Learner's Guide

Document Use

in Entry Level Healthcare Occupations

Essential Skills Resources for Aboriginal Learners

Career Enhancement Programs
Business Division
SIAST Wascana Campus

2011

SIAST
SASKATCHEWAN INSTITUTE OF APPLIED SCIENCE AND TECHNOLOGY

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Figure 1 File Hills Qu'Appelle Tribal Council

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Introduction

Welcome

Welcome to a course that will help you sharpen your document use skills. Documents play an important role in healthcare settings where Aboriginal persons are employed or are patients/clients. This course provides a unique opportunity to learn how much you already know about document use and improve your ability to work with different types of healthcare documents.

What's this guide about?

This guide is about the displays of information found in healthcare work. We see displays of information—signs, lists, graphs—around us all the time. Nature and the man-made world have a variety of displays that we read and respond to in different ways every day. This guide is about displays of information that man has made to help guide what people do as healthcare workers. You will learn, however, that there are similarities between the information displays that are man-made and the ones found in nature.

What's the purpose of this guide?

This guide contains ideas and exercises to help you learn how to use different kinds of healthcare documents. Many different types of documents are used in healthcare occupations today, and healthcare workers have to know how to read and use them properly.

What do we mean by "healthcare documents"?

Healthcare documents are often the paper (or computer) displays of information that healthcare workers use as they do their jobs. Some examples are:

- attendance or work schedules,
- equipment gauges,
- how to work safely (occupational health and safety signs),
- steps to operate equipment,
- lists of tasks to be completed,
- information sheets about the chemical products that are being used, and
- patient information sheets and patient charts.

Some information displays in healthcare are used to remind you of things to be done. Some are used to warn you of hazards in the work environment. Some explain how to do things. There are many different healthcare occupations in which documents are used, and many different documents are used in each occupation.

You are reading this guide because you may be considering work in a healthcare occupation. Or you may be working in a healthcare occupation right now. Or you may be preparing to take training for future work in a healthcare occupation. This guide focuses on the documents used in entry level positions in healthcare, such as continuing care aide, licensed practical nurse, emergency medical technician, and housekeeping.

Document Use as a Skill

"Document Use" is one of the 9 Essential Skills that employers have said are important for workers to do their jobs. The 9 Essential Skills are:

- Reading Text
- Document Use
- Numeracy
- Writing
- Oral Communication
- Working with Others
- Continuous Learning
- Thinking Skills
- Computer Use

Document use involves the skills you need to work with information displays. Examples of document use are as follows:

- reading or making lists, labels or signs;
- entering information on forms, such as schedules;
- reading tables and using their information;
- figuring out the meaning of the information that appears on graphs or charts; and
- reading diagrams and drawings of how to put things together or how they work.

Often, when healthcare workers use documents, they are both reading them and adding information to them. And they also report what they see on documents to others, such as supervisors, head nurses and doctors. Clear handwriting is essential to accurately record and communicate information on healthcare documents.

How can I benefit from using the Learner's Guide?

You benefit from using this guide because it will help you to do your job in a better way. You may also benefit from using it in a course that is training you to work in healthcare. At the very least, you will learn a variety of the words and expressions used in healthcare workplaces. It is more likely, however, that you will develop your skills in using documents. In the future, you will orient to documents faster and be more comfortable managing the information on them.

What's in this guide?

This guide contains *exercises with documents used by different healthcare workers in their jobs*. Many of the documents come from actual healthcare workplaces; others come from training programs.

The reading pack is part of this guide. It provides ideas and tips on how to approach and use healthcare documents.

In the exercises, you will see documents and "read them" to find information or to fill in information. After you have completed each exercise, you can compare your answers with the correct answers. You can see how well you did and if you need to improve in some areas.

How will I learn to work with documents more effectively?

Your instructor will give you ideas about how to approach documents, how to view them and how to understand and use them. Once you learn what to look for, you will be able to approach documents and use them more easily and effectively. Learn and practise the strategies your instructor suggests.

What's the connection between document use and traditional Aboriginal culture?

In the traditional way of life, survival depended on understanding the displays of information in nature. Being able to observe and interpret signs in the natural environment meant a successful hunt or a safe journey. Being able to perceive change in the information displays of nature was critical to success in everyday life.

Similarly, healthcare workers caring for patients need to be able to read displays of information. Recording the correct information and communicating it to others when they need it affects what happens to patients—whether patients get the right treatment at the right time. Document use in healthcare helps everyone do their job for the patient. Likewise, reading the displays of nature correctly in traditional culture helped all members of the group or tribe to survive, be healthy and prosper.

Your instructor or trainer will help you see more connections between using documents and the traditional ways of life in your community. You will be surprised how much you already know and can help your instructor learn about Aboriginal culture and healthcare, past and present.

You will now start on an exploration of document use within the context of Aboriginal culture.

Reading Pack

Understanding Documents

1. When approaching a new document, look at the display of information. Answer the following questions:

- What are the parts of the document?
- How is the information organized on the document? What categories are used?
- Are there headings, tables, other dividers?
- How much white space (i.e., space on the page where there are no words or lines) is there? How is it used?
- Are there special terms that need to be understood?

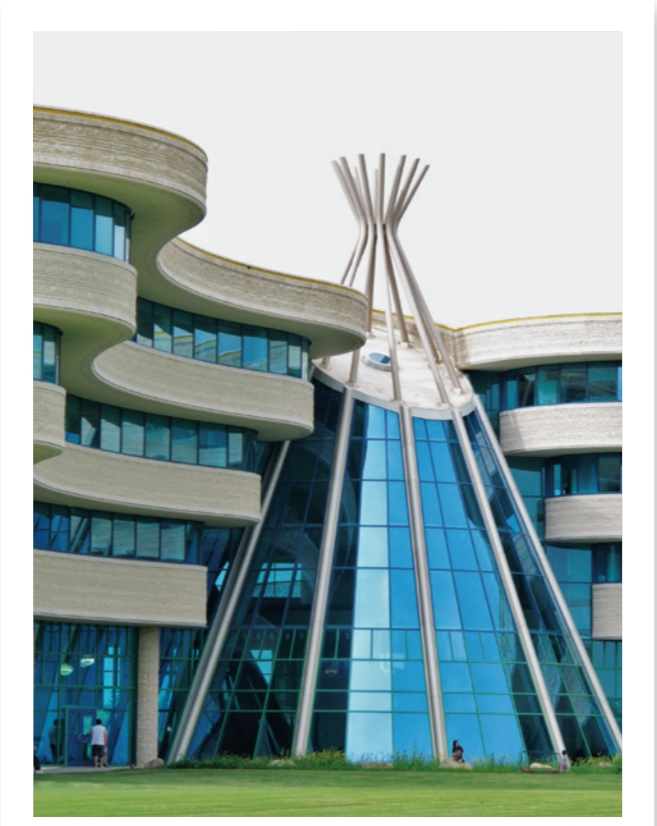

Figure 2 First Nations University of Canada, Regina, SK

Draw a parallel between this view of documents and reading the environment in traditional life. Answer the questions: "What are some things you might look for in the environment?" "What's in the background?" "What causes you to focus on one thing rather than another?"

2. Identify the purpose of the document.

- What is it used for?
- Who is involved in using this document and how do they use it?
- Who receives the information and what decisions will that person make?

The purpose of a document may be explained in its title. In healthcare settings documents may have purposes such as:

- collecting patient information;
- recording patients' vital signs (e.g., pulse, temperature)
- recording the amount of medication administered and the time it was given to the patient (i.e., on the "Medical Administration Record" (MAR);
- ensuring that all the necessary treatments are being applied on schedule; making decisions about what the patient needs next (i.e., on the "Patient Care Plan" (PCP); and
- following the instructions to use a particular piece of equipment.

The value of any document in healthcare depends on how it benefits the patient, caregiver or the healthcare system itself. Does it support what certain healthcare workers do? Does it aid a patient in a certain way? Does it aid a patient in a critical way or in a way that simply helps them move through the medical treatment system? It is important to know the purpose and the benefits of each healthcare document you use.

Main Tasks in Document Use

Here is a list of the tasks involved in working with documents generally.

1. Read the document (skim and scan).
2. Focus on key information.
3. Add/enter information or complete the document.
4. Do a calculation using the document.
5. Interpret the information (Answer the question: "What does this information mean?")
6. Communicate the information to other people (Decide who needs to know and the most effective way to let them know.)

A Strategy for Working with Documents

Here is a specific strategy that you can use to work with the sample healthcare documents in this guide.

1. Identify

- Identify the information that is given.
- Identify the information that is requested.
- Identify the key words in the question.

2. Scan

- Look for specific key words and/or similar words (Don't read line-by-line, use headings, bold text, start at the top of the page, scan in a zigzag pattern.)

3. Locate

- Find the data, word or phrase you are scanning for, stop scanning and read a few words, the sentence or the paragraph.

4. Decide

- Read the question again.
- Look at the information you have found. Is it the information that is requested?
- Do you need to scan further for other information or more information?

Skimming and Scanning

Skimming and scanning are two ways of searching for information in documents.

Skimming

Skimming is a technique that can help you to:

- Read more quickly (skimming is done three to four times faster than normal reading), and
- Get the gist (the main idea) of a page of a document. The gist helps you to decide whether you should read the document more slowly and in more detail.

Don't read the whole document word-for-word. Use as many clues as possible to give you some background information. Read the title, subtitles and subheadings to find out what the text is about. Look at the illustrations or pictures to give you further information about the topic.

Read the first and last sentence of each paragraph. Let your eyes skim over the surface of the text and, while thinking about any clues you have found about the subject, watch for key words. Continue to think about the meaning of the document.

Scanning

After you have skimmed a document, you may decide to use scanning techniques to locate specific information. Scanning is used, for example, to find a particular number in the telephone directory or find out the dosage of medication that was administered on the last shift.

Scanning involves moving your eyes quickly down the page seeking specific words or phrases. In most cases, you know what you are looking for, so you are concentrating on finding specific information.

When scanning, look for how organizers such as numbers, letters, steps, or the words, "First," "Second," or "Next" are used. Look for words that are bold-faced, italics, or in a different type size, style, or colour. Sometimes authors also put key ideas in the margin.

Skimming and scanning is an art in itself. It takes practice to know and understand what you should be looking for. It is possible to pull information from documents that is not so useful and skip over the important stuff. Take time to practice skimming and scanning and develop these skills.

Document Exercises

This section has 19 exercises with documents used in healthcare. The correct answers follow each exercise. Fifteen exercises are listed below.

Before you begin an exercise, your instructor or trainer will help you to learn the meaning of the words you need to know in the document. If your instructor or trainer forgets to do this, remind him or her to do so. She or he may direct you to a resource (dictionary or the Internet), or provide you with the meanings of words you need to know.

Documents that people use in the workplace are not always easy to read. Some of the reasons for this are poor handwriting, faded copies and small print. In the document exercises you may have trouble reading some text and handwriting. It is quite acceptable to use a magnifying glass. Use one if it will help.

The Patient Care Report for Emergency Medical Professionals (pages 22, 25 and 27) is difficult to read because of the small size of the print. At the end of this Guide there are larger 8.5"x14" copies for you to work on.

LIST OF DOCUMENT EXERCISES

9 ***Eating Well with Canada's Food Guide (1)***
9 *First Nations, Inuit and Métis*

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Eating Well with Canada's Food Guide (1)

First Nations, Inuit and Métis

Canada's Food Guide recommends the number of servings per day for different age groups. Look at Canada's Food Guide.

Canada's Food Guide

1. What are the four food groups?

2. Name three milk alternatives.

3. How many servings of milk and alternatives are recommended for an adult 19-50 years of age?

4. Name three traditional or wild game meats.

5. What is recommended to have more often than juice?

How to use Canada's Food Guide

The Food Guide shows how many servings to choose from each food group every day and how much food makes a serving.

1. Find your age and sex group in the chart below.
2. Follow down the column to the number of servings you need for each of the four food groups every day.
3. Look at the examples of the amount of food that counts as one serving. For instance, 125 mL (1/2 cup) of carrots is one serving in the Vegetables and Fruit food group.

What is one Food Guide Serving?

Look at the examples below.

	Recommended Number of Food Guide Servings per day			
	Children 2-3 years old	Children 4-13 years old	Teens and Adults (Females)	Teens and Adults (Males)
Vegetables and Fruit Fresh, frozen and canned.	4	5-6	7-8	7-10
Grain Products	3	4-6	6-7	7-8
Milk and Alternatives	2	2-4	Teens 3-4 Adults (19-50 years) 2 Adults (51+ years) 3	Teens 3-4 Adults (19-50 years) 2 Adults (51+ years) 3
Meat and Alternatives	1	1-2	2	3

Eat at least one dark green and one orange vegetable each day. Choose

Dark green and orange vegetables
125 mL (1/2 cup)

Other vegetables
125 mL (1/2 cup)

Make at least half of your grain products whole grain each day. Choos

Bread
1 slice (35 g)

Bannock
35 g (2" x 2" x 1")

Drink 500 mL (2 cups) of skim, 1% or 2% milk each day. Select lower fat

Milk
Powdered milk, mixed
250 mL (1 cup)

Have meat alternatives such as beans, lentils and tofu often. Eat at lea

Traditional meats and wild game
75 g cooked (2 1/2 oz)/125 mL (1/2 cup)

Fish and shellfis
75 g cooked (2 1/2 oz)/125 m

When cooking or adding fat to food:

- Most of the time, use vegetable oils with unsaturated fats. T
  include canola, olive and soybean oils.
- Aim for a small amount (2 to 3 tablespoons or about 30-45 m
  each day. This amount includes oil used for cooking, salad d
  margarine and mayonnaise.

Eating Well Every Day

Canada's Food Guide describes healthy eating for Canadians two years of age or older.

Choosing the amount and type of food recommended in Canada's Food Guide will help:

- children and teens grow and thrive
- meet your needs for vitamins, minerals and other nutrients
- lower your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis (weak and brittle bones).

ay. Choose vegetables and fruit prepared with little or no added fat, sugar or salt. Have vegetables and fruit more often than juice.

Leafy vegetables and wild plants
cooked 125 mL (1/2 cup)
raw 250 mL (1 cup)

Berries
125 mL (1/2 cup)

Fruit
1 fruit or 125 mL (1/2 cup)

100% Juice
125 mL (1/2 cup)

day. Choose grain products that are lower in fat, sugar or salt.

Cold cereal
30 g (see food package)

Hot cereal
175 mL (3/4 cup)

Cooked pasta
125 mL (1/2 cup)

Cooked rice
White, brown, wild
125 mL (1/2 cup)

lower fat milk alternatives. Drink fortified soy beverages if you do not drink milk.

Fortified soy beverage
250 mL (1 cup)

Canned milk
(evaporated)
125 mL (1/2 cup)

Yogurt
175 g (3/4 cup)

Cheese
50 g (1 1/2 oz.)

Eat at least two Food Guide Servings of fish each week.* Select lean meat and alternatives prepared with little or no added fat or salt.

and shellfish
2 oz)/125 mL (1/2 cup)

Lean meat and poultry
75 g cooked (2 1/2 oz)/125 mL (1/2 cup)

Eggs
2 eggs

Beans – cooked
175 mL (3/4 cup)

Peanut butter
30 mL (2 Tbsp)

ted fats. These

ut 30-45 mL)
g, salad dressings,

- Traditional fats that are liquid at room temperature, such as seal and whale oil, or ooligan grease, also contain unsaturated fats. They can be used as all or part of the 2-3 tablespoons of unsaturated fats recommended per day.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard, shortening and bacon fat.

*Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information. Consult local, provincial or territorial governments for information about eating locally caught fish.

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What is one Food Guide Serving?

Look at the examples below

Recommended Number of Food Guide Servings per day

Meat and Alternatives	1	1-2	2	3

Fish and shellfish
75 g cooked (2 1/2 oz)/125 mL

When cooking or adding fat to food:

- Most of the time, use vegetable oils with unsaturated fats. They include canola, olive and soybean oils.
- Aim for a small amount (2 to 3 tablespoons or about 30-45 mL) each day. This amount includes oil used for cooking, salad dressings, margarine and mayonnaise.

Answers

Eating Well with Canada's Food Guide (1)

First Nations, Inuit and Métis

Canada's Food Guide recommends the number of servings per day for different age groups. Look at Canada's Food Guide.

Canada's Food Guide

1. What are the four food groups?
    - vegetables and fruit
    - grain products
    - milk and alternatives
    - meat and alternatives
2. Name three milk alternatives.
    - soy beverage
    - yoghurt
    - cheese
3. How many servings of milk and alternatives are recommended for an adult 19-50 years of age?
    - 2
4. Name three traditional or wild game meats.
    - beaver
    - elk
    - rabbit
    - turkey, goose, or other wild bird
    - moose
    - seal
    - deer
5. What is recommended to have more often than juice?
    - vegetables and fruit

Aboriginal Cancer Prevention Newsletter (2)

Issue 1.2009-2010 Provided by "Cancer Care Ontario" (www.cancercare.on.ca).

Researchers and cancer health professionals record data for statistical purposes. They gather information about the rate of breast cancer in women.

Look at the graph and read the text in the *Aboriginal Breast Cancer Study: Research Towards Improving Cancer Care in Ontario*.

