

Student Can and Cannot do list PRMCE/ Job Aid 07012016

These are the tasks that PRMCE is willing to allow RN students to do with appropriate supervision. The ability to perform these tasks/procedures will depend on the level of training/competency the student has acquired and the expectations/guidelines established by the Nursing School/Clinical instructor.

CAN DO (without direct supervision of assigned RN and/or school instructor)	CAN DO (with <i>direct supervision</i> of assigned RN and/or School Instructor)	CANNOT DO May observe only
All patient ADL's	Medication administration with an over view of process for accuracy and knowledge	Carry narcotic/PCA keys
Vital Signs	Push IV medications in a peripheral line	May not change PCA pump settings or replace syringe May not manage PCA
Assessment (can do, but documentation needs to be reviewed and cosigned by RN)	Pain medication- assigned nurse must be present to sign out narcotics	May not change epidural pump settings or replace bag/syringe May not manage epidural pump
Charting (needs to be reviewed and cosigned by RN)	Foley catheter insertion	Blood transfusion-cannot be involved in the process
Blood glucose monitoring (after training and 1 st direct observation)	NG tube insertions	TPA
	Meds via IV or central line	Total Parenteral Nutrition (TPN)
	Dressing changes (NO central line or first post op dressings)	Any form of fluid warming
	Give report	Conscious/procedural sedation
	Retrieve medication from PYXIS after doing tutorial	Chemotherapy
	Suctioning (oral or trachea)	IV infiltration med. intervention
	Neonatal abstinence scoring	Take verbal or telephone orders
	After review of the IV Peripheral Catheter Insertion and Removal Policy: Start or remove a short peripheral, only with a trained nurse or trained instructor.	First post op dressing change
	Central lines: line maintenance (Chlorhexidine bath, central line dressing change, needless injection cap change, tubing changes) Note: Only with trained nurse or trained instructor	Any high risk medication: heparin drip, insulin drip, per policy: Medication Safety-High risk Medications
	Subcutaneous/intramuscular injections	Infuse vesicants via the antecubital or other areas of flexion, per policy: Extravasation Non Chemotherapy
	Care for the neutropenic patient	Access or de access implanted

		vascular access device
		Discontinue epidural or central lines
		Vaginal exams or emergency vaginal delivery
		Be left alone on unit without preceptor or instructor
		Care for a prisoner with no guard in the room
		Transcribe MD orders, confirm orders or enter orders in the computer
		<p>PYXIS:</p> <ul style="list-style-type: none"> • Be a witness for wasting/counting inventory of controlled substances • Resolve discrepancies in the PYXIS • Use override feature or PYXIS • Add patients to PYXIS system
		Sheath/groin management
		Swallow screen
		NIHSS stroke scale
		Act as witness to patient consent
		Initial check of temporary pacemaker after insertion
		Arterial blood gas sampling by direct arterial puncture
		Defibrillation/cardioversion
		Hemodialysis or any pheresis procedure
		Intra-aortic balloon pump or ventricular assist device mgmt.
		Operation of a laser
		Care for a patient on a research study
		Prior to admit medication documentation in EMR
		Any procedure that requires, special training and certification