



# ORIENTATION HANDBOOK FOR NURSING FACULTY

ACADEMIC YEAR 2024-2025

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## GENERAL INFORMATION

This Orientation Handbook has been developed to ensure that faculty responsible for students at UK HealthCare have the information necessary for meeting the orientation requirements. A review of the handbook is required by faculty on an annual basis. It is the responsibility of faculty to relay any necessary information in this handbook to students.

In addition to reviewing the Faculty Handbook, faculty supervising students in the Kentucky Children’s Hospital are required to review the *Faculty Orientation Manual for Kentucky Children’s Hospital* (located in the appendix). Faculty with students in Kentucky Children’s Hospital are expected to have demonstrated recent clinical experience in the care of pediatric patients.

This handbook, as well as the *Orientation Handbook for Nursing Students*, is available at: [ukhealthcare.uky.edu/doctors-providers/nursing/nursing-education/faculty-orientation](http://ukhealthcare.uky.edu/doctors-providers/nursing/nursing-education/faculty-orientation).

### ADDRESS

UK HealthCare  
800 Rose St.  
Lexington, KY 40536-0293

### WEBSITE

[ukhealthcare.uky.edu/doctors-providers/nursing/nursing-education/faculty-orientation](http://ukhealthcare.uky.edu/doctors-providers/nursing/nursing-education/faculty-orientation)

### POINT OF CONTACT

- Elaine Smith  
Staff Development Specialist  
Student Placement Coordinator  
Office: H-704  
Office: 859-218-4903  
Cell: 859-200-0865  
[elaine.smith2@uky.edu](mailto:elaine.smith2@uky.edu)
- Margie Summers  
Director of Enterprise  
Nursing Development  
Phone: 859-323-0433  
[margie.summers@uky.edu](mailto:margie.summers@uky.edu)



# WELCOME

Welcome to Chandler Hospital, Kentucky Children’s Hospital and Good Samaritan Hospital. We are excited to welcome you and your students and look forward to being part of an exciting educational experience for each of you. UK HealthCare nursing takes pride in providing exceptional care to patients and their families. In order to continue this tradition, we are committed to our mission of providing high-quality educational opportunities for students.

Additionally, we recognize the role we play in creating the nurses of the future who will care for our patients. We look forward to working with each of you to facilitate the process of developing these future nurses, nurses who will contribute to the health of the people of the Commonwealth of Kentucky. Thank you for choosing us to assist you in this worthy endeavor, and let us know what we can do to help you in your important work.

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Gwen Moreland, DNP, RN, NE-BC  
Chief Nurse Executive  
UK HealthCare

## MESSAGE FROM **NURSING PROFESSIONAL DEVELOPMENT**



Nursing professional development (NPD) is a vital phase of lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support achievement of career goals (ANA, 2000). At UK HealthCare, the department of Nursing Professional Development is committed to facilitating the ongoing professional development of nurses to support lifelong

learning, advance professional nursing practice and optimize patient outcomes. We are dedicated to the highest standards of quality and safety in patient care, and the ongoing pursuit of evidence-based practice and practice improvement.

In addition, we strive to employ best practices in learning and development, the principles of shared governance in nursing practice, and the development of values consistent with the Magnet Recognition Program.<sup>®</sup> We share the University’s mission of excellence in education in an environment supportive of diversity and inclusiveness.

Welcome to UK HealthCare – we look forward to having you here!

For questions or assistance, please contact:

- Kathy Isaacs, PhD, RN, NEA-BC  
Chief Nursing Officer  
Kentucky Children’s Hospital  
Nursing Professional Practice and Development  
UK HealthCare  
Phone: 859-323-4192  
Email: [kathy.isaacs@uky.edu](mailto:kathy.isaacs@uky.edu)
- Margie Summers  
Director of Enterprise  
Nursing Development  
Phone: 859-323-0433  
Email: [margie.summers@uky.edu](mailto:margie.summers@uky.edu)
- Elaine Smith, MSN, RN, NPD-BC  
Student Placement Coordinator  
Phone: 859-218-4903  
Email: [elaine.smith2@uky.edu](mailto:elaine.smith2@uky.edu)



## FACULTY RESPONSIBILITY

### Faculty and Student Orientation

Clinical faculty members new to UK HealthCare are required to meet with the student placement coordinator prior to starting clinical experiences with students. This gives the faculty member time to ask questions and review the required paperwork for the facility prior to their clinical group starting. Orientation to the assigned unit must be arranged by the faculty with the unit manager if new to the institution or clinical area. Each new faculty member can expect to spend one to two days on a unit shadowing an RN prior to commencing orientation for their clinical group.

Faculty instructors are required to provide an orientation for their students to review, expand upon, and answer any questions regarding the information provided for the students in the *Orientation Handbook for Nursing Students*. It is the responsibility of each faculty instructor to obtain and distribute the handbooks. These handbooks have been developed to ensure that

orientation is provided prior to the students' first clinical experiences. The student handbook introduces the students to the expectations and standards set forth by the UK HealthCare. The handbooks are to be given to all undergraduate and graduate nursing students, LPNs, or nursing assistant students by each faculty instructor.

### Please Note:

All faculty documentation must be complete and submitted to the student placement coordinator prior to the first day of the clinical rotation. Failure to comply with required documentation may result in immediate dismissal of the clinical group from the unit until further notice.

Required student documents must be complete and submitted to the Student Placement Coordinator prior to any patient contact or care assignment. Failure to submit student documents may result in immediate dismissal of the clinical group from the unit until further notice.

*"Tell me and I forget, teach me and I may remember, involve me and I learn."*

**BENJAMIN FRANKLIN**



## PLACEMENT PROCESS

### Coordination of Student Placement

The process of student placement begins with the activities of the Bluegrass Planning Committee. This organization meets biannually and is comprised of representatives of all schools of Nursing and Clinical Agencies within the Central Kentucky Bluegrass area. Each academic program requests student placement for the following semester and agencies agree on what can be accepted. As a faculty member, this committee has cleared your agency affiliation, unit assignment and limit on numbers of students. Clinical groups are given approval at this meeting. Preceptorships and MSN student approval is tentative based on preceptor availability and will be finalized closer to the start of the semester. Requests for preceptorships must also be initially requested through the Bluegrass Planning process.

The student placement coordinator within the Department of Nursing is responsible for coordination of all undergraduate

nursing student placements within the medical centers.

### Types of Student Placements Available

**A. Clinical Group:** Supervised directly by school's clinical faculty instructor/professor.

**B. Preceptorship/Synthesis Experience:** Supervised directly by UK HealthCare staff registered nurse with school's clinical faculty/instructor available by phone, pager or onsite.

### Clinical Group Placement Guidelines

1. Only one clinical group can be on a unit at one time.
2. Clinical Faculty can only supervise students on the unit for a maximum of 12 hours in a 24-hour period.
3. Prior to the beginning of each semester, the clinical instructor should confirm the units, dates, times and number of students

with the student placement coordinator. If you do not plan to use a unit that was originally requested and granted, please forward that information as soon as possible.

4. The faculty member is expected to be **CONTINUOUSLY AVAILABLE** to non-precepted undergraduate students during clinical hours and to provide **DIRECT** supervision for techniques that are unfamiliar to the students.
5. Faculty is responsible for determining student assignments after discussion with nursing staff. An assignment form should be posted on the clinical unit as soon as assignments are made. Students coming in for pre-clinical assessments may do so at a time when there are no other nursing students on the unit. This time must be approved through Bluegrass Planning.

## PLACEMENT PROCESS

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6. As a courtesy to patients, please let the patient know that they will be having a nursing student with faculty supervision.
7. Objectives for the clinical experience should be shared with the patient care manager prior to the first clinical experience.
8. Be aware that, at times, preceptorships for new staff as well as students may be occurring in the clinical area. Preceptees work with RN staff with whatever assignment they have for that shift (direct patient care, record reviews, in-services, facilitation of student clinical experiences, etc.).

### Preceptorship: Student Placement

**Definition:** A “preceptorship” is a clinical experience that links a senior nursing student with an experienced registered nurse employed at UK HealthCare. The student “preceptee” performs that clinical experience during the scheduled work shifts of the RN “preceptor.” Nursing student preceptorships are requested via the Bluegrass Planning process. Faculty or the clinical coordinator should give a list of students needing preceptorships to the student placement coordinator. The student placement coordinator will then arrange preceptors for as many of the students as possible. Patient care managers should not be directly contacted for student preceptors unless directed to do so. The guidelines are as follows:

1. To verify the data submitted to the previous Bluegrass Planning meeting, faculty should contact the student placement coordinator first. This will ensure that information regarding school priority placements is known and will provide ideas for unit preceptor opportunities.
2. Faculty will submit a list of students to the student placement coordinator for preceptorship placement.
3. Objectives and measures of success developed by the student and supervising faculty member should be shared with the patient care manager and the preceptor prior to the first clinical day.
4. Faculty is expected to orient students on the unit for a clinical rotation at UK.
5. A student may contact a preceptor only after the faculty facilitator has made the contact with the patient care manager and objectives have been shared.
6. Preceptor students may be on a unit at the same time as a clinical group.
7. Please bring any student placement questions or concerns to the student placement coordinator.

### Preceptorship: Undergraduate Students

Faculty is expected to meet with the student and preceptor on

a REGULAR basis during the semester. Expectations of the faculty for preceptor involvement in the evaluation process should be shared at the first student/faculty/preceptor conference. The faculty member will negotiate availability of the faculty as a resource during student clinical hours with the preceptor, student and patient care manager (PCM) of the unit. The school’s clinical faculty/instructor is expected to be readily available by phone, pager or onsite. Objectives for the clinical experience should be shared with the PCM and preceptor prior to the first clinical experience. Students do not receive independent access to the PYXIS system. Student access to the electronic medical record system (Epic) is dependent upon completion of appropriate request and student training. Students are not granted individual/independent access to other secure computer systems.