Graph

1. What is the percentage of First Nations women who are alive after five years?

2. How does that compare to non-First Nations women?

3. Why is the survival rate lower in First Nations women?

Aboriginal Cancer Prevention Newsletter

Issue 1. 2009-2010

Aboriginal Breast Cancer Study: Research Towards Improving Cancer Care in Ontario

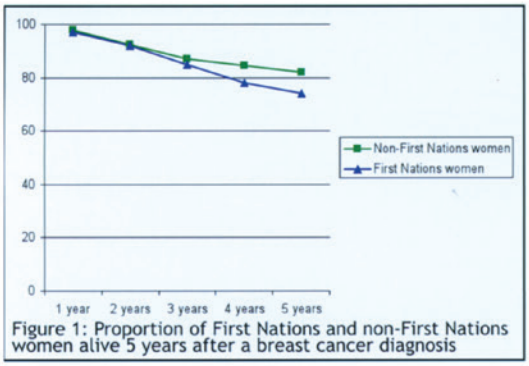

Figure 1: Proportion of First Nations and non-First Nations women alive 5 years after a breast cancer diagnosis

Breast cancer is the most common cancer among women, regardless of ethnicity. Although breast cancer occurs more often among the general population than among First Nations women in Ontario, First Nations women do not live as long after diagnosis. (Figure 1)

Researchers and breast health professionals at Cancer Care Ontario (CCO) and provincial Regional Cancer Centres collaborated on an Aboriginal Breast Cancer (ABC) Study that examined reasons for the survival difference between First Nations women and the general population in Ontario after a breast cancer diagnosis.

For this work, 287 First Nations and 671 non-First Nations women with a breast cancer diagnosis between 1995-2004 were matched according to 3 factors; Regional Cancer Centre attended, age at diagnosis and period of diagnosis. This 'matching' is done to account for differences in survival that may be due to these 3 factors, so that other factors which may be actionable can be focused on.

In summary, the study revealed that First Nations women are being diagnosed with breast cancer at a more advanced stage at diagnosis compared to other Ontario women. Not being screened for breast cancer, having a higher Body Mass Index (BMI) or having other health conditions, all contributed to diagnosing the cancer at a later stage, in turn, contributing to an increased risk of death.

As Canada's population ages, more families and communities will become affected with breast cancer. It is vital to establish health care pathways to lengthen and improve life after a diagnosis. The results of this study may support improvements in cancer care for First Nations people.

The findings from this study were at the Aboriginal Breast Cancer Workshop, April 2009 in Toronto, Ontario.

Amanda J. Sheppard, B.Sc., M.Sc.
This research is supported by the Canadian Breast Cancer Foundation – Ontario Region.
Amanda Sheppard is supported by a Canadian Breast Cancer Foundation – Ontario Chapter Doctoral Fellowship."

For more information on this study please contact: amanda.sheppard@cancercare.on.ca

Feature Recipe - Lightened Up Hummus

3/4 cup (175 mL) fat-free plain yogurt
1 can (19 oz/540 mL) chickpeas, drained and rinsed
2 tbsp (25 mL) lemon juice
1 tbsp (15 mL) sesame oil
1 tsp (5 mL) ground cumin
1/4 tsp (1 mL) salt
Pinch cayenne pepper
2 cloves garlic, minced
1 tbsp (15 mL) extra-virgin olive oil
Pinch paprika

Preparation: Line small sieve with cheesecloth; set over bowl. Add yogurt; drain in refrigerator until reduced by half, about 2 hours. In food processor, purée yogurt, chickpeas, lemon juice, sesame oil, cumin, salt and cayenne pepper until smooth; scrape into bowl. Stir in garlic. (Make-ahead: Cover and refrigerate for up to 3 days.) Drizzle oil over top; sprinkle with paprika.

Per 1 tbsp (15ml): cal 26• protein 1g• total fat 1g• sat fat trace• carb 3g• fibre 1g• chol 0mg• sodium 55mg
Source: Canadian Living Magazine: October 2004

Nutrition Corner

A new study conducted by the Risk Factor Modification Centre at St. Michael's Hospital in Toronto shows adding beans to your diet can improve glucose control. They are foods with big health benefits - legumes, chickpeas, kidney beans, black beans, navy beans and lentils –all help regulate blood sugar, lower cholesterol and blood pressure and guard against heart attack and cancer.

To learn more about this study visit:
http://www.theglobeandmail.com/life/health/beans-good-for-your-heart-and-blood-sugar/article1241208/

cancer care ontario | action cancer ontario

Better cancer services every step of the way

Aboriginal Cancer Prevention Newsletter

Issue 1. 2009-2010

Aboriginal Breast Cancer Study: Research Towards Improving Cancer Care in Ontario

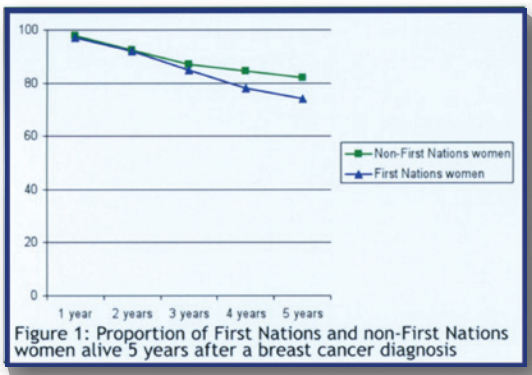

Figure 1: Proportion of First Nations and non-First Nations women alive 5 years after a breast cancer diagnosis

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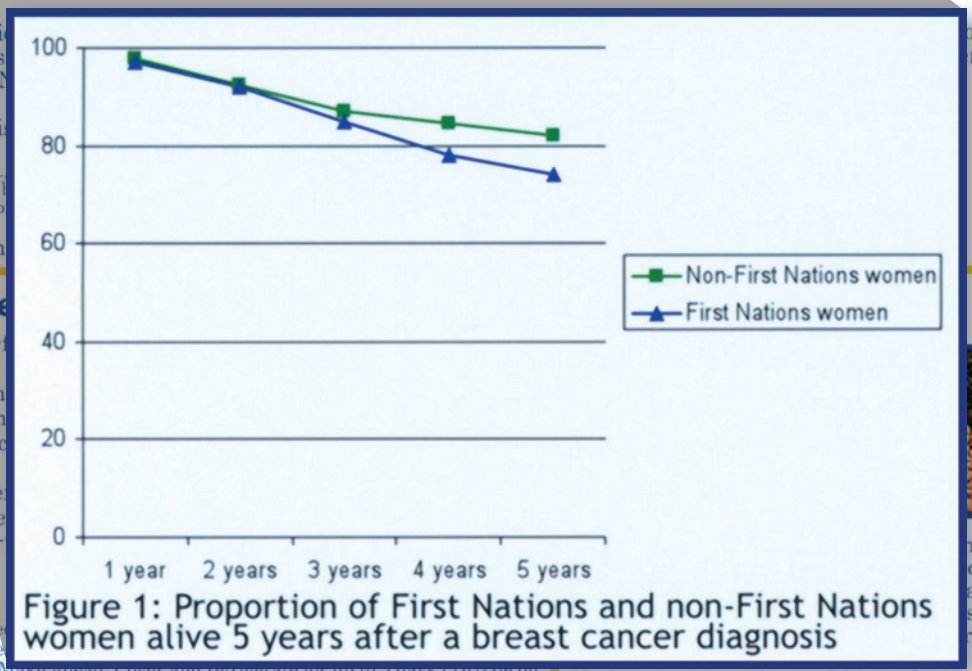

Figure 1: Proportion of First Nations and non-First Nations women alive 5 years after a breast cancer diagnosis

Feature Re…

3/4 cup (175 mL) fat-…
1 can (19 oz/540 mL) …
2 tbsp (25 mL) lemon …
1 tbsp (15 mL) sesam…
1 tsp (5 mL) ground c…
1/4 tsp (1 mL) salt
Pinch cayenne peppe…
2 cloves garlic, mince…
1 tbsp (15 mL) extra-…
Pinch paprika

Preparation: Line small … refrigerator until reduce… chickpeas, lemon juice, se… into bowl. Stir in garlic. (Make ahead: Cover and refrigerate for up to 3 days.) Drizzle on over top; sprinkle with paprika.

Per 1 tbsp (15ml): cal 26• protein 1g• total fat 1g• sat fat trace• carb 3g• fibre 1g• chol 0mg• sodium 55mg
Source: Canadian Living Magazine: October 2004

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To learn more about this study visit:
http://www.theglobeandmail.com/life/health/beans-good-for-your-heart-and-blood-sugar/article1241208/

cancer care ontario | action cancer ontario

Better cancer services every step of the way

Answers

Aboriginal Cancer Prevention Newsletter (2)

Issue 1.2009-2010 Provided by "Cancer Care Ontario" (www.cancercare.on.ca).

Researchers and cancer health professionals record data for statistical purposes. They gather information about the rate of breast cancer in women.

Look at the graph and read the text in the *Aboriginal Breast Cancer Study: Research Towards Improving Cancer Care in Ontario*.

Graph

1. What is the percentage of First Nations women who are alive after five years?
    - 72 or 73%
2. How does that compare to non-First Nations women?
    - 81 or 82%
3. Why is the survival rate lower in First Nations women?
    - First Nations women are being diagnosed with breast cancer at a more advanced stage at diagnosis compared to other Ontario women.

Health Care Professionals (3)

All Health Care Professionals are required to follow hand washing procedures. Look at the seven steps of hand washing.

7 Steps of Handwashing

1. What song do you sing to yourself to indicate 15 seconds?

2. When should waterless hand cleansers not be used?

3. How many pumps of waterless hand cleanser are needed to cover all surfaces?

4. What do you use to turn the taps off?

7 STEPS OF HANDWASHING

- REMOVE RINGS AND OTHER HAND JEWELRY
- TURN ON WATER AND WET HANDS
- APPLY SOAP
- FRICTION TO ALL SURFACES FOR MINIMUM OF 15 SECONDS (SING HAPPY BIRTHDAY TO YOURSELF)
- RINSE WELL UNDER RUNNING WATER
- PAT HANDS DRY WITH CLEAN PAPER TOWEL
- TURN TAPS OFF WITH DRY PAPER TOWEL

WATERLESS HAND CLEANSERS

- KNOW THE PRODUCT
- **DO NOT** USE OF HANDS ARE VISIBLY SOILED
- **DO NOT** USE ON GLOVED HANDS
- **DO NOT** USE WHEN THERE IS CONTACT WITH C. DIFF.
- APPLY ENOUGH PRODUCT ON PALM OF HAND TO COVER ALL SURFACES (2 FULL PUMPS)
- RUB VIGOROUSLY OVER ALL SURFACES OF HANDS UNTIL HANDS ARE DRY

Answers

Health Care Professionals (3)

All Health Care Professionals are required to follow hand washing procedures. Look at the seven steps of hand washing.

7 Steps of Handwashing

1. What song do you sing to yourself to indicate 15 seconds?
    - Happy Birthday
2. When should waterless hand cleansers not be used?
    - on visibly soiled hands
    - on gloved hands
    - when there is contact with C. Diff.
3. How many pumps of waterless hand cleanser are needed to cover all surfaces?
    - 2 full pumps
4. What do you use to turn the taps off?
    - dry paper towel

Emergency Medical Services Professionals (4)

Emergency Medical Services Professionals complete Patient Care Reports in a timely manner before handing patients off to the next care level. Look at the Patient Care Report.

Patient Care Report (A)

1. Where did EMS find the patient?

2. Circle or highlight the position in which the patient was found?

3. Describe the patient's first reaction when EMS first arrived.

4. In what body part did the patient have pain after the fall?

5. Where did EMS take the patient?

6. Who was the receiving physician?

7. Circle or highlight one medication EMS administered to the patient.

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Emergency Health Care Department
PATIENT CARE REPORT

FOR STUDENT USE ONLY

Date Responded: dd 01 mm 03 yyyy 2010

Service Location

Patient Information

Health Services Number	XXXXXXXXXX
Supplementary Health Plan	X
First Name	
Last Name	XXXXXXXXX
Date of Birth	dd 16 mm 03 yyyy 1991
Sex	F
Mailing Address: Street	XXXXXXXXXXXXXXXXXXXXXXXX
City / Prov. / Postal Code	XXXXXXXXXXXXXXXXXXXXXXXX
Bus. Phone / Res. Phone	XXXXXXXXXXXXXXXXXXXXXXXX
Alternate: Name / Relationship / Phone	XXXXXXXXXXXXXXXXXXXXXXXX
Street	XXXXXXXXXXXXXXXXXXXXXX
City / Prov / Postal Code	XXXXXXXXXXXXXXXXX
Medic Alert	
Allergies	NKA
Band Name	XXXXXXXXXX
DIAND#	XXXXXXXXXXXXX
MSI/GMS/Other Insurance	XXXXXXXXXXXXXXXXXX

Onset 01 -   c/c fall Ⓡ shoulder pain

Assessment Codes

Altered LOC
026 Hyperglycemia
022 Hypoglycemia
020 Non-Trauma Seizure <= 14 Years
025 Trauma Altered LOC
029 Other Non-Trauma Altered
[✓ 023] Presyncope/Syncope NYD
021 Seizure (Non-pregnant/hypoglycemic)
024 TIA/CVA

Cardiac
045 Chest Pain Non-Cardiac
044 Chest Pain - Stable
043 Chest Pain - Unstable
064 Non-Trauma Adult Arrest (Disc. at Scene)
063 Non-Trauma Adult Arr (No pulse at Dest)
062 Non-Trauma Adult Arrest (pulse at Dest)
061 Non-Trauma Arrest <= 14 Years
069 Other Cardiac Arrest
048 Other Cardiac/Dysrhythmia
041 Perfusing VTach (wide complex)
042 PSVT>140 BPM
060 Sudden Death (No Resuscitation)
040 Symptomatic Bradycardia

Respiratory
052 Asthma <= 14 Years
055 Asthma/COPD Adult (Severe)
054 Asthma/COPD Adult (Minor)
056 CHF/Pulmonary Edema
053 Asthma/COPD/CHF-Resp. Arrest
059 Other Dyspnea
057 Pneumonia
050 Upper Airway Obst. <= 14 Years
051 Upper Airway Obst. Adult

GI/GU
076 ABD/Flank Pain <= 45 Yrs (BP>90) Stable
073 ABD/Flank Pain >45 Yrs (BP<90) Unstable
074 ABD/Flank Pain >45 Yrs (BP>90) Stable
075 ABD/Flank Pain <= 45 Yrs (BP<90) Unstable
072 GI Bleed (BP>90) Stable
071 GI Bleed (BP<90) Unstable
077 Nausea/Vomiting (Adult) (NYD)
079 Other GI/GU
070 GI/GU <= 14 Years

Major Illness
100 Cancer
101 Diabetes
103 Emphysema
106 Hemophilia
108 Hepatitis
107 HIV/AIDS
104 Kidney Failure
105 Liver Failure
109 Meningitis
102 Multiple Sclerosis

Major Trauma
[✓ 007] Fall
005 Gunshot
004 Struck By Vehicle
003 Motor Bicycle Accident
002 Motor Vehicle Accident
009 Other Major Trauma
001 Pediatric Major Trauma <= 14 Years
006 Stabbing
000 Trauma Arrest (Resusc. Attempted)

Minor Trauma
013 Fracture/Dislocation - Hip
[✓ 014] Fracture/Dislocation - Extremity
016 Burns - Minor
015 Burns - Major
017 Eye Injury
019 Other Minor Trauma
010 Minor Trauma <= 14 Years
018 Soft Tissue Injury
011 Spinal Injury - with deficit
012 Spinal Injury - without deficit

Miscellaneous
091 Anaphylaxis/Allergic Reaction
094 Back Pain Non-Trauma - (BP>90) Stable
090 Back Pain Non-Trauma - (BP<90) Unstable
096 Epistaxis
095 Headache
098 Med-Evac (No Intervention)
099 No application code
097 No Treatment - No Transport
092 Psychological
093 Transfer (No Treatment)

OD/Poisons
031 CO Poisoning/Smoke Inhalation
035 Isolated ETOH Ingestion
033 Possible Narcotic Overdose
039 Other Overdose/Poisoning
034 OD/Poisoning with altered LOC
036 OD/Poisoning without altered LOC
030 OD/Poisoning <= Under 14 Years
032 Possible Tricyclic Overdose

OBS/GYN
081 1st/2nd Trimester (<26 weeks) Bleeding
085 1st/2nd Trimester not Bleeding
080 3rd Trimester (>26 weeks) Bleeding
082 Delivery
089 Other OB/GYN
084 PreEclampsia Eclampsia (Seizure)
087 R/O Ruptured Ectopic Pregnancy
083 3rd Trimester Labour
086 Vaginal Bleeding - Not pregnant

Study: Project 1 | Project 2 | Project 3

Trip Record

Service 216   Patient Number 1 of 1   Responder PCR # G92 800
Internal Ref # 10030118

Resident Type
0 Not Applicable
[✓ 1 Prov. Resident]
2 Out of Province
3 Treaty Indian
4 RCMP
5 Armed Forces

Type of Call
02 Acute Illness
30 Cancelled Call
10 Deceased Removal
44 Emer. Serv. Standby
[✓ 01 Injury-Trauma]
50 MCI
25 Med Evac
22 Neonatal
20 Obstetrics
99 Other
35 Refused Service
40 Sports Stand-by
08 Coordinated Trans
09 Special Out of Prov
31 Treated no Trans
03 Trans. Non-Admit
04 Trans. Admitted
06 Trans. Miscell
05 Trans. Convales
07 Trans. Diag. Return
12 Trans. Equip/Team
11 Trans. Organs

Location Category - Location Code
01 Urban Street: 01 Scene, 02 Pvt Intercept, 03 ALS Intercept, 04 BLS Intercept
02 Road/Highway: 01 Scene, 02 Pvt Intercept, 03 ALS Intercept, 04 BLS Intercept
[✓ 03 Residence]: [✓ 01 House], 02 Apartment, 03 Senior Complex, 04 Mobile Home, 05 Pers. Care Hm, 06 Trailer Court, 99 Other
04 Recreational Area: 01 Swimming Pool, 02 Ice Rink, 03 Curling Rink, 04 Golf Course, 05 Sport Complex, 06 Stadium, 07 Race Track, 08 Sports Field, 99 Other
05 Public Place: 01 Shopping Mall, 02 Theatre, 03 Restaurant, 04 Night Club Bar, 05 Hotel/Motel, 06 School/College, 07 Church, 08 Meeting Hall, 99 Other
06 Job Site
08 Transport Terminal: 01 Air Terminal, 02 Bus Terminal, 03 Rail Terminal, 04 Air Ambulance, 05 Ferry, 99 Other
09 Health Facility: 01 Hospital, 02 Health Centre, 03 Integrated Care, 04 Mental Health, 05 Crisis Centre, 06 Health and Soc, 99 Other
10 Nursing Home
11 Doctor's Office
12 Farm: 01 Residence, 02 Buildings, 03 Land
13 Morgue/Funeral: 01 Morgue, 02 Funeral Home
15 Corrections Facil: 01 Police Detention, 02 Provincial Facility, 03 Federal Facility, 04 Juvenile Facility
16 Reserve: 01 Street/Road, 02 Residence, 03 Recreational Area, 04 Public Place, 05 Job Site, 06 Health Facility, 07 Nursing Home, 08 Doctor's Office, 09 Funeral Home, 10 Corrections Fac, 99 Other
17 Parks: 01 Provincial, 02 Regional, 03 National, 04 Municipal, 05 Resorts, 99 Other

Pickup		91033
Destination	RGH ER	00129
Sending Physician	Receiving Physician: Scott	
Attendant 1		104858
Attendant 2		306376
Attendant 3		008920

Ambulances

Station Number 01
1st Unit 1584
2nd Unit XXXXX

Responses

To		From
-	Cancelled	0
1	Scheduled	1
[✓ 2]	Non-Urgent	[✓ 2]
4	Emergency	4
	Removal	5

Priority

Scene		Destn
1	No Patient	1
2	Minor	2
[✓ 3]	Serious	[✓ 3]
4	Life Threat	4
5	No Life Signs	5

Ambulance Time Record

Time of Call XXXX : XX
Time Responded XXXX : XX

[✓ 1 ALS]   2BLS   3ALS & BLS

BLS Arrived Scene	XX	XXXX	XX
ALS Arrived Scene	XX	XXXX	XX
At Patient's Side	XX	XXXX	XX
Departed Scene	XX	XXXX	XX
Arrived Destination	XX	XXXX	XX
Unit Clear	XX	XXXX	XX
Arrived at Base	XX	XXXX	XX

Vital Signs

Time	Pulse	BP	Resp.	02 Sat.	Pupils	Glasgow	O/A/P
2133	86	126/56	20	98		15	O
	90	128/P	20	99		15	P
BGL -	11.9	mmol/L					

History

91 y/o ♀ c/o Ⓡ Shoulder pain after fall. pt. Stood from recliner, became dizzy and blacked out. [PMHx] MI x2, HTN, Osteoporosis

On Exam

O/A: pt. laying on left hand side in fetal position. pt. tracked our approach once we entered but she did not react when we banged on the door and called to her (initially door was locked - daughter brought key). pt. appears to be in distress.

