VIRGINIA BOARD OF NURSING
Final Agenda

Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233

Tuesday, March 27, 2018

9:00 A.M. - Business Meeting of the Board of Nursing – Quorum of the Board - Conference Center Suite 201 – Board room 2

Call to Order: Louise Hershkowitz, CRNA, MSHA; President

Establishment of a Quorum.

Announcements:

- Resignation of Alice B. Clark, Citizen Member effective as of February 23, 2018
- Bethanie Fields, RN accepted the P-14 on-site visitor position for the review of nurse aide education program in the South West Virginia and started on February 5, 2018
- Nancy Melton accepted the full time CBC Background Investigation Specialist position and started on February 12, 2018. Ms. Melton worked at the CBC Unit previously as a tempt
- Sylvia Tamayo-Suijk has returned to Board of Nursing staff as the Nursing Discipline Team Coordinator and started on March 10, 2018
- Latasha Austin transferred to Board of Social Work as the Licensing Manager as of March 10, 2018

Upcoming Meetings:

- Maryland Board of Nursing ENLC Training is scheduled for April 2, 2018 in Baltimore – Ms. Douglas and Ms. Willinger will attend
- Virginia Nurses Association (VNA) Opioid Spring Conference is scheduled for April 20, 2018 at Innsbrook – Key BON Staff will attend and Dr. Brown is a Keynote Speaker
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting and Administrative Proceeding are scheduled for April 11, 2018 – Ms. Hershkowitz, Ms. Gerardo, and Dr. Hahn will attend.
- eNLC Executive Committee Spring Meeting is scheduled for April 29 – May 2, 2018 in Asheville, NC –Ms. Douglas, as Commissioner for eNLC, will attend

Dialogue with DHP Director – Dr. Brown

Review of the Agenda: (Except where times are stated, items not completed on March 27, 2018 will be completed on March 28, 2018.)

1. Additions, Modifications
2. Adoption of a Consent Agenda

Disposition of Minutes:

C	January 29, 2018	Panel – Dr. Hahn *
C	January 30, 2018	Quorum – Dr. Hahn *
C	January 31, 2018	Panel – Dr. Hahn*
C	January 31, 2018	Panel – Ms. Hershkowitz *
C	February 1, 2018	Panel – Ms. Hershkowitz*
C	February 7, 2018	The Committee of the Joint Boards of Nursing and Medicine Informal Conference minutes – Ms. Hershkowitz**
C	March 13, 2018	Panel – Ms. Hershkowitz**

Reports:

C Agency Subordinate Tracking Log*
C Finance Report as of January 31, 2018**
C Board of Nursing Monthly Tracking Log**
- Executive Director Report – Ms. Douglas
  - 2018 ENLC Commissioner Meeting on March 4, 2018 report
  - 2018 NCSBN Midyear Meeting on March 5-7, 2018 report
- CORE Committee January 30, 2018 Meeting minutes – Ms. Minton/Ms. Krohn*
  - Recommendations for the CORE Discipline
- Nurse Aide Curriculum Committee January 30, 2018 Meeting minutes –Dr. Hahn/Dr. Saxby**
- The Committee of the Joint Boards of Nursing and Medicine February 7, 2018 Business Meeting minutes – Ms. Hershkowitz*
- Board of Health Profession February 27, 2018 Meeting Minutes – Ms. Minton*
- 2018 NCSBN Midyear Meeting on March 5 – 7, 2018**
  - Ms. Hershkowitz' written report**
  - Dr. McQueen-Gibson's written report**
  - Dr. Hills's written report**

Other Matters:

- Board Counsel Update – Charis Mitchell (oral report)
- Time to Disposition Board Stage Report, Q2 2018 – Ms. Douglas*
- Selection of an Education Committee – Ms. Hershkowitz**
- Informal Conference (IFC)/Special Conference Committee (SCC) Schedules for August, October, and December 2018

Education:

- Education Informal Conference Committee March 14, 2018 Minutes and Recommendation – Dr. Saxby
- Education Staff Report – Ms. Ridout (oral report)
- NNAAP 2018 Blood Pressure Skill Administration – Dr. Saxby**

10:00 A.M. - Public Comment

Legislation/Regulations – Ms. Yeatts

- Status of Regulatory Actions**
- Report on 2018 General Assembly**
- Proposed Regulations for Performance of and for Supervision and Direction of Laser Hair Removal**
- Adoption of a Notice of Periodic Review for the following Regulations**:
  - Regulations Governing Delegation to an Agency Subordinate
  - Regulations Governing Certified Nurse Aides
  - Regulations for Nurse Aide Education Program
  - Regulations Governing the Registration of Medication Aides

Consent Orders: (Closed Session)

- Brittany Taylor Anderson, RN*
- Elma Mae Harman, LPN*
- Heather Maguire King, RN*
- Anthony J. Dobbins, CNA*
- Sheryl Lenoris Mason, LPN**
- Kelly Allen Clark, LMT
- Katherine Marie Harrell Norman, RN
- Stephanie Jo Proctor, RN

12:00 P.M. – Lunch

1:00 P.M. – Board Member Training

- Introduction – Ms. Hershkowitz
  - Review of the Code of Conduct Guidance Document 90-60
  - Board Member Online Resources Listing
  - BON Standard Probation Terms Form
  - Scripts for Informal Conferences by SCC and by Agency Subordinate
  - Motions for Closed Meetings
  - Current List of NCSBN Online Courses
  - Key Federal Regulations for Nurse Aide Registry
  - BON Terms and Abbreviations

- The Role of Board Members during Administrative Proceedings – Ms. Mitchell

ADJOURNMENT

Committees' Meetings

2:00 PM CORE Committee Meeting
Board Members – Ms. Minton*, Dr. Ross, and Dr. McQueen-Gibson
Board Staff – Ms. Krohn and Ms. Ridout

3:00 PM Nurse Aide Curriculum Committee Meeting
Board Members – Dr. Hahn*, Ms. Phelps, and Mr. Monson
Board Staff – Dr. Saxby and Ms. Krohn

(* mailed 3/7) (** mailed 3/16)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 29, 2018

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:30 A.M. on January 29, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Laura F. Cei, BS, LPN, CCRP
Margaret J. Friedenberg, Citizen Member
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark Monson, Citizen Member
Jennifer Phelps, LPN, QMHPA
Dustin S. Ross, DNP, MBA, RN, NE-BC

STAFF PRESENT:

Brenda Krohn, RN, MS; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Darlene Graham, Senior Discipline Specialist
Jay P. Douglas, MSN, RN, CSAC, FRE; Executive Director – **joined at 2:19 P.M.**
Lisa Spellar-Davis, BSN, RN, Policy Assistant – **joined at 2:19 P.M.**

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
PN and Senior students from Rappahannock Community College

ESTABLISHMENT OF A PANEL:

With seven members of the Board present, a panel was established

FORMAL HEARINGS: **Joyce Blondell Howard Thomas, CNA 1401-062269**

Ms. Thomas appeared accompanied by a friend.

David Kazzie, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Theresa Pata, court reporter with Crane-Snead & Associates, recorded the proceedings.

Meghan Wingate, Senior Investigator, Department of Health Professions, and Rebecca Britt, Case Manager, Virginia Health Practitioners' Monitoring Program (HPMP), testified via telephone.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:14 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Thomas. Additionally, Mr. Monson moved that Ms. Krohn, Dr. Hills, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:28 A.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Ross moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved the Board of Nursing continue Joyce Blondell Howard Thomas on indefinite suspension with suspension stayed contingent upon Ms. Thomas' re-entry and continued compliance with the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Misty Lynn Little, LPN 0002-054548**
Ms. Little appeared.

David Kazzie, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Theresa Pata, court reporter with Crane-Snead & Associates, recorded the proceedings.