### Preceptorship: Graduate Students (including students in advanced practice nursing programs)

Requests for graduate student clinical assignments will be made to the Office of Learning Experiences (OLE). Objectives and clinical plan are to be submitted to the OLE. The OLE office can be reached at [ukhealthcare.uky.edu/ole](http://ukhealthcare.uky.edu/ole). Graduate students on a unit are expected to inform the RN caring for the patient when they first arrive on the unit and communicate their objectives. If the graduate student plans a clinical experience to include direct patient care, it is expected this will occur at a time when no other student groups



## PLACEMENT PROCESS

are on the unit unless approval is received by the patient care manager and the student placement coordinator. The student will communicate with the assigned registered nurse preceptor to receive reports and to communicate any pertinent patient information during the clinical experience. Care given must be documented and reports provided to the nurse preceptor at the completion of the clinical experience.

**If any graduate or undergraduate nursing student is planning a project or research activity at UK HealthCare as part of their student experience, a nursing research proposal must be submitted to the chairperson of the Nursing Research Committee from the individual**

**investigator. If the study involves human subjects, approval may also be subject to review by the Medical Institutional Review Board. Please contact Kathy Isaacs, Director, Nursing Professional Development at [kathy.isaacs@uky.edu](mailto:kathy.isaacs@uky.edu) or 859-323-4192 prior to beginning any project/research activity.**

### Hospital Observers

An observer is defined by Hospital Policy HP01-20 (Hospital Observers) as one of the following:

- A student, trainee or practitioner in the area of health care who is participating in university training under the supervision of a university health care provider.
- A university non-health care professional who is participating

in training to perform their university responsibilities.

- A person authorized by the patient(s) to be observed pursuant to a properly executed HIPPA-compliant authorization.

**Note: This policy excludes students, trainees and practitioners who are under general supervision.**

The sponsoring department will make arrangements with:

Observation & Learning Experience  
Hospital Administration  
310 S. Limestone, B113  
Lexington, KY 40508  
859-218-5788  
[ukhealthcare.uky.edu/ole](http://ukhealthcare.uky.edu/ole)

## PATIENT CARE MANAGER CONTACT INFORMATION

The PCM is accountable for patient care on their unit(s). An initial contact with the PCM should be made by the clinical instructor who will be utilizing a specific patient care area. Communicate with the PCM routinely to discuss special student needs, student objectives and problem resolution for that specific unit. A listing of the PCMs with phone numbers and email addresses is provided (see resource for PCMs & SDS).

CHANDLER PAV A	PCM	OFFICE PHONE	EMAIL ADDRESS
12.100 CVICU	Demond Jackson	218-4142	dejack3@uky.edu
12.100/200 MICU	Adam Gould	323-0852	adam.gould@uky.edu
11.100 MCC	Kimberly Cundiff	323-6154	ktayl2@uky.edu
11.200 BMT	Mary-Margaret Forte	218-7967	mafort2@uky.edu
10.100 Universal	Barbara Mitchell	323-9320	bmitc2@uky.edu
10.200 Universal	Jennifer Rutherford	323-9060	jennifer.rutherford@uky.edu
9.100 Universal	Tiffany Overbeck	323-9151	tiffany.hunter@uky.edu
9.200 Trauma Universal	Shannon Johnson	218-3495	seturb2@uky.edu
8.100 CV Tele Progressive	Sherry Griggs	323-6871	sherry.griggs@uky.edu
8.200 CVICU/ CV	Demond Jackson	218-4142	dejack3@uky.edu
7.100 ICU Trauma/Surgical Services	Rebecca Charles	323-4392	rebecca.charles@uky.edu
7.100 Trauma Universal	Kenneth Noble Powell	323-9124	knpowell123@uky.edu
7.200 Trauma	Christina Burton	257-5043	christina.burton@uky.edu
7.200 Trauma Surgical/Universal	Kim Morgan	218-5331	kim.morgan@uky.edu
6.100 Trauma and Surgical Universal	Holly "Mandie" Lightfoot	218-8198	holly.smith1@uky.edu
6.200 ICU Trauma/Surgical Services/Transplant ICU	Jodi Sifford	323-3825	jodi.sifford@uky.edu
6.200 Universal/Transplant	Jeanette Richards	323-4157	jeanette.sanders@uky.edu
5.100 Neuroscience	Patricia "Trish" Darnell	218-2677	trish.darnell@uky.edu
5.200 Neuroscience ICU	Heather Vance	323-3511	heather.vance@uky.edu
5.200 EMU	Stephanie Gerall	218-1491	stephanie.gerall@uky.edu
PreOp/PACU/Pediatric PACU	Stephanie Paulin	323-6073	staphanie.paulin@uky.edu
Interventional Radiology	Holli A. Roth	562-0788	holli.roth@uky.edu
Interventional Services Prep/Recovery	Nathaniel A. Wright	323-6659	nathaniel.wright@uky.edu
Diagnostic Radiology	Kimberly Trammell	323-6131	kimberly.trammell@uky.edu
Emergency Services	Josh Bryan	257-8869	ja.bryan@uky.edu
Pediatrics ED	Ronald L. Duerr	257-1728	ronald.duerr@uky.edu
Enterprise Central Sterile Manager	Jared Weber	323-4487	jared.weber@uky.edu
CHANDLER PAV H/HA	PCM	OFFICE PHONE	EMAIL ADDRESS
Dialysis	Brandi Adams	323-8911	brandi.adams@uky.edu
8 Main PAV H- Medicine Universal/ 2 CDU	Morgan Ferguson	562-3153	morgan.lavy@uky.edu
7 Main	Stephanie Gerall	218-1491	stephanie.gerall@uky.edu
7E/2TU, 9.100 ERU	Pamela Lane	323-0883	pamela.lane@uky.edu
6 Main Cardiovascular	Carrie Nichols	562-0871	cjrobe3@uky.edu
5 Main Acute Care-Internal Medicine/ 5N research	Marcia Alverson	323-3236	marcia.alverson@uky.edu
Per Diem/Rapid Response (Capacity Command)	Sherry Kopser	323-1166	sakops2@uky.edu



## PATIENT CARE MANAGER CONTACT INFORMATION

<b>BEN ROACH CANCER CARE</b>	<b>PCM</b>	<b>OFFICE PHONE</b>	<b>EMAIL ADDRESS</b>
3 Women's Care - Oncology	Molly Bradley-McNemar	562-1641	mjfeld2@uky.edu
<b>KENTUCKY CHILDREN'S HOSPITAL/ WOMEN'S CARE</b>	<b>PCM</b>	<b>OFFICE PHONE</b>	<b>EMAIL ADDRESS</b>
3rd Floor Adolescent Behavioral Health	Elizabeth Fields	218-4269	eale238@uky.edu
4 East/4 West/KCH Outpatient/Pediatric IV Team	Lisa Butcher	323-0698	lisa.butcher@uky.edu
PICU/PCICU/PCU/ 4 North/KCH OnCall, PerDiem Pool	Stephanie George	257-1097	Srgrif2@uky.Edu
Postpartum and Newborn Nursery (MBU/NBN)	Tina Wells	323-7997	tina.wells@uky.edu
Labor and Delivery and 3 North (LDR/3N)	Jennifer Dent	323-5979	jennifer.dent@uky.edu
NICU/NACU	Shannon Haynes	562-1039	shannon.haynes@uky.edu
Children's Sedation and Procedure Unit (CSPU)/ Pediatric Transport	Dan Andrews	218-3404	daniel.andrews@uky.edu
<b>GOOD SAMARITAN</b>	<b>PCM</b>	<b>OFFICE PHONE</b>	<b>EMAIL ADDRESS</b>
GS 7 Main	Jennifer Noffsinger	218-3708	jennifer.gibson1@uky.edu
GS 6 Main	Sheena Pitzer	218-0203	sheena.broyles@uky.edu
GS 5 Main	Abby Pulliam	218-9331	abby.pulliam@uky.edu
GS 4 West/Main	Maura Jackson	218-2578	maura.jackson@uky.edu
GS 4 ICU	Seth Curtis	562-1502	seth.curtis@uky.edu
GS 3 Behavioral Health Unit	Karen Gaible-Carroll	218-9369	karen.carroll@uky.edu
GS 3 Main	Savanna Carroll	562-1976	srsu223@uky.edu
GS Perioperative Services/Pre-op & PACU	Andrea Nachtigal	218-9427	andrea.nachtigal@uky.edu
GS Surgery	Sherri Stevens	218-9411	sherri.stevens@uky.edu
GS ED	Ryan Bice	323-9518	ryan.bice@uky.edu
<b>GILL PAV G</b>	<b>PCM</b>	<b>OFFICE PHONE</b>	<b>EMAIL ADDRESS</b>
CAS OR	Rebecca Webster	323-5975	rebecca.webster@uky.edu
Center for Advanced Surgery (CAS)	Tonja Maynard	323-6190	tonja.maynard@uky.edu
Unit Cardiac Cath Lab	Kim Nicodemus	218-5754	kim.nicodemus@uky.edu
Echo Lab, Gill Heart Institute	Melissa Bond	257-5461	melissa.bond2@uky.edu
Nuclear Cardiology	Leslie Calmes	218-1925	lawall2@uky.edu
Heart Station	Megan Payne	562-0864	mefole3@uky.edu



## NURSING ADMINISTRATION SERVICES

Nursing Administration Services provides support to the divisions of patient care services. Nursing leaders are listed below for your reference.

NURSE LEADER	TITLE
Colleen Swartz	Vice President for Hospital Operations
Gwen Moreland	Chief Nurse Executive
Brandy Mathews	Chief Nursing Officer
Paula Works	Interim Chief Advanced Practice Officer
Julie Hudson	Assistant Ops Executive, Perioperative
Kathy Isaacs	Chief Nursing Officer
Patty Hughes	Chief Nursing Officer
Marc Woods	Chief Nursing Officer
Mandi Martin	Director, Oncology
Sarah Lester	Director, Nursing Practice and Excellence
Margie Summers	Enterprise Director, Nursing Development
Kim Blanton	Director, Cardiovascular Services and Infection Prevention and Control
Benjamin Hughes	Director, Medicine Services
Patti Howard	Director, Emergency Services
Lisa Thornsberry	Director, Medicine Services
Leah Perkins	Director, Neurosciences

# UK HEALTHCARE POLICIES & PROCEDURES

- Hospital Policies
- Nursing Policies
- Nursing Protocols (under Nursing Policies)
- Nursing Continuing Education
- Nursing Web Page

Please refer to [hosp.uky.edu/careweb](http://hosp.uky.edu/careweb) for any additional policy information.