O/E: [AVPU] - pt. will talk but is confused, seems d/t pain [A] patent [B] non-labored [C] strong, irregular radial [SKIN] pink, warm, dry [MEDS] list w/pt [Head] denies pain,

Procedures/Treatment

Procedures/Treatment	Fluids / Medications	Time	Treatment Description / Comments	O/A/P
			dizziness or double vision, Ø crepitis & deformities [Neck] Ø C-spine pain	
			[CHEST] Ø pain [ABD] Ø pain [PELVIS] stable [EXT] slight tingling in feet, crepitus	
			upon palpation to Ⓡ shoulder, 10/10 pain, pain along Ⓡ scapula but Ø	
			crepitus or deformity	
01			Hx & Assessment	P
10	35	2138	vitals / SpO2 - 98% on RA	O
43	93		20G in L hand N/S	O
43	69	2137	25mg Gravol IV	O
43	41	2138	25 mg morphine SIVP	O

O - observed, A - assisted, P - performed

1008 2249

Answers

Emergency Medical Services Professionals (4)

Emergency Medical Services Professionals complete Patient Care Reports in a timely manner before handing patients off to the next care level. Look at the Patient Care Report.

Patient Care Report (A)

1. Where did EMS find the patient?
    - at her residence, house
2. Circle or highlight the position in which the patient was found?
    - laying on left hand side in fetal position
3. Describe the patient's first reaction when EMS first arrived.
    - she did not react when we banged on the door and called to her
4. In what body part did the patient have pain after the fall?
    - shoulder
5. Where did EMS take the patient?
    - RGH ER
6. Who was the receiving physician?
    - Scott
7. Circle or highlight one medication EMS administered to the patient.
    - 25 mg. Gravol, or
    - 25 mg. Morphine

Emergency Medical Services Professionals (4)

Emergency Medical Services Professionals complete Patient Care Reports in a timely manner before handing patients off to the next care level. Look at the Patient Care Report.

Patient Care Report (B)

Enter the following information on the blank Patient Care Report:

EMS attended Mavis Delorme, female, born July 28, 1974. She had been cleaning a recreational area on her reserve using a tractor and other equipment. The tractor had turned over on a hillside, pinning her beneath a wheel. Others working with her had lifted the tractor off her before EMS arrived. She was experiencing severe abdominal pain and exhibited lacerations of the soft tissue of her chest, abdomen and both arms. This was an emergency response with the patient in a life threatening situation. One of the attending EMS personnel was: Derek, 002374.

On the form, enter the following:

- first name and last name
- sex
- type of call (circle the number)
- patient number
- where the accident happened (circle the numbers)
- appropriate major and minor trauma codes (circle the numbers)
- the name and number of the EMS personnel
- information on priority and responses
- a short description of what happened in history

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PATIENT CARE REPORT

Tour # ______ Shift # ______ Call # ______

FOR STUDENT USE ONLY

Date Responded: dd | mm | yyyy

Service Location ____________________

Patient Information

Health Services Number X X X X X X X X X X — Supplementary Health Plan X

First Name — Last Name

Date of Birth dd mm yyyy — Sex

Mailing Address — Street X X X X X X X X X X X X X X X X X X X X X X X X X X

City — Prov. — Postal Code X X X X X X X X X X X X X X X X X X X X X X X X X X

Bus. Phone — Res. Phone X X X X X X X X X X X X X X X X X X X X X X X X X X

Alternate — Name — Relationship — Phone X X X X X X X X X X X X X X X X X X X X X X X X X X

Street X X X X X X X X X X X X X X X X X X X X X X

City — Prov — Postal Code X X X X X X X X X X X X X X X X X X X X

Medic Alert — Allergies

Band Name X X X X X X X X X X — DIAND# X X X X X X X X X X X X X X X

MSI/GAIS/Other Insurance X X X X X X X X X X X X X X X X X X X X X

Onset — c/c

Assessment Codes

Altered LOC:
026 Hyperglycemia
022 Hypoglycemia
020 Non-Trauma Seizure <= 14 Years
025 Trauma Altered LOC
029 Other Non-Trauma Altered
023 Presyncope/Syncope NYD
021 Seizure (Not-pregnant/hypoglycemic)
024 TIA/CVA

Cardiac:
045 Chest Pain Non-Cardiac
044 Chest Pain - Stable
043 Chest Pain - Unstable
064 Non-Trauma Adult Arrest (Disc. at Scene)
063 Non-Trauma Adult Arr. (No pulse at Dest.)
062 Non-Trauma Adult Arrest (pulse at Dest.)
061 Non-Trauma Arrest <= 14 Years
069 Other Cardiac Arrest
049 Other Cardiac/Dysrhythmia
041 Perfusing VTach (wide complex)
042 PSVT>140 BPM
060 Sudden Death (No Resuscitation)
040 Symptomatic Bradycardia

Respiratory:
052 Asthma <= 14 Years
055 Asthma/COPD Adult (Severe)
054 Asthma/COPD Adult (Minor)
056 CHF/Pulmonary Edema
053 Asthma/COPD/CHF-Resp. Arrest
059 Other Dyspnea
057 Pneumonia
050 Upper Airway Obst. <= 14 Years
051 Upper Airway Obst. Adult

GI/GU:
076 ABD/Flank Pain <= 45 Yrs (BP>90) Stable
073 ABD/Flank Pain >45 Yrs (BP<90) Unstable
074 ABD/Flank Pain >45 Yrs (BP>90) Stable
075 ABD/Flank Pain <= 45 Yrs (BP<90) Unstable
072 GI Bleed (BP>90) Stable
071 GI Bleed (BP<90) Unstable
077 Nausea/Vomiting (Adult) (NYD)
079 Other GI/GU
070 GI/Gu <= 14 Years

Major illness:
100 Cancer
101 Diabetes
103 Emphysema
106 Hemophilia
108 Hepatitis
107 HIV/AIDS
104 Kidney Failure
105 Liver Failure
109 Meningitis
102 Multiple Sclerosis

Major Trauma:
007 Fall
005 Gunshot
004 Struck By Vehicle
003 Motor Bicycle Accident
002 Motor Vehicle Accident
009 Other Major Trauma
001 Pediatric Major Trauma <= 14 Years
006 Stabbing
000 Trauma Arrest (Resusc. Attempted)

Minor Trauma:
013 Fracture/Dislocation - Hip
014 Fracture/Dislocation - Extremity
016 Burns - Minor
015 Burns - Major
017 Eye Injury
019 Other Minor Trauma
010 Minor Trauma <= 14 Years
018 Soft Tissue Injury
011 Spinal Injury - with deficit
012 Spinal Injury - without deficit

Miscellaneous:
091 Anaphylaxis/Allergic Reaction
094 Back Pain Non-Trauma - (BP>90) Stable
090 Back Pain Non-Trauma - (BP<90) Unstable
096 Epistaxis
095 Headache
098 Med-Evac (No Intervention)
099 No application code
097 No Treatment - No Transport
092 Psychological
093 Transfer (No Treatment)

OD/Poisons:
031 CO Poisoning/Smoke Inhalation
035 Isolated ETOH Ingestion
033 Possible Narcotic Overdose
039 Other Overdose/Poisoning
034 OD/Poisoning with altered LOC
036 OD/Poisoning without altered LOC
030 OD/Poisoning <= Under 14 Years
032 Possible Tricyclic Overdose

OBS/GYN:
081 1st/2nd Trimester (<26 weeks) Bleeding
085 1st/2nd Trimester not Bleeding
080 3rd Trimester (>26 weeks) Bleeding
082 Delivery
089 Other OB-GYN
084 PreEclampsia/Eclampsia (Seizure)
087 R/O Ruptured Ectopic Pregnancy
083 3rd Trimester Labour
086 Vaginal Bleeding - Not pregnant

Study: Project 1 | Project 2 | Project 3

Trip Record

Service — Patient Number — of — Responder PCR #

Internal Ref. #

Resident Type:
0 Not Applicable
1 Prov. Resident
2 Out of Province
3 Treaty Indian
4 RCMP
5 Armed Forces

Type of Call:
02 Acute Illness
30 Cancelled Call
10 Deceased Removal
44 Emer. Serv. Standby
01 Injury/Trauma
50 M.C.I.
25 Med-Evac
22 Neonatal
20 Obstetrics
99 Other
33 Refused Service
40 Sports Stand-by
08 Coordinated Trans
09 Special Out of Prov.
31 Treated no Trans.
03 Trans. Non-Adm.
04 Trans. Adm. Bed
06 Trans. Miscel.
05 Trans. Convales
07 Trans. Diag. Return
12 Trans. Equip/Team
11 Trans. Organs

Location Category - Location Code:
01 Urban Street — 01 Scene, 02 Pvt Intercept, 03 ALS Intercept, 04 BLS Intercept
02 Road Highway — 01 Scene, 02 Pvt Intercept, 03 ALS Intercept, 04 BLS Intercept
03 Residence — 01 House, 02 Apartment, 03 Senior Complex, 04 Mobile Home, 05 Pers. Care Hm., 06 Trailer Court, 99 Other
04 Recreational Area — 01 Swimming Pool, 02 Ice Rink, 03 Curling Rink, 04 Golf Course, 05 Sport Complex, 06 Stadium, 07 Race Track, 08 Sports Field, 99 Other
05 Public Place — 01 Shopping Mall, 02 Theatre, 03 Restaurant, 04 Night Club Bar, 05 Hotel/Motel, 06 School College, 07 Church, 08 Meeting Hall, 99 Other
06 Job Site
08 Transport Terminal — 01 Air Terminal, 02 Bus Terminal, 03 Rail Terminal, 04 Air Ambulance, 05 Ferry, 99 Other
09 Health Facility — 01 Hospital, 02 Health Centre, 03 Integrated Care, 04 Mental Health, 05 Crisis Centre, 06 Health and Soc, 99 Other
10 Nursing Home
11 Doctor's Office
12 Farm — 01 Residence, 02 Buildings, 03 Land
13 Morgue Funeral — 01 Morgue, 02 Funeral Home
15 Corrections Facil — 01 Police Detention, 02 Provincial Facility, 03 Federal Facility, 04 Juvenile Facility
16 Reserve — 01 Street Road, 02 Residence, 03 Recreational Area, 04 Public Place, 05 Job Site, 06 Health Facility, 07 Nursing Home, 08 Doctor's Office, 09 Funeral Home, 10 Corrections Fac, 99 Other
17 Parks — 01 Provincial, 02 Regional, 03 National, 04 Municipal, 05 Resorts, 99 Other

Pickup

Destination

Sending Physician — Receiving Physician

Attendant 1

Attendant 2

Attendant 3

Ambulances

Station Number

1st Unit

2nd Unit X X X X X

Priority Responses

To		From
-	Cancelled	0
1	Scheduled	1
2	Non-Urgent	2
4	Emergency	4
-	Removal	5

Scene		Destn.
1	No Patient	1
2	Minor	2
3	Serious	3
4	Life Threat	4
5	No Life Signs	5

Ambulance Time Record

Time of Call X X X X : X X

Time Responded X X X X : X X

	1 ALS	2 BLS	3 ALS & BLS
BLS Arrived Scene	X X	X X X X	X X
ALS Arrived Scene	X X	X X X X	X X
At Patient's Side	X X	X X X X	X X
Departed Scene	X X	X X X X	X X
Arrived Destination	X X	X X X X	X X
Unit Clear	X X	X X X X	X X
Arrived at Base	X X	X X X X	X X

Vital Signs

Time	Pulse	BP	Resp.	02 Sat.	Pupils	Glasgow	O/A/P
		/					
		/					
		/					

History

On Exam

Procedures/Treatment — **Fluids / Medications**

Time	Treatment Description / Comments	O/A/P

O - observed, A - assisted, P - performed

Answers

Emergency Medical Services Professionals (4)

Emergency Medical Services Professionals complete Patient Care Reports in a timely manner before handing patients off to the next care level. Look at the Patient Care Report.

Patient Care Report (B)

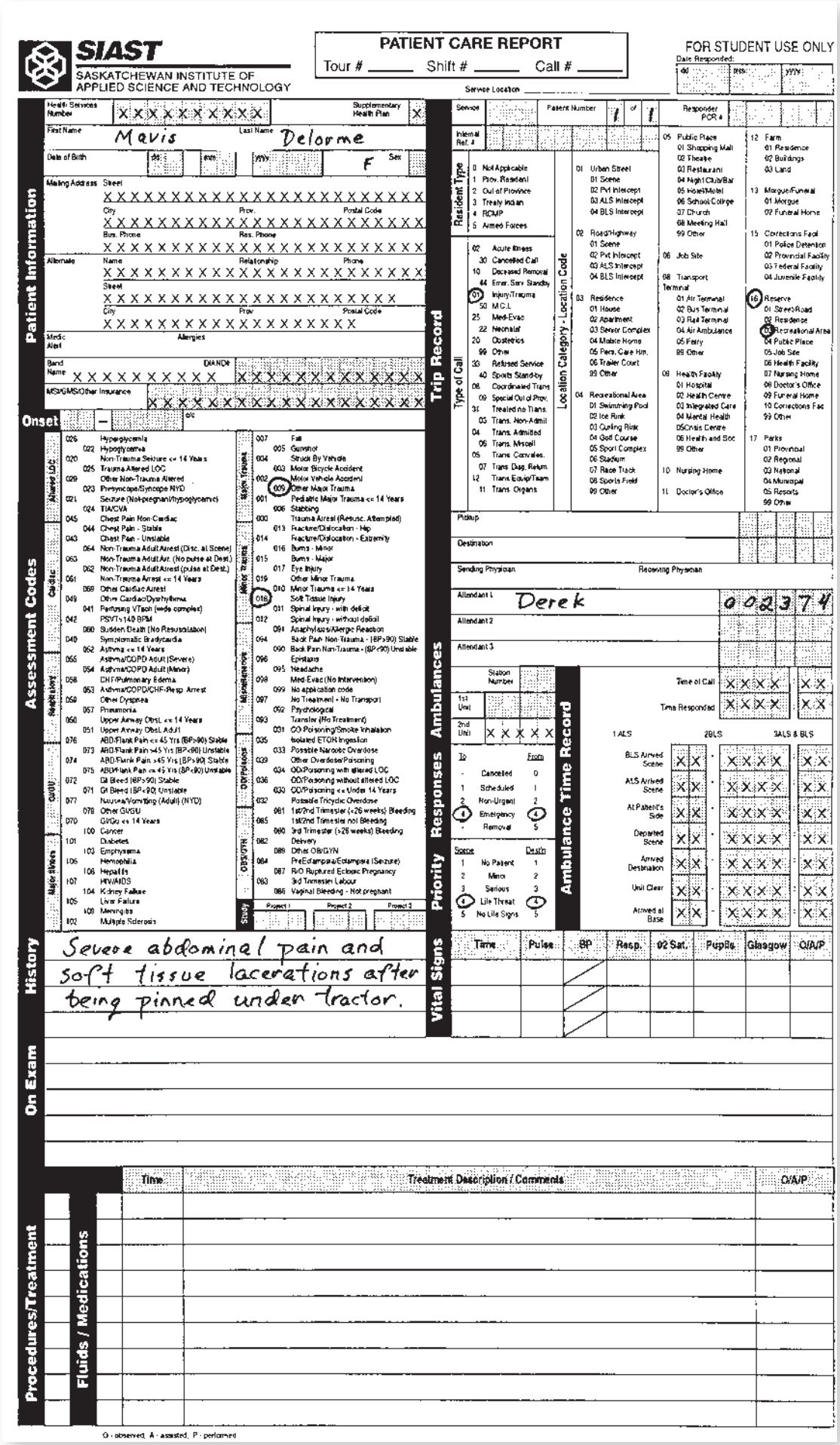
Enter the following information on the blank Patient Care Report:

EMS attended Mavis Delorme, female, born July 28, 1974. She had been cleaning a recreational area on her reserve using a tractor and other equipment. The tractor had turned over on a hillside, pinning her beneath a wheel. Others working with her had lifted the tractor off her before EMS arrived. She was experiencing severe abdominal pain and exhibited lacerations of the soft tissue of her chest, abdomen and both arms. This was an emergency response with the patient in a life threatening situation. One of the attending EMS personnel was: Derek, 002374.

