

Scope of Practice for Student Nurses

Entry to Practice Student Nurse Program

Acute, Sub-acute, Community and Mental Health Placement



6th Edition

The Royal Children's Hospital (RCH) Scope of Practice for Entry to Practice Student Nurses

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Purpose of this Document

To outline a standard scope of practice for student nurses at The Royal Children's Hospital that is transparent, appropriate, and accessible for use by all relevant parties. This document reflects contemporary practice aligned with the 2019 'Registered Nurse Standards for Practice'.¹

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. Please review your university documentation and clinical skills list to ensure you have undertaken the appropriate pre-learning and theoretical knowledge prior to clinical placement.

Students completing clinical placement at the RCH have a varied scope of practice. Students who have a placement at RCH need to recognise that their previous learning in both clinical laboratories at a university level and in an adult environment will need to be adapted to working in a paediatric setting. 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. This in turn will enhance the student's 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 to be Curious, Courageous, Inclusive and Kind.

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 nurse.

Preceptor - A Registered Nurse who is 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.

Clinical Nurse Specialist - In Victoria, the Clinical Nurse Specialist (CNS) is defined in the EBA as a nurse who "is responsible for clinical nursing duties", therefore is recognised as someone providing direct clinical care. The CNS is a clinical expert in an area of nursing specialisation and accepts responsibility for professional activities that support service delivery and the professional development of self and others.

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

Clinical Nurse Educator (CNE) - A Registered Nurse appointed as such, employed to teach the theory and practice of nursing. At RCH they are employed by Nursing Education but belong to one particular ward/department. Not every ward will have a CNE.

Clinical Support Nurse (CSN) - A Registered Nurse who is responsible for providing direct clinical support and instruction to nurses of all levels of experience to develop high quality clinical care skills. At RCH they are employed by Nursing Education but belong to one particular ward/department. Every ward at RCH has a CSN.

Clinical Placement - The course component of the Bachelor of Nursing or entry to practice Master of Nursing Science, 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.

Delegation - the relationship that exists when an RN delegates an aspect of their nursing practice to another person such as an Enrolled Nurse, a student nurse, RUSON or a person who is not a nurse. Delegations are made to meet individual needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons, and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the risks and capabilities. In some instances, delegation may be preceded by teaching and competence assessment.

Supervision

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 Entry to Practice
- Introduce yourself to the patients and their families at the start of every shift, outline your role and request permission and consent to be involved in the child's care:
 - "Hello, my name is xxx, I am a 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 (this includes the RCH daily feedback tool)
- 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 Entry to Practice Nurse Educator

Responsibility of the Registered Nurse (RN)

The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Responsibility of the Registered Nurse is to follow the RCH Nursing Preceptorship Model.

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 nurse's responsibility to be accountable for their actions and ensure they are working within the appropriate scope of practice.

By Semester two (final year, final semester of nursing program), it is expected that when a student nurse undertakes tasks, they are beginning to think like a Graduate 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). This is also based on the year of which the student is placed within their studies.

Please note that in some areas (i.e. Day Cancer) a traditional patient load may not be appropriate. However, this will be determined by the Associate Unit Manager and preceptor and discussed with you.

Expectation of student nurse patient load must consider patient/ward acuity, specialty areas, student nurse experience, year of studies 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 of that of a Registered Graduate Nurse or Registered Nurse and their performance should therefore not be compared to a Registered Nurse.

May perform under indirect supervision of a Registered Nurse (at the discretion of and negotiation with the preceptor)

Student Nurses can 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 centered 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 ID 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 and Medical Imaging*

Please ensure you document results and report to your RN preceptor, and or team ASAP

- Start of shift check of emergency equipment for allocated patients and able to verbally demonstrate basic knowledge of medical emergency management. * Butterfly (NICU neonatal unit) Neopuff setup, checking and use direct supervised
- 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)
 - Contenance management.
- Positioning of child and pressure area care (except for any patients requiring manual handling adjuncts or requiring specialised positioning)
- Management of basic wound care such as:
 - Simple wound care of primary intention
 - Assessment of pressure ulcer risk.

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.

