CENGAGE

12th EDITION

NURSING ASSISTANT

A Nursing Process Approach

Barbara Acello | Barbara Hegner

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TWELFTH EDITION

NURSING ASSISTANT

A Nursing Process Approach

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CENGAGE

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Preface

During the 1940s, nurses' duties involved tasks such as giving massages; preparing dressing packs, cotton balls, and applicator sticks; washing and sterilizing surgical gloves, dressings, syringes, and catheters for reuse; and sharpening the needles used on glass syringes. Physician supervision was required for taking blood pressure. World War II caused a shortage of nurses. Summer polio epidemics strained resources. Necessity is the mother of invention, so nursing responsibilities expanded. A new caregiver called the *nurse aide* was born. By the end of 1945, 212,000 women had become nurse aides. Hospitals began to make distinctions between skilled and nonskilled nursing care. How far we have come in 75 years!

Today's nursing assistants must possess critical thinking and technical skills. They have assumed more advanced responsibilities than ever before. Nursing assistants are important members of the nursing team, making valuable contributions to the nursing process. The nursing assistant of the twenty-first century must be prepared to use the nursing process to provide competent, patient-centered care in an advanced care setting. Selected advanced skills have been included in this revision to enhance nursing assistant knowledge and responsibilities. These skills are a routine part of the job description in many facilities.

Nursing Assistant: A Nursing Process Approach, 12th Edition is written for today's nursing assistants, providing information to support successful mastery of critical thinking and technical skills with a focus on providing excellent patient-centered care. Continuing its mission to emphasize the importance of treating those entrusted to care as total individuals who possess dignity, have value, and deserve respect, the ongoing goal of this text and supplement package is to provide tools that instructors can use to teach nursing assistants to meet high standards of personalized, patient-focused care. This will enable them to help patients achieve a desirable level of comfort, restoration, and wellness while protecting and respecting patients' rights as health care consumers.

ORGANIZATION

Long respected as a leading textbook for nursing assisting education, this 12th edition of *Nursing Assistant* is organized to bring the reader from the foundational concepts through detailed, step-by-step procedures for patient care. Section 1 is an introduction to nursing assisting, covering the role of the nursing assistant, rights and responsibilities in health care, and legal and ethical issues. Section 2 explores the foundational scientific concepts of medical terminology and body organization, as well as the classification of disease. Communication skills and the critical skills of observation, reporting, and documentation are covered in Section 3, along with meeting basic needs and important coverage of developing cultural sensitivity. Section 4 thoroughly covers infection and infection control, which are critical to effective patient care. Section 5 presents detailed information on safety and mobility, including positioning, transfer skills, and ambulation. The important skills of measuring and recording vital signs, height, and weight are presented in Section 6. Admission, transfer, and discharge, as well as bedmaking, bathing, and general comfort measures, are covered in Section 7. Section 8 provides detailed but accessible information on nutrition and fluid balance. Section 9 covers a wide range of special care procedures that all nursing assistants will need to perform to provide quality patient care. Other health care settings, including the long-term care facility, home health care, and subacute care, are discussed in Section 10, which also contains a chapter on alternative, complementary, and integrative approaches. Section 11 provides comprehensive coverage of all body systems, common disorders, and related care procedures. The expanded role of the nursing assistant, including care of special populations, is presented in Section 12. Finally, Section 13 presents excellent resources for moving forward with professional practice, including employment opportunities and career growth.

FEATURES

The features of *Nursing Assistant: A Nursing Process Approach* have been carefully honed through its many editions to provide readers with the most important information in an easily digestible format.

- Chapter objectives help focus the reader on key learning outcomes.
- Key terms can be used to improve reading comprehension and to support study and exam prep.
- The "Guidelines" feature highlights important steps and considerations for specific care situations.
- Alerts highlight urgent information on infection control, safety, culture, difficult situations, Occupational Safety and Health Administration (OSHA), communication, age-appropriate care, and legal considerations.
- Clear, concise, step-by-step procedures are supported by full-color photographs and illustrations.
- Chapter Review and Nursing Assistant Challenge questions test and reinforce understanding.

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New to This Edition

In addition to carefully updated content and numerous new, engaging, full-color photos, the following updated and enhanced content addresses the changing character of nursing assistant practice:

- Real on-the-job responsibilities
- Projecting a positive image
- Time management
- Managing and organizing assignments
- Handoff communication
- Career growth and advancement, and expanding the scope of nursing assistant practice
- Building relationships
- Professionalism
- Evidence-based practice
- Introduction to the Affordable Care Act (ACA)
- Social media
- Cell phones and other wireless handheld devices
- Electronic communication and documentation
- Differentiating between an electronic medical record (EMR), an electronic patient record (EPR), an electronic health record (EHR), and a personal health record (PHR)
- SBAR (situation, background, assessment, recommendation) communication
- Transitional care
- Biofilms
- Worsening problems with drug-resistant organisms
- Intergenerational care
- Understanding trends in health care due to an aging population
- Observation and reporting alerts
- Assistive transfer devices
- Basic sterile technique
- Dressings and bandages
- Preventing skin tears
- Negative pressure wound therapy systems and pulsatile lavage
- Intellectual disabilities and developmental disabilities
- Expanded home health care content
- Implantable cardioverter defibrillator
- Removal of an indwelling catheter

EXTENSIVE TEACHING AND LEARNING PACKAGE

Cengage Learning has provided a complete learning package to accompany *Nursing Assistant: A Nursing Process Approach.* Each supplement has been extensively revised to reflect the changes in the 12th edition of this textbook. Visit cengage.com to learn more.

Student Resources

The following resources were developed to help students learn and practice the information essential to becoming certified as a skilled nursing assistant:

MindTap for Nursing Assistant: A Nursing Process Approach, 12th Edition

MindTap is a fully online, interactive learning experience built upon authoritative Cengage content. By combining readings, multimedia, activities, and assessments into a single learning path, MindTap elevates learning by providing real-world application to better engage students and improve student outcomes. MindTap is device agnostic, meaning that it will work with any platform or learning management system and will be accessible anytime, anywhere: on desktops, laptops, tablets, mobile phones, and other Internet-enabled devices.

MindTap for Nursing Assistant: A Nursing Process Approach, 12th Edition includes:

- An interactive eBook with highlighting, note-taking, ReadSpeaker, and more.
- Flashcards for practicing key terms.
- Lecture slides in PowerPoint to review chapter material
- Computer-graded activities and exercises

Workbook to Accompany Nursing Assistant: A Nursing Process Approach, 12th Edition

The student workbook has been updated with new content and directly correlates to the textbook. This competency-based supplement includes challenging exercises and quizzes to help students understand essential content and master the definition of key terms. Certification style exam questions are provided to help students to prepare for taking a state certification exam.

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Student Companion Website

Visit www.cengage.com for free online resources, including additional nursing procedures, and chapter support.

Instructor Resources

Instructor Companion Website to Accompany Nursing Assistant: A Nursing Process Approach, 12th Edition

The password-protected Instructor Resources Companion site allows you to spend less time planning and more time teaching. The Instructor Resources Companion site can be accessed by going to www.cengage.com/login to create a unique user log-in. Once your instructor account has been activated, you will have access to a comprehensive selection of digital support materials, including:

- The *Instructor's Manual to Accompany Nursing Assistant: A Nursing Process Approach, 12th Edition,* with instructor support and activities, answers to the chapter review questions, answers to the workbook questions, procedure evaluation forms, and more.
- PowerPoint® presentations for each chapter, highlighting key concepts from each chapter.
- Cognero Testbank.

ACKNOWLEDGMENTS

Each new edition brings with it the pleasant task of acknowledging the contributions of a number of individuals who have believed in, supported, and contributed to this project.

First, my son Jon and grandson Chris have given greatly of themselves while I worked on this manuscript. I appreciate their assistance, love, and support.

Contributors

Virginia More, our beautiful 90-something patient/resident model understands the importance of realistic photos and graciously allowed us to photograph her during times of personal illness and injury. I sincerely appreciate her support, commitment to education, attention to detail, and generosity in allowing the intrusion into her personal life.

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How to Use This Textbook

The 12th edition of *Nursing Assistant: A Nursing Process Approach* has been carefully designed and updated to make the study of nursing assistant tasks and responsibilities easier and more productive. For best results, you may want to become familiar with the features incorporated into this text and accompanying learning tools.

TABLE OF CONTENTS

For each chapter, the table of contents lists the chapter title, major topic headings, general guidelines for specific areas of care and topics of importance to the nursing assistant, and patient care procedures.

CHAPTER OPENING PAGE

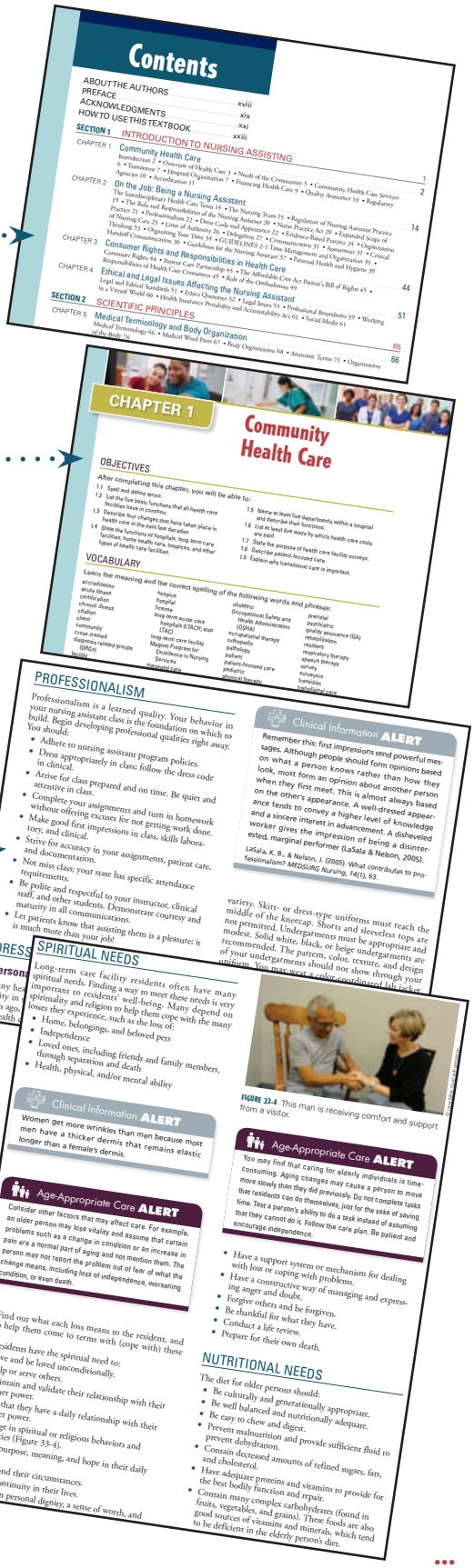
Each chapter opening page contains objectives and vocabulary terms.

The **objectives** help you know what is expected of you as you read the text. Your success in mastering each objective is measured by the review questions at the end of each chapter.

The **vocabulary** list alerts you to new terms presented in the chapter. When each term is first used in the chapter, it is highlighted in boldface and color. Each term is defined at this point in the chapter. Read the definition of the term and note the context in which it is used so that you will feel comfortable in using the term. Note that the highlighted terms are also defined in the glossary at the back of the book.

TEXT ALERTS

The alerts provide important content on infection control, OSHA, communication, age-appropriate care, legal considerations, safety, difficult situations, critical thinking, and clinical information related to patient care. These alerts make the learner aware of best practices in patient care; include practical tips based on experience; and highlight critical infection control, safety, and other regulatory guidelines.



