Nurse Aide II
Course
Wake Technical Community College
Module I

The Role of Nurse Aide II
Comparison

• NA I: Performs basic nursing skills after passing the NACES written and skills test
• NA II: Performs more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition after successful completion of an approved Nurse Aide II training and competency evaluation program
Nurse Aide II Qualifications

• NA II must have successfully completed, in addition to an orientation program specific to the employing agency, a nurse aide II program approved by the Board of Nursing according to these rules or its equivalent as identified by the Board of Nursing.

• The individual is listed as a NA I on the Division of Health Service Regulation Nurse Aide I Registry with no substantial findings of abuse, neglect, or misappropriation of property.
Nurse Aide II Tasks

• Oxygen Therapy (room set-up, Monitor flow-rate)
• Suctioning (Oropharyngeal, Nasopharyngeal)
• Break-up and Removal of Fecal Impaction
• Tracheostomy Care
• Sterile Dressing Change (wound over 48 hours old)
• Elimination Procedures (Ostomy Care, Irrigation)
Nurse Aide II Tasks Continued

• IV Fluids-Assistive Activities (Assemble/flush tubing during set-up, Monitoring flow-rate, Site care/dressing change, Discontinuing peripheral intravenous infusions)
• Nutrition Activities (Oral/nasogastric infusions, after placement verification by licensed nurse; Gastrostomy feedings; Clamping tubes; Removing oral/nasogastric feeding tubes)
• Urinary Catheters (Catherizations)
• Wound Irrigation
North Carolina Board of Nursing (www.NCBON.com)

• The North Carolina Board of Nursing has approved and developed NA II modules for advanced skills that may be performed under RN supervision
• Never perform procedures that you have not been trained to provide, or that are illegal for Nurse Aid II’s in our state
• Follow the directions of the RN for providing care and performing procedures as assigned
Initial Listing and Renewal of Nurse Aide II

• Effective December 1, 2011 Nurse Aide II applications for Initial Listing and Renewal must be submitted online
Renewal of Nurse Aide II

• Each Nurse Aide II shall renew their listing with the Board of Nursing biennially on forms provided by the Board (see website)
• The renewal application shall be accompanied by the required fee (currently $ 24.00)
• To be eligible for renewal, the Nurse Aide II must have worked at least eight hours for compensation during the past 24 months performing nursing care activities under the supervision of a Registered Nurse
The Role of Nurse Aide II on the Health Care Team

The licensed nurse maintains accountability and responsibility for the delivery of safe and competent care. Decisions regarding delegation of any of the Nurse Aide II activities are made by the licensed nurse on a client-by-client basis. The following criteria must be met before delegation of any tasks may occur:
Role of Nurse Aide II continued:

• Task is performed frequently in the daily care of a client or group of clients
• Task is performed according to an established sequence of steps
• Task may be performed with a predictable outcome
• Task does not involve on-going assessment, interpretation or decision-making that cannot be logically separated from the task itself
Role of Nurse Aide II continued

• As part of accountability, the licensed nurse must monitor the client’s status and response to care provided on an on-going basis.
• Tasks which the North Carolina Board of Nursing determined are within the Scope of Practice for an NA II.
• As part of accountability, the NA II reports to the licensed nurse (RN).
Nurse Practice Acts

• Nursing practice is regulated by a board of nursing or other governing body in each state
• This agency governs nursing practice by providing a nurse practice act
• The nurse practice act describes the nurses’ scope of practice in our state
• Describes how nurses assign or delegate duties to unlicensed assistant
Unlicensed Assistive Personnel

• Some health care agencies refer to unlicensed health care workers as UAPs
• UAPS are defined by the National Council of State Boards of Nursing as “Individuals who are trained to assist the licensed nurse in the role of providing direct nursing care to health care consumers as delegated by, and under the supervision of, the licensed nurse”
NC Board of Nursing
Roles of Unlicensed Personnel

• As used in Section .0400, “Nursing care activities” means activities performed by unlicensed personnel which are delegated by licensed nurses

• “Patient care activities” means activities performed by unlicensed personnel when health care needs are incidental to the personal care required
Health Care Delivery from 1980-Present

• Health care is provided in many settings
• In the late 1970’s changes in reimbursement were made to save Medicare money; this led to changes in private insurers also
• Many health care facilities studied their organizations and made changes to become more efficient
Workplace Reorganization

• Small departments merged with other departments
• Workers were taught to perform new procedures
• Now fewer workers provide a broader spectrum of care
Patient-Focused Care

