

Agency Nursing Staff Orientation Checklist

It is the responsibility of nursing staff working temporarily at Anne Arundel Medical Center to read the provided material as indicated. Documentation of orientation must be received before the first shift at AAMC. If there are any questions or concerns, immediately address these issues with the individual in charge of the assigned area. Temporary nurses are required to read the orientation packet and sign this form, in addition to completing other unit-specific orientation activities as necessary.

Name: _____

- Agency Nurse
- AAMC Employee

Please initial below when the following activities have been read and/or completed:

- _____ *AAMC's Agency Nurse Orientation packet*
- _____ *AAMC's Confidentiality Pledge*
- _____ *AAMC's Post-test for Temporary Nurses*
- _____ *Agency Staff Evaluation*
- _____ *Computer documentation training*
- _____ *E-mar training*

"I have read and understand the above educational information and I agree to abide by Anne Arundel Medical Center's guidelines and procedures."

Signature: _____ Date: _____

The following competencies must be completed prior to performing at AAMC:

- *Glucometer* Validated by: _____ Date: _____
- *Hospira IV pumps* Validated by: _____ Date: _____
- *Hospira PCA* Validated by: _____ Date: _____
- *Restraints* Validated by: _____ Date: _____

Anne Arundel Medical Center
LifeScan SureStep Flexx Skills Checklist and Written Competency

Date	Name	Employee #
Job Title		Unit

Purpose: To assure competency of staff in performance of testing.

Methods: Demonstration, direct observation of QC and patient test performance, written competency.

Criteria for Competency: Personnel must successfully meet all critical elements.

Skills Checklist

Instrument Operation
Demonstrates how to turn on the meter and understands items displayed on the status screen.
Understands items on the Main Menu screen and the use of the Quick Keys for navigation.
Understands/verbalizes storage, stability, and dating requirements of opened test strip and quality control vials.
Demonstrates successful entry of operator ID and patient ID via barcode scanner and manual entry.
Demonstrates successful selection of test strip and control lot numbers via barcode scanner and list selection.
Demonstrates how to apply control/sample to the test strip and how to determine if appropriate amount was applied.
Demonstrates how to insert test strip.
Understands how to interpret result, add notes if appropriate, and document result.
Quality Control (Low and High)
Understands 24 hour QC lockout and how to verify that results are within acceptable range.
Patient Samples
Understands/demonstrates patient identification using double identifiers.
Understands/demonstrates whole blood sample collection using lancet.
Understands the appropriate use of emergency patient ID number and required documentation.
Troubleshooting / Maintenance
Understands error messages displayed. Understands where to find additional explanation or assistance (troubleshooting section in the Operators Manual, POC Coordinator, LifeScan Technical Hotline).
Understands/demonstrates meter and test strip holder cleaning procedures.

Written Competency

<p>1. Quality control ranges are based on the test strip and quality control solution lot numbers:</p> <ul style="list-style-type: none"> a. True b. False <p>2. Open dating expiration for test strips and control solutions (not to exceed the manufacturer's date) are:</p> <ul style="list-style-type: none"> a. Open test strips expire in 4 months and open controls expire in 3 months b. Open test strips and controls are good until the manufacturer's expiration date printed on the bottle <p>3. To check for correct sample application prior to inserting the test strip:</p> <ul style="list-style-type: none"> a. Check to make sure the white pad on the test strip is not completely saturated b. Turn the test strip over and make sure the confirmation dot is completely blue with no white spots c. Both a and b <p>4. If you applied too much or not enough sample to the test strip, you will obtain an inaccurate result:</p> <ul style="list-style-type: none"> a. True b. False

5. To obtain an accurate result if too much or not enough sample was applied:
 - a. Apply additional sample to the test strip if you did not apply enough
 - b. Blot off some of the sample if you applied too much
 - c. Discard the test strip and repeat the application with a new test strip

6. How much time do you have to insert the test strip after the control solution or patient sample is applied?
 - a. 1 minute
 - b. 2 minutes
 - c. 5 minutes

