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Nursing Practice Protocols

I. Definitions

A. Registered Nurse (RN) (as used in the Oklahoma Nurse Practice Act)

“Registered nursing” means the practice of the full scope of nursing which includes, but is not limited to:

- a. assessing the health status of individuals, families and groups,
- b. analyzing assessment data to determine nursing care needs,
- c. establishing goals to meet identified health care needs,
- d. planning a strategy of care,
- e. establishing priorities of nursing intervention to implement the strategy of care,
- f. implementing the strategy of care,
- g. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the Oklahoma Nursing Practice Act,
- h. providing safe and effective nursing care rendered directly or indirectly,
- i. evaluating responses to interventions,
- j. teaching the principles and practice of nursing,
- k. managing and supervising the practice of nursing,
- l. collaborating with other health professionals in the management of health care,
- m. performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation, and
- n. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person;

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B. Licensed Practical Nurse (LPN) (as used in the Oklahoma Nurse Practice Act)

“Licensed practical nursing” means the practice of nursing under the supervision or direction of a registered nurse, licensed physician or dentist. This directed scope of nursing practice includes, but is not limited to:

- a. contributing to the assessment of the health status of individuals and groups,
- b. participating in the development and modification of the plan of care,
- c. implementing the appropriate aspects of the plan of care,
- d. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the Oklahoma Nursing Practice Act,
- e. providing safe and effective nursing care rendered directly or indirectly,
- f. participating in the evaluation of responses to interventions,
- g. teaching basic nursing skills and related principles,
- h. performing additional nursing procedures in accordance with knowledge and skills acquired through education beyond nursing preparation, and
- i. delegating those nursing tasks as defined in the rules of the Board that may be performed by an advanced unlicensed assistive person;

C. Nursing Practice Protocols

Are guidelines that specify the steps to be taken in evaluating a patient’s health status and providing interventions.

D. Direct Orders

Are orders written specifically for the treatment of one person’s particular condition.

E. Standing Orders

Are written orders that specify the same course of treatment for each patient suspected of having a given condition, and that specify the use and amount of prescription drugs. Standing orders are not used in the facility, with the exception of preventive medicine practices such as immunization, flu shots, PPD, etc., that are in keeping with current community practices.

F. EHR Co-signature

The EHR automates access to medical record information by assigning co-signature. Adding a co-signature allows for an individual to signify knowledge, approval, acceptance or obligation.

1. When to assign a co-signer:

- a. Assigning direct and indirect orders to medical providers/licensed nurses.
- b. Referring medical documentation to another medical staff for review of medical findings and/or consultation when clinically indicated.

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- c. Medical students/interns notes with providers ability to add addendums for attestation.
- d. Delegating tasks to other staff members who are able to perform such tasks (schedule medical appointments, radiology, and labs, arranging transportation, order supplies such as glasses, braces, crutches, wheelchairs, etc.).

II. Purpose/Overview

Oklahoma Department of Corrections will provide inmates with access to care in accordance with OP 140117 entitled, "Access to Health Care". This procedure deals exclusively with the development, management, and use of nursing practice protocols (4-4382M, 4-ACRS-4C-17). Nursing Practice Protocols are approved guidelines by the Chief Medical Officer that specify the steps to be taken in evaluating a patient's health status and providing interventions. These protocols include acceptable first-aid procedures for the identification and care of ailments that ordinarily would be treated by an individual with over-the-counter medication or through self-care. Each "Nursing Practice Protocol" provides symptom criteria for referral to the medical provider or RN and a sequence of steps to be taken to evaluate and stabilize the patient until a healthcare provider is contacted.

Nursing Practice Protocols completed by a RN/LPN does not require a co- signature unless the inmate's symptoms meet the required referral criteria.

