

TITLE: Nurse Visits

PURPOSE: To provide guidelines for the FHC Nursing staff during nurse appointments.

STATEMENT OF POLICY: It is the policy of the Family Health Center to make available specific appointment slots designated for nursing staff clinical services.

PROCEDURE:

The procedure includes how appointments are made, appointment categories, specific guidelines and documentation.

- A. Patients maybe referred for nurse appointment by physicians, nurse practitioners or nursing staff only.
- B. Appointment times will be designated by the charge nurse in consultation with the nurse manager and will be listed on the monthly provider schedule. The nurse appointment time is for one patient only. Any add-on's must be approved by team or charge nurse.
- C. The reason for the nurse visit must be written on a progress note filed in the chart or at the nursing station. Nurse's notes will be in S.O.A.P. format according to guidelines and must be signed by the member of the nursing staff providing service.
- D. Patients will be registered and be given an encounter form. The nurse will check the box for nurse appointment and any additional service provided.
- E. Nurse appointments should fall into the following categories:
 - 1. Blood Pressure Check: The provider will document in progress note what parameters to be used to assess results. Unless parameters are written by requesting provider, acceptable parameters are as follows:
 - Systolic < 180
 - Diastolic < 110The blood pressure will be measured and recorded on progress note. The supervising RN and/or attending physician will be consulted as needed.
 - 2. Blood Glucose Check
 - a. Nursing staff must be currently certified to conduct BGM.
 - b. Fasting or random blood glucose will be obtained by finger stick.
 - c. Provider will indicate in the progress note what action to be taken for abnormal values.
 - d. Unless otherwise specified by provider, parameters to be used are as follows:

- d. Unless otherwise specified by provider, parameters to be used are as follows:
 - > 80 mg/dl
 - < 300 mg/dl
 - e. Attending will be consulted as needed.
3. Hearing/Vision Screen
- 4.
- a. Snellen vision and/or screening audiometry may be performed on anyone four years of age or older and results will be recorded on a progress note. The nurse will use the following values for the hearing screening:
 - Hearing level will stay on 20 decibels with the frequency on 1000, 2000 and 4000 Hertz respectively.
 - If an abnormality is noted, the primary provider will be notified.
4. Skin Tests/Immunizations/Medication Administration
- a. TB Screening (skin test): refer to TB protocol Section A-G for nursing procedure.
 - b. Immunizations
 - c. Nursing staff does intake for child's visit, checking child's age and providing appropriate vaccine handout to parent or guardian.
 - d. The following vaccines may be ordered for nurse appointments:
 - 1) DPT Diphtheria, Pertussis, Tetanus or DTaP
 - 2) DT - Diphtheria Tetanus (Pediatric)
 - 3) TD - Tetanus and Diphtheria (Adult)
 - 4) Haemophilus Influenza Type b
 - 5) Hepatitis B
 - 6) Measles
 - 7) Mumps
 - 8) Rubella
 - 9) Hepatitis A
 - 10) Varivax
 - 11) OPV, IPV
 - 12) MMR Combination Or MMR

Contraindications:

MMR

- 1. patients who are immunosuppressed
- 2. patients who are allergic to eggs or neomycin
- 3. history of severe reaction to MMR
- 4. pregnant or plan to become pregnant in the next three months.

In heterosexually active women born after 1957: after ruling out first three conditions, inquire confidentially about pregnancy:

- 1) If pregnant or planning to become pregnant in the next three months, do not give MMR.
- 2) If using effective birth control method and LMP within two weeks ago: give MMR.

- 3) If using effective birth control and LMP more than two weeks ago, obtain negative urine pregnancy test prior to administering MMR.
- 4) If not using effective birth control or any other doubts, do not give MMR.

Contraindications for OPV:

1. patients who are immunosuppressed
2. family members of immunosuppressed patients.
3. In either case, where immunization against polio is indicated, use IPV.

Flu Vaccine

- 1) Any patient 50 years of age or older.
- 2) Any adult or child who has a chronic illness such as asthma, cardiac, diabetes.
- 3) Patients with immunological disorders, including AIDS.
- 4) Procedure:
 - a) Ask the patient if they have an allergy to eggs and if the answer is yes withhold the injection.
 - b) Have the patient read the vaccine information.
 - c) Have the patient sign the consent log.
 - d) Administer 0.5 ml influenza vaccine I.M.
 - e) Record injection on progress note/nursing order sheet.
 - f) Document on progress note if received at another health site or declined immunization.
- 5) Dosages and routes of administration will be in compliance with current U.S. Public Health Service Immunization Practices Advisory Committee's recommendations posted at each nursing station.

Documentation/Procedure for other Immunizations besides Flu Vaccine.

1. Completes lot log with patient's name and medical record numbers.
2. Give vaccine and record information on order sheet.
3. Review adverse effects with parent/guardian.
4. Complete charge on encounter form.

Exceptions: Vaccine will be withheld and continuity or clinic attending notified if patient has signs or symptoms of acute illness (i.e., vomiting or temperature over 39C oral or 40C rectal.)

5. Depo-Provera 150mg 1dl

- a. Any female of childbearing age.
- b. Has discussed with primary provider the indications/side effects and contraindications and has signed a consent form.
- c. Procedure:
 1. The patient will receive the first injection during a visit with the primary provider. A urine pregnancy test must be performed prior to the first injection.

> 80 mg/dl

< 300 mg/dl

- e. The supervising RN and/or Attending will be consulted as needed.

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- b. Has discussed with primary provider the indications/side effects and contraindications and has signed a consent form.
- c. Procedure:
 1. The patient will receive the first injection during a visit with the primary provider. A urine pregnancy test must be performed prior to the first injection.
 2. At the second visit, nursing staff must ask if patient has had menstrual periods and document date of LMP. If patient has not had a period in the past one month, a urine pregnancy test must be performed.
 3. Thereafter the patient may have a nurse visit every 12 weeks for the injection.
 4. If she is 13 weeks or greater after her last injection, a pregnancy test is done. If negative the injection is given and the patient receives a prescription for forms and condoms x 1 mo.

2. At the second visit, nursing staff must ask if patient has had menstrual periods and document date of LMP. If patient has not had a period in the past one month, a urine pregnancy test must be performed.
 3. Thereafter the patient may have a nurse visit every 12 weeks for the injection.
 4. If she is 15 weeks or greater after her last injection, a pregnancy test is done. If negative the injection is given and the patient receives a prescription for forms and condoms xlmo.
6. WIC Forms: the following information is needed for WIC forms and may be obtained during nurse appointment and/or from patients medical record if current within the past 60 days:
 - a. Prenatal:
HCT/HGB
Height
Pregravid Weight
Current Weight
EDC
 - b. Infants under six months:
Height/weight.
Birth data if within 60 Days of birth
Hgb or HCT not required
 - c. Infants six months of age or older and children:
(first time applying Height/weight)
Hgb or Hct is required.
 - d. Children ages one to five:
Height/length and weight are required.
Hgb for Hct once every 6 months if Hgb or Hct abnormal (i.e. llg/dl or 33% respectively)
7. Treatment of Sexually Transmitted Disease (STD)
 - a. Gonorrhea:
Treatment requires providers written order including specific dose, medication and schedule and must be in accordance with S.F. Public Health guidelines.
Allergy history will be taken and documented prior to treatment.
 - b. Syphilis:
Treatment of primary, secondary or tertiary syphilis requires written order including specific medication, dose and schedule of treatment. Allergy history will be taken and documented prior to treatment.
 - c. For any injection antibiotics, patient will be observed in clinic for 15 minutes after injection.