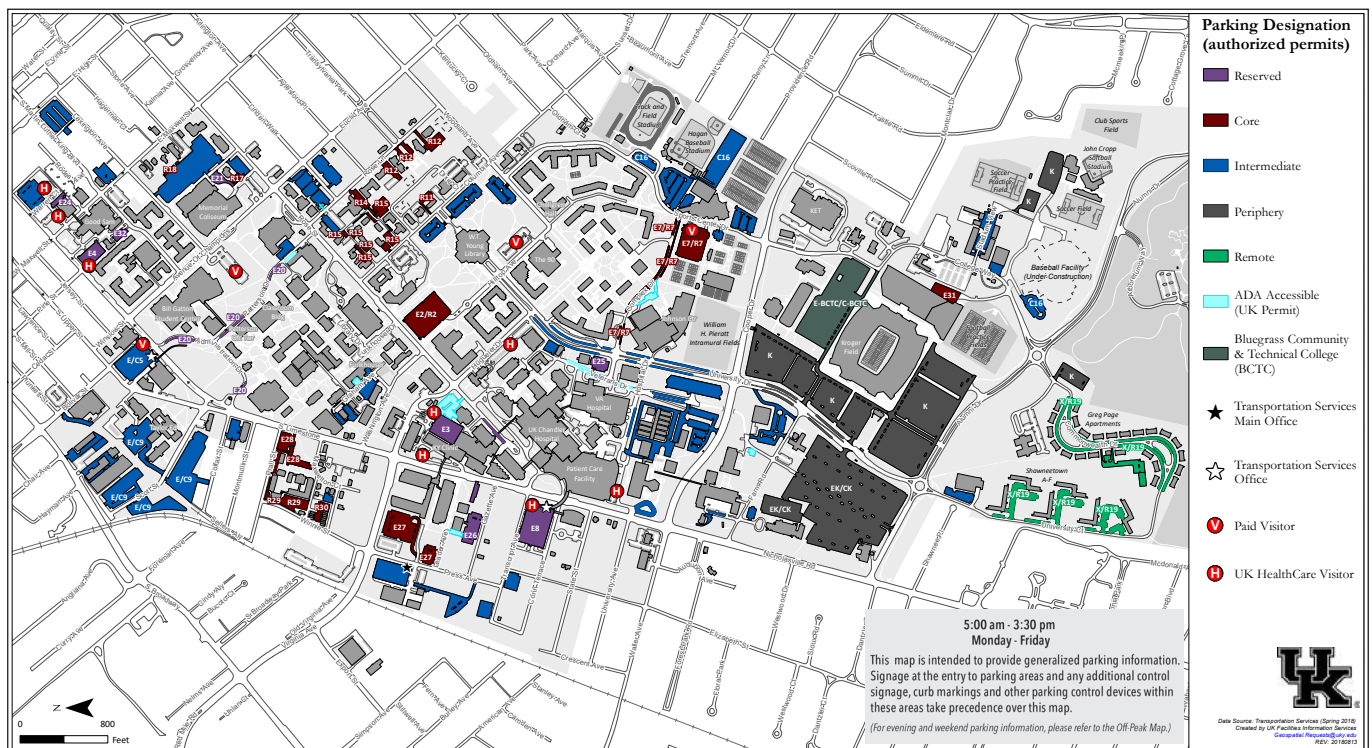
## PARKING

Faculty and students are responsible for obtaining a parking pass for UK HealthCare Chandler Hospital, Kentucky Children’s Hospital and Good Samaritan Hospital.

Faculty members are eligible for an E parking permit; non-UK College of Nursing faculty should apply for a “Visiting Professor” parking permit. Permits can be obtained at Parking Structure #6, on the corner of Virginia and Press avenues. Students who plan to drive may apply online for a student parking permit at [uky.edu/pts](http://uky.edu/pts).

Students enrolled at the University of Kentucky follow standard student procedures to obtain parking. Students enrolled in other colleges and universities are required to apply in person at 721 Press Avenue (inside Parking Structure #6, on the corner of Virginia and Press avenues).

**Parking is not permitted in any of the Hospital/Clinic Patient/Family Parking structures.** For more information, the P&TS phone number is 859-257-5757.



## IDENTIFICATION BADGES

All clinical instructors must obtain an individual UK ID badge. The new badges consist of a WildCard ID (which has the technology – such as door access) and a UK HealthCare specific badge for clear identification.

- Each school should have student badges assigned by the clinical instructor each semester. This badge must be worn in addition to the student's school identification badge during their clinical experience. At the end of the semester, the clinical instructor must get the UK assigned badge back from the clinical student so that the clinical instructor can use it again the next semester.
- The clinical instructor for all schools will need to complete the identification badge assignment form and email it to the student placement coordinator at elaine.smith2@uky.edu and security at securityIDBadges@uky.edu at least one week prior to start date in order for the badges to be activated.

## ELECTRONIC MEDICAL RECORD

UK HealthCare has implemented electronic documentation. Nursing documentation and documentation of medication administration will be performed via the Epic computer system.

### Documentation Faculty Access

Access may be granted to Epic for clinical faculty/instructors following completion of an initial training class and competency. The Student Placement Coordinator will offer training dates and times to faculty members prior to the start of each semester. It is the responsibility of the faculty member to sign up and attend this class.

For returning instructors who have documented in the Epic system within six months or less, an online review module is available as a refresher. Returning instructors who have NOT documented in the Epic system for six months or greater are required to repeat the classroom training and competency.

Clinical instructors may be required to complete additional training in the event of major upgrades or changes to the documentation system. Minor changes to the Epic system may be included in general communication to instructors and/or schools.

### Documentation Student Access

Students have the opportunity for View Only or Nursing Student Documentation access to Epic. The process for student Epic access is as follows:

- Each school or clinical instructor must submit an Epic Access Request Form to the student placement coordinator by the semester deadline:
  - o Fall semester – August
  - o Spring semester – December
  - o Summer semester – May
- Requests for access will be made to the UK IT Security Department by the student placement coordinator. Building individual access for students into the system may take up to four to six weeks, or longer during peak times.
- Students, regardless of prior Epic training and experience, must complete the appropriate training module and competency each semester. Training modules are provided to the school by the student placement coordinator



## ELECTRONIC MEDICAL RECORD

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- The school or clinical instructor will notify the student placement coordinator when student Epic training is complete.
- A confidentiality agreement in the Student Handbook must be signed by the student and returned to the Student Placement Coordinator.
- Students are required to complete training and sign the confidentiality agreement prior to accessing the system. Once proof of training and signed confidentiality agreement are received by the student placement coordinator, user names and login IDs for access will be provided.
- All student documentation must be co-signed by the instructor or designated preceptor.

**If you have any questions, please contact the student placement coordinator.**

## PYXIS ES MEDSTATION

### **Pyxis Medstation Access**

- Most units in the hospital use this User ID-restricted-access medications storage unit. Faculty: Please read and complete the application for your access and return to the student placement coordinator for authorization. Students won't be given independent access to medications.

### **Pyxis Materials Access**

- Most units in the hospital use a restricted-access cabinet for supplies. Contact Robert Payton at [rjpayt2@email.uky.edu](mailto:rjpayt2@email.uky.edu) or 859-323-5172 to obtain faculty user access.

# MEDICATION ADMINISTRATION

## Student Practice Guidelines

- Please refer to policy for undergraduate and graduate nursing student guidelines for clinical practice.

## Medication Policies

### 1. Medication Administration

- a. Refer to Policy # ND14-01.

### 2. Labeling Medications and/or Solutions

- a. Refer to Policy # ND14-01 & ND14-05.

### 3. Range Order for Medications

### 4. High Risk/High Alert Medications

- a. UK HealthCare, in an effort to adhere to the National Patient Safety Goals, follows The Joint Commission's recommendation for identifying High Alert Medications.

### 5. IV Therapy Medications – Adults

- a. Refer to Policy #ND14-06, ND14-05 & NI08-03.

### 6. PCA

- a. Refer to Policy # NP08-01.

### 7. Epidural

### 8. Alaris Pump

### 9. Insulin and Heparin gtt

- a. Refer to Policy # ND14-05.