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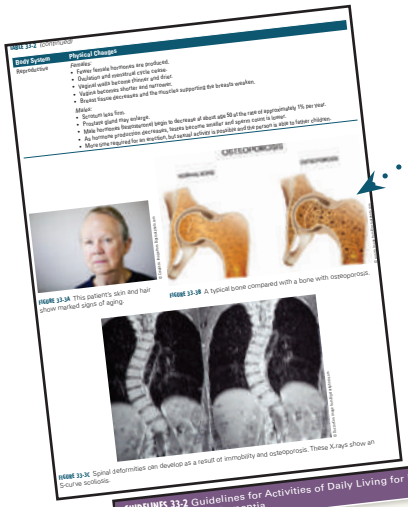

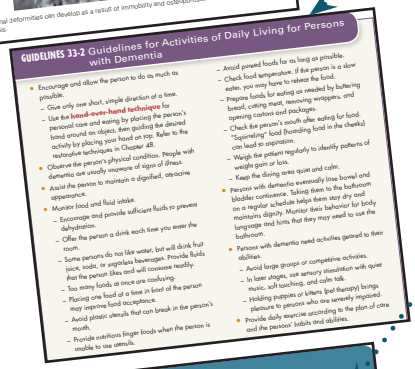

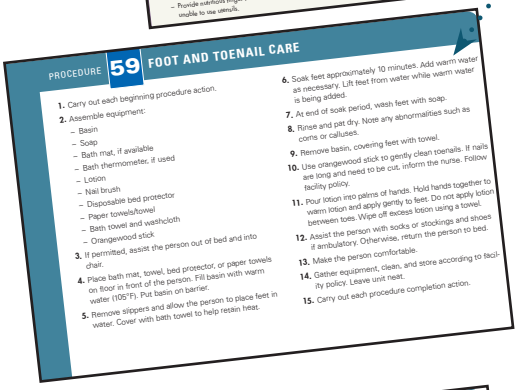

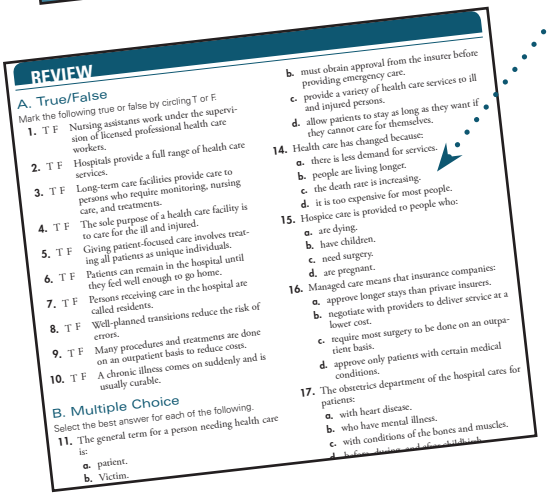

PHOTOGRAPHS AND ILLUSTRATIONS

Numerous color illustrations and photos help to clarify and reinforce the chapter content. Many figures are used in the procedures to help you visualize critical step-by-step information. Full-color anatomical drawings help you to locate body components and understand body organization.

GUIDELINES

"Guidelines for . . ." features highlight important points that you need to remember for specific situations or types of care. They are presented in an easy-to-use format that you can refer to repeatedly until you know the actions you must take when confronted with the situation.

PROCEDURES

The textbook sets out clinical procedures in a step-by-step format. Each procedure reminds you to perform both beginning and completion actions. Any relevant notes or cautions about performing the procedure are given. The steps take you carefully through the procedure, emphasizing at all times the need to work safely and to protect the patient's privacy. Each procedure is marked with icons to help you easily identify procedures that contain key OBRA (Omnibus Budget Reconciliation Act) and PPE (personal protective equipment) standards, as well as procedures for which a corresponding video is available on *Delmar's Basic Core Skills for Nursing Assistants* video series.

CHAPTER REVIEWS AND TESTING MATERIAL

A variety of review questions at the end of each chapter test your understanding of the chapter content. This content has been expanded as a result of instructor requests. Each review contains a Nursing Assistant Challenge that presents a typical clinical situation and asks questions about your response to the situation. These questions help you master critical thinking skills and require you to integrate what you have learned to arrive at an appropriate solution or set of actions.

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SECTION 1

Introduction to Nursing Assisting

CHAPTER 1
Community Health Care

CHAPTER 2
On the Job: Being a Nursing Assistant

CHAPTER 3
Consumer Rights and Responsibilities in Health Care

CHAPTER 4
Ethical and Legal Issues Affecting the Nursing Assistant

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CHAPTER 1

Community Health Care

OBJECTIVES

After completing this chapter, you will be able to:

1.1 Spell and define terms.
1.2 List the five basic functions that all health care facilities have in common.
1.3 Describe four changes that have taken place in health care in the past few decades.
1.4 State the functions of hospitals, long-term care facilities, home health care, hospices, and other types of health care facilities.
1.5 Name at least five departments within a hospital and describe their functions.
1.6 List at least five ways by which health care costs are paid.
1.7 State the purpose of health care facility surveys.
1.8 Describe patient-focused care.
1.9 Explain why transitional care is important.

VOCABULARY

Learn the meaning and the correct spelling of the following words and phrases:

accreditation
acute illness
certification
chronic illness
citation
client
community
cross-trained
diagnosis related groups (DRGs)
facility
health care consumers
health maintenance organizations (HMOs)
hospice
hospital
license
long-term acute care hospitals (LTACH; also LTAC)
long-term care facility
Magnet Program for Excellence in Nursing Services
managed care
Medicaid
Medicare
multiskilled workers
obstetric
Occupational Safety and Health Administration (OSHA)
occupational therapy
orthopedic
pathology
patient
patient-focused care
pediatric
physical therapy
postanesthesia recovery (PAR)
postpartum
prenatal
psychiatric
quality assurance (QA)
rehabilitation
resident
respiratory therapy
speech therapy
survey
surveyors
transition
transitional care

INTRODUCTION

A nursing assistant is a paraprofessional health care worker with important responsibilities in providing comfort and care to people who are ill or injured. The nursing assistant is supervised by, takes directions from, and reports to licensed professional health care workers, such as physicians and nurses.

A **facility** is a place in which health care is given. A **hospital** is a complex organization that provides a full range of health care services. Some hospitals provide highly technical care. Others provide general care for patients with many different medical conditions. Some provide only specialized services, such as treatment for cancer or rehabilitation care. A **long-term care facility** provides care to persons whose conditions are stable but who need monitoring, nursing care, and treatments. Many of these residents are elderly, but facilities can accept persons of all ages who meet the legal admission criteria.

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Functions of Health Care Facilities

All health care facilities have five basic functions:

1. Providing services for the ill and injured (Figure 1-1)
2. Reducing risk factors and preventing disease (Figure 1-2)
3. Promoting individual and community health
4. Educating health care workers (Figure 1-3)
5. Promoting research in medicine and nursing

OVERVIEW OF HEALTH CARE

Health care today emphasizes **patient-focused care**. This care focuses on the unique needs of each person. It includes several general areas of care:

- Keeping good communication
- Maintaining cost effectiveness and containing costs
- Making the patient a partner in their own care
- Respecting the patient's needs, values, beliefs, and decisions even if you disagree
- Meeting acceptable standards
- Promoting good health, a healthy lifestyle, physical care, and a clean, comfortable, and secure environment
- Supporting the patient's mental and emotional needs
- Coordinating care with others
- Limiting the number of people involved in patient care so workers are more familiar with the patient and the patient knows who their caregivers are
- Meeting the patient's needs efficiently
- Paying attention to the aspects of care that will help the person lead a fulfilling and satisfying life

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FIGURE 1-1 Health care facilities provide routine, emergency, and surgical services to many different types of patients.

Syda Productions/Shutterstock.com

FIGURE 1-2 Vaccines are an important means of staying healthy. Unvaccinated health care workers can spread diseases to patients. You cannot get a disease from the vaccine.

U.S. Navy photo.

FIGURE 1-3 Health care changes regularly. Attending classes to learn new information helps you grow personally and professionally and enhances your knowledge and value as an employee.

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FIGURE 1-4 This multiskilled nursing assistant was cross-trained so she can draw blood when needed.

Staff members may become **multiskilled workers** by cross-training to perform additional skills. Multiskilled workers can perform many functions, enabling them to do more than one kind of work. They usually learn skills from more than one discipline. For example, a multiskilled nursing assistant may be **cross-trained** to draw blood and/or obtain electrocardiograms (Figure 1-4). They may also be taught to perform certain clerical duties. This type of cross-training avoids the need to transfer the patient to another department for care and reduces the waiting time for necessary tests and other services.

Quality of life has become an important concern in health care delivery. Some decisions are made with the patient's future quality of life in mind. Quality-of-life policies focus on providing care in an environment that humanizes and individualizes each patient. Care is personalized to the person's needs. In some situations, preserving the quality of the patient's life is more important than increasing the length of life.

Many changes have occurred in health care within the past few decades. There are several reasons for this:

- People are living longer. People who are aging need more services. Demand for nursing assistants is high and is expected to continue growing rapidly because of a large increase in the elderly population. This is much faster than the average for all occupations (Figure 1-5).
- Use of advanced technology results in lives being saved. However, some patients need continuing health care.
- The increased demand for services and use of advanced technology have increased the cost of care.
- Advances in science have created many ethical (moral) questions that must be answered. Behaving ethically involves doing what is right in any given situation.

Courtesy of Laura More.

FIGURE 1-5 An aging population needs more health care services.

Patients are discharged earlier from hospitals to reduce the cost of care. These patients may still require health care. This care can be given more economically in long-term care facilities and in the person's home. Diagnostic tests and procedures are provided in outpatient facilities to further decrease costs. It is less expensive, for example, to receive treatment for a throat infection in an urgent care center than in a hospital emergency room. Ambulatory surgical centers (which may also be called *surgicenters*, urgent care centers, and clinics) are examples of such facilities.

Most health care is paid for with insurance. **Managed care** was popular in the 1990s. The goal was to manage health care services efficiently at the lowest cost. Briefly, this means that the insurance company will:

- Preapprove some procedures or diagnostic tests.
- Negotiate with some facilities and professionals to provide care and services at a lower cost to the company's members.

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Infection Control **ALERT**

The development of infection is dangerous for the patient and is very costly to insurance companies and the hospital. One person can spread the infection to many others, including staff, family members, and visitors. Prevention of infection is a major nursing assistant function.

- Approve only a certain number of days of hospitalization for specific diagnoses. If the patient must stay longer, the hospital must get approval from the insurer or payment may be denied.
- Require that specific procedures be done on an outpatient basis rather than having the patient admitted to the hospital.

Although managed care is still alive and well, costs are increasing, and consumers have never been satisfied with the restrictive coverage. Today, managed care plans are offering more choices than they did in the past. Unfortunately, this has increased the out-of-pocket cost.

NEEDS OF THE COMMUNITY

People who live in a common area and share common health needs form a **community**. The community may provide services to keep the residents safe and healthy, such as waste disposal, safe drinking water, services to ensure that food in stores and restaurants is healthy, and some health services. Public health laws regulate these services and are enforced by government agencies.

Health care is needed throughout life. The care may be short term or long term and includes:

- Preventive care to maintain good health
- **Prenatal** care (care of the mother during pregnancy; Figure 1-6A)
- Well-baby checkups and immunizations (Figure 1-6B)
- Health education to teach individuals how to avoid disease and injury
- Physical examinations throughout life
- Emergency care for sudden illness or injury
- Surgery to repair an injured body part or remove a diseased organ
- Rehabilitation to help a person to regain abilities lost due to illness or injury (Figure 1-7)
- Long-term care for persons with chronic or incurable conditions
- **Hospice** care for persons who are dying and their families

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FIGURE 1-6A Prenatal care is essential for a healthy mother and infant.

