

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC 20420

M-2, Part V
Chapter 3
Change 1

May 9, 1990

1. Transmitted is a change to Veterans Health Services and Research Administration Manual M-2, "Clinical Affairs," Part V, "Nursing Service," Chapter 3, "Nursing Unit Management." Brackets have been used to indicate the change.

2. Principal change:

Paragraph 3.03: Medical Orders have been changed to establish a requirement for reviewing all medication orders at least once every 24 hours. The review must document accurate transcription and administration of all medication orders.

3. **Filing Instructions**

Remove pages

Insert pages

3-1 through 3-2

3-i through 3-2

4. **RESCISSIONS:** M-2, part V, chapter 3, dated July 13, 1989.

Arthur J. Lewis, M.D.
Acting Chief Medical Director

Distribution: **RPC: 1028**

FD

Printing Date: 5/90

CHAPTER 3. NURSING UNIT MANAGEMENT

3.01	Statement of Policy	3-1
3.02	General Provisions	3-1
3.03	Medical Orders	3-2

RESCISSIONS

The following material is rescinded:

Manuals

M-2, part V, chapter 3, dated July 13, 1989

CHAPTER 3. NURSING UNIT MANAGEMENT

3.01 STATEMENT OF POLICY

- a. The nursing unit is an operational level where nursing care is provided.
- b. The nursing unit will be a safe therapeutic environment. Resources necessary for effective patient care will be available.
- c. Each nursing unit will have a designated registered nurse manager. This nurse will be primarily responsible for management of the unit's nursing program. This includes all nursing care and the management of nursing personnel.

3.02 GENERAL PROVISIONS

- a. The nurse manager will assess patient care requirements and identify competencies required by staff members to provide effective nursing care. Nursing education staff and others as designated will contribute to the improvement of staff performance in meeting patient care requirements.
- b. Nursing Service personnel will function in accordance with VA policies, procedures, standards, goals and objectives.
- c. Nursing unit policies, procedures, standards, goals and objectives will be developed.
- d. Concurrence or approval of Nursing Service policies and procedures by medical center officials will be obtained as necessary, prior to implementation. Medical center committees, such as the Therapeutic Agents and Pharmacy Review Committee, will participate as appropriate in the formulation of policies and procedures.
- e. Appropriate policy and procedure manuals and other reference material will be available on each nursing unit.
- f. Medical center Nursing Services will establish policies and procedures for at least the following:
 - (1) Assignment of nursing care which is consistent with patient needs
 - (2) Acknowledgment, coordination and implementation of the diagnostic and therapeutic orders of medical staff members
 - (3) Medication administration
 - (4) Administration of intravenous fluids (including blood and blood products)
 - (5) Confidentiality of information
 - (6) Disturbed behavior, e.g., restraint/seclusion/suicide prevention
 - (7) Role of the nursing staff in discharge planning and patient/family education
 - (8) Clinical emergencies/crisis intervention

- (9) The scope of activity of volunteers
- (10) The scope of activity of contractual personnel
- (11) Patient, employee and visitor safety
- (12) Required reports and records, and
- (13) Special care units.

g. Registered nurses will be responsible for all nursing care. This will include the direct supervision of all categories of nursing personnel and nursing students providing care to patients.

h. Work practices will be established to promote safety and the optimal functioning of employees.

i. There will be a mechanism to monitor and control drugs, supplies, equipment and other resources on the nursing unit.

j. Nurses who administer investigational drugs must first be provided with appropriate information.

k. Nursing personnel will perform special procedures, such as cardiopulmonary resuscitation, during emergencies. Specific needs and provisions for special training will be established locally. Nursing personnel will be accountable for their actions in executing these procedures.

3.03 MEDICAL ORDERS

a. The registered nurse will acknowledge, coordinate and implement or supervise the implementation of the diagnostic and therapeutic orders of the medical staff.

b. Medical orders will be dated and signed by the physician or dentist issuing the order before the instructions are executed. If a patient's condition becomes critical and a delay would be life threatening, the order will be written as soon as possible following the episode. [Nursing Service will establish a policy and procedure for the review of all medication orders at least once every 24 hours. The review must document accurate transcription and administration of all medication orders.]

c. Telephone and other verbal orders will be discouraged. They generally will be acceptable only in emergent situations. Verbal orders will be entered on the order sheet by a registered nurse. The notation will include the names and titles of the nurse and medical staff member, and the date and time of the order. The order will be countersigned by the medical staff member within 24 hours.

d. Any questions concerning a medical order will be resolved before it is implemented by nursing personnel. Nursing and medical channels of communication and reporting mechanisms will be established to resolve questions.

e. Designated registered nurses, practicing within the parameters of an established medical protocol, may write specified medical orders. Medical center policies and procedures will be established to address this activity.