A. Procedure

1. Nursing practice protocols will be reviewed and revised as needed by the Chief Medical Officer or designee. No additions or changes will be made to the nursing practice protocols at local facilities. Recommendations for changes to the nursing practice protocols will be forwarded to the Chief Medical Officer or designee at the medical services division administrative offices for consideration.
2. Nursing practice protocols will be reviewed and authorized for use at the facilities by the facility medical provider and correctional health services administrator before implementation at the facility. The "Authorization Page" (MSRM 140117.01 Attachment A) will be dated and signed by both parties.
3. Nursing staff will receive education regarding the nursing practice protocols at new employee orientation and when new protocols are introduced or revised. The "Training Roster" (MSRM 140117.01 Attachment B) will be used to document the training. The "Sign – in – Sheet" (MSRM 140117.01 Attachment D) will be used to document staff attendance on the training of the Nursing Practice Protocols and file along with the "Training Roster" (MSRM 140117.01 Attachment B). Periodic in-service will be conducted to ensure the correct and consistent use of the nursing practice protocols.

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4. Nursing practice protocols will be available to all nursing staff in areas where clinical activities are conducted.
5. Nursing practice protocols will be utilized during nurse sick call, for after-hours care, on-call triage, and emergencies.
 - a. Nursing staff triaging inmates during sick call will review the electronic healthcare record (EHR) prior to assessing the inmate.
 - b. If any deviations from the “Over the Counter” medications or treatments listed on the nursing practice protocols are necessary, the nurse must obtain an order from the medical provider.
 - c. All telephone or verbal orders received from medical providers in conjunction with the use of the nursing practice protocols must be cosigned by the medical provider the next working day in the EHR.

B. On – Call

The purpose of on-call services is to assure that professional nursing staff is available after clinic hours Monday through Friday, weekends and holidays to evaluate urgent and non—life threatening emergent inmate’s complaints of illness or injury and determine appropriate interventions.

1. The “On-Call Log Report” (MSRM 140117.01 Attachment C) will be used for documenting information for each on-call encounter and retained in the on-call book for performance improvement reports.
2. On-call Nursing staff who provide after hour care for non-24 hour facilities will have a copy of the “On-Call Nurse Telephone Triage and/or ER Transfer” (MSRM 140117.01.70) available to him/her at all times during his/her on-call duty.
3. The “On-Call Nurse Telephone Triage and/or ER Transfer” (MSRM 140117.01.70) will be utilized to assist in data collection, triage, decision making, disposition and interventions. The “On-Call Nurse Telephone Triage and/or ER Transfer” (MSRM 140117.01.70) will be completed and placed in the inmate’s EHR by the next working day.
4. All offenders returning from an ER visit must have the "Post Hospitalization/ER/Procedure" (MSRM 140117.01.54) completed by a QHCP in accordance with OP-140121 entitled “Outside Providers for Health Care Management”.

V. References

OP-140117 entitled "Access to Care"

OP-140130 entitled "Pharmacy Operations"

OP-140125 entitled "Bloodborne Pathogen Exposure Control Program" OP-140137 entitled "Chronic Illness Management"

OP-140139 entitled "Performance Improvement

Program" OP-140145 entitled "Female Inmate Health

Services" OP-140146 entitled "Palliative Care Program"

Oklahoma Board of Nursing Practice Act, 2014

Oklahoma Board of Nursing Rules, 2014

State of Oklahoma Physician Assistant Act Title 59 O.S. Sections 519-

524, Rules: Title 435. State Board of Medical Licensure and Supervision

Chapter 15. Physician Assistants, Revised 05/14/04

Title 57 O.S., Section 623, Amended 2002

Title 59 O.S. §567.3a.3 & 4

VI. Action

The Chief Medical Officer will be responsible for compliance with this procedure. Any exceptions to this manual will require prior written approval from the director. The Nursing Protocols will be effective as indicated.

Replaced: Nursing Protocols dated February 15, 2015

Distribution: Medical Services Resource Manual

<u>Forms</u>	<u>Title</u>	<u>Location</u>
MSRM 140117.01.54	"Post Hospitalization/ER/Procedure"	MSRM 140117.01TOC
MSRM 140117.01.70	"On-Call Nurse Telephone Triage/Transfer to ER"	MSRM 140117.01TOC

<u>Attachment</u>	<u>Title</u>	<u>Location</u>
Attachment A	Authorization Page	Attached
Attachment B	Training Roster	Attached
Attachment C	On-Call Log Report	Attached
Attachment D	Sign – In – Sheet	Attached