On the form, enter the following:

- first name and last name: Mavis Delorme
- sex: F
- type of call: 01 Injury/Trauma
- patient number: 1 of 1
- where the accident happened: 16 Reserve, 03 Recreational Area
- appropriate major and minor trauma codes: 009 Other Major Trauma
  018 Soft Tissue Injury
- the name and number of the EMS personnel: Derek, 002374
- information on priority and responses: priority 4, responses 4
- a short description of what happened in history: Severe abdominal pain and soft tissue lacerations after being pinned under tractor.

Refer to completed form.



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PATIENT CARE REPORT
Tour # _____ Shift # _____ Call # _____

FOR STUDENT USE ONLY
Date Responded: dd mm yyyy

Service Location _____

Patient Information
Health Services Number: XXXXXXXXXX Supplementary Health Plan: X
First Name: Mavis Last Name: Delorme
Date of Birth: dd mm yyyy Sex: F
Mailing Address Street: XXXXXXXXXXXXXXXXXXXXXXXX
City: XXXXXXXXXXXXXXXXXXXX Prov. Postal Code: XXXXXXX
Bus. Phone: XXXXXXXXXXXXXXXXXXXX Res. Phone
Alternate Name: XXXXXXXXXXXXXXXXXXXX Relationship Phone: XXXXXXXXXX
Street: XXXXXXXXXXXXXXXXXXXX
City: XXXXXXXXXXXXXXXXXXXX Prov Postal Code
Medic Alert Allergies
Band Name: XXXXXXXXXX DIAND#: XXXXXXXXXXXXXXX
M/S/P/GMS/Other Insurance: XXXXXXXXXXXXXXXXXXXXXXXX

Trip Record
Service Patient Number: 1 of 1 Responder PCR #
Internal Ref. #

Resident Type
0 Not Applicable
1 Prov. Resident
2 Out of Province
3 Treaty Indian
4 RCMP
5 Armed Forces

Type of Call
02 Acute Illness
30 Cancelled Call
10 Deceased Removal
44 Emer. Serv Standby
(01) Injury/Trauma
50 M.C.I.
25 Med-Evac
22 Neonatal
20 Obstetrics
99 Other
33 Refused Service
40 Sports Stand-by
08 Coordinated Trans
09 Special Out of Prov.
31 Treated no Trans.
03 Trans. Non-Admit
04 Trans. Admitted
06 Trans. Missed
05 Trans. Convales.
07 Trans. Diag. Return
12 Trans. Equip/Team
11 Trans. Organs

Location Category - Location Code
01 Urban Street
01 Scene
02 Pvt Intercept
03 ALS Intercept
04 BLS Intercept
02 Road/Highway
01 Scene
02 Pvt Intercept
03 ALS Intercept
04 BLS Intercept
03 Residence
01 House
02 Apartment
03 Senior Complex
04 Mobile Home
05 Pers. Care Hm.
06 Trailer Court
99 Other
04 Recreational Area
01 Swimming Pool
02 Ice Rink
03 Curling Rink
04 Golf Course
05 Sport Complex
06 Stadium
07 Race Track
08 Sports Field
99 Other
05 Public Place
01 Shopping Mall
02 Theatre
03 Restaurant
04 Night Club/Bar
05 Hotel/Motel
06 School/College
07 Church
08 Meeting Hall
99 Other
06 Job Site
08 Transport Terminal
01 Air Terminal
02 Bus Terminal
03 Rail Terminal
04 Air Ambulance
05 Ferry
99 Other
09 Health Facility
01 Hospital
02 Health Centre
03 Integrated Care
04 Mental Health
05 Crisis Centre
06 Health and Soc
99 Other
10 Nursing Home
11 Doctor's Office
12 Farm
01 Residence
02 Buildings
03 Land
13 Morgue/Funeral
01 Morgue
02 Funeral Home
15 Corrections Facil
01 Police Detention
02 Provincial Facility
03 Federal Facility
04 Juvenile Facility
(16) Reserve
01 Street/Road
02 Residence
(04) Recreational Area
04 Public Place
05 Job Site
06 Health Facility
07 Nursing Home
08 Doctor's Office
09 Funeral Home
10 Corrections Fac
99 Other
17 Parks
01 Provincial
02 Regional
03 National
04 Municipal
05 Resorts
99 Other

Pickup
Destination
Sending Physician Receiving Physician

Ambulances
Attendant 1: Derek 002374
Attendant 2
Attendant 3
Station Number
1st Unit
2nd Unit: X X X X

Priority Responses
To / From
- Cancelled 0
1 Scheduled 1
2 Non-Urgent 2
(3) Emergency (4)
- Removal 5
Scene / Destn
1 No Patient 1
2 Minor 2
3 Serious 3
(4) Life Threat (4)
5 No Life Signs 5

Ambulance Time Record
Time of Call: XXXX XX
Time Responded: XXXX XX
1 ALS 2BLS 3ALS & BLS
BLS Arrived Scene: XX XX XXXX XX
ALS Arrived Scene: XX XX XXXX XX
At Patient's Side: XX XX XXXX XX
Departed Scene: XX XX XXXX XX
Arrived Destination: XX XX XXXX XX
Unit Clear: XX XX XXXX XX
Arrived at Base: XX XX XXXX XX

Assessment Codes

Altered LOC
026 Hyperglycemia
022 Hypoglycemia
020 Non-Trauma Seizure <= 14 Years
025 Trauma-Altered LOC
029 Other Non-Trauma Altered
023 Presyncope/Syncope NYD
021 Seizure (Non-pregnan/Hypoglycemic)
024 TIA/CVA

Cardiac
045 Chest Pain Non-Cardiac
044 Chest Pain - Stable
043 Chest Pain - Unstable
064 Non-Trauma Adult Arrest (Disc. at Scene)
063 Non-Trauma Adult Arr. (No pulse at Dest.)
062 Non-Trauma Adult Arrest (pulse at Dest.)
061 Non-Trauma Arrest <= 14 Years
068 Other Cardiac Arrest
049 Other Cardiac/Dysrhythmia
041 Perfusing VTach (wide complex)
042 PSVT>140 BPM
060 Sudden Death (No Resuscitation)
040 Symptomatic Bradycardia

Respiratory
052 Asthma <= 14 Years
055 Asthma/COPD Adult (Severe)
054 Asthma/COPD Adult (Minor)
058 CHF/Pulmonary Edema
053 Asthma/COPD/CHF-Resp. Arrest
059 Other Dyspnea
057 Pneumonia
050 Upper Airway Obst. <= 14 Years
051 Upper Airway Obst. Adult

GI/GU
076 ABD/Flank Pain <= 45 Yrs (BP>90) Stable
073 ABD/Flank Pain >45 Yrs (BP<90) Unstable
074 ABD/Flank Pain >45 Yrs (BP>90) Stable
075 ABD/Flank Pain <= 45 Yrs (BP<90) Unstable
072 GI Bleed (BP>90) Stable
071 GI Bleed (BP<90) Unstable
077 Nausea/Vomiting (Adult) (NYD)
078 Other GI/GU
070 GI/Gu <= 14 Years

Major Illness
100 Cancer
101 Diabetes
103 Emphysema
106 Hemophilia
108 Hepatitis
107 HIV/AIDS
104 Kidney Failure
105 Liver Failure
109 Meningitis
102 Multiple Sclerosis

Major Trauma
007 Fall
005 Gunshot
004 Struck By Vehicle
003 Motor Bicycle Accident
002 Motor Vehicle Accident
(009) Other Major Trauma
001 Pediatric Major Trauma <= 14 Years
006 Stabbing
000 Trauma Arrest (Resusc. Attempted)

Minor Trauma
013 Fracture/Dislocation - Hip
014 Fracture/Dislocation - Extremity
016 Burns - Minor
015 Burns - Major
017 Eye Injury
019 Other Minor Trauma
(018) Minor Trauma <= 14 Years
Soft Tissue Injury
011 Spinal Injury - with deficit
012 Spinal Injury - without deficit

Miscellaneous
091 Anaphylaxis/Allergic Reaction
094 Back Pain Non-Trauma - (BP>90) Stable
090 Back Pain Non-Trauma - (BP<90) Unstable
096 Epistaxis
095 Headache
098 Med-Evac (No Intervention)
099 No application code
097 No Treatment + No Transport
092 Psychological
093 Transfer (No Treatment)
091 CO Poisoning/Smoke Inhalation

OD/Poisons
035 Isolated ETOH Ingestion
033 Possible Narcotic Overdose
029 Other Overdose/Poisoning
034 OD/Poisoning with altered LOC
036 OD/Poisoning without altered LOC
030 OD/Poisoning <= Under 14 Years
032 Possible Tricyclic Overdose

OB/GYN
081 1st/2nd Trimester (<26 weeks) Bleeding
085 1st/2nd Trimester not Bleeding
080 3rd Trimester (>26 weeks) Bleeding
082 Delivery
089 Other OB/GYN
084 PreEclampsia/Eclampsia (Seizure)
087 R/O Ruptured Ectopic Pregnancy
083 3rd Trimester Labour
086 Vaginal Bleeding - Not pregnant

Study
Project 1 Project 2 Project 3

Onset: – c/c

History: Severe abdominal pain and soft tissue lacerations after being pinned under tractor.

Vital Signs

Time	Pulse	BP	Resp.	02 Sat.	PupRs	Glasgow	O/A/P

On Exam

Procedures/Treatment

Time	Treatment Description / Comments	O/A/P

Fluids / Medications

O - observed, A - assisted, P - performed

Continuing Care Assistant (5)

A Continuing Care Assistant provides personal care and activities of daily living for clients (patients, residents) to encourage an optimum level of functioning. They support clients in meeting their physical, emotional and spiritual needs. A Continuing Care Assistant is sometimes called a Special Care Aide or a Home Care Aide. They work with a variety of documents.

Continuing Care Assistants record clients' vital signs, weight, intake and output. Look at the Graphic Record. The initials B.P. refer to blood pressure. The arrow pointing down refers to "systolic" blood pressure. The arrow pointing up refers to "diastolic" blood pressure.

Graphic Record (A)

1. What are the two vital signs that are plotted on the graph?

2. On what day and at what time was Maggie McGee's systolic blood pressure the highest?

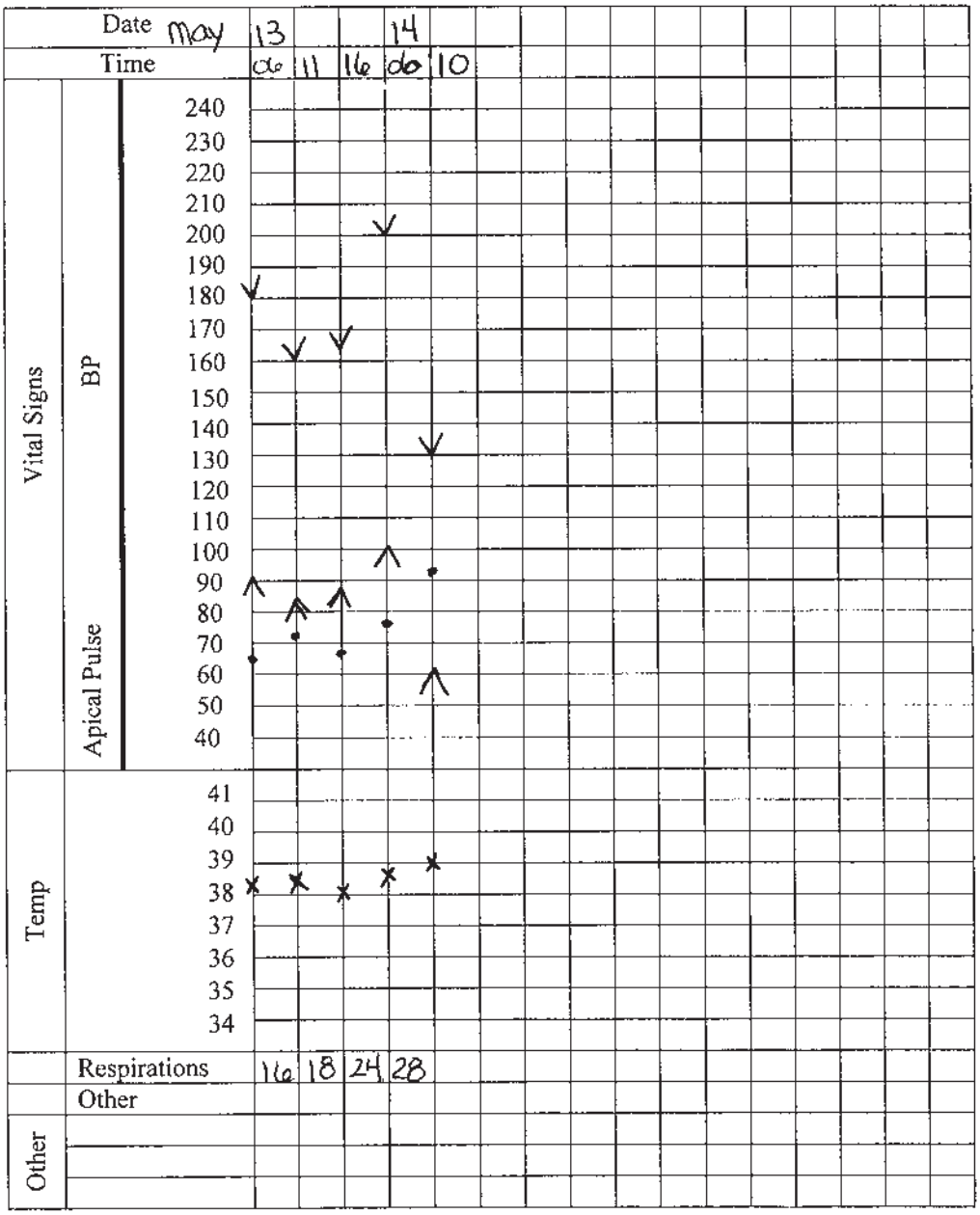
3. On what day and at what time was Maggie McGee's diastolic blood pressure the lowest?

4. What was Maggie McGee's highest and lowest temperature over the two days?

Mcgee, Maggie

Graphic Record

Legend
B.P. ⌄ ⌃ Temp X Pulse •



Answers

Continuing Care Assistant (5)

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Graphic Record (A)

1. What are the two vital signs that are plotted on the graph?

   - Apical Pulse
   - BP

2. On what day and at what time was Maggie McGee's systolic blood pressure the highest?

   - May 14
   - 0600 hours

3. On what day and at what time was Maggie McGee's diastolic blood pressure the lowest?

   - May 14
   - 10 o'clock

4. What was Maggie McGee's highest and lowest temperature over the two days?

   - 39
   - 38

Continuing Care Assistant (5)

A Continuing Care Assistant provides personal care and activities of daily living for clients (patients, residents) to encourage an optimum level of functioning. They support clients in meeting their physical, emotional and spiritual needs. A Continuing Care Assistant is sometimes called a Special Care Aide or a Home Care Aide. They work with a variety of documents.

Record the information below on a blank copy of the Graphic Record.