U.S. Navy photo.

FIGURE 1-6B This infant will be scheduled for well-baby checkups and regular immunizations.

U.S. Navy photo.

FIGURE 1-7 This amputee is performing abdominal training with a medicine ball during routine therapy.

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Persons receiving health care are called **health care consumers**. They are also identified by the type of care they need:

- A **patient** is a person who receives care in an acute care facility, such as the hospital.
- A **client** is a person who receives care in their home.
- A **resident** is the recipient of care in a long-term care facility.

COMMUNITY HEALTH CARE SERVICES

There are two main types of health care facilities: those that provide short-term care and those that provide long-term care (Table 1-1). Short-term care is given to persons with routine or minor problems, such as a urinary tract infection. The care may be given in the physician's office, an outpatient clinic, or an urgent care center. Uncomplicated surgeries, such as hernia repair, require only short-term care and may be done in an ambulatory surgery center or outpatient surgery department. General hospitals provide short-term care for acute illnesses. An **acute illness** or injury comes on suddenly and requires intense, immediate treatment. Heart attacks, severe burns, strokes, and uncontrolled diabetes are examples of acute conditions. The patient is expected to recover.

TABLE 1-1 Types of Health Care Facilities

Short-Term Care	Long-Term Care
Hospitals	Long-term acute care hospitals Subacute and transitional care facilities Long-term care facilities (LTCF); these consist of skilled nursing facilities (SNF) and nursing facilities (NF)
Urgent care facilities	Adult day care
Surgicenters	Assisted living facilities (ALF) (A type of long-term care facility for people who can move about but who may need help with some activities of daily living. Most care is given by personal care assistants. Nursing staff is on call. Licensed nurses are not on duty 24 hours a day.) Rehabilitation centers
Outpatient clinics	Respite care (temporary care to allow a family caregiver time off)
Psychiatric hospitals	Group homes and highly specialized long-term care facilities, homes for the mentally ill, intellectually and/or developmentally disabled, and psychiatric hospitals
Physicians' offices	Home care

Courtesy of the Bureau of Labor Statistics for the U.S. Department of Labor.

FIGURE 1-8 Home health care services are given in the client's home, eliminating the need for facility admission and reducing the cost of care.

Long-term care is necessary for some persons who have chronic conditions. A **chronic illness** is one that is treatable but not curable and is expected to require lifelong care. This care may be given in a long-term care facility, adult day-care setting, respite care facility, assisted living facility, or the person's home (Figure 1-8). Alzheimer's disease, multiple sclerosis, Parkinson's disease, and diabetes are examples of chronic illnesses.

Hospitals

Most acute care hospitals accept and care for patients of all ages with a variety of medical and surgical problems. Some take care of patients with special conditions or care for specific age groups:

- **Pediatric** hospitals care only for children from birth to age 18.
- **Psychiatric** hospitals provide care for persons with mental illness.
- **Rehabilitation** hospitals provide rehabilitative and restorative services to patients following disease, illness, or injury. If complete restoration is not possible, the goal is to restore the patient to their highest possible level of function.
- **Long-term acute care hospitals (LTACHs; also LTAC)** are a rapidly growing segment of the health care market in the United States. The facility is licensed as a hospital but is designed for patients who are expected to stay 25 days or more. To be accepted in an LTACH, the patient must have a medically complex condition, need acute care services, and have a good chance of improvement. The level of care is higher than provided in long-term care facilities (nursing homes) or subacute care facilities.

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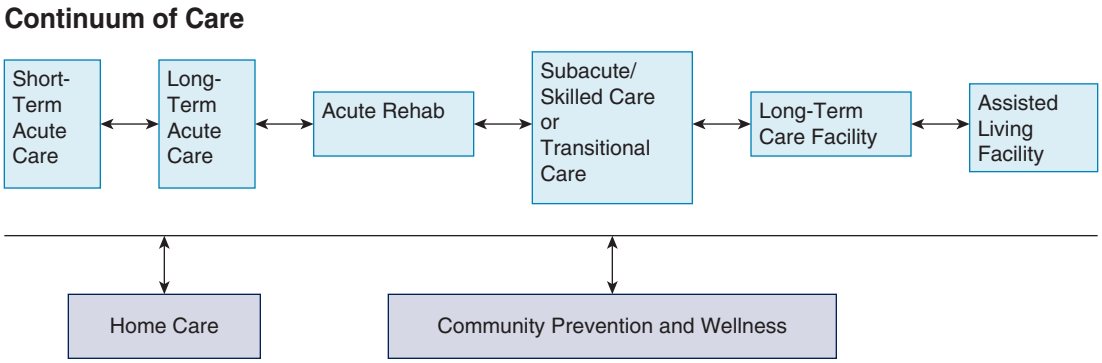

FIGURE 1-9 Patients move back and forth from one level of care to another as their needs change.

TRANSITIONS

A **transition** is the movement of a patient between various locations in which care is given as their needs change. This may involve moving to different levels of care within the same facility or moving to a completely different location (such as a long-term care facility or home; Figure 1-9). Transitional care includes:

- Educating the patient and family
- Coordinating health care services that will be needed after discharge
- Making phone calls and visits in the patient's new location
- Ensuring that the transition is safe and satisfying to the patient
- Providing important information to the patient's next care provider or setting to coordinate care and reduce the risk of errors

Each transition increases the risk of poor communication, lack of coordination, and the potential for errors across settings. Ensuring smooth transitions is part of patient-focused care. The safest transitions are carefully planned and patient centered.

HOSPITAL ORGANIZATION

Hospitals are designed to provide efficient delivery of service. Major departments in each facility meet the needs of patients with specific conditions (Figure 1-10). These units provide nursing care 24 hours a day, 7 days a week.

- Medical department: cares for patients with medical conditions such as pneumonia or heart disease.
- Surgical department: cares for patients before, during, and after surgery. The **postanesthesia recovery (PAR)** area is where patients are closely monitored after surgery. They remain in this area until they are stable enough to leave the surgical department.
- Pediatric department: cares for sick or injured children.

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FIGURE 1-10 There are 6,210 hospitals in the United States. The largest hospital has 8,000 beds. The smallest hospital has 19 beds.

- **Obstetric** department: cares for newborns and their mothers. This department includes the labor and delivery unit, the **postpartum** unit (for mothers who have given birth), and the nursery for care of newborns.
- Emergency department: cares for victims of trauma, natural disasters (e.g., tornadoes and hurricanes), or medical emergencies.
- Critical care department: cares for seriously ill patients who require constant monitoring and care.

Larger hospitals have many specialized units to care for persons with problems such as cancer, cardiovascular disease, or kidney disease or for those requiring **orthopedic** (bones and muscles) surgery. Specialized health care workers provide services to the patients in these units. Specialized services include:

- Dietary services. A registered dietitian plans the meals for all patients and provides educational services to patients on special diets. The hospital's food service department prepares meals and delivers them to patients.

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U.S. Navy photo.

FIGURE 1-11 The technician is using a gamma camera to check for a hidden ankle fracture.

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FIGURE 1-12 The social worker writes an assessment that will help the patient and the health care team make treatment plans.

- Pharmacy services. Registered pharmacists prepare and provide all medications and intravenous therapy solutions.
- Diagnostic services:
  - **Pathology** (study of disease). Diagnostic tests are done on specimens taken from body tissue to help the physician make a diagnosis.
  - Diagnostic imaging and radiology. X-rays and other specialized procedures are done to help make a diagnosis (Figure 1-11).
  - Laboratory. A department that is equipped to perform diagnostic tests and investigative procedures. Various specimens are sent to the laboratory for analysis. The results of the tests are used by physicians and others in the diagnosis and care of patients.
- Transitional care. The **transitional care** coordinator or department is responsible for ensuring continuity of care when a patient transitions from one location or facility to another.
- Rehabilitation services:
  - **Physical therapy**. Assists patients to regain mobility skills.
  - **Occupational therapy**. Helps patients to regain self-care skills.
  - **Speech therapy**. Helps patients to regain the ability to communicate and works with patients who have swallowing disorders.
  - **Respiratory therapy**. Provides care for patients who have disorders of the cardiopulmonary system, respiratory system, and sleep disorders that affect the patient's breathing.
- Social services. Staff members provide counseling for patients and their families, help needy families get financial assistance, plan for patient discharge, and arrange for patient transfers from one facility to another (Figure 1-12).
- Environmental services:
  - Housekeeping is responsible for the overall cleaning (Figure 1-13).
  - Maintenance cares for and repairs the building and equipment.
  - Laundry services provide and clean all linens.
- Business services. Responsible for patient billing, employee payroll, and other financial matters.
- Medical records. The department that transcribes and catalogs all patient records.
- Volunteers. Persons who provide services free of charge and perform tasks such as delivering mail

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FIGURE 1-13 Housekeeping is responsible for the overall cleaning of the hospital.

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FIGURE 1-14 This independent older adult maintains her self-esteem and provides a valuable service by volunteering at the hospital.

and flowers, running the gift shop, directing visitors, assisting in the surgery waiting area, and raising funds for the facility (Figure 1-14).

- Pastoral care helps meet patients' religious and spiritual needs and provides counseling.

FINANCING HEALTH CARE

Health care is paid for by:

- Insurance. Employers may offer a group insurance plan, or persons may buy individual insurance. Premiums are expensive, although an employer may pay all or a portion of the cost of a group insurance plan. **Health maintenance organizations (HMOs)** are one type of prepaid insurance. The HMO is a group of health care providers and hospitals. HMO members must see only certain doctors and go only to designated hospitals, except in emergencies.
- Out-of-pocket payments by the health care consumer who has no insurance or for expenses not covered by insurance.
- The federal government. The U.S. government pays for health care services for approximately 37 percent of the population of the United States.

Government Programs for Health Care Payments

Medicare

Medicare (Figure 1-15) is a federal government program that pays a portion of health care costs for persons aged

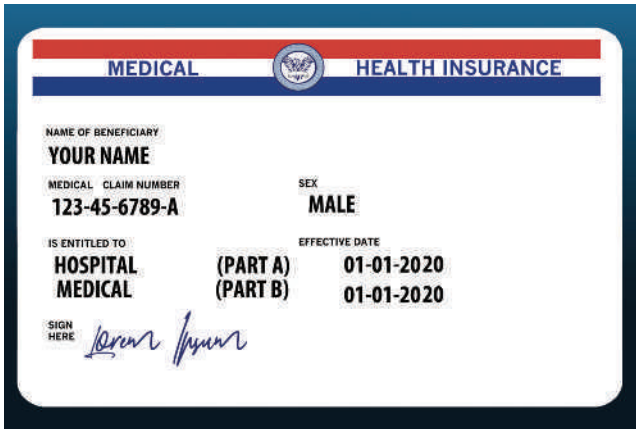

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FIGURE 1-15 There are approximately 44 million people enrolled in the Medicare program. In 2018, the Medicare program cost $582 billion or about 14 percent of the total federal budget.

65 years and over and for younger persons who are permanently disabled and who qualify for the benefit.

A number of Medicare payment options are available. These vary depending on the person's eligibility, medical needs, and area of residence. Some procedures or treatments require prior approval and may have time limitations. Plans are available to pay for inpatient and outpatient services, home health care, physician services, therapy, diagnostic tests, some medical supplies and equipment, and prescription drugs.