****Asterisked skills are not applicable for student RNs in ward noted next to asterisk***

- Communication including:
 - Handover of allocated patients to treating team (to RN, EN, medical team etc.).
 - Documentation in Electronic Medical Record (needs to be co-signed by Preceptor) * Appendix A: Banksia Unit
Mental Health Clinical placements
 - Communication of patient condition to other members of the health care team
 - Patient admission, discharge, and education
- Medication Administration:
 - **Completion of the hospital-based medication package is mandatory** prior to drug preparation and or administration that will be completed at orientation and given to the appropriate CNE/CSN. Student nurses are only to prepare and administer medication under the direct supervision of an RCH employed Registered Nurse (as per RCH policy).
 - Student nurses are only to enter the medication room when accompanied by a Registered Nurse – direct supervision is required for all preparation, administration and management of medications and fluids (e.g. performed on medication trolleys, procedure rooms etc).
 - For medication requiring double checking, student nurses are not authorised (as working under direct supervision and registration of RN) to be classified as one of the individual “checkers” of medication (as per RCH policy) students are additional.
 - Student nurses are expected to be able to verbalise information about the drug they are giving prior to administration.

- Student nurses are expected to know the Six Rights of Drug Administration (as based on the RCH hospital policy) and apply them to each administration of medication:
 - **R**ight time
 - **R**ight dose and indication
 - **R**ight route
 - **R**ight medication
 - **R**ight patient
 - **R**ight to refuse administration
- Student nurses are able to prepare and administer medication under the direct supervision of the Preceptor via the following route:
 - Oral
 - Enteral
 - Intramuscular (IM)
 - Subcutaneous (SC)
 - IV medications as a push or into a pump/burette/bag or via syringe driver or Baxter infusion device. This is including into a Central Venous Access Device (CVAD)*^{See table 1} for some patient's cohorts.
- Intravenous Fluid Management under the direct supervision of the Preceptor:
 - Hang maintenance and replacement fluid
 - Refill burette chamber or syringe driver
 - Care of IV site
 - Checking of orders (not as double checker)
 - Silencing, pausing, clearing, resetting, or programming of IVT pumps and syringe drivers (any management of a IVT pump, syringe driver or device will need to be directly supervised by a RN)
 - 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 and Learning Hero pre-learning Vascular Access Bundle, resources and witnessed assessment by Preceptor/CNE/CSN:
 - All CVAD access (care and management) must be performed under direct supervision with the Preceptor/CSN/CNE) and in strict accordance with the RCH CVAD Procedure.

Please ensure this is in line with your university's scope of practice

Table 1: CVAD table

Preparation & administration of fluids and medications only (minus chemotherapy and some specialised medications please refer to CNE/CSN and preceptors in your clinical area)	Clinical areas where students may be able to complete some additional CVAD care (this may include CVAD access, blood taking, dressing changes, line changes, smart site changes)
<p><u>All wards and clinical areas except:</u></p> <ul style="list-style-type: none"> • Emergency department • Dolphin • Butterfly • Any clinical area who is unable to support this skill 	<ul style="list-style-type: none"> • Specialist clinic • Day Medical Unit • Kelpie • Wombat • Wallaby • Day Cancer Centre • Rosella (PICU) • Cockatoo • Kookaburra

- **CVAD Exemptions/Exclusions:**
- *Patients with high-risk clinical conditions: e.g. the 'short gut' patients (requiring their line for clinical nutrition) on any ward are not able to have their CVAD's accessed by student nurses.*
- *Cockatoo: students cannot access CVAD's of patients with high-risk clinical conditions.*
- *Kookaburra students: students cannot perform a procedure that is a surgical aseptic technique, this includes dressings, needleless connector changes, and port cannulations.*
- *Platypus, Sugar Glider, Koala students: can prepare and administer fluids and medications via a CVAD if criteria are met above.*
- *Day Cancer students: cannot perform a surgical aseptic technique procedure for patients under 12 years of age, or where the patient is deemed complex and/or requires procedural support. This includes complex dressings, needleless connector changes and port cannulations.*

Be aware that some clinical areas are unable to support CVAD care and management.