Graphic Record (B)

Name of Client:	McGee, Maggie (top right corner)
Date:	May 15 and 16
Times:	May 15: 06, 11, 16 May 16: 16, 06, 10
BP:	May 15: 06 – 160/100 11 – 190/80 16 – 155/75
Temperature:	May 16: 06 – 37.5 16: 10 – 39.5
Pulse:	May 16: 06 – 80 16: 10 – 70

Graphic Record

Legend
B.P. ▲ ▼ Temp X Pulse •

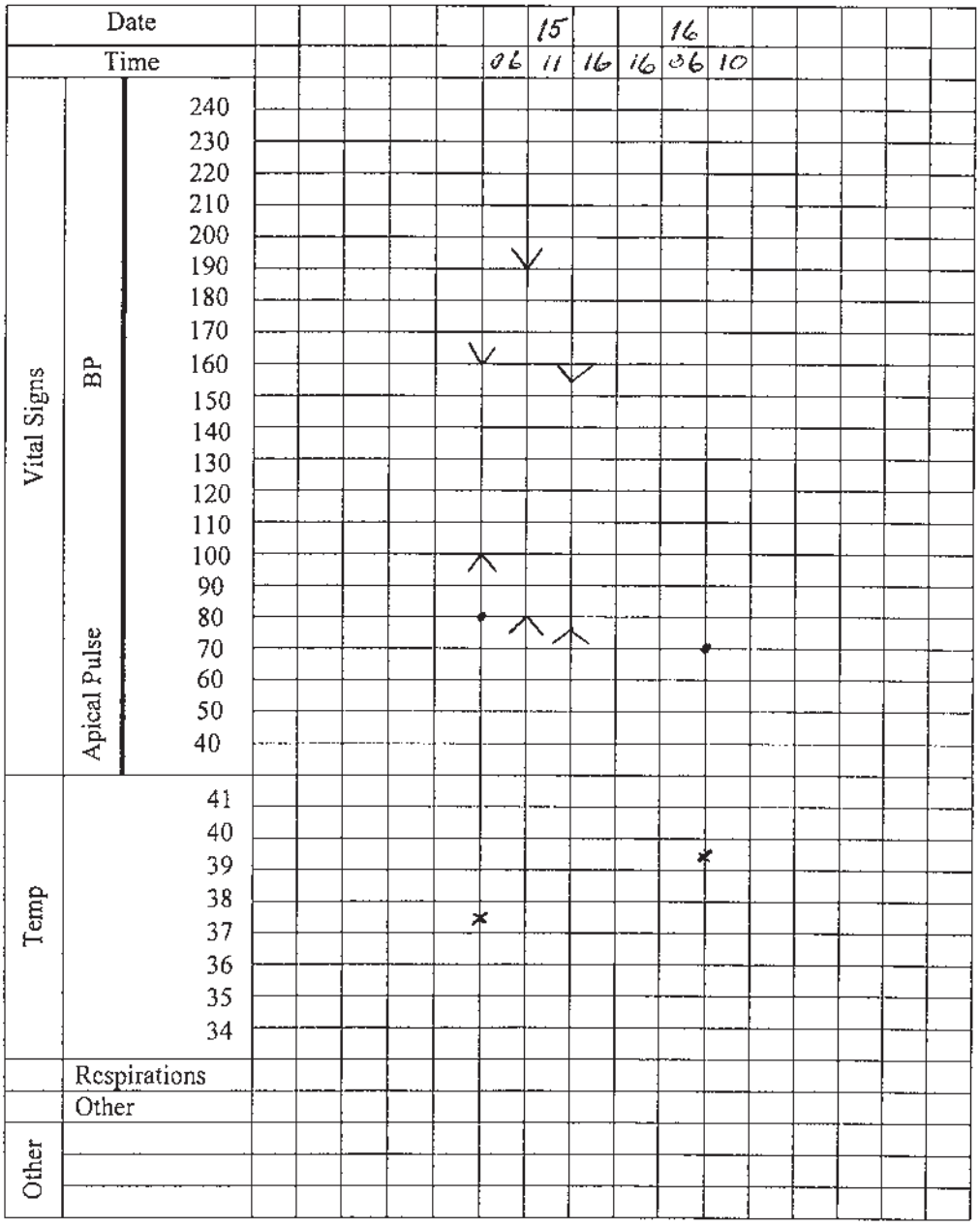
Date																			
Time																			
Vital Signs	BP	240																	
		230																	
		220																	
		210																	
		200																	
		190																	
		180																	
		170																	
		160																	
		150																	
		140																	
		130																	
		120																	
		110																	
		100																	
		90																	
		80																	
		70																	
		60																	
		50																	
	Apical Pulse	40																	
Temp		41																	
		40																	
		39																	
		38																	
		37																	
		36																	
		35																	
		34																	
	Respirations																		
	Other																		
Other																			

Answers

McGee, Maggie

Graphic Record

Legend
B.P. ▲ ▼ Temp X Pulse •



Continuing Care Assistant (6)

Continuing Care Assistants record, update and read the Patient Care Plan. Look at the Patient Care Plan. Transfer the information below to the first page of the Patient Care Plan.

Patient Care Plan (A)

- Maggie McGee is the client's name.
- She is 74 years old.
- She has a rose coloured tattoo on her right ankle.
- Her previous address was Box 473, Timbuk, SK
- Her interests are playing the piano, singing and reading.
- She belongs to the United Church, where the pastor is Reverend Dickson.
- She attends that church every Sunday at 9:00 a.m.
- She was admitted to the hospital February 7, 2010.
- Her subsequent diagnosis was 1) aspiration pneumonia, 2) obesity, and 3) hypertension.
- She is allergic to penicillin.

Patient Care Plan

RM._____

Client name: _____
Age:_____

Code Status: _____ Date: _____

Eye color_____ **Hair color** _____

Other identification (scars, tattoos, ect): _____

_____

Previous Address:_____

Next of kin:_____

Hobbies/interests/activities

_____

_____

_____

Religion _____**Pastor**_____

Church Attendance: Day _____**Time** _____ **Frequency**_____

Health Care status

Admission Date _____ **Transfer Date**_____

Admission Diagnoses_____

_____

Subsequent Diagnosis/Date: _____

1. 3.

2. 4.

Hospitalization/Date:

1.

2.

3.

Allergies: None known (circle) or list:

_____

_____

Answers

RM. _____

Client name: McGee, Maggie
Age: 74

Code Status: _____ Date: _____

Eye color _____ Hair color _____

Other identification (scars, tattoos, ect): Tattoo - Rose Right Ankle

Previous Address: Box 473, Timbuk, SK

Next of kin: _____

Hobbies/interests/activities
Playing piano
Singing
Reading

Religion United Pastor Rev. Dickson

Church Attendance: Day Sun. Time 9 AM Frequency Weekly

Health Care status

Admission Date Feb. 7, 2010 Transfer Date _____

Admission Diagnoses _____

Subsequent Diagnosis/Date: _____

1. Aspiration pneumonia
2. Obesity
3. Hypertension
4.

Hospitalization/Date:

1.

2.

3.

Allergies: None known (circle) or list:
Penicillin

Continuing Care Assistant (6)

Continuing Care Assistants record, update and read the Patient Care Plan. Look at the second and third pages of the Patient Care Plan. Answer the questions below.

Patient Care Plan (B)

1. What does Maggie McGee do when she's frustrated?

2. Describe her ability to communicate.

3. What kind of restraints does she need?

4. What are staff expected to do when she becomes frustrated and teary?

5. Why are staff expected to watch her "food pocketing"?
   (Food pocketing means hiding food to eat later when she is alone.)

Patient Care Plan

I. **ACTIVITIES OF DAILY LIVING**

PERSONAL HYGIENE:
AM care: Self __ Partial Assist ✓ Total Assist___
Assist: one person ✓ two person _____
Comments: _____
Needs encouragement to wash own hands and face.

PM Care; Self ___ Partial Assist ✓ Total assist___
Assist: one person ✓ Two Person_____
Comments _____
_____

Bathing
Whirlpool ✓ Tub ____ Bed _____
Day and Time q. Friday evening
Comments: _____
_____

Dressing/Undressing
Self ___ Partial assist ✓ Total Assist ____
Comments _____
Needs ++ encouragement

Hair
Wash ___ Set ___ Special Shampoo
Beauty Parlour: Day and Time; q. SAT. AM
Comments _____
_____

Skin/Nail Care
Rash __ Fragile __ Open Areas ___
Clip Nails Self __ Assist ___
Special Treatments: Specify Type and Times
Comments: Skin folds reddened and excoriated.

Oral Care
Dentures; Upper ✓ Lower ✓ Partial ___
Own Teeth ___ Brushes; Self __ assist____
Requires mouth care Yes ✓ No ___
Comments Has own Denture paste.
_____

Elimination
Continent ____ Incontinent ✓
Regular toileting___ Times____
On Toilet____ with supervision_____
On Commode_____ with supervision_____
Comments: _____
Wears XL Attends.

Catheter
Leg bag ___ Continuous drainage_____
Comments: _____
_____

Bowel care regime: q. 3 days PRN
Incontinence Product (soaker, pull-ups, ect)
In chair _____
In bed_____
Comments;_____
SEE Above.

Colostomy _____
Comments;_____
_____

Restraints
Side rails: day- up ✓ down____
Night- up ✓ down____
Jacket Restraint ___ Lap Restraint ____
w/c seat belt____ w/c/gerichair table ✓
Other (specify) _____
Chair ____ bed ____ all times _____
Comments _____

Nutrition
Diet: Dentur soft
Eats: self____ partial assist ✓ total assist ____
Appetite; Good ✓ Fair___ poor ____
Food Supplement required: Yes___ no ✓
Seating: Dining Room ✓ Lounge ___ other ___
Gastric Feeding _____
Comments:_____
Watch for pocketing food
Chokes easily

Patient Care Plan

Sleep/Rest
Sleeps: good___ Fair_____ Poor ✓
Time to go to bed 2000
Time to get up 0630
Positioning: yes ✓ no_____
Sliding sheet Yes ✓ no____
Assist one person____ Two person ✓
Afternoon nap: Yes ✓ No_____
Comments: _____

Mobility
Walks: independently____ with assist ____
Aids: Cane__ Walker ___
Walking Program: Day & Time_____
Comments:_____

Transfer Assessment/TLR
Independent___ supervision___
Assist___ One person__ Two person___
Sit/stand ✓ Mechanical lift ____
Comments:_____

II.SENSORY ABILITY
Hearing: good__ limited ✓ deaf___
Wears hearing aid; yes___ no ✓
Vision: Good___ Limited ✓ Blind____
Wears glasses: yes ✓ no____
Comments: _____

Communication
Speach: normal___ hard to understand ✓
Unintelligible____ language barrier_____
Comments: slurred speech. Becomes frustrated easily
Responds: Appropriately____ slowly ✓
Inappropriately_____
Comments: _____

III. PSYCHOSOCIAL
Emotional Status
Normal___ Depressed ✓ Niosy____
Delusional___ Hallucinations___
Frequent agitation____
Aggressive: verbally ✓ Physically___
Assist: one person ____ two person____
Comments: _____
When frustrated, tends to swear at staff.

Memory/orientation
Orientated (time, place, person) ✓
Forgetful___ Occasional Confusion____
Total confusion____
Tendency to wander Yes___ no ✓
Comments:_____

Activities
Group ✓ one-to- one_____
Attends church: yes ✓ no___
Catholic Mass __ Protestant services ✓
(Outside) in community ___
Comments: _____

Special Needs
I.D. Bracelet yes ✓ no_____
Uses Tobacco yes____ no ✓
Uses alcohol yes____ no_____ Occasional
Takes Leader Post yes ✓ no____
Own Telephone yes ✓ no_____

Special Needs
Transportation Yes ✓ no_____
Other(specify): Para transit for outings
Comments: _____

Additional Information: _____
When becomes frustrated and teary - call son as per his request.

Answers

Continuing Care Assistant (6)

Continuing Care Assistants record, update and read the Patient Care Plan. Look at the second and third pages of the Patient Care Plan. Answer the questions below.

Patient Care Plan (B)

1. What does Maggie McGee do when she's frustrated?
    - She tends to swear at staff.
2. Describe her ability to communicate.
    - She is hard to understand.
    - Her speech is slurred.
    - She becomes frustrated easily.
    - She responds slowly.
3. What kind of restraints does she need?
    - She needs the side rails up day and night.
    - She needs a gerichair table.
4. What are staff expected to do when she becomes frustrated and teary?
    - Staff are expected to call her son.
6. Why are staff expected to watch her "food pocketing"?
    - Because she chokes easily.

Licensed Practical Nurse (7)

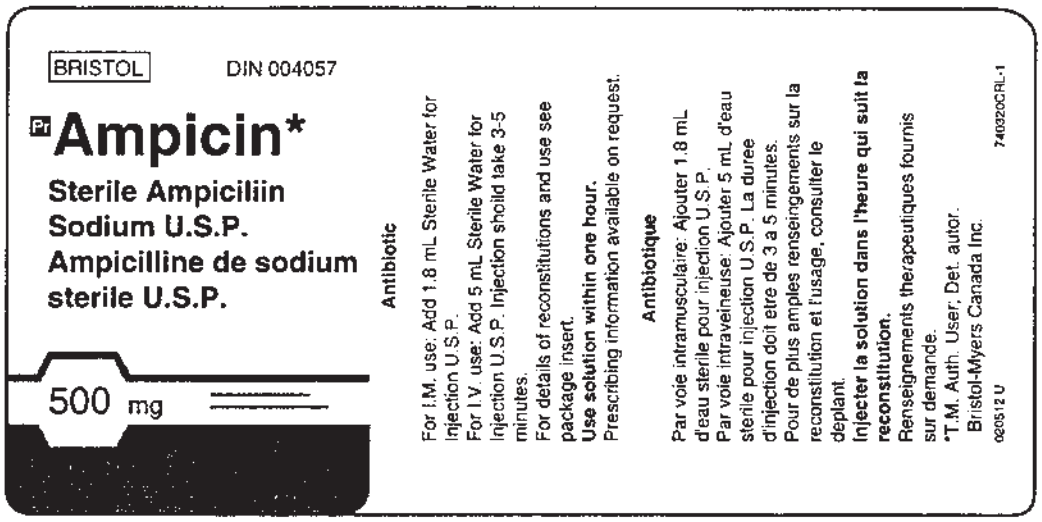
Licensed Practical Nurses administer drugs to patients in a safe manner. They read and interpret labels. Read "Reconstituting a Powdered Drug", and then look at the Ampicin label.

Ampicin Label

1. Write down the weight of Ampicin powder indicated on the label.

2. How much sterile water is added to the Ampicin powder when administering intravenously (i.e., for IV use)?

3. After reconstituting the Ampicin powder, during what period of time should it be used?



Answers

Licensed Practical Nurse (7)

Licensed Practical Nurses administer drugs to patients in a safe manner. They read and interpret labels. Read "Reconstituting a Powdered Drug", and then look at the Ampicin label.

Ampicin Label

1. Write down the weight of Ampicin powder indicated on the label.
    - 500 mg
2. How much sterile water is added to the Ampicin powder when administering intravenously (i.e., for IV use)?
    - 5 ml
3. After reconstituting the Ampicin powder, during what period of time should it be used?
    - 1 hour

Licensed Practical Nurse (8)

Licensed Practical Nurses are required to be licensed with the provincial licensing agency. Look at the Saskatchewan Association of Licensed Practical Nurses Renewal Form as an example.

Renewal Form

1. When do Licensed Practical Nurses in Saskatchewan need to renew their license?

2. What is the membership fee for a practicing Licensed Practical Nurse?

3. Name four categories in which Licensed Practical Nurses can earn continuing education points.

4. Sally's primary place of employment is a hospital. What code does she use to indicate her place of work?

5. Sally's primary area of responsibility in direct patient care is in medical/surgical. What code does she use to indicate her primary area of responsibility?

IMPORTANT INFORMATION

SALPN

RENEWAL DEADLINE
DEC. 1, 2009

SASKATCHEWAN ASSOCIATION OF LICENSED PRACTICAL NURSES
100-2216 LORNE STREET, REGINA, SASKATCHEWAN S4P 2M7 (306) 525-1436
Toll-Free: 1-888-257-2576 Fax: 1-306-347-7784 Email: lpnadmin@salpn.com

2010 RENEWAL FORM

MEMBERSHIP FEE:
PRACTICING $400.00
NON-PRACTICING $50.00

MAKE CHEQUES PAYABLE TO: SALPN
POST-DATED CHEQUES NOT ACCEPTED
DEBIT, VISA & MASTERCARD ACCEPTED

CARD NAME & NO. _____

EXPIRY DATE: _____

FOR OFFICE USE ONLY | AMOUNT PAID | CHEQUE ☐ | MONEY ORDER ☐ | CASH ☐ | DATE RECEIVED

APPLICATION FOR (PLEASE CHECK)
PRACTICING ☑
NON-PRACTICING ☐

REGISTRATION NUMBER: 13029145

FEE SUBMITTED: $400.00

COMPLETE BELOW ONLY TO MAKE CHANGES TO NAME AND ADDRESS

SURNAME: Brown | FIRST: Sally | MIDDLE (INITIAL): A

ADDRESS: Box 123

CITY, TOWN: Notown | PROV./COUNTRY: Saskatchewan | POSTAL CODE: S0F 3R0

RECORDED NAME CHANGE REQUIRES DOCUMENTATION

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE IN THE PAST 12 MONTHS? YES ☐ NO ☑

THIS MUST BE ANSWERED

WHAT REGIONAL HEALTH AUTHORITY IS YOUR PRIMARY EMPLOYER:
RQHR
Regina Qu'Appelle Health Region

Actual hours worked excludes LOAs, vacation and sick time.

