

LPN CERTIFICATION PREP COURSE CLASS #1 ROLE OF THE LPN

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LPN CERTIFICATION PREP COURSE

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- ▶ Welcome. My name is Nancy Tuders and I am the Assistant Director of Education for NADONA.
- ▶ There are 5 classes in the LPN Certification Prep Course. Each class has a Quiz required to be taken at the end of the class.
- ▶ This Course offers 5 continuing education credits,
- ▶ It will prepare you for the Exam for your Certification.

Disclosure Statement

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- ▶ Participants must attend view all 5 webinars.
- ▶ Participants must pass all 5 post-tests with 80% or better and complete/submit an overall evaluation.
- ▶ No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company.
- ▶ Upon completion a certificate of completion of the LPN Certification Prep Course will be awarded with appropriate contact hours. Participants may take the certification exam.
- ▶ This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91) 2022-0000000716 Approval valid 2 years from Dec.19, 2022. Expires on Dec. 19, 2024.

OBJECTIVES FOR CLASS #1

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- ▶ **Identify the differences between the role of the RN and the LPN.**
- ▶ **Explain the Importance of Accurate and Timely Documentation**

LPN/LVN

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- ▶ First off, let's start with the basics. LPN stands for licensed practical nurse. This is a category of licensed nurse that differs from registered nurses. In some states, you may find this role is referred to as a licensed vocational nurse (LVN). While the labels are different, LPNs and LVNs are essentially the same.
- ▶ Now that you've got the name sorted out, you're probably curious about what an LPN does in their daily work. The LPN job description covers quite a bit, so let's take a closer look.
- ▶ At its most basic explanation, LPNs provide routine care for the sick or injured. They work in conjunction with RNs and physicians to adhere to a care plan for each patient. RNs typically have a wider scope of practice—such as interacting with doctors and administering medication through IVs. While the details will depend on the setting they work in, LPNs typically care for several patients over the course of their shift and must manage their time well to ensure patient care plans stay on track.

LPN/LVN (Cont'd)

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- ▶ While an LPN's scope of practice may be smaller than that of a registered nurse, there are still plenty of important nursing duties on their plates. The Bureau of Labor Statistics (BLS) notes that LPNs are responsible for a range of patient care and administrative tasks, including:
 - Monitoring basic patient health such as vital signs and overall condition
 - Changing dressings or inserting catheters
 - Taking patient histories and maintaining documentation

LPN/LVN (Cont'd)

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- Assisting with tests or procedures
 - Providing personal care, such as helping with bathing and toileting
 - Consulting with RNs on care plans
- ▶ LPN duties do vary somewhat by state and employer, but you can expect to be providing hands-on patient care regardless of your location or employer.

LPN/LVN (Cont'd)

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- ▶ Here are a few of the most common places LPNs work and the basic duties they perform:
- **Nursing homes:** According to the BLS, 38 percent of all LPNs work in a nursing care facility. In this setting, LPNs are responsible for the day-to-day care of patients. This includes monitoring medication, assisting with personal hygiene, feeding patients and watching for changes in overall health.
 - **Home health care:** LPNs work in home health settings under the direction of a physician or RN. They provide bedside care to sick, injured or disabled patients. This care includes monitoring vital signs, giving injections and dressing wounds.
 - **Hospitals:** Some LPNs do work in hospitals assisting RNs. They perform basic medical procedures such as checking vital signs, passing medication and may also supervise nursing assistants.
 - **Physician offices:** Depending on the type of clinic, LPN duties in outpatient doctor's offices can include everything from wound care to giving immunizations. They work with all ages and report directly to a physician.

LPN/LVN (Cont'd)

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- **Military:** For LPNs who want more excitement, joining the military provides the opportunity to gain experience in an extremely fast-paced setting. LPNs may enlist as medics and assist with emergency care on and off the battlefield.
- **Correctional facilities:** This unique setting requires LPNs to understand the sociological and psychological aspects of treating incarcerated patients. These nurses typically provide both routine illness and emergency care.
- **Travel:** Adventure-seeking LPNs who have more than a year of clinical experience have the option to become a travel nurse. This allows nurses to travel and work in different hospitals across the country for shorter periods of time. Travel LPN duties will be very similar to that of nurses in other settings.
- **Rehabilitation centers:** In this setting, LPNs work on a team to provide therapeutic care to those recovering from trauma, injury, illness and more.

