2015 Undergraduate Nursing Students
Scope of Practice
Goal

- To provide excellent clinical learning opportunities for all undergraduate nursing students who are on placement at the Royal Children’s Hospital.

Purpose

- To ensure there is a clearly defined capacity with a paediatric focus, for undergraduate nursing students 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

An Undergraduate nursing 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 nursing student scope of practice is aimed at a more task focused set of guidelines to allow the nursing student, Preceptor and University to focus on “those nursing activities students are educated, competent and authorised to perform” (2007, Levett-Jones & Bourgeois). While this document is task focused, it is also essential that the undergraduate nursing student demonstrates progression towards holistic nursing care.

Nursing students 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. Conversely, the students who have a placement at RCH need to recognise that their previous learning in an adult environment does not necessarily translate to working in a paediatric environment. It is for this reason that the RCH have defined a scope of practice specifically for nursing students 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.

Definitions

**Undergraduate Nursing Student**

An individual who is currently undertaking a Bachelor of Nursing or Master of Nursing Science (University of Melbourne) Degree at a relevant University and is taking part in a clinical placement at RCH as part of that course.

**Preceptor**

“An experienced practitioner, who is formally assigned for a fixed period of time, to provide transitional support to an undergraduate or clinician into a new practice setting, through role modelling, teaching, and socialising.” (RCH Nursing Preceptorship Model, 2009).

**Education Team**

Includes Clinical Nurse Educators (CNE) and Clinical Nurse Facilitator (CNF) group

**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 to carry out planned or delegated activities.

Supervision

Supervision includes the monitoring and directing performances of specific activities according to the nature of the work delegated.

Supervision – Direct

Direct supervision is provided when the Division 1 nurse is present, observes, works with, directs and assesses the person being supervised.

Supervision – Indirect

Indirect supervision is provided when the Division 1 nurse works in the same area as the supervised person, is accessible but does not constantly observe their activities.

Related Policies and Procedures and clinical practice guidelines

- RCH Policies and Procedures  
- Documentation: medical records  
- Medication Management  
- Pressure ulcers prevention and management  
- Hand Hygiene  
- Emergency Procedures  
- Central Venous Access Devise (CVAD) insertion and management.  
  [http://www.rch.org.au/rchcpg/?doc_id=12538]

Undergraduate Nursing Student Responsibilities

- It is the individual nursing student's responsibility to ensure they have the appropriate education to perform a specific task
- Will participate and perform direct patient care under the supervision of an RCH nurse, Preceptor and Clinical Nurse Educator or Facilitator
- In discussion with the Preceptor, 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 prior to completing the placement
- Be open to receiving constructive feedback throughout the clinical placement and provides constructive feedback through the feedback form at the end of placement
- Any issues or concerns regarding clinical placement should be discussed with the allocated Preceptor and/or Undergraduate Nurse Educator
• Will 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.

Skills and Procedures
At all times, students should perform the following tasks, demonstrating that they have the education to support the ability to carry out a specific task. Some tasks may not be learned until Semester two (if the placement is in Semester one). It is an individual's responsibility to be accountable for their actions.

Some tasks or activities are more frequently performed on a specific unit. For this reason, all task and activities need to be discussed and negotiated with the Preceptor prior to undertaking.

By Semester two, it is expected that when the undergraduate nursing student undertakes tasks, they are beginning to think like an entry 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.

May perform under indirect supervision of a Division 1 RN (at the discretion of the Preceptor)

• Admission and basic nursing assessment (ensuring to report the results to your Preceptor at completion of assessments). Able to verbally demonstrate how assessment will differ based on developmental age of the child or adolescent
  ▪ 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.

• 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
  ▪ 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
  ▪ Simple wound care of primary intention
  ▪ Assessment of pressure ulcer risk.
May perform under **direct** supervision of a Division 1 RN

**Communication**
- Handover of allocated patients
- Documentation in patient care record (needs to be co-signed by Preceptor)
- Communication of patient condition to other members of the health care team
- Culturally sensitive and appropriate care
- Formulation of care plans
- Demonstration of age appropriate distraction techniques.

