children'shealth?

Undergraduate Precepted Nursing Student Handbook

2022

Getting Started

Clinical Rotations

Getting Oriented

Children's Way

Getting Started

Welcome to your virtual student handbook!

Please review this packet, in its entirety, and continue to refer to it as needed throughout orientation. This is a pdf document that can be viewed on any device that you save it to!

Here are a few tips to help you navigate.

There are 4 buttons in the top right corner of each page that will take you to the following resources:



Student Timeline



Help Page



Campus Maps



Home Menu

Within each section of the packet, there will be different resource tabs on the right-hand side.

There are also Next and Back buttons to help you navigate from one page to the next!

Imp	ortant Contacts
Nursing Student Request	NursingStudentRequest@Childrens.com
Nursing Student Paperwork	NursingStudentPaperwork@Childrens.com
Service Desk (SMARTbar)	214-456-4357 (or) 6HELP
Badge Office	Dallas: 214-456-1370 Plano: 469-303-1370
Ginger Nelson, Nursing Student Program Manager	Virginia.Nelson@Childrens.com 214-456-4425
Sana Iqbal, Program Assistant	Sana.Iqbal@Childrens.com 214-456-1691

Handbook Instructions

Welcome Letter

Dallas Contacts

Plano & OCH Contacts

Getting Started

Welcome to Children's Health! We want you to have an enjoyable and educational experience while you are with us. **Please review the information contained in this handbook prior to starting your rotation/unpaid internship.** It will assist you as you are in our facility and contains valuable information that you will need during your student rotation at Children's.

Our System

Children's HealthSM traces its origins to the spring of 1913 when a group of nurses led by public health nurse May Forster Smith organized the Dallas Baby Camp, an open-air clinic, on the lawn of the old Parkland Hospital. After a few years, the Dallas Baby Camp grew into the Bradford Hospital for Babies. In 1948, the Bradford Hospital for Babies joined with Children's Hospital of Texas and Richmond Freeman Memorial Clinic to become Children's Medical Center Dallas. Over 100 years later, we've continued to grow as our "right care, right place, right time" approach to health care required an increase in our geographic reach through growth of our hospital network and expansion of our continuum of care. Today, the Children's Health system includes two full-service hospitals, multiple specialty centers, a long-term care and rehabilitation clinic, and a network of primary care offices.

Our Hospitals

Among all our campuses, Children's Health is licensed for 616 beds, including 490 beds at the main campus in the Southwestern Medical District near the heart of downtown Dallas, and 72 beds at Children's Medical Center Plano and 54 beds at the Our Children's House facility in Dallas. Among all our facilities, we receive nearly 800,000 patient visits annually, from all 50 states and around the world.

Our pediatric intensive care unit is one of the largest in Texas, and our dedicated pediatric cardiac ICU is the largest heart center for children in North Texas.

71 dedicated pediatric intensive care unit beds

22 state-of-the-art pediatric operating rooms

20 dedicated pediatric cardiac ICU beds

2.6 million square feet across our campuses

Specialty Care Centers

Our <u>Children's HealthSM Specialty Centers</u> bring nationally-recognized pediatric care close to home for families. Offering a wide array of outpatient pediatric specialties, outpatient surgery, lab services and rehabilitation, Children's HealthSM Specialty Centers have a wealth of resources under one roof.

You can find more information at <u>Childrens.com</u>. Thank you for choosing our hospital and helping to make life better for Children!

Sincerely, Student Services



Student Services A division on Human Resources O: 214-456-1901 E: studentservices@childrens.com

1935 Medical District Drive | Mailstop ST6.01 | Dallas, TX 75235

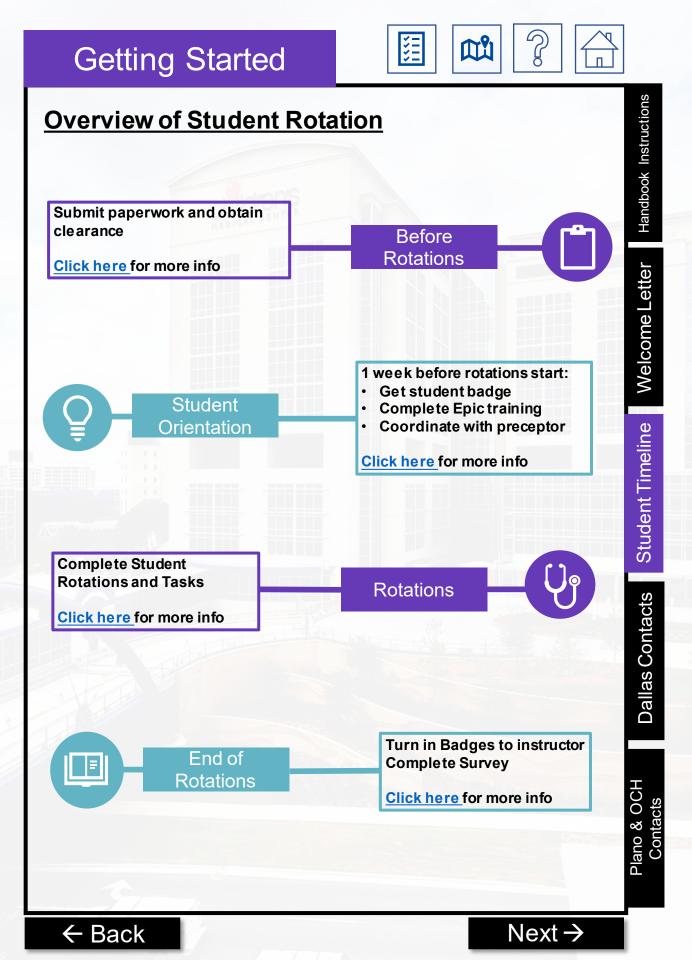


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DALLAS CAMPUS CONTACTS:

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Students- please contact your clinical instructor first for any questions or issues!

Unit	Unit Name	Type of Services	Manager	Phone	Educator	Phone
B4	Gen Surgery/Ortho Trauma/Gen Peds	General Peds	Hayden Dutton	214-456-1039	Jordan Schools	214-456-7791
C4	General Surgery/ Ortho/Trauma	Post-Surgical/Trauma	Hayden Dutton	214-456-1039	Jordan Schools	214-456-7791
C5	Renal/ General Peds	Renal/Renal transplants General Peds	Maria Leal	214-456-0276	Jennie Yoo	214-456-2643
C8	Cardiology	Medical/surgical cardiology, Telemetry	Elysia Harshman	214-456-7128	Shawn Hudson	214-456-7602
С9	Center for Pulmonology	Difficult ENT, Asthma, Overflow CF, Overflow Pulmonology, Endocrine	Chelsea Reynolds	214-456-2702	Martha Shaw	214-456-2702
D9	Center for Pulmonology	Pulmonology, Complex Trach, Vent Dependent, CF, Asthma, Difficult ENT	Chelsea Reynolds	214-456-2702	Martha Shaw	214-456-2702
C10	Center for Neurosciences	EMU/Neurology	Melinda Adams	214-456-0696	Diana Montoya	214-456-7189
D10	Center for Neurosciences	Neurosurgery/Plastics/Gen Peds	Melinda Adams	214-456-0696	Diana Montoya	214-456-7189
C6/D6 /C7	CCBD	Cancer, Blood Disorders Stem Cell Transplant Unit	Susan McCollom	214-456-7197	Sarah Kennedy Virginia Koepsell	214-456-5140
D8	GI	Inflammatory Bowel Dx/ Short Gut Liver/Intestinal Transplants	Maria Leal	214-456-0276	Jennie Yoo	214-456-2643
B1	ES	Emergency Services	Chelsey Rixon	214-456-6067	Angie Chelf Macy Ackermann	214-456-1880 214-456-1280
B2	OR	Surgical Procedures	Chris Robbins	214-456-8592	Laurie Ham	214-456-2833
B5	Psych	Pediatric Behavioral Unit	Jane LeVieux	214-456-6374	Jennifer Brown	214-456-5928
D2	PACU	Pre-Procedural/ Post-Procedural Care	Leslie Whitefield	214-456-3665	Shannon Williams	214-456-3652
C12	PICU	Medical/Surgical Critical Care	Marshall Stephenson	214-456-4967	Kendel Richards Kelsey Schuetze	214-456-7519 214-456-9930
C11	TICU	Neuro/Trauma Critical Care	Marshall Stephenson	214-456-4967	Kendel Richards Kelsey Schuetze	214-456-7519 214-456-9930
D3	CICU	Cardiac Intensive Care	NaShawn Findley	214-456- 2984	Kim Schuettner Deniro Brown	214-456-6982 214-456-8022
D7/C7	NICU	Neonatal Intensive Care	Jeanne Gaines	214-456-5840	Kristen Masters Deb Jenson	214-456-6464 214-456-0847