LPN/LVN (Cont'd)

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- ▶ **Let's take a closer look at what makes this nursing career path an appealing option. For starters, the potential 12-month time frame for earning a Practical Nursing Diploma is often a deciding factor for those considering LPN careers versus longer Registered Nursing (RN) degree programs.**
- ▶ **Another appealing factor is the optimistic job outlook for LPNs. According to the BLS, employment of LPNs is projected to increase 9 percent by 2030. Like with many other healthcare roles, the large, aging baby boomer generation is helping to drive this demand as they age out of the workforce and into their prime years of needing additional care.**

LPN/LVN (Cont'd)

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- ▶ Now you're inevitably wondering: How much do LPNs make? The **BLS** reports that the median LPN salary in 2020 was \$48,820. Compare that to the \$41,950 national average for all occupations, and it's easy to see why becoming an LPN can be an appealing choice.
- ▶ While measurable things like time in school and salary are obviously a big pull, that's just part of the picture. LPNs, particularly those who work in elder care, spend their workday helping some of the most vulnerable people in our lives and can build strong bonds with them along the way.
- ▶ "Nurses working in long-term care spend an extended amount of time with their patients, allowing them to develop lasting and valuable relationships," says Kenny Kadar, president of Coast Medical Service. "The opportunity to form long-term relationships with your patients is rare in the nursing field, making long-term care unique in this privilege."
- ▶ <https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm>

WHAT COURSES ARE IN THE LPN/LVN PROGRAMS?

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- ▶ **Introduction to Nursing And Role of an LPN-**
- ▶ It is basically about providing the information regarding nursing, the important duties and contribution of the LPN in a health-care team, the elements of the nursing process, how to think critically, effective communication with the health care team, patient and family members. Emphasizing on nursing, the program covers how the evolution in this field has brought changes from the earlier time to the current day. Besides, the scope of practice of an LPN, the program covers the process of nursing involves assessing, diagnosing, planning and implementing and evaluating.

SAMPLE COURSES (Cont'd)

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- ▶ **The Aspects of Nursing: Legal, Cultural and Ethical**
- ▶ The profession of an LPN is highly responsible one because the life of a patient is subjected to risk while implementing any procedure. So there has to be some legal system which decides the norms according to a standard. It is essentially required for an LPN to honestly follow the code of conduct regarding laws, practices and ethical principles.
- ▶ The curriculum makes you familiar with the standards related to nursing care, nurse practice acts in the different states, what does the state board of nursing do. Besides you get to know what malpractice and confidentiality of patient are all about and how do abuse and neglect affect children, spouses, and elders.

SAMPLE COURSES (Cont'd)

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- ▶ **Anatomy And Physiology:**
- ▶ It is an essential medical knowledge you get about the human body and how it works in order to provide quality care to your patients. This course covers the matter devised for medical terminology as well as make you familiar with the anatomical and physiological terms. Besides, you will be developing a good understanding of the structure of the cells, membranes, tissues, and organs and how do they function in the human body. This coursework also covers the types of tissue and membranes.

SAMPLE COURSES (Cont'd)

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- ▶ **Assessments: The Medical History and Taking Physical Examinations.**
- ▶ Starting from the first stage of the process of nursing you will learn to determine the healthcare demands of the patient while assisting the registered nurse. The best nursing care is brought about through an accurate assessment of the patient which is mandatory for the planning and implementation of the nursing procedure. The medical history of the patient allows to prevent the risks and make an accurate treatment plan. The physical examination may be about any part of the body.

SAMPLE COURSES (Cont'd)

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- ▶ **Documentation:**
- ▶ According to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the patient care needs to be essentially documented. Documenting the information about the patient is kind of a written communication and is a skill which every member of the medical staff must master. The course covers the medical terminology helping to serve in daily tasks, using abbreviations, the laws related to documentation, different kinds of documentation and how does it affect in short term and long term care.

SAMPLE COURSES (Cont'd)

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- ▶ **Growth and Development of the Human Body:**
- ▶ An LPN is responsible to provide the medical help to patients of all age groups. Therefore, it is evident for an LPN to be knowledgeable about the psychological, spiritual, social, cognitive needs of the patients of all ages. So the curriculum focuses on imparting the knowledge about various phases of the growth and development of the human body. It essentially covers a great deal of matter related to the characteristics of all age groups from infant to elder age. The course covers theories of well-known theorists such as Erik Erikson, Jean Piaget, and Sigmund Freud to give exposure to psychosocial and cognitive development.