- Advanced nursing assessment, such as assessments on acutely unwell or deteriorating children.
- Neurological Interventions:
 - Management of a child who is cognitively impaired*^{Butterfly}
 - Management of a child who is actively seizing* ^{Butterfly}
 - Assisting during a procedure requiring sedation* ^{Butterfly}
- Respiratory Interventions:
 - Initiation, alteration, and evaluation of oxygen therapy
 - Oro and nasopharyngeal suction (* ^{special requirements Koala}), includes nasopharyngeal tube NPT*^{Butterfly}
 - Care, management and removal of under-water seal chest drains* ^{Butterfly}
- Cardiac/Haematological Interventions:
 - Blood collection via finger and heel pricks
 - Completion of ECG * ^{Appendix A: Banksia Unit Mental Health Clinical placements}
 - Removal and care of cardiac chest drains * ^{Butterfly}
 - Management of age-appropriate hydration and a patients' response to treatment
 - Removal of peripheral intravenous cannula (PIVC)
- Renal:
 - Insertion of urinary catheter* ^{Butterfly}
 - Management of urinary catheter
 - SPC insertion and management * ^{Special requirements in Kelpie}
- Gastrointestinal interventions:
 - Insertion, care and management of nasogastric tube *^{Appendix A: Banksia Unit Mental Health Clinical placements}
 - Care of gastrostomy tube
 - Care of colostomy and ileostomy.
- Musculoskeletal interventions:
 - Apply and manage manual/skin/skeletal traction.
 - Sling application

- 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 (in consultation with RN and Team)
 - Provide comprehensive and appropriate patient and/or family education
 - Provide comprehensive support worker training, as deemed appropriate by supervising RN* Complex Care Hub community placement

Special Considerations:

Theatre Placement

The students allocated in theatre are scrubbed in at all times with direct supervision (i.e. must have nurse double scrubbed with them at all times).

Butterfly NICU Placement

Students will only be allocated to HDU, students will not be allocated to ICU during student placement.

On-Road Ambulatory Placement

Wallaby (HITH) and Complex Care Hub nurses visit patients in their home/schools. Students allocated to these areas are under direct supervision at all times whilst working in the community.

Banksia Mental Health Placement

Please review Appendix A: Banksia Unit Mental Health Clinical placements for further detail regarding clinical skills, task and nursing level of support.

Medical Emergencies:

Participation in a medical emergency – students can follow the algorithm **DRSABCD - danger, response, 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 only under direct supervision. It may also be appropriate for the student to be in a purely observational role. *Appendix A: Banksia Unit Mental Health Clinical placements

Students May Not Perform

- Medication administration with a non-RCH Registered Nurse (Agency), RCH Casual Bank employee or Enrolled Nurse.
- Administration of chemotherapy or any other restricted medications
- PR medications *special considerations for Kelpie or PV medications (in any area)
- Venepuncture *special considerations for Kelpie & Appendix A: Banksia Unit Mental Health Clinical placements
- Intravenous cannulation (any age)
- Participation in a Code Grey or Code Black (escalate to local team/ call code only).
- Cannot remove Expressed Breast Milk (EBM) from fridge in Butterfly NICU without preceptor.
- Any skill that is not covered in your Bachelor of Nursing/ Science or master's degree in line with a student scope of practice.

Appendix A: Banksia Unit Mental Health Clinical Placements

Task	Level of Supervision Required	Guidance
1:1 time	Direct	Students should not be alone with a young person in any isolated space, such as their bedroom, the sensory room, an interview room, or the treatment room. Should students wish to do some 1:1 work with a young person, this should be under supervision of an RN.
Clinical observations	Indirect	Students can complete vital observations on a young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN. Students should not undertake vital observations alone with a patient.
Code grey Code black	N/A	Students should not be directly involved in any code grey or code black procedures, however, may assist by supporting milieu management in areas away from proximity of the code, under direct supervision of an RN.
Documentation	Indirect	Students may complete nursing documentation; however, all documentation must be checked and counter-signed by an RN.
ECG	Direct	Students may complete an ECG under direct supervision of an RN, providing they have completed the appropriate theory component at university and feel confident to do so.
Family meetings, reviews, care team meetings	Direct	Students should be encouraged to attend any meetings or reviews related to care and treatment of the young person, however, should always be supernumerary to the meeting.
Groups	Direct	Students may attend patient groups, however, should not be counted within staff numbers. Students should always be supernumerary in a group setting.
Hospital ground leave	Direct	Students should not at any point take a young person out of the ward, without direct supervision from an RN.
Intensive Care Area (ICA)	N/A	Students are not to have any involvement in ICA nursing or procedures.
Meal times	Indirect	Students may be present in the dining area during meal times, however it is expected that an RN should also be present in the area.
Meal support	N/A	Where a young person is on a meal plan and requires meal support, it is not appropriate for students to be involved in direct support of the young person due to the sensitive nature of the situation. However, students may observe from a distance.
Medical emergency (MET)	N/A	Students can send for help in a medical emergency. However, should not have direct involvement in managing the situation.