• The purpose is to bring services to patients, instead of bringing patients to the services
• More flexible in meeting patients needs
• Fewer workers needed to provide services
• Workers are members of teams that meet the needs of patients as efficiently as possible
Continuing Education

• The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredits many different types of health care agencies
• They require health care facilities to ensure that workers are competent in their responsibilities
• Must be competent in your work to provide patient safety
JCAHO con’t

• Your employer will evaluate your skills yearly
• This may be done by observation or a written test
• This is a JCAHO requirement for accredited agencies
• Federal laws governing long-term agencies may also require periodic evaluations
Continuing Education

• Health care is always changing
• New procedures and equipment are introduced frequently
• When your unit begins a new procedure or a piece of equipment you will be taught how to use it correctly
• Education in some subjects is mandatory in health care facilities (fire safety, infection control, etc.)
Delegation

• This is the transfer of responsibility for the performance of a nursing activity from a licensed nurse who is authorized to someone who does not already possess such authority.

• After the task has been delegated, only the person given the authority may perform the procedure.

• In other words, this person cannot delegate the assignment to someone else.
NC BON and Delegation

• In North Carolina the statute states, "the licensed nurse, registered and practical, in accordance with certain other statues, may delegate nursing care activities to unlicensed personnel, regardless of title, that are appropriate to the knowledge and skill of the unlicensed personnel and are within the legal scope of practice as defined by the Board of Nursing for unlicensed personnel"
5 Rights of Delegation

• Before delegating a task to a NA II, the nurse must decide if delegation is appropriate
• The National Council of State Boards of Nursing developed a guide called the Five Rights of Delegation
• Nurses use this list to help them delegate correctly
Right Task

• One that can be legally delegated to a NA II who is trained and competent in performing the procedure.
Right Circumstance

• The NA II understands the purpose of the procedure, can perform it safely in an appropriate setting, and has the right supplies or equipment to perform the procedure
Right Person

• The right person delegates the right task to the right NA II, to be performed on the right person
Right Direction/Communication

• The person delegating the activity has described it clearly, including directions, limits, and the expected outcome
Right Supervision

• The nurse delegating the activity answers the NA II’s questions and is available to handle problems if the patient’s condition changes

• The NA II who performed the activity reports its completion and the patient’s response to the nurse, who delegated the activity
Delegation

• Not all nursing procedures can be delegated at all times
• In certain situations delegating even a simple task is inappropriate
• For example, the NA II can safely take Vital Signs of a stable patient, but assigning a NA II to an unstable patient is not appropriate
Assessment by the RN

• By law only a RN can assess patients
• Assessment can not be delegated
• However, the LPN, NA, and NA II may assist the RN with data collection necessary for an assessment
• Part of the assessment process consists of organizing, analyzing, prioritizing, evaluating, and synthesizing the data collected
Assessment continued

• Based on the data collected the RN identifies actual and potential health problems
• The RN develops a plan for using this information
• The plan will incorporate goals and nursing interventions to assist the patient
Performing Delegated Activities

• Delegating activities to a NA II is a serious matter for nurses
• When you accept the responsibility for a delegated task, you are responsible for your own actions
• NEVER perform a procedure for which you are not trained, or are not allowed to do according to your state law or facility policy
• Always ask for directions and have the proper equipment
• If you feel that the procedure is unsafe, discuss with your RN
• Report any observations about the patient’s condition to the RN
Refusing Delegation

• If you believe that the procedure is not within your legal scope of practice, \textbf{if you have not been trained}, or if you believe the activity will harm the patient, you may refuse the delegation.

• Or, if you do not understand the directions or do not have the proper supplies, you also may refuse.

• However, you must explain the reason for your refusal to the RN.
Refusal

• You may not refuse because you do not have time, or because the procedure is unpleasant
• Your RN can show you how to perform the procedure of help you if you are uncomfortable
• He or she can help you adjust your schedule to make time
• Be honest with your RN
• Good communication is the key!!
• Be tactful
• Protecting your patient is the top priority
• Never ignore an assignment!!
Completing an Assignment

• Report the completion of the task and the patient’s response to the RN
• Verbally informing the nurse is an important step in the procedure
• After informing the RN, document according to your facilities policy
Teamwork

• Intradisciplinary teams are composed of workers from the same discipline
• Interdisciplinary teams are composed of workers from different disciplines
• Teams assigned to care for specific patients learns their patient’s needs quickly
• The patients also get to know their caregivers well
Team Success

