Scope of Practice for Student Nurses
- Undergraduate & Entry to Professional Practice
The Royal Children's Hospital (RCH) Scope of Practice for Student Nurses.

This scope of practice document was based on recommendations from a KPMG audit: “The Royal Children’s Hospital, Internal audit report of Undergraduate Nurse Placement Program” September, 2009 and updated to reflect contemporary practice.

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Purpose of this document

- To ensure there is a clearly defined capacity with a paediatric focus, for student nurses to act within at the Royal Children’s Hospital.
- To outline a standard scope of practice that is transparent, applicable and accessible for use by the relevant Universities and all involved parties at the Royal Children’s Hospital.

Overview

A student nurse scope of practice is defined quite differently to a Registered Nurse scope of practice. The Registered Nurse scope of practice is based on a set of governing principles to help guide the Registered Nurse in making decisions while they practice, whereas the student nurse scope of practice is a more task focused set of guidelines to allow the student nurse and preceptor to focus on developing knowledge and skills which have been taught at university to build clinical competence. While this document is task focused, it is also essential that nursing students demonstrate progression towards holistic nursing care.

Student nurses who have a clinical placement at the Royal Children’s Hospital (RCH) in Melbourne are final year nursing students and as such will have a much broader scope of practice due to their advanced level of learning. Students who have a placement at RCH need to recognise that their previous learning in an adult environment will need to be adapted to working in a paediatric environment. It is for this reason that the RCH have defined a scope of practice specifically for student nurses working within a paediatric setting. This will help all who are involved in working with this group of students to have a clear definition of what the students are able to engage in and in turn will enhance the students learning experience while at the Royal Children’s Hospital.

Values

It is expected that student nurses completing clinical placement at the Royal Children’s Hospital provide care in line with the hospital’s values of unity, respect, integrity and excellence.

Definitions

Student Nurse - An individual who is currently undertaking a Bachelor of Nursing or Master of Nursing Science degree at a University and is taking part in a clinical placement at RCH as part of that course. Also called entry to professional practice student.

Preceptor - A Registered Nurse who is formally assigned to provide transitional support and supervision for an agreed upon period of time to a nursing student through education, role modelling and socialisation. Enrolled Nurses (EN) are not able to supervise student nurses as the EN scope requires them to work under the supervision of a Registered Nurse.

Education Team - Clinical Nurse Educators (CNE) and Clinical Support Nurses (CSN)

Clinical placement - The course component of the Bachelor of Nursing or entry to practice Masters in Nursing, taken outside the University within a health care facility where clinical education is undertaken through direct supervision by a Preceptor (or a clinical teacher).

Responsibility - The obligation that an individual assumes when undertaking planned or delegated activities.

Supervision - Supervision includes the monitoring and directing performances of specific activities according to the nature of the work delegated.
Direct Supervision – Direct supervision is provided when the Registered Nurse is present, observes, works with, directs and assesses the person being supervised.

Indirect Supervision – Indirect supervision is provided when the Registered Nurse works in the same area as the supervised person, is accessible, but does not constantly observe their activities. Students performing skills under indirect care are expected to discuss plans prior to and report findings/outcomes post providing care. Phone and/or video supervision are not acceptable forms of indirect supervision.

**Student Nurse Responsibilities**

- Be aware of your scope of practice at all times. If you are delegated tasks outside of your scope of practice you are to decline and inform your CNE/CSN, AUM or Nurse Educator Undergraduates.
- Introduce yourself to the patients and their families at the start of every shift, outline your role and request permission to be involved in the child’s care:
  
  “Hello, my name is xxx, I am 3rd year nursing student from xxx university and am working with xxx Registered Nurse today, are you happy for me to be involved in your child’s care today?”
- To ensure you have the appropriate education to perform a specific task
- To participate and perform direct patient care under the supervision of a Registered Nurse, preceptor or CNE/CSN.
- In discussion with the preceptor and/or CNE/CSN, will complete own learning objectives as dictated by their University within two days of placement commencing.
- Clinical assessment tools will be completed with the Preceptor during and prior to completing the placement.
- Be open to receiving constructive feedback throughout the clinical placement and provide constructive feedback through the feedback form at the end of placement.
- Discuss your plan for the day and inform your preceptor prior to completing any care under indirect supervision.
- Be willing and prepared to discuss patient assignments and be able to articulate pertinent knowledge prior to direct patient care
- For all tasks that are undertaken during the placement, be willing to discuss with your preceptor the rationale and outcomes of the activity.
- Report all findings and outcomes back to preceptor after providing care.
- Any issues or concerns regarding clinical placement should be discussed with the allocated preceptor, CNE/CSN and/or Undergraduate Nurse Educator

**Skills and Procedures**

At all times, student nurses should demonstrate that they have the knowledge, skills and abilities necessary to perform a specific task/nursing intervention. Student nurses must also adhere to their University scope of practice, and should there be discrepancy, the lesser scope should be followed. It is the student nurses responsibility to be accountable for their actions and ensure they are working within the appropriate scope of practice.