**Medication Administration**
- Completion of the hospital based drug test mandatory prior to drug administration that will be completed at orientation and given to the appropriate ward CNE/F’s by the Undergraduate Nurse Liaison
- Only to administer medication under the **direct** supervision of an RCH employed Division 1 Registered Nurse (as per RCH policy)
- For medication requiring double checking, undergraduate nursing students are not authorised to be “checkers” of medication (as per RCH policy)
- Undergraduate nurse 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 for the **right to refuse**.

- Able to give medication under the direct supervision of the Preceptor via the following route:
  - Oral
  - NG
  - G-tube
  - PR (after parental consent and not in patient younger than six (6) months)
  - IM
  - Subcutaneous
  - IV into a burette / bag or via syringe driver or Baxter infusion device including into a Central Venous Access Device (CVAD). It is essential that this is performed under direct supervision with the Preceptor and in strict accordance with the RCH Central Venous Access Device (CVAD) guidelines.

- **IVF Care**
  - Hang maintenance and replacement fluid
  - Care of IV site including assessment of and taping
  - Checking of orders (not as double checker).
- **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 CVAD competency**: Under direct supervision may access CVAD, (including blood taking, dressing and line changes)
- Finger and Heel Pricks
- Advanced Nursing Assessment
- Acutely unwell child
- Complex wound
- Glasgow coma scale
- Assessment of acute/chronic pain
- Hydration status.

**Advanced Nursing Care**
- Positioning of unwell or altered conscious state child
- Pre and post operative care
- Patient discharge
- Care of wound drains
- Able to care for a full patient load of four (4) patients by the end of Semester two. This will be entirely at the discretion of the ward as to how this is achieved, in what time frame and if four is appropriate based on patient acuity. Two higher acuity patients can be an appropriate clinical learning opportunity
- Assisting during a procedure requiring sedation.

**Neurological**
- Management of a child who is cognitively impaired
- Care of a child with a neuromuscular condition.

**Respiratory**
- Maintenance and evaluation of oxygen therapy
- Oro and nasopharyngeal suction
- Tracheostomy care and suction
- Care of under-water seal chest drains.

**Cardiac / haematological**
- Care appropriate to a patient with a cyanotic cardiac condition
- Management of age appropriate hydration and a patients' response to treatment.

**Renal**
- Care of urinary catheter.

**Gastrointestinal**
- Insertion and management of nasogastric tube
- Care of gastrostomy tube
- Care of colostomy and ileostomy.

**Musculoskeletal**
- Provide age appropriate care to a patient with musculoskeletal impairment
- Apply and manage manual/skin/skeletal traction
- Assessment and provision of care to a child in plaster.

**Dermatological**
- Care and management of altered skin conditions
- Assist in the management of complex wound care
- Removal of sutures and staples.

**Social / Family**
- Demonstrate an understanding of and apply the principle of Family Centred Care.

**Patient / Family Education**
- Semester 1: recognise the need for and begin to initiate patient education
- Semester 2: provide comprehensive and appropriate patient and/or family education.

**May not perform**
- Medication administration with a non RCH Registered Nurse (including Royal Bank employees)
- Participation in a medical emergency
- Venepuncture
- Administration of blood products
- Administration of chemotherapy
- PR medication in patients younger than six (6) months

**References**

RCH Nursing Preceptorship Model, 2009.

This scope of practice has been written based on recommendations made in the KPMG audit: “The Royal Children’s Hospital, Internal audit report of Undergraduate Nurse Placement Program” September, 2009.

Development of the ‘Scope of Practice for final year Undergraduate Nursing Students at the Royal Children's Hospital, Melbourne’ was written by P. Stephenson, BN, in consultation with the RCH Clinical Nurse Educator and Clinical Nurse Facilitators.