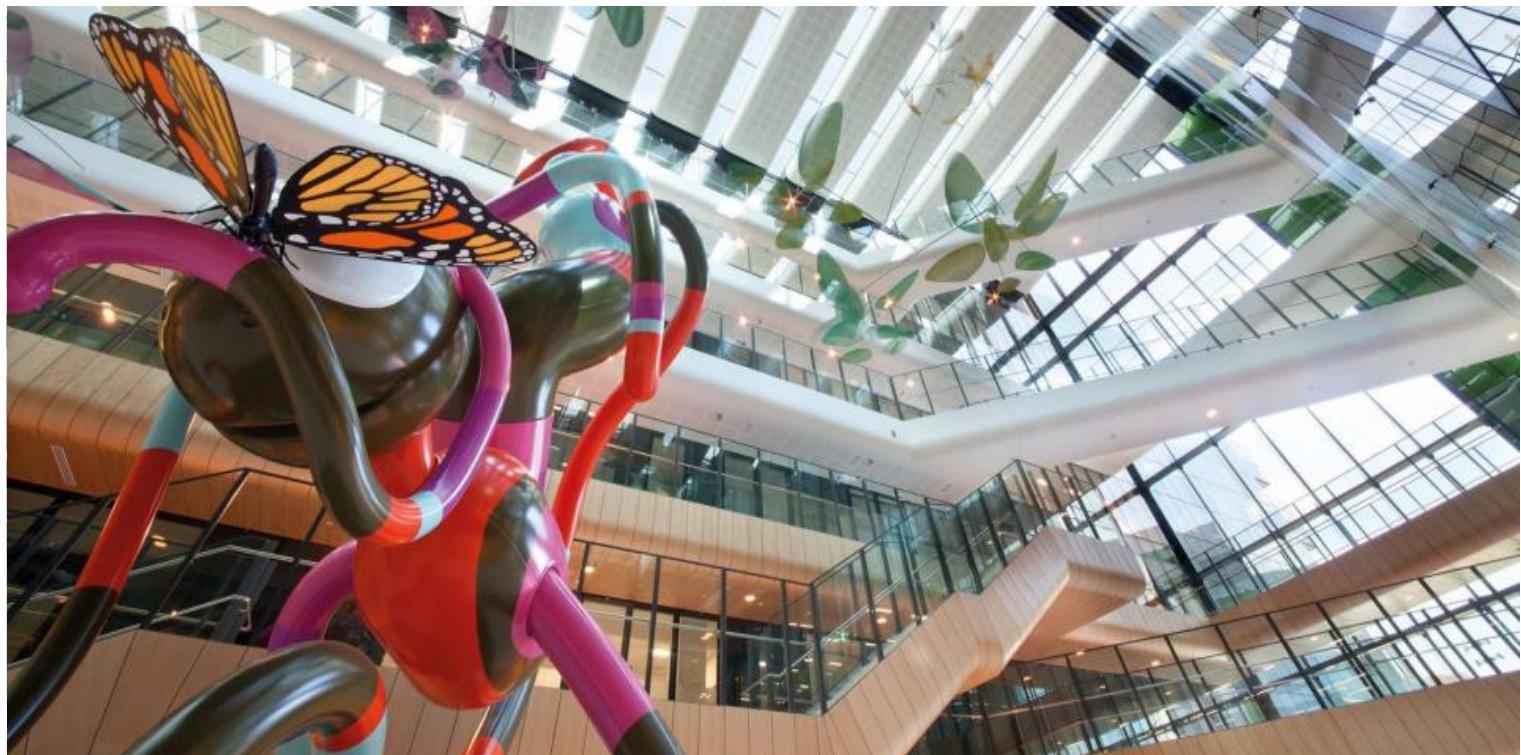




The Royal  
Children's  
Hospital  
Melbourne

# Entry to Practice Student Nurse Scope of Practice

The Royal Children's Hospital Melbourne



# **The Royal Children's Hospital (RCH)**

## **Scope of Practice for Entry to Practice Student Nurses**

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## **Foreword:**

The purpose of this document is to outline a clear and consistent scope of practice for student nurses undertaking clinical placements at The Royal Children's Hospital (RCH). This framework is designed to be transparent, practical, and accessible for all who engage with our student cohort, and it reflects contemporary expectations as guided by the 2019 Registered Nurse Standards of Practice (NMBA, 2019).