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PLANO & OCH CAMPUS CONTACTS:

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Students- please contact your clinical instructor first for any questions or issues!

UNIT NAME	TYPE OF SERVICE	MANAGER	PHONE	EDUCATOR	PHONE	book
PLANO 1 & 2 North & South	General Peds/Surgery	Rachael Burris	469-303-4976	Kat Cooney	469-303-4958	Handbook
Plano ED	Emergency Services	Astrid Sobotka	469-303-4078	Angie Chelf	214-456-1880	etter
Plano PICU	Intensive Care	Adrianne Strait	469-303-4975	Kendel Richards	214-456-7519	come
Our Children's House	Transitional Care/Rehab	Lori Batchelor	214-867-6722	Jill Hesler	214-867-6776	-We

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NURSING STUDENT REQUIREMENTS

• If your school works with Children's Health to set up your student rotation; your clearance requirements are provided by the school. Your instructor may ask you to complete some paperwork.

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- If you are working independently to set up your precepted shifts, you will need to review the clearance requirements for students in the Student Handbook found at this <u>link</u> (under "Resources").
- All requests for student placements are entered into the CCPS system or sent to <u>NursingStudentRequest@childrens.com</u>
- After requests are approved, all information & paperwork is sent to NursingStudentPaperwork@childrens.com.

THINGS TO KNOW BEFORE THE FIRST SHIFT

This opportunity to complete your school course work at our facility is a privilege. This is an independent work-study of sorts and you will need to **work independently** to gain clearance, get a badge, and contact your preceptor for a schedule. Ask if you don't understand the requirements along the way. Your school instructor is your first contact for questions, otherwise you can email <u>NursingStudentRequest@Childrens.com</u>

The student will be given one preceptor and the expectation is that the student will follow the preceptor's schedule to complete the required number of hours. You are not to work with other RNs on the unit unless previously approved by the Clinical Educator, the unit charge RN, or Nursing Student Request.

STUDENT ROTATION GUIDELINES AT CHILDREN'S

- · Children's student ID must be always worn, and the name/picture must be visible
- · Children's Dress Code policy should be followed always
- · Students must pick up your student badge prior to starting your rotation
- · Personal cell phones are not allowed on the unit

END OF ROTATIONS:

- Badges must be returned to the Badge Office at the end of your rotation
- Students should complete end of rotation surveys Hosting departments will provide students information on how to complete survey



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Precepted Nursing Student Requirements

> Computer Access and Documentation Training

Students who are Current Children's Employees

ID & Badge Office Info

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CHECKLIST OF THINGS TO DO BEFORE THE FIRST SHIFT

- □ Review this Student Handbook
- Receive clearance email from Nursing Student Request
- Make an appointment with the Badge Office to pick up your student badge. Take a copy of the clearance email to the appointment.
- Get your network/ Epic login credentials over the phone. The student can call the Service Desk at 214-456-4357 when they are at a computer to verify their ID and set up the login
 - Ask for both your Cornerstone access and your network access. If you have any issues, see the Appendix for troubleshooting.
 - Students will need their <u>Lawson ID</u> when they call the Service Desk. The ID can be found on the clearance email. The student should write down and memorize this number for the entire semester— they will need this number if they have to call the Service Desk in the future.
 - Download DUO from the App store

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Sign-in to Cornerstone and complete the online training assigned

- The student then completes the CH EPIC Inpatient Precepted Student Nurse (curricula) independently (at home or at school)
- Contact preceptor to make schedule; arrange a place to meet on first shift
 - Ensure that your patient documentation is always <u>co-signed</u> at the end of each shift

Computer Access and Documentation Training

COMPUTER AND SYSTEM ACCESS

Students will be given a Username and Password for the Children's systems. With the first login, the student will change the password to something unique to them and they can remember. For help with their login, the student can call the IS Help Desk at 214-456-4357 for their credentials.

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All students will complete an Epic documentation curriculum in the Children's Learning Management System, Cornerstone. If at any time in the future there are problems with your access, please call 214-456-4357 to resolve.

Before the clinical rotation begins, the student should email <u>NursingStudentRequest@childrens.com</u> indicating that they completed the training.

DOCUMENTATION AND ONLINE TRAINING

- If your school has students complete the DFW Hospital Council (DFWHC) orientation packet, you will be exempt from completion of additional required training at Children's.
- If your school is outside the DFWHC area and you do not complete this orientation packet, you will be required to complete about 2 hours of training modules called CART (Children's Annual Required Training). CART is completely virtual and self-paced and must be completed before starting rotations.
- All students are required to take Epic documentation system training. This
 online training will take about 1 hour to complete.
- All training is done via Cornerstone. If at any time in the future there are problems with your Cornerstone access, please review <u>these</u> <u>troubleshooting tips</u>
- While completing this training, if you have any other trouble, please contact the Service Desk at 214-456-4357. If still not resolved, please call Ginger Nelson at 214-456-4425.

Precepted Nursing

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Badge Office Info

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Students





HOW TO LOGIN TO CORNERSTONE:

This information will guide you on how you can log in to Children's learning management system (Cornerstone) using one of the following scenarios:

You are not an employee and have not attended Children's ever before as a student:

1. Go to https://childrenshealth.csod.com

a. Username: CMCDXXXXX

- XXXXX= On the clearance letter from Student Services, find your Lawson ID number found under your name at the top of page (no spaces)
- b. Password: Success45
 - You will be required to change your password to something you will need to remember
- 2. Once logged in to Cornerstone
 - a. Navigate to your Transcript and complete the online course(s) listed in the queue:
 - CH EPIC Inpatient- Precepted Student Nurse Curriculum
 - Children's Annual Required Training CART may be on your Action Items

You are either an employee, a past employee, or a student that attended Children's before:

- 1. Go to https://childrenshealth.csod.com
 - a. Username: <first 3letters of first name and first 3 letters of last name>
 Ex: John Brown would be JohBro
 - **b. Password:** you will need to call the service desk to have your password re-set (214-456-4357)
- 2. Once logged in to Cornerstone
 - a. Navigate to your Transcript and complete the online course(s) listed in the queue:
 - CH EPIC Inpatient- Precepted Student Nurse Curriculum
 - Children's Annual Required Training CART may be on your Action Items

<u>You are a student that is also an Employee:</u>

- 1. Use your network ID and password to access Cornerstone
- 2. Once logged in to Cornerstone

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- a. Navigate to your Transcript and complete the online course(s) listed in the queue:
 - CH EPIC Inpatient- Precepted Student Nurse Curriculum
 - Children's Annual Required Training CART may be on your Action Items

WHEN YOU HAVE COMPLETED ALL TRAINING MODULES:

- Send an email to <u>NursingStudentPaperwork@childrens.com</u> and NursingStudentRequest@childrens.com so that your file can be completed.
- Your email should include your Lawson ID number (from your clearance letter) & the date you completed training

Precepted Nursin Student Requireme





CHILDREN'S EMPLOYEE STUDENT LOGIN INSTRUCTIONS:

Any Children's Health employees that are also Nursing Students must follow these instructions to log in to Epic:

Employees have several logins to the various systems that are used every day. Those logins document an electronic signature with the employee name and title. The system security measures are defined by the job description. Many times, as an employee, you login to the computer and then with *single sign-on*, you don't login to the various applications. But what if the employee is also a nursing student that attends Children's Health clinical rotations?