PRESENT EMPLOYEE STATUS IN PRIMARY PLACE OF EMPLOYMENT

EMPLOYED IN NURSING

THIS AREA REFERS TO PRIMARY EMPLOYER ONLY

10 ☑ REGULAR → 1 ☑ FULL-TIME OR 2 ☐ PART-TIME
11 ☐ CASUAL

	code
EMPLOYED IN OTHER THAN NURSING	code
SEEKING EMPLOYMENT IN NURSING	20
NOT SEEKING EMPLOYMENT IN NURSING	21
NOT EMPLOYED	code
SEEKING EMPLOYMENT IN NURSING	30
NOT SEEKING EMPLOYMENT IN NURSING	31

MULTIPLE EMPLOYMENT
EMPLOYED BY MORE THAN ONE AGENCY?
Yes ☐
No ☑

CARRY OVER POINTS: 0

HOURS WORKED PREVIOUS 5 YEARS

MEMBERSHIP YEAR	
2009	1530
2008	1500
2007	1570
2006	1575
2005	1560

OTHER EDUCATION IN NURSING (POST-LPN)
(CHECK HIGHEST LEVEL ATTAINED)

	Diploma		Doctorate
	Bachelor's Degree	✓	None
	Master's Degree		

EDUCATION IN OTHER THAN NURSING
(CHECK HIGHEST LEVEL ATTAINED)

	Diploma		Doctorate
	Bachelor's Degree	✓	None
	Master's Degree		

PRIMARY EMPLOYER: Regina General Hospital
Name of Facility/Site
Actual Hours Worked 2009: 1530
Overtime Worked: 30
1440 | 14th Ave | Regina
Street No | Street Name | City/Town
Sask. | Can | S3X 3K0
Province/Territory | Country | Postal Code

SECOND EMPLOYER
Name of Facility/Site
Actual Hours Worked 2009:
Overtime Worked:
Street No. | Street Name | City/Town
Province/Territory | Country | Postal Code

THIRD EMPLOYER
Name of Facility/Site
Actual Hours Worked 2009:
Overtime Worked:
Street No | Street Name | City/Town
Province/Territory | Country | Postal Code

REMEMBER TO RECORD YOUR HOURS, MAKE ANY CHANGES NECESSARY AND SIGN YOUR FORM

FILL IN FOR UP TO THREE EMPLOYERS USING THE CODES BELOW (Select only one code for each employer)

PLACES OF WORK			POSITION			PRIMARY AREA of RESPONSIBILITY		
PRIMARY EMPLOYER	SECOND EMPLOYER	THIRD EMPLOYER	PRIMARY EMPLOYER	SECOND EMPLOYER	THIRD EMPLOYER	PRIMARY EMPLOYER	SECOND EMPLOYER	THIRD EMPLOYER
01			06			01		

01	Hospital (general, maternal, pediatric, psychiatric)	06	LPN Staff Nurse / Community Health Nurse		DIRECT PATIENT CARE
02	Mental Health Centre	08	LPN Instructor / Professor / Educator	01	Medical / Surgical
03	Nursing Stations (outposts or clinics)	11	Other (specify below)	02	Psychiatric / Mental Health
04	Rehabilitation / Convalescent Centre	12	LPN Coordinator / Care Manager	03	Pediatric
05	Nursing Home / Long Term Care	13	LPN Nurse Specialist, Podiatric, LPN / ORT	04	Maternal / Newborn
06	Home Care Agency			05	Geriatric / Long Term Care
07	Community Health / Health Centre			06	Critical Care
08	Business / Industry / Occupational Health Office			07	Community Health
09	Private Nursing Agency / Private Duty			08	Ambulatory Care
10	Self-Employed			09	Home Care
11	Physician's Office / Family Practice Unit			10	Occupational Health
12	Educational Institution			11	Operating Room / RR
13	Association / Government			12	Emergency Care
14	Other (specify)			13	Several Clinical Areas (Urban - Rural Hospital)
				14	Oncology
				15	Rehabilitation
				16	Palliative Care
				19	Other (specify)
					ADMINISTRATION
				21	Nursing Service
				22	Nursing Education
				29	Other (specify)
					EDUCATION
				31	Teaching - Students
				32	Teaching - Employees
				33	Teaching - Patients/Clients
				39	Other (specify)
					RESEARCH
				41	Research Only
				49	Other (specify)

OTHER: (specify) _____ | OTHER: (specify) _____ | OTHER: (specify) _____

ARE YOU LICENCED IN ANOTHER JURISDICTION? YES / (NO) (INDICATE WHICH PROVINCE) _____

LATE PENALTY FEE OF $25.00 WILL BE CHARGED FOR REGISTRATIONS RECEIVED IN THE SALPN OFFICE BETWEEN DEC. 2 AND DEC. 31, 2009. REGISTRATIONS RETURNED DUE TO MISSING INFORMATION AND NOT RETURNED TO OUR OFFICE BEFORE DEC. 2, 2009 WILL ALSO BE SUBJECT TO THE LATE FEE PENALTY.
IF YOUR REGISTRATION IS NOT RECEIVED BY DEC. 31, 2009, YOUR LICENSE WILL BE SUSPENDED.

RENEWALS RECEIVED JANUARY 1, 2010 OR LATER WILL ALSO BE SUBJECT TO A REINSTATEMENT FEE OF $200.00.

COMPLETE REVERSE SIDE

CONTINUING EDUCATION PORTFOLIO

See the 2010 Renewal Guide for important information regarding registration audits.

RECORD OF EDUCATION POINTS 2009

Total of 5 Continuing Education Points is required annually.

LPNs that successfully complete SIAST completer courses (Administration of Medication, IM's, IV's, Catheterization, Wound Care) and Nursing 227 or equivalent will earn 5 CEP points plus be credited with an additional 3 points per course to be used against next year's CEP requirements.

IMPORTANT INFORMATION

EDUCATION COURSES/IN-SERVICES

COURSE LENGTH	NAME OF COURSE (FULL NAME OF COURSE; ACRONYMS WILL NOT BE ACCEPTED)	EDUCATIONAL PROVIDER	DATE(S)	POINT(S)
OVER 2 DAYS (5 POINTS)	Administration of Medications Nom 864	SIAST	Jan 30/09 Mar 15/09	5
OVER 1 TO 2 DAYS (3 POINTS)				
OVER 1/2 TO 1 DAY (2 POINTS)				
1/2 DAY OR LESS 1 HR MIN (1 POINT)				

Carry over points for 2011 0

PROFESSIONAL NURSING PARTICIPATION (Maximum 2 points)

	ACTIVITY TITLE/ DESCRIPTION	MEMBER'S ROLE	CONTACT PERSON & PHONE #	MEETING DATES
10 OR MORE MEETINGS PER YEAR (2 POINTS)	SALPN AGM	member-at-Large	306-725-3609	April 26-28
6 TO 9 MEETINGS PER YEAR (1 POINT)				

PRECEPTORSHIP – LPN's who preceptor practical nurse students attending a qualified educational institute. (Maximum 2 points)

	STUDENT NAME	NAME OF PROGRAM	LENGTH OF PRECEPTORSHIP	EDUCATOR CONTACT & PHONE
PRECEPTOR 1				
PRECEPTOR 2				
PRECEPTOR 3				

ARTICLES, AUDIO-VISUAL, INTERNET – All material must be from a health or nursing source recognized by the SALPN. (Maximum 1 point)

	TITLE	AUTHOR	SOURCE (DETAILED)	DATE/ISSUE
0.25 POINT				
0.25 POINT				
0.25 POINT				
0.25 POINT				

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

May 5, 2010 (DATE) | 306 725-2569 (PHONE (HOME)) | 306-531-8962 (PHONE (CELL)) | 766-4444 (PHONE (BUSINESS))

Sally Brown (SIGNATURE) | sbrown@sasktel.net (EMAIL ADDRESS)

IMPORTANT INFORMATION REQUIRED

Answers

Licensed Practical Nurse (8)

Licensed Practical Nurses are required to be licensed with the provincial licensing agency. Look at the Saskatchewan Association of Licensed Practical Nurses Renewal Form as an example.

Renewal Form

1. By what date do Licensed Practical Nurses in Saskatchewan need to renew their license?

    - Renewal deadline is Dec. 1, 2009.

2. What is the membership fee for a practicing Licensed Practical Nurse?

    - $400.00

3. Name the four categories in which Licensed Practical Nurses can earn continuing education points.

    - Education Courses/In-Services
    - Professional Nursing Participation
    - Preceptorship
    - Articles, Audio-Visual, Internet

4. Sally's primary place of employment is a hospital. What code does she use to indicate her place of work?

    - 01

6. Sally's primary area of responsibility in direct patient care is in medical/surgical. What code does she use to indicate her primary area of responsibility?

    - 01

Licensed Practical Nurse (9)

Licensed Practical Nurses assess clients' level of consciousness by observing and giving a numeric value. Look at the Adult Neurosciences Watch Sheet.

Adult Neurosciences Watch Sheet

1. What three main categories does the coma scale include?

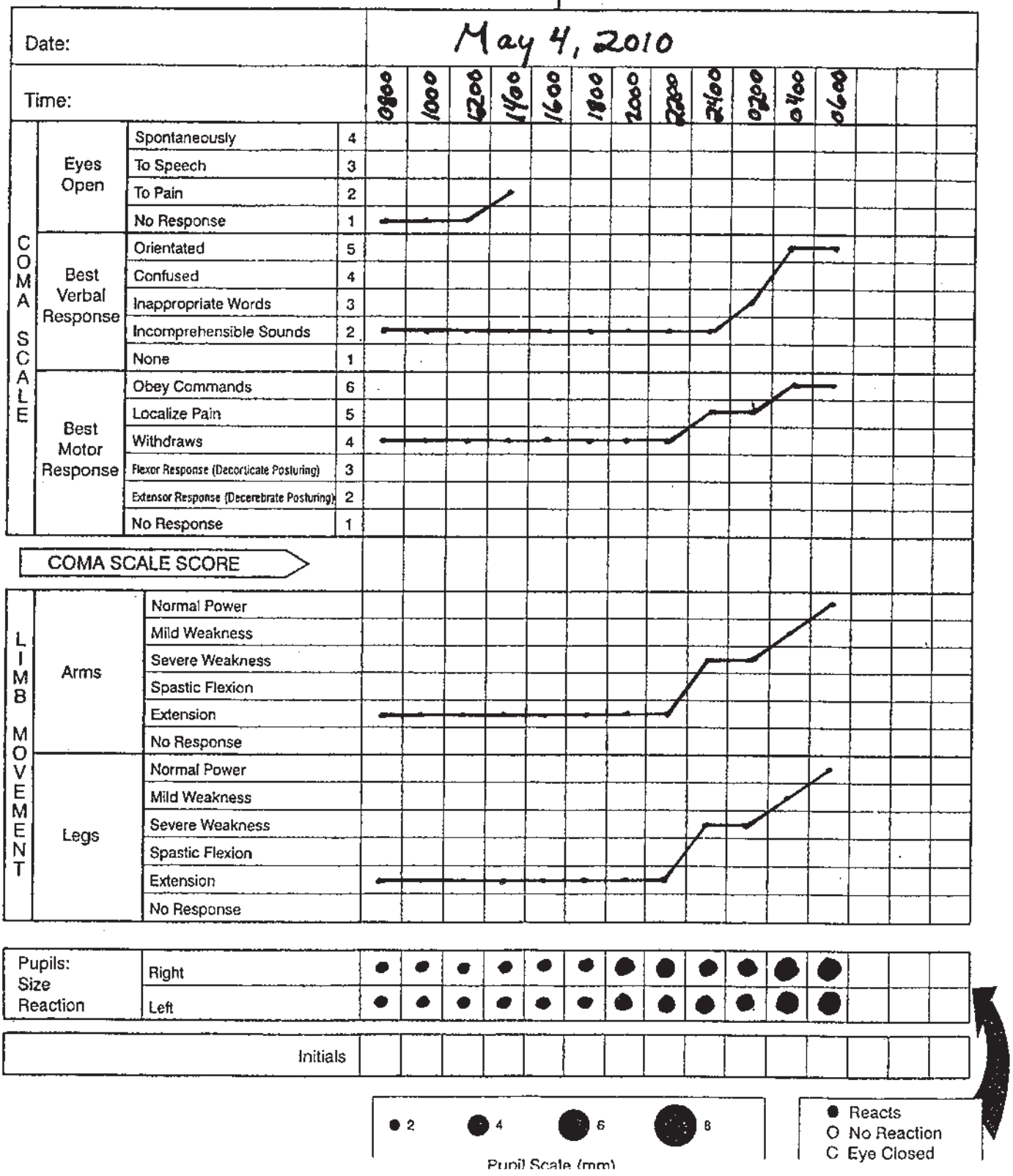
2. Describe the client's responses at 1400 hours.

3. Plot the client's eye responses on the COMA SCALE from 1600 hours to 600 hours as follows:

1600	eyes open to pain
1800	eyes open to pain
2000	eyes open to pain
2200	eyes open to pain
2400	eyes open to speech
0200	eyes open to speech
0400	eyes open spontaneously
1600	eyes open spontaneously

4. Complete the coma scale scores.

Adult Neurosciences Watch Sheet



Answers

Licensed Practical Nurse (9)

Licensed Practical Nurses assess clients' level of consciousness by observing and giving a numeric value. Look at the Adult Neurosciences Watch Sheet.

Adult Neurosciences Watch Sheet

1. What three main categories does the coma scale include?

   - eyes open
   - best verbal response
   - best motor response

2. Describe the client's responses at 1400 hours.

   - eyes open—to pain
   - best verbal response—incomprehensible sounds
   - best motor response—withdraws

3. Plot the client's eye responses on the COMA SCALE from 1600 hours to 600 hours as follows:

   - See Adult Neurosciences Watch Sheet.

4. Complete the coma scale scores.

   - See Adult Neurosciences Watch Sheet.

Adult Neurosciences Watch Sheet

Jane Tree
DOB September 3, 1954
SHSP # 123 456 789

Date:	May 4, 2010													
Time:	0800	1000	1200	1400	1600	1800	2000	2200	2400	0200	0400	0600		
COMA SCALE — Eyes Open — Spontaneously (4)														
Eyes Open — To Speech (3)														
Eyes Open — To Pain (2)														
Eyes Open — No Response (1)														
Best Verbal Response — Orientated (5)														
Best Verbal Response — Confused (4)														
Best Verbal Response — Inappropriate Words (3)														
Best Verbal Response — Incomprehensible Sounds (2)														
Best Verbal Response — None (1)														
Best Motor Response — Obey Commands (6)														
Best Motor Response — Localize Pain (5)														
Best Motor Response — Withdraws (4)														
Best Motor Response — Flexor Response (Decorticate Posturing) (3)														
Best Motor Response — Extensor Response (Decerebrate Posturing) (2)														
Best Motor Response — No Response (1)														
COMA SCALE SCORE	7	7	7	8	8	8	8	8	10	11	15	15		
LIMB MOVEMENT — Arms — Normal Power														
Arms — Mild Weakness														
Arms — Severe Weakness														
Arms — Spastic Flexion														
Arms — Extension														
Arms — No Response														
Legs — Normal Power														
Legs — Mild Weakness														
Legs — Severe Weakness														
Legs — Spastic Flexion														
Legs — Extension														
Legs — No Response														
Pupils: Size Reaction — Right														
Pupils: Size Reaction — Left														
Initials														

● 2 ● 4 ● 6 ● 8
Pupil Scale (mm)

● Reacts
O No Reaction
C Eye Closed

Licensed Practical Nurse (10)

Licensed Practical Nurses are required to move and lift clients safely. Look at the Transfer, Lifting and Repositioning (TLR) Mobility Record.

TLR Mobility Record (A)

1. What are the five risk factors that must be assessed for each client?

2. Name one item under "Health Information – Emotional/Behavioral Status," which Licensed Practical Nurses evaluate? Emotional/Behavioral Status is the third category in Health Information.

3. Which item under Standing Abilities makes a reference to "time"?

4. Which item has to do with the patient's "hands"?

5. "Walking on the spot" is used to evaluate which ability?

MOBILITY RECORD

Level of Assessment:
G - General Client Mobility Assessment
O - Ongoing Client Mobility Assessment

Initial if criteria met
✓ if criteria met but written note required
X if criteria not met, written note required
NA or / if criteria not applicable

RISK FACTORS												
Date (Y/M)		Day										
		Time										
		Level of Assessment										
	1 HEALTH INFORMATION	**Communication status**										
		Is able to communicate needs										
		Vision is adequate (**specify device(s) on side 2)										
		Hearing is adequate (**specify device(s) on side 2)										
		Cognitive status										
		Is able to remember instructions related to the move										
		Is able to judge own capabilities in moving										
		Is able to make decisions										
		Emotional/Behavioral status										
		Displays stable moods										
		Demonstrates predictable/cooperative behaviours										
		Medical status										
		Is able to participate in move despite medical condition										
		Is aware of own body position in space										
		Is able to move with attachments/appliances										
		Is able to move despite pain/fatigue										
		Is able to participate in the move despite effects of medication										
	2 PRE-MOBILIZATION ABILITIES	Can grip, push & pull hand in a handshake Rt										
		Lt										
		Can bend knee and lift leg Rt										
		Lt										
		Can move foot up & down at the ankle Rt										
		Lt										
		Can roll from side to side in bed Rt										
		Lt										
	3 SITTING ABILITIES	Can get into sitting position										
		Can sit unassisted for 15 seconds										
		Can right self when gently tipped in all four directions										
	4 STANDING ABILITIES	Can position self for standing										
		Can lift body weight off buttocks/thighs										
		Can stand independently										
		Can remain standing for 15 seconds										
		Balanced when lifting one arm at a time to front and side										
	5 WALKING ABILITIES	Can shift weight from one foot to another										
		Can walk on the spot										
		Can walk from one location to another										

Answers

Licensed Practical Nurse (10)

Licensed Practical Nurses are required to move and lift clients safely. Look at the Transfer, Lifting and Repositioning (TLR) Mobility Record.

TLR Mobility Record (A)

1. What are the five risk factors that must be assessed for each client?
    - walking abilities
    - standing abilities
    - sitting abilities
    - pre-mobilization abilities
    - health information
2. Name one item under Health Information – Emotional/Behavioral Status, which Licensed Practical Nurses evaluate? Emotional/Behavioral Status is the third category in Health Information.
    - displays stable moods, or
    - demonstrates predictable/cooperative behaviours
3. Which item under Standing Abilities makes a reference to "time"?
    - can remain standing for 15 seconds
4. Which item has to do with the patient's "hands"?
    - can grip, push & pull hand in a handshake
5. "Walking on the spot" is used to evaluate which ability?
    - walking ability

Licensed Practical Nurse (10)

Licensed Practical Nurses are required to move and lift clients safely. Look at the "Indications for Use" descriptions. Match each description with its corresponding symbol on the following pages. Write the correct number next to the symbol.

TLR Symbols – Indications for Use (B)

1. An **independent transfer** is used by the client to move from one surface/location to another surface/location with or without the use of assistive devices such as a cane or walker (e.g., from a bed to a wheelchair, or from a wheelchair to the bathroom/toilet.

2. A **minimum assistance transfer** is used to move the client from one surface/location to another surface/location with or without the use of assistive devices such as a cane or walker.

3. A **one-person transfer with belt** is used to move the client from one surface/location to another surface/location with or without the use of assistive devices such as a cane or walker.

4. A **one-person transfer with belt and assistant** is used to move the client from one surface/location to another surface/location with or without the use of assistive devices such as a cane or walker.

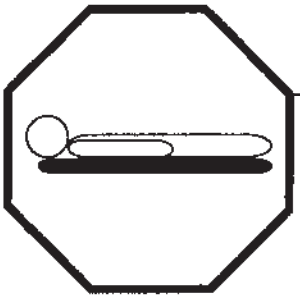
5. A **two-person transfer with belt and assistant** is used to move the client from one surface/location to another surface/location with or without the use of assistive devices such as a cane or walker.

6. A **sit/stand lift** is used to move the client from one seating surface to: another seating surface (e.g., from a bed to a wheelchair) or to a bathroom adjacent to the client's room.