7. What should you do if a control result falls outside the expected range?
 - a. Check the test strip holder for dried blood and clean if necessary
 - b. Recheck the lot numbers of control and test strips
 - c. Mark the result with a note and repeat the test
 - d. All the above

8. The meter status screen (displayed immediately after the meter is turned on) indicates:
 - a. Time remaining until upload lockout
 - b. Time remaining until quality control lockout
 - c. Amount of battery power remaining
 - d. All the above

9. The meter will display test results from:

a. 30-300 mg/dl	c. 0-500 mg/dl
b. 0-300 mg/dl	d. 30-500 mg/dl

10. A non-numerical result of HIGH indicates the glucose result is:
 - a. Greater than 300
 - b. Greater than 500

Documentation

Item	Competency Requirement
Skills Checklist	Trainer has discussed and / or demonstrated all checklist skills. Employee has reviewed and / or performed all skills.
Demonstration / Return Demonstration	Trainer has demonstrated the control and patient testing procedures. Employee has performed a return demonstration of the procedures.
Written Competency	Employee has completed the written competency. Trainer has reviewed written competency with employee and noted any corrections discussed.

Employee Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

POC Coordinator: _____ Date: _____

Plum A+® Infusion System with Hospira MedNet™ Software



CERTIFICATION CHECKLIST

NAME _____	DATE _____
HEALTH CARE FACILITY _____	UNIT _____

Skills	Check When Completed
<input type="checkbox"/> Describe the Plum A+ Infusion System with Hospira MedNet (front, sides, rear, battery sources)	
<input type="checkbox"/> Locate the Audio Level Rotary Knob on the back of the device	
<input type="checkbox"/> Locate the Toggle Switch for activating the lockout function	
<input type="checkbox"/> Prime the PlumSet® IV Tubing and then load into the device	
<input type="checkbox"/> Describe the four LCD regions: <ul style="list-style-type: none"> • Working • Status • Message • Softkey 	
<input type="checkbox"/> Program a Simple Delivery. (Note the Cautionary Symbol displayed indicating the device is being operated without rule sets)	
<input type="checkbox"/> Titrate or change the rate without stopping the infusion on Line A	
<input type="checkbox"/> Lock the device using the Lockout Toggle Switch and the password protected keypad lock	
<input type="checkbox"/> Demonstrate how to address VTBI Complete alarm on Line A	
<input type="checkbox"/> Program a Piggyback Delivery without Hospira MedNet Rule Sets using Volume Time Dosing	
<input type="checkbox"/> Program a Concurrent Delivery without Hospira MedNet Rule Sets	
<input type="checkbox"/> Program a Primary Infusion on the Plum A+ using Hospira MedNet Software	
<input type="checkbox"/> Program a Piggyback Delivery on the Plum A+ using Hospira MedNet Software	
<input type="checkbox"/> Stop and Restart the pump while both Line A and Line B are pumping	
<input type="checkbox"/> Turn the pump off and establish a gravity flow	
<input type="checkbox"/> Identify the 3 program options: <ul style="list-style-type: none"> • Delay Start • Callback • Standby 	
<input type="checkbox"/> Program a Piggyback Delivery with Nurse Callback	
<input type="checkbox"/> Program a Delayed Start	
<input type="checkbox"/> Place the pump in Standby	
<input type="checkbox"/> Program a Dose Calculation with Hospira MedNet Software	
<input type="checkbox"/> Program a Loading Dose	
<input type="checkbox"/> Program a Multistep	

Hospira, Inc.
 275 North Field Drive
 Lake Forest, IL 60045
 www.hospira.com

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5-159-Nov_04



CERTIFICATION CHECKLIST (CONT.)