Medicare payment to hospitals is based on **diagnosis related groups (DRGs)**. The actual cost of care is not considered. Rather, payment is based on studies that were done to determine the average length of stay required for various medical diagnoses, procedures, and treatments. Medicare set the payment rates based on these data. Although a hospital may charge variable rates for patient care, Medicare pays only the fixed amount that it has determined is fair for care based on the DRG.

Medicare does not pay for care of avoidable complications that began in the hospital, such as pressure injuries, surgical infections, catheter infection, and fractures that occur because of falls. If certain preventable events occur, the hospital must provide care for them free of charge.

Medicaid

Medicaid is a state and federal government program that pays health care costs for:

- Pregnant women
- Children and teenagers
- Individuals who are aged, blind, or disabled
- Those who fall into certain income categories

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Veterans Administration

The Veterans Administration (VA) provides and pays for care for some military veterans whose injury or illness is related to military service. The VA has many large hospitals, clinics, and nursing homes throughout the United States. It also pays for care in private hospitals and nursing homes in limited circumstances.

Other Government Health Care Payment and Services

The U.S. government pays for the health care of dependents and survivors of persons who are in active military service or died in the line of duty. It also offers insurance plans to public-sector employees who work for the federal government.

A variety of other government agencies sponsor specialty health care services. For example, Title X funds reproductive health care. The State Children's Health Insurance Program (SCHIP) was established in 1997 to provide health insurance for children in low-income families. The Indian Health Service cares for certain Native Americans. The National Institutes of Health gives free treatment to patients who enroll in research trials and projects.

The Affordable Care Act

The Patient Protection and Affordable Care Act (PPACA) was signed into law on March 23, 2010. The Health Care Education and Reconciliation Act (HCERA) was signed on March 30, 2010. Together, the two acts make up the Affordable Care Act (ACA). The ACA is an important set of health care reforms that will help to ensure that people have access to health insurance.

The goals of the ACA are to:

- Reduce the number of uninsured Americans.
- Require employers to provide health care coverage.
- Require people to secure health care coverage.
- Expand Medicaid eligibility requirements.
- Require insurance companies to cover people with preexisting medical conditions.
- Prohibit insurers from dropping subscribers with expensive or chronic conditions.
- Require insurance companies to pay for preventive care (Figure 1-16).
- Require insurers to allow parents to keep their uninsured adult children under age 26 on their family coverage plan.

Some states have established state health care plans to provide affordable health care coverage to state residents. Although there are some exceptions, these states have certain coverage requirements.

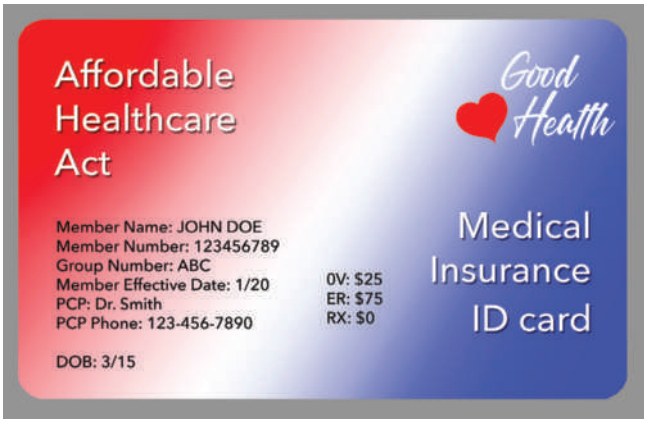

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FIGURE 1-16 Health insurance through the ACA can be researched and selected through the HealthCare.gov website.

Containing Costs

Cost containment is a priority, which means that the maximum benefit of health care must be achieved for every dollar spent. Each worker must do everything possible to avoid waste and keep costs down.

QUALITY ASSURANCE

All health care facilities have a program called **quality assurance (QA)**. The QA committee conducts internal reviews to identify problems and then find and implement solutions. The committee meets to evaluate care and improve practices in the facility, such as restraint use, avoidance of pressure injuries, and infection control. Patient care should be continuously evaluated and adjusted to meet patient needs and comply with regulations. The QA program performs this important function.

The QA committee is very important to the operation of the facility, delivery of good patient care, and the facility's success in surveys. This self-improvement process prevents problems with regulatory agencies and improves the quality of care.

REGULATORY AGENCIES

Facilities must meet certain standards to operate. Many external agencies regulate health care facilities and set quality standards. Some regulatory agencies are branches of the state and federal government, but several are voluntary, private organizations.

The various agencies inspect the facility to ensure that it meets health and safety regulations and complies with accepted standards. A **survey** is a review and evaluation to ensure that facilities are maintaining acceptable

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standards of practice. Different types of facilities must meet different quality standards.

Each facility holds a state **license**, which permits it to conduct business. Most facilities also possess a **certification**. Certification is necessary to collect Medicare and Medicaid payments. Licensure and certification surveys are done by the state health department or human services agency. Occasionally, federal surveyors will inspect the facility. During a survey, a number of **surveyors** inspect conditions in the facility. Surveyors are representatives of the agency that reviews the facility.

ACCREDITATION

Accreditation is a voluntary process in which a professional organization recognizes a facility for demonstrating its ability to meet certain quality standards and criteria. Accreditation is an important means of measuring quality. Working to become accredited is part of QA. The health care organization identifies strengths and areas needing improvement and then determines the best ways to provide quality care.

The Centers for Medicare and Medicaid Services (CMS) has certain minimum health and safety standards that health care facilities must meet in order to participate in the Medicare and Medicaid programs and receive reimbursement. Although accreditation is voluntary, hospitals are not eligible to receive Medicare payment unless they are accredited. Medicare is an important source of revenue, and most hospitals could not survive financially without it.

Surveys

Surveys are done at varying intervals, depending on the purpose and type of the survey and the organization that is conducting the survey. Although there are many types of surveys, accreditation and licensure and certification surveys are the most common. Surveyors will arrive unannounced and will stay until they have finished. This may take a week or more, depending on the facility size, the type of the survey, and the findings. Accrediting organizations require facilities to periodically evaluate staff performance and maintain a record of these checks. They are also required to provide ongoing educational programs. This helps ensure that staff do their jobs correctly.

Surveyors review facility policies and procedures and determine whether staff are following them. They will ask questions and interview patients, families, and staff. They will monitor how staff:

- Give care.
- Practice handwashing and infection control.
- Treat patients, residents, families, and others.
- Maintain patient rights.
- Practice safety, dignity, and privacy.

Surveyors may:

- Ask you to demonstrate how to use patient care equipment.
- Ask you to demonstrate a procedure.
- Question you about how to respond in an emergency.
- Ask what the facility's code words are for emergencies such as fire, cardiac arrest, and others. (Some facilities print this information on the back of your identification badge.) If you don't know an answer to a question, be honest. Tell them you will find out and get back to them.

After the survey, a report is issued detailing the areas that require improvement. Accreditation is granted if the survey is acceptable. Surveyors will return to check the corrections if serious deficiencies are identified.

OSHA Surveys

The **Occupational Safety and Health Administration (OSHA)** also surveys health care facilities. OSHA is a government agency that protects the health and safety of employees. This organization does not evaluate patient care. OSHA inspectors review infection control, employee tuberculin testing, Material Safety Data Sheets, and other safety policies and practices. Surveyors will interview employees and tour all areas of the facility. The inspector will ask questions about health and safety practices. If the inspector identifies unsafe conditions, the agency may receive a citation or fine. A **citation** is a written notice that informs the facility of its violation of OSHA rules.

Magnet Hospitals

According to the American Hospital Association (AHA), 95 percent of all hospital care is given by nursing personnel. In recent years, the quality of nursing services has been closely studied and recognized for its effect on patient care. Facilities that adhere to the American Nurses Association (ANA) standards of practice have fewer negative outcomes than hospitals that are less supportive of the nursing staff. The **Magnet Program for Excellence in Nursing Services** is based on quality indicators and standards of nursing practice.

An award of Magnet status is a way of recognizing excellence. Research has shown that Magnet hospitals have higher percentages of satisfied staff, lower turnover, better clinical outcomes, and improved patient satisfaction.

Attaining the Magnet designation is not easy. The Magnet program recognizes quality patient care and nursing excellence. Hospitals that have achieved Magnet status are usually very progressive, desirable places to work. Nurses and others like to work in an environment that recognizes their professional status and contributions. Magnet status is reviewed every four years.

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REVIEW

A. True/False

Mark the following true or false by circling T or F.

1. T F Nursing assistants work under the supervision of licensed professional health care workers.
2. T F Hospitals provide a full range of health care services.
3. T F Long-term care facilities provide care to persons who require monitoring, nursing care, and treatments.
4. T F The sole purpose of a health care facility is to care for the ill and injured.
5. T F Giving patient-focused care involves treating all patients as unique individuals.
6. T F Patients can remain in the hospital until they feel well enough to go home.
7. T F Persons receiving care in the hospital are called residents.
8. T F Well-planned transitions reduce the risk of errors.
9. T F Many procedures and treatments are done on an outpatient basis to reduce costs.
10. T F A chronic illness comes on suddenly and is usually curable.

B. Multiple Choice

Select the best answer for each of the following.

11. The general term for a person needing health care is:
    - **a.** patient.
    - **b.** Victim.
    - **c.** consumer.
    - **d.** provider.
12. Well-planned transitions:
    - **a.** are special services given by multiskilled caregivers.
    - **b.** involve stabilizing a patient when their needs change.
    - **c.** involve transferring patients within the facility every few days.
    - **d.** reduce the risk of errors and miscommunication.
13. Health care facilities:
    - **a.** treat most patients on an outpatient basis rather than admitting them.
    - **b.** must obtain approval from the insurer before providing emergency care.
    - **c.** provide a variety of health care services to ill and injured persons.
    - **d.** allow patients to stay as long as they want if they cannot care for themselves.
14. Health care has changed because:
    - **a.** there is less demand for services.
    - **b.** people are living longer.
    - **c.** the death rate is increasing.
    - **d.** it is too expensive for most people.
15. Hospice care is provided to people who:
    - **a.** are dying.
    - **b.** have children.
    - **c.** need surgery.
    - **d.** are pregnant.
16. Managed care means that insurance companies:
    - **a.** approve longer stays than private insurers.
    - **b.** negotiate with providers to deliver service at a lower cost.
    - **c.** require most surgery to be done on an outpatient basis.
    - **d.** approve only patients with certain medical conditions.
17. The obstetrics department of the hospital cares for patients:
    - **a.** with heart disease.
    - **b.** who have mental illness.
    - **c.** with conditions of the bones and muscles.
    - **d.** before, during, and after childbirth.
18. Social services staff provide:
    - **a.** nursing care 24 hours a day.
    - **b.** diagnostic testing.
    - **c.** counseling for patients.
    - **d.** activities to relieve boredom.
19. Environmental services include:
    - **a.** nursing.
    - **b.** housekeeping.
    - **c.** therapy.
    - **d.** surgery.
20. One type of prepaid health care insurance is:
    - **a.** Medicare.
    - **b.** accreditation.

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c. a health maintenance organization.
d. out-of-pocket payment.

21. Accreditation is:
a. required by the federal government.
b. a mandatory responsibility of the quality assurance committee.
c. a recognition for voluntarily meeting quality standards and criteria.
d. granted by the Centers for Medicare and Medicaid Services.

22. Medicare payment to hospitals is made based on:
a. diagnosis related groups.
b. services needed by the patient.
c. actual charges billed to the government.
d. the type of medical supplies used.

23. The purpose of quality assurance is to:
a. guarantee quality to the physicians.
b. identify and correct problems.
c. ensure that the facility receives payment.
d. pass the accreditation inspection.