### 10. Unacceptable Abbreviations

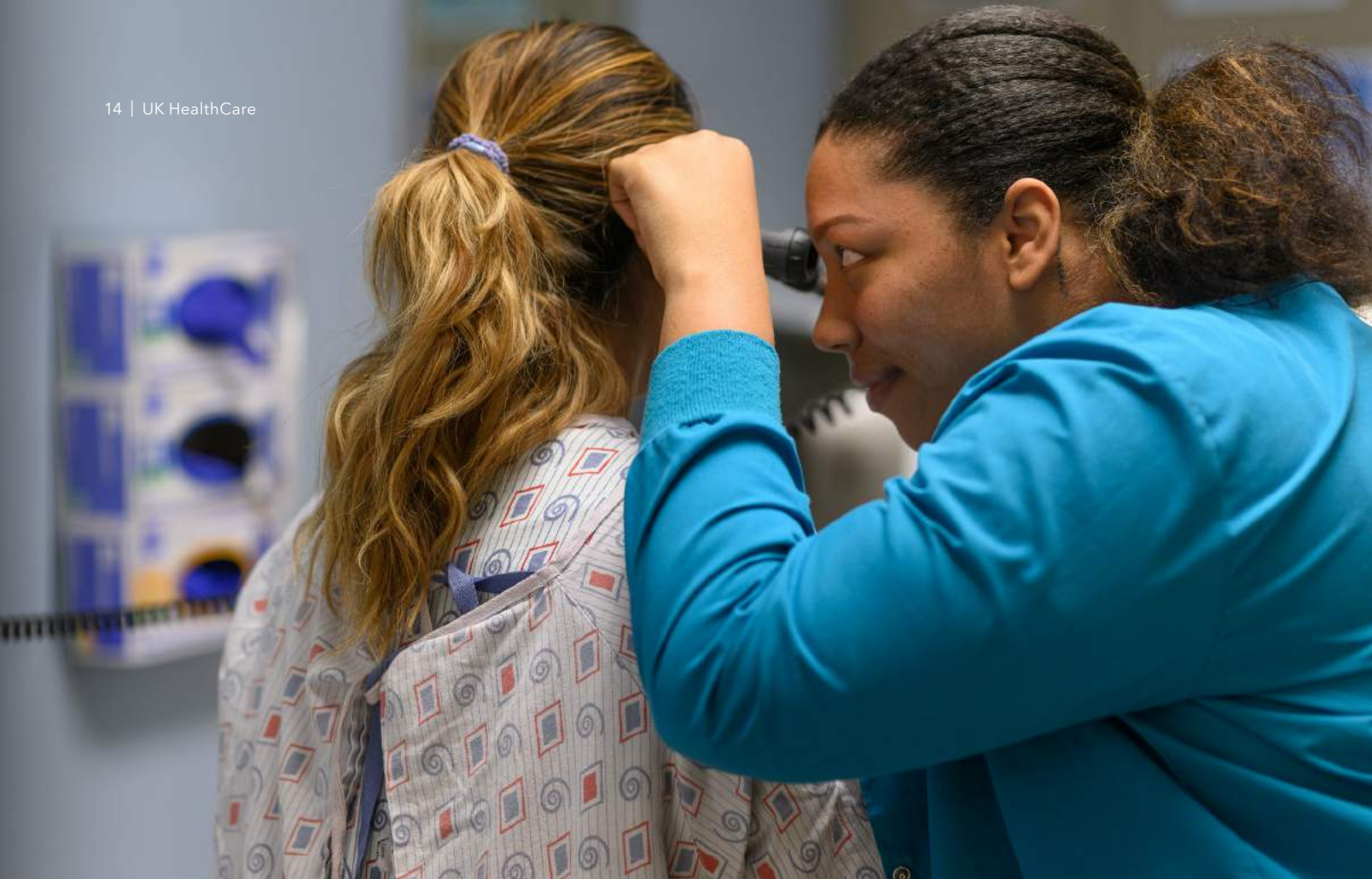
- a. UK HealthCare, in an effort to adhere to the National Patient Safety Goals, follows The Joint Commission's Official "Do Not Use" List for medical abbreviations.

# POINT OF CARE TESTING

The Joint Commission and the College of American Pathologists are the accrediting agencies that establish the regulatory standards for Point of Care testing within the UK HealthCare system. These agencies require that initial training and ongoing competency assessments be performed and documented for all persons performing any patient testing. Faculty and students may not perform any non-waived testing. If waived testing is performed in an area of rotation and faculty wish to include it in the curriculum, regulatory standards must be followed. Proper training and competency must be established as well as proper reporting and documentation of any patient testing results.

Most of the areas in the UK Chandler and Good Samaritan hospitals use a point of care blood glucose monitoring system. Faculty performing blood glucose monitoring must attend the UK HealthCare training class and maintain annual competency. Once trained and certified, they can demonstrate the use of the blood glucose monitoring system to their students. Students may not perform any testing themselves, even under the supervision of the instructor, unless they have also attended the UK HealthCare training class and maintain competency requirements.

Federal regulations mandate the person performing the testing must also be the person documenting the results in the patient medical record. Anyone performing testing must, therefore, have training and access to these reporting systems. It is against the University of Kentucky security policies to share individual login and password information. If you have further questions, please contact the Point of Care office in the Clinical Laboratory at 859-257-3051.



## EDUCATIONAL OPPORTUNITIES

### Flu Shots

An additional opportunity exists in the fall for students to assist with the administration of flu shots. Please contact the student placement coordinator if you would like for your students to have this experience.

### Nursing Educational Opportunities

Continuing educational opportunities for nursing personnel are coordinated by Nursing Staff Development. Refer to the monthly staff development calendar posted on the clinical unit or contact the Staff Development Specialist for the clinical unit for programs being offered that may be beneficial to students.

Nursing students and faculty may attend most offerings within the hospital at no cost. Register students or faculty for programs or obtain more information by calling the Nursing Staff Development office at 859-257-1658.

### Health Information Resource Library

The Health Information Library (HIL) or commonly referred to as the Patient Education Library is located in Pavilion A first floor of the hospital near the Information Desk. Education services are provided by a registered nurse patient manager and a patient education librarian. Staff is usually available from 8 a.m. to 4:30 p.m., Monday through Friday. The information library is an excellent resource for students to obtain patient education materials. Hospital nursing units utilize the Krames on Demand system for inpatient teaching. The intranet website may be accessed [atmc.uky.edu/patiented/](http://atmc.uky.edu/patiented/).

### Working Opportunities at UK HealthCare

Please share with your students that UK offers several work-related opportunities while they are in nursing school. The first is to work as a nursing care technician (NCT). Another opportunity is for a nursing student to work during the summer with the Student Nurse Academic Practicum program. For students interested in either of these programs, please have the student contact the office for Nurse Recruitment at 859-257-4862.

## PATIENT CARE AND SAFETY

### Patient Rights & Responsibilities

#### At UK HealthCare, the patient has a right to:

- receive care, no matter what your religion, sex, race, disability, sexual orientation or gender identity.
- know what's medically wrong and how we can help them get better. We'll also tell them the things they'll need to know when they get home so that they can stay well.
- know the names of their doctors and nurses.
- feel safe here and ask questions if they have concerns.
- say "no" to anything we suggest.
- not be involved with research unless they want to be involved.
- receive help with pain.
- have their religious beliefs respected.
- have their regular doctor or a family member notified that they're in the hospital.
- have their choices about end-of-life decisions respected.
- be treated politely and with consideration.
- have their privacy respected.
- know about any rules that might affect them or their family.
- receive a copy of their medical records, request amendment to their records and request list of disclosures to their records.
- have their questions about any costs or bills answered at any time.
- complain about anything without worry. If they do not want to talk to their doctor or nurse, they can contact Customer Relations at 859-257-2178.

#### At UK HealthCare, the patient has a responsibility to:

- tell us everything we need to know about their condition and history.
- do what your doctor recommends or tell the doctor why they don't want to follow the recommendations.
- be considerate of the people with whom they come in contact.
- take part in making their hospital stay safe; be an active and involved part of their health care team.
- provide their health insurance information or ask us about other options available to assist them with their payments.
- let us know if they have legal papers about end-of-life decisions, such as a living will or advance directives. Tell a nurse if they want to make a living will or advance directives. Contact the Department of Patient & Family Services for more information at 859-323-5501.



PATIENT CARE AND SAFETY

**LIVING DIREcT VALUES**

DIVERSITY	INNOVATION	RESPECT	COMPASSION	TEAMWORK
<p>We foster a people-centered environment inclusive of all. We will always:</p> <ul style="list-style-type: none"> <li>• Respect differences of opinions.</li> <li>• Acknowledge the expertise of everyone.</li> <li>• Promote cultural sensitivity and social awareness.</li> <li>• Recognize unconscious biases and overcoming barriers.</li> </ul>	<p>We embrace continual learning and improvement to drive positive change. We will always:</p> <ul style="list-style-type: none"> <li>• Be visionary with a passion for discovery.</li> <li>• Continuously improve quality, safety and service.</li> <li>• Commit to always being safe and error-free.</li> <li>• Achieve optimal outcomes with our expertise, research and resources.</li> </ul>	<p>We value our patients and families, our community, our co-workers, ourselves, and the resources entrusted to us. We will always:</p> <ul style="list-style-type: none"> <li>• Foster a people-centered environment.</li> <li>• Demonstrate professional behavior and ethics.</li> <li>• Practice stewardship in resource management.</li> <li>• Commit to honesty, transparency, dependability, confidentiality and trust.</li> </ul>	<p>We express empathy for the needs, thoughts, and feelings of those we serve and with whom we work. We will always:</p> <ul style="list-style-type: none"> <li>• Display kindness to everyone.</li> <li>• Do our best to relieve suffering.</li> <li>• Promote healing and well-being.</li> <li>• Embrace patient- and family-centered care.</li> <li>• Encourage a welcoming and caring environment.</li> </ul>	<p>We cultivate meaningful relationships to create positive outcomes. We will always:</p> <ul style="list-style-type: none"> <li>• Share information to optimize value.</li> <li>• Be accountable for our actions.</li> <li>• Embrace inter-professionalism during care delivery.</li> <li>• Include and empower all members of the team.</li> </ul>

The hospital values its patients, visitors, employees, volunteers and students. As a result, sexual harassment and/or abusive, obscene, derogatory or profane language are prohibited. In addition, please refrain from jokes or other behavior that may be offensive to others. The hospital asks that professionals and students refrain from expressing personal problems, frustrations or negative comments. Remember: You are on display at all times and represent the profession of nursing and UK HealthCare whenever you are here.

**Cultural Awareness**

There are many ways to learn about each patient’s specific needs. Depending on the patient and your job, it may be appropriate to:

- Ask the patient questions (and talk with their family).
- Look around for clues, such as what the patient wears or keeps in their room, or how they act around others.
- Check with a supervisor for information.

See Policy HP08-06 for UK HealthCare: Cultural or Religious Impact on Patient Care

**Each Patient is Unique**

Always keep in mind that:

- Growth and development follow general patterns. But every person grows and develops in their own unique way.
- Not every member of a cultural group may share all of its values, beliefs or practices.
- A patient may appear similar to you, but still be different from you in certain ways.
- Avoid stereotyping a patient – consider all the factors that may affect their care needs.

## PATIENT CARE AND SAFETY

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### Hospital Policies and Procedures

The following references and resources are available on the UK intranet at: [hosp.uky.edu/careweb](http://hosp.uky.edu/careweb)

- Hospital Policies
- Nursing Policies
- Nursing Protocols (under Nursing Policies)
- Nursing Continuing Education

If you need to find out information about an investigational drug, ask a nurse on the unit to assist you.

### Confidentiality

Faculty and students must maintain the confidentiality of all patient medical records and information. All students will be subject to the University of Kentucky's Governing Regulations Part I regarding confidentiality of information. Agency's students must agree not to disclose such information to other persons unless UK has given its express written consent. UK agrees to make available such information to students for their use during regularly scheduled clinical rotations, provided those records may not, under any circumstances, be removed from UK without UK's express written consent. Any breach of patient confidentiality will result in termination of the clinical rotation of the students and/or faculty member involved. Students and faculty are cautioned to maintain patient confidentiality at all times. Clinical experiences should not be discussed using social media or personal emails. Please refer to UK HealthCare policies related to information security and the use of mobile, personal and other devices.

