

HACKETTSTOWN REGIONAL MEDICAL CENTER

Division of Nursing

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## Critical Care Nursing Orientation Guidelines

**Goal:** To incorporate a new employee into the nursing process at Hackettstown Regional Medical Center. The goal is to share with this nurse the mission, philosophy, and vision of the institution, to incorporate the RISES values, as well as the standards of practice that we are accountable and responsible for as professional RN's. The following is a suggested outline and can be adjusted to fit the needs of the orientee.

### Week 1 Goal: Unit Orientation

1. Introduction to fellow staff members
2. Introduction to management team
3. Introduction to physicians
4. Introduction to employees working in other disciplines.
5. Familiarity with the unit design and flow
6. Learn where equipment is located /Seek and Find
7. Time and attendance (schedules, clocking in and out, request book, calling in, on call , bonus shifts)
8. Pyxis (access, remove meds, return meds, waste of narcotics)
9. Observe the RN role
10. Observe the LPN, NA, US and MT roles
11. Familiar with staff lounge
12. Lockers
13. Reference Books
14. Bathrooms
15. Attend multidisciplinary care rounds in your unit
16. Listen to report being taken. Locate Report sheets.
17. Take report and compare your notes with preceptors
18. Observe tasks or special procedures occurring in your unit. This should be ongoing throughout your orientation.
19. Observe the flow of the complete assessment in your area.
20. Observe an admission.
21. Review Shift Responsibilities
22. Critical Care Policy Manual
23. Observe medication administration.
24. Updates orientation checklist.
25. Unit available resources(electronically and/or hardcopy) such as: Safety Manual, Administrative Policy Manual, Nursing Standard Manual, Unit Specific Manual, Infection Control Manual, PN manual, Equipment reference manuals, Teaching tools.
26. Basic Equipment
  - Fax machine
  - Lab printer
  - Life Pak portable monitor (how to use, replace batteries, external pacer)
  - Head wall (o2/suction), Beds (controls, trendelenberg, scales, brakes, alarms,TV)
  - Commode/sink combo
  - Hospira pumps
  - Bedside monitors (set up admission, discharge, o2 sat, BP, continuous monitoring, alarms setting)
  - Telemetry
  - Automatic BP machines
  - Pulse Oximetry
  - Code Cart: review monitor, contents and daily check , Synchronized button, external pacer, locking.

### Week 2 Goal: Skills checklist and Paperwork

1. Assist your preceptor with admitting at least one patient.
2. Observe and assist with an assessment on a stable patient.
3. Perform blood glucose monitoring.
4. Return demonstration of full assessment on stable patient

### Critical Care Orientation

5. Assist to complete all paperwork associated with stable admission.
6. Observe/assist with order entry into Cerner.
7. Looks up lab reports.
8. Update Plans of Care and teaching tool if using paper form.
9. Perform IV skills and documentation. Locate IV supplies.
10. Medication administration (Observed) using eMAR.
11. Observe and perform TLC dressing change, blood draw, and hanging of TPN/Lipids.
12. Observe discharge and transfers (including instructions and documentation).
13. Works with preceptor on patient assignments
14. Gives report to LPN and NA on patients.
15. Updates orientation checklist.
16. Assess need for BA, ACLS, BLS, CCC classes. Set up dates with Manager and/or Unit Educator to complete needed classes.
17. Reviews supply locations and storage again (review ordering procedure, charging out items with stickers/without stickers, and obtaining supplies from stockroom and CSR.)
18. Respiratory supplies (including in line suction, oral suction, ETCO2 cable, ambu bags, o2 supplies)
19. Review supplies stocked on unit for procedures (pulmonary artery catheter, arterial line set up, Central line set up, pacer, chest tubes,) and hemodynamic monitoring supplies (cables, transducers, introducers). Review chargeable items, locking and restocking of items.

### **Week 3 Goal: Start to perform some duties independently**

1. Meet with preceptor, manager, and educator if needed.
2. Check code cart. Perform defibrillator test independently.
3. Review Emergency procedure; code review and unit responsibility for responding to Rapid Response and Code Blue.
4. Observe discharge and transfer process.
5. Handoff communication observed for shift to shift report and department to department.
6. IV medication titration when applicable.
7. Performs assessment on stable patient independently.
8. Completes documentation on all assessments on flowsheet /electronic forms
9. Completes entire discharge/transfer of patient.
10. Prepares patient for OR.
11. Completes OR checklist.
12. Cares for 2 patients (PCU) Care for 1 patient (ICU).
13. Updates orientation checklist.
14. Incorporates unit's daily flow into activities ( answering phone, transferring calls, hold, pages hospital staff using beepers, processes orders into computer, call bells)
15. Monitors- signing out telemetry, supervision of monitor techs
16. Triage and telemetry responsibilities
17. Interacts with physicians
18. Chain of command for nursing and medicine
19. Patient chart: Admissions Process, ongoing assessments, patient education, Notes section for interdisciplinary notes, results review.

### **Week 4 Goal: Observe and assist with more complex issues**

1. Administers medication independently. Not including IV medication titrations
2. Cares for 2 patients (PCU). One patient independently in ICU.
3. Prepares patients for diagnostic tests.
4. Observes and participates in bedside procedures when available.
5. Observes blood administration and then administers blood products using electronic documentation
6. Prepares PCA pump for use ( if not available reviews set up and policy)
7. Admits patients with limited assistance.
8. Attends Dr. Heartwell – observes roles of team members.
9. Attends Rapid Response calls with another nurse
10. Cares for unstable patient -assessment and care
11. Works with preceptor to titrate IV medications
12. Updates orientation checklist.
13. Spends time with Unit Secretary. Independently completes orders.
14. Review MT Role. Reviews and confirms alarm parameters.

