization and Agency.

All functions shall be performed in accordance with the established policies and practices and state Nurse Practice Act. The LPN/LVN delivers care to clients as delegated by the RN Case Manager.

QUALIFICATIONS

- Graduate of an accredited school of professional nursing.
- Current license to practice as a Licensed Practical Nurse/Licensed Vocational Nurse in the state(s) of employment.
- Minimum of one (1) year experience in an acute care setting or equivalent experience.
- CPR certified.
- Demonstrated written, verbal, and interpersonal communication skills.
- Licensed driver with automobile insured in accordance with state and/or Agency requirements and in good repair. Has a good driving record.

ESSENTIAL FUNCTIONS/AREAS OF ACCOUNTABILITY

1. Provides professional nursing care as defined in the nurse practice act and under the direction of a Registered Nurse. Communicates appropriate status/condition changes to the RN per agency guidelines.
 - a. Provides skilled nursing visits for clients as directed by the RN Case Manager. Follows the care plan established by the Registered Nurse.
 - b. Recognizes and reports changes in client condition to the Case Manager and physician, as directed.
 - c. Communicates information on a timely basis, consistent with Agency policy and urgency of the situation. Communicates verbally, as needed, and through complete and accurate documentation in the clinical record.
 - d. Scope of clinical practice includes personal care services, monitoring and reporting findings, medication administration and monitoring, client teaching, emergency intervention, and nursing services within professional scope of practice and as delegated by the Case Manager.
2. Promotes personal safety and a safe environment for clients and coworkers.

- a. Demonstrates knowledge of safety/infection control practices by compliance with policies and procedures.
 - b. Recognizes and responds appropriately to potentially unsafe situations.
 - c. Demonstrates safe practice in the use of equipment.
 - d. Makes recommendations on improvement of safety.
 - e. Seeks education/training or assistance with areas of concern.
3. Performs job in compliance with Agency policies and procedures and professional and community standards.
 - a. Accepts responsibility for professional nursing role.
 - b. Follows applicable state and federal laws and agency standards.
 - c. Maintains confidentiality in all aspects of the job.
 - d. 1) Refrains from discussing client or staff identities, conditions, or circumstances in public or with others who do not have a legitimate interest in the person.
 - e. Participates in the development, implementation, and evaluation of the Agency Quality Improvement Program and pertinent activities.
4. Participates in coordination of home care services, attends meetings as required, and follows reporting guidelines.
5. Performs other related duties and responsibilities as deemed necessary.

PHYSICAL/ENVIRONMENTAL DEMANDS

See ADA Requirements. I have read and understand the above job description of the Licensed Practical/Vocational Nurse.

Signed: _____ Date: ____ / ____ / ____

CLINICAL COMPETENCY CHECKLIST— LICENSED PRACTICAL NURSE

Employee Name _____

Evaluator _____

| COMPETENCY AREA | Required Proficiency | Procedure Reviewed | Competency Validated by Preceptor signature and date |
|--|----------------------|--------------------|--|
| DEMONSTRATES ABILITY TO COMPLETE DOCUMENTATION RELATED TO THE FOLLOWING FUNCTIONS: | | | |
| • Follow the established Plan of Care | | | |
| • Assess client response to treatment plan | | | |
| • Perform skilled nursing functions as directed by the Plan of Care and under direction of RN | | | |
| • Report changes in condition to supervisor and document findings and actions | | | |
| • Communicate and coordinate with other members of the team | | | |
| • Participate in Care conferences | | | |
| • Document per agency guidelines and Medicare guidelines for documentation | | | |
| DEMONSTRATES ABILITY TO PROVIDE SKILLED MONITORING, PERFORM TREATMENTS AND DOCUMENT FINDINGS PER AGENCY GUIDELINES AND WITHIN SCOPE OF PRACTICE | | | |
| • Cardiovascular System <ul style="list-style-type: none"> – Vital signs including pulses (apical, radial and pedal) – Edema measurement – Physical signs and symptoms related to endurance and limitations – Response to medications – CPR – Nitroglycerine use – Blood pressure assessment sitting lying and standing | | | |

| COMPETENCY AREA | Required Proficiency | Procedure Reviewed | Competency Validated by Preceptor signature and date |
|--|----------------------|--------------------|--|
| <ul style="list-style-type: none"> • Pulmonary System <ul style="list-style-type: none"> – Lung sounds – Oxygen therapy and effectiveness – Medication administration and effectiveness – Pulse oximeter readings per orders – Use of inhalers/nebulizers – CPAP – Breathing exercises – Tracheostomy Care – Suctioning oral and pharyngeal | | | |
| <ul style="list-style-type: none"> • Neurological System <ul style="list-style-type: none"> – Neuro vital signs – Mental status exam – Seizure activity and effectiveness of treatment – Safety precautions – Spinal cord injury care | | | |
| <ul style="list-style-type: none"> • Musculoskeletal System <ul style="list-style-type: none"> – Range of motion exercises and evaluation – Care of clients following joint replacement – Mobility and positioning – TED hose – Transfers – Use of equipment including hoyer lift, sliding board, adaptive equipment – Walker – Wheelchair | | | |
| <ul style="list-style-type: none"> • Metabolic System <ul style="list-style-type: none"> – Assessment of Diabetic status and effectiveness of medication/treatment – Use of glucose monitoring equipment – Signs of hyper/hypo glycemia – Foot and skin care – Insulin types and related teaching needs | | | |

