

COMMITTEE ON INTERDISCIPLINARY PRACTICE

STANDARDIZED PROCEDURE REGISTERED NURSE

TITLE: Emergency Department and Adult Urgent Care Center Registered Nurse
~~Additional~~ Standardized Procedure

1. Policy Statement

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Registered Nurses, Pharmacists, Physician Assistants, Physicians and administrators and other affiliated staff and must conform to the Nurse Practice Act, Business and Professions Code Section 2725.
- B. A copy of the signed procedures will be kept in an operational manual located in the Emergency Department, Adult Urgent Care Center and also on file in the Medical Staff Office.

Commented [SP1]: Did we want to clarify which SP this protocol is being attached to?

Commented [JK2R1]: done

2. Functions to be performed

The Registered Nurse, based upon the nursing process, determines the need for a standardized procedure. The RN provides health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the RN to seek physician consultation.

3. Circumstances under Which RN May Perform Function

- A. Setting
The Registered Nurse may perform the following standardized procedure functions in the **Emergency Department and Adult Urgent Care Clinic** consistent with their experience and training.
- B. Scope of Supervision Required:
 - 1. The RN is responsible and accountable to the **ZSFG Emergency Department and Adult Urgent Care Center Nurse Manager and Medical Director or physician designee.**
 - 2. Overlapping functions are to be performed in areas which allow for a consulting physician to be available, at all times, to the RN, by phone or in person, including but not limited to the clinical area.

3. Physician consultation is to be specified in the protocols and under the following circumstances:
 - a. Acute decompensation or emergent conditions requiring prompt medical intervention.
 - b. Upon the request of the registered nurse, patient or physician.

4. Requirements for the Registered Nurse

A. Experience and Education

1. Active California Registered Nurse license
2. Current Basic Life Support certification

B. Special Training

1. Enrollment in the ED or Adult Urgent Care Center orientation program by the unit manager.
2. Successful completion of the orientation program.
3. Successful completion of reviewing the CDC guidelines on syphilis.

C. Evaluation of the Registered Nurse competence in performance of standardized procedures.

1. Initial:

- a. At the conclusion of the standardized procedure training, the Nurse Manager, Medical Director or designated physician will assess the RN's ability to perform the procedure
- b. Clinical Practice: Three initial cases will be reviewed to ensure that the test was indicated.

2. Annual:

Nurse Manager, Medical Director or designated physician will evaluate the RN's competence through an annual performance appraisal and skills competency review w. along with F feedback from colleagues, physicians, direct observation, and/or chart review may be used. The standardized procedures will be a required Unit Based Competency for annual review.

3. Follow-up:

Areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Nurse Manager, Medical Director or designated physician at appropriate intervals until acceptable skill level is achieved. This may include chart reviews.

6. Development and Approval of Standardized Procedures

A. Method of Development

Standardized procedures are developed collaboratively by the registered nurses, nurse managers, physicians and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval

All standardized procedures must be approved by the CIDP, Credentials Committee, Medical Executive Committee and the Joint Conference Committee prior to use.

C. Review Schedule

The standardized procedure will be reviewed every three years or as practice changes, by the registered nurses, nurse managers and medical directors.

D. Revisions

All changes or additions to the standardized procedures are to be approved by CIDP accompanied by the dated and signed approval sheet.

Protocol

TITLE: Syphilis screening and Laboratory Test Order set

A. DEFINITION

This protocol covers the syphilis screening and laboratory test
for patient populations within one of the following categories
below, seen by registered nursing (RN) staff in in the Emergency
Department (ED) and Adult Urgent Care Center

1.Frequency:

a. Testing for syphilis should be done in any person

- pregnant who has not had syphilis testing
- requests to be tested
- with signs or symptoms suggestive of syphilis
- with an oral, anal, or vaginal sex partner who has been recently
diagnosed with syphilis
- presents with signs and symptoms of syphilis

b. Every three months testing, in persons who are: ~~patients who fall~~ in to these groups::