SAMPLE COURSES (Cont'd)

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- ▶ **Safety of Patient:**
- ▶ It is the basic right of patients to feel safe and it is the essential duty of nurses to ensure the well being of the patient in all aspects. Since there are many risk factors including the error a nurse might make, it is solely required from an LPN to maintain the safety standards. The possible errors as a result of negligence can be wet floor and prescription of incorrect medication. It also covers the essential information regarding body mechanics in order to avoid the injuries a nurse might incorporate while moving or transferring patients.
- ▶ The course covers knowledge about how to manage the external disasters such as cyclones, earthquakes, hurricanes, terrorism and major accidents while transporting a patient. The course makes an LPN student familiar with various psychological crises and risk of suicide. The problems related to oxygen and other gases, poor lighting, suffocation, radiation etcetera are most common environmental hazards.

SAMPLE COURSES (Cont'd)

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- ▶ **Control and Prevention of Infection:**
- ▶ The problems related to infection are easily attracted to the human body affecting the immune system. Seeing the ill condition of the patient it becomes tough to cope up with this situation. Therefore, the course provides you with relevant information about risk factors pertaining to infection. It essentially covers the standard techniques for identification and improvement. For instance, the knowledge about sterilization, disinfection, cleaning, standard precautions is prominent to learn in this course. Some of the following instructions are supposed to be included in the course.
 - The purpose and techniques of disinfection, sterilization, and cleaning.
 - The purpose and procedures of medical and surgical asepsis.
 - The standard precautions.

SAMPLE COURSES (Cont'd)

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- The knowledge about microbiology which includes protozoa, fungi, viruses, and bacteria.
- The management of biohazards waste and methods of disposing of them.
- Implementing the nursing process for taking control of infection.

SAMPLE COURSES (Cont'd)

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- ▶ **Administration of Medication:**
- ▶ An LPN school teaches the prospective students the administration of medications of all age groups. Since accurate prescription has a lot to do with the medical condition of the patient, a good understanding of this part is also very much important. Learning of the following information is paramount to success in the daily routine.
 - The consideration regarding various age groups while prescribing medication.
 - The possible side effects of prescribing a certain type of medication in certain condition leading to life threatening situation.

SAMPLE COURSES (Cont'd)

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- The classification and benefits of certain medications.
- The mathematical principles include key factors such as ratio, proportion, decimals, and fractions.
- The course also covers measurement systems such as the household measurement, metric and apothecary systems.

Sample Courses (Cont'd)

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- ▶ **Basic Needs of the Patient:**
- ▶ This course will make you familiar with the insights into pain management, sleep cycle and methods to improve the quality of sleep. Also, this course dwells on other factors of patient needs such as hygiene, mobility, fluids, and electrolytes.
- ▶ There are other specialty advanced courses in some programs that are available for LPN students such as IV training if that particular state allows the LPN to work with IV's, and to what extent.
- ▶ <https://www.allaliedhealthschools.com/specialties/lpn-training/>

MN. Nurse Practice Act

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- ▶ The Minnesota Nurse Practice Act was amended in 2013 to revise the definitions of professional and practical nursing. Definitions of the terms used within the scope of practice definitions are listed below, followed by the scope statements shown in a side-by-side format to assist in comparing and contrasting the respective scopes of practice. The subdivision numbers refer to the location of the terms within Minn. Stat. sec. 148.171. These amendments became effective on August 1, 2013.
- ▶ The full text of the Nurse Practice Act is available on the website of the Office of the Revisor:
- ▶ <https://www.revisor.mn.gov/statutes/?id=148.171>

MN. Nurse Practice Act (Cont'd)

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- ▶ "Assignment" means the designation of nursing tasks or activities to be performed by another nurse or unlicensed assistive person. (Subd. 3a.)
- ▶ "Delegation" means the transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation. (Subd. 7a.)
- ▶ "Intervention" means any act or action, based upon clinical judgment and knowledge that a nurse performs to enhance the health outcome of a patient. (Subd. 7b.)

