

## **DIVISION SCOPE OF SERVICE**

<b>Division: TRISTAR</b>
<b>Classification: CRITICAL CARE NURSE</b>
<b>Applicant Name:</b>

<p><b>Critical Care Nurse:</b> The Critical Care Nurse must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p><b>Definition of Care or Service:</b> The Critical Care Nurse provide and coordinate patient care, educate patients and families about various health conditions, and provide advice and emotional support to patients and their family members. RNs must use independent and critical judgment in providing a wide variety of services within a critical care environment. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>Assess a patient's condition, perform diagnostic tests, begin treatments and assist doctors with any required medical procedures</li> <li>Monitor, record, and report symptoms or changes in patients' conditions.</li> <li>Record patients' medical information and vital signs.</li> <li>Order, interpret, and evaluate diagnostic tests to identify and assess patient's condition.</li> <li>Modify patient treatment plans as indicated by patients' responses and conditions.</li> <li>Consult and coordinate with healthcare team members to assess, plan, implement, or evaluate patient care plans.</li> <li>Monitor all aspects of patient care in a collaborative multidisciplinary setting</li> <li>Instruct individuals, families, or other groups on patient care and disease process</li> <li>Prepare patients for and assist with examinations or treatments.</li> <li>Provide and instruct patients and families regarding discharge instructions</li> <li>Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, clinics and physician practices</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>Direct supervision by department director, site manager or designee <ul style="list-style-type: none"> <li>Indirect supervision by physician performing the specific procedure</li> </ul> </li> </ul> <p><b>Evaluator:</b> Department director or designee in conjunction with supervising physician</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>Associates or higher in Nursing</li> <li>Current RN license</li> <li>American Heart Association or Red Cross health care provider BLS Certification</li> <li>American Heart Association or Red Cross health care provider ACLS Certification</li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>

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<b>State Requirements:</b> <ul style="list-style-type: none"> <li>• Current RN license for practicing state</li> </ul>
<b>Experience:</b> <ul style="list-style-type: none"> <li>• At least 1 year of Critical Care experience</li> </ul>
<b>Competencies:</b> The Critical Care Nurse will demonstrate: <ul style="list-style-type: none"> <li>• Safe and effective operation of medical equipment <ul style="list-style-type: none"> <li>○ Maintains equipment in good working order</li> <li>○ Demonstrates effective infection control practices related to equipment operation</li> </ul> </li> <li>• Accurate patient information review and evaluation <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before treating or performing a procedure</li> <li>○ Verifies that the requested procedure correlates with the patient's clinical history, presentation and physician order</li> <li>○ Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible</li> <li>○ Participates in a time-out immediately before the start of an invasive procedure or making of the incision.</li> <li>○ Accesses the patient medical record appropriately</li> <li>○ Documents in the medical record according to the facility standard / policy</li> </ul> </li> <li>• Maintains a safe environment <ul style="list-style-type: none"> <li>○ Labels containers used for blood and specimens in the presence of the patient</li> <li>○ Labels all medications and solutions on and off the sterile field in perioperative and procedural settings</li> </ul> </li> <li>• Infection Prevention <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE) when required</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> <li>○ Maintains sterile field</li> </ul> </li> </ul>
<b>References:</b> Tennessee License Verification - <a href="https://apps.health.tn.gov/Licensure/default.aspx">https://apps.health.tn.gov/Licensure/default.aspx</a> Kentucky License Verification: <a href="https://kbn.ky.gov/Pages/default.aspx">https://kbn.ky.gov/Pages/default.aspx</a> Georgia License Verification - <a href="https://sos.ga.gov/index.php/licensing">https://sos.ga.gov/index.php/licensing</a> Nursing Compact States & Nurse Licensure: <a href="https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/">https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/</a> Nursys: <a href="https://www.nursys.com/LQC/LQCTerms.aspx">https://www.nursys.com/LQC/LQCTerms.aspx</a>
<b>Document Control:</b> <ul style="list-style-type: none"> <li>• Created 8/24/2020</li> </ul>



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**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_