Students are strongly encouraged to review their university documentation and clinical skills lists, ensuring that all relevant theoretical learning has been completed prior to commencement of placement. Clinical practice at RCH presents unique challenges and opportunities, requiring students to adapt knowledge gained in university laboratories and adult healthcare environments to the specific needs of paediatric care. To support this transition, RCH has defined a dedicated scope of practice for student nurses in our paediatric context. This clarity benefits students, preceptors, and healthcare teams alike, while enhancing the student experience and safeguarding the quality of care delivered to our patients.

Student nurses at RCH are expected to uphold the values underpinning our hospital culture: to be Curious, Courageous, Inclusive, and Kind. These values guide not only how we care for children and families but also how we learn and grow together as a healthcare community.

The RN supervising a student nurse has the discretion to determine if the student can safely manage a particular skill, based on assessment of the student's competence, education, the clinical situation, and the patient's condition. It may be appropriate for the student nurse to observe interventions prior to attempting to complete them themselves. The below individual clinical area list is to be used as a guide only and is not an exhaustive list of tasks which may require direct supervision.

Students cannot complete medication administration with a non-RCH Registered Nurse (Agency), and or Enrolled Nurse.

## **Student Nurse Responsibilities:**

- **Know Your Scope:** Always understand your scope of practice. Decline tasks outside your scope and immediately inform your Clinical Nurse Educator (CNE), Clinical Support Nurse (CSN) and Associate Unit Manager (AUM).
- **Entry to Practice:** Introduce yourself to patients, carers and families at the start of each shift, clarify your student role, and get their permission to participate in care.  
Example: *"Hello, my name is [name], I am a third-year nursing student from [university], working with Registered Nurse [name] today. Are you happy for me to be involved in your child's care?"*
- **Participate with Supervision:** Perform direct patient care only under supervision by a Registered Nurse (RN), preceptor, or CNE/CSN.
- **Set Learning Objectives:** Discuss and document your learning objectives with your preceptor or CNE/CSN within two days of starting placement.
- **Complete Assessments:** Work with your preceptor to complete required clinical assessment tools (e.g., RCH daily feedback tool) throughout the placement.
- **Welcome Feedback:** Actively seek and use feedback during placement and complete a formal feedback form at the end.
- **Plan and Report:** Share your care plan with your preceptor before performing any care under indirect supervision and always report findings and outcomes after providing care.
- **Discuss Patient Assignments:** Be prepared to discuss patient assignments and show understanding of relevant care information before starting direct care.
- **Reflect and Explain:** Always be willing to discuss your actions and rationale with your preceptor.
- **Address Concerns:** Discuss any issues about your placement with your preceptor, educator (CSN / CNE), or ANUM.

## **Education Requirements:**

- Ensure you have the right knowledge and training before performing any task. This includes completion of Learning Hero Modules and or learning packages.
- All students must successfully complete the Entry to Practice Student Nurse (ETP) *ETP Medication Competency Package* before they begin preparing and administering medications.

## **Registered Nurse (RN) Responsibilities**

- Delegation and Accountability: Registered Nurses (RNs) who delegate tasks must ensure appropriate selection, communication, monitoring, and outcomes. RNs remain accountable for all delegated work.
- Adhere to Guidelines: RNs follow the RCH Nursing Preceptorship Model when supervising students.
- Supervision: Provide direct or indirect supervision as required, especially for tasks involving medications, invasive procedures, and patient handover.

## **Skills and Procedures**

- Demonstrate the necessary knowledge and skills for any task or intervention.
- Always adhere to university and facility scope of practice policies—if there is a difference, follow the lesser scope.
- Be accountable for all actions and ensure you work within your appropriate scope.
- By the final semester, student nurses should begin thinking like graduate nurses—using critical thinking in all care decisions.

## **Patient Load and Learning**

- Patient allocation is decided by the Associate Unit Manager and your preceptor, based on acuity, specialty, experience, year of study, and placement length.
- By the end of placement (three weeks minimum), aim to care for three to four patients at entry-level acuity, or fewer if patients have higher needs.
- In specialty areas (e.g., Day Cancer), patient allocation may differ and will be set by the AUM and preceptor.
- Decisions on patient load should be personalized and made together with your preceptor and education team, considering all relevant factors.