C. Word Choice

Choose the correct word or phrase from the following list to complete each statement in questions 24–33.

ambulatory surgical center
hospitals
long-term care facility
Medicare
occupational therapy
pathology
patient-focused care
physical therapy
prenatal
residents

24. A _____ provides care to persons whose conditions are stable but require monitoring, nursing care, and treatments.

25. _____ are complex organizations that provide a full range of health care services.

26. _____ is given when the patient is considered a unique individual with specific needs.

27. _____ care is given to a mother during her pregnancy.

28. Persons living in a long-term care facility are usually called _____.

29. Uncomplicated surgeries may be performed in an _____.

30. _____ means the study of disease.

31. _____ helps patients regain self-care skills.

32. _____ helps patients regain mobility skills.

33. A federal program that pays health care costs for persons 65 years of age and older is called _____.

D. Nursing Assistant Challenge

Mrs. Hernandez is pregnant with her first child. She wants to do everything she can to make sure that she has a safe and uncomplicated pregnancy, labor, and delivery and that her baby is healthy. Consider how Mrs. Hernandez will move through the health care system to achieve this goal.

34. What is the first type of care that Mrs. Hernandez needs to help her meet the goal of an uncomplicated pregnancy?

35. In your community, where is this type of care provided?

36. What programs are offered to pregnant women in your community?

37. From which hospital departments do you think Mrs. Hernandez will receive services when she delivers her baby?

38. After the baby is born, what health care will the baby need?

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CHAPTER 2

On the Job: Being a Nursing Assistant

OBJECTIVES

After completing this chapter, you will be able to:

2.1 Spell and define terms.
2.2 Identify the members of the interdisciplinary health care team and the nursing team.
2.3 List the job responsibilities of the nursing assistant.
2.4 Explain how the Nurse Practice Act affects nursing assistant practice.
2.5 Discuss the importance of working within the established scope of nursing assistant practice.
2.6 List the federal requirements for nursing assistants working in long-term care facilities.
2.7 State the purpose of evidence-based practice.
2.8 Identify common nursing care delivery systems and briefly describe each.
2.9 Describe your facility's lines of authority.
2.10 Discuss the five rights of delegation.
2.11 Explain why good time management is a key to nursing assistant success.
2.12 Describe methods of organizing assignments to make the best use of your time.
2.13 State the purpose of shift report and handoff communication.
2.14 Explain why critical thinking is an essential skill for nursing assistants.
2.15 Describe the importance of good human relations.
2.16 List ways of building good relationships with patients, families, and staff.
2.17 Explain why projecting a professional image is important.
2.18 List the rules of personal hygiene and appropriate dress.
2.19 Explain why a healthy mental attitude is important.
2.20 Describe ways of relieving stress and preventing illness.

VOCABULARY

Learn the meaning and the correct spelling of the following words and phrases:

assessment
assignment
attitude
burnout
career ladders
critical thinking
delegation
empathy
evidence-based practice (EBP)
food handler
handoff communication
interdisciplinary health care team
interpersonal relationships
licensed practical nurse (LPN)
licensed vocational nurse (LVN)
Nurse Aide Training and Competency Evaluation Program (NATCEP)
Nurse Practice Act (NPA)
nursing assistant
nursing team
Omnibus Budget Reconciliation Act (OBRA)
organizational chart
partners in practice
registered nurse (RN)
scope of practice
shift report

THE INTERDISCIPLINARY HEALTH CARE TEAM

The nursing assistant is an important member of the **interdisciplinary health care team** (Figure 2-1). Some facilities call this the *personal support team*. Others prefer the term *interprofessional team*. This team includes the patient, the physician, the nursing team, therapists, and other specialists trained to meet both general and specific patient needs (Figure 2-2). Members of the patient's family are also included, with the patient's permission. The physician (doctor)

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names the condition or illness (makes a diagnosis) and prescribes treatment. Healthcare professionals often specialize in one area of practice (Figure 2-3). Many specialties have subspecialties, or a narrow field of focus within a specialty. Table 2-1 lists common specialties, the name for the physician who practices each specialty, and a description of the care provided.

The **nursing team** provides skilled nursing care. The team consists of registered nurses, licensed practical (or vocational) nurses, and nursing assistants. Registered nurses plan and direct the nursing care of patients according to the physician's orders. All members of the team provide direct patient care.

Other specialists who may also be part of the team are listed in Table 2-2.

THE NURSING TEAM

The Registered Nurse

The **registered nurse (RN)** has completed a two-, three-, or four-year nursing program and passed a national licensure examination. They are identified by the initials RN. Registered nurses assess, plan for, evaluate, and coordinate the many aspects of patient care. They teach patients and their families about health practices, provide nursing care, and supervise performance of duties they delegate to others. Nurses may specialize in a certain area of nursing practice. Some of the many nursing specialties are:

- Administration
- Anesthesiology
- Cardiac care
- Dialysis
- Gerontology
- Gynecology
- Home care
- Independent practice (consultant, educator, nurse practitioner)
- Infection control
- Maternal and child health
- Oncology (cancer care)
- Public health
- Research
- Surgery
- Teaching
- Telemetry

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FIGURE 2-2 Each member of the health care team makes important contributions to the overall operation of the facility and the well-being of patients.

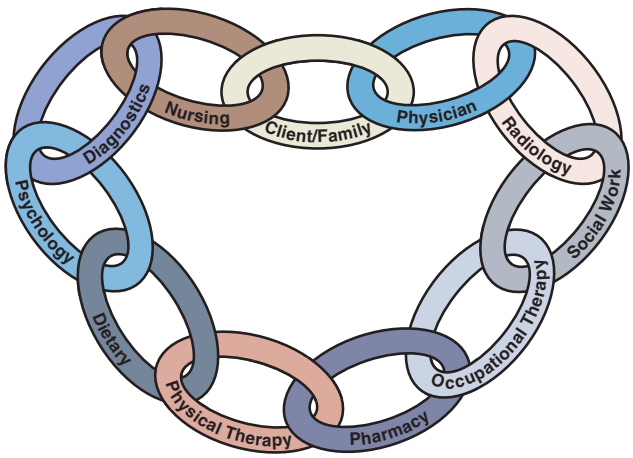

FIGURE 2-1 The interdisciplinary team members are like the links in a chain; they work together in providing services to patients.

FIGURE 2-3 The physician makes the medical diagnosis and directs medical care. This physician specializes in pediatrics, which is the care of children.

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TABLE 2-1 Medical Specialties

Specialty	Physician	Type of Care
Allergy	Allergist	Diagnoses and treats patients who have an abnormal immune response to foreign agents, such as substances or drugs.
Anesthesia	Anesthesiologist	Provides anesthetics or drugs that cause unconsciousness prior to surgery. Specializes in airway management to ensure that patients receive enough oxygen during and after surgery.
Cardiovascular diseases	Cardiologist	Diagnoses and treats patients with disorders of the heart and blood vessels.
Dermatology	Dermatologist	Diagnoses and treats patients with disorders of the skin.
Endocrinology	Endocrinologist	Specializes in diabetes; diagnoses and treats other disorders of the endocrine system and glands that make hormones.
Family medicine	Family practitioner	Diagnoses and treats individuals and family of all ages, both sexes, each organ system, and every disease entity.
Gastroenterology	Gastroenterologist	Diagnoses and treats patients with disorders of the digestive system.
Gerontology	Gerontologist	Diagnoses and treats disorders of the aging person.
Gynecology	Gynecologist	Diagnoses and treats disorders related to the female reproductive tract.
Hematology	Hematologist	Diagnoses and treats patients with disorders of the blood and blood-forming organs.
Hospital care	Hospitalist	Specializes in care of persons who are in a hospital. The primary practice of these doctors is in the hospital rather than an office. The doctor admits patients through the emergency department and directs, manages, and reports on the hospital course of treatment to the patient's primary physician.
Intensive and critical care	Intensivist	A physician whose practice focuses on care of critically ill patients.
Internal medicine	Internist	Diagnoses and treats patients with disorders of the internal organs.
Neurology	Neurologist	Diagnoses and treats patients with disorders of the nervous system.
Obstetrics	Obstetrician	Provides care to women during pregnancy, childbirth, and immediately thereafter.
Oncology	Oncologist	Diagnoses and treats patients who have or may have cancer.
Ophthalmology	Ophthalmologist	Diagnoses and treats patients with disorders of the eyes.
Orthopedics	Orthopedist	Diagnoses and treats disorders of the bones, ligaments, tendons, and joints.
Pediatrics	Pediatrician	Diagnoses, treats, and prevents disorders in children.
Physical medicine	Physiatrist	A rehabilitation physician who diagnoses and treats nerve, muscle, and bone illnesses or other injuries affecting movement. Many also manage pain.
Psychiatry	Psychiatrist	Diagnoses and treats disorders of the mind.
Radiology	Radiologist	Diagnoses and treats disorders with X-rays and other forms of imaging technology.
Surgery	Surgeon	A medical doctor who uses surgical operations to treat disease, injury, or deformity. Some surgeons do general surgery; others specialize in certain areas of practice.
Urology	Urologist	Diagnoses and treats disorders of the urinary tract and male reproductive tract.

TABLE 2-2 Interdisciplinary Health Care Team Members

Each of these disciplines requires a specified course of study (many require a minimum of a college degree and clinical experience). Most require either licensing by a state agency or certification from a professional association. Requirements vary from state to state for some disciplines.	
Patient	The most important member of the interdisciplinary team. The patient has input into the planning and implementation of care. The family may participate in care planning if the patient gives permission or if the patient is unable to do so.
Physician (may be a medical doctor [MD] or Osteopathic Physician [DO])	Licensed by the state to diagnose and treat disease and to prescribe medications. Many specialty areas within medicine require additional education and certification.

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TABLE 2-2 *(continued)*

Specialty Services	
Clinical Nurse Specialist (CNS)	An advanced-practice registered nurse (RN) with a master's degree whose care focuses on a very specific patient population or type of care (e.g., medical, surgical, diabetic, cardiovascular, operating room, emergency room, critical care, pain management, geriatric, neonatal and others. The authority to write prescriptions varies from one state to the next.
Nurse Practitioner (NP)	An RN with advanced academic and clinical experience, which enables the NP to diagnose and manage common acute and chronic illnesses, either independently or as part of a health care team. All 50 states allow nurse practitioners to prescribe medication, but only 12 states and the District of Columbia allow nurse practitioners to prescribe medication independently without the oversight of a physician.
Physician Assistant (PA)	A health care professional licensed to practice medicine with physician supervision. PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and have limited authority to write prescriptions in all 50 states.
Registered Nurse (RN)	Licensed by the state to make assessments and plan, implement, and evaluate nursing care. Supervises other nursing staff and may coordinate the interdisciplinary health care team. Many specialty areas within nursing require additional education.
Licensed Practical Nurse (LPN) Licensed Vocational Nurse (LVN)	Licensed by the state to provide direct patient care under the supervision of an RN. Called *Licensed Vocational Nurse* (LVN) in Texas and California.
Nursing Assistant	Has completed a state-approved course, passed a competency examination, and is approved to provide direct patient care under the supervision of a licensed nurse.
Nutrition Assistant (Feeding Assistant)	After completing an approved class, may assist stable, long-term care facility residents with food and fluids, under the direction of a licensed nurse.
Medication Aide (MA)	A certified nursing assistant who has taken additional classes in medication administration and completed a state certification examination. Allowed to pass medications in nursing facilities and home health care in some states under the supervision of a licensed nurse.
Restorative Assistant (RNA)	A certified nursing assistant who has additional education in restorative nursing care. Helps patients attain and maintain their highest level of function and prevent physical deformities.
Specialty Services	
Chaplain—Pastoral Care	Provides services to meet the religious and spiritual needs of patients. Provides emotional support.
Dietitian	Licensed by the state to assess nutritional needs; plans menus and therapeutic diets and provides food services for patients.
Occupational Therapist (OT)	Licensed to provide rehabilitative services to evaluate and treat persons with physical injury or illness, psychosocial problems, or developmental disabilities. Occupational therapy assistants and aides work under the supervision of an occupational therapist. Most care is directed toward improving fine motor skills and activities of daily living.
Orthotist	Licensed by the state to design and fit braces and splints for the extremities.
Physical Therapist (PT)	Licensed by the state to provide rehabilitative services to evaluate and treat persons with physical injury or illness, psychosocial problems, or developmental disabilities. Physical therapy assistants and aides work under the supervision of a physical therapist. Most care is directed toward restoring gross motor skills, mobility, and ambulation.
Respiratory Therapist (also called Respiratory Care Practitioner or RCP)	Licensed to evaluate and treat diseases and problems associated with breathing and the respiratory tract. Cares for persons with sleep apnea.
Social Worker	Assesses need and provides services to meet the nonmedical, psychosocial needs of patients. Finds community resources. Responsible for discharge planning.
Speech Therapist (also called Speech-Language Pathologist or SLP)	Licensed by the state to provide services to individuals with speech and swallowing disorders caused by acute and chronic illness and trauma.