7. A **total lift** is used to move the client:
   - To a bathroom adjacent to the client's room
   - In and out of bathtubs using "bathing" mesh slings, if the life base is compatible with the tub base/supports
   - In bed, if repositioning devices are inaccessible or inappropriate for the client

8. **Bed rest** is appropriate for the client who has been confined to bed by their physician or by the nature of their medical condition (e.g., the client with a back injury or fracture, or the palliative patient).

TLR Symbols - Indications for Use

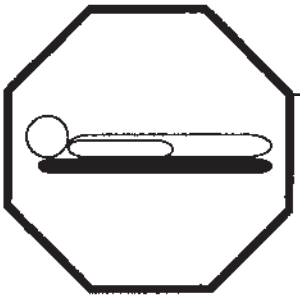


TLR Symbols - Indications for Use

TLR Symbols - Indications for Use

Answers

7. a total lift



8. bed rest

6. a sit/stand lift

3. a one-person transfer with belt

TLR Symbols - Indications for Use

1. an independent transfer

5. a two-person transfer with belt and assistant

4. a one-person transfer with belt and assistant

2. minimum assistance transfer

Health Care Professionals (e.g., Nurses) (11)

Health Care Professionals are required to obtain and record patient information when someone is admitted to a health facility for surgery. Look at the Admission Assessment & History form. If you don't know the meaning of certain words, ask your instructor/trainer before answering the questions below.

Admission Assessment & History Form

1. Who is the patient?

2. Enter the following information about the patient.

   May Harris – wife

   Penicillin allergy

   Lower dentures

   Wears reading glasses

3. What is Jeff's diagnosis?

4. What treatment procedure will Jeff receive?

5. How many calories should Jeff have?

6. What food intolerance does Jeff have?
   (A "food intolerance" means that a person will get sick or have an allergic reaction if he or she eats or drinks a particular food.)

ADMISSION ASSESSMENT & HISTORY
MEDICINE/SURGERY

Pre-Admission - Date & Time ☐ See Notes *Oct 11/07 - 0945*	**Admission - Date & Time** *Oct28/07 - 0645* **Reviewed and completed by:** ☐ See Notes *WL*
Language Spoken ☐ Translator required *English*	**Occupation / Education** *Retired Teacher*

Source of Information ☑ Self ☐ Other:	**Age**	*JEFF HARRIS*
Diagnosis/ Procedure *Non functioning Lt Kidney -* **Date Booked:** *Oct28/07 – Lt. Nephrectomy*	☑ **Consent** ☑ **Consent** *on pt record*	**Test(s)/X-ray(s) completed to date** ☑ **Results on Record** ☑ **CBC** ☑ **Electrolytes** ☑ **UA** ☑ **CXR** ☑ **ECG** ☑ **Crossmatch** ☐ **Other:**
Allergies: ☐ None Known ☐ Medi Alert on ☑ Agency Alert on *(describe reaction(s))* ☐ Drug: ☐ Food: ☐ Latex: ☐ Other:		**Next of Kin:** Name: Relationship: **Designated Contact:** ☑ as above Name: Relationship: Phone (H) (W) *306-524-2160* (C)

	QUESTIONS		Yes	No	PATIENT'S RESPONSE and INTERVIEWER'S COMMENTS
PERSONAL HYGIENE	Personal care assistance *(describe specific routines)*	bathing		√	☐ Tub ☐ Shower ☐ Other: ☑ Pre-op bath done
		grooming		√	
		oral care		√	
		dressing		√	
		assistance provided			☐ Family ☐ Home Care ☐ LTC ☐ Day Care
	devices with patient		√		Hearing aid (es) ☐ Rt ☐ Lt ☐ With Patient Denture (s) ☐ Upper ☐ Lower ☐ Partial ☐ Caps ☐ At Home ☐ Glasses ☐ Contact lens ☐ Other:

ELIMINATION	**Difficulty with bowel care** *(describe problem and help needed)*		√	☐ Constipation ☐ Diarrhea ☐ Incontinence ☐ Other: Bowel Pattern: ☐ OD ☑ EOD ☐ q 3 days ☐ Other: Aids used: ☐ Pads ☐ Liners ☐ Briefs/Pull-ups ☐ Other: **Date of last BM: *Oct 26/07***
	Difficulty with bladder care *(describe problem and help needed)*		√	☐ Incontinence ☐ Frequency *(how often)* ☑ Nocturia *(# of times up)* ***1-2 times*** Toileting regime: ☐ Indwelling Catheter: *(size & type)* Freq. of change: q ☐ Intermittent catheter q Date of last change: Aids used: ☐ Pads ☐ Liners ☐ Briefs/Pull-ups ☐ Other:
NUTRITION	**Specific diet** *(specify)*	√		☐ Regular ☑ Other: ***Diabetic – approximately 1800 calories*** Nutritional Pattern: ☑ 3 regular meals ☐ 6 small meals ☐ hs snack ☑ between meal snacks ☐ Other:
	Food intolerance *(specify)*	√		***Spicy foods cause gas***
	Difficulty eating/drinking		√	☐ Difficulty chewing ☐ Recent weight gain ☐ Dysphagia ☐ Recent weight loss ☑ NPO ☑ Last ate: ☑ Last drank:
MOBILITY	**Physical disabilities** *(describe help needed)*		√	
	Devices used:		√	☐ Walker ☐ Prosthesis: *(list)* ☐ With Patient ☐ Cane ☐ Orthopedic: *(list)* ☐ At Home ☐ Wheelchair ☐ Other:

Answers

Health Care Professionals (e.g., Nurses) (11)

Health Care Professionals are required to obtain and record patient information when someone is admitted to a health facility for surgery. Look at the Admission Assessment & History form. If you don't know the meaning of certain words, ask your instructor/trainer before answering the questions below.

Admission Assessment & History Form

1. Who is the patient?
    - Jeff Harris
2. Enter the following information about the patient:
    - May Harris – wife
    - Penicillin allergy
    - Lower dentures
    - Wears reading glasses
3. What is Jeff's diagnosis?
    - Non functioning Lt Kidney
4. What treatment procedure will Jeff receive?
    - Lt. Nephrectomy
5. How many calories should Jeff have?
    - 1800
6. What food intolerance does Jeff have?
    - Spicy foods cause gas

Answers

ADMISSION ASSESSMENT & HISTORY
MEDICINE/SURGERY

Pre–Admission - Date & Time ☐ See Notes *Oct 11/07 - 0945*	Admission - Date & Time *Oct28/07 - 0645* Reviewed and completed by: ☐ See Notes *WL*
Language Spoken ☐ Translator required *English*	Occupation / Education *Retired Teacher*
Source of Information ☑ Self ☐ Other:	Age
Diagnosis/ Procedure *Non functioning Lt Kidney -* Date Booked: *Oct28/07 – Lt. Nephrectomy*	☑ Consult ☑ Consent *on pt record*
Allergies: ☐ None Known ☐ Medi Alert on ☑ Agency Alert on *(describe reaction(s))* ☒ Drug: Penicillin ☐ Food: ☐ Latex: ☐ Other:	Next of Kin: Name: May Harris Relationship: Wife Designated Contact: ☑ as above Name: Relationship: Phone (H) (W) *306-524-2160* (C)

JEFF HARRIS

Test(s)/X-ray(s) completed to date ☑ Results on Record
☑ CBC ☑ Electrolytes ☑ UA ☑ CXR ☑ ECG ☑ Crossmatch
☐ Other:

	QUESTIONS	Yes	No	PATIENT'S RESPONSE and INTERVIEWER'S COMMENTS
PERSONAL HYGIENE	Personal care assistance *(describe specific routines)* — bathing		√	☐ Tub ☐ Shower ☐ Other: ☑ Pre-op bath done
	grooming		√	
	oral care		√	
	dressing		√	
	assistance provided			☐ Family ☐ Home Care ☐ LTC ☐ Day Care
	devices with patient	√		Hearing aid (es) ☐ Rt ☐ Lt ☐ With Patient Denture (s) ☐ Upper ☒ Lower ☐ Partial ☐ Caps ☐ At Home ☒ Glasses reading ☐ Contact lens ☐ Other:

ELIMINATION	**Difficulty with bowel care** *(describe problem and help needed)*		√	☐ Constipation ☐ Diarrhea ☐ Incontinence ☐ Other: Bowel Pattern: ☐ OD ☑ EOD ☐ q 3 days ☐ Other: Aids used: ☐ Pads ☐ Liners ☐ Briefs/Pull-ups ☐ Other: Date of last BM: ***Oct 26/07***
	Difficulty with bladder care *(describe problem and help needed)*		√	☐ Incontinence ☐ Indwelling Catheter: *(size & type)* ☐ Frequency *(how often)* ☑ Nocturia *(# of times up)* ***1-2 times*** Toileting regime: Freq. of change: q ☐ Intermittent catheter q Date of last change: Aids used: ☐ Pads ☐ Liners ☐ Briefs/Pull-ups ☐ Other:
NUTRITION	**Specific diet** *(specify)*	√		☐ Regular ☑ Other: ***Diabetic – approximately 1800 calories*** Nutritional Pattern: ☑ 3 regular meals ☐ 6 small meals ☐ hs snack ☑ between meal snacks ☐ Other:
	Food intolerance *(specify)*	√		***Spicy foods cause gas***
	Difficulty eating/drinking		√	☐ Difficulty chewing ☐ Recent weight gain ☐ Dysphagia ☐ Recent weight loss ☑ NPO ☑ Last ate: ☑ Last drank:
MOBILITY	**Physical disabilities** *(describe help needed)*		√	
	Devices used:		√	☐ Walker ☐ Prosthesis: *(list)* ☐ With Patient ☐ Cane ☐ Orthopedic: *(list)* ☐ At Home ☐ Wheelchair ☐ Other:

Health Care Professionals (e.g., Nurses) (12)

Patient Medication Form

Registered nurses administer medications on physician's orders. Look at the medication administration record.

1. Who is the patient?

2. Name two medications that were administered at 10 AM.

3. What are the patient's allergies?

4. What should the nurse do to medication before administering it?

5. How often should acetaminophen be administered?

PRN means as required

q means how often something should happen

h means hour(s)

Health District **Medication Administration Record** February 24/yr. 0000 - February 24/yr. 23:59	Mr. Albert Huff
Comments: Crush medications	
Allergies: Penicillin, Smoke	
Medications:	00 02 04 06 08 10 12 14 16 18 20 22 01 03 05 07 09 11 13 15 17 19 21 23
DIGOXIN 0.25 mg 1 TAB PO OD STOP: MAR 24 23:59 PO RX 2898	10
FUROSEMIDE 40 mg 1 TAB PO OD STOP: MAR 24 14:38 PO RX 2913	10
DIAZEPAM 5 mg 1 TAB PO BID STOP: MAR 6 22:00 PO RX 2907	10 22
PRN Medication	
ACETAMINOPHEN 325 mg 1-2 TAB PO q3h STOP: MAR 6 22:00 PO RX 2908	

Answers

Health Care Professionals (e.g., Nurses) (12)

Patient Medication Form

Registered nurses administer medications on physician's orders. Look at the medication administration record.

1. Who is the patient?
    - Mr. Albert Huff
2. Name two medications that were administered at 10 AM.

   two of the following:
    - digoxin
    - furosemide
    - diazepam
3. What are the patient's allergies?
    - penicillin, smoke
4. What should the nurse do to medication before administering it?
    - crush it
5. How often should acetaminophen be administered?
    - every three hours as required

Health Care Professionals (e.g., Nurses) (13)

Health Care Professionals record patients' vital signs. Look at the clinical record for Jeff Harris.

Clinical Record

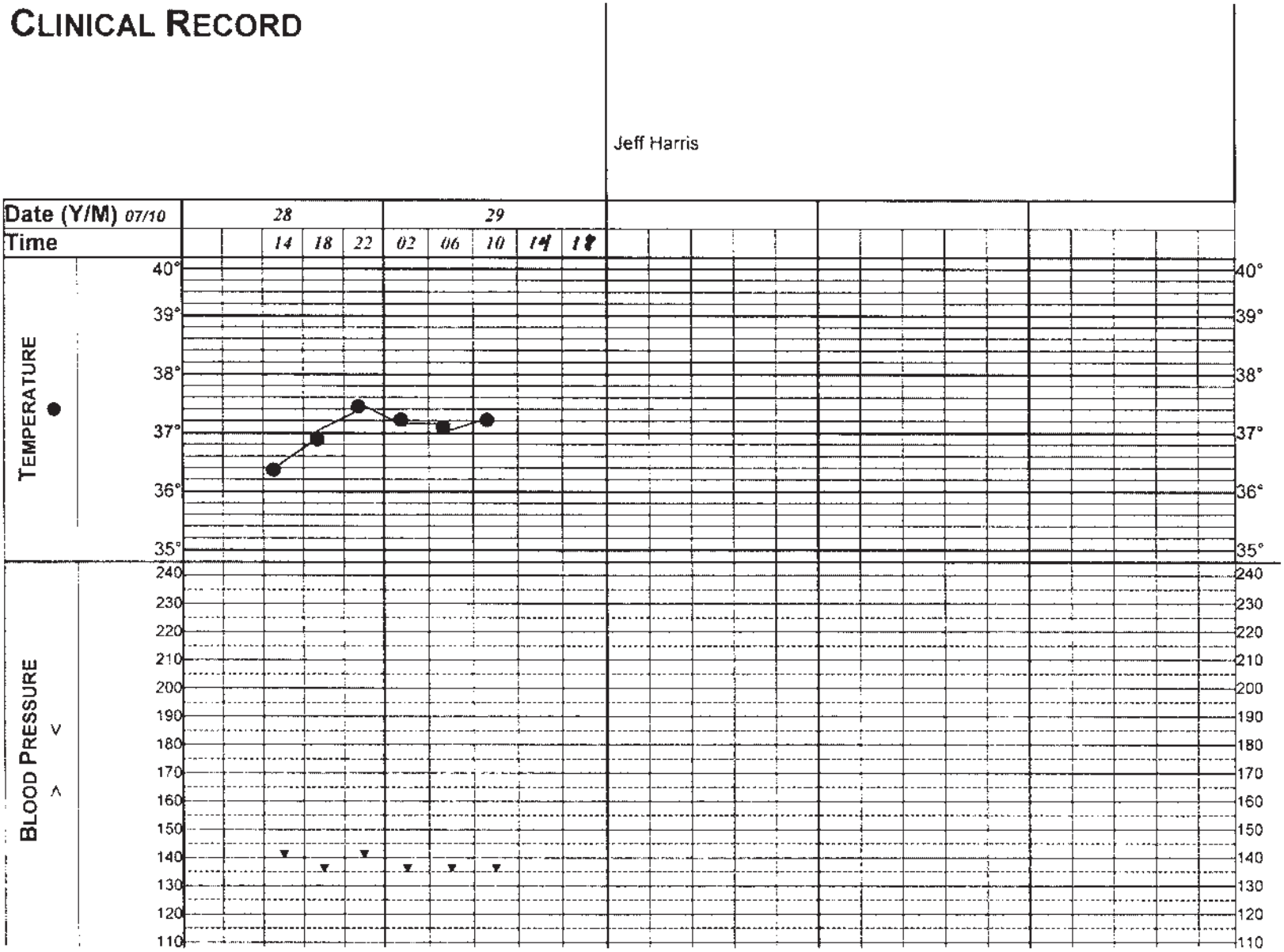
1. Who recorded the patient's vitals on October 28, 2007?

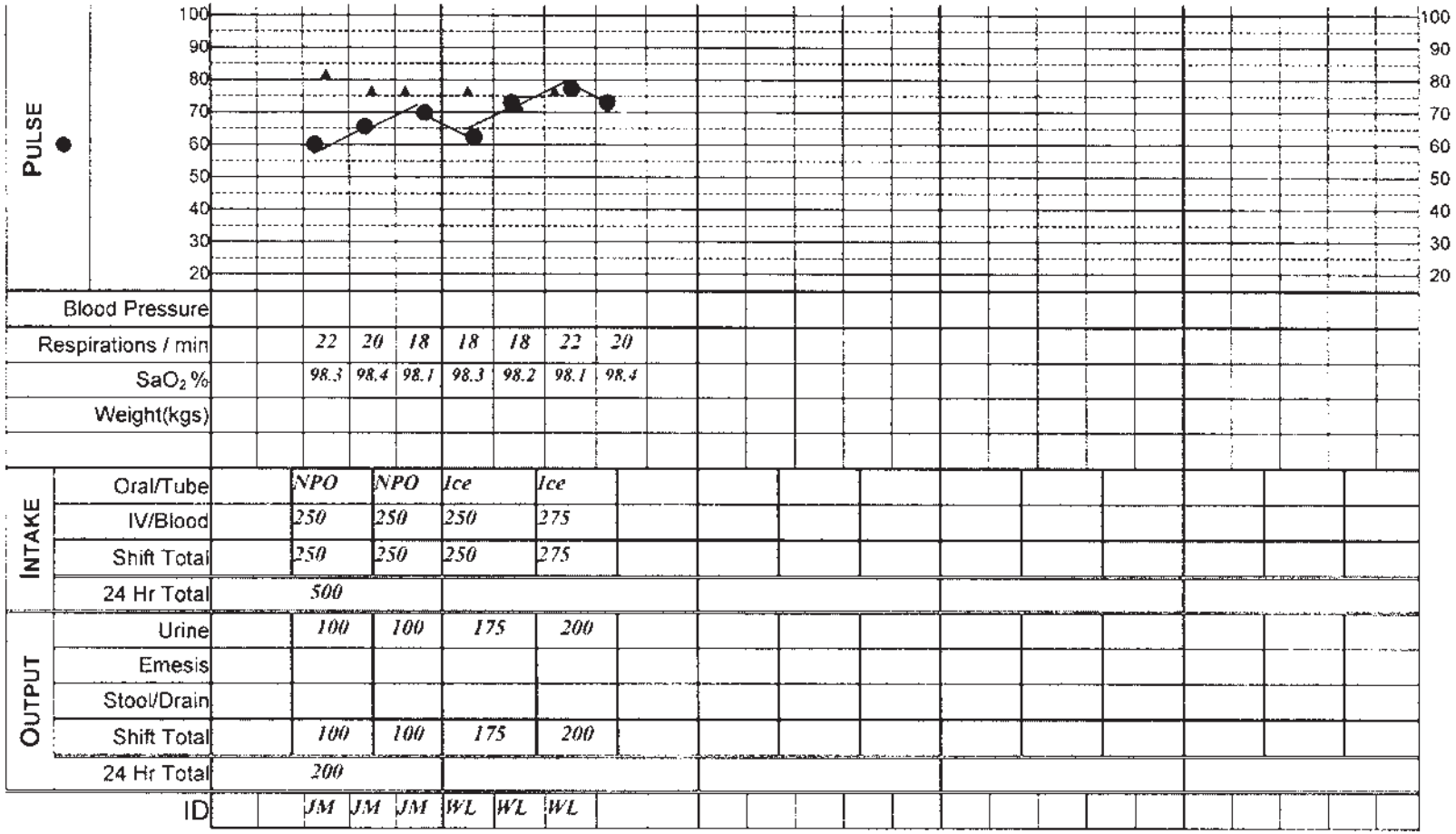
2. What was Jeff Harris' temperature at 10 p.m. on October 28th?