### Dress Code

- The hospital has a dress code designed to ensure that appropriate image, infection control and safety are maintained. No artificial nails are allowed. The Department of Nursing has established a dress code that is consistent with hospital policy and the needs of the department. (Policies: A09-085 and NU09-12)
- Uniforms or scrubs are worn by faculty and students when caring for patients.
- Any time students come to the hospital to review a chart in preparation for caring for a patient or to interview the patient, proper business street clothes must be worn. No jeans, shorts or other similar type of casual clothes are allowed. Storage space is very limited: Please bring as little as possible, and do not bring valuables in to the facility.

### Identification

To create a safe environment for everyone, all students must wear a UK ID badge. UK ID badges must be worn whenever you are in the hospital and working in the clinical setting. Faculty will advise every student of the badge policy for UK Hospital.

### Smoking Restrictions

All areas of the University of Kentucky campus, including the medical campus, are smoke free. Smoking is not allowed in any of the hospital parking areas for employees or patients; this includes all visitor parking garages and the K Lot at Kroger Field.

### Communication Channels

Each department/area has developed channels of communication that allow staff to access and exchange essential information. The information outlined below is designed to facilitate communication of key information for your assignment at the facility.

## PATIENT CARE AND SAFETY

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### Infection Control

#### Hand Hygiene

- The cleansing of the hands by hand washing or through the use of antiseptic hand wash, alcohol-based hand rub and/or surgical hand hygiene/antiseptics.
- Each employee, medical staff member and house staff member of UK HealthCare is responsible for proper hand hygiene.
- **The Threshold Rule:** All health care workers must practice effective hand hygiene every time they “cross the threshold” of the patient’s room or bed space area, regardless of whether or not the intention is to actually touch the patient.

#### Effective Hand Hygiene:

- Includes washing with soap and water or alcohol-based hand sanitizer.
- Soap and water: When hands are visibly soiled, after using the restroom, before eating or when caring for a patient with suspected or confirmed *Clostridium difficile*.
  - o Wet hands, use enough soap sufficient to cover hands, rub hands together for 15 seconds, rinse hands, dry with a paper towel and turn off faucet with a paper towel.
- Alcohol-based sanitizer: Used in situations where hands are not soiled with dirt or contaminated with blood or other organic material.
  - o Apply a dime to quarter size portion of sanitizer into hand (enough to coat all surfaces of the hands and fingers), and rub all over hands until dry.
- Nails
  - o Should be short enough to allow for thorough cleaning underneath them.
  - o Should not be long enough to tear gloves.
  - o Should never be artificial.
  - o Only CLEAR polish permitted. Nail polish, if applied, shall be freshly applied and free of chips.
  - o Lotion is provided in all nursing areas to assist in hand/skin integrity. An approved lotion is provided in all nursing care areas, which is compatible with other handwashing products used at UK HealthCare.

#### Infection Prevention and Control Information

Hospital staff follows standard precautions when caring for patients. If the patient is on other infection control precautions, isolation signage will be posted on the patient’s door.

Follow infection prevention and control measures as posted on door to patient room. See the nurse to obtain personal protective equipment if you must enter the patient’s room or have other contact with the patient.

**The Threshold Rule:** All health care workers must practice effective hand hygiene every time they “cross the threshold” of the patient’s room or bed space area, regardless of whether or not the intention is to actually touch the patient.

If the patients you are assigned need to be placed in precautions, resource information is located on the Infection Prevention and Control sharepoint site via UK’s CareWeb intranet.

#### Needle Stick Prevention

To avoid a needle stick, think safety:

- Place needles and other sharps in a sharps container immediately.

## PATIENT CARE AND SAFETY

- Do NOT recap needles.
- Do NOT place needles in trash or linen.
- Do NOT leave needles in bed or bedside tables.
- Do NOT overfill sharps container.

### Occupational Exposure

An occupational exposure is defined as direct contact with potentially infectious material such as a patient's blood and/or body fluids or with instruments that have come in contact with a patient's blood or body fluids. This may occur from a needle stick or cut with a contaminated instrument, a splash, or contact with a break in the skin barrier.

### Ancillary/Ambulatory Departments

#### MRI Safety

- All students are expected to adhere to the UK HealthCare policy (DR10-33) regarding MR Safety Education should they have any reason to be in the MRI safety zones #3 and #4.

#### Radiation Safety

- All students are expected to adhere to the UK HealthCare policies regarding radiation safety should they have exposure to any type of radiation (including pharmaceutical radiation) during their clinical rotation.

### Interim Life Safety

#### Construction Safety

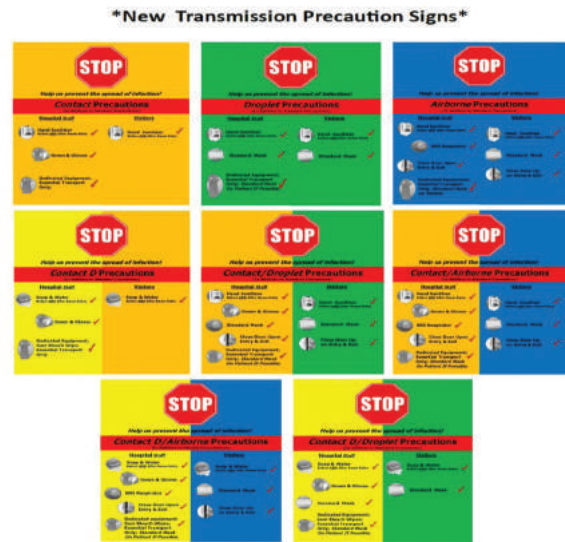
- The hospital is constantly is undergoing construction or renovation. Whenever a construction or renovation project compromises the life safety systems or poses a significant increase in safety hazards, the hospital implements temporary systems or interim life safety measures (ILSM) to help ensure the safety of its occupants. When an area is operating under ILSM, a sign will be posted.

### Hazardous Materials

- Depending on your assignment at the hospital, you may use or work around hazardous materials, such as cleaning supplies and chemicals. These materials may adversely affect your health if they are not handled safely and properly.
- In the hospital, hazardous materials are labeled to alert staff to the potential dangers. In addition, Material Safety Data Sheets (MSDS), which provide more detailed information and emergency response and spill procedures, are filed in the Hazard Communications Manual in your work area. Your instructor will provide you with information about the hazardous materials with which you may come in contact before you begin your duties.

### Medical Waste

- Waste that is wet with body fluids or blood must be disposed of in a red bag. Do not put other types of waste in the red bags. Large volume liquid wastes such as chest tubes and suction canisters are to be placed in the red barrels. Sharps are disposed of in the sharps disposal containers.



## PATIENT CARE AND SAFETY

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### Chemotherapy Waste

- Place all IV bags and tubing in ziplocked chemo bag and place it in a specific chemotherapy trash canister. This canister must be double lined with red bags. Needles and other sharps are disposed of in a regular sharps disposal container if they are empty. Syringes with remaining chemotherapy must be disposed of in a separate plastic container labeled “chemotherapy only.” Double vinyl glove or special chemo gloves to administer chemo should be worn for 48 hours after chemotherapy administration when handling blood and body fluids.
- In the event of a chemotherapy exposure or chemotherapy spill, notify your instructor and charge nurse and receive instructions.

### Electrical Safety

- The hospital environment has multiple electrical hazards due to the amount of electrical equipment necessary for patient care as well as being a setting for care of the electrically sensitive patient. This results in a potential for accidental injury causing severe burns to electrocution. The most immediate life-threatening consequence of severe electrical shock is ventricular fibrillation and respiratory arrest.
- All electrical equipment used in UK HealthCare must be inspected by Clinical Engineering before it is used. This includes equipment owned by patients, employees and hospitals. Equipment that is safe to use in patient care areas is tagged with a green sticker and must be within the annual inspection date on the label.
- Patient-owned electrical equipment is prohibited in patient care areas except when its use is essential to patient care. Exception: Up-to-date razors and hair care equipment may be used.
- Responsibilities of caregivers when using electrical equipment:
  - o Make sure Inspection Sticker is labeled 100 microamps or less and is within the inspection date.
  - o Check the equipment for signs of damage or malfunction. If signs of damage are present, unplug the equipment. Call Clinical Engineering. Complete an orange equipment failure tag.
  - o Remember that electricity and water do not mix!
  - o Do NOT touch electrical equipment, plumbing or metal fixtures when touching another appliance.
  - o If several pieces of equipment are attached to a patient, they should all be plugged into the same group of outlets.
  - o If equipment blows a fuse, call Clinical Engineering so that they can determine reason.
  - o All equipment in patient care areas must have a three-prong plug and a three-wire grounding cord. Patients may use radios, etc., using the battery but may not plug into outlets.

### Equipment Failure

Inspect medical equipment each time you use it. If you have a problem:

1. Take it out of service.
2. Complete an orange equipment failure tag. Do not change any settings.
3. Call Clinical Engineering and describe problem.
4. Complete a Reportable Occurrence form and include UK property number.

*Federal law states that health care facilities must report any incident in which there is reason to believe that a medical device caused or contributed to the death, serious illness or serious injury of a patient.*

### Power Outage

- Emergency electrical outlets are red. These are backed up by a generator. All critical patient care equipment must be plugged into red outlets.

## PATIENT CARE AND SAFETY

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### Incident Reporting

UK HealthCare seeks to provide a safe environment for patients, visitors and employees, to improve the quality of patient care, and to reduce the liability regarding occurrences. In order to accomplish these goals, staff are required to report all unusual occurrences regarding patients, visitors and employees and to act in compliance with established regulations. Each occurrence must be reported at the time it is discovered to guarantee that the information is accurate and complete. Faculty and students will be responsible for immediately notifying the unit manager (or designated nurse leader if unit manager is unavailable) upon recognizing a reportable occurrence. Faculty should also notify the student placement coordinator if an incident report has been filed. Students should communicate patient related and staff/hospital related concerns to their instructor.

