### Developing Nursing Protocols Geared Toward College Health Practice

Kathleen MacLachlan, MS, APRN-BC, FACHA Mary Madsen, RN, BC Paula Snyder RN

## **College Health Nursing**

- College Health Nursing is a unique body of knowledge and competencies geared toward the well-being of students
- The student body on any campus has an age range from the adolescent just leaving home to adult learners
- No one body of protocols fits college health nursing



## ACHA Relationship with ANA

#### • Late 1970's:

- Nursing members of ACHA worked to establish college health nursing as a specialty requiring a unique set of skills and knowledge
- December, 1986:
  - Collaboration between ACHA & ANA resulted in the publication Standards of College Health Nursing Practice
- 1990:



 A second publication, A Statement on the Scope of College Health Nursing Practice, was released ACHA Work with the American Nurses Credentialing Center (ANCC)

- October, 1991:
  - First College Health Nursing Certification exam
  - 1600 Certified College Health Nurses
  - Last exam in May, 2005
- Today:



- Efforts to continue recognition for College Health Nurses through a portfolio option
- 2011: negotiations between ACHA & ANCC failed to lead to an agreement on a portfolio option for College Health nurses

#### Nursing Protocols Specific to College Health

- October 2011:
  - A single post to the College Health listserve regarding Nursing Protocols received over 100 responses over the course of one week
- ACHA Response:
  - President Anita Barkin called on ACHA nurses to respond to what was a stated need
  - Three nurses took on the task and eventually joined with two other college health professionals, one of whom is a Physician



## Nursing Protocols Specific to College Health

- May 28, 2012: ACHA Annual Meeting, Chicago, IL
  - 100 College Health Nurses gathered to prepare what became a total of **eleven** Protocols geared toward student health care

#### – Result:

- Connection
- Collaboration
- Consensus



## Physician/Provider Role

- Recognize the standards and scope of professional nursing practice
- Expand the professional nurse's role within the scope of the Nurse Practice Act
- Function as a "leader" (ally to nurses)
- Collaborate



- Educate, encourage, provide feedback
- Function as a health care team

# NY State Nurse Practice Act

- <u>Registered Professional</u>
  <u>Nurse:</u>
- Responsibilities include the diagnosis and treatment of human responses to actual or potential health problems



- <u>Responsibilities</u> <u>inclusive of:</u>
  - Case Finding
  - Health Teaching
  - Health Counseling
  - Provision of care
    supportive to restorative
    of life and well being
  - Executing medical regimes prescribed by an authorized Provider

## NY State Nurse Practice Act

- A nursing regimen shall be consistent with and shall not vary any existing medical regimen
- The registered professional nurse will:
  - Collect Subjective Data
    - Signs, Symptoms, Length of Condition, Level of Comfort
  - Initial Objective Data
    - V/S, Height, Weight, SPO2, Clinical Impression
  - Form a Nursing Diagnosis



# Nursing Diagnosis



- Definition: "a clinical judgment about individual, family, or community responses to actual or potential health problems/life processes" (NANDA, 1990)
- Medical & Nursing diagnoses each are designed to plan patient care

Diagnosis	Nursing	Medical
Focus	Human response to stimuli	Disease Process
Examples	Dysuria/Cough	Cystitis/Bronchitis
		NANDA, 1990

### Considerations in Developing Nursing Protocols

- On-Site Provider:
  - Subjective information
  - Objective including vital signs, etc
  - Nursing Diagnosis & to Provider
- Non On-Site Provider:
  - SOAP note evaluation
  - Recommendations and plan
  - Resources

## Definition

- A nursing protocol is considered to be a set of predetermined criteria that define appropriate nursing interventions that articulate or describe situations in which the nurse makes judgments relative to a course of action for effective management of common patient care problems.
- Written document mutually agreed upon by nurse and provider by which the physician delegates to that RN the authority to perform certain medical acts
- Complies with laws, rules and regulations of state

Practice Alerts and Guidelines Standing Orders or Protocols http://www.op.nysed.gov/prof/nurse/nurse-standingorders.htm

- The State Education Department ٠ has stated that in certain limited situations the development of a standardized list of orders designed for a given patient population may be lawful if each list of orders is signed by the patient's primary care provider and customized to the particular needs of a specific patient. Such orders are to be administered on an as needed (PRN) basis and executed in the same manner as any other PRN order. Last Updated: June 30, 2009
- Non-patient specific standing orders for the administration of immunization, anaphylactic agents, purified protein derivative tests and human immunodeficiency virus tests are the only legal circumstance in which orders can be provided for a given patient population with whom an authorized provider has no treatment relationship. The use of non-patient specific standing orders or non-patient specific standing protocols for clients in camps, college infirmaries, jails, hospitals, nursing homes, and occupational health facilities, for example, has no legal standing, and may result in a charge of unprofessional conduct against the RNs executing such orders.