This resource will assist the employee/student with the student login process. The network login (login to the computer) will be the same. The login to Epic will be different. In general, the student Epic login is the same login letters with the word STUDENT after it.

For example: John Doe would be JOHDOE for his employee login to the network and to Epic. As a student, the network login will still be JOHDOE and the Epic login will be JOHDOESTUDENT. The Epic Security team will send an email to your employee email account a form that states what your student Epic login will be.



 Log on to the computer with your regular login information Ex) JOHDOE



2. Single Sign- On will auto log on

3. Choose CANCEL to go back to the Epic login screen





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 Once routed to the Epic login screen, login with your STUDENT login and password Ex) JOHDOESTUDENT Computer Access and Documentation Training

Badge Office Info

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IDENTIFICATION BADGES

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• Students will be cleared to receive badges when all required information has been received and verified by Student Services. This applies to both CMCemployed and non-employed students. Once all the requirements have been met, the student's instructor will receive an email from Student Services clearing them to start clinical. Instructors must take clearance letter with them to the badge office. If the instructor does not have an email, the group is not clear to start the rotation.

- Students must pick up the student badge prior to starting the clinical rotation.
- If a student is also an employee of Children's, they must wear a student badge when they are here for clinical rotations. They may not wear their employee badges when they are here as a student.
- A government-issued photo ID must be presented for students to receive a badge.
- Identification badges may be obtained at either Children's Medical Center of Dallas for Dallas based clinical rotations (including Our Children's House) or at Children's Medical Center Plano for Plano based clinical rotations.
- It is the instructor's responsibility to make sure badges are returned at the end of rotation. The badge office will not issue new badges for the current semester if you did not return badges from previous semester.
- Students on campus less than 20 hours will get a paper badge from the concierge, not the badge office.
- If a student comes to the campus without a badge, the student will be required to purchase a replacement badge for a \$10 fee. On weekends, Security Dispatch issue replacement badges.

Computer Access and Documentation Training

D & Badge Office Info

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Location	Dallas Badge Office Security Badge Office	Plano Badge Office	с a
	3rd floor of the Bright Building, E3010, at the Dallas campus.	Security Office within the Central Plant Building, R1808. (This building is located across from the Emergency Department entrance).	Precepted Nursing
Phone	214-456-1370	469-303-1370	Pr Stud
Hours	7:30 am to noon, 1 to 4:30 pm, Monday through Friday closed from 12-1 daily for lunch and closed on Sat/Sun & holidays	6:00 a.m. to 2:00 p.m. on Monday and Friday 7:00 a.m. to 3:00 p.m. on Tuesday, Wednesday, and Thursday The Badge Office is closed from 12-1 daily for lunch and closed on Sat & Sun	Computer Access and Documentation Training
Parking Location	Park in the flat lot located off Medical District Drive (Across from Purple Parking garage)	Students can park in the Northeast employee lot or at the back of any lot on campus.	Comp Docun
Parking Info	Students and instructors do NOT have access to use the employee parking or visitor parking garages. You will pull a visitor parking ticket on your first day and then badge out after you get your badge After first day, students must badge in and out of this this parking area If you park anywhere else on campus you will pay for parking		Students who are Current Children's Emplovees
Мар	<u>Click Here</u>	<u>Click Here</u>	ID & Badge Office Info

Documentation Training

INFORMATION FOR PRECEPTORS

All student documentation will need to be <u>co-signed</u> by the preceptor at the end of each shift. If you are unfamiliar how to do this, please ask the Clinical Educator on your unit or review the quick reference resource on the <u>Nursing Student website</u> under **Resources for Senior-level Precepted Students.**

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The student has been assigned to one preceptor. They should complete the required number of hours working with you. If you trade a shift, be sure to notify the student that you have traded, and they will either trade the shift also or choose another shift that you are working. If you are unable to come to work and call-in on a shift that the student is scheduled to work with you, please call the student also. They shouldn't work that shift with anyone else; they will need to choose another shift. If there are problems or concerns that a student is not able to get the required number of hours, please contact the Clinical Educator or Ginger Nelson and we could discuss assigning an additional preceptor.

You should be with the student at all times. Engage them in the work that you are doing; watch them perform skills, assessments, and tasks. Explain and teach patient diagnosis and treatment plans. Encourage them to research on their own or review the patient chart. As time progresses, they will become independent in some tasks (similar things that a PCT can do independently). The goal is to work from simple to complex in tasks, skills, and time management. By the end of the student program, the student should have progressed to be able to take care of about a 3/4 average new graduate RN assignment on your unit (2-3 patients).

Review the list of skills/tasks that students are not allowed to do in our facility. The student is never to administer medications independently. Students do not have a license or access to document on the MAR. Students can do calculations and prepare medications for administration under the supervision of the RN preceptor.

At the end of the clinical rotation, the student turns their student badge in to the Badge Office. If the Badge Office is closed, please turn in your badge to the Security Department.

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Survey Links



Students May Perform:

According to the Texas BON Education Guidelines, students can perform nursing skills and tasks under the direct supervision of the RN (Clinical Instructor or Children's Health Preceptor). All nursing students that are practicing in Children's facilities have completed skill competency at their school. Direct supervision indicates that the RN is directly watching and can evaluate the student's performance and the patient's tolerance. This supervision should be done through "line of sight" and not at a distance. Patient assessments and vital signs can be obtained by the nursing student. Nursing students document in the patient's chart on the student nurse Epic template.

Nursing students do not have access to document patient care planning or patient education. All documentation is co-signed by the supervising RN. Students are given read only access to the Medication Administration Record (MAR). Any medications that are given by the nursing student will be under the direct supervision of the RN will be documented by the RN.

Students are given access to the supply cabinets of the Omnicell but are not given medication access. Students do not have badge access to the Medication Rooms. Nursing procedures, that are not included in the exceptions list, such as urinary catheter placement, blood draws, surgical dressing changes, suctioning, and bathing can be done by the nursing student under the direct supervision of the RN. May 2020

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PATIENT CARE

Preceptors must remain with the student for all assessments and interventions with the patient. If a student has been validated on routine tasks such as taking vital signs & collecting I/O then the student may complete those tasks independently within the comfort level of the preceptor.

Unit Staff

- Student should be familiar with roles on the unit:
 - RN
 - Resident, Hospitalist, Nurse Practitioner
 - HUC (Health Unit Coordinator)
 - PCT (Patient Care Technician)
 - MA (Medical Assistant in the clinics)

Infection Prevention

- Hand hygiene is the single most important intervention to prevent the spread of infection. Practice hand hygiene prior to and following all contact with patients and the patient environment. Alcohol hand gels are located at the exit of all patient rooms and throughout the hospital.
- Standard precautions should always be observed on all patients. In addition to Standard precautions, the patient may require transmission based precautions. They include:
 - Contact
 - Droplet
 - Airborne
- Isolation signs are located outside the rooms of applicable patients. Strict compliance is expected.
- Personal protective equipment including gloves, impervious gowns, mask, and masks with shields are available for your use.
- Eating and drinking are not allowed in patient care areas or nurse's station.
- Isolation policies available via policy tracker.