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TABLE 2-2 *(continued)*

Ancillary Clinical	
Pharmacist	Licensed by the state to fill prescriptions for medications as ordered by the physician. Acts as an information resource to nurses and physicians for updates on new medications and for maintaining safe drug therapy for patients.
Phlebotomist	Uses needles to puncture veins for the purpose of drawing blood.
Laboratory Technician	Laboratory worker who prepares specimens, operates automated analyzers, and performs manual tests.
Laboratory Technologist	Individual who performs complex laboratory tests and microscopically examines blood, tissue, and other body substances.
In addition to these members of the interdisciplinary health care team, other employees in the health care facility provide services that benefit patients.	
Administrator	Provides general administration and supervision.
Environmental Services	Maintain a clean and comfortable environment. Housekeeping keeps the facility clean. Maintenance cares for and repairs the building and equipment. Laundry services provide and clean all hospital linens.
Volunteers	Provide services free of charge and perform tasks such as delivering mail and flowers, running the gift shop, directing visitors, and raising funds for the facility.

The Licensed Practical/Vocational Nurse

The **licensed practical** or **licensed vocational nurse** has completed a one- to two-year educational program and has passed a national licensure examination. They are identified by the initials LPN or LVN. This nurse works under the supervision of the RN. The LPN is able to provide most of the care when the patient's nursing needs are not complex and also assists the RN in more complicated situations.

The Nursing Assistant

The **nursing assistant** helps with the care of patients under the supervision of either an RN or an LPN (Figure 2-4). Because the assistant's responsibilities and skills are not as great as those of the RN or LPN/LVN, the basic preparation is shorter. However, growth and learning will continue throughout your career. In the health care facility, the assistant is called by one of the following names:

- Patient care attendant (assistant) (PCA)
- Nurse aide (NA), nurse assistant (NA), nursing assistant (NA), state-tested nursing assistant (STNA), state registered nursing assistant (SRNA), certified nursing assistant (CNA), licensed nursing assistant (LNA), and others
- Clinical support associate
- Nurse extender
- Health care assistant
- Personal care assistant
- Patient care technician
- Unlicensed assistive personnel (UAP)
- _____ care technician (the first word of the title designates the unit on which the assistant works, such as critical care technician, surgical care technician, and so forth)

FIGURE 2-4 A registered professional nurse manages the nursing team and identifies nurses who will supervise nursing assistants and other team members.

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REGULATION OF NURSING ASSISTANT PRACTICE

Federal and state legislatures write the laws that determine the scope of practice. Laws may also be called *statutes*. Legislators give state regulatory agencies the authority to make *rules*, which may also be called *regulations*. Rules are much more specific than laws because they determine how the law will be applied. Rules also set standards of conduct and can be updated and changed by state agencies whenever necessary.

Nursing assistants must know the scope of their duties and the laws governing their practice. Each state identifies the duties and responsibilities of the assistant and defines the education and level of competency required for safe practice.

In 1987, Congress passed a federal law that regulates the education and certification of nursing assistants. The law is called the **Omnibus Budget Reconciliation Act (OBRA)**. OBRA established the minimum requirements for nursing assistant programs. All persons working as nursing assistants in long-term care facilities must complete an approved educational course and competency evaluation. The education of nursing assistants is managed by each state, guided by federal regulations.

The National Council of State Boards of Nursing, Inc., developed the **Nurse Aide Training and Competency Evaluation Program (NATCEP)**. NATCEP meets the requirements of OBRA and serves as a guide for registering and awarding credentials to nursing assistants. NATCEP lists the skills to be achieved. Programs may exceed the state and federal minimum requirements.

The nursing assistant class must include a minimum of 75 hours of theory and practice. Some states require 80 to 175 program hours of written or oral and clinical skills in several areas. The mandatory content includes:

- Basic nursing skills, including infection control (Figure 2-5)
- Basic restorative services
- Mental health and social service needs
- Personal care skills
- Resident rights and good communication
- Safety and emergency care

Other rules that guide nursing assistant practice require:

- Successful completion of a competency evaluation program (skills test). Persons who have successfully completed the program have at least three opportunities to pass the state test
- Completion of a new program or retesting by nursing assistants who have not given nursing care for pay for a continuous 24-month period
- Continuing education (12 to 24 hours per year, depending on state rules)

Become familiar with the rules for nursing assistant practice in your state and facility and be sure you meet the requirements. In some states and facilities, you may be required to take special classes before being allowed to work on the nursing units. For example, your facility may require you to complete a cardiopulmonary resuscitation (CPR) class (Figure 2-6), or a certified **food handler** course. A food handler is an employee who works with unpackaged food, food equipment or utensils, or food contact surfaces. Some classes may be taken online.

You may be required to take additional classes to learn about care of persons with Alzheimer disease and abuse and neglect in people who are elderly or have disabilities.

FIGURE 2-5 Responsibilities of the nursing assistant include direct patient care, making and reporting observations, and following infection prevention measures.

Legal ALERT

OBRA nursing assistant requirements apply only to long-term care facilities, including skilled nursing units in hospitals. The federal requirements do not apply to acute care hospitals, although many states have voluntarily adopted the OBRA nursing assistant education requirements as the minimum entry standard for employment. Some states have established requirements for preparing nursing assistants for hospital and home health care practice.

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FIGURE 2-6 Learning cardiopulmonary resuscitation (CPR) is a job requirement when providing patient care.

THE ROLE AND RESPONSIBILITIES OF THE NURSING ASSISTANT

The nursing assistant provides physical care and emotional support to patients. You will make observations during care (Figure 2-7), report them to the nurse, and record them on the patient's chart (see Chapter 8). Nursing assistant responsibilities are based on the state **Nurse Practice Act (NPA)** and follow the job description and each person's plan of care. Each facility develops its own job descriptions. They will be similar, but not identical to, the job descriptions in other facilities.

An overview of nursing assistant responsibilities is provided in Table 2-3.

Nursing assistants are special people: they are interested in others, and they take pride in themselves and their work. They are willing to learn the skills necessary to care for those who are ill. Not everyone has these qualities.

Your interest and caring are valuable assets to the nursing team. You are the person the patient sees most often. You may observe and hear things that others will not. For example, the patient is far more likely to tell you of "minor complaints" that are not minor at all. Inform the nurse. Competent, caring nursing assistants make a valuable contribution to patient comfort and safety.

NURSE PRACTICE ACT

Nursing practice is regulated by a board of nursing, or other governing body, in each state. This agency establishes practice guidelines called a Nurse Practice Act (NPA) to describe the scope of nursing practice in that state. This may vary slightly from one state to the next. Facilities use the NPA as a guide when they develop job descriptions and determine which skills you can perform.

Monkey Business Images/Shutterstock.com

FIGURE 2-7 Nursing assistants measure vital signs and report abnormal values to the nurse in charge.

Scope of Practice

Scope of practice means the skills the nursing assistant is legally permitted to carry out according to state regulations and facility policies. If someone asks you to do something that is clearly outside of your scope of practice, such as giving medications, courteously explain that you have not learned to do the task. Report the incident to the nurse.

Legal ALERT

Scope of practice is a very important legal concept. Your scope of practice is defined in the job description given to you by your employer. The policy and procedure manuals are an additional resource. Functioning within this scope of practice protects the nursing assistant and the facility. By state law, you may not be permitted to perform some of the advanced procedures discussed in this book. Consult with your instructor or supervisor to be sure you know your legal responsibilities. Do not perform or assist with any procedure unless your state's law permits you to do so.

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TABLE 2-3 Typical Job Description for a Nursing Assistant

Nursing assistants commonly participate in the nursing process by carrying out the activities listed.

1. Assist with patient assessment and care planning.
   a. Check and record vital signs
   b. Measure height and weight
   c. Measure intake and output
   d. Collect specimens
   e. Test urine and feces
   f. Observe patient response to care
   g. Report and record observations of patients' conditions
2. Assist patients in meeting nutrition and elimination needs.
   a. Check food trays
   b. Pass food trays
   c. Feed patients
   d. Provide fresh drinking water and nourishments
   e. Assist with use of bedpans, urinals, and commodes
   f. Empty urine collection bags
   g. Assist with colostomy care
   h. Give enemas
   i. Observe feces and urine
   j. Monitor intake and output
3. Assist patients with mobility.
   a. Turn and position
   b. Provide range-of-motion exercises
   c. Transfer to wheelchair or stretcher
   d. Assist with ambulation
4. Assist patients with personal hygiene and grooming.
   a. Bathe patients
   b. Provide nail and hair care
   c. Give oral hygiene
   d. Provide denture care
   e. Shave patients
   f. Assist with dressing and undressing
5. Assist with patient comfort and anxiety relief.
   a. Protect patient privacy and maintain confidentiality
   b. Keep call signal within patient's reach
   c. Answer call signal promptly
   d. Provide orientation to the room or unit and to other patients and visitors
   e. Assist patients with communications
   f. Protect personal possessions
   g. Provide diversional activities
   h. Give backrubs
   i. Prepare hot and cold applications
6. Assist in promoting patient safety and environmental cleanliness.
   a. Use side rails and restraints appropriately
   b. Keep patient unit clean and clutter-free
   c. Make beds
   d. Clean and care for equipment
   e. Carry out isolation precautions
   f. Practice medical asepsis and infection control
   g. Practice standard precautions
   h. Observe oxygen precautions
   i. Assist in keeping recreational and nonpatient areas clean and free of hazards
   j. Participate in fire drills and patient evacuation procedures
7. Assist with unit management and efficiency.
   a. Admit, transfer, and discharge patients
   b. Transport patients
   c. Take specimens to lab
   d. Assist with special procedures
   e. Do errands as required
   f. Assist with cost-containment measures
   g. Answer the telephone
   h. Document care provided and assist with unit recordkeeping

EXPANDED SCOPE OF PRACTICE

In many states and facilities, experienced nursing assistants can expand their scope of practice by taking classes to gain information and learn new skills. This provides the opportunity for career advancement. Many facilities have special programs, such as **career ladders** or cross-training (see Chapter 1), or programs that provide an opportunity for upward mobility. You have chosen a career with unlimited opportunities for personal growth and satisfaction.