## Performance Expectations

- Student nurses' expectations and workloads should not be compared to those of Registered Nurses (RNs) or Graduate Nurses, especially in paediatric settings.
- Performance is based on student level, not qualified RN standards.

### Indirect Supervision:

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 centred, trauma informed 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. All findings and documentation must be reviewed with and countersigned by the RN preceptor.

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.
- Documentation

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 (e.g. Nappy changes).
- 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

## Dolphin (Short Stay Unit) - Lower Ground Floor

Task	Supervision Level	Further information:
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students <u>cannot</u> participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device on the Dolphin Ward
Per rectal (PR) and Per Vaginal (PV) medication	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). Students <u>cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations, and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per RCH Medication Policy.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT & PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. o removal of PEG.
Blood collection, blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods, and venepuncture under direct supervision of a RN.
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Emergency Department – Lower Ground Floor

Task	Supervision Level	Further information:
Code Grey Code Black	Indirect – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students <u>cannot</u> participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in the Emergency Department
PEJ tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot administer medication, fluids/ feeds into a PEJ in the Emergency department
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Medical Emergency (MET) & Code Blue	Indirect – call for HELP Indirect – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). Students <u>cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	Direct	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	Direct	Students to check oxygen and suction with RN and document.
Respiratory interventions	Direct	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	Direct	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	Direct	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Intravenous (IVT) Pump and Syringe Driver use and management	Direct	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Peripheral Intravenous Cannula (PICV)	Direct	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Drains	Direct	Assess volume and document Removal under direct supervision of RN
NGT & PEG care and management	Direct	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	Direct	Students can complete finger and or heel prick bloods, and venepuncture under direct supervision of a RN.
Dermatological interventions	Direct	Completion of wound care and dressings (including burns management, eczema care etc).
Clinical observations & Systematic assessment	Indirect	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Weight and height	Indirect	Do not disclose weight and height to patient, carer and or family with an eating disorder.

## Medical Imaging Department - Lower Ground Floor

Task	Supervision Level	Further information:
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students <u>cannot</u> participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in the Medical Imaging Department
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). Students <u>cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per policy.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT, PEJ & PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/ feeds via a PEG or PEJ directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods, and venepuncture under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (including burns management).
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Specialist Clinics – Ground Floor

Task	Supervision Level	Further information:
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students <u>cannot</u> participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in Specialist Clinics
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT, PEJ & PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/feeds directly into a PEG or PEJ supervised by a RN. No removal of PEG.
Blood collection, blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods, and venepuncture under direct supervision of a RN.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (including burns management).
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Post Acute Care & Family Healthcare Support – Level 1, 48 Flemington Road

On-Road Ambulatory Placement. Post Acute Care (PAC) nurses visit patients in their homes following discharge from RCH. Family Healthcare Support (FHS) nurses visit patients in their home/schools. Students allocated to these areas are always under direct supervision whilst working in the community.

Task	Supervision Level	Further information:
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice <b>Direct</b>	Students cannot complete surgical asepsis care and management of a CVAD device in PAC & FHS. Once students have completed the vascular access bundles (e-learning) and received a skills session sign-off, they may administer medications/fluids and collect blood samples under direct supervision.
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT, NEJ & PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/feeds into a PEG and PEG directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick blood under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (including burns management).
Clinical observations & Systematic assessment	<b>Direct</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Banksia (Mental Health Unit) – Level 1