- On PreP for HIV prevention
- living with HIV and are sexually active
- having unprotected sex and risk factors
- reports that their sex partner has been recently diagnosed
with syphilis
- Unstable housing
- MSM
- Have sex with Men who have sex with men (MSM)
- Pregnant
- People who can bear children
- Sexually active aAdolescents

- Anyone who asks to be tested

b. Every 6-12 months: all others

Pregnant women

Pregnant pPersons who can bear children whom are within child
bearing age (18 to 50 years of age)

- Persons who are experiencing homelessness or difficulty with
housing
- Persons who have sex with men who have sex with men
- Persons who request to be tested for syphilis

Commented [SP3]: Should we add "people of childbearing years"

Commented [JK4R3]: Added Kelly Han recommendations from 1/12/20 post credentials committee

Commented [JK5]: Gender neutral language

42. Location to be performed: **Emergency Department and Adult Urgent Care Center**

23. Performance of procedure:

- a. Indications: Patients within special categories listed above who meet subjective/objective data criteria
- b. Exclusions: Patients outside of without special categories listed above or who do not meet subjective/objective data criteria
- c. Precautions: Use standard precautions for specimen collection and handling
- d. Contraindications: Patients who do not agree/consent to the test

B. DATA BASE

1. Subjective Data

- a. History and review of symptoms relevant to the presenting complaint or procedure to be performed.
 - rash, small bumps, sores or ulcers on the genitals, mouth or anus
 - genital or anal discharge
 - wart-like growth on the genitals or anus
 - fatigue, itching, rash on the palms and soles, sore throat, swollen lymph nodes, weight loss, or rectal lining inflammation
- b. Pertinent past medical history, surgical history, family history, hospitalizations, habits, current medications, allergies.

2. Objective Data

- a. Physical exam appropriate to the procedure to be performed consistent with subjective data listed above.
- b. The procedure is performed following standard medical technique according to the departmental resources (i.e. specialty guidelines).
- c. Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- d. All Point of Care Testing (POCT) will be performed according to ZSFG POCT policy and procedure 16.20.

C. DIAGNOSIS

Risk for syphilis infection as indicated by Assessment of subjective and objective data to identify symptomology in persons within the disease processes. special designated categories. listed in definition

D. PLAN

1. Therapeutic Treatment Plan
 - a. Identifying patients that satisfy criteria for syphilis screening
 - b. Confirm accurate contact information for the patient
 - c. Perform RPR testing per current workflow
 - d. If using POCT and the result is positive; send a blood sample to the laboratory for confirmatory testing
 - b. ~~Ordering RPR/VDRL blood test for patients that meet syphilis screening requirements~~
2. Patient condition requiring Attending Consultation: Patient questions regarding the test that the nurse is unable to answer
3. Education: Discharge information and instructions.
4. Follow-up: As appropriate for procedure performed.

Commented [SP6]: In epic the test is called "RPR"

E. RECORD KEEPING

Documentation of the Syphilis Laboratory Test Order Set procurement or patient's refusal to provide sample/declination will be recorded in the electronic medical record as appropriate.

F. Summary of Prerequisites, Proctoring and Competency Documentation

Prerequisite:
<ol style="list-style-type: none"> a. Review of CDC guidelines on syphilis b. Completion of departmental orientation program
<u>Proctoring Period/Initial Evaluation:</u> Three chart reviews needed to ensure that syphilis screening test was indicated and completed
Annual Competency Documentation: <ol style="list-style-type: none"> a. Nurse Manager, Medical Director or designated physician will evaluate the RN's competence through an annual performance appraisal and skills competency review. <u>F-along-with</u> feedback from colleagues, physicians, direct observation <u>and/or</u> chart review may be used. b. The standardized procedures will be a required Unit Based Competency for annual review.
Any additional comments: None