By Semester two, it is expected that when a student nurse undertakes tasks, they are beginning to think like an entry to practice level nurse. This involves critical thinking about the rationale behind why they undertake all activities and how the patient will be affected by each action.
Negotiation of care and allocation of patients is at the direction of the ward Associate Unit Manager and the identified preceptor. The aim is for student nurses to be able to care for a full patient load or equivalent of three - four (3-4) patients by the end of their clinical placement (minimum of four weeks). This is based on patients with appropriate acuity for an entry to practice level nurse, and will be adjusted based on acuity i.e. one – two (1-2) higher acuity patients can be an appropriate clinical learning opportunity.

Expectation of student nurse patient load must take into account patient/ward acuity, specialty areas, student nurse experience and length of placement. Decisions regarding patient load should be made on an individual basis, in collaboration with preceptor and when necessary members of the education team.

It is important to note that the expectation of student nurses in the paediatric setting should not be the same as that of a Registered Nurse and their performance should therefore not be compared to a Registered Nurse.

**Student Nurses may perform under indirect supervision of a Registered Nurse (at the discretion of and negotiation with the preceptor)**

*Student Nurses are able to complete non-invasive nursing interventions under indirect supervision after negotiation with their preceptor. The below lists of skills are to be used as a guide only and are not an exhaustive list of tasks which may be completed with indirect supervision. It may be appropriate for student nurses to be directly supervised initially when completing these tasks to ensure they adapt their skills to the paediatric setting and to provide objective feedback.*

- Communication should always be age appropriate, family centred and culturally sensitive. Age appropriate distraction and engagement techniques should be utilised when interacting with paediatric patients.
- Admission to inpatient unit and basic nursing assessment (ensuring to report the results to your preceptor at completion of assessments). Student nurses should be able to verbally demonstrate how assessment will differ based on developmental age of the child or adolescent. Admission and assessment may include:
  - Checking of Patient Bands +/- Allergy Bands
  - Patient / family history
  - Vital signs
  - Height and weight
  - Ward urinalysis
  - External collection of urine and faecal specimens
  - Developmentally appropriate pain assessment.

  *Exemption/Exclusion – Day of Surgery, see note below.*

- Start of shift check of emergency equipment for allocated patients and able to verbally demonstrate basic knowledge of medical emergency management.
- Basic hygiene for a stable patient remembering the needs of the various physical and developmental ages including:
  - Eye care
  - Oral care
  - Perineum hygiene (including urinary catheter care)
  - Continence management.
- Positioning of child and pressure area care (except for large children or adolescents and children requiring specialised positioning when they will need to perform with direct supervision assistance)
- Management of basic wound care such as:
  - Simple wound care of primary intention
  - Assessment of pressure ulcer risk
Student Nurses may perform under **direct** supervision of Registered Nurse (at the discretion of and negotiation with the preceptor)

Student nurses should be directly supervised for all invasive procedures/nursing interventions. It may be appropriate for the student nurse to observe interventions prior to attempting to complete them themselves. The below list is to be used as a guide only and is not an exhaustive list of tasks which may require direct supervision.

- Admission to Day of Surgery and Preoperative Checklist. Student nurses should complete this task under the direct supervision of a Registered Nurse as it is a key safety concern and final nursing sign off prior to theatre.

Communication including:

- Handover of allocated patients
- Documentation in Electronic Medical Record (needs to be co-signed by Preceptor)
- Communication of patient condition to other members of the health care team
- Patient discharge

Medication Administration

- **Completion of the hospital based medication package** is mandatory prior to drug administration that will be completed at orientation and given to the appropriate ward CNE/CSN’s or Nurse Educator, Undergraduates. Student nurses are only to administer medication under the **direct** supervision of an RCH employed Registered Nurse (as per RCH policy).