Reportable incidents include but are not limited to:

- Falls
- Exposures (blood, body fluids, chemical or airborne)
- Sharps injuries (including needle sticks)
- Lacerations
- Contusions
- Back injuries
- Burns
- Equipment malfunction
- Medication errors
- Any variation in standard procedures or practice that increases risk of results in injury
- Verbal or physical assault to an employee, faculty and/or student
- Known or suspected confidentiality breach

The following steps must take place for **ALL** students and/or clinical instructors for any exposure incident:

1. Render first aid.
2. Notify the instructor (if a student).
3. Ask a UK HealthCare employee to help you complete an online incident report on the Care Web or fill out an online incident report at [careweb.mc.uky.edu/psn/](http://careweb.mc.uky.edu/psn/).

**Then, for University of Kentucky students or clinical instructors:**

4. Follow directions inside the Occupational Exposure packet (which includes following up with University Health for post exposure care).

**Or, for non-University of Kentucky students or clinical instructors:**

5. Follow the policy or protocol set in place by their school for exposure. All non-UK Students should know their university's protocols/procedures for blood borne exposures. The student should follow their university's protocols for their exposure workup.
6. To obtain the source patient labs, UK HealthCare will facilitate this. Call the Infection Prevention and Control office at 859-323-6337 during normal business hours. After hours or holidays, contact the IPAC nurse on call. You can reach the nurse on call by accessing the IPAC website via the UK Care Web. The calendar is on the left side, or you can use the UK Beep system to find the nurse on call.

## PATIENT CARE AND SAFETY

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7. Have the following information ready:

- Student or clinical instructor name and contact information
- Source patient's name and medical record number
- Date and location of incident
- Circumstances of exposure (i.e.: recapping a needle, discontinuing a Foley catheter)
- Name and contact information of the physician that the student or clinical instructor will be seeking care from

8. Obtain the non-UK HealthCare exposure packet and follow the directions inside the packet. The packet is for the source patient labs only. The exposed student should follow their university's policies/procedures to have their work-up done appropriately.

### Codes

The hospital uses specific codes to alert staff about hazards or potential hazards in the area or call designated staff to action. These codes are designed to communicate information to those that need it without unduly alarming patients and visitors.

For your information and convenience, a list of pertinent codes is outlined below:

**CODE RED:** Fire or fire alarm

**CODE BLUE/PEDIATRIC CODE BLUE:** Cardiac arrest

**CODE PINK:** Missing infant or child

**CODE YELLOW:** Community or mass casualty disaster

**CODE VIOLET/ASSISTANCE PLEASE:** Combative patient

**CODE BLACK:** Bomb threat

**TORNADO WARNING, PHASE II:** Tornado has been spotted in area

**CODE SILVER:** Active shooter

Designated staff members have assigned roles in response to these codes. Ask about your role in these and other response procedures. If the nursing staff provides you with additional instructions, please follow them to ensure your safety and the safety of others.

### Fire Prevention and Management – Code RED

If fire, smoke or excessive heat is detected within the hospital, the fire notification system is activated. You will hear chimes over the paging system, followed by the code Code Red and the location of alarm. In addition, the alarm system is activated periodically for fire drills and system testing. When an alarm is activated, smoke and fire doors throughout the building close. In addition, staff will close doors to patient rooms, clear corridors and implement other response procedures. Your role in fire response: During your assignment at the hospital, you have a role in fire response. In all cases, your primary role is to ensure the safety of yourself and others in the area.

If you discover a fire in the area: RACE

1. Rescue anyone in immediate danger, if possible.
2. Activate the fire alarm and call 911.
3. Contain smoke/fire by closing door.
4. Extinguish the fire (if possible), and evacuate the area (if necessary). If a full or partial evacuation is necessary, you will be issued instructions over the paging system.

## PATIENT CARE AND SAFETY

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### Adult/Pediatric – Code Blue

Dial 3-5200 at Chandler, select option 1, and tell the operator calling code blue and your name, patient location and what pavilion you are in (Chandler, Pavilion A, Markey Cancer Center, etc.).

Dial 3-5000 at Good Samaritan Hospital, select option 1 and tell the operator that you are calling a code blue, your name and patient location.

### Infant/Child Abduction – Code Pink

1. Security Measures for inpatient infant and children:

- To protect the safety of newborns in the Birthing Center and infants and children in Kentucky Children’s Hospital, it is vital that special care be taken to ensure these young patients are released only to the mother or person legally responsible for their care. Review Hospital Policy 01-27, *Infant/Child Security*, for specific guidelines.

*\*Note: A new infant security system has been installed in the UK Birthing Center. Your instructor will explain some of the particulars of this system to you.*

2. Transporting an infant:

- Be aware that no baby may be transported by anyone not wearing a special yellow ID badge.

3. Faculty and student responsibilities:

- Always be aware that there is a risk of a child being abducted. Every unit in the hospital needs to be aware of child abductions, not just staff or students in the Kentucky Children’s Hospital or on the OB units. When having students in the Birthing Center or in the Kentucky Children’s Hospital, be observant of individuals loitering, persons in uniform without appropriate identification and any other suspicious individual. Question people without proper identification who they are and why they are on the unit. Direct any suspicions to the charge nurse and to your instructor. If you suspect that an infant or child is missing, immediately notify your clinical instructor, a nurse or the charge nurse.

### Bomb Threat Plan – Code Black

- Remain calm, note time, and record and prolong conversation.
- Note background noises and any characteristics of the caller.
- Ask caller to describe where the bomb is, what kind of bomb and when it is set to explode.
- Call 911, UKPD. UKPD will notify UK Hospital Security Bureau, 3-5156.
- Notify the charge nurse or patient care manager.

### Tornado Warning

If a tornado warning is announced:

- Move ambulatory patients away from windows to an inside corridor.
- If a patient cannot be moved, turn them away from the window and cover patient with blankets.
- Close all room and fire doors.

### Assistance Please – Code Violet

If a patient or visitor becomes combative, you should immediately page for help.

1. Call emergency paging at 3-5200.
2. Give the operator your name, phone number and “Assistance Please” location.
3. If the patient or visitor has a weapon, call 911.





## PATIENT CARE AND SAFETY

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### Code Yellow – Stand By

If a “Code Yellow” is paged, report immediately to your instructor. Your instructor will notify the charge nurse of how many students are available to help. Stay on the unit to which you are assigned.

If you are doing a preceptorship and your instructor is not available, your preceptor should report your availability to the patient care manager or charge nurse.



### Birthing Center and Kentucky Children's Hospital Symbols

The UK Birthing Center and Kentucky Children’s Hospital use the symbol of a butterfly as an indication that someone has suffered a loss of a pregnancy, infant or child. This sign will be placed on the patient’s door.

### Report

Patients cared for by students are assigned to a staff nurse as well. This nurse will provide your students with a report on the patients if your clinical begins after the unit report. Students should communicate any questions they have about their patient(s) or any problems their patient(s) may be having to the staff nurse. **Students should give the staff nurse report on their patient(s) prior to leaving the unit.** We use The Joint Commission sanctioned acronym “S-B-A-R” for safe patient handoff:

- Situation
- Background
- Assessment
- Recommendations

The staff nurse will serve as a resource to facilitate communication with other departments and services.

## FEEDBACK

At the conclusion of the clinical rotation, please have students complete the online evaluation of their clinical experience located in the student form packet. We appreciate the feedback, and we use this information to make adjustments to the student placement process and clinical experience. Our goal is to provide the best possible clinical experience for students, faculty and staff. Thank you!

**APPENDICES A:**  
KENTUCKY  
CHILDREN'S  
HOSPITAL



# KENTUCKY CHILDREN'S HOSPITAL GUIDELINES FOR NURSING FACULTY

Welcome to Kentucky Children's Hospital (KCH). Our goal is to provide an excellent clinical experience for you and your students. Kentucky Children's Hospital hires new graduate nurses, and the leadership team will happily discuss future employment opportunities with the students.

To help ensure both high-quality care for Kentucky Children's Hospital patients and a meaningful educational experience for nursing students, the following are required before beginning clinical rotations:

- All **new** clinical faculty must meet with the Kentucky Children's Hospital staff development specialist and student placement coordinator.
- **New** faculty who are NOT employed by Kentucky Children's Hospital or who have not worked in Kentucky Children's Hospital for more than one year must orient to the assigned unit(s) and complete the **Kentucky Children's Hospital Clinical Instructor Unit Overview Form**.
  - **New** faculty can anticipate spending 8 to 16 hours on the assigned unit(s) with a nurse preceptor to complete these activities.
  - This documentation must be presented to the student placement coordinator before the first clinical day.
- Faculty with ongoing clinicals at Kentucky Children's Hospital are responsible for communicating with the staff development specialist, patient care manager or assistant patient care manager for updates on any new policies or equipment implemented during the year. Additional training and competency documentation may be required at the discretion of the unit manager.

Clinical faculty should be active in the nursing care of children. Kentucky Children's Hospital has opportunities for nursing faculty to work in on-call positions.

## **Observational Experience Pediatric ICU/Pediatric Cardiac ICU (PICU/CICU):**

- The contact person to help facilitate the placement of students will be the shift's team leader (TL).
- The clinical instructor will bring the student into the unit and work with the TL to find an appropriate assignment/registered nurse for the student to observe. There may be occasions when a nursing student cannot be accommodated for the day, depending on the census and acuity within the PICU/CICU. In this case, the TL will inform the clinical instructor.
- The clinical instructor must leave an emergency contact form with the team leader for the day.
- The student's clinical time within the PICU/CICU is observational only. The student will not provide patient care since the instructor is not present.

### Observational Experience in the Neonatal Intensive Care Unit (NICU):

- The contact person to help facilitate the placement of students will be the shift's team manager (TM).
- The clinical instructor will bring the student into the unit and work with the TM to find an appropriate assignment/registered nurse for the student to observe. There may be occasions when a nursing student cannot be accommodated for the day, depending on the census and acuity within the NICU. If this is the case, the TM will inform the clinical instructor.
- The clinical instructor must leave an emergency contact form with the team leader for the day.
- Per policy, no jewelry is allowed below the elbows (for example, rings, watches, bracelets). An initial 15-second hand washing is to be conducted upon entering the unit. Hand sanitizer or hand washing is to be completed when entering/exiting each nursery. Hand sanitizer or hand washing is also to be conducted when going from patient to patient and before/after touching an item in the patient's area. Additionally, no jackets are allowed in the unit, and any long-sleeve shirt must be above the elbow at all times.
- The student's clinical time within the NICU is observational only. The student will not provide patient care since the instructor is not present.