Skills	Check When Completed
<input type="checkbox"/> Clear Volumes Infused (Shift Totals)	
<input type="checkbox"/> Change Post Infusion Rate setting	
<input type="checkbox"/> Change the Distal Occlusion Pressure Alarm Limit	
<input type="checkbox"/> Identify Lighting/Contrast settings	
<input type="checkbox"/> Demonstrate Backpriming steps	
<input type="checkbox"/> Describe how to resolve alarms: <ul style="list-style-type: none"> • Proximal Air, Backprime • Distal Occlusion • Proximal Occlusion at Startup 	

HEALTH CARE FACILITY SUPERVISOR / HEALTH CARE FACILITY EDUCATOR
SIGNATURE REQUIRED FOR SKILLS CHECKLIST CERTIFICATION

SIGNATURE

LifeCare PCA® Infusion System With Hospira MedNet® Software Enabled

Certification Checklist

NAME	DATE
HEALTHCARE FACILITY	UNIT

Skills	Check When Completed
<input type="checkbox"/> Describe the LifeCare PCA® Infusion System (front, sides, rear, battery sources)	
<input type="checkbox"/> Assemble PCA vial and injector	
<input type="checkbox"/> Attach and prime PCA set; if applicable, demonstrate how to use the purge feature to prime using the device	
<input type="checkbox"/> Properly load vial by successfully aligning the vial with the bar code reader	
<input type="checkbox"/> Explain why and when a New Patient Screen appears.	
<input type="checkbox"/> Clear the History and Rx settings.	
<input type="checkbox"/> Program the pump for PCA+ Continuous Mode, including an initial loading dose, with a pre-filled vial	
<input type="checkbox"/> Explain the concept of Dose Limit programming including Clearing the Dose Limit.	
<input type="checkbox"/> Demonstrate how to administer a supplemental Loading Dose	
<input type="checkbox"/> Change the program to PCA only mode	
<input type="checkbox"/> Create and address a Hard Limit Alert message.	
<input type="checkbox"/> Create and address a Soft Limit Alert message and demonstrate how to override a Soft Limit; explain the Soft Limit Override icons	
<input type="checkbox"/> Close the slide clamp before removing or replacing the vial	
<input type="checkbox"/> Change an empty vial	
<input type="checkbox"/> Check the Program History, Total Volume Delivered, and Dose History	
<input type="checkbox"/> Clear the Shift Totals.	
<input type="checkbox"/> Demonstrate how to retrieve a protocol, if applicable	
<input type="checkbox"/> Program the device using a vial with a pharmacy generated bar code, if applicable	

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P06-0371-Jan,06

<input type="checkbox"/> Describe alarm conditions and how to resolve them	
<ul style="list-style-type: none"> • Check syringe • Check injector • Occlusion • Battery 	
<input type="checkbox"/> Demonstrate understanding of how to program System Settings such as Time/Date	
<input type="checkbox"/> Power off the device	

HEALTH CARE FACILITY SUPERVISOR / HEALTH CARE FACILITY EDUCATOR SIGNATURE REQUIRED FOR SKILLS CHECKLIST CERTIFICATION

SIGNATURE

DATE

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P06-0371-Jan.,06

ANNE ARUNDEL HEALTH SYSTEM
CONFIDENTIALITY PLEDGE

I _____, understand that as a Health System employee, or an individual who has been given specific authorization by AAHS to participate in certain confidential patient care or other activities, I have a responsibility to protect patient privacy and Health System information. I must assure privacy of information by assuring that access to information is made by myself or others ONLY when the "need to know" exists.

"Need to know" means OBTAINING, USING OR COMMUNICATING information which is REQUIRED for me to perform my specific job duties as written in my job description or as defined by the scope of my activities at AAHS. This pertains to patient medical and personal information which is communicated orally or is accessed either by computer or in paper form, or in preparing patient services such as dietary support, pharmacy support, or diagnostic support in the form of laboratory, radiology or other procedures. I may only obtain, use or communicate information on the specific patient to whom I am providing care or support services.

"Need to know" also means OBTAINING, USING OR COMMUNICATING Health System, employee, or any other information that is REQUIRED for me to perform my specific job duties or within my scope of activities at AAHS.