Task	Supervision Level	Further information:
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black. 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.
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). Students <u>cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue.
Intensive care area (ICA)	<b>N/A</b> not applicable not in scope of practice	Students are not to have any involvement in ICA nursing or procedures. Students are not permitted beyond the GCA nurses station and therefore should not access the ICA nursing office.
Nasogastric Tubes NGT	<b>N/A</b> not applicable not in scope of practice	Students are not to be involved in inserting and management of NGT
Meal Support	<b>N/A</b> not applicable not in scope of practice	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. Students may observe from a distance, alongside the supervising nurse. Students are unable to make any decisions regarding meal support.
Belongings	<b>Direct</b>	At times, young people will approach student nurses to ask for their belongings. Students must always seek confirmation from a nurse (preceptor, buddy, Nurse) as to whether the item can be provided, as at times the item may constitute contraband or an at-risk item.
Documentation	<b>Indirect</b> – seek feedback before sign-off	Students' progress notes, observations, and assessments should be discussed and reviewed with Registered Nurse (RN) and countersigned. All patient and family/carer education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per policy.
1:1 time	<b>Direct</b>	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.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods and venepuncture under direct supervision of an RN.
Electrocardiograph ECG	<b>Direct</b>	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	<b>Direct</b>	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.
Sensory room Patient room	<b>Direct</b>	Students should not use the sensory room or attend the young person's room alone
Treatment room	<b>Direct</b>	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.
Hospital ground leave	<b>Direct</b>	Students should not at any point take a young person out of the ward, without direct supervision from an RN.
Mental Status Examination MSE	<b>Direct</b>	Students must be directly supervised when completing a formal MSE.
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary) assessment 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.
School	<b>Indirect</b>	Students will receive an orientation to the Travancore school during their first day of placement. Students can attend school to support young people, however if an RN is required, students cannot attend in place of an RN.
Milieu management	<b>Indirect</b>	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.
Mealtimes	<b>Indirect</b>	Students may be present in the dining area during mealtimes; however, it is expected that an RN should also be present in the area.
Weight and height	<b>Indirect</b>	Do not disclose weight and height to patient and family with an eating disorder.

## Hospital in the Home (HITH)- Level 1

On-Road Ambulatory Placement Wallaby (HITH) nurses visit patients in their home/schools. Students allocated to these areas are always under direct supervision whilst working in the community.

Task	Supervision Level	Further information:
Code Grey Code Black	Indirect – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
PEJ tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a PEJ tube in the Day Medical Unit
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Medical Emergency (MET) & Code Blue	Indirect – call for HELP Indirect – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). Students cannot complete circulation role, airway role or scribe role in a MET or Code Blue
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice  <b>Direct</b>	Students cannot complete <b>surgical asepsis care and management of a CVAD device</b> on the Wallaby Ward (HITH). Once students have <b>completed the vascular access bundles (e-learning) and received a skills session sign-off</b> , they may administer medications/fluids and collect blood samples under direct supervision.
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick blood under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (including burns management).
Clinical observations & Systematic assessment	<b>Direct</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Kelpie (Adolescent Ward) – Level 1

Task	Supervision Level	Further information:
Code Grey Code Black	Indirect – call for HELP N/A not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	N/A not applicable not in scope of practice  Direct	Students cannot complete <b>surgical asepsis care and management of a CVAD device</b> on the Kelpie Ward. Once students have completed the <b>vascular access bundles (e-learning) and received a skills session sign-off</b> , they may administer medications/fluids and collect blood samples under direct supervision.
Medical Emergency (MET) & Code Blue	Indirect – call for HELP	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community.
	Indirect – commence CPR	Students can commence chest compressions (CPR).
	N/A not applicable not in scope of practice	Students <u>cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	Direct	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	Direct	Students to check oxygen and suction with RN and document.
Respiratory interventions	Direct	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	Direct	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	Direct	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students <u>may</u> administer per rectal (PR) and per vaginal (PV) medications under direct supervision of a RN.
Intravenous (IVT) Pump and Syringe Driver use and management	Direct	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Peripheral Intravenous Cannula (PICV)	Direct	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Drains	Direct	Assess volume and document Removal under direct supervision of RN
NGT, PEJ & PEG care and management	Direct	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/feeds into a PEG or PEJ supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	Direct	Students can complete finger and or heel prick bloods and venepuncture under direct supervision of a RN.
Dermatological interventions	Direct	Completion of wound care and dressings (including burns management).
Clinical observations & Systematic assessment	Indirect	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Weight and height	Indirect	Do not disclose weight and height to patient and family receiving care for an eating disorder.

## Day Medical Unit - Level 2

Task	Supervision Level	Further information:
Code Grey Code Black	Indirect – call for HELP N/A not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	N/A not applicable not in scope of practice	Students cannot complete care and management of a CVAD device on in the Day Medical Unit
Per rectal (PR) and Per Vaginal (PV) mediation	N/A not applicable not in scope of practice	Students cannot perform
Medical Emergency (MET) & Code Blue	Indirect – call for HELP	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community.
	Indirect – commence CPR	Students can commence chest compressions (CPR).
	N/A not applicable not in scope of practice	Students cannot complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	Direct	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	Direct	Students to check oxygen and suction with RN and document.
Respiratory interventions	Direct	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	Direct	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	Direct	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Peripheral Intravenous Cannula (PICV)	Direct	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	Direct	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains	Direct	Assess volume and document Removal under direct supervision of RN
NGT, PEJ and PEG care and management	Direct	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/feeds via a PEJ or PEG directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	Direct	Students can complete finger and or heel prick blood under direct supervision of a RN.
Dermatological interventions	Direct	Completion of wound care and dressings (including burns management).
Clinical observations & Systematic assessment	Indirect	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Day Cancer Centre (DCC) – Level 2