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### **Week 5 Goal: Start pulling it all together, shift routine**

1. Meet with preceptor, manager, and educator if needed.
2. Cares for 4 patients in PCU. 2 patients in ICU, preceptor observing.
3. Day with the Charge RN:
  - a. What is shift preparation?
  - b. What is the responsibility of the charge nurse?
  - c. What is reportable to charge RN, house supervisor, and/or manager?
  - d. How are assignments made?
  - e. What is a census update?
  - f. How are beds assigned to patients?
  - g. How does the charge nurse interact with physicians?
  - h. What is the role of the charge nurse in interdisciplinary rounds?
4. Focuses on patient/family education and documentation of teaching.
5. Reports labs and patient condition to physicians. Timely Critical Test/results reporting.
6. Receives telephone orders from physicians including repeating and verification of orders.
7. Works with stable mechanically ventilated patient. Incorporates bundle and daily sedation vacation ( ICU only)
8. Works with preceptor on titration of IV medications. (ICU only)
9. Updates orientation checklist. Follows up with shift charge nurse.
10. Reviews when to call MD with charge nurse.

### **Week 6**

1. Meet with preceptor, manager, and educator to review move to permanent shift if not done.
2. Cares for an unstable patient.
3. Focuses on skills such as NGT insertion, urinary catheter insertion, etc. that are outstanding on orientation checklist.
4. Updates orientation checklist.
5. Transfers patient to another unit or into unit. Receives report or communicates report on patient status and events leading to transfer.
6. If on PCU- assisting with cardioversion, patients with IV gtts. Patient teaching.
7. If on ICU- focus on ventilator patients, weaning patients, IV gtts, pacemakers, swans, bedside procedures. Arrange time with Respiratory if needed for ventilatory management.
8. Typical patients that all nurses should care for during orientation are:
9. Patients admitted with CHF, COPD, pneumonia, chest tubes, diabetics, and drains. Try and get as much exposure to some of the general M/S equipment and care as possible.

### **Week 7**

1. Cares for 4-5 patients in PCU and 2-3 in ICU independently on their shift.
2. Documents and reports all findings to physicians.
3. Interacts with other interdisciplinary care team members.
4. Completed orientation checklist. If not getting this complete, think about taking one of the shifts to work in another unit to get this completed.
5. Fine tune procedures (Hemodynamic monitoring, pacemaker insertion, external pacer, cardioversion, defibrillation, arterial line insertion.) Read associated policies.
6. If not already done, review all safety procedures and unit/individual role (Code Red, Code Blue, Code Amber, Code Gray, Code Triage, Rapid Response Team ). Restraints policy.

### **Week 8**

1. Cares for typical unit assignment
2. Practices detailed assessments.
3. Completes orientation checklist and returns them to education department for review.
4. Work on goals established by orientee/preceptor and need for clinical experience
5. Work with equipment/procedures not already exposed to.

## Critical Care Orientation

### Week 9 and 10

1. Review policies related to structure, QA, Continuing education, credentialing, scheduling requirements/responsibilities, committee involvement, staff meetings/in-services, professional practice, EMTALA, Blood bank, special procedures in Critical Care Manual (IV therapy drips) Tranvenous pacemaker, external pacemaker, intubation
2. Reviews off shift responsibilities (i.e., Accucheck control testing, 24 ° chart audits, communication process, expirations, transfers)

This serves as a guideline for you and your preceptor about the many issues, assessments, care, teaching, and documentation that typically occurs in the process of critical care nursing.

To help guide a new employee to unit specific routine this may help:

### Critical Care Routine:

1. Report
2. Chart Review
3. Review of med sheets
4. Plan your day
  - ❖ Prepare for procedures
  - ❖ Take note of outstanding labs
  - ❖ Prepare general patient care
5. Strips: print, assess, document, place in chart
6. Overall view of patient
  - ❖ Distress vs. No distress
  - ❖ Pain Assessment
  - ❖ Patient complaints
  - ❖ Vital Signs including:
    - i. Temp
    - ii. BP
    - iii. HR/rhythm
    - iv. Urine Output
    - v. Respiratory Rate and O2 saturation
    - vi. PAP/CVP readings/Pacer setting
    - vii. Check IV solution content, date, site, rate, labels, including PCA/Epidural
    - viii. Monitor alarms, timing of BP cuff
    - ix. Vent Settings
7. Thoroughly assess patient
  - ❖ Neuro
  - ❖ Cardiac
  - ❖ Respiratory
  - ❖ GI
  - ❖ GU
8. Always remember to check lab and orders
9. Q 2hours: General overview of patient with vital signs (temps are q4h) in ICU, general overview in PCU.
10. Q4 hours: complete system assessment VS with temps. Any change in status needs to be reported to preceptor/charge nurse
11. Continue to check charts and labs throughout the day. All abnormal results must be reported to physician. Review Critical Test/Values Policy as well.
12. End of shift
  - ❖ Ensure patient room is in order
  - ❖ Check that all orders are completed and signed off properly.
  - ❖ Ensure that narcotic including PCA's are properly recorded
  - ❖ Report to oncoming shift with 12 hour chart check, with walking rounds.
  - ❖ Check to see if any of the daily unit task still need to be done (narcotic count, Code cart check, equipment charges)
  - ❖ Co workers are caught up