Mariam McLean, Senior Investigator, Department of Health Professions, and Tonya James, Compliance Case Manager, Board of Nursing, were present and testified.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:56 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Little. Additionally, Mr. Monson moved that Ms. Krohn, Dr. Hills, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:18 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Cei moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing reprimand Misty Lynn Little and deny the application for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and passed unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Teresa G. Phillippi, LPN 0002-074401**
Ms. Phillippi appeared.

Steve Bulger, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Theresa Pata, court reporter with Crane-Snead & Associates, recorded the proceedings.

Joyce Johnson, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:12 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Phillippi. Additionally, Mr. Monson moved that Ms. Krohn, Dr. Hills, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:33 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. McQueen-Gibson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing approve the application for reinstatement of Teresa G. Phillippi's license to practice practical nursing in the Commonwealth of Virginia contingent upon proof of completion of 30 hours of CEUs and proof of entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Ms. Krohn left the meeting at 1:40 P.M.

RECESS: The Board recessed at 1:40 P.M.

RECONVENTION: The Board reconvened at 2:10 P.M.

Ms. Douglas and Ms. Spellar-Davis joined the meeting at 2:19 P.M.

FORMAL HEARINGS: **Linda Lenell Patterson, LPN 0002-055982**
Ms. Patterson appeared represented by Margaret Hardy, legal counsel, and accompanied by Barbara J. Ragsdale, Ronnie Patterson, Jr., Estelle Burfict, Cartileus Travis, and Ulysses Jones.

Steve Bulger, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Theresa Pata, court reporter with Crane-Snead & Associates, recorded the proceedings.

Debra Hay-Pierce, Senior Investigator, Department of Health Professions, Madonna Stewart, Daughter of Patient at Epiphany Assisted Living Facility, Barbara J. Ragsdale, Ronnie Patterson, Jr., Estelle Burfict, Cartileus Travis, and Ulysses Jones, were present and testified.

Ms. Cei left the meeting before the closed meeting.

Ms. Spellar-Davis left the meeting at 5:30 P.M.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 5:31 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Patterson. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:42 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. McQueen-Gibson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Bulger, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Phelps moved that the Board of Nursing indefinitely suspend the license of Linda Lenell Patterson to practice practical nursing in the Commonwealth of Virginia for a period of not less than one (1) year. The motion was seconded and passed unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Ms. Cei rejoined the meeting at 6:55 P.M.

FORMAL HEARINGS: **Carmel Snyder, CNA 1401-173951**
and
Brittany Johnson, CNA 1401-167480

Ms. Snyder and Ms. Johnson appeared represented by Edward Riley and Douglas White, legal counsel.

Cynthia Gaines, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Theresa Pata, court reporter with Crane-Snead & Associates, recorded the proceedings.

Mr. Riley presented a proposal for settlement to the Board in lieu of formal hearing.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(7) of the *Code of Virginia* at 7:10 P.M., for consultant with Board Counsel and consideration of proposal for settlement in the matters of Ms. Snyder and Ms. Johnson. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 7:22 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting

requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Dr. Hahn moved that the Board of Nursing accept the proposed settlement in lieu of formal hearing, issue a reprimand, and impose a monetary penalty of $250.00 to be paid to the Board within 90 days from entry of the Board Orders for both Ms. Snyder and Ms. Johnson. The motion was seconded and passed unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 7:20 P.M.

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Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

VIRGINIA BOARD OF NURSING
MINUTES
January 30, 2018

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:03 A.M. on January 30, 2018, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Joyce A. Hahn, PhD, RN. NEA-BC, FNAP; President

BOARD MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA; Vice President
Marie Gerardo, MS, RN, ANP-BC; Secretary
Laura Freeman Cei BS, LPN, CCRP
Alice Clark, Citizen Member
Margaret J. Friedenberg, Citizen Member
Michelle D. Hereford, MSHA, RN, FACHE
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Trula Minton, MS, RN
Mark D. Monson, Citizen Member
Jennifer Phelps, LPN, QMHPA
Dustin Ross, DNP, MBA, RN, NE-BC
Grace Thapa, BSN, RN

BOARD MEMBERS ABSENT:
Regina Gilliam, LPN

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Lisa Speller-Davis, BSN, RN; Policy Assistant
Stephanie Willinger; Deputy Executive Director
Linda Kleiner, RN, Discipline Case Manager
Paula B. Saxby, RN, PhD; Deputy Executive Director
Charlette Ridout, RN, MS, CNE; Senior Nursing Education Consultant
Ann Tiller, Compliance Manager
Huong Vu, Executive Assistant

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General, Board Counsel
David E. Brown, DO, Department of Health Professions Director
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE:
Janet Wall, CEO for Virginia Nurses Associations (VNA)
Ryan LaMira, Virginia Hospital and Healthcare Association (VHHA)
Reba Moyer Childress, President, Virginia State Simulation Alliance (VASSA)
Nancy Leahy, Capital Region Director, VASSA

ESTABLISHMENT OF A QUORUM:
With 13 members present, a quorum was established.

ANNOUNCEMENTS: Dr. Hahn welcomed Ms. Thapa to the Board first meeting as a Board Member. She also welcome Ms. Speller-Davis to the Board as Policy Assistant.

Dr. Hahn highlighted the announcements on the agenda.

UPCOMING MEETINGS: Dr. Hahn noted the upcoming meetings on the agenda.

DIAGLOGUE WITH DHP DIRECTOR: Dr. Brown was unable to attend the meeting due to General Assembly, Lisa Hahn, DHP Chief Deputy, reported the following information:

- Governor Northam's Administration Updates:
  - Secretary of Health and Human Resources – Daniel Carey, MD
  - Two Deputy Secretaries who are Policy Advisors – Gena Boyle and Marvin Figaroa
  - Commissioner of Department of Social Services (DSS) – Duke Storen
  - Commissioner of Department of Health (VDH) – Merissa Levine, MD, MPA, FAAFP
  - Director of Department of Medical Assistance Services (DMAS) – Jennifer Lee, MD
  - Director of Department of Aging and Rehabilitative Services (DARS) – Kathryn Hayfield
  - DHP Director – Dr. David Brown was reappointed

- General Assembly – DHP has 8 bills and was assigned over 100 bills to follow.
- DHP Chief Operation Officer (COO), new position, is Lisa Hahn and she started in November 2017.
- Barbara Allison-Bryan, MD, was appointed by Governor Northam as DHP Chief Deputy and will start in March 2018.
- Lisa Speller-Davis was appointed by Governor Northam as at will employee at DHP and is assigned to Board of Nursing a Policy Assistant.
- Operation at DHP:
  - Construction on the first floor, 5600 square feet, continues. IT, Front Desk, and Business Administration staff will move to the first floor.
  - Cubicle reconfiguration is in the work on the third floor and Nursing will gain additional cubicles.

Dr. Hahn congratulated Lisa Hahn on her new position.

ORDERING OF AGENDA: Dr. Hahn asked staff to provide additions and/or modifications to the Agenda.

Ms. Douglas indicated the following items have been added and/or modified to the agenda for Board consideration:

- Simulation Guidance Document 90-24 Discussion will be in closed meeting
- Three additional Consent Orders have been added

Ms. Krohn added the following:

- On Wednesday, January 31, Ms. Dawn Hogue, LMT is off the list of Panel A since there is no LMT case.

Dr. Hahn suggested moving the Simulation Guidance Document 90-24 Discussion after the Public Comment. All agreed.

CONSENT AGENDA: The Board did not remove any items from the consent agenda.

Mr. Monson moved to accept the consent agenda as presented. The motion was seconded and carried unanimously.