## RESOURCE INFORMATION

### Overview

Kentucky Children's Hospital is made up of:

- A Neonatal Intensive Care Unit located on the 1st floor of Pav HA with the entrance in Pav A
- A Pediatric Intensive Care Unit/Cardiac Intensive Care Unit on the 4th floor of Pav H
- A Pediatric Progressive Care Unit, 4 North
- Acute Care areas (4 East, 4 West and 6 East in Pav HA)
- An Outpatient/Children's Sedation and Procedural Unit (Ground floor entrance in Pavilion A)
- A Pediatric Sleep Center located on the ground floor entrance in Pavilion A

The Neonatal Intensive Care Unit (NICU) is a 70-bed unit for high-risk neonates, providing Level IV and intermediate care for the newborn. The nurse-to-patient ratio varies from 1:1 to 1:2. We also have a Neonatal Abstinence care unit with nine care-by-parent beds.

The Pediatric Intensive Care Unit (PICU)/Cardiac Intensive Care Unit (CICU) is a 12-bed unit for critically ill children who need constant monitoring and frequent assessment with or without technical life support. Diagnoses in the unit may include trauma and complex medical and surgical conditions, including renal failure, respiratory illness and congenital heart disease. The nurse-to-patient ratio is 2:1, 1:1 or 1:2.

Kentucky Kids Crew is a specialty team providing inter-facility (hospital-to-hospital) critical care transportation for neonatal (newborn) and pediatric patients. Neonatologists and pediatric intensivists direct the team of nurses and emergency medical technicians. Transportation can be either ground/ambulance or flight/helicopter service.

A 12-bed Pediatric Progressive Care Unit is located in the 4 North wing for pediatric patients requiring an intermediate level of care, including frequent monitoring and assessment. The patient population includes telemetry, trauma, medical/surgical care and video epilepsy monitoring. The nurse-to-patient ratio is 1:3.

The 4 East Wing is a 21-bed medical/surgical unit caring for newborn to adolescent patients. The nurse-to-patient ratio is usually 1:3 or 1:4.

The 4 West Wing is a 22-bed unit. Patients with blood disorders or childhood cancers, as well as young adult patients treated with pediatric cancer therapy protocols, are admitted to this unit. Pediatric diabetic patients, as well as general medical/surgical patients aged newborn to 18 years, are admitted to this unit. The nurse-to-patient ratio is usually 1:3 or 1:4.

6 East is an eight-bed pediatric acute care unit directly above 4 East. This unit cares for various acute-level pediatric patients, including post-operative, neurological, behavioral, infectious disease, weight management, orthopedic and primary respiratory care.

The Outpatient/Children's Sedation & Procedural Unit provides care for children who are receiving therapeutic IV infusions or outpatient procedures and other treatments/tests requiring sedation and recovery.

### Patient Care Philosophy

Believing in the value society places on children, our goal is to promote the best health and development for all children placed directly or indirectly in our care. The family is the most critical structure in the life of the child. It is the role of the nurse to promote optimum family functioning. Family-centered care provides the structure for planning how to assist each child and family. Parents are encouraged to stay with their children and participate in their child's care to the best of their ability. Information about health care and child development is incorporated into each child's plan of care, and strategies are planned to facilitate learning by the child and family in the most effective way.

### Core Concepts of Family-centered Care

**Respect and dignity.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

**Information sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and helpful. Patients and families receive timely, complete and accurate information to participate in care and decision-making effectively.

**Participation.** Patients and families are encouraged and supported to participate in care and decision-making at their chosen level.

**Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation and evaluation; in health care facility design; in professional education; and in the delivery of care.

**Adapted from:** Johnson, B. H. & Abraham, M. R. (2012). *Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities*. Bethesda, MD: Institute for Patient- and Family-Centered Care.

For further information refer to:

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## Collaborative Practice

Nursing works with various services to provide coordinated, comprehensive and outstanding care. Staff members are encouraged and supported to participate in quality improvement projects and evidence-based practice studies. Physicians, advanced practice registered nurses, physician assistants, social workers, dietitians, respiratory therapists, pharmacists and physical therapists are some of the disciplines that are essential members of the health care team.

## Management

Accountability and responsibility for nursing care are organized within the Children's Service Line. Each unit has a patient care manager and assistant patient care manager who work closely with their staff. A divisional charge nurse is on site 24/7 to facilitate admissions, make decisions regarding bed utilization and coordinate staffing needs. An assistant chief nurse executive and two service directors facilitate quality care across the service line and represent Kentucky Children's Hospital throughout the UK HealthCare Enterprise.

## Child Life Program and the Hospital Teacher

Play is an essential part of every child's day and is especially important for the hospitalized child. Assisting in adjusting to a strange environment, coping with stress of illness, and maintaining normal patterns of growth and development are all factors that must be considered. The "play rooms" are considered a safe haven for patients. Procedures, including vital signs and medication administration, are strictly off limits in these areas.

Play opportunities and activities are coordinated through the Child Life program. The Child Life staff are available to assist with pre-procedure preparation of children who are 3 years or older. Fayette County Schools employ a hospital-based teacher as a link between home, school and the hospital.

## Kentucky Children's Hospital Health Education Center

The Kentucky Children's Hospital Health Education Center offers a quiet and engaging space for parents, family members, friends and patients away from the bedside. Our experienced staff support the teaching done by the medical care team as families learn about the health problem and its treatment, what they need to do, and why it's important. Free written materials, models and visual media are available for review so families can confidently transition back to their lives at home when ready for discharge. Our hours are currently 10 a.m. to 4:30 p.m., Monday-Friday. We are located in the Kentucky Children's Hospital lobby by the main elevators and NICU entrance.

## Pediatric Code Blue and Rapid Response Team

A Pediatric Code Blue is called by pulling the Code Bar (in patient rooms) or pressing the red Emergency button (in support areas) on the nurse call system. To activate the **Pediatric Code** team, dial 3-5200 # 1, and request the Pediatric Code team for the specific location, including the patient room number with prefix (e.g., 4 West or 4 East, HA 4xx or 4 North, N 4xx).

## Behavioral Response Team (BERT)

The BERT team comprises a behavioral health specialist, chaplain, divisional charge nurse (DCN), UK HealthCare security (1 or 2), registered nurse and Child Life. The assistance please is for aggressive behaviors, particularly from families and visitors. This can be activated by calling 3-5200, option 2. The assistance please will be announced as an overhead page, so anyone who hears and is available will respond.

### **Pain in Children**

The pediatric nursing staff utilizes several pain assessment tools, specifically for children. Handouts are provided in the Faculty Handbook Addendum. Please refer to these tools and share them with your students.

### **Patient Confidentiality**

Please stress the importance of patient/family confidentiality with students. A consultation room is available for patients, families, nursing staff and physicians to talk privately. Patient charts should be placed in closed chart areas at the pods, and the individual users must log out of the electronic patient records before leaving the computer station. Remind students to refrain from discussing patient care situations in public areas and on social networking sites.

### **Quiet Time**

To promote rest and healing, the Acute Care units observe "Quiet Time" daily between 1:30-3:30 p.m. During this time, hallway lights are dimmed, televisions are off and hallway traffic is minimized. Essential patient care activities continue, including medication administration, scheduled treatments and physician rounding, but routine care should be grouped before or after this period.

### **Infant/Child Security**

To protect the safety of infants and children in Kentucky Children's Hospital, it is vital that special care be taken to ensure these young patients are released only to the parent(s) or person legally responsible for their care. See Hospital Policy 01-27 for instructions in caring for this population.

All units of Kentucky Children's have "restricted access." A UK HealthCare ID badge is required to access these units. Your faculty and student ID badges will be configured in the security office to gain access to these restricted areas.

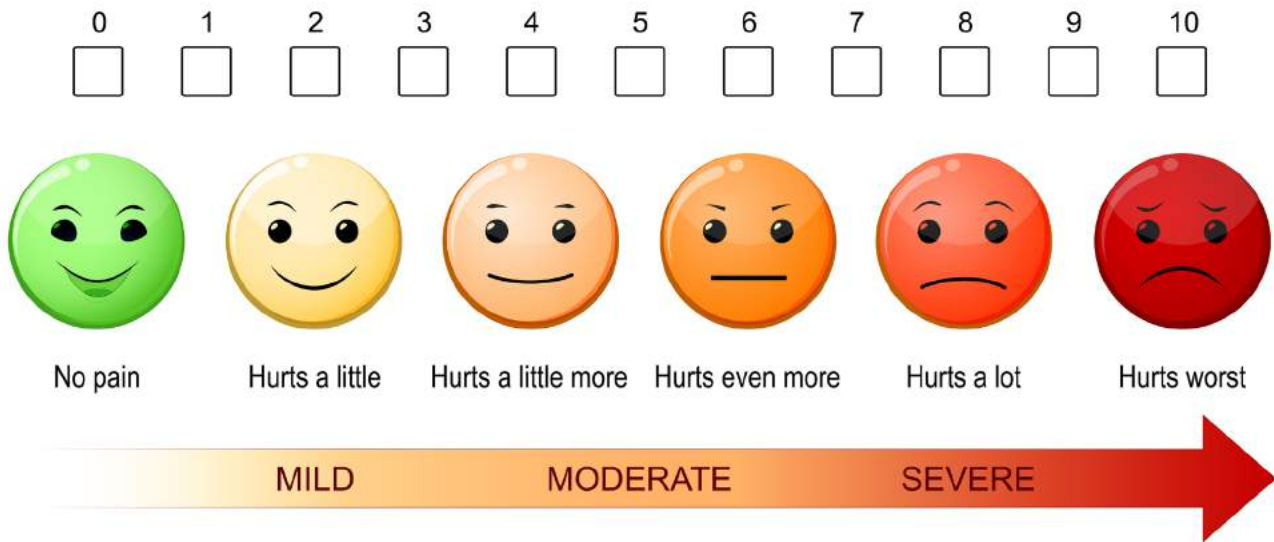
All visitors to Kentucky Children's Hospital must check in at the main entrance of Kentucky Children's Hospital in Pav A to gain access to the units. Parents or guardians of patients are not considered visitors and are given armbands to wear during their child's hospital stay. We encourage all to be vigilant and observant of those without a hospital badge, parent armband or visitor sticker. If someone attempts to enter the unit without the necessary identification, please take them to the Kentucky Children's Hospital main entrance desk.