MN Nurse Practice Act (Cont'd)

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- ▶ "Monitoring" means the periodic inspection by a registered nurse or licensed practical nurse of a delegated or assigned nursing task or activity and includes:
 - (1) watching during the performance of the task or activity;
 - (2) periodic checking and tracking of the progress of the task or activity being performed;
 - (3) updating a supervisor on the progress or completion of the task or activity performed; and
 - (4) contacting a supervisor as needed for direction and consultation. (Subd. 8a.)

MN. Nurse Practice Act (Cont'd)

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- "Patient" means a recipient of nursing care, including an individual, family, group, or community. (Subd. 12a.)
- "Supervision" means the guidance by a registered nurse in the accomplishment of a nursing task or activity. Supervision consists of monitoring, as well as establishing, the initial direction, delegating, setting expectations, directing activities and courses of action, evaluating, and changing a course of action. (Subd. 23.)
- "Unlicensed assistive personnel" (UAP) means any unlicensed person to whom nursing tasks or activities may be delegated or assigned, as approved by the board. (Subd. 24)

MN. Nurse Practice Act Comparison of Duties

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LPN Scope of Practice

- ▶ Subd. 14. Practice of practical nursing. The "practice of practical nursing" means the performance, with or without compensation of those services that incorporates caring for individual patients in all settings through nursing standards recognized by the board at the direction of a registered nurse, advanced practice registered nurse, or other licensed health care provider and includes, but is not limited to:

(1) conducting a focused assessment of the health status of an individual patient through the collection and comparison of data to normal findings and the individual patient's current health status, and reporting changes and responses to interventions in an ongoing manner to a registered nurse or the appropriate licensed healthcare provider for delegated or assigned tasks or activities;

(2) participating with other health care providers in the development and modification of a plan of care;

RN Scope of Practice

- ▶ Subd. 15. Practice of professional nursing. The "practice of professional nursing" means the performance, with or without compensation of those services that incorporates caring for all patients in all settings through nursing standards recognized by the board and includes, but is not limited to:

(1) providing a comprehensive assessment of the health status of a patient through the collection, analysis, and synthesis of data used to establish a health status baseline and plan of care, and address changes in a patient's condition;

(2) collaborating with the health care team to develop and coordinate an integrated plan of care;

MN. Nurse Practice Act Comparison of Duties (Cont'd)

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(3) determining and implementing appropriate interventions within a nursing plan of care or when delegated or assigned by a registered nurse;

(4) implementing interventions that are delegated, ordered or prescribed by a licensed health care provider;

(5) assigning nursing activities or tasks to other licensed practical nurses (LPNs);

(6) assigning and monitoring nursing tasks or activities to unlicensed assistive personnel;

(3) developing nursing interventions to be integrated with the plan of care;

(4) implementing nursing care through the execution of independent nursing interventions;

(5) implementing interventions that are delegated, ordered or prescribed by a licensed health care provider;

(6) delegating nursing tasks or assigning nursing activities to implement the plan of care;

MN Nurse Practice Act Comparison of Duties (Cont'd)

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(7) providing safe and effective nursing care delivery;

(8) promoting a safe and therapeutic environment;

(9) advocating for the best interests of individual patients;

(10) assisting in the evaluation of responses to interventions;

(11) collaborating and communicating with other health care providers;

(12) providing health care information to individual patients;

(13) providing input into the development of policies and procedures;

7) providing safe and effective nursing care;

(8) promoting a safe and therapeutic environment;

(9) advocating for the best interests of individual patients;

(10) evaluating responses to interventions and the effectiveness of the plan of care;

(11) collaborating and coordinating with other health care professionals in the management and implementation of care within and across care settings and communities;

(12) providing health promotion, disease prevention, care coordination, and case finding;

(13) designing and implementing teaching plans based on patient need, and evaluating their effectiveness;

MN Nurse Practice Act Comparison of Duties (Cont'd)

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(14) accountability for the quality of care delivered, recognizing the limits of knowledge and experience; addressing situations beyond the nurse's competency; and performing to the level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved practical nursing education program described in section 148.211, subdivision 1.