I agree not to OBTAIN, USE OR COMMUNICATE ANY information about patients, employees or any other aspect of Health System business which is not REQUIRED for me to perform my job or the scope of my activities at AAHS.

I realize that to do so is a serious offense and that improper access, use, or communication of patient or Health System information results in harm to patients, employees and the Health System as a whole. I am aware that an offense of this nature will result in disciplinary action to include possible termination or removal from the Health System.

I hereby pledge that:

1. I will only obtain, use or communicate, a patient's personal health information, employee information, or other Health System information on a "Need to Know" basis.
2. I will not openly discuss a patient's personal health information, employee information, or other Health System information in a manner that my conversation may be overheard by someone who does not have a "Need to Know".
3. I will not disclose my computer password or any other personal code or password which has been given to me by the Health System; to do so is considered a breach in the confidentiality of the information which the password protects.
4. I will log off the computer EACH and every time I leave the computer for any reason.
5. I will not use my computer password to access confidential personal and/or family member information
6. I will follow all Administrative policies including those that pertain to Confidentiality of Medical Records and Information (102-26). Uses and Disclosures of Protected Health Information (102-17), Faxing of Medical Information (101-26), and the Corporate Compliance Plan (101-01A)
7. I will report any suspected or potential breaches of confidentiality to the Compliance Officer

Employee Name

Date

Signature

Department

Reviewed: 2/2002. Revised: 3/2003, 3/2004

Updated 6/10

POST-TEST FOR AGENCY NURSING STAFF

Name: _____ Date: _____ Score: _____

Directions: Please fill in the blanks or circle the correct answer

1. The double identifiers used at AAMC are:
_____ and _____
2. **True or False** A patient may not report the presence of pain because his or her culture believes that pain is a “test of their will” and therefore, they must endure it.
3. The purpose of presenting this growth and development package in orientation and on an ongoing basis is:
 - a. For employees at AAMC to maintain awareness of the importance of recognizing the stages of growth and development so as to assess accurately and interact appropriately with all of our patients and visitors.
 - b. So that all may have a vague knowledge of the differences in ages across the lifespan in case you are floated to work with a population that you are not familiar with.
4. Mr. Y, 80 years old, is a visitor inquiring about the location of the patient he is coming to visit. He has significant hearing loss in the right ear. In giving directions to Mr. Y, which would be the best approach?
 - a. Face Mr. Y directly and speak loudly and in high tones, which are more easily heard by elderly with hearing loss.
 - b. Raise your voice slightly, but not your tone, and move close to Mr. Y’s left side so that he may hear you better.
5. **True or False** A 9-year old child is likely to be resistant to disrobing for a complete physical exam. Therefore, he/she should be allowed to remain gowned as much as possible and only remove under garments when absolutely necessary.
6. **True or False** Memorizing a formula like “RACE” can help you respond to a fire emergency fast and effectively.
7. Define “PASS”:

8. **True or False** If a Code Red “Mr. Firestone” occurs in the MRI suite, there are special “non magnetic” fire extinguishers available to put out a fire.

9. Which of the following can help prevent the spread of smoke and fire from a room?
- Closing the door to the room
 - Placing a wet towel at the bottom of the closed door of the room
 - Closing the doors to rooms next to and across the hall from the room
 - All of the above
10. Which of the following statements is **TRUE**?
- After evacuating a room, leave the door open to indicate it is empty
 - Use elevators for vertical evacuation
 - If a patient is located on the far side of the smoke zone, relative to the fire door, that patient must be evacuated past the room of fire origin
 - Move charts with patients
11. Before using any electrical equipment, you should first make the following safety checks:
- Check the inspection tag
 - Examine it for frayed wires
 - Make sure it has a 3-prong grounded plug
 - All of the above
12. **True or False:** Emergency electrical outlets are located on your unit for use in case of an electrical outage.
13. The staff member receiving the call notifying AAMC of the external disaster will obtain as much information as possible, such as:
- Location of the event and chemical/biological agent involved.
 - Estimated number of casualties and estimated time of arrival.
 - The name, time, and source of the information.
 - Only a and c are needed.
 - a, b and c are needed.
14. If a piece of equipment malfunctions, the best practice is to:
- Return the equipment to storage
 - Try to fix the problem
 - Leave the equipment at the nurse's station
 - Mark the equipment as faulty and turn it in for repair
15. If you spill a hazardous material, where could you locate information on how to handle the spill and what to do if you are exposed to it?
- Employee health office
 - On the bottle of the chemical used
 - On the MSDS sheet
 - Both b and C
16. **True or False:** The MRI machine is only dangerous when it is ON. There is no need to be careful around the MRI machine if you know that the machine is turned OFF.