Minutes:

November 13, 2017	Panel – Ms. Hershkowitz
November 14, 2017	Quorum – Ms. Hershkowitz
November 15, 2017	Panel – Ms. Gerardo
November 16, 2017	Panel – Ms. Gerardo
November 16, 2017	Telephone Conference Call
January 17, 2018	Telephone Conference Call

Reports:
Agency Subordinate Tracking Log
Finance Report
Board of Nursing Monthly Tracking Log
Health Practitioners Monitoring Program Report

REPORTS: **Annual Executive Director Report:**

Ms. Douglas provided the following:

- Board staff provided about 20 presentations and attended many meetings, internally and externally, in 2017.
- Review of 2017 Licensure and Discipline Statistics. Key highlights include:
  - 21,306 licenses were issued
  - 1,894 nursing cases received and 1,796 nursing cases closed
  - 631 nurse aide cases received and 724 nurse aide cased closed
  - 744 informal conferences were conducted
  - 150 formal hearings were conducted

- Review of Tier process noting that Board staff and Enforcement staff meet weekly to determine if there are violations before the case receives full investigation.
- 29 states have joined the new version of the Nurse Licensure Compact (eNLC) which went into effect on January 19, 2018. GA, FL, OK, and WY are new to the Compact. There are 8 states with pending legislation to join the Compact. Licensees must meet all 11 uniform licensure requirements (ULR's) before multistate privilege license (MSP) license is issued. Ms. Douglas currently is the Mentor of the Executive Director of Maryland Board of Nursing.
- eNLC Implementation progress:
  - Jim Puente, Director of the Compact, has responded to questions from Virginia Nurses and copied Ms. Douglas on all responses regarding the eNLC inquiries.
  - There were 4367 licenses issued during the six-month transition period (7/20/17 – 1/19/18), only 10 so far might not meet all ULR's of the Compact required to hold a MSP license.
  - Nurses issued a license with multistate privilege prior to July 20, 2017 will be grandfathered.
  - New application questions that may address ADA issues were recommended by the Attorney General Office and have been incorporated into the RN and LPN applications.
  - When looking at discipline cases and applicant cases, reviewers and Board members need to take into consideration at ULR's to determine single state (SS) versus MSP license, not just based on primary state of resident (PSOR). Ms. Tiller has developed a check list when looking at these cases.
  - The Interstate Commission of the NLC has not developed the regulations for someone who is in alternative program at this time.

Mr. Monson asked if Virginia Board, as a home state, currently notifies the other Board as soon as the compliant is filed or is that a change with the new version of the Compact? Ms. Douglas responded that Virginia statute currently allows the Board to notify another regulatory board to determine which state will take action.

- 2017 Criminal Background Checks Report – Ms. Tiller reported that data has been collected since 2009 noting that calendar year 2016 was the last annual report of self-reported information as a manual log was no longer be kept. Ms. Willinger noted that no compliant was received regarding CBC report within 30 days. Ms. Douglas added that Naim Campbell, who had previously resigned, has returned to the CBC unit and resumed the same position he held before.

Reba Moyer Childress, President, Virginia State Simulation Alliance (VASSA), thanked the Board for their collaboration with VASSA in revising the simulation guidance document.

Lisa Hahn and Ms. Yeatts left the meeting at 10:20 A.M.

Simulation Guidance Document 90-24 Discussion:

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 10:12 A.M. for the purpose of considering the Simulation Guidance Document 90-24. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Krohn, Dr. Saxby, Ms. Ridout, Ms. Willinger, Ms. Speller-Davis, Ms.Kleiner, Ms. Tiller, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:09 A.M.

Ms. Hershkowitz moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gerardo moved to withdraw the approved Simulation Guidance Document 90-24 as a result of Board Counsel advice and a Committee will be formed to determine if there is a need to include any more detail in the regulations regarding simulation. The motion was seconded and carried unanimously.

Dr. Hahn asked for volunteers to be on this Committee. Dr. Hahn, Mr. Monson, and Dr. McQueen-Gibson volunteered. Ms. Douglas, Dr. Saxby, Ms. Ridout, and Ms. Yeatts will participate in the Committee's meeting.

REPORTS (Cont.): **Nominating Committee November 14, 2017 Meeting Minutes:**
Ms. Douglas stated that this was provided as information only.

2016 CORE Discipline Report Summary:
Ms. Minton reviewed the report provided in the Agenda package. Ms. Minton noted that Drs. McQueen and Ross replace Drs. McDonough and Poston on the Committee.

POLICY FORUM: **2017 Virginia's Registered Nurse Workforce and Virginia's Practical Nurses Workforce:**

Dr.Carter and Dr. Shobo reviewed the reports provided in the Agenda package.

HRSA Health Workforce handout regarding Supply and Demand Projection of the Nursing Workforce was also provided.

RECESS: The Board recessed at 11:45 AM

RECONVENTION: The Board reconvened at 11:56 AM

LEGISLATION/
REGULATION:

Status of Regulatory Action:
Ms. Yeatts reviewed the chart of regulatory actions noting that all regulations that were approved by the previous Governor were moved back to the current Secretary's Office, except for the Amendment to Name Tag Requirement, which is now at the Governor's Office.

Regulations Governing the Practice of Nursing revised December 28, 2017:
Ms. Yeatts said that the Board should be using this version of the regulations.

Possible Regulatory Change to 18VAC19-80, Issuing of License with Multistate Privilege:
Ms. Yeatts suggested that the Board amend 18VAC90-19-80 and repeal 18VAC-90-19-90 and 100 to comply with the Interstate Commission of Nurse Licensure Compact Administrators Final Rules effective January 19. 2018.

Ms. Yeatts suggested the language in 18VAC90-19-80 should state, "*To be issued a license with multistate licensure privilege by the board or to change the primary state of residency, a nurse shall comply with the regulations of the Nurse Licensure Compact in effect at the time of the application.*"

Mr. Monson moved to amend 18VAC19-90-80 and to repeal 18VAC-90-19-90 and 100 as suggested by Ms. Yeatts. The motion was seconded and carried unanimously.

Report of 2018 General Assembly:
Ms. Yeatts reviewed the 2017 Legislative Report provided in the Agenda package noting that 8 DHP bills were approved in advance for introduction and 100 bills were assigned to DHP for following.

Discussion of HB793 (Nurse Practitioners; Practice Agreements):
Ms. Yeatts provided copy of the bill and reviewed the proposed amendments starting on page 7, line 387. Ms. Yeatts commented that the bill:

- Replaces the term "patient care team physician" with the term "collaborating provider."

- Allows a nurse practitioner who is exempt from the requirement for a practice agreement to enter into a practice agreement to provide collaboration and consultation to a nurse practitioner who is not exempt from the requirement of a practice agreement.
- Establishes title protection for advanced practice registered nurses, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.
- Contains technical amendments.

RECESS: The Board recessed at 12:30 PM

RECONVENTION: The Board reconvened at 1:15 PM

POSSIBLE SUMMARY SUSPENSION (case # 184240):

David Kazzie, Adjudication Specialist, joined the meeting at 1:15 PM.

Wayne Halbleib, Assistant Attorney General presented evidence that the continued practice of nursing by Amy Nicole Marshall, RN 0001- 215809 may present a substantial danger to the health and safety of the public.

CLOSE MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:29 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Marshall. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Krohn, Ms. Willinger, Ms. Speller-Davis, Ms. Tiller, Ms. Ridout, Dr. Saxby, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:31 P.M.

Ms. Hershkowitz moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gerardo moved to summarily suspend the nursing license of Amy Nicole Marshall pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

Mr. Halbleib and Mr. Kazzie left the meeting at 1:32 PM

REPORTS (Cont.):

eNLC Legal Forum January 4, 2018 Meeting Report:
Ms. Douglas noted that written report from Ms. Willinger provided in the Agenda package and she has no additional information to report.

Enhanced version of the Nurse Licensure Compact effective January 19, 2018:
Ms. Douglas said that this was included in her Executive Director report.

Nurse Aide Curriculum Committee November 14, 2017 Meeting Minutes:
Dr. Hahn moved to accept the minutes as presented. The motion was seconded and carried unanimously.

The Committee of the Joint Boards of Nursing and Medicine December 6, 2017 Informal Conference minutes:
Ms. Hershkowitz moved to accept the minutes as presented. The motion was seconded and carried unanimously.