Always be aware that there is a risk of a child being abducted. Question people without proper identification and ask them to identify themselves, and tell you why they are on the unit. Direct any suspicious activity to the Kentucky Children's Hospital divisional charge nurse (DCN), HA 411. If you suspect an infant or child is missing, immediately notify the DCN and security. A "Code Pink" overhead page indicates that an infant or child is missing. Staff respond by directly observing activity in hallways, stairways and elevators.

Each patient room in Acute and Progressive Care has a supply cart that is accessed by keypad entry. Ask a nurse on the unit for the current access number. **Have a great year and let us know if we can assist you!**

## PEDIATRIC PAIN ASSESSMENT TOOLS

### THE PAIN SCALE

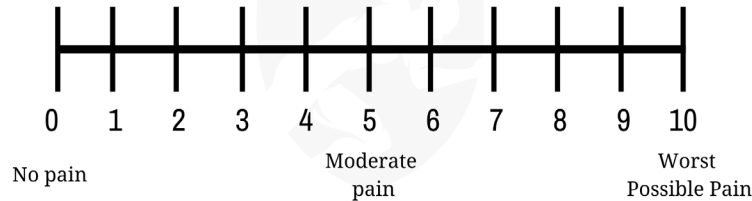


#### Wong-Baker Faces Pain Rating Scale:

1. Point to the faces. Say: "These faces show how much hurt you can have."
2. Ask: "How much hurt do you have now?" If the child seems confused or does not respond, point to face 1 and say, "This face has no hurt." Slide your finger to face 5 and say, "This face hurts as much as you can imagine, although you don't have to be crying to feel this bad."
3. Say: "Pick the face that tells me about your pain right now."
4. Record the number that is under the chosen face in SCM.
5. Intervene if pain is not at an acceptable level and document in SCM.
6. Reassess pain within 60 minutes and document in SCM.



### Visual Analog Scale (VAS)



#### Visual Analog Scale:

1. Show the child the VAS 1-10 scale.
2. Say: “These numbers show how much hurt you have. No. 1 means that you are comfortable and No. 10 means you are having as much pain as you can imagine. You don’t have to be crying to feel this bad.”
3. Then say: “Pick the number that tells me about your pain right now.”
4. Record the number that is chosen in SCM documentation system.
5. Intervene if pain is not at an acceptable level and document in SCM.
6. Reassess pain within 60 minutes and document in SCM.

### FLACC Non-Verbal Pain Assessment Scale

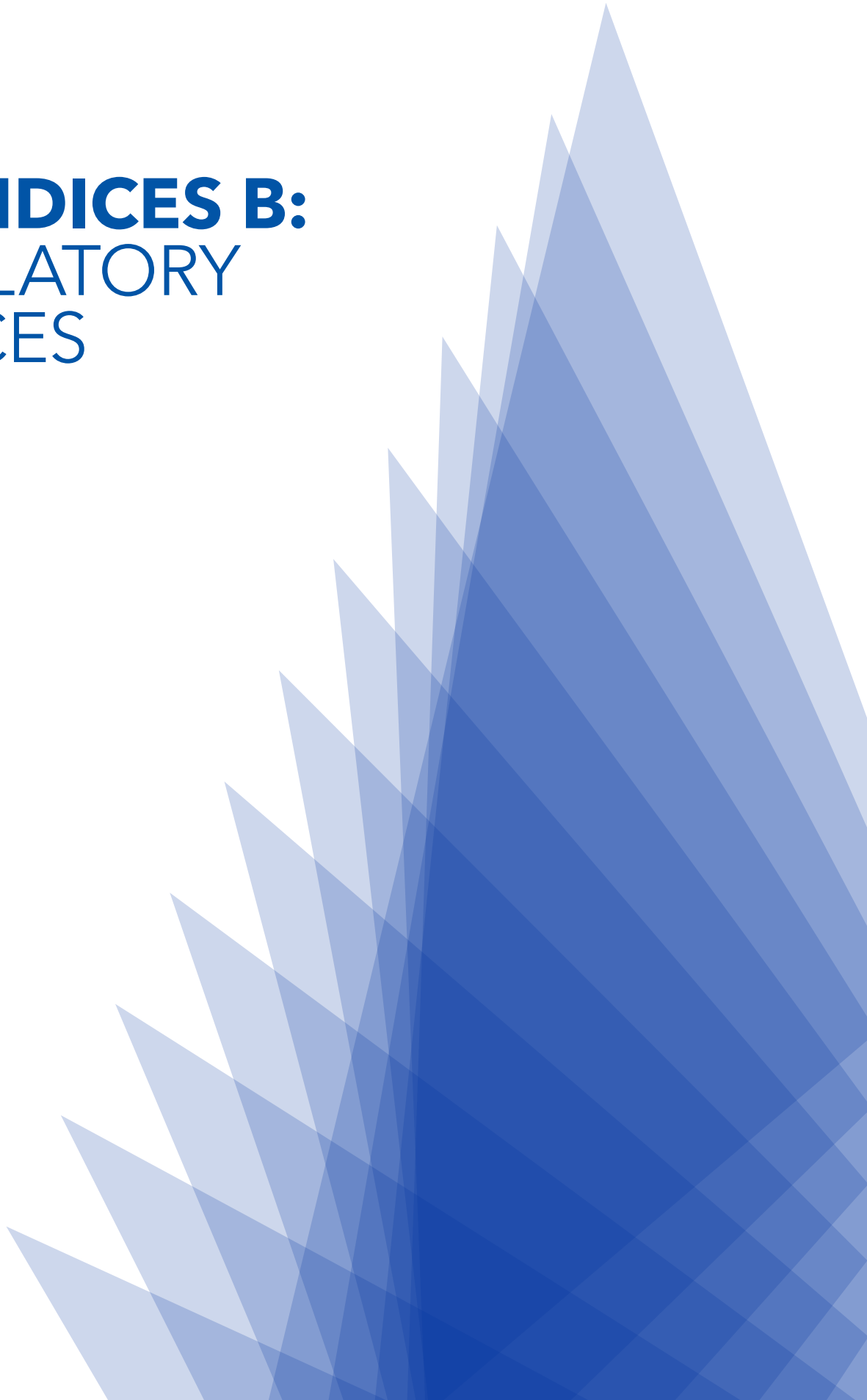
Face	0 No particular expression or smile	1 Occasional grimace or frown, withdrawn, disinterested	2 Frequent to constant frown, clenched jaw, quivering chin
Legs	0 Normal position or relaxed	1 Uneasy, restless, tense	2 Kicking or legs drawn up
Activity	0 Lying quietly, normal position, moves easily	1 Squirming, shifting back and forth, tense	2 Arched, rigid, or jerking
Cry	0 No cry (awake or sleep)	1 Moans or whimpers; occasional complaint	2 Cries steadily, screams, sobs, frequent complaints
Consolability	0 Content, relaxed	1 Reassured by occasional touching, hugging or talking to, distractable	2 Difficult to console or comfort

#### FLACC Non-Verbal Pain Assessment Scale:

This scale can be used with very young children or children who are unable to speak due to injury, drugs or treatments.

1. Assign a numerical score to the designated observations.
2. Record the score in the designated place in the SCM documentation system. A low total score indicates a low or acceptable level of pain and a high score (maximum score = 10) indicates the most pain.
3. Intervene if pain is not at an acceptable level and document in SCM.
4. Reassess pain within 60 minutes and document in SCM.

# **APPENDICES B:** AMBULATORY SERVICES





## AMBULATORY SERVICES

Welcome to Ambulatory Services at the University of Kentucky. With such a vast ambulatory system and a wide variety of primary care and specialty locations, this setting is an excellent opportunity for student nurses.

### Introduction

There are many UK HealthCare ambulatory care locations throughout the state. Ambulatory care is both provider-based and non-provider-based and offers many services, including primary and specialty care, rehabilitation, observation, and outpatient surgery.

### Leadership

In most cases, ambulatory care staff report to the ambulatory nurse manager. However, staff in ambulatory care without a nurse ambulatory care manager report directly to the practice manager. The chief nurse officer represents Ambulatory Services as well.

### Electronic Medical Record

Ambulatory Care uses Epic as the primary Electronic Health Record (EHR). Under no circumstances will the student chart in the EHR utilizing a staff member's login. Practicum/synthesis students will have access to Epic after completing Epic training. A registered nurse will co-sign all student documentation.

## Medication Administration

Safe practices must be used when administering medications to patients without barcode medication administration. Medications should be administered under the supervision of a licensed nurse only.

Students should follow the rights of medication administration:

- Right medication
- Right dose
- Right time
- Right route
- Right patient
- Right documentation

Medications prepared in advance and taken into patient exam rooms should be adequately labeled with the medication name, dose, expiration date, and the current date and initials of the person preparing the medication. Before administering medication, the patient's name should be verified, and the patient's armband or barcode on the storyboard should be scanned. See a list of Medication Policies in the Faculty Orientation Handbook.

## Point of Care Testing

Point of Care (POC) testing is performed in the ambulatory setting. Accreditation agencies require initial training and ongoing competencies for anyone performing patient testing. Faculty and students without training and competency may not perform POC testing in ambulatory care. Federal regulations also mandate that the person performing testing must be the person documenting results in the medical record. Students should never document on another user's account. Students can shadow and observe trained personnel perform and document POC testing and results.

## Emergencies

In a medical emergency within the New Circle Road loop, the first responder should stay with the individual, and staff should call **323-6215** immediately to notify Emergency Dispatch of a medical emergency. UK HealthCare facilities outside New Circle Road loop, Cardinal Hill, Markey Cancer Center, Lexington Clinic AND clinics outside Fayette County should call 911.

Ambulatory Services follows all other UK HealthCare emergency codes. There is no overhead paging system, but a telephone intercom system in ambulatory care may be used to communicate emergency code information.