Task	Supervision Level	Further information:
Code Grey Code Black	Indirect – call for HELP N/A not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Chemotherapy administration	N/A not applicable not in scope of practice	Students cannot perform
Per rectal (PR) and Per Vaginal (PV) mediation	N/A not applicable not in scope of practice	Students cannot perform.
Medical Emergency (MET) & Code Blue	Indirect – call for HELP	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community.
	Indirect – commence CPR	Students can commence chest compressions (CPR).
	N/A not applicable not in scope of practice	Students cannot complete circulation role, airway role or scribe role in a MET or Code Blue
Central Venous Access Devices	Direct	This includes: PICCs, Ports and Hickman's. Completion of CVAD learning hero module, changing dressings, smart sites, lines, administration of medications and fluids. Students are unable to access a PORT.
Documentation	Direct	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	Direct	Students to check oxygen and suction with RN and document.
Respiratory interventions	Direct	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	Direct	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	Direct	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy.
Peripheral Intravenous Cannula (PICV)	Direct	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	Direct	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains	Direct	Assess volume and document Removal under direct supervision of RN
NGT and PEG care and management	Direct	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	Direct	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	Direct	Completion of wound care and dressings.
Clinical observations & Systematic assessment	Indirect	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Wombat (General Medical Ward) – Level 2

Task	Supervision Level	Further information:
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Chemotherapy administration	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device on the Wombat Ward.
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT, PEJ and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/feeds via a PEJ or PEG directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick blood under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (basic wound dressings not including CVAD)
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Kookaburra (Oncology) - Level 2

Task	Supervision Level	Further information:
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice <b>Direct</b>	Students cannot complete surgical asepsis care and management of a CVAD device on the Kookaburra Ward. Once students have completed the vascular access bundles (e-learning) and received a skills session sign-off, they may administer medications/fluids and collect blood samples under direct supervision.
Chemotherapy administration	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT, PEJ and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/feeds via a PEJ or PEG directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (basic wound dressings not including CVAD).
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Rosella, Paediatric Intensive Care Unit (PICU) – Level 3

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Endotracheal tube (ETT) management	<b>N/A</b> not applicable not in scope of practice	No bag valve mask (BVM) bagging and or suctioning. Observation of procedure and skill only.
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Arterial line	<b>Direct</b> <b>N/A</b> not applicable not in scope of practice	Blood sampling under direct supervision of RN (after reviewing CPG) Unable to remove arterial line
Chemotherapy administration	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Central Venous Access Devices	<b>Direct</b>	This includes: PICCs, Ports, Hickman's, and Umbilical lines. Completion of CVAD learning hero module, changing dressings, smart sites, lines, administration of medications and fluids.
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). Students <u>cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
BiPAP, High Flow Nasal Prong (HFNP), and Continuous Positive Airway Pressure (CPAP)	<b>Direct</b>	Management of device, settings and cares of patient reviewing non-invasive ventilation
Drains & Wires	<b>Direct</b>	Assess volume and document (management of drain) Removal of drains and wires under direct supervision of RN
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods, under direct supervision of a RN.
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per policy.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN

NGT, PEJ and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/ feeds via PEJ or PEG directly supervised by a RN. No removal of PEG.
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Koala (Cardiac and Renal) – Level 3

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Central Venous Access Devices	<b>Direct</b>	This includes: PICCs, Ports, Hickman's, and Umbilical lines. Completion of CVAD learning hero module, changing dressings, smart sites, lines, administration of medications and fluids.
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
High Flow Nasal Prong (HFNP)	<b>Direct</b>	Management of device, settings and cares of patient reviewing HFNP therapy.
Central Venous Access Devices	<b>Direct</b>	This includes: PICCs, Ports, Hickman's, and Umbilical lines. Completion of CVAD learning hero module, changing dressings, smart sites, lines, administration of medications and fluids.
Drains & Wires	<b>Direct</b>	Assess volume and document (management of drain) Removal of drains and wires under direct supervision of RN
NGT, PEJ and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/ feeds via PEJ or PEG directly supervised by a RN. No removal of PEG.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods, under direct supervision of a RN.
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per policy.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains and Wires	<b>Direct</b>	Assess volume and document (management) Removal under direct supervision of RN