Change of Shift Report

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- Bedside report is given by the off-going RN in a standard format (ISHAPED)
- The patient and family are encouraged to be a part of the change of shift report

Co-Sign Process

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• Vital Signs

- Temperature check with preceptor on the following
 - Thermometer types
 - Routes and contraindications
 - Temp <u>></u> 38.5° usually treated, rechecked every hour until normal

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- Pulse for patients less than 2- count an apical pulse for 1 minute
- Respirations for patients less than 2 use stethoscope to count for 1 minute; assess breath sounds and quality of respirations
- Blood Pressure
 - Select appropriate cuff size appropriate to limb size
- Pain Assessment
 - FACES Scale
 - FLACC Scale
 - Numeric Scale (0-10)

Neuro Checks

 Include pupils, motor strength, sensation, level of consciousness, verbal responses

Weights

- Accuracy is essential for correct medication dosing
- Recorded under Measurement on Vital Signs Flowsheet
- Time of day varies by unit

Cardiac/Apnea Monitors

- Ordered by providers
- Unit protocols

Beds/Baths

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- Unit routine
- Patient summary Contains important patient information. View only.

Student Documentation

- As the student logs in, they will assign the preceptor for the shift as a co-signer on their documentation
- The student can chart on all flowsheets.
- The preceptor must co-sign the documentation by the end of the clinical shift.



Scope of Nursir Student Tasks

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Patient Education

 All patient education must be done in collaboration with the patient's nurse

 Student nurse does not have access to patient education documentation tabs

Dietary

- Formula
- Obtaining special formula

Calorie Count

Record exact amount and type of P.O. intake

Intake and Output

- Routine vs. Strict discuss differences in output recording
- Weighing diapers discuss technique with preceptor
- Flowsheet discuss procedure for charting
- Parent I & O sheet at bedside must transcribe information to patient care flow chart and document prior to patient's discharge

Miscellaneous

 Treatment Room (TR) – For all invasive procedures (IV's, LP's, bone marrows)

Discharge

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- All patient discharge education must be done in collaboration with the patient's nurse
- Nursing student may reinforce discharge teaching

Scope of Nursin Student Tasks

Co-Sign Process

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SPECIAL CONSIDERATIONS

Intravenous Lines (Students are to work with PERIPHERAL LINES ONLY. CENTRAL VENOUS CATHETERS INCLUDING PICCs should be managed by the preceptor with the student observing)

Basic considerations

- Clinical Practice Policy #4.41 Peripheral Intravenous Management
- Emphasize necessity of IV site assessment and documentation everyhour and prior to IV medication administration
- Infusion pumps (Alaris)

IV Solutions

- Non-compounded fluids expire in 96 hours; 24 hours if compounded (medication added to solution).
- Check IV solutions with initial assessment of patient
- Most IV medications arrive *ready to administer* and do not require dilution
- Refer to online formulary for additional information

IV Tubing

- o Consult Attachment C in the PIV Management policy.
- Document tubing change in EPIC, including date and time.
- Label tubing

Rates

- KVO orders not accepted; rate must be specified
- IV rate and IV site are to be visualized and documented every hour

Troubleshooting

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- Ensure site is visible
- Tape change when soiled
- Review signs of infiltration and phlebitis if infiltration occurs or is suspected, notify patient's nurse immediately; an incident report is required.

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- Preceptors must be present when students assist with medication administration.
- Basic considerations
 - Medication Management Policy #1.10.01 <u>Medication</u> <u>Administration</u>
 - Implications of medication administration in the infant and child

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- Accessing Children's Drug Formulary
- · Verify patient identification via ID band on the patient
- Handheld device (Rover) verifies medication label against the provider orders
- · Students may not be a second verification for any high alert medications.
 - Any dosages of insulin, digoxin, schedule II narcotics, neuromuscular blocking agents, heparin (therapeutic), or others must be verified by two RNs

Survey Links

Students May Not Perform (exceptions list):

 Provide care to or document on patients that are undergoing procedural sedation (moderate sedation for a procedure that requires specific monitoring & documentation). Student may assist nurse with care of sedated patients.

- Delegate to unlicensed assistive personnel (PCT, MA, etc.)
- Start IVs
- Insert a NG, OG, or ND
- · Administer drugs labeled as "chemotherapy" or "hazardous"
- Transcribe orders
- Count narcotics
- · Initiate administration of blood or blood products
- · Monitor patients receiving blood or blood products
- Witness informed consents
- Participate in Advanced Life Support
- Take care of any COVID-19 PUI, confirmed COVID-19 positive, or patients in airborne isolation (students are not fitted for respirator masks)
- Refer to AD 13.02 COVID-19 Aerosol Generating Procedures Testing and PPE Utilization for students to help conserve PPE
- Take verbal orders

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- Access Central Line Venous Catheters (CVCs) or change CVC dressing (including PICC lines)
- Administer breast milk independently. In addition, breast milk must be obtained and logged in by staff RN only

Nursing Units may have patient diagnoses that students may not care for. Obtain this information from the unit educator.

Procedures not included on this list (e.g. suctioning, tracheostomy care, urinary catheter insertion) may be performed by students only with the assistance of their preceptor.

Info for Preceptors

scope of Nursin Student Tasks

Survey Links

This reference will show the nursing student, the Clinical Instructor, and the bedside preceptor the steps to co-sign student nurse documentation in the Epic system. When the nursing student logs in and accesses the Flowsheet tab to begin documentation, the system will force them to indicate the licensed person that will be co-signing their documentation. If the student is in the facility with an instructor, the cosigner should always be the instructor. If the student is in the facility without an instructor, the bedside preceptor should be the cosigner. This alert will be shown each time they re-enter into the flowsheet tab.

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	Procedu	res Crit Value/Event/Esca Daily Cares	ico-salety checks	ICU-Assess Drains/	Tubes/Wounds	Vitals IV Assess Co	ontact/visit into	ED Triage/Primary A	uss ED Nurse Assessmer	its Beh
Jump To (Alt+Comma)	3	Cosign Report Accordion Expanded	View All				10m 15m 3	0m 1h 2h	4h 8h 24h Based On: (700 Reset
Hide All Sh	Now All			Da	las Main Emergency		8	2	84	
VITAL SIGNS	*▼					1/3/19				
Additional Vital Signs			1106	1115	1119	1145	1220	1438	1440	
Patient Activity	•	Additional Vital Signs								
Temperature	•	Additional VS Rows Needed?								
Heart Rate	•	Additional Drip Dose Rows?								
Respiratory Rate	•	Patient Activity		-						
Blood Pressure		Activity	Asleep;Calm						Crying:Agitation	
XYGEN/MONITORS	× V	Temperature								
DRIPS	×V	Temp	1 39 (102.2)	_					* 38.3 (101)	
PAIN/SEDATION	×V	Temp Source	Tympanic		C	osigners		×	*Oral	
AREGIVER INVOLVMENT	× V	Temp Interventions		Users to cosign:	APPLE, SIDN	EV.	۶e		None indicated	
EUROLOGICAL	VV	Heart Rate		1 .	POPPLE, SILV		20 mi			
ESPIRATORY	VV	Pulse	110	1		Accept	Cancel		112	
CARDIAC	*7	Respiratory Rate		Test.				/		
GASTROINTESTINAL	×7		1 24			1	20		1 24	
ENITOURINARY	× V	Blood Pressure								_
NTEGUMENTARY	₹₹.	BP	120/80				1 115/60		118/88	
AUSCULOSKELETAL	×7	MAP (mmHg)	120/00				1 115/00		(10/00	
-COLLAR MAINTENANCE	¥	BP Location					*Arm, Right		*Arm, Left	
ESTRAINTS	×V	BP Cuff Size					rsin, rogin		cont, Lina	
RAL CARE	VV	BP Cuff Size Changed, Why?								
DDITIONAL ASSESSMENT RO.		BD Patient Position					Sitting		Sittion	

Begin typing the co-signer's name and the system will give options. Be sure to choose the correct co-signer and click the accept button.

