

## **DIVISION SCOPE OF SERVICE**

<b>Division: MIDAMERICA</b>
<b>Classification: INFUSION NURSE</b>
<b>Applicant Name:</b>

  

<p><b>Infusion Nurse:</b> The Infusion 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 Infusion Nurse specializes in giving medicine and fluids to patients through injection. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>Monitor fluid tubes, check infusions and make sure that medications implemented are not counteracting each other or causing a patient harm</li> <li>Demonstrates Clinical and Service excellence behaviors to include code of HCA HealthTrust 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 acute care settings</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>Involves general guidance and direction by the CNC, Patient Care Director and/or Nurse Manager.</li> </ul>
<p><b>Evaluator:</b> CNC, Patient Care Director and/or Nurse Manager</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 degree or higher in Nursing</li> <li>Current RN licensure</li> <li>American Heart Association health care provider BLS Certification</li> </ul> <p style="color: red; margin-top: 5px;"><b>NOTE: 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.</b></p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>Currently licensure as a RN by the State Board of Nursing in state of practice</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>Experience as an Infusion Nurse within the past two years.</li> </ul>
<p><b>Competencies:</b> The Infusion Nurse demonstrate:</p> <ul style="list-style-type: none"> <li>A safe environment for patients             <ul style="list-style-type: none"> <li>Uses at least two ways to identify patients before any injections</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> </ul> </li> <li>Accurate patient information review             <ul style="list-style-type: none"> <li>Collects and documents data in the medical record</li> <li>Facilitates communication between the physician, patient, family and nursing staff</li> <li>Notifies the appropriate member of the interdisciplinary patient care team of issues that require immediate intervention or attention</li> </ul> </li> </ul>

## DIVISION SCOPE OF SERVICE

- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per DHP Division requirements
  - Complies with Isolation precautions

### **References:**

Louisiana State Board of Nursing - <https://lsbn.boardsofnursing.org/licenselookup>

Mississippi State Board of Nursing - <https://gateway.licensure.msbn.ms.gov/Verification/search.aspx>

Missouri State Board of Nursing - <https://pr.mo.gov/licensee-search-division.asp>

Kansas State Board of Nursing - <https://www.kansas.gov/ksbn-verifications/search/records>

Nursing Compact States & Nurse Licensure: <https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/>

Nursys: <https://www.nursys.com/LQC/LQCTerms.aspx>

### **Document Control:**

- Created 6/22/2017
- Cosmetic Update 3/13/2020

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