## Over the counter medications

- From: NURSEBD [mailto:NURSEBD@MAIL.NYSED.GOV]
- Sent: Thursday, August 09, 2012 11:55 AM
- To: Madsen, Mary
- Subject: Re: RN practice act
- What is your practice setting, and who are your clients?
- Board of Nursing
- >>> "Madsen, Mary" <MMadsen@UHS.ROCHESTER.EDU> 8/9/2012 11:11 AM >>>
- I was recently informed that the New York State Board of Ed/Nursing Scope of Practice is not to allow RN's to administer or recommend over the counter medications. The language to be used is " The RN can educate the client in what the medication does. i.e.. Tylenol is a fever reducer, Advil is an anti-inflammatory agent. The client is then able to take it themselves.
- Can you tell me if this is current or upcoming addition to the current scope of practice?
- Mary

### **Response from Board of Nursing**

- Generally, RNs, LPNs and even appropriately trained non-licensed assistive personal may "hand over" to patients a supply of medications that have been dispensed by a pharmacist or physician. This is frequently done in college health facilities, family planning clinics, etc. However a *pharmacist or physician must be available at least by phone* to provide required counseling should the client so request.
- Board of Nursing
- >>> "Madsen, Mary" <MMadsen@UHS.ROCHESTER.EDU> 8/9/2012 11:56 AM >>>
- College health service, also have fee for service non-student patients, also occupational health (work related) patients

### Importance

- Assures standardized care, consistent care
- Based on latest technology, current practice and cost-effective measures
- Provide direction and guidance
- Avoid conflict and misunderstanding
- Act as communication and teaching tool

## What is Medical Provider's Role

- Understand scope and standards of nursing practice
  - Varies state to state, RN vs LPN vs CMA
- Embrace nursing role in college health
- Collaborate
- Be willing to change
- Educate, Encourage, Provide feedback and be Patient

## Standards for Protocols

- Define the condition
- Etiology: describe the cause and/or contributing factors
- Subjective (history & symptoms)
- Objective (describe findings from physical exam)
- Diagnostic studies (if applicable) Xray, lab
- Treatment: medications, lifestyle changes, education
- Follow up

## Standards

- Resources
  - Citation of a national guideline
  - Evidence-based medicine sites
  - No more than 2 years old
- Plan for periodic review
  - Reviewed every 2 years
- Can be utilized for peer review

## How will providers benefit?

- More efficient use of their time
- See more patients
- Happier nurses 🙂

## How will the nurses benefit?

- Greater job satisfaction
- Utilize nursing skills
- Nurse recruiting tool, orientation tool, evaluation tool

## How will patients benefit?

- More efficient patient care
- More appropriate patient care
- Better availability of providers for acute "sick" patients
- Care provided by staff that are more satisfied with their role
- Greater patient satisfaction

#### University Health Service Practice Guidelines

- The UHS Nursing Practice Guidelines were developed to guide UHS nurses in the management of health care problems frequently encountered in the UHS setting. These orders are not meant to be rigidly followed in every case nor should they take precedence over orders given by a physician for a specific patient. The UHS Nursing Practice Guidelines book also serves as a guide to accepted nursing practice at UHS.
- How to Use the UHS Nursing Practice Guidelines
- The most important ingredient in the management of patients is the clinical judgment of the health care provider who has direct contact with the patient. The nurse should use her best clinical judgment to determine if a patient can be treated under these guidelines or whether it would be more appropriate to contact the physician or mental health professional on-call or to consult with a nurse practitioner or a more senior registered nurse.
- Updating the UHS Nursing Practice Guidelines
- All UHS health professionals are encouraged to contact either the Associate Director for Nursing or the Director of UHS for:
  - 1. Clarification or alteration of existing orders.
  - 2. Addition of orders covering new clinical problems.
  - 3. Any other suggestions pertaining to the UHS Nursing Practice Guidelines.
- UHS staff physicians agree with and support the management of patients according to these UHS Nursing Practice Guidelines. These Guidelines were originally approved and adopted for UHS use 12/1/83. The most recent revisions of the UHS Nursing Practice Guidelines were approved May, 2011.
- UHS, Associate Director for Nursing