(14) participating in the development of health care policies, procedures, and systems;

(15) managing, supervising, and evaluating the practice of nursing;

(16) teaching the theory and practice of nursing; and

(17) accountability for the quality of care delivered, recognizing the limits of knowledge and experience; addressing situations beyond the nurse's competency; and performing to the level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved professional nursing education program as described in section 148.211, subdivision 1.

DOCUMENTATION

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- ▶ LPNs have a responsibility to maintain documentation and reporting according to established legislation, regulations, laws and employer policies.
- ▶ LPNs must document and or communicate care and information in a respectful, timely, open and honest manner to clients, caregivers, and co-workers.
- ▶ LPNs demonstrate honesty, integrity and trustworthiness in all interactions when documenting.
- ▶ LPNs accept responsibility for knowing and acting consistently with the principles, practice standards, laws and regulations under which LPNs are accountable.

Documentation (Cont'd)

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- Regardless of the method (paper, electronic, audio or visual) documentation is completed:
 1. To facilitate communication between care providers Documentation contributes to the seamless continuity of care between health care providers. It provides current, accurate, and comprehensive information of a resident's condition, as well as the care and services provided to the resident. LPNs communicate to other health professionals their assessments, interventions, and outcomes of resident care.
 2. Where there is precise documentation, health care professionals are able to identify interventions that have been successful and unsuccessful with resident care.
- LPNs are accountable and responsible for documenting the care they provide. Documentation demonstrates that the LPN has applied nursing knowledge, skill, and judgment according to the Standards of Practice, Policies and Procedures as well as provided safe, competent and ethical nursing care that is consistent with the Code of Ethics. As the resident's complexity and care needs increase, the amount and frequency of documentation will also increase.

DOCUMENTATION (Cont'd)

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4. Documentation should provide a chronological record of events which demonstrates evidence of safe, competent and ethical nursing care. It shows that the LPN met the standards of care and that nursing actions were reasonable, prudent and completed in a timely manner. A resident's healthcare record may be used as evidence in legal proceedings such as lawsuits, coroner's inquests, and disciplinary hearings; therefore, it is vital that an accurate record of resident care be maintained. In a court of law, the resident's health record serves as a legal record of the care or service provided. The courts may use this information to reconstruct events, establish timelines and to resolve conflicts in testimony.
 5. Documentation promotes quality improvement and helps manage risks. As both a quality improvement and risk management mechanism, agencies may examine healthcare records to evaluate the care and services provided, and plan improvements. Agencies utilize the information contained in the healthcare record to evaluate outcomes, identify and manage risks, and promote resident safety.
- ▶ LPNs must only document what they have firsthand knowledge of (for example, an LPN documents a dressing change they provided to a resident). An LPN should never document the work of others. There may be situations when two LPNs are actively providing care to a resident (for example, a complex dressing that requires two nursing staff). In this particular setting the LPN assigned to the resident would be the LPN who provides the documentation as the second LPN would be assisting.

DOCUMENTATION (Cont'd)

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- ▶ A Licensed Practical Nurse must maintain documentation that is:
 - ▶ Clear, concise, factual, objective, accurate, truthful, confidential and resident-centered.
 - ▶ Documentation is always about the resident and never the staff member writing the note; Use appropriate language when documenting on a resident's medical record;

Document factual information. Do not document judgmental conclusions regarding a resident; rather, information documented should be supported with evidence and supportive data. For example:

- (1) If a resident had a fall the LPN would chart that the resident was found on the floor unless the fall was indeed witnessed by a reliable person. Could state also resident states they fell.
- (2) If a resident came back from a LOA smelling of alcohol, the LPN would not make the assumption that the resident was intoxicated. The LPN's appropriate charting would be that the resident presented upon return of outing with family smelling of alcohol, with slurred speech and staggered ambulation.
- (3) Chart subjective data in the resident's chart using the resident's exact words in quotation. When a LPN asks a client how they are feeling today, the client may respond by saying, "I feel great today."