OTHER MATTERS:

Board Counsel Update:
Ms. Mitchell stated that the Board has no appeals pending and offered the following friendly reminders:

- Board Members can only consider information in the evidence book.
- Do not google or go on social media to search for additional information

Ms. Mitchell added that she will be happy to provide training/presentation regarding hearing conduct at the Board next meeting. She noted that Board Members can send her specific items they want her to discuss.

Appointments of Board Members to Committees:
Dr. Hahn commented that Drs. McQueen-Gibson and Ross are appointed to the CORE Committee.

Ms. Douglas added that the Special Conference Committees will be changed as needed due to change in Officers for the Board.

DHP Performance Measure Report Q2 FY2018 (No Continuances):
Ms. Douglas said that this was provided for information only.

EDUCATION:

Education Informal Conference Committee January 17, 2018 Minutes and Recommendation:
Dr. Hahn reviewed the minutes provided in the Agenda package. Mr. Monson moved to accept the minutes and recommendation as presented. The motion was seconded and carried unanimously.

OTHER MATTERS
(Cont.):

Election of 2018 Board of Nursing Officers:

Dr. Hahn reported on the slate of officers presented by the Nominating Committee for 2018:

President: Louise Hershkowitz, CRNA, MSHA
(2nd term expires 2021)

First Vice President: Marie Gerardo, MS, RN, ANP-BC
(1st term expires 2018)
Jennifer Phelps, LPN, QMHPA
(2nd term expires 2021)
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
(1st term expires 2021)

Second Vice President: Mark Monson, Citizen Member
(1st term expires 2018)
Dustin Ross, DNP, MBA, RN, NE-BC
(1st term expires 2020)

Dr. Hahn asked for nominations from the floor for the office of President, First Vice President and Second Vice President; none was received.

Dr. Hahn called for a vote for Ms. Hershkowitz for the office of President and received 13 votes. Ms. Hershkowitz was elected as President.

Dr. Hahn called for a vote for Ms. Gerardo for the office of First Vice President and received six votes. Dr. Hahn called for a vote for Ms. Phelps for the office of First Vice President and received seven votes. Dr. Hahn called for a vote for Dr. McQueen-Gibson for the office of First Vice President and received one vote. Ms. Phelps was elected as First Vice President.

Dr. Hahn called for a vote for Mr. Monson for the office of Second Vice President and received four votes. Dr. Hahn called for a vote for Dr. Ross for the office of Second Vice President and received nine votes. Dr. Ross was elected as Second Vice President.

Dr. Hahn congratulated Ms. Hershkowitz, Ms. Phelps and Dr. Ross on election of officers.

Dr. Hahn thanked the Nominating Committee for the work and contributions of all Board members.

CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:55 P.M. for the purpose of deliberation to consider consent orders. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Krohn, Ms. Willinger, Dr. Saxby, Ms. Ridout, Ms. Kleiner, Ms. Tiller, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:00 P.M.

Mr. Monson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Patricia Elouise Bostic, LPN 0002-061290

Mr. Monson moved to accept the consent order to indefinitely suspend the license of Patricia Elouise Bostic to practice practical nursing in the Commonwealth of Virginia. The suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Jennifer Anne Sargent, RN 0001-219678

Mr. Monson moved to accept the consent order to indefinitely suspend the license of Jennifer Anne Sargent to practice professional nursing in the Commonwealth of Virginia. The suspension applies to any multistate privilege. The said suspension is stayed upon proof of Ms. Sargent's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Tabatha Rose Martin, LPN 0002-073537

Mr. Monson moved to accept the consent order to indefinitely suspend the license of Tabatha Rose Martin to practice practical nursing in the Commonwealth of Virginia. The suspension applies to any multistate privilege. The said suspension is stayed contingent upon Ms. Martin's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

Tracy Lynn Lombardo, LPN 0002-085806

Mr. Monson moved to accept the consent order to indefinitely suspend the license of Tracy Lynn Lombardo to practice practical nursing in the Commonwealth of Virginia. The suspension applies to any multistate privilege. The said suspension is stayed upon proof of Ms. Lombardo's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Mark Anthony Mayberry, RN 0001-149223

Mr. Monson moved to accept the consent order to reinstate the license of Mark Anthony Mayberry to practice professional nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

Anne Heaton Stevens, RN 0001-142751

Mr. Monson moved to accept the consent order to reinstate the license of Anne Heaton Stevens to practice professional nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

Brett Lars Crawford, Jr., RN 0001-254942

Mr. Monson moved to accept the consent order to reinstate the license of Brett Lars Crawford, Jr., to practice professional nursing in the Commonwealth of Virginia and to take no further action contingent on Mr. Crawford's compliance with terms and conditions. The motion was seconded and carried unanimously.

Melissa Thompson Woods, RN 0001-178056

Mr. Monson moved to accept the consent order to reprimand Melissa Thompson Woods and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The suspension applies to any multistate privilege. The said suspension is stayed upon proof of Ms. Woods' entry into a Contract with with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Jessica Mayo, RN 0001-159591

Mr. Monson moved to accept the consent order to reinstate the license of Jessica Mayo to practice professional nursing in the Commonwealth of Virginia and to suspend her license again. The said suspension is stayed contingent upon Ms. Mayo's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

Chung Hyun Choi Kim, RN 0001-212290

Mr. Monson moved to accept the consent order to reinstate the license of Chung Hyun Choi Kim to practice professional nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

Jamie Nicole Garrett, RN 0001-220674

Mr. Monson moved to accept the consent order to indefinitely suspend the license of Jamie Nicole Garrett to practice professional nursing in the Commonwealth of Virginia. The suspension applies to any multistate privilege. The said suspension is stayed upon proof of Ms. Garrett's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

EDUCATION (Cont.): Member Board Feedback Draft 2019 NCLEX-RN Test Plan (**CONFIDENTIAL INFORMATION – CLOSED MEETING**)

2018 National Nurse Aide Assessment Program (NNAAP) Exam (**CONFIDENTIAL INFORMATION – CLOSED MEETING**)

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:03 P.M. for the purpose of deliberation to consider Draft 2019 NCLEX-RN Test Plan and 2018 National Nurse Aide Assessment Program (NNAAP) Exam. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Krohn, Ms. Willinger, Dr. Saxby, Ms. Ridout, Ms. Tiller, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:33 P.M.

Mr. Monson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Monson moved to accept the proposed 2019 NCLEX-RN Test Plan and timeline for implementation. The motion was seconded and carried unanimously. Dr. Saxby will submit the Member Board Feedback Form on the Board's behalf.

Mr. Monson moved to approve the 2018 NNAAP skills with the exception of the Blood Pressure skill. The Board is requesting an adjustment to the cut score for the blood pressure skill. The Board requests that the cut score be in alignment with the current passing standard. The motion was seconded and carried unanimously.
Dr. Saxby will communicate this discussion to NCSBN.

Education Staff Report:
Ms. Ridout said she has nothing to report.

OTHER MATTERS (Cont.):

Presentation of Dr. Hahn's Research Project "*Perceptions and Experience of National Regulatory Nurse Leaders in advancing the APRN Compact Policy Agenda*"

Dr. Hahn reported that the purpose of this study is to explore the experiences and perceptions of nationwide regulatory leaders involved with individual state adoption of the APRN Compact.

Dr. Hahn noted that the protocol for the study was approved by The George Washington University Institutional Review Board.

Dr. Hahn then provided copies of presentations and presented the finding.

Dr. Hahn thanked the Board for the opportunity to present.

ADJOURNMENT: The Board adjourned at 3:05 P.M.

Joyce Hahn, PhD, RN, NEA-BC, FNAP
President

VIRGINIA BOARD OF NURSING
MINUTES
January 31, 2018
Panel – A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:06 A.M. on January 31, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Laura F. Cei, BS, LPN, CCRP
Michelle D. Hereford, MSHA, RN, RACHE
Trula Minton, MS, RN
Jennifer Phelps, LPN, QMHPA
Dustin Ross, DNP, MBA, RN, NE-BC
Grace Thapa, BSN, RN

STAFF PRESENT: Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Lisa Speller-Davis, BSN, RN; Policy Assistant
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel
Senior Nursing Students from Longwood University
Nurse Aide Students from Southside Virginia Community College

ESTABLISHMENT OF A PANEL:

With seven members of the Board present, a panel was established

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:09A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Dr. Ross moved that Ms. Douglas, Dr. Hills, Ms. Speller-Davis, Ms. Graham and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:36 A.M.