- For medication requiring double checking, student nurses are not authorised to be “checkers” of medication (as per RCH policy)

- Student nurses are expected to be able to verbalise information about the drug they are giving prior to administration

- Expected to know the 6R’s (as based on the RCH hospital policy) and apply them to each administration of medication ensuring that the:
  - right child
  - receives the **right medication**
  - the **right dose**
  - at the **right time**
  - by the **right route**
  - And the **right to refuse**.

- Able to give medication under the direct supervision of the Preceptor via the following route:
  - Oral
  - Enteral
  - PR (only with parental consent, and not in patient younger than six (6) months)
  - IM
  - Subcutaneous
  - IV medications as a push or into a burette / bag or via syringe driver or Baxter infusion device. This is including into a Central Venous Access Device (CVAD).

- **Intravenous Fluid Management**
  - Hang maintenance and replacement fluid
  - Care of IV site
  - Checking of orders (not as double checker)
  - Clearing of IV pumps
• **Assist** in the process involved with administration of blood products including checking (but not as double checker) and assessment of patient during infusion.

• **Once completed Central Venous Access Device (CVAD) competency:** Under direct supervision may access CVAD, (including blood taking, dressing and line changes) All CVAD access must be performed under direct supervision with the Preceptor and in strict accordance with the RCH CVAD guidelines.

  * Exemption/Exclusion – students assigned to Cockatoo ward are not able to access CVAD’s unless under the supervision of the ward CSN. This is due to the high risk nature of the ‘short gut’ patients admitted to this unit.

• Advanced nursing assessment, such as assessments on acutely unwell or deteriorating children.

**Neurological Interventions**

• Management of a child who is cognitively impaired
• Management of a child who is actively seizing
• Assisting during a procedure requiring sedation

**Respiratory Interventions**

• Initiation, alteration and evaluation of oxygen therapy
• Oro and nasopharyngeal suction
• Tracheostomy care and suction
• Care of under-water seal chest drains

**Cardiac / haematological interventions**

• Blood collection via finger and heel pricks
• Completion of ECG
• Removal and care of cardiac chest drains
• Management of age appropriate hydration and a patients’ response to treatment

**Renal**

• Insertion of urinary catheter

**Gastrointestinal interventions**

• Insertion of nasogastric tube
• Care of gastrostomy tube
• Care of colostomy and ileostomy

**Musculoskeletal interventions**

• Apply and manage manual/skin/skeletal traction

**Dermatological interventions**

• Care and management of altered skin conditions
• Management of complex wound care
• Removal of sutures and staples
• Removal of wound drains
Social / Family interventions

- Assisting with the care of patients/families with complex social needs/DHHS involvement.

Patient / Family Education

- Recognise the need for and begin to initiate patient education
- Provide comprehensive and appropriate patient and/or family education.

Special Considerations

- Venepuncture – may only be performed under the supervision and direction of an RCH Registered Nurse, who has completed the IV cannulation knowledge & skills package and on patients deemed appropriate by the supervising nurse.
- Participation in a medical emergency – students are able to send for help and participate in emergency management of a patient if they are appropriately trained and confident, until appropriate help arrives. Student nurses may then take on an appropriate role if they feel comfortable to do so and only under direct supervision. It may also be appropriate for the student to be in a purely observational role.
- PR and PV medications should always be administered under direct supervision, with permission from patient/family. Intimate examinations should only be performed if deemed appropriate by Registered Nurse, under direct supervision, with consent from patient/family and in line with the RCH Chaperone for Intimate Examination Procedure.

Student Nurses may not perform

- Medication administration with a non RCH Registered Nurse, RCH Casual Bank employee's or Enrolled Nurse.
- Administration of chemotherapy
- PR medication in patients younger than six (6) months

Related Policies and Procedures and clinical practice guidelines

- RCH Policies and Procedures
- Documentation: medical records
- Medication Management
- Pressure ulcers prevention and management
  http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Pressure_Injury_Prevention_and_Management/Falls_Prevention
  http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Falls_prevention/
- Hand Hygiene
- Central Venous Access Devise (CVAD) insertion and management.
- Chaperone for Intimate Examination Procedure
References


Nursing and Midwifery Board of Australia, *Registered Nurse Standards of Practice*  

Nursing and Midwifery Board of Australia, *Enrolled Nurse Standards of Practice*  

RCH Nursing Preceptorship Model, 2009.