Avoid assuming that all nursing assistants are able and authorized to perform advanced procedures simply because those procedures are included in this textbook. Each facility has policies and supervisory practices that are consistent with state law and that ensure competency on the part of the caregiver and safety for the patient. Carry out procedures only after supervised practice and instructor or supervisor approval, in keeping with facility policy. Additional information supporting advanced procedures may be found in the chapters indicated.

Clinical Information **ALERT**

Certified nursing assistants are responsible for preserving life, practicing and promoting good health, and treating all patients equally without discrimination (on the basis of religion, race, sexual orientation, gender, or age). Certified nursing assistants must carry out duties to the best of their abilities while treating each person with courtesy and respect. The nursing assistant must maintain the confidentiality of patients and families while on and off duty. Certified nursing assistants must avoid discussing their own personal business with patients. A well-groomed appearance and proper communication skills are essential. They must be loyal to their employers and patients. Professional nursing assistants regularly attend continuing education classes to learn new information and gain new skills.

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PROFESSIONALISM

Professionalism is a learned quality. Your behavior in your nursing assistant class is the foundation on which to build. Begin developing professional qualities right away. You should:

- Adhere to nursing assistant program policies.
- Dress appropriately in class; follow the dress code in clinical.
- Arrive for class prepared and on time. Be quiet and attentive in class.
- Complete your assignments and turn in homework without offering excuses for not getting work done.
- Make good first impressions in class, skills laboratory, and clinical.
- Strive for accuracy in your assignments, patient care, and documentation.
- Not miss class; your state has specific attendance requirements.
- Be polite and respectful to your instructor, clinical staff, and other students. Demonstrate courtesy and maturity in all communications.
- Let patients know that assisting them is a pleasure; it is much more than your job!

Clinical Information ALERT

Remember this: first impressions send powerful messages. Although people should form opinions based on what a person knows rather than how they look, most form an opinion about another person when they first meet. This is almost always based on the other's appearance. A well-dressed appearance tends to convey a higher level of knowledge and a sincere interest in advancement. A disheveled worker gives the impression of being a disinterested, marginal performer (LaSala & Nelson, 2005).

LaSala, K. B., & Nelson, J. (2005). What contributes to professionalism? *MEDSURG Nursing, 14*(1), 63.

DRESS CODE AND APPEARANCE

Personal Appearance

Many health care facilities allow employees great flexibility in selecting the type and style of their uniforms. Years ago, patients were able to identify the various types of health care workers by their uniforms, including nursing caps. Today, it can be very difficult to distinguish one type of worker from another.

Some states and many facilities require staff to wear a name badge or photo identification tag that lists the person's name and position or title so the patient knows who is taking care of them. As a safety measure for the workers, some facilities list only the first name and title on the name badge. A gait (transfer) belt (see Chapter 15) is a required part of the clinical uniform for nursing assistants in some facilities.

Uniform

Some facilities have a color code for employee uniforms (Figure 2-8). They may post a key to the colors in patient rooms, so all patients can see at a glance what service is caring for them. Wear a fresh uniform. Your uniform should fit loosely enough to prevent tearing. It must be color-coordinated, neat and clean in appearance, wrinkle free, and in good repair. Acceptable uniforms may be of the top-and-pants and/or skirt/dress variety. Skirt- or dress-type uniforms must reach the middle of the kneecap. Shorts and sleeveless tops are not permitted. Undergarments must be appropriate and modest. Solid white, black, or beige undergarments are recommended. The pattern, color, texture, and design of your undergarments should not show through your uniform. You may wear a color-coordinated lab jacket or coat over your uniform. Most facilities permit you to wear a tank top or long-sleeved thermal shirt for warmth and/or modesty under your shirt. Your instructor or supervisor has full authority to send you home to change clothing if you are inappropriately dressed. (Time spent away from class while changing may be counted as hours absent.)

You must wear socks or stockings in the clinical area. For your safety, shoes worn in the clinical area must have closed toes. A comfortable, well-fitting white athletic shoe or nursing duty shoe with a slip-resistant sole works best. You will be on your feet much of the day, and your comfort is important. Your shoes and shoelaces must be clean.

Wear your uniform only while you are on duty. If your facility does not provide an area for changing, wear a cover-up (such as a lab coat) when traveling to and from work so you will not spread germs. When you get home, remove your uniform, fold it inside out, and put it into the laundry. This helps keep the dirtiest part of your uniform away from the other clothes in the laundry.

Maintain a professional appearance and project a positive image to patients and others (Figure 2-9). Well-groomed nursing assistants are likely to have the same pride and caring attitude about their work. Patients will feel more secure and confident, and other staff members will regard you as mature and reliable. As you develop good health and professional habits, you become a role model for your family, friends, and co-workers.

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FIGURE 2-8 Some facilities have a color code for uniforms so that it is clear what function an employee serves. They may post a key to the colors in patient rooms.

FIGURE 2-9 Well-groomed, professional-looking caregivers instill confidence in patients.

Head Covering

Most facilities permit employees to wear a head covering for religious purposes, but the permissibility of a head covering for religious purposes is decided by each facility and is beyond the scope of this book. Hats, scarves, and other ornamentation or hair covering may not be worn in the clinical area.

Sunglasses

Sunglasses may not be worn in the clinical area.

Jewelry, Earrings, and Body Piercings

Jewelry is a ready medium for bacterial growth. It may also injure a patient, especially if the person is confused, very old, very young, or has fragile skin. Small rings or wedding rings are limited to one ring or set per hand. Large settings, and those with sharp edges or stones, may not be worn. Bracelets and necklaces are not permitted unless they are the type used for medical identification. A watch with a second hand is part of your uniform. Avoid long, dangling earrings, hoops, and wires that can be easily caught in linen or pulled out by a patient. One set of small

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stud-type earrings may be worn in the lower earlobe only. Piercings in areas other than the ears, including the lip, nose, tongue, and eyebrows, are usually not permitted. Piercings are frightening to some patients and are a safety hazard for the employee. The facility is not responsible for injuries related to wearing jewelry of any type, including pierced earrings or other piercings. The facility is not responsible for lost or damaged jewelry.

Tattoos

Some people are fearful of tattoos. Patients with dementia may misinterpret the meaning of tattoos. The antidiscrimination laws do not protect people with tattoos. Today many people have tattoos (estimates are almost half the population) and some facilities permit employees to have them as long as they are not offensive. For example, tattoos with profanity, nudity, and racism would be considered offensive. Some facilities prohibit tattoos on the face and neck. Before getting a tattoo, consider the size, placement, and design very carefully and check your facility policy.

Hairstyle

A neat, natural hairstyle is part of a well-groomed appearance. Select a style that will not cover your face. Pull long hair back or wear it up. Extreme fashion statements such as shaving the head, Mohawk haircuts, or unusual or unnatural styles and neon hair colors are usually not permitted. Modest hair accessories (such as barrettes, combs, and hairbands) may be worn to keep hair out of the face. Accessories may be gold, silver, white, or any color that coordinates with the clothing.

Facial Hair

Each facility sets its own policy regarding facial hair of males. If permitted, facial hair must be neat and trimmed.

Makeup

Select shades that complement your natural skin coloring. Application must be light and well blended. Eye makeup, mascara, and lipstick must be subdued in color. Apply makeup carefully so it does not stain or bleed onto your uniform.

Fingernails

Fingernails must be clean and well-groomed and not exceed ¼ inch beyond the fingertip. Avoid acrylic and sculpted nails. Clear nail polish may be worn, and polish should be fresh without chips or cracks.

EVIDENCE-BASED PRACTICE

For many years, health care workers based their practice on "whatever worked," including intuition, education, past experience, tradition, and rules of thumb. Scientific evidence and research were not always considered. This led to use of home remedies, unqualified caregivers, and provision of treatments and "cures" that were not always effective. Over time, the nursing community realized that scientific evidence is needed to validate nursing practice.

Evidence-based practice (EBP) guides decision making by identifying evidence for a practice or activity, then rating the practice or activity according to the strength of the evidence. Individual patient needs are considered when planning approaches to care. The goal of EBP is to eliminate unsafe, risky, and scientifically unsound practices. This approach helps professionals use the strongest and best evidence possible for making clinical decisions. The information and procedures you are learning in your nursing assistant class are effective and based on the strongest available evidence. When new evidence-based information becomes available, lesson plans and textbooks are updated (Figure 2-10). Your facility will provide information and teach you new procedures if evidence results in changes in the way care is given.

FIGURE 2-10 Nursing assistant teaching materials are updated with new evidence-based practices so students learn important, current information.

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ORGANIZATION OF NURSING CARE

Each facility selects a method of providing nursing care to meet its patients' needs. The nursing assistant has a functional role in each method. No single delivery system is ideal. The facility determines job duties and the model of care based on the type of care provided, cost-effectiveness, and maximum patient benefit. The nursing care delivery system describes how care is organized in the facility. Remember that caring is the essence of nursing, regardless of the system of care being used.

Primary Nursing

In primary nursing, an RN is responsible for care of an assigned patient throughout the person's hospitalization. Licensed staff and assistants may help with the care under the RN's direction. The nurse plans and coordinates the nursing care, teaches, gives direct nursing care, carries out treatments, and plans for the patient's discharge. Patients appreciate primary nursing because it enables them to relate directly to one nurse. In the primary nursing situation, each RN is assigned to and responsible for six to eight patients.

Functional Nursing

Functional nursing is a task-oriented way to organize care. It was first introduced in the 1930s and is still being used today. In this method, the charge nurse is responsible for all patients. All other staff members are assigned specific tasks, such as giving medications, administering treatments, or providing personal care.

Patients may find this type of nursing confusing because many people are involved in their care. However, some facilities find that this method uses available, qualified personnel to their best advantage.

Team Nursing

Team nursing is one of the most common methods of delivering care. In this system, an RN team leader determines the nursing needs of all the patients assigned to the team for care. In some settings, the LPN or LVN is a team leader. They are supervised by an RN. Team members receive instructions and assignments from, and report back to, the team leader.

Patient-Focused care

Patient-focused care (see Chapter 1) is the practice of nursing that is individualized to the person's needs. Services that are traditionally provided by other departments are provided by nursing staff, reducing the number of people caring for the patient and reducing the cost. Patients learn about their conditions and are empowered and involved in their care so they are able to guide decision making. Services are both clinically effective and cost effective.

Partners in Practice

In the **partners in practice** method of providing care, a registered nurse or primary nurse is paired with a nursing assistant or other team member. The team works together to meet the needs of their assigned patients. In many facilities, they work on the same schedule. The partners care for the same group of patients for the day, but may have a different group the following day.

Case Management

In the case management method, an RN (or social worker, in some facilities) is the designated case manager. They are responsible for assessing the patient and working with others to manage the care and for meeting the patient's health, wellness, and teaching needs from admission to discharge. The case manager helps identify services, providers, and facilities that the patient needs and ensures that resources are used in a timely and cost-effective manner. Care is given by nurses and nursing assistants. The case manager advocates for the patient and keeps the lines of communication open to achieve the best possible outcomes.

Progressive Patient Care

Facilities using progressive patient care move the patient from one unit to the next as the patient's health needs change. The staff on all units assist the patient to their highest level of function until partial or complete independence is restored. Each unit is set up and staffed to meet the needs of its patient population. For example, a patient is admitted to the intensive care unit for critical care and close monitoring. When the patient is stable, they are moved to an intermediate care unit. When they have adjusted and are medically stable, they move to a medical care unit. If they continue to need ongoing care, they may transfer to a long-term care unit (or facility) before finally being discharged home. Although this is an efficient system of care, moving from one unit to the next may be difficult and confusing for the patient.