Urinary catheter	<b>Direct</b>	Management of a urinary catheter
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Perioperative Suite (Possum Short Stay Surgical Unit) – Level 3

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device on the Possum ward.
PEJ tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a PEJ on the Possum ward.
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Peripheral Intravenous Cannula (PIVC)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students can collect blood from a PIVC. Students cannot insert a PIVC at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Urinary catheter	<b>Direct</b>	Management of a urinary catheter
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings

Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Oral feeding	<b>Direct</b>	Student must check the formula and or EBM in accordance with the MAR workflow.
	<b>Indirect</b>	Students can then administer the oral feed independently.
Pre-Operative Check list	<b>Direct</b>	Students can complete pre-operative checks under direct supervision of a RN.

## Perioperative Suite (Day Surgery DoS) – Level 3

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in Day of Surgery (DOS)
PEJ tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a PEJ in DOS.
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform.
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Pre-operative check list	<b>Direct</b>	Admission and pre-operative checklist directly supervised by a RN.
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Urinary catheter	<b>Direct</b>	Management of a urinary catheter (care for, assess and remove) under direct supervision of a RN.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings

Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Blood Transfusions	<b>Direct</b>	Students may assist with blood transfusion procedures, including tasks like checking blood products (but not as the independent double checker) and monitoring patients during the infusion, always under direct supervision of a RN.
Oral feeding	<b>Direct</b> <b>Indirect</b>	Student must check the formula and or EBM in accordance with the MAR workflow. Students can then administer the oral feed independently.

## Perioperative Suite (Theatre) – Level 3

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in theatre
PEJ tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a PEJ in theatre
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot complete circulation role, airway role or scribe role in a MET or Code Blue</u>
Pre-operative check list and	<b>Direct</b>	Admission and pre-operative checklist including time out procedure to be directly supervised by a RN.
Time out and Sign out procedure	<b>Direct</b>	Students performing Time Out and Sign-Out are to be directly supervised and signed by preceptors.
Surgical Count	<b>Direct</b>	Directly supervised and countersigned by RN
Double-scrub	<b>Direct</b>	Students allocated in an Operating Theatre are to be directly supervised by their Preceptor for all surgical procedures, including Anaesthetic Lines (must be double scrubbed)
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Urinary catheter	<b>Direct</b>	Management of a urinary catheter
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. No removal of PEG.

Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings
Clinical observations & Systematic assessment	<b>Direct</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Perioperative Suite (Post Acute Care Unit / Recovery (PACU)) – Level 3

Task	Supervision Level	Further Information
Code Grey Code Black	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in recovery PACU
PEJ tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a PEJ on the recovery PACU
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Active deterioration	<b>N/A</b> not applicable not in scope of practice	As determined by RN Preceptor (based on clinical assessment)
Medical Emergency (MET) & Code Blue	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot complete circulation role, airway role or scribe role in a MET or Code Blue</u>
Airway management	<b>Direct</b>	Management of airway (including removing LMA, managing Guedel airway and acute airway support), under direct supervision of RN.
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and documented
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Urinary catheter	<b>Direct</b>	Management of a urinary catheter
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings

Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Oral feeding	<b>Direct</b>	Student must check the formula, or EBM in accordance with the MAR workflow.
	<b>Indirect</b>	Students can then administer the oral feed independently.

## Cockatoo Ward (Surgical, Neurology, Gastro) – Level 4

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in the Cockatoo ward.
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
External Ventricular Device (EVD)	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot complete circulation role, airway role or scribe role in a MET or Code Blue</u>
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Urinary catheter and Suprapubic catheter	<b>Direct</b>	Management of a urinary catheter
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN
NGT, PEJ and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/ feeds via PEJ or PEG directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (including burns management).

Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Oral feeding	<b>Direct</b>	Student must check the formula and or EBM in accordance with the MAR workflow.
	<b>Indirect</b>	Students can then administer the oral feed independently.