As the student completes the documentation and FILES the entry, the audit trail will indicate the student's name as the documenter and the co-signer's name will appear under the cosign requested.

Value Information 38.3 °C (100.9 °F) Taken by:	$\overline{}$	
Sara Adrenal at 01/03/ Cosign requested for: Sidney Apple, RN	19 1252 (today)	
Mins/Maxes \Leftrightarrow		
Max:	65.6 °C (150 °F)	
Warn Max:	38 °C (100.4 °F)	
Warn Min:	36 °C (96.8 °F)	
Min:	-17.8 °C (0 °F)	
Cosigners 😞 ———		
Sidney Apple, RN	(Requested)	
	Co	ntinued on next page

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⁹ Info for Preceptors

Links

Survey I

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When there is documentation to be cosigned, there is a yellow button for Cosign Report visible on the flowsheet. Clicking on the button will display the documentation that needs cosigned. Another option is to look for the icon in the column "Flow Cosign/RX Message/New Result"

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	Aster, Ellie 15 y.o. / F Excellent, Emma 15 y.o. / F	B4 Pool/NONE Acute appendicitis B4 Pool/NONE Acute appendicitis	Surgery Martin Stitch, MD Surgery		, 🕖	No Atter Sidney / Martin S Martin S	stitch, MD - Admitting nding Provider(s) Apple, RN - Registered titch, MD - Admitting titch, MD - Attending Apple, RN - Registered

The pop-up box will display the documentation that must be co-signed, the licensed staff member can *cosign all* or *cosign one item* at a time by clicking the appropriate button to the right.

		Daily Cares ICU-Safety Checks ICU-Assess	ures chi value/event/esca L	Procedu	o ried istrone 11/0
	01/03/19 1440	Expanded View All	Cosign Report Accordion	2	ump To (Alt+Comma)
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6		+ R Needs Cosign		* X	TAL SIGNS
				×.	Additional Vital Signs
Cosign All		All Flowsheet Data Needing Con		2	Patient Activity
		Show links for individual values	Additional Vital Signs	2	Temperature
Cosign A		Cosign Requestor: Sara Adrenal	Additional VS Rows Needs	8	Heart Rate
		ICU Freq VS/Asmt	4 Additional Drip Dose Rows	2	Respiratory Rate
		01/03/19	Patient Activity	2	Blood Pressure
		Row Name 1106	Activity	N.	INSENMONTORS
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TAL SIGNS	AN.				Dallas Main Emergency			110		
Additional Vital Signs	V				1/3/19			Comment (F6)		
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Heart Rate		Additional VS Rows Needed?						110		
Respiratory Rate	Ø	Additional Drip Dose Rows?		_				Taken by: Sara Adrenal at 01/03/19 1106 (today)		
Blood Pressure	•	Patient Activity						Recorded by:		
VGEN/MONITORS	×٧	Activity	Asleep;Calm					Sidney Apple, RN at 01/05/19 1117 (today) Cosign by:		
195	*	Temperature		_				Sidney Apple, RN at 01/05/19 1117		
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UROLOGICAL	* 2	Temp Interventions					None indicated	Work Max	110	(
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TEGUMENTARY	¥ 🗹	Blood Pressure						Last Filed Values (24 hours) A	_	
USCULOSKELETAL	× 🗹	BP	120/80		1		115/60	112 1		
COLLAR MAINTENANCE	× 🗹	MAP (mmHg)						by Cheny Ames, RN at 01/03/19 1440	_	
STRAINTS	× 🕄	BP Location					"Arm, Right	112 Ev Deb Gumey, RN at 01/05/19 1220		
UAL CARE	* X	BP Cuff Size						110		
DOITIONAL ASSESSMENT RO.		BP Cuff Size Changed, Why?	1					by Sara Adrenal at 01/03/19 1106	_/	
NES	9 X	BP Patient Position					Sitting	114 1 by Deb Gumey: RN at 01/03/19 1042		
WE PROGRESSION	× 🗹	Oxygenation						N		
AEASUREMENTS	×V	Sp02			1		99	by Chang K Wambee, RN at 01/05/19 0700		
		PL D. L. D. D. MI								C

When all documentation is cosigned, the button disappears on the flowsheet. This is an easy way for the instructor or bedside preceptor to validate that all documentation has been cosigned.

Cosign Process

Student Tasks

Please complete the follow survey at the end of your clinical experience. We would love to hear your feedback and input on how we can improve. Follow the links below to complete the survey. Thank you and we appreciate your input!

ž

Cohort Student Survey:

https://childrens.surveymonkey.com/r/RMBLFMB



Precepted Student Survey:

https://redcap.childrens.com/redcap/surveys/?s=3MTDPKRTNT

Select "Student" for Experience Level Upon Hire



Instructor Survey: https://childrens.surveymonkey.com/r/RX7XPN3



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Info for Preceptors

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ALL EMERGENCIES CALL 33333

Alert Type Facility Alert	Event High Census Decontamination Team Disaster Plan Activation Fire Alarm Activation Hazardous Release	Response Location Dept./Campus Team Responds Contact Supervisor R.A.C.E R.A.C.E
	Evacuation	Contact Supervisor
Medical Alert	Code Blue	CPR/AED
Security Alert	Active Shooter Lockdown/Lockout Missing/Abducted Child	Run, Hide, Fight Do not leave/enter area Secure Exits
Weather Alert	Severe Weather Tornado Warning Snow/Ice	Avoid windows/prepare Seek interior shelter Contact Supervisor

Continued on next page



Survey Readiness

Emergency Event Current Emergency Fernt Notification New "Plain Language" Emergency Notification & Response High Census Code Yellow + Descriptor + Location Facility Alert - Disaster Plan Activation + Location Contaminated Patients Code Yellow + Descriptor + Location Facility Alert - Disaster Plan Activation + Location Disaster Code Yellow + Descriptor + Location Facility Alert - Disaster Plan Activation + Location Disaster Code Yellow + Descriptor + Location Facility Alert - Disaster Plan Activation + Location Disaster Code Yellow + Descriptor + Location Facility Alert - Disaster Plan Activation + Location Disaster Code Vellow + Descriptor + Location Facility Alert - Disaster Plan Activation + Location Bisaster Currently we do not announce over head Facility Alert - Bisacuation + Descriptor + Location Medical (NO CHANGE) Currently we do not announce over head Facility Alert - Evacuation + Descriptor + Location Medical (NO CHANGE) Currently we do not announce over head Facility Alert - Evacuation + Descriptor + Location Medical (NO CHANGE) Currently we do not announce over head Facility Alert - Code Blue + Location Medical (NO CHANGE) Currently we do not announce over head Facility Alert - Code Blue +	to communicate with local emergency management, law enforcement, emergency medical services, free departments, public organizations entition and other public organizations which may be involved during emergencies.	mergancy mergancies, s. fire gencies, na which ne which only difference is how you communicate.	Image Constant Constant <thconstant< th=""> Constant <th< th=""></th<></thconstant<>
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updated 9/2017 jm	Snow/Ice	Inclement Weather + Location	Weather Alert - Snow/Ice + Location
updated 9/2017 jm			
			updated 9/2017 jn

EMERGENCY EVENT - PLAIN LANGUAGE CONVERSION FROM CODES

Background

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The purpose of Plain Language is to establish a common language and communication system for our start, printents, and visions, it is also allows Children's to use a common language to communicate with local emergency emergency med departments, pu and other public may be involved management,

Plain Language means explicitly describing a situation rather than inigh codes. For instance, if you are reporting a fire to the incident commander, asy you have a fire in the operating room. Don't say "Code Red in the OR."