3. How much did Jeff Harris' temperature increase on October 28th from 1400 hours to 2200 hours?

4. Plot the following vitals for Jeff Harris on October 29th:

Vital	Time	Record
Temperature	1400	37
	1800	36.8
Blood pressure	1400	140/83
	1800	135/79
	Use the tip of the small triangle to show the the patient's blood pressure.	
Pulse	1800	85
Respirations	1800	18
SaO2	1800	98.2
Intake	1800	Ice
		IV/Blood 250
Output	1800	Urine 175


CLINICAL RECORD
Jeff Harris
Date (Y/M) 07/10
28
29
Time
14
18
22
02
06
10
14
18
TEMPERATURE
40°
39°
38°
37°
36°
35°
BLOOD PRESSURE
v
^
240
230
220
210
200
190
180
170
160
150
140
130
120
110



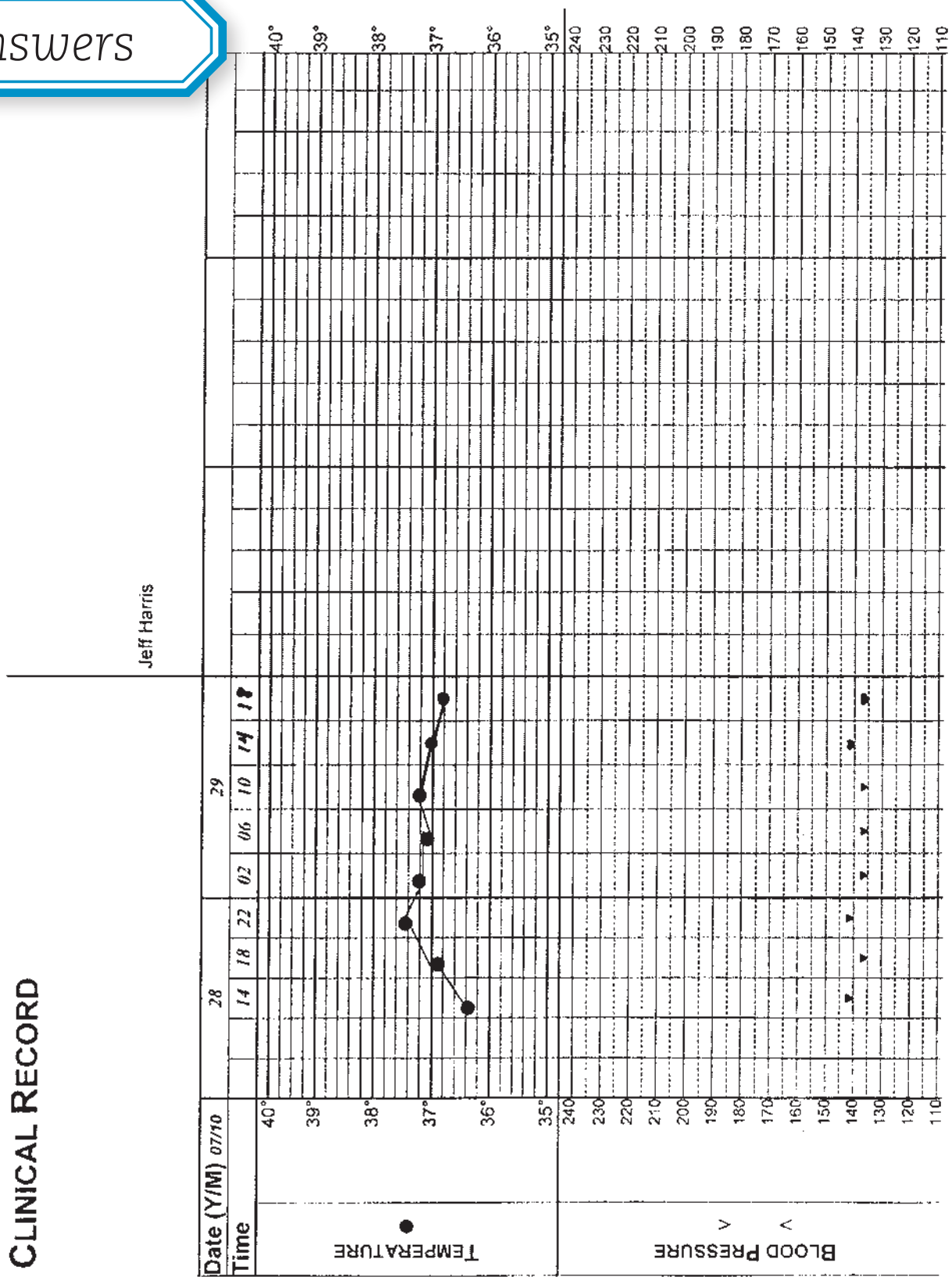
Health Care Professionals (e.g., Nurses) (13) Answers

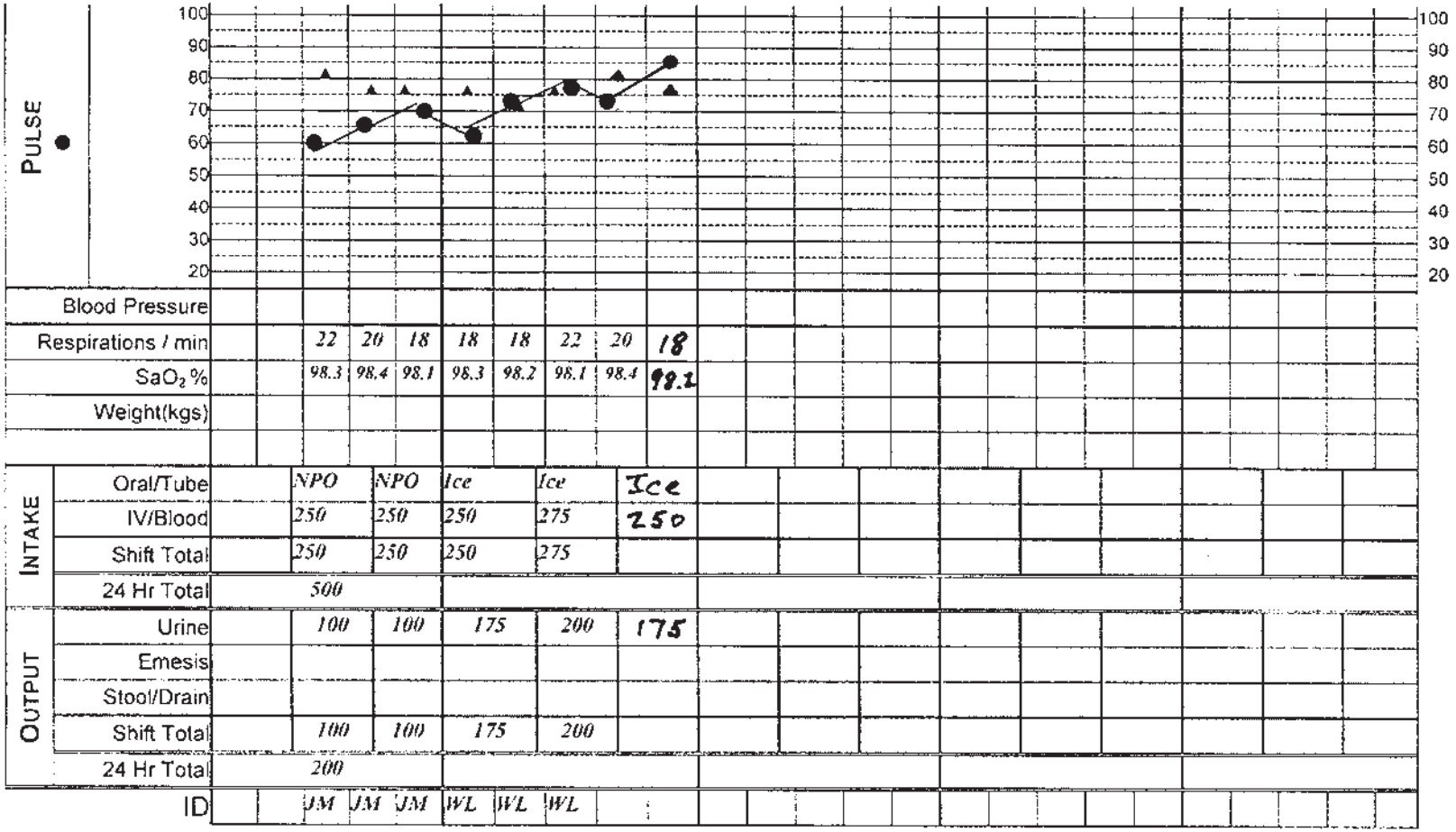
Health Care Professionals record patients' vital signs. Look at the clinical record for Jeff Harris.

Clinical Record

1. Who recorded the patient's vitals on October 28, 2007?
    - JM
2. What was Jeff Harris' temperature at 10 p.m. on October 28th?
    - 37.2 (degrees)
3. How much did Jeff Harris' temperature increase on October 28th from 1400 hours to 2200 hours?
    - 1 (degree)
4. Plot the following vitals for Jeff Harris on October 29th:
    - Check the plot on the following page.

Answers


CLINICAL RECORD
Jeff Harris
Date (Y/M) 07/10
Time
28
29
14
18
22
02
06
10
14
18
TEMPERATURE
BLOOD PRESSURE
40°
39°
38°
37°
36°
35°
240
230
220
210
200
190
180
170
160
150
140
130
120
110



Health Care Professionals (e.g., Nurses) (14)

Health Care Professionals complete discharge care plans for patients. Look at Jess Harris' discharge care plan.

Discharge Care Plan

1. What nutritional restrictions does Jeff Harris have?

2. What signs of infection in his incision does Jeff Harris need to look for?

3. When should Jeff Harris notify his doctor?

4. What should Jeff Harris watch for in his urine?

5. Who completed the discharge plan?

6. How long should Jeff avoid heavy lifting?

DISCHARGE CARE PLAN

☑ From In-patient agency

☐ From Home Care

Referral to Home Care for:

☐ None
☐ Nursing Care
☐ Personal Care
☐ Home Maintenance
☐ Meals
☐ Physiotherapy
☐ Occupational Therapy
☐ Other:

Jeff Harris

INSTRUCTIONS FOR CARE
PERSONAL HYGIENE ☑ Independent ☐ Handout (name & dept):
Shower until suture line is well healed
ELIMINATION ☑ Independent ☐ Handout (name & dept):
Watch for any blood in urine, pain on voiding or foul odor. Notify doctor if any excess pain, sudden pain on left side or any problem voiding.
NUTRITION ☑ Independent ☐ Handout (name & dept):
Follow your previous Diabetic diet.
MOBILITY ☑ Independent ☐ Handout (name & dept):
Gradually increase activity level for next 6 weeks until back to usual activities.
OBSERVATIONS AND MEASUREMENTS ☐ Handout (name & dept):
Watch for signs of infection in incision – redness, drainage, odor and report to Dr. immediately.
MEDICATIONS ☐ Handout (name & dept): Prescription Yes ☑ No ☐ Own Medications Returned Yes ☐ No ☐

TREATMENTS & PROCEDURES ☐ Handout (name & dept):

Resume usual routine for glucose monitoring or checking your blood sugar.

TEACHING ☐ Handout (name & dept):

No heavy lifting or shoveling etc. for the next 6 weeks.

SAFETY ☐ Handout (name & dept):

PSYCHOSOCIAL ☐ Handout (name & dept):

HOME CARE PLAN ☐ Yes ☑ No

APPOINTMENTS ☑ Made for you ☐ Make your own appointment

NAME	LOCATION	TIME/DATE	TELEPHONE
Dr. Brown	*Clinic*	*Nov 16/07 at 1pm*	*345-6789*

SHOW THIS PLAN TO YOUR HOME CARE PROVIDER(S) AND TAKE IT TO YOUR NEXT DOCTOR'S APPOINTMENT

The above information has been reviewed with the patient/family/significant other SIGNATURE: *Jeff Harris*	DATE *Nov5/07*	ID *WL*

Answers

Health Care Professionals (e.g., Nurses) (14)

Health Care Professionals complete discharge care plans for patients. Look at Jess Harris' discharge care plan.

Discharge Care Plan

1. What nutritional restrictions does Jeff Harris have?
    - Follow your previous diabetic diet.
2. What signs of infection does Jeff Harris need to look for?
    - redness, drainage, odor
3. When should Jeff Harris notify his doctor?
    - if any excess pain, sudden pain on left side or problem voiding
4. What should Jeff Harris watch for in his urine?
    - blood
5. Who completed the discharge plan?
    - WL
6. How long should Jeff avoid heavy lifting?
    - for the next 6 weeks

Housekeeping Staff (15)

Housekeeping staff must clean rooms when a patient is discharged. Look at the Discharge/Transfer Cleaning Checklist for All Rooms.

Discharge/Transfer Cleaning Checklist for All Rooms

1. Name four additions that must be completed in a room of a patient on precautions.

2. Name one thing housekeeping staff should report to nursing.

3. What items must a housekeeper remove in a regular cleaning?

4. What items must be cleaned thoroughly before use by another patient?

Discharge / Transfer Cleaning Checklist for All Rooms

Use regular cleaner

1. All dirty/used items removed? Yes____ No ____
   Suction container, etc. Yes____ No ____
   Disposable items (Kleenex, bar soap tossed out) Yes____ No ____
2. Are curtains removed before starting to clean if visibly soiled? Yes____ No ____
3. Are clean cloths, mop (all supplies) and solution used to clean the room? Yes____ No ____
4. Are mattress/pillows/chairs in room torn? Yes____ No ____
5. If torn, did you report to supervisor to have replaced? Yes____ No ____
6. No double dipping with used cloth? Yes____ No ____
7. Were several cloths used to clean room? Yes____ No ____
8. Do you always work from top to bottom? Yes____ No ____
9. Do you clean all surfaces and allow for the appropriate contact time (10 minute contact time)
   Mattress /cover Yes____ No ____
   Pillow – Always replace protective pillow cover Yes____ No ____
   BP cuff Yes____ No ____
   Bedrails and bed controls Yes____ No ____
   Call bell Yes____ No ____
   Stethoscope and column Yes____ No ____
   Flow meters Yes____ No ____
   Suction tube and outer container Yes____ No ____
   Pull cord in washroom Yes____ No ____
   Overbed table Yes____ No ____
   Inside drawers Yes____ No ____
   TV control/T.V. – remotes wrapped in plastic Yes____ No ____
   Soap dispenser Yes____ No ____
   Door handles Yes____ No ____
   Light switches Yes____ No ____
   Light cord Yes____ No ____
   Chair Yes____ No ____
10. Did you clean phone well? Yes____ No ____
11. Are the following cleaned thoroughly before being used by another patient?
    Commodes/high toilet seat Yes____ No ____
    Wheelchairs Yes____ No ____
    IV poles/machines – once bag & tubing removed by nursing Yes____ No ____
12. Let nursing know if sharps container needs replacing? Yes____ No ____
13. Is the outer canister of the suction container and tubing cleaned Yes____ No ____
14. Is the new cloth bag in place over ziplock bag on suction? Yes____ No ____
15. Is all tape removed from all surfaces? Yes____ No ____
16. Is sheepskin washed between patients? Yes____ No ____
17. Is the lift mesh or sheet washed between patients? Yes____ No ____

Additions When Cleaning A Room For A Patient On Precautions

1. Are curtains removed before starting to clean the room that was used for additional precautions? Yes____ No ____
2. Is glove box discarded? Yes____ No ____
3. Are the following discarded:
   Soap Yes____ No ____
   Toilet paper Yes____ No ____
4. Is the sharps container wiped? If ¾ full notify nursing Yes____ No ____

AVOID STOCKPILING IN ROOMS TO PREVENT WASTAGE

Answers

Housekeeping Staff (15)

Housekeeping staff must clean rooms when a patient is discharged. Look at the Discharge/Transfer Cleaning Checklist for All Rooms.

Discharge/Transfer Cleaning Checklist for All Rooms

1. Name four additions that must be completed in a room of a patient on precautions.

- curtains are removed before starting to clean the room
- glove box is discarded
- soap and toilet paper are discarded
- sharps container is wiped

2. Name one thing housekeeping staff should report to nursing.

- if sharps container needs replacing, or
- if sharps container is ¾ full

3. What items must a housekeeper remove in a regular cleaning?

- dirty/used items
- suction container
- disposable items (Kleenex, bar soap)
- all tape is removed from surfaces

4. What items must be cleaned thoroughly before use by another patient?

- commodes/high toilet seat
- wheelchairs
- IV poles/machines