## Platypus (Surgical Long Stay) – Level 4

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Per rectal (PR) and Per Vaginal (PV) mediation	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community.
	<b>Indirect</b> – commence CPR	Students can commence chest compressions (CPR).
	<b>N/A</b> not applicable not in scope of practice	Students <u>cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Central Venous Access Devices	<b>Direct</b>	This includes: PICCs, Ports, and Hickman's Completion of CVAD learning hero module, changing dressings, smart sites, lines, administration of medications and fluids.
Musculoskeletal interventions	<b>Direct</b>	Apply and manage manual skin/ skeletal traction and immobilising limbs (sling management and application)
Urinary catheter	<b>Direct</b>	Management of a urinary catheter.
NGT, PEJ and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/ feeds via PEJ or PEG directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods, under direct supervision of a RN.
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per policy.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Surgical Drains & Under water seal drain management	<b>Direct</b>	Assess volume and document. Removal under direct supervision of RN.
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.

## Sugar Glider Ward (General Medical) – Level 5

Task	Supervision Level	Further Information
<b>Code Grey</b> <b>Code Black</b>	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Central Venous Access Devices	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a CVAD device in the Sugar Glider ward.
PEJ tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot complete care and management of a PEJ on the Sugar Glider ward.
CPAP and BiPAP	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Per rectal (PR) and Per Vaginal (PV) medication	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
<b>Medical Emergency (MET) &amp; Code Blue</b>	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction with RN and document.
Respiratory interventions	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 1 or 2 RN's as per Medication policy. Students may prepare medications and fluids for administration via a CVAD in accordance with aseptic technique principles but cannot administer medications or fluids via the CVAD.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains	<b>Direct</b>	Assess volume and document Removal under direct supervision of RN.
Nasogastric (NGT), PEG and PEJ care and management	<b>Direct</b>	Can insert and remove NGT. Test pH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluid/ feeds directly supervised by a RN into a PEG and PEJ tube. Students are unable to insert or remove a PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings (including burns management).
High Flow Nasal Prong (HFNP)	<b>Direct</b>	Complete learning hero package. Management of device, settings and cares of patient reviewing HFNP therapy.

Tracheostomy Care	<b>Direct</b>	Complete learning hero package. Suctioning under direct supervision. All other care observation only.
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Oral feeding	<b>Direct</b>	Student must check the formula and or EBM in accordance with the MAR workflow.
	<b>Indirect</b>	Students can then administer the oral feed independently.

## Butterfly, Neonatal Intensive Care Unit (NICU) – Level 5

Students are only allocated to the High Dependency Unit (HDU)

Task	Supervision Level	Further Information
Code Grey Code Black	<b>Indirect</b> – call for HELP <b>N/A</b> not applicable not in scope of practice	Students can send for help. Call 2222 or 000 in the community (or activate emergency buzzer). Students cannot participate in a Code Grey or Code Black
Repleglo tubes	<b>N/A</b> not applicable not in scope of practice	Students cannot perform care, management or suctioning of this device
Arterial line	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Per rectal (PR) and Per Vaginal (PV) medication	<b>N/A</b> not applicable not in scope of practice	Students cannot perform
Medical Emergency (MET) & Code Blue	<b>Indirect</b> – call for HELP <b>Indirect</b> – commence CPR <b>N/A</b> not applicable not in scope of practice	Can call and send for help. Call 2222 (or activate emergency buzzer). Or call 000 in the community. Students can commence chest compressions (CPR). <u>Students cannot</u> complete circulation role, airway role or scribe role in a MET or Code Blue
Respiratory interventions – oxygen and suctioning	<b>Direct</b>	Initiation, alteration and evaluation of oxygen therapy. Oro and Nasopharyngeal suctioning. Under direct supervision.
Central Venous Access Devices	<b>Direct</b>	This includes: PICCs, Ports, Hickman's, and Umbilical lines. Completion of CVAD learning hero module, changing dressings, smart sites, lines, administration of medications and fluids.
Documentation	<b>Direct</b>	Students nursing note, observations and assessments, to be discussed with Registered Nurse (RN) and countersigned. All patient and family education needs to be directly supervised.
Safety checks	<b>Direct</b>	Students to check oxygen and suction and Neo Puff (T-Piece resuscitator) under direct supervision of the RN.
Handover	<b>Direct</b>	Systematic handover using ISBAR format needs to be completed in collaboration with RN and signed off as per policy (RN).
Medication	<b>Direct</b>	Calculation, preparation, administration, documentation (medication workflow) needs to be directly supervised by 2 RN's as per Medication policy.
Peripheral Intravenous Cannula (PICV)	<b>Direct</b>	Flush PICV with normal saline, administer medications, support with dressing application and management, assess site and remove under direct supervision of a RN. Students cannot insert a PICV at RCH.
Intravenous (IVT) Pump and Syringe Driver use and management	<b>Direct</b>	Students may program and manage medications and intravenous fluids (including silence, clearing, changing rates etc) intravenous fluids using infusion pump devices, only under the direct supervision of a RN.
Drains	<b>Direct</b>	Assess volume and document in fluid balance.
Urinary catheter	<b>Direct</b>	Management of a urinary catheter
NGT, PEJ and PEG care and management	<b>Direct</b>	Can insert and remove NGT. Test PH, manage fluids, administer medications under direct supervision of a RN. Can administer medication and fluids/feeds via a PEJ or PEG directly supervised by a RN. No removal of PEG.
Blood collection, Blood glucose sampling and monitoring	<b>Direct</b>	Students can complete finger and or heel prick bloods under direct supervision of a RN.
Dermatological interventions	<b>Direct</b>	Completion of wound care and dressings