ALL EMERGENCIES CALL 33333

Alert Type

0

Using Plain Language rather than hospital codes can reduce miscommunications and even decrease response times, and in an emergency, a faster response can aswe lives.

 $Next \rightarrow$



Emergency Codes

Patient Safety

HIPAA

Readiness Survey

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Safety Toolkit

Commitment	Related Tools
We do the right thing.	 AIDET - Always introduce yourself and know who you're working with: Acknowledge, Introduce, Duration, Explanation, Thanks
Everyone makes a personal commitment to	2. ARCC for escalating concerns: Ask a question, Request a change, Concern – voice a concern, Chain of Command
safety.	3. Team Member Checking - We look out for one another and check each other's work. We have each other's back for safety!
	4. Pay attention to detail using STAR : S top, T hink, A ct, R eview
We are one team. Everyone is accountable for clear	 Use SBAR to communicate concerns requiring action Situation: What is the problem, patient or project? Background: What is important to know? Assessment: What is your evaluation? Recommendation: What action needs to take place?
and complete communications.	2. 3-Way Communication With any uncertainty, ask 1 or 2 clarifying questions. A clarifying question can be numeric (15; one-five) or phonetic (alpha, beta).
	3. Use standardized handoff tools, such as ISHAPED or IPASS , to transition care or responsibility.
We get results.	1. QVV - Question and confirm whenever you're unsure about something.
Everyone supports a questioning	Qualify the source: Do I trust this source? Validate the content: Does it make sense to me? Verify your action: Check with an expert.
attitude.	2. Stop and Resolve - Don't proceed in the face of uncertainty.

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Emergency Codes

Patient Safety

HIPAA

Survey Readiness

Acknowledge

- M Knock, asking permission to enter
- Smile, make eye contact, greet pleasantly

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ntroduce

- State name and role at Children's
- Highlight skill and expertise (certs, years) of self / others the customer will encounter

Duration

Share wait times, procedure time expectations

Explanation

- Explain all processes and procedures
- Provide clear expectations

hank you

- Express appreciation for their cooperation, time, and/or entrustment of care
- Ask what else you can do

ALWAYS:

← Back

- Listen to what the customer is saying
- Ensure body language is relaxed, calm, open and non-threatening (don't seem rushed)
- Use appropriate emotions such as empathy, enthusiasm, positive attitude, and warmth

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Patient Safety

HIPAA

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Emergency

Patient Safety

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2022 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name <i>and</i> date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
Improve staff communication NPSG.02.03.01	Get important test results to the right staff person on time.
Use medicines safely	
NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
Use alarms safely	
NPSG.06.01.01	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
Prevent infection NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
Identify patient safety risks NPSG.15.01.01	Reduce the risk for suicide.
Prevent mistakes in surgery	
UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.



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This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.



HIPAA Highlights for Students

All Students are responsible for ensuring they understand HIPAA and how it applies to them as a student during their rotation.

Students complete CART (Children's Health Annual Required Training) as part of their rotation requirement.

If you email anything containing patient information (PHI) it must be sent securely.

If a school request that that students complete a case study, the clinical instructor will assist students in filling out the correct information for patient release of information. Students must discuss the case study and what information may be used to the parent and have parent approval, prior to writing the case study.

What forms of information are protected by HIPAA?

HIPAA's privacy provisions apply to protected health information in any form or medium. This includes electronic, hard-copy (paper) and verbal communications. If it's health data, and it's identifiable, it's protected!



Remember

Any form or medium of health information includes the following:

- Paper and electronic records
- Faxes
- E-mails
- Verbal exchanges

DO NOT discuss identifying information about a patient in the elevator, cafeteria or hallway.

What forms of Information are Covered by HIPAA?

- Name
- All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code
- All elements of dates (except year) for dates that are directly related to an individual
- Telephone numbers
- Fax numbers
- Email addresses
- Social Security Numbers
 Medical record numbers
- Medical record numbers
 Health Plan beneficiary numbers
- Health Plan beneficiary numbers
 Account Numbers
- Account Numbers

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- · Certificates/license numbers
- Vehicle identifiers (VINs) and serial numbers, including license plate numbers

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- Device identifiers and serial numbers
- · Web universal Resource Locators (URLs)
- Internet Protocol (IP) addresses
- Biometric identifiers, including finger and voice
 prints
- Genetic information
- Full-face photos and comparable images
 - Any other unique identifying number, characteristic, or code

Source: hhs.gov

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Patient Safety

HIPAA

Survey teadines

Key Points to Remember

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- HIPAA provides all patients the right to control access to personal health information.
- HIPAA identifies the protected information by the covered entities and their business associates.
- Three basic rules will take you a long way:
 - 1. Use or disclose health information only for legitimate work-related purposes.

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- 2. Limit uses and disclosures to the minimum necessary to achieve goals.
- 3. Exercise reasonable caution at all times to protect the health information under your control.

A BREACH OF HIPAA IS GROUNDS FOR IMMEDIATE TERMINATION OF CLINICAL ROTATION

HIPAA, Electronic Documentation, and Computer Usage

Computers will be available for students to use during their clinical rotation. Students will be assigned a username and password to access the computers. Students are not allowed to share computer login information and are encouraged to log off after each computer use session to prevent unauthorized access.

The computers may be used to research diagnosis, treatment techniques, or other topics that relate to therapy. Students can use computers to complete assignments given by the clinical instructor or school, but this should only be done if all patient documentation is completed and there are no patients to observe. The majority of computer use should be for documentation in the patient chart.

Students must be supervised by their clinical instructor or a licensed professional of the same discipline while logged onto EPIC and while documenting in EPIC. Students do not need to be supervised when accessing the Epic playground.

Emergency Codes

Everyone is responsible for adhering to The Joint Commission regulations at all times. With tracer methodology, any staff member or student could be asked questions related to the care of their patients. To be prepared for the possibility of a survey and to maintain patient safety, the following questions and answers should be reviewed with your clinical instructor.

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What is the orientation process for students?

All students review standard hospital orientation material that includes HIPPA, Compliance, Safety, and Infection Control.

Where are policies located?

ChildNet Policy homepage.

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Where is the Patient's Bill of Rights found? In all patient care areas and Admitting. Patients are given a written copy to keep.

What do you do in an unusual event? Inform your clinical instructor and decide if a SafeLink should be filled out.

What do you do if you come across malfunctioning equipment? Take the equipment out of use, and let your instructor know so that biomed can be notified.

Patient Safety

Continued on next page





What is the orientation process for Instructor and students?	Prior to rotation, students must review a standard hospital orientation that includes information on HIPPA, Compliance, Safety, and Infection Control. Instructor then completes 8 hours of orientation/re- orientation to their assigned units each year. This includes time with the educator and staff reviewing unit routines, documentation, and equipment. Hosting department's employee(s) are responsible for orienting the students to their department and hospital.	Emergency Codes
Where are policies located?	Childnet 2.0 > Policy Tracker under Quick Links	Safety
What do you do in case of fire?	Rescue—rescue anyone in immediate danger Alert—report a "Code Red" by pulling the closest fire alarm or by dialing 33333 Confine—confine the fire Extinguish—extinguish the fire	Patient Safet
	To operate the fire extinguishers: P—pull the pin A—aim at the base of the fire S—squeeze the trigger S— sweep	HIPAA
What is your responsibility in the event of a code? (Excluding Code Blue)	Always report to the charge nurse for instructions. If off the unit, immediately return.	ey Jess
Where to find the Patient's Bill of Rights?	In all patient care areas and Admitting	Surve Readin
What do you do in the event of an unusual incident?	Inform the patient's nurse and charge nurse. Consult with charge nurse on whether to complete an e-set (incident report) and how to document the event in the patient's chart.	2
What do I do with malfunctioning equipment?	Always notify the charge nurse. Equipment such as catheters, NGTs, etc. should be saved and placed in a bag and sent to Risk Management along with the e-set report. For pumps, monitors etc., complete a BioMed repair tag (found in the dirty utility room) and attach to the piece of equipment, then call BioMed for pick-up.	