Dr. Ross moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Amanda Dawn Pagan, LPN **0002-087846**
Ms. Pagan did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Amanda Dawn Pagan and to require Ms. Pagan to have an evaluation by a chemical dependency specialist satisfactory to the Board and to have a written report of the evaluation, including a diagnosis, a recommended course of therapy, and a prognosis sent to the Board within 60 days from the date of entry of the Order. The motion was seconded and carried unanimously.

Holly Collins Bowes, LPN **0002-065178**
Ms. Bowes did not appear.

Ms. Minton moved that the Board of Nursing accept the recommendation decision of the agency subordinate to take no action at this time against Holly Collins Bowes contingent upon Ms. Bowes' compliance with terms and conditions. The motion was seconded and carried unanimously.

Cynthia Allison Lamie, RN **0001-237707**
Ms. Lamie did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Cynthia Allison Lamie to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. This suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Job A. Williams, CNA **1401-162739**
Mr. Williams did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of Job A. Williams to renew his certificate to practice as nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Veronica Lamb, CNA **1401-180013**
Ms. Lamb did not appear.

Ms. Thapa moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Veronica Lamb to practice as nurse aide in the Commonwealth of Virginia and to enter a Finding of

Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Tiffany Jones, CNA **1401-140417**
Ms. Jones did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Tiffany Jones. The motion was seconded and carried unanimously.

Abbigale Collins, CNA **1401-160593**
Ms. Collins did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Abbigale Collins to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Cameron L. Conlan, CNA Applicant
Ms. Conlan did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Cameron L. Conlan and to approve her application for certification by examination as a nurse aide in the Commonwealth of Virginia upon successful completion of the NNAAP examination. The motion was seconded and carried unanimously.

Patricia Joy Rosemier, CNA **1401-171649**
Ms. Rosemier did not appear.

Ms. Hereford moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Patricia Joy Rosemier. The motion was seconded and carried unanimously.

Julia Cosby, CNA **1401-171914**
Ms. Cosby did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Julia Cosby to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Shannon Cassandra Tompkins Thacker, CNA 1401-046523
Ms. Thacker did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Shannon Cassandra Tompkins Thacker to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Angela Yvette Neely Thompson, CNA 1401-079084
Ms. Thompson did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Angela Yvette Neely Thompson to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Marvin N. Hinton, LPN 0002-075761
Ms. Hinton did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Marvin N. Hinton to renew his license to practice practical nursing in the Commonwealth of Virginia for a period of not less than one year from entry of the Order. The suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Cynthia Fleming, RN 0001-260623
Ms. Fleming did not appear but submitted a written response.

Dr. Ross moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the multistate privilege of Cynthia Fleming to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Jennifer A. Ziehl, LPN 0002-063860
Ms. Ziehl did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Jennifer A. Ziehl to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Margaret Lankford Hockeborn, RN 0001-086760
Ms. Hockeborn did not appear.

Dr. Hahn moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand Margaret Lankford Hockeborn and to require her to complete within 90 days from entry of the Order two NCSBN courses:

- *Documentation: A Critical Aspect of Client Care*
- *Professional Accountability & Legal Liability for Nurses*

The motion was seconded and carried unanimously.

Janet Chijioke Maka, CNA 1401-112419
Ms. Maka appeared and submitted a written response.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:40A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Maka. Additionally, Dr. Ross moved that Ms. Douglas, Dr. Hills, Ms. Speller-Davis, Ms. Graham and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:50 A.M.

Dr. Ross moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Janet Chijioke Maka to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Christopher O. Maka, CNA 1401-114318
Mr. Maka appeared.

CLOSED MEETING: Dr. Ross moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:55A.M., for the purpose of consideration of the agency subordinate recommendation regarding Mr. Maka. Additionally, Dr. Ross moved that Ms. Douglas, Dr. Hills, Ms. Speller-Davis, Ms. Graham and Mr. Rutkowski, Board counsel, attend the closed meeting because

their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:59 A.M.

Dr. Ross moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Christopher O. Maka to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against him in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

ADJOURNMENT**:** The Board adjourned at 10:00 A.M.

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Robin Hills, RN, DNP, WHNP
Deputy Executive Director for Advanced Practice

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 31, 2018
Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:00 A.M. on January 31, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201- Board Room 2, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Joyce Hahn, PhD, RN, NEA-BC, FNAP; President
Laura F. Cei, BS, LPN, CCRP
Michelle D. Hereford, MSHA, RN, RACHE
Trula Minton, MS, RN
Jennifer Phelps, LPN, QMHPA
Dustin Ross, DNP, MBA, RN, NE-BC
Grace Thapa, BSN, RN, PCCN

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Lisa Speller-Davis, BSN, RN; Policy Assistant
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel
Senior Nursing Students from Longwood University
Nurse Aide Students from Southside Virginia Community College

ESTABLISHMENT OF A PANEL:

With seven members of the Board present, a panel was established

FORMAL HEARINGS: **Barbara A. Nixon, RMA 0031-005571**

Ms. Nixon appeared and was accompanied by Tiffany Nixon, her daughter.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

CLOSED MEETING: Ms. Minton moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:10 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Nixon. Additionally, Ms. Minton moved that Dr. Hills, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:19 A.M.

Ms. Cei moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hereford moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Dr. Ross moved that the Board of Nursing suspend the right of Barbara A. Nixon to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The said suspension is stayed contingent upon payment of any applicable renewal fees and her entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining compliance with HPMP terms and conditions. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Sabrina Lynn Brewer, RN Reinstatement 0001-160741**
Ms. Brewer appeared.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Patricia Dewey, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:37 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Brewer. Additionally, Ms. Phelps moved that Ms. Douglas, Dr. Hills, Ms. Speller-Davis, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:03 P.M.

Ms. Thapa moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Cei moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Phelps moved that the Board of Nursing approve the application for reinstatement of Sabrina Lynn Brewer to practice professional nursing in the Commonwealth of Virginia with terms contingent upon continued compliance with Oregon's HPSP program for the period specified by the HPSP program and require notification to the Virginia Board of Nursing of any non-compliance and successful completion of the HPSP program. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 2:05 P.M.

RECONVENTION: The Board reconvened at 2:30 P.M

FORMAL HEARINGS: **Frederick Kofi Wiaboo Yeboah, RN Reinstatement 0001-165353**
Mr. Yeboah appeared and was accompanied by Jessica Yeboah, his spouse, and Daniel, his friend.

David Kazzie, Adjudication Specialist, represented the Commonwealth. Rutkowski was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kevin Wolfe, Senior Investigator, Department of Health Professions, Julie Russell, Director of the Critical Care Unit at Sentara Northern Virginia Medical Center, Patient A, and Sharina Nixon-Tiboux, CNA, were present and testified. Cheryl Harris, RN testified via telephone.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 6:30 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Yeboah. Additionally, Ms. Phelps moved that Ms. Douglas, Dr. Hills, Ms. Speller-Daivs, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:42 P.M.

Ms. Thapa moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting

requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Cei moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Hereford moved that the Board of Nursing revoke the license of Frederick Kofi Wiaboo Yeboah to practice professional nursing in the Commonwealth. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 7:00 P.M.