17. What is an external disaster?
- An emergency involving mass casualties from exposure to nerve gas
 - An emergency involving mass casualties from exposure to smallpox
 - Both A and B
18. **True or false:** It is the responsibility of the Emergency Department to designate the treatment areas based on the disaster type, and to communicate this to the Director of Patient Care.
19. Under the Hazard Communication Act, employers are responsible for which of the following?
- Developing MSDSs for all hazardous chemical used in their facilities
 - Verifying the accuracy of MSDSs received with hazardous chemical shipments
 - Maintaining a file of MSDSs for all hazardous chemicals used in their facilities
 - All of these
20. The newborn abductor most commonly presents with which of the following traits or behaviors:
- Wears a unit uniform, tells the patient's mother she/he is taking the infant for lab work.
 - Wears street clothes and tells the mother she is the home health nurse assigned to her case.
 - Snatches the baby from the mother and runs down the hallway to the front door.
21. It is acceptable to discharge children by
- Walking with the child to the lobby where the parent or guardian is waiting
 - Walking with the child and parents to the front lobby
 - Escorting the parent/guardian and the child in a wheelchair to the front lobby
22. Infectious agents like HIV may enter the body through
- Puncture wounds
 - Mucous membranes
 - Cut or cracked skin
 - All of these answers
 - None of these answers
23. You should wash your hands:
- When they are visibly soiled
 - After using the restroom
 - Before eating
 - All of the above
24. **True or False:** You always wear gloves when working with hazardous chemicals, blood, or body fluids, but it is not necessary to wash your hands after removing your gloves.

25. An appropriate incident to report to the 4PTS hotline is a:
- Medication error
 - Patient's dislike of his meal
 - Family complaint
 - Lack of clean towels on the unit
26. You can call 4PTS to report a patient incident:
- Between 0700-1500
 - On any weekday
 - Any time
 - Anytime except weekends
27. Anne Arundel Medical Center's Philosophy is to:
- Strive for a restraint-free environment
 - Protect the patient's rights and dignity
 - Protect the patients from harm
 - All of the above
28. Patients restrained under the medical/post surgical care standards must have the restraints re-ordered:
- Every 24 hours for the length of the admission.
 - Every 12 hours for the length of the admission.
 - Every calendar day if the restraints are still needed.
29. The maximum time limit for restraints ordered for children and adolescents 9-17 years of age under the Emergency Behavioral Management standard are:
- 1 hour.
 - 2 hours.
 - 4 hours.
 - 24 hours
30. Patients who meet the definition for "Emergency Behavioral Management" must have a face-to-face evaluation by a licensed independent practitioner
- Within 24 hours
 - Within 1 hour
 - Within 3 hours
 - Within 24 hours
31. If a medication is drawn up in a syringe for administration in 15-30 minutes, the syringe must be labeled with:
- Medication name
 - Strength and amount
 - Expiration
 - All of the above
 - None of the above, since it will be administered a short time later