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Locations & Maps Locations Children's Health Dallas Campus 1935 Medical District Drive Dallas, Texas 75235 **Our Children's House** Campus Dallas 1340 Empire Central Dallas, Texas 75247 Children's Health Andrews Institute for Orthopaedics & Sports Medicine Our Children's 7211 Preston Road Suite T1200 Plano, Texas 75024 House **Children's Health Specialty Center Allen** 8 Prestige Circle Ste. 101 Allen, TX 75002 Plano **Children's Health Specialty Center Cityville** 2222 Medical District Drive, Ste. 210 Dallas, TX 75235 Children's Health Specialty Center Grapevine Cityville 1643 Lancaster Drive, Ste. 300 Grapevine, TX 76051 **Children's Health Specialty Center Las Colinas** 7453 Las Colinas Blvd. Irving, TX 75063 **Children's Health Specialty Center Preston** 7000 Preston Road Ste. 100 Plano, TX 75024 **Children's Health Specialty Center Richardson** Dallas Occ 3661 North Plano Road, Ste. 3500 Richardson, TX 75082 **Children's Health Specialty Center Rockwall** 2455 Ridge Road, Ste. 255 Rockwall, TX 75087 **Children's Health Specialty Center Waxahachie** 154 N. Hwy 77, Bldg C, Ste. 10 Waxahachie, TX 75165

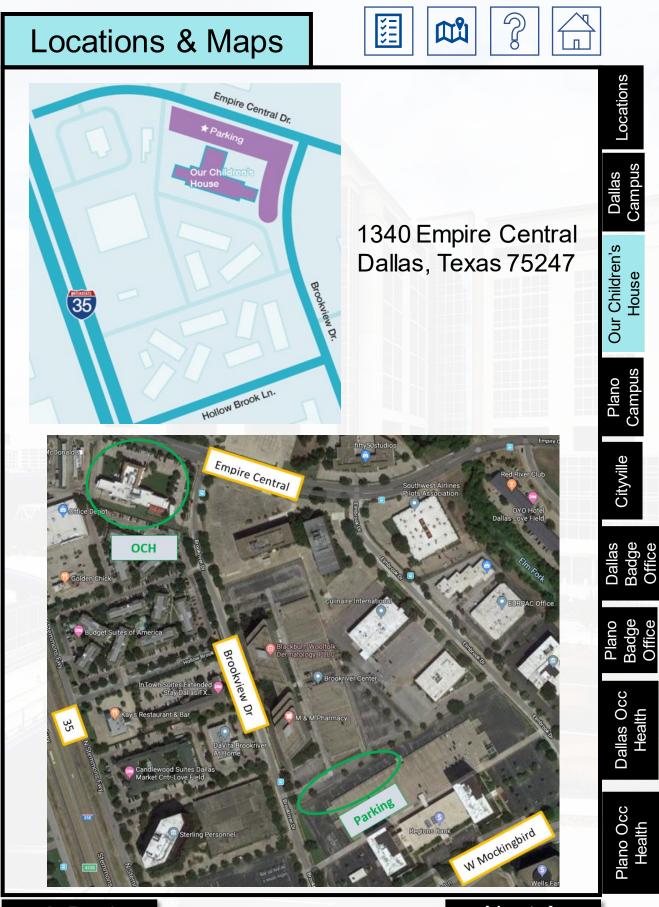




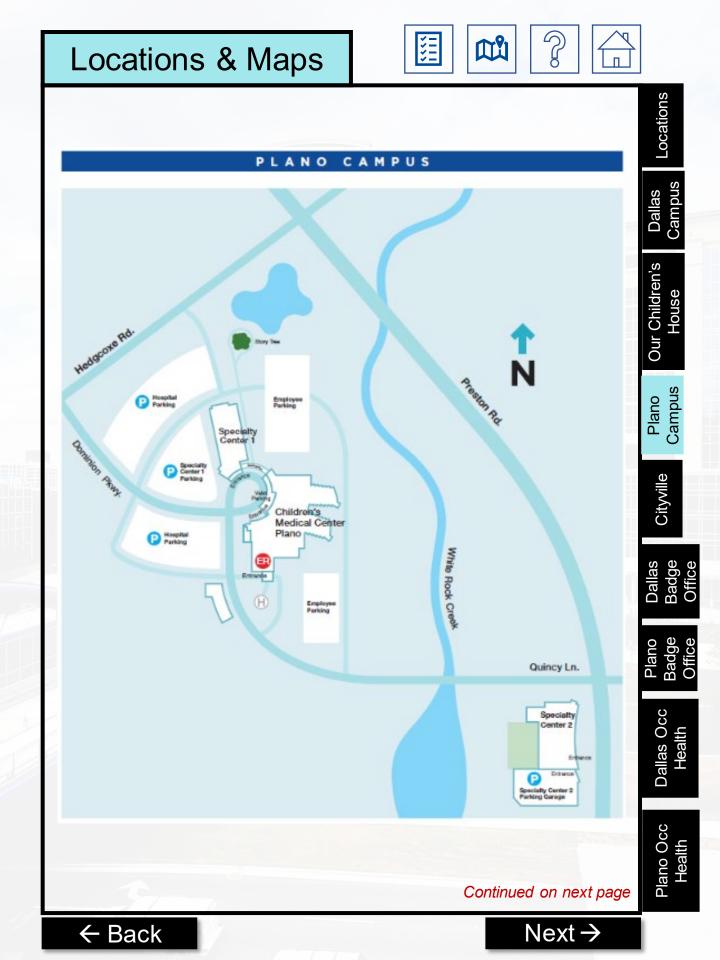
Locations

For access to the Children's Health Shuttle Schedule from campus locations, DART, and Trinity Towers (administrative offices) – click <u>here</u>





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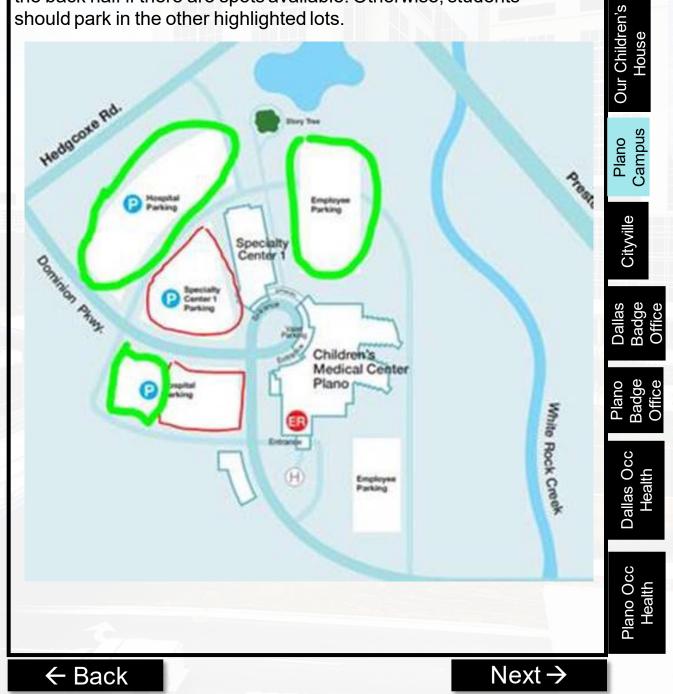
Locations