UHS, Director

UHS, Medical Chief

• <u>MD</u>

MD

•	Abdominal P	ain	1	•	Fever
•	Alcohol Intoxication		1	•	Frost B
•	Allergic React	Allergic Reaction		•	Heada
•	Allergy Inject	Allergy Injections		•	Head I
•	Anxiety (Acut	Anxiety (Acute)		•	Hemor
•	Asthma/Whe	Asthma/Wheezing		•	Immun
•	<b>Birth Control</b>	Birth Control Pills		•	Insomr
•	Burns		3	•	Lacera
•		Blisters	4	•	Muscle
•		Hand Burns	4	•	Muscle
•		Infected Burns	5	•	Nasal 1
•		Clean, Small Burns	5	•	Nausea
•		Head and Face	5	•	Obstet
•		Lip and/or Nose	5	•	Oral Co
•		Chemicals	5	•	Orthop
•		Tar-small area	5	•	Pregna
•		Eye	5	•	Proced
•	Canker Sore	6			
•	Cerumen Obs	struction	6	•	Rape/S
•	Chest Pain	6		•	Rectal
•	Conjunctivitis	Conjunctivitis 12		•	Seizure
•	Constipation	Constipation/Obstipation		•	Shortn
•	Contact Lens	Contact Lens Removal Instructions		•	Skin Pr
•	Contact Lens	Contact Lens Overwear/Irritation		•	
•	Convulsion/S	Convulsion/Seizure		•	
•	Cough	Cough		•	
•	Diabetic Crisis		8	•	
•	Diarrhea	9			
•	Drug Problem	าร	10	•	
•	Dysmenorrhe	Dysmenorrhea		•	
•	Ear Symptoms		11	•	Sore T
•	Epistaxis	12		•	Suicide
•	Eye Symptom	IS	12	•	Subung
•		Stye	13	•	TB Skir
•	Eye Trauma	14		•	Testicu
•		Chemical	14	•	Tootha
•		Foreign Body	14	•	Toxic C
•	Fainting/Synd	соре	14	•	Uncon

Frost Bite	15				
Headache	15				
Head Injury	15				
Hemorrhoids 16					
Immunization	n, Request for	16			
Insomnia	16				
Lacerations	16				
Muscle Pain or Spasm		17			
Muscle Bruise/Hematoma		17			
Nasal Trauma	a 18				
Nausea		27			
Obstetrical Problems		18			
Oral Contrace	eptive Pills	18			
Orthopedic P	roblems	19			
Pregnancy Co	oncern	19			
Procedures for III & Injured Students (Security)					
	21				
Rape/Sexual	Assault	19			
Rectal Pain or Bleeding		21			
Seizure		7			
Shortness of Breath		21			
Skin Problem	-	22			
	Cold Sore	22			
	Hives	22			
	Itching	22			
	Pediculosis/Crabs/Lic 23	e			
	Poison Ivy	23			
	Scabies	23			
Sore Throat	24				
Suicide Attempt/Gesture		24			
Subungual Hematoma		24			
TB Skin Test, Request for		24			
Testicular Pain		25			
Toothache	25				
Toxic Chemic	al Exposure	25			
Unconscious	ness	25			

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15

Unprotected Intercourse

Urinary Frequency/Burning 26

26

- Vaginitis 27
- Vomiting 27

#### JAMESTOWN COMMUNITY COLLEGE HEALTH CENTER INSTRUCTION/TEACHING SHEET

We recognize patient teaching with symptom assessment but always in our notes we state that they are to seek care at " an urgent care center, PCP or RV the HC for further recommendations should symptoms remain the same or worsen"

- The examination and treatment you received today is not intended to be a substitute for comprehensive medical care. It is important that you contact your Health Care Provider for any additional or persistent concerns since it is not possible to treat every component of injury or illness in a single visit.
- WOUND CARE
- o Practice effective and frequent hand washing; soap and water is best !
- O Clean area gently with soap, and rinse well with water; pat dry
- o Use a thin layer of antibiotic ointment over the wound
- o If allergic to antibiotics, make HC nurse aware of these allergies
- o Cover the area with a bandage and keep it dry & clean
- o Elevate the area to help relieve soreness & speed healing
- o With even the best care, any wound can develop infection.
- If the wound becomes red, swollen, shows pus, there are red streaks, or it feels more sore instead of less sore, revisit the Health Center or contact your doctor, nurse practitioner or physician's assistant immediately, as these symptoms could be signs of very serious infection

Jamestown Community College Health Center Tuberculosis Screening Clearance for Nursing and OTA Students

- 1. Positive PPD determined through screening or history and physical
- 2. Signed Release of Information between JCC, Dr. Jacobson or provider county health depts. and student.
- 3. Referral to County health Departments including Chautauqua ,Cattaraugus, Allegany, McKean, Potter ,Warren or Tioga depending upon student residence.
- 4. Dr. Jacobson to be notified and chest x-ray ordered For students in Chautauqua Co, and for any student who does not have a provider. If student has a provider they are to be notified and order for chest x ray obtained.
- 5. Student to complete Tuberculosis Questionnaire and obtain chest xray
- 6. Dr. Jacobson or provider to evaluate chest x-ray results and questionnaire and will determine clearance
- 7. County Department of Health will follow-up with student and health center will interview student about f/u recommendations
- 8. Student to comply with recommendations to continue eligibility

#### Options for Health Centers That are Nurse Directed Without Providers

For many 2 year technical and community colleges, having providers on staff is not an option in their administrative structure.

Explore the Occupational Health and Wellness offices at local hospitals for contracting specific services from their providers that allow you limited, but key components for care delivery such as:

a. providing physicals for health care or other programs at reduced cost due to your volume of students that may require these evaluations

b. assistance in policy and procedure development

c. referrals for immunizations and drug testing if required for professional programs at your college/university.

You can also develop a personal relationship with county health department directors and health commissioners. They are a wealth of knowledge and they need their numbers of patients to remain high for their state and federal funding to continue in these difficult economic times.

### Thank YOU!!!