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|--|----------------------|--------------------|--|
| <ul style="list-style-type: none"> Integumentary System <ul style="list-style-type: none"> Assessment of skin integrity Wound care per physician orders and care plan Wound irrigations Dressing changes sterile and non-sterile per care plan direction Pressure ulcer care and preventive strategies Wound drains (hemovac) | | | |
| <ul style="list-style-type: none"> Genitourinary System <ul style="list-style-type: none"> Catheter insertion (foley or straight) male and female External catheter application and care Catheter irrigation Obtaining urine specimens Clean Catch Catheterized Care of supra pubic catheter Care of urostomy/nephrostomy Incontinence care | | | |
| <ul style="list-style-type: none"> Gastrointestinal System <ul style="list-style-type: none"> Bowel sounds Enteral feedings (bolus or continuous) Bowel training and following bowel program Care of Gastrostomy tube Care of Jejunostomy tube Administering enema Removal of impaction Ileostomy/colostomy care | | | |
| <ul style="list-style-type: none"> Behavioral/Emotional/Cognitive <ul style="list-style-type: none"> Care of client with dementia Use of psychotropic drugs and actions/adverse effects Depressed clients | | | |

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|--|----------------------|--------------------|--|
| DEMONSTRATES ABILITY TO PERFORM AND DOCUMENT SPECIFIC ASSESSMENTS AND MANAGEMENT OF SYMPTOMS IN THE FOLLOWING AREAS: | | | |
| • Pain evaluation that includes use of a rating scale | | | |
| • Assessment of location, intensity, and duration of pain | | | |
| • Medication Program effectiveness | | | |
| • Pain medications indications and doses, actions and side effects | | | |
| DEMONSTRATES KNOWLEDGE OF MEDICATION MANAGEMENT AND DOCUMENTS OBSERVATIONS, TEACHING (PER PLAN), AND ASSESSED EFFECTS. REPORTS APPROPRIATELY | | | |
| • Cardiac Medications | | | |
| • Respiratory Medications • Inhalers, Nebulizers | | | |
| • Diabetic Medications (oral and Insulin therapies) | | | |
| • Anticoagulant therapies and monitoring | | | |
| • Neurologic/Behavioral Medications • Antidepressants, Antipsychotic, Anticonvulsants | | | |
| DEMONSTRATES SKILL IN PERFORMING SKILLED PROCEDURES: | | | |
| • Medication Administration: <ul style="list-style-type: none"> – Oral – Intramuscular – Subcutaneous – Intravenous – Suppositories – Heparin Administration – Insulin Administration | | | |

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|--|----------------------|--------------------|--|
| DEMONSTRATED SKILL IN USE OF EQUIPMENT | | | |
| • Electric beds | | | |
| • Specialized beds | | | |
| • Pressure mattress | | | |
| • Infusion Pumps | | | |
| • Ambulatory infusion pumps | | | |
| • Glucometers <ul style="list-style-type: none"> – Calibration and testing – Specimen collecting and reporting | | | |
| • C-PAP equipment | | | |
| • Oxygen concentrators and pumps | | | |
| • Home Ventilators | | | |
| • Hoyer Lifts | | | |
| • Walker | | | |
| • Wheelchair | | | |
| • Assistive devices | | | |
| DEMONSTRATES SKILL IN TEACHING CLIENTS IN ACTION AND IN DOCUMENTATION OF THE PLAN | | | |
| • Ongoing evaluation of learning needs of client/family | | | |
| • Provides teaching according to established plan | | | |
| • Documents client response | | | |
| • Documents response and progress toward goals | | | |

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|--|----------------------|--------------------|--|
| DEMONSTRATES KNOWLEDGE OF AGENCY SAFETY REQUIREMENTS AND ASSESSMENT OF SAFETY NEEDS IN THE HOME | | | |
| • Fire safety and use of extinguishers and warning devices | | | |
| • Hazardous materials | | | |
| • Emergency preparedness plan | | | |
| • Home safety evaluation (documentation /action taken) | | | |
| • Restraints | | | |
| • Personal safety practices | | | |