DOCUMENTATION (Cont'd)

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- ▶ Actual examples of incomplete/inaccurate documentation:
 1. Resident has large scrape on front of leg. (which leg, what does large mean? Describe site, measurement, color, etc. How did it occur? Witnesses? What was done about it? (treatment, who was notified, etc.)
 2. Called resident's son to inform about fall. (who is son? Will you remember his name after time goes by? Does resident have more than one son?)
 3. Resident is in a bad mood today. Crabby. (this entire sentence is subjective and unless resident stated these things, this would not be appropriate to chart).
- ▶ You **MUST** remember your documentation could be used in court and if you are required to testify, you will be in a much better position with full accurate and comprehensive notes. (Especially if it has been over a year or two which is common).
- ▶ https://www.cipnni.ca/sites/default/files/2017-04/Practice_Guideline_Documentation_Jan2017.pdf

Sample Templates for Improved Charting

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- ▶ **Situation:** SBAR: Situation, Background, Assessment, Request/Recommend: Summary of resident: ie: Admission date, presenting symptoms regarding this concern.
- ▶ **Background:** Diagnosis, past medical history, information relevant or pertinent.
- ▶ **Assessment:** Vital Signs, labs, any other bodily pertinent data, what has been done thus far? What was the resident's response? Are they worsening or stable?
- ▶ **Recommendation or Request:** What are you requesting of the practitioner and what has the practitioner ordered?

SBAR Template

Situation:
Name/age: BRIEF summary of primary problem: Day of admission/post-op #:
Background:
Primary problem/diagnosis: RELEVANT past medical history: RELEVANT background data:
Assessment:
Current vital signs: RELEVANT body system nursing assessment data: RELEVANT lab values: TREND of any abnormal clinical data (<u>stable</u> / <u>increasing</u> / <u>decreasing</u>): How have you advanced the plan of care? Patient response: INTERPRETATION of current clinical status (<u>stable</u> / <u>unstable</u> / <u>worsening</u>):
Recommendation:
Suggestions to advance plan of care:

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SOAP Charting

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▶ SOAP= Subjective, Objective, Assessment, Plan

- **Subjective:** Medical and mental history, Medications, current symptoms.
- **Objective:** Resident's mental status, Vital signs, O2 sats, any pertinent history to current symptoms?
- **Assessment:** Your analysis of the subjective and objective information, (conclusion of what is observed)
- **Plan:** What are you requesting as a treatment plan or what has practitioner ordered?

SOAP Note Template

Subjective – The "history" section

HPI: include symptom dimensions, chronological narrative of patient's complains, information obtained from other sources (always identify source if not the patient).

Pertinent past medical history.

Pertinent review of systems, for example, "Patient has not had any stiffness or loss of motion of other joints."

Current medications (list with daily dosages).

Objective – The physical exam and laboratory data section

Vital signs including oxygen saturation when indicated.

Focuses physical exam.

All pertinent labs, x-rays, etc. completed at the visit.

Assessment/Problem List – Your assessment of the patient's problems

Assessment: A one sentence description of the patient and major problem

Problem list: A numerical list of problems identified

All listed problems need to be supported by findings in subjective and objective areas above. Try to take the assessment of the major problem to the highest level of diagnosis that you can, for example, "low back sprain caused by radiculitis involving lefts^{5th} LS nerve root."

Provide at least 2 differential diagnoses for the major new problem identified in your note.

Plan – Your plan for the patient based on the problems you've identified

Develop a diagnostic and treatment plan for each differential diagnosis.

Your diagnostic plan may include tests, procedures, other laboratory studies, consultations, etc.

Your treatment plan should include: patient education, pharmacotherapy if any, other therapeutic procedures. You must also address plans for follow-up (next scheduled visit, etc.).

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Using your Facility's Template

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- ▶ SBAR is mostly used in LTC. SOAP is an older method but still used in some hospitals.
- ▶ Whatever your facility is using is the method you will need to adhere to.
- ▶ It takes some practice to write a thorough and complete SBAR.
- ▶ It has been proven however nurses' notes will improve as they utilize it more.
- ▶ If your facility does not have a template, just remember to document thoroughly, and you can always use the guidelines of SBAR to write your comprehensive note without actually using the template.
- ▶ It is best to document as soon as possible and not wait until the end of your shift. Many things could change by then. If you have a note to write on a resident for something that occurred in the am, and now other disciplines have charted, you want to put "Late Entry" and the time and date of the note with the time the event you are documenting on occurred.
- ▶ It is always better to enter a "Late Entry" note than no note at all.