• Expect to make changes and to learn new things when working as a member of a team
• Also expect your team responsibilities to change from time to time
• Be willing to change!!
• Health care is always changing
Teamwork con’t

• The success of the team begins with each member
• All members must share their load for the team to function well
• Treat others as you would like to be treated
• If another worker needs help, be there to assist
Communication

• Involves sending and receiving messages to exchange information with others
• You will communicate verbally, in writing, through gestures, and by using your body
• To be successful you must understand and practice effective communication techniques
Communication Tips

• Your messages must be adjusted to fit the age and condition of the patient
• The messages must be interpreted correctly
• Listening is part of communication
• Gestures, posture, body language, and touch are also part of the message
• Making eye contact is important
Verbal Communication

• The tone and pitch of your voice is as important as the words you speak
• Avoid using slang or words with more than one meaning
• Use words with which the receiver is familiar
• Speak slowly and clearly
• Look at the receiver when speaking
Communicate Effectively In A Clinical Setting

• Verbal – speaking words
• Nonverbal – body language, gestures, facial expressions and touch
• Written communication
Communication Model

Sender

Message

Feedback

Receiver
Parts of the Communication Model

• **Sender** – person who begins the process of creating a message or material to be communicated

• **Message** – material to be communicated

• **Receiver** – person for whom the message is intended; interprets the meaning of the message

• **Feedback** – the receiver’s way of insuring that the message that is understood is the same as the message that was sent; takes place after the receiver has interpreted the message
Factors than influence communication

1. The message must be clear and concise. It must be in terms that the sender and the receiver can understand.
2. Delivery of the message must be concise, using good grammar and correct pronunciation. A moderate tone and pitch with good inflections avoiding a monotone. Speed of delivery is also important.
3. Written communications should contain good grammar and punctuation, correct spelling, and be as concise as possible.
Factors continued

1. Receiver must be able to hear of receive the message
   a. Very weak patients or those under the influence of heavy medications may not hear the message or interpret and understand the message
   b. Patients with hearing or visual impairments and those with limited English skills may not receive messages
   c. Clarifying and changing the form of a message can allow the receiver to respond
Factors con’t

5. The receiver must be able to understand the message. Using unfamiliar terminology as well as attitudes and prejudices of the receiver and sender can interfere with understanding

1. Confidence in the receiver is very important

2. Interruptions or distractions can interfere with communication. Loud noises, poor lightening, and uncomfortable room temperature can interrupt communication
Communicating with the Patient’s Family, Friends, and Visitors

• You represent the health care facility where you are employed
• Speak and smile at visitors in the hallway
• Maintain an open, friendly, and supportive attitude
• Answer questions about your facility’s policies and procedures
• However, you must protect patient confidentiality, even with family members
Answering the telephone

• Answer the phone by stating the name of your unit, then identify yourself by name and title

• If a physician calls to give orders, you must get a nurse to take the call

• Unlicensed personnel cannot legally take orders from the physician

• Do not give out personnel information about patients
Taking a Phone Message

• Write down the date, the name of the caller, and a brief message
• Sign your name and title
• Inform the caller that you will deliver the message
• Thank the person for calling
Age-Appropriate Care

• Age is an important consideration in patient care; treat each patient as an individual
• Approach and respond to patients in a way that is appropriate to their age
• Three main areas to be adjusted according to patients’ age are: communication, safety and security, personal care and comfort
Safety and Security

• Keep safety in mind at all times
• Teach patients about safety whenever possible
• Patients may be in denial
• Explain what you are doing to keep the environment safe
Fear

• Patients may react in a certain way due to fear
• Some fear the unknown
• Encourage patients to talk about their fears
• Offer support, but not false hope
• Allow patients to make choices and decisions about their care and routines
• Encourage independence
• Being in control promotes positive self-esteem
Restorative Nursing Care

• Based on a belief in the dignity and worth of each person
• The patient’s physical condition affects self-esteem
• Restorative nursing is given to assist each patient to attain and maintain the highest level of function
Principles of Restorative Nursing

• Begin treatment early
• Activity strengthens and inactivity weakens
• Prevent further disability
• Stress the ability, not the disability
• Treat the whole person
Care Plan

• The patient’s care plan will incorporate the principles of restorative nursing and will guide you in the approaches to use
• If you discover something that works for the patient, share the information with the RN
• He or she will add it to the care plan
• Good communication is an important part of restorative care!!
Odds & Ends

• Job description includes **Responsibility**
• Privacy—can be exposing a patient unnecessarily or a threat to the right to privacy