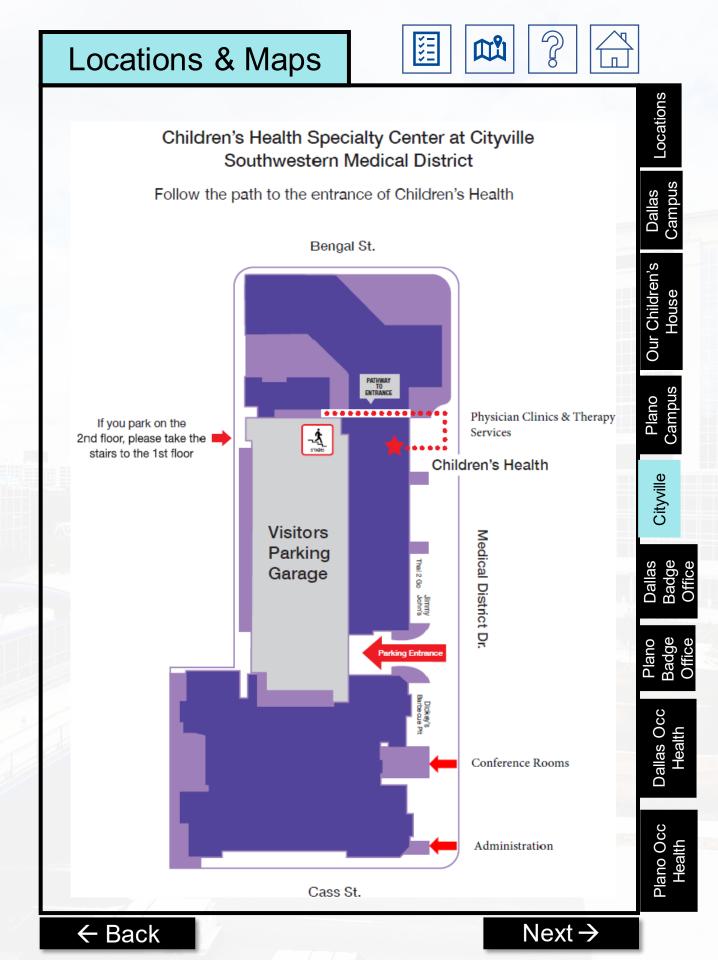
Dallas Campus

Parking at Plano

Students should only park in the areas highlighted in green. Do not park in patient parking.

For the Hospital Parking lot closest to the ED, students can park on the back half if there are spots available. Otherwise, students should park in the other highlighted lots.





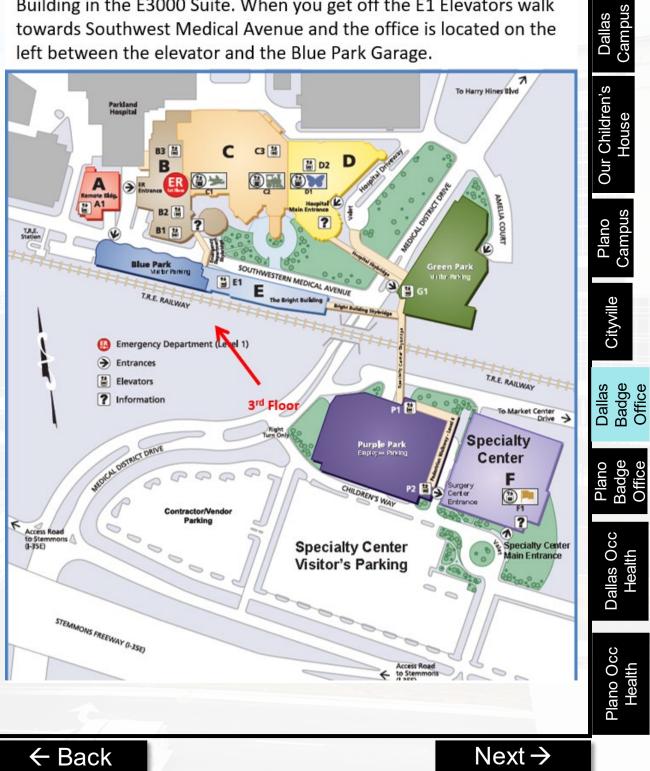
The Dallas badge office is located on the 3rd floor of the Bright Building in the E3000 Suite. When you get off the E1 Elevators walk towards Southwest Medical Avenue and the office is located on the left between the elevator and the Blue Park Garage.

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Locations



The Plano Badge Office is located in a free-standing building across from the ED (noted below). It is not part of the main hospital. If you are unable to find it, please ask the atrium concierge for directions.

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Locations



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Campus Map for Dallas

Location: The Occupational Health Department is located in the Bright Building. The address is 1935 Medical District Dr., Dallas, TX 75235.

Directions:

Coming from the north

Drive southbound on Stemmons (I-35E), exit Medical District Dr.(Exit 431), turning left at the stoplight. Continue east until you get to the entrance just before Purple Park tower. Turn right and then turn left to enter the gate.

Coming from the south

Drive northbound on Stemmons (I-35), exit Medical District Dr.(Exit 431) and continue on the service road to stoplight. Turn right on Medical District Dr. and then right again at the entrance for Purple Park tower. Continue until you come to the tower entrance on the left.

Parking: Parking is free in the Purple Park tower/garage. Avoid parking in physician allotted spaces. ID badges are required to enter the parking tower.

Office: The office is located on the second floor of the Bright Building. Take the elevator or stairs to the 8th floor of parking tower. Head right so you'll be walking over the skybridge above Medical District Dr. Turn left at the glass door intersection so you'll be heading north over Southwestern Medical Ave. Continue walking until you get to the elevator bank on your left. Take elevators to 2nd floor. Exit elevator and turn until you see a door marked E 2000. ID badge required for service.



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Our Children's Dallas House Campus

<u>Locations</u>







Dallas Occ Health

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Campus Map for Plano

Location: The Occupational Health & Wellness Department is located in the Specialty Center 1 building. The address is 7609 Preston Road, Suite P-1600/1602, Plano, TX 75024

Directions:

Coming from the north

Drive southbound on Preston Road, turning right (west) on Hedgcoxe Road.

Coming from the south

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Drive north on Preston Road until you reach intersection of Hedgcoxe Road. Turn left, heading west on Hedgcoxe Road. At the next light of Hedgcoxe Road and Dominion Parkway, turn left, so you are heading on the campus drive. The first left turn is the parking lot for employees and patients/visitors.

Parking: There is free parking in the north parking lot closest to Hedgcoxe Road. Please avoid parking in the patient/visitors lot closest to the building.

Office: The office is located on the first floor of the Specialty Center. Enter the sliding glass doors and veer left past the concierge desk. At the end of the main hallway will be overhead and wall signage for the Occupational Health and HR suite. Please ring the doorbell (chimes in Occupational Health office only) and wait to be let in, if your ID badge does not allow access.





Locations

PlanoCampus



Dallas Occ Health

Plano Badge

> Plano Occ Health

Help



Important Contacts			
Nursing Student Request	NursingStudentRequest@Childrens.com		
Nursing Student Paperwork	NursingStudentPaperwork@Childrens.com		
Service Desk (SMARTbar)	214-456-4357 (or) 6HELP		
Badge Office	Dallas: 214-456-1370 Plano: 469-303-1370		
Dallas Occupational Health	Phone: 214-456-8678 Fax: 214-456-2665 Monday - Friday 6:30 a.m. to 4 p.m.		
Plano Occupational Health	Phone 469-303-7300 Fax 469-303-4030 Monday - Friday 7 a.m. to 12 noon, 1 p.m. to 4 p.m. <i>(last patients are seen at 3:30)</i>		
Sana Iqbal, Program Manager	Sana.Iqbal@Childrens.com 214-456-1691		