Care Planning

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- ▶ There are hundreds of templates used for Care Planning depending upon what type of facility you work in.
- ▶ Hospitals have different Care Plan formats than LTC, and Assisted Living facilities have a different format than LTC.
- ▶ Most Care Plans in a LTC facility are electronic documents.
- ▶ A typical LTC Care Plan would contain 3 columns and would include a Focus, a Goal, and Interventions. Dates are also included for each area. Sometimes these documents have different definition headings, but basically refer to the same topics.
- ▶ What is the Focus, or Problem, or Diagnosis; What is the Goal or Outcome hoping to be achieved; and what are the interventions to be used to achieve the Goals or Outcomes and dates for each area.

Utilizing and Adding to the Care Plan

- ▶ In many states, the LPN may not create the initial Care Plan for a resident but may add to the Care Plan once it is created, change items on the Care Plan, or delete items that are no longer pertinent.
- ▶ The Care Plan is designed to instruct the caregivers how to care for each resident.
- ▶ If there has been a change in a resident, the Care Plan must be updated. The Care Plan needs to be comprehensive and include all aspects of resident care. It must be current at all times.
- ▶ An example of when the LPN might change the Care Plan is if a resident required 2 staff to assist with transferring and now requires only 1 staff to assist per Therapy. Would change the Focus as well as Intervention.
- ▶ Another example might be if a resident had a fall and the interventions listed on the Care Plan were not successful at preventing that fall. A new intervention would need to be implemented at the time of the fall and also added to the resident's Care Plan at that time.

Nursing Diagnosis	Outcomes & Evaluation	Interventions
Activity intolerance RT exhaustion associated with interruption in usual sleep pattern because of discomfort, excessive coughing, and dyspnea	___ No reports of dyspnea during activity ___ Vital signs within normal range	1. Provide a quiet environment and limit visitors during acute phase as indicated. 2. Pace activity for patients with reduced activity. 3. Assist patient to assume comfortable position for rest and sleep.

Delegation and Teaching

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- ▶ As an LPN, you will likely be a charge nurse in the LTC at times when there is no RN on duty.
- ▶ Some things to remember about being in charge:
 - ▶ If you are going to delegate a task to another LPN or Nursing Assistant, you need to be certain you are staying within the limits of that person's allowed functions based on the law. For example, it is NOT ok to give medications you have dispensed into a cup to someone else to administer. A nursing assistant, unless they are a trained medication aide, cannot administer medication in a nursing home.
 - ▶ If the task is appropriate to delegate, you want to be sure the person you have delegated the task to is aware of the resources needed for the task and also that you check on them periodically.

Delegating and Teaching (Cont'd)

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- ▶ If you need to teach a staff member a task, there are a few steps involved:
 1. Develop learning objectives
 2. Assess their knowledge and skills
 3. Gather publications and audio-visual aides related to the topic
 4. Provide Comprehensive reading material to the learner.
- ▶ Which of these Steps would you say is the first step?

Delegating and Teaching (Cont'd)

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- ▶ If you need to teach a staff member a task, there are a few steps involved:
 - ▶ **1. Assess their knowledge and skills**
 - ▶ **2. Develop Learning Objectives**
 - ▶ **3. Gather publications and audiovisual aides related to the topic**
 - ▶ **4. Provide Comprehensive reading material to the learner.**
- ▶ **Assess their knowledge and skills is the correct answer. You need to know first what they know and do not know.**

Dealing with Families

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- ▶ **As the LPN Charge nurse, there may be times you have an upset family member.**
 - **Many times family members feel guilty not being able to be with their loved one as often as they would like or not being able to be their loved one's primary caregiver. These feelings can be demonstrated in different ways including being critical of staff. Education with staff needs to include this common way of families dealing with their guilt.**
 - **A good way to assist families adjust to their loved one being in a LTC facility might be: Listening to their complaints; informing them of their rights and responsibilities; assure they know they may visit anytime and have privacy.**
 - **Communication can be the key to alleviating family and resident fears and frustrations. We so often take for granted everyone has the same knowledge we have about a practice or a situation. If you consider your method of communicating to be a dynamic process where messages are exchanged between individuals, you are**

END OF CLASS #1

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▶ QUESTIONS?

- ▶ Nancy Tunders, nancy@nadona.org
- ▶ Cindy Fronning, cindy@nadona.org

▶ NEXT PLEASE GO TO AND TAKE THE QUIZ FOR CLASS #1.

▶ I LOOK FORWARD TO TALKING TO YOU IN CLASS #2!