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| **RN** | **LPN** | **CNA/TECH** |
| Care plans | Vital signs, continued assessments | Accuchecks |
| Initial education assessment | Continue education once RN has developed with assessment | Hygiene |
| Navigators: Admit/DC/Transfer | IV removal peripheral line(**not** AccuCath or Central/PICC) | Assist LPN and RN per unit expectations |
| IV Push medications | NO IV push, titrated drips or narcotic dripsGive Oral medications/inhalers | Tray set up |
| Titrating drips/Nurse driven protocols | Blood draws/ Venipuncture | Menu |
| Medicated continuous drips | IV tubing/ antibiotic administration Vital signs, continued assessments | Transport PT/Home when necessary |
| Shift outcome summary | Feeding tube care & nutrition | Vital signs |
| Plan of Care highest level q shift | Catheter care/insert/remove | EKG |
| Central lines/Aline-infusion care and dressing | 2nd person CL dressing change | Hourly rounding |
| Blood transfusion | EKG | Call bells |
| TPN | Placing telemetry packs |  |
| PCA | Bladder scan/straight cath/foley |  |
| Post Op assessment | Continued assessments |  |
| TPA/Cathflow | Suctioning/Vent suctioning/ trach care |  |
| Drip Intake | NG tube insert/maintain |  |
| Travel with patients to test if drips | Chest tubes |  |
| Nonviolent restraint upon order/discontinuation | Nonviolent restraints q 2 hour |  |
| Violent restraints upon order and q 1 hr/discontinuation |  |  |
| Change in condition interventions | Continued assessments |  |
| AWS/COWS scales | Morse falls, Braden, Yale swallow scales |  |
| Communicating plan for day with LPN | Communicate with RN and CAN/tech |  |
| Skin Checks | Wound care |  |
| Physician communication | Oxygen therapy/ NEB treatments/ Bipap/HFNC care |  |
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