32. What times are diuretics (i.e. lasix) usually given if it is ordered BID?
- 1000 and 2200
 - 1000 and 1600
 - 0800 and 1700
 - 1000 and 1800
33. What is the time for daily medication administration?
- 0800
 - 0900
 - 1000
 - 1100
34. How often do narcotics need to re-ordered?
- Q 24 hours
 - Q 48 hours
 - Q 72 hours
 - Every 4 days
35. Your patient, Mr. Jones, missed the 10 am dose of capoten due to being off the floor for a procedure. His capoten is ordered 25mg tid. He returns to the floor at 1300. How should you proceed with the dosing of subsequent doses of capoten?
- Give the capoten at 1300 and again at 1600
 - Give the capoten at 1400 then again at 2200, just mark the 1000 dose as a missed dose
 - Wait until 1600 to give the next dose and give the next does at 2200.
36. Medication errors should be reported:
- If a patient is harmed by getting the wrong medication or dose
 - If a patient receives the wrong medication or dose
 - If a patient almost receives the wrong medication or dose
 - By calling the 4PTS hotline
 - All of the above
37. How are telephone orders signed underneath after they have been written?
- T.O. Dr. Brown *badge #*/ Nancy Nurse, R.N. Read back and confirmed
 - Read back and confirmed
 - P.O. Dr. Brown / Nathan Nurse, R.N.
 - V.O. Dr. Brown / Nancy Nurse, R.N.
38. List the 5 rights that must be followed when administering a medication.
- _____
 - _____
 - _____
 - _____
 - _____

39. **True or False:** Medication must be locked in the individual patient medication drawers.
40. **True or False:** Another person must observe the actual wasting of narcotics.
41. **True or False:** An RN can use good nursing judgment when a range order is being considered. If a patient is sedate, but requires more medication, half the lowest dose may be administered without an order but it must be documented appropriately.
42. **True or False:** A patient can have more than one short acting and more than one long acting opioid ordered as long as there are administration guidelines included in the order.
43. **True or False:** Pain must be reassessed and documented within one hour following a 'prn' analgesic.
44. **True or False:** The prescribing and administration of IV Dilaudid is restricted at AAMC.
45. **True or False:** AAMC does not allow PCA self administration button to be pushed by anyone other than the patient, but an RN can initiate a bolus dose.
46. **True or False:** A staff member must be 100% certain that someone is being abused in order to contact the AAMC Abuse/DV Team.
47. **True or False:** The two best ways to contact the AAMC Abuse/DV Team are: send a Clin Con and have Abuse/DV Team paged through the AAMC Operator
48. The day after surgery, R.W. is in Physical Therapy and falls while attempting to ambulate. She strikes her head on the parallel bars that are used for support during ambulation training. What nursing actions need to occur?
- _____
 - _____
 - _____
 - _____
 - _____
49. How frequently is the Schmid Fall Risk Assessment completed? _____
50. Enter A or B in blank : A. Code Blue B. Rapid Response
- | | |
|--|---|
| ___ Cardiac Arrest | ___ Call 1111 and ask operator to call Rapid Response |
| ___ Concerned about the patient | ___ Respiratory arrest |
| ___ Oxygen saturation <90% with O ₂ | ___ Systolic BP < 90mmHg |
| ___ Push the code button and/or call 1111 and ask operator to call code blue | ___ HR > 130 |

*You have reached the end of the post-test. **Non-AAMC employees: Please return this packet to the Clinical Coordination Center. AAMC employees: Please return this packet to your Director/Supervisor/Manager. Agency Nurses: Please have the charge nurse on your unit complete an evaluation during your first shift. Return to Clinical Coordination Center upon completion.***

AGENCY STAFF EVALUATION

Name of Agency Staff _____

Name of Agency _____

Date and Shift _____

Patient care:	Exceeds Requirements	Meets Requirements	Requirements not Met (Requires explanation if checked)
Competently performs technical skills pertinent to clinical area			
Performs within established Standards of practice at AAMC			
Gives appropriate care to population served			
Documentation:			
Accurate and complete			
Report to next shift is complete			
Communication:			
Communicates honestly and respectfully with Patients and families			
Communicates honestly and respectfully with staff			
Reports any pertinent data in a Timely manner to the appropriate Individual(s)			
Requests assistance and/or information appropriately			
Communicates with patients and families based on their developmental stage and cultural needs			

Additional comments:

Completed by: