(A) Policy Statement

Private duty nurses may be requested by a physician, patient, or family member.

(B) Purpose of Policy

To provide nursing care, on an individual basis, as prescribed by the physician.

(C) Procedure

1. The patient or family must make their own arrangements to provide special duty nurses. They also must assume responsibility for payment. A professional nursing agency recognized by UTMC must be used. The Staffing Coordinator or House Supervisor, can provide the names and phone numbers of approved agencies.

2. Private duty nurses are not permitted to practice nursing in any of the critical care units. Private duty nurses will only perform those functions for which they are licensed and show evidence of competency. The charge nurse or designee retains responsibility for the care of the patient; therefore, they should make appropriate inquiries throughout the shift and receive a report at the end of the shift.

3. Unlicensed assistive personnel (aides) employed by families are limited to providing basic comfort measures, grooming, hygiene, feeding, and toileting, as supervised by a unit Registered Nurse (RN). They may also provide one-to-one monitoring of patients which would decrease restraint use and enhance the patient’s safety.

4. Private duty nurses must report to the Nursing Office prior to reporting to the unit to have current licensure and BLS status verified. Prior to initial work the private duty nurse must complete all applicable parts of the agency nurse orientation.
Policy 3364-110-06-03
Private Duty Nurses
Page 2

Approved by:

Monecca Smith, MSN, RN
Director of Nursing/CNO

Review/Revision Date:
1980  1/1993
1981  1995
1982  8/1999
7/1984  2004
1985  10/2007
1986  6/22/2010
1987  10/28/2011
1988  4.24.15
1989  4.15.18

Next Review Date:  4/2021

Policies Superseded by This Policy:
EMERGENCY PROCEDURES SUMMARY SHEET

FOR PRIVATE DUTY NURSES

CODE RED: Fire

When you hear a CODE RED announced, report to the charge nurse on your floor, and ask for further instructions. When a fire is directly in or adjacent to your area, do the following:

R: RESCUE/REMOVE your patient from the fire area if it does not jeopardize your own life.
A: Sound the ALARM by calling the emergency number 77.
C: CONFINE the fire by closing any doors near the fire as it will slow down the spread of the fire.
E: EXTINGUISH the fire with the nearest extinguisher, or EVACUATE the area following instructions from UTMC Police or Toledo Fire Department Personnel.

CODE GRAY: Severe Weather/Tornado

Tornado Watch/information: During a CODE GRAY Watch, you need to ask the charge nurse on the floor for the latest information on the severe weather bulletin. A tornado ‘watch’ is announced to alert staff that potential weather exists and that there is a need to initiate further safety procedures if the tornado threat increases.

Tornado Warning: Tornado sighted within 10 mile radius of UTMC. During a CODE GRAY Warning, if your patient is ambulatory, take him/her to the ground floor of whatever building you are in, or seek shelter in a interior hallway. If your patient is bedridden, turn the bed away from the windows, draw curtains and shades, pack pillows around your patient’s head, and you should seek shelter inside the bathroom of the patient’s room and wait there until the UTMC operator has announced the ALL CLEAR.

CODE BLACK: Bomb Threat: If you hear a Code Black announced please see the charge nurse for further instructions and information.
UNIT COMPETENCY ORIENTATION CHECKLIST
FOR PRIVATE DUTY NURSES

Name __________________________

The Private Duty Nurse will complete this checklist with the charge nurse or designee before caring for a patient.

<table>
<thead>
<tr>
<th>Task</th>
<th>Unit</th>
<th>Date</th>
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<tbody>
<tr>
<td>Tour of unit</td>
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<tr>
<td>Introduction to staff</td>
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<td>Identify resource person</td>
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<tr>
<td>Competency tested for Electronic Medical Documentation</td>
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<td></td>
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<tr>
<td>Supply location and charge system</td>
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<td></td>
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<tr>
<td>Role of Charge Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarification of duties – RN, LPN, NA</td>
<td></td>
<td></td>
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<tr>
<td>Location of reference materials</td>
<td></td>
<td></td>
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<tr>
<td>Any unit specific policies that may apply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient care routines</td>
<td></td>
<td></td>
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<tr>
<td>Stairwell &amp; Exits</td>
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<td></td>
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<tr>
<td>Fire Extinguisher/Hose/Alarms</td>
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<tr>
<td>Code Cart – location</td>
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<tr>
<td>Defibrillator – location</td>
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<tr>
<td>Nurse call device</td>
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<tr>
<td>How to call a RRT</td>
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<tr>
<td>Competent with patient specific equipment</td>
<td></td>
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</tr>
</tbody>
</table>

Private Duty Nurse Signature: _________________________________________

Preceptor Signature: __________________________

Comments:

Return the Orientation Checklist and Emergency Procedures Summary Sheet (signed) to the Nursing Office at the end of your first shift. It will be kept on file in the Nursing Office.