High Flow Nasal Prong (HFNP)	<b>Direct</b>	Complete learning hero package. Management of device, settings and cares of patient receiving HFNP therapy.
Modified Nasopharyngeal Tubes (NPT)	<b>Direct</b>	Suctioning under direct supervision. All other care observation only.
Tracheostomy Care	<b>Direct</b>	Complete learning hero package. Suctioning under direct supervision. All other care observation only.
Clinical observations & Systematic assessment	<b>Indirect</b>	Students can complete vital sign observations and systematic (primary and secondary assessment) on an infant, young child or young person, however, must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN.
Oral feeding	<b>Direct</b>  <b>Indirect</b>	Student must check the formula and or EBM in accordance with the MAR workflow. Students cannot remove Expressed Breast Milk (EBM) from the fridge in NICU or from the fridge at the bedside This is a double staff RN check procedure requirement. Students can then administer the oral feed independently, once the fluids have been checked and prepared with the RN.

## Glossary:

Clinical Nurse Specialist (CNS)	A clinical expert who provides direct nursing care, supports professional development, and specializes in a defined area as per the EBA in Victoria (ANMF, 2024).
Clinical Placement	Hands-on component of nursing degrees, conducted in healthcare settings under supervision to fulfill education requirements.
Clinical Support Nurse (CSN)	Registered Nurse (RN) responsible for providing direct support and instruction to nurses at all experience levels within a ward or department.
Delegation	When a Registered Nurse (RN) assigns nursing responsibilities to another person (e.g., Enrolled Nurse, student nurse), retaining accountability for decisions and outcomes.
Direct Supervision	Supervision provided when a Registered Nurse (RN) is physically present, observing and assessing the supervisee's activities.
Education Team	At RCH, includes Clinical Nurse Educators (CNE) and Clinical Support Nurses (CSN), Registered Nurses (RNs) who teach and support nursing staff in wards and departments.
Enrolled Nurse (EN)	Nurse required to work under Registered Nurse (RN) supervision; cannot supervise student nurses.
Indirect Supervision	Supervision when a Registered Nurse (RN) is in the same area and accessible but does not constantly observe activities; students must discuss plans and report outcomes after care.
Preceptor	Registered Nurse (RN) assigned to supervise, educate, and support nursing students during clinical placements through role modelling, teaching, and socialization.
Registered Nurse (RN)	A health professional who has completed a bachelor's degree or higher in nursing, is registered with the Nursing and Midwifery Board of Australia, and provides skilled, evidence-based care in diverse healthcare settings. Registered Nurses (RNs) are accountable for planning, managing, and evaluating care, performing complex patient care, supervising others, and taking on leadership, research, and education roles.
Responsibility	The obligation to carry out planned or assigned tasks in practice.
Student Nurse	Individual enrolled in Bachelor or Master of Nursing Science and placed at RCH for clinical experience; also called Entry to Practice Nursing Student (ETP).
Supervision	Monitoring and directing delegated work based on type and nature of activity; includes both direct and indirect supervision by a Registered Nurse (RN).

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