

Clinical Externs: What they Can and Cannot Do

What a CE Can Do at LH	What a CE Cannot Do at LH
<p>CEs can perform personal care and other routine activities of living as an unregulated care provider however can do additional tasks from PSWs (bold)</p> <ul style="list-style-type: none"> • Taking Vital Signs • Conducting general physical assessments • Assisting with activities of daily living (ADL's): i.e. hygiene, dressing, repositioning • Encouraging the mobility of patients: ambulation, active/passive ROM exercises • Teaching respiratory care: i.e. Deep breathing/ coughing & incentive spirometry exercises • Assisting in patients transport/transfers • Assisting with constant care as assigned • Assisting with preparation/positioning for procedures • Applying Ted stockings as per plan of care • Collecting samples and swabs if not the performance of a controlled act • Applying dressings to prevent pressure injuries • Performing simple dressings (up to stage 1) • Applying steri-strips • Removing sutures and staples • Checking oxygen saturation levels with oximeter • Setting up wall/Gomco suctioning • Performing oral wall suctioning – <u>with direct supervision</u> • Recording intake (oral, enteral tube) and output balances (suction, urine, stool) • Emptying, measuring or recording drainage devices: i.e. Jackson Pratt drain, penrose drain, foley catheters • Emptying, measuring or recording of ileo-conduit, hemovac drain, nephrostomy tubes, supra-pubic catheters and/or wound managers - <u>with direct supervision</u> • Performing colostomy and ileostomy care • Picking-up blood products from the blood bank • Using a Doppler • Using a bladder scanner • Hanging CBI bags • Discontinuing urethral indwelling catheters – (except coude tip) • Priming IV lines (primary) fluids only • Discontinuing and removing peripheral IV's • Maintaining a peripheral IV line: i.e. hourly checks and assessment 	<p>CEs cannot work autonomously and must work under the supervision of a Nurse. The Nurse is responsible/accountable for ongoing assessments of the patient and validating documentation of the CE.</p> <p><u>CEs Cannot:</u></p> <ul style="list-style-type: none"> • Complete any Controlled Act <u>EVEN</u> under the supervision of a nurse • Administer medications of any kind or route • Partake in independent double checking of any medications • Be in possession of narcotic keys or partake in narcotic count • Co-check, hang or administer blood products • Perform any care for lines that would alter the delivery of medications or blood products running through them. • Program any large volume pump or CADD pump • Participate in any care or maintenance of CVADs • Collect any specimens that require the performance of a controlled act • Apply any restraints without the direct supervision of the RPN or RN • Do chest compressions or participate in a protected Code Blue • Take verbal or telephone orders from a physician or Nurse Practitioner • Sign Physician or Nurse Practitioner orders • Act as a primary nurse • Receive or give verbal/written report as a primary nurse • Sign on any consent forms or act as a witness <p>NOTE: Nurses working with CEs must follow the same requirements for assigning patients and tasks to any unregulated care provider and understand that the nurse remains ultimately responsible for the patient as per the CNO.</p>

The Clinical Extern must seek assistance when they perceive that they:

- are in situations of doubt,
- require additional knowledge, skill and/or judgment; or require additional support and/or resources