Palliative Care

The concept of palliative care was introduced to provide comfort care and pain relief to persons who are dying. This type of care is given in some hospitals, long-term care facility units, hospices, and home health care. The goal of palliative care is to provide the best possible

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quality of life for patients and their families. It is not intended to be curative or to hasten death; rather, it is given to keep patients comfortable while nature takes its course. This system of care views dying as a normal part of life and helps all parties to accept and cope with death. A team of workers who specialize in different types of care are assigned to meet the patients' and families' needs. For example, the palliative care team may consist of nurses and nursing assistants and other persons who can provide services needed by the patient, such as a social worker, dietitian, chaplain, and physical therapist.

Teamwork

The various models of patient care are successful because they focus on cooperation and teamwork and provide many opportunities for personal growth. Learning to work with others as a member of a team is one of the most important skills to master during your nursing assistant career. You can be an effective member of the interdisciplinary team by:

- Recognizing the importance of all team members
- Appreciating each member's contribution to the team
- Learning as much as possible about patients and their families, to help you understand their feelings and concerns
- Attending care plan conferences and sharing your observations and ideas
- Attending in-service sessions to increase your knowledge
- Becoming cross-trained to increase your skills
- Cooperating with other team members to provide patient-focused care

Unit-Based Assignments

Many facilities use unit-based assignments. When this structure is used, nursing assistants care for all patients and assist all of the nurses on the unit rather than getting direction from just one. Assistants are responsible for carrying out certain activities each day, such as taking all patients' vital signs, monitoring patients' blood glucose values, checking routine pulse oximeter values (Figure 2-11), stocking cabinets so supplies that are routinely used are always available, checking the crash cart, making certain that the suction machine and other emergency equipment is clean and in working order, and collecting all the intake and output measurements at the end of the shift. They know these things must be done and are expected to organize their time and complete these tasks without being told or reminded to do so.

Blue Sky Pictures/Shutterstock.com

FIGURE 2-11 Nursing assistants routinely measure vital signs and record pulse oximeter values for stable patients.

LINES OF AUTHORITY

Nursing assistants receive their assignments from the nurse who supervises them. When they finish their assignments, they report to this same person. This represents the assistant's immediate line of authority and communication.

The assistant will work with a team whose leader is an LPN or an RN. In this case, the assistant's immediate superior is the team leader. The team leaders receive their instructions from the charge nurse. The charge nurse is responsible for the total care of a certain number of patients. Sometimes this includes all the patients on a wing, a unit, or a floor of the facility. Supervisors are responsible for several charge nurse units. They receive their authority and direction from the director of nursing or supervisor, depending on facility size. Health care facilities vary in the complexity of their staffing.

Organizational Chart

Each health care facility has a line of authority and communication. The **organizational chart** (Figure 2-12) is a guide for and spells out the line of authority. The chart illustrates how each department relates to other departments. Some of the larger departments, such as nursing, have their own charts that indicate the line of authority within the department. As a nursing assistant, you will need to use the lines of authority to communicate with staff in nursing and other departments.

The physician directs the patient's medical care. The RN carries out the physician's orders and plans the nursing care. The authority for nursing care

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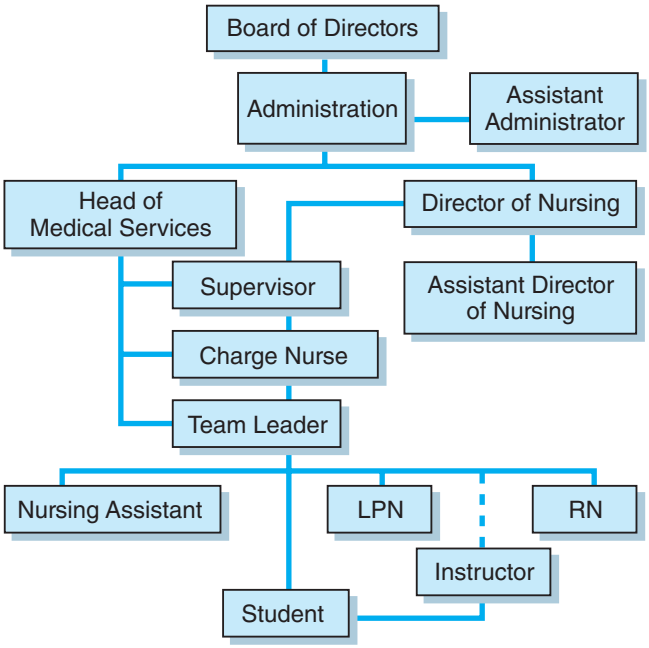

FIGURE 2-12 Typical model of nursing department lines of authority. The diagram may vary slightly from one facility to the next.

passes from the RN supervisor to the charge nurse, to the team leader, and then to the nursing assistant (Figure 2-13). The team leader may be an RN or LPN. Each facility has its own structure and titles for these positions. Assistants should learn the lines of authority in their health care facility, as shown in Figures 2-12 and 2-13. As a student, your immediate authority is your instructor or the person designated as your supervisor. When you accept the responsibility for an assignment, you must fully understand the assignment and be able to do it. If there is any doubt, discuss it with your supervising nurse, the team leader, or charge nurse.

DELEGATION

Delegation is the transfer of responsibility for the performance of a nursing activity from a nurse to someone who does not already have that authority. If a nurse delegates an activity to you, you are the only person with the authority to carry it out. You cannot ask someone else to do it. The nurse is responsible for the delegation decision and must be confident that you can complete the assignment correctly (Figure 2-14). However, they are not

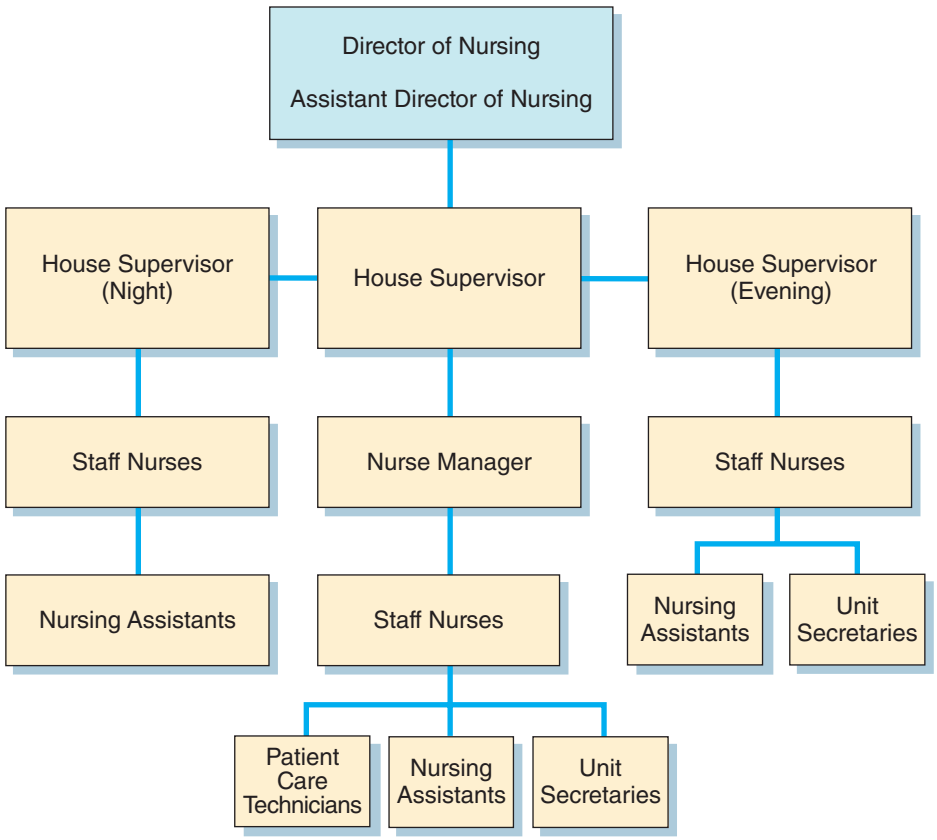

FIGURE 2-13 Each facility has a nursing department organizational structure that works best for that facility.

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DELEGATION OF NURSING TASK TO UNLICENSED STAFF

Delegated task: _____
Patient: _____
Unlicensed staff: _____
Licensed Nurse: _____

Activity	Signature or Initials
After assessing the above named person's condition, I have determined that their condition is stable and the outcome of the activity is predictable.	
I have considered the complexity, the risks, and the skill necessary to perform this task and have determined that it is safe, within the standard of care of the unlicensed person, and acceptable to delegate.	
This patient's condition will be reassessed every _____ for continued appropriateness of delegating this task.	
The written instructions for the task noted above, including risks, side effects, and the appropriate response, have been reviewed with the unlicensed staff and are located at: _____.	
Methods of verifying competency for this procedure include (check methods used):	
— Review and discussion of the written material	
— Review of potential risks and side effects of the task	
— Demonstration of the task by the RN	
— Return demonstration by the unlicensed staff	
— Time for further discussion including question and answer time	
— Written test (optional)	
— Other:	
The rationale for determining that the skill of the unlicensed staff is appropriate for the patient's condition is based on the following (check all that apply):	
— The patient's condition is predictable/stable	
— The unlicensed staff person has a good understanding of the task, its risks/ side effects, and how to manage them	
— The unlicensed staff person can safely and accurately perform the task	
Teaching outcome has been evaluated by:	
— Visual evaluation and determination of unlicensed staff person's level of understanding of task, risks, and side effects and how to manage them is: _____ acceptable _____ needs improvement ____ unacceptable	
Return demonstration of task:	
_____ acceptable _____needs improvement _____ unacceptable	
Written test (if given): _____ pass _____ fail	
Overall competence in procedure:	
_____ acceptable _____needs improvement _____ unacceptable	
Comments:	

(continues)

FIGURE 2-14 Certain criteria must be met to ensure safe delegation.

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Delegation Approval—Supervision Statement

The unlicensed staff person has been instructed in the correct method of performing the above task and has successfully demonstrated understanding of the task, its risks/side effects, and management of both. It is my determination they can safely perform the task without direct supervision. I take responsibility for delegation of: _____ to_____.

I will provide supervision of the above unlicensed staff's performance of this task for as long as I am supervising the delegation of this activity. Re-evaluation and ongoing supervision will be performed and documented at least every 60 days unless otherwise noted.

Reason and rationale for supervision of unlicensed staff to exceed 60-day time frame:

_____

_____

(Delegating Nurse's Signature)

_____

(Date)

Unlicensed Staff Person's Statement

I understand that there are potential risks/side effects involved in the performance of this task and that I am prepared to effectively deal with the consequences of them.

I have been instructed that performing this task is specific to _____ and Is not transferable to other patients or unlicensed staff.

_____

(Signature of Unlicensed Staff)

_____

(Date)

FIGURE 2-14 *(continued)*

responsible for the flawless performance of a task. The person accepting the delegation is responsible for their own actions.

The NPA describes how nurses assign or delegate duties. Some states have passed laws that identify duties that are inside or outside the scope of nursing assistant practice. Your instructor will describe the requirements and restrictions in your state.

Five Rights of Delegation

The National Council of State Boards of Nursing has developed a guide called the five rights of delegation. Nurses use this list to help them delegate correctly. Reading this list will help you learn if a delegation is appropriate. The rights are summarized in Table 2-4.

In some situations, patients need the assessment skills of a licensed nurse. Do not feel offended if the nurse provides the necessary care in a situation like this.

Delegated Activities

As you can see, delegating activities is a serious matter. When you accept the responsibility for a delegated task, you are responsible for your own actions. Discuss your feelings with the nurse if you think that the activity is

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