Continued on next page

Task	Level of Supervision Required	Guidance
Medication (oral, PRN, IM, subcutaneous, enteral)	Direct	<p>Students must complete the medication competency completed as part of their orientation, prior to medication administration. All medication administration must be under direct supervision of an RN. Students should not administer medication with a non-RCH-registered nurse, RCH casual bank employee, or Enrolled Nurse.</p> <p>For any medication requiring two nurses, students are not to be counted as one of the two nurses.</p> <p>Students are not to hold medication keys at any time.</p>
Milieu management	Indirect	Students are expected to spend time in high profile areas with young people. However, it is expected that at least one member of staff should also be available on the unit.
MSE	Direct	Students must be directly supervised when completing a formal MSE.
Nasogastric tube	N/A	Students are not to be involved in inserting an NGT.
School	Indirect	Students will receive an orientation to school during their first day of placement. Students are able to attend school to support young people, however if an RN is required, students cannot attend in place of an RN.
Sensory room	Direct	Students should not use the sensory room alone with a young person.
Therapeutic engagement and visual observations	N/A	Students may observe staff complete visual observation rounds, but should not take responsibility for completing observations or documentation of same.
Treatment room	Direct	Students should not be alone in the treatment room with a young person. For any nursing interventions or tasks requiring the treatment room, these should be under direct supervision of a nurse. Should a student wish to complete vital observations on a young person, the equipment can be used in high profile areas.
Venepuncture	Direct	Venepuncture may only be performed under the supervision and direction of an RCH-registered nurse, who has completed the IV cannulation knowledge and skills package, and on patients deemed appropriate by the supervising nurse. Students must have completed the relevant theory at university.

Policies and Procedures and Clinical Practice Guidelines

RCH Policies and Procedures

<https://www.rch.org.au/policy/>

Documentation: medical records

[http://www.rch.org.au/policy/policies/Documentation Medical Records/](http://www.rch.org.au/policy/policies/Documentation_Medical_Records/)

Medication Management

[https://www.rch.org.au/policy/policies/Medication Management Policy/](https://www.rch.org.au/policy/policies/Medication_Management_Policy/)

https://www.rch.org.au/policy/policies/Medication_Management/

Pressure ulcers prevention and management

https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Pressure_injury_prevention_and_management/

http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Falls_prevention/

Hand Hygiene

https://www.rch.org.au/policy/policies/Hand_Hygiene/

Insertion, Management and Removal of Central Venous Access Devices

[https://www.rch.org.au/policy/policies/Central Venous Access Device/](https://www.rch.org.au/policy/policies/Central_Venous_Access_Device/)

Chaperone for Intimate Examination Procedure

http://www.rch.org.au/policy/policies/Chaperones_for_Intimate_Examinations/

Manual Handling

https://www.rch.org.au/policy/policies/Manual_Handling/

Clinical handover

https://www.rch.org.au/policy/policies/Clinical_Handover/

Patient and family centered care

https://www.rch.org.au/policy/policies/Patient_and_Family_Centred_Care/

References

Levette-Jones, T. & Bourgeois, S. 2019. The clinical placement: an essential guide for nursing students, Elsevier, Australia.

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

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

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

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx>

The Royal Children's Hospital (RCH) (2009), Nursing Preceptorship Model retrieved from

https://www.rch.org.au/uploadedFiles/Main/Content/nursing-education/preceptorship_model.pdf

<https://www.rch.org.au/studentorientation/>