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Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

VIRGINIA BOARD OF NURSING
MINUTES
January 31, 2018
Panel – B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M. on January 31, 2018 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA; Vice President
Marie Gerardo, MS, RN, ANP-BC; Secretary
Alice Clark, Citizen Member
Margaret J. Friedenberg, Citizen Member
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark Monson, Citizen Member

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director
Jane Elliott, RN, PhD; Discipline Staff
Huong Vu, Executive Assistant

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Sharon L. Nadeau, CNA 1401-168204
Ms. Nadeau appeared.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:10 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Nadeau. Additionally, Ms. Gerardo moved that Ms. Krohn, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:13 A.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Sharon L. Nadeau to

practice as a nurse aide in the Commonwealth of Virginia . The motion was seconded and carried unanimously.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:16 A.M., for the purpose of consideration of the remaining agency subordinate recommendations. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:21 A.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Robert Swindle, LPN Maryland License # LP52069 with Multistate Privileges
Mr. Swindle did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the privilege of Robert Swindle to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Jessica Dixon Hoover, RN 0001-228105
Ms. Hoover did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to accept the voluntary surrender for indefinite suspension of Jessica Dixon Hoover's license to practice professional nursing in the Commonwealth of Virginia. This suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Laura Lynn Goff, LPN 0002-092328
Ms. Goff did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to accept the voluntary surrender for indefinite suspension of Laura Lynn Golf's license to practice practical nursing in the Commonwealth of Virginia. This suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Shaniqua J. Sherman, CNA Applicant
Ms. Sherman did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of Shaniqua J. Sherman for certification to practice as a certified nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Melissa K. Smith, CNA 1401-146980
Ms. Smith did not appear but submitted written response.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Melissa K. Smith to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Pamela Powell Lacks Scott, RMA 0031-000607
Ms. Scott did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Pamela Powell Lacks Scott. The motion was seconded and carried unanimously.

Adiah Coleman, CNA 1401-177039
Ms. Coleman did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Adiah Coleman to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Colleen Vera Puckett, CNA 1401-118951
Ms. Puckett did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Colleen Vera Puckett to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Sara Lasota, CNA 1401-169325
Ms. Lasota did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Sara Lasota to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Nigel Nowlin, CNA 1401-161305
Ms. Nowlin did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Nigel Nowlin to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Chasidy Nacole Sparkman Capps, CNA 1401-179551
Ms. Capps did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Chasidy Nacole Sparkman Capps to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Samantha Edwards, CNA 1401-130801
Mr. Edwards did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Samantha Edwards to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Sharon Anne Guthrie, RN 0001-158047
Ms. Guthrie did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Sharon Anne Guthrie to terminate the terms and conditions of probation placed on her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Amanda Ann Vogt, LPN 0002-085679
Ms. Goodman did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Amanda Ann Vogt and to provide written proof satisfactory to the Board of successful completion of the NCSBN course "*Documentation: A Critical Aspect of Client Care"* within 90 days from the date of entry of the Order . The motion was seconded and carried unanimously.

Tonya Foster, RN North Carolina License # 203177 with Multistate Privileges
Ms. Foster did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the privilege of Tonya Foster to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Patricia Anne O'Neil-Sears, RN 0001-092286
Ms. O'Neil-Sears did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Patricia Anne O'Neil-Sears to renew her license to practice professional nursing in the Commonwealth of Virginia. The suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:22 A.M.

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Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 31, 2018
Panel – B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:11 A.M. on January 31, 2018 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA; Vice President, Chair
Marie Gerardo, MS, RN, ANP-BC; Secretary
Alice Clark, Citizen Member
Margaret J. Friedenberg, Citizen Member
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark Monson, Citizen Member

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director
Jane Elliott, RN, PhD; Discipline Staff
Huong Vu, Executive Assistant

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established.

FORMAL HEARINGS: **Sylvia K. Frank, RN Reinstatement 0001-233038**
Ms. Frank appeared.

Anne Joseph, Deputy Director, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Joyce Johnson and Ashley Hester, Senior Investigators, Department of Health Professions, Tonya James, Compliance Case Manager, Board of Nursing, were present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:20 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Frank. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:08 P.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting

requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gerardo moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Josephs and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing reprimand Sylvia K. Frank and deny the application for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 1:15 P.M.

RECONVENTION: The Board reconvened at 1:45 P.M.

FORMAL HEARINGS: **Laurel Elizabeth Clary, RN Reinstatement 0001-102225**
Ms. Clary appeared and was accompanied by Judilee Virginia Pelletier.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Gayle Miller, Senior Investigator, Department of Health Professions, and Judilee Virginia Pelletier, were present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:30 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Clary. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:58 P.M.

Dr. McQueen-Gibson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Friedenberg moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing approve the application of Laurel Elizabeth Clary for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia, single state. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 3:01 P.M.

RECONVENTION: The Board reconvened at 3:07 P.M.

FORMAL HEARINGS: **Kellianne Marie Billins, LPN 0002-064958**
Ms. Billins did not appear.

Holly Woodcock, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kelly Ashley, Senior Investigator, Department of Health Professions, and Christopher Bowers, Intake Admissions Coordinator, Virginia Health Practitioners' Monitoring Program (HPMP), testified via telephone.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:34 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Billins. Additionally, Ms. Garardo moved that Dr. Elliott, Ms. Krohn, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:45 P.M.

Dr. McQueen-Gibson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Clark moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Woodcock, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing reprimand Kellianne Marie Billins and continue her license to practice practical nursing in the Commonwealth of Virginia on indefinite suspension for a period of not less than two (2) years. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 3:47 P.M.

Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
February 1, 2018

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:35 A.M. on February 1, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA; Vice President, Chair
Marie Gerardo, MS, RN. ANP-BC; Secretary
Alice Clark, Citizen Member
Michelle D. Hereford, MSHA, RN, RACHE
Trula Minton, MS, RN
Grace Thapa, BSN, RN

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director
Jane Elliott, RN, PhD; Discipline Staff
Huong Vu, Executive Assistant

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
PN and Senior Nursing Students from Rappahannock Community College
Senior Nursing Students from Southside Regional

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established.

CONSIDERATION TO AMEND THE CONSENT ORDER:

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:354 A.M., for the purpose of deliberation to amend the approved consent order of Janie Nicole Garrett. Additionally, Ms. Gerardo moved that Ms. Krohn, Dr. Elliott, Dr. Hills, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:38 A.M.

Ms. Gerardo moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Jamie Nicole Garrett, RN 0001-220674

Mr. Gerardo moved to amend Number 5 of the Consent language of the approved consent order of Janie Nicole Garrett to read "***I neither admit nor deny to the Findings...***" The motion was and carried unanimously.

FORMAL HEARINGS: **Leah Grace Goodwin, RN 0001-170894**
Ms. Goodwin did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kelly Ashley, Senior Investigators, Department of Health Professions, testified via telephone. Christine Smith, RN, Tidewater Medical Training, and Shannon Bergeron, RN, DON, Regency Healthcare and Rehabilitation Center, were present and testified.

CLOSED MEETING: Ms. Thapa moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:32 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Goodwin. Additionally, Ms. Thapa moved that Dr. Elliott, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:04 A.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hereford moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing indefinitely suspend the license of Leah Grace Goodwin to practice professional nursing in the Commonwealth of Virginia until such time she can come to the Board and prove that she is safe and competence to practice nursing. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 11:07 A.M.

RECONVENTION: The Board reconvened at 11:23 A.M.

FORMAL HEARINGS: **Anne-Marie Gurthrie Peery, RN 0001-212898**
Ms. Peery did not appear.

Steve Bulger, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Robin Carroll, MSN, RN, CEN, Senior Investigator, Department of Health Professions, testified via telephone.

CLOSED MEETING: Ms. Thapa moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:44 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Peery. Additionally, Ms. Thapa moved that Dr. Elliott, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:14 P.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing dismiss the matter regarding Anne-Maire Guthrie Peery. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 12:15 P.M.

RECONVENTION: The Board reconvened at 1:00 P.M.

FORMAL HEARINGS: **Regina Natan Gadson, CNA 1401-102787**
Ms. Gadson appeared.

David Kazzie, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Kimberly H. Martin, Senior Investigator, Department of Health Professions, was present and testified. Diana Williams, Secretary at Lake Prince Woods, testified via telephone.

CLOSED MEETING: Ms. Thapa moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:04 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Gadson. Additionally, Ms. Thapa moved that Dr. Elliott, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:22 P.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing dismiss the matter regarding Regina Natan Gadson. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 2:23 P.M.

RECONVENTION: The Board reconvened at 2:33 P.M.

FORMAL HEARINGS: **Lindsay M. Bateman, RN Reinstatement 0001-237824**
Ms. Bateman appeared.

Holly Woodcock, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Anna Badgley, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Thapa moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:03 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Bateman. Additionally, Ms. Thapa moved that Ms. Krohn, Dr. Elliott, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:27 P.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hereford moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Woodcock and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing reinstate the license of Lindsay M. Bateman to practice professional nursing in the Commonwealth of Virginia and indefinitely suspend her license but stayed suspension contingent upon her continued compliance with the Contract of the Virginia Health Practitioners' Monitoring Program (HPMP). The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 3:30 P.M.

RECONVENTION: The Board reconvened at 3:42 P.M.

All Nursing Students left the meeting at 3:42 P.M.

FORMAL HEARINGS: **Nancyrose Pattie Johnson, CNA 1401-039776**
Ms. Clark appeared.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Ms. Clark informed the Board that she did not receive her Formal Hearing notice and evidence book. Ms. Hershkowitz granted Ms. Clark's continuance request.

ADJOURNMENT: The Board adjourned at 3:56 P.M.

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Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
SPECIAL CONFERENCE COMMITTEE OF THE BOARD OF NURSING AND THE COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
MINUTES
February 7, 2018

TIME AND PLACE: The meeting of the Special Conference Committee of the Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine was convened at 1:05 P.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Louise Hershkowitz, CRNA, MSHA, Chairperson
Marie Gerardo, MS, RN, ANP-BC
Dr. Kenneth Walker, MD

STAFF PRESENT: Robin Hills, DNP, WHNP, Deputy Director, Board of Nursing
Anne Joseph, Deputy Director, Administrative Proceedings Division

CONFERENCES SCHEDULED: **Sergio Arancibia, RN, LNP, 0001-193046; 0024-168466**

Mr. Arancibia appeared, accompanied by Kevin Weldon, Esquire, legal counsel.

CLOSED MEETING: Ms. Gerardo moved that the Special Conference Committee of the Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:31 P.M. for the purpose of deliberation to reach a decision in the matter of Mr. Arancibia. Additionally, Ms. Gerardo moved that Dr. Hills, and Ms. Joseph attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 3:38 P.M.

Ms. Gerardo moved that the Special Conference Committee of the Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved to issue an Order of reprimand and require Mr. Arancibia to complete (3) NCSBN courses within 90 days of entry of the Order and provide proof of completion to the Board, to practice as a professional nurse in the Commonwealth of Virginia.

The motion was seconded and carried unanimously.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Mr. Arancibia unless a written request to the Board for a formal hearing on the allegations made against him is received from Mr. Arancibia within such time. If service of the order is made by mail, 3 additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ACTION: Dr. Walker moved to issue an Order of reprimand and require Mr. Arancibia to complete (3) NCSBN courses within 90 days of entry of the Order and provide proof of completion to the Board, to practice as a nurse practitioner in the Commonwealth of Virginia.

The motion was seconded and carried unanimously.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Mr. Arancibia unless a written request to the Board for a formal hearing on the allegations made against him is received from Mr. Arancibia within such time. If service of the order is made by mail, 3 additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ADJOURNMENT: The meeting was adjourned at 3:42 P.M.

Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 13, 2018

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:33 A.M. on March 13, 2018 in Training Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA; President, Chair
Laura Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
Marie Gerardo, MS, RN. ANP-BC
Mark Monson, Citizen Member

STAFF PRESENT: Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Jane Elliott, RN, PhD; Discipline Staff
Darlene Graham, Senior Discipline Staff

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established.

FORMAL HEARINGS: **Global Health College Associate Degree RN Education Program – US2840200**

Ms. Mariata Kargbo, MSM, RN, CSAC, FRE; Program Director did not appear.

James Schliessmann, Assistant Attorney General, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Juan Ortega, court reporter with Crane-Snead & Associates, recorded the proceedings.

Charlette Ridout, RN, MS, CNE, Senior Nursing Education Consultant for Virginia Board of Nursing was present and testified.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:09 A.M., for the purpose of deliberation to reach a decision in the matter of Global Health College Associate Degree RN Education Program. Additionally, Mr. Monson moved that Dr. Hills, Dr. Elliott, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:57 A.M.

Mr. Monson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Cei moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Schliessmann and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the approval to operate the Global Health College Associate Degree RN Education Program be withdrawn. In addition, the Program shall be closed no later than May 1, 2018, and Global Health College shall comply with the requirements for program closure as outlined in 18VAC90-27-230(D) and 18VAC90-270-240(B) and (C). The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 12:00 P.M.

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Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

Agency Subordinate Recommendation Tracking Trend Log - May 2006 to Present – Board of Nursing

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	*2789*	*2470*	*88.5%*	*222*	*8.0%*				*92*	*3.3%*				*68*	*73*	*87*	*0*	
CY2018 to Date:	*35*	*33*	*94.3%*	*2*	*5.7%*	*0*	*2*	*0*	*0*	*0.0%*	*0*	*0*	*0*	*0*	*4*	*0*	*N/A*	
Nov-18																		
Sep-18																		
Jul-18																		
May-18																		
Mar-18																		
Jan-18	35	33	94.3%	2	5.7%	0	2	0	0	0.0%	0	0	0	0	4	0		
Annual Totals:																		
Total 2017	*230*	*220*	*95.7%*	*8*	*3.5%*	*0*	*5*	*3*	*2*	*0.8%*	*0*	*2*	*0*	*2*	*4*	*6*	N/A	
Total 2016	241	227	94.2%	9	3.7%	0	8	0	5	2.1%	2	4	0	4	8	2	N/A	
Total 2015	240	218	90.8%	14	5.8%	2	12	2	8	3.3%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	2	3	3	7	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	
Total 2009	268	217	81.0%	40	14.9%				11	4.1%				11	6	20	N/A	
Total 2008	217	163	75.1%	29	13.4%				22	10.1%				11	11	3	N/A	
Total 2007	174	130	74.7%	30	17.2%				12	6.9%				8	7	4	N/A	
Total 2006	76	62	81.6%	6	7.9%				8	10.5%				2	2		N/A	

** Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.*

*** Final Outcome Difference = Final Board action/sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (& referred to FH).*

Virginia Department of Health Professions
Cash Balance
As of January 31, 2018

	Nursing	
Board Cash Balance as June 30, 2017	$ 11,626,594	
YTD FY18 Revenue	6,259,179	
Less: YTD FY18 Direct and Allocated Expenditures	7,438,265	*
Board Cash Balance as January 31, 2018	10,447,507	

*** Includes $35,477 deduction for Nurse Scholarship Fund**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,120,049.00	1,518,220.00	398,171.00	73.77%
4002406	License & Renewal Fee	4,077,105.00	6,526,255.00	2,449,150.00	62.47%
4002407	Dup. License Certificate Fee	14,525.00	23,750.00	9,225.00	61.16%
4002408	Board Endorsement - In	41,970.00	676,000.00	634,030.00	6.21%
4002409	Board Endorsement - Out	13,615.00	14,805.00	1,190.00	91.96%
4002421	Monetary Penalty & Late Fees	165,531.00	188,750.00	23,219.00	87.70%
4002432	Misc. Fee (Bad Check Fee)	280.00	1,750.00	1,470.00	16.00%
	Total Fee Revenue	5,433,075.00	8,949,530.00	3,516,455.00	60.71%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	395.00	-	(395.00)	0.00%
	Total Sales of Prop. & Commodities	395.00	-	(395.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	15,400.00	34,000.00	18,600.00	45.29%
	Total Other Revenue	15,400.00	34,000.00	18,600.00	45.29%
	Total Revenue	5,448,870.00	8,983,530.00	3,534,660.00	60.65%
5011110	Employer Retirement Contrib.	125,621.30	230,008.00	104,386.70	54.62%
5011120	Fed Old-Age Ins- Sal St Emp	73,377.89	130,683.00	57,305.11	56.15%
5011130	Fed Old-Age Ins- Wage Earners	7,278.81	31,899.00	24,620.19	22.82%
5011140	Group Insurance	12,626.61	22,336.00	9,709.39	56.53%
5011150	Medical/Hospitalization Ins.	175,561.50	393,948.00	218,386.50	44.56%
5011160	Retiree Medical/Hospitalizatn	11,373.77	20,120.00	8,746.23	56.53%
5011170	Long term Disability Ins	6,361.74	11,254.00	4,892.26	56.53%
	Total Employee Benefits	412,201.62	840,248.00	428,046.38	49.06%
5011200	Salaries				
5011230	Salaries, Classified	951,282.34	1,705,020.00	753,737.66	55.79%
5011250	Salaries, Overtime	20,123.17	3,254.00	(16,869.17)	618.41%
	Total Salaries	971,405.51	1,708,274.00	736,868.49	56.86%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	3,560.00	14,880.00	11,320.00	23.92%
	Total Special Payments	3,560.00	14,880.00	11,320.00	23.92%
5011400	Wages				
5011410	Wages, General	94,759.80	391,971.00	297,211.20	24.18%
5011430	Wages, Overtime	388.04	-	(388.04)	0.00%
	Total Wages	95,147.84	391,971.00	296,823.16	24.27%
5011530	Short-trm Disability Benefits	22,843.16	-	(22,843.16)	0.00%
	Total Disability Benefits	22,843.16	-	(22,843.16)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	270.78	-	(270.78)	0.00%
5011640	Salaries, Cmp Leave Balances	64.88	-	(64.88)	0.00%
5011660	Defined Contribution Match - Hy	4,405.17	-	(4,405.17)	0.00%
	Total Terminatn Personal Svce Costs	4,740.83	-	(4,740.83)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	1,509,898.96	2,955,373.00	1,445,474.04	51.09%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	2,351.02	4,395.00	2,043.98	53.49%
5012120	Outbound Freight Services	-	10.00	10.00	0.00%
5012140	Postal Services	66,864.74	85,633.00	18,768.26	78.08%
5012150	Printing Services	2,001.45	1,322.00	(679.45)	151.40%
5012160	Telecommunications Svcs (VITA)	3,729.44	21,910.00	18,180.56	17.02%
5012170	Telecomm. Svcs (Non-State)	337.50	-	(337.50)	0.00%
5012190	Inbound Freight Services	66.56	17.00	(49.56)	391.53%
	Total Communication Services	75,350.71	113,287.00	37,936.29	66.51%
5012200	Employee Development Services				
5012210	Organization Memberships	-	8,764.00	8,764.00	0.00%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Trainng/Workshop/Conf	3,299.00	482.00	(2,817.00)	684.44%
5012250	Employee Tuition Reimbursement	-	1,000.00	1,000.00	0.00%
	Total Employee Development Services	3,299.00	10,366.00	7,067.00	31.83%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	4,232.00	4,232.00	0.00%
	Total Health Services	-	4,232.00	4,232.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	79,633.26	197,340.00	117,706.74	40.35%
5012430	Attorney Services	8,209.50	-	(8,209.50)	0.00%
5012440	Management Services	1,332.12	370.00	(962.12)	360.03%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	4,550.00	5,616.00	1,066.00	81.02%
	Total Mgmnt and Informational Svcs	93,724.88	203,375.00	109,650.12	46.08%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	660.00	3,001.00	2,341.00	21.99%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	660.00	3,370.00	2,710.00	19.58%
5012600	Support Services				
5012630	Clerical Services	163,644.71	317,088.00	153,443.29	51.61%
5012640	Food & Dietary Services	6,534.49	-	(6,534.49)	0.00%
5012660	Manual Labor Services	18,304.99	38,508.00	20,203.01	47.54%
5012670	Production Services	103,179.80	158,515.00	55,335.20	65.09%
5012680	Skilled Services	516,725.34	1,119,774.00	603,048.66	46.15%
	Total Support Services	808,389.33	1,633,885.00	825,495.67	49.48%
5012700	Technical Services				
5012780	VITA InT Int Cost Goods&Svs	4,563.16	-	(4,563.16)	0.00%
5012790	Computer Software Dvp Svs	-	62,000.00	62,000.00	0.00%
	Total Technical Services	4,563.16	62,000.00	57,436.84	7.36%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,021.30	5,260.00	4,238.70	19.42%
5012830	Travel, Public Carriers	332.40	1.00	(331.40)	33240.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	529.63	6,635.00	6,105.37	7.98%
5012880	Trvl, Meal Reimb- Not Rprtble	485.25	3,597.00	3,111.75	13.49%
	Total Transportation Services	2,368.58	17,947.00	15,578.42	13.20%
	Total Contractual Svs	988,355.66	2,048,462.00	1,060,106.34	48.25%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	8,655.20	11,696.00	3,040.80	74.00%
5013130	Stationery and Forms	-	3,790.00	3,790.00	0.00%
	Total Administrative Supplies	8,655.20	15,486.00	6,830.80	55.89%
5013200	Energy Supplies				
5013230	Gasoline	14.59	-	(14.59)	0.00%
	Total Energy Supplies	14.59	-	(14.59)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufctrng and Merch Supplies	-	99.00	99.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	29.00	29.00	0.00%
	Total Repair and Maint. Supplies	-	29.00	29.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	335.91	408.00	72.09	82.33%
5013630	Food Service Supplies	-	1,108.00	1,108.00	0.00%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
5013650	Personal Care Supplies	155.76	-	(155.76)	0.00%
	Total Residential Supplies	491.67	1,538.00	1,046.33	31.97%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	273.88	182.00	(91.88)	150.48%
	Total Specific Use Supplies	273.88	182.00	(91.88)	150.48%
	Total Supplies And Materials	9,435.34	17,334.00	7,898.66	54.43%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	43.18	-	(43.18)	0.00%
	Total Awards, Contrib., and Claims	43.18	-	(43.18)	0.00%
	Total Transfer Payments	43.18	-	(43.18)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	-	504.00	504.00	0.00%
	Total Insurance-Fixed Assets	-	667.00	667.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3,688.05	9,014.00	5,325.95	40.91%
5015350	Building Rentals	248.40	-	(248.40)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	73,014.47	149,154.00	76,139.53	48.95%
	Total Operating Lease Payments	76,950.92	158,443.00	81,492.08	48.57%
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,897.00	1,897.00	0.00%
5015540	Surety Bonds	-	112.00	112.00	0.00%
	Total Insurance-Operations	-	2,009.00	2,009.00	0.00%
	Total Continuous Charges	76,950.92	161,124.00	84,173.08	47.76%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	2,197.98	-	(2,197.98)	0.00%
5022180	Computer Software Purchases	248.16	-	(248.16)	0.00%
	Total Computer Hrdware & Sftware	2,446.14	-	(2,446.14)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	384.00	1,123.00	739.00	34.19%
	Total Educational & Cultural Equip	384.00	1,123.00	739.00	34.19%
5022300	Electrnc & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	4,231.40	1,097.00	(3,134.40)	385.72%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	4,231.40	1,374.00	(2,857.40)	307.96%
5022700	Specific Use Equipment				
5022710	Household Equipment	-	133.00	133.00	0.00%
	Total Specific Use Equipment	-	133.00	133.00	0.00%
	Total Equipment	7,061.54	4,296.00	(2,765.54)	164.37%
	Total Expenditures	2,591,745.60	5,186,589.00	2,594,843.40	49.97%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	33,401.98	99,619.71	66,217.73	33.53%
30100	Data Center	844,534.20	1,729,418.92	884,884.72	48.83%
30200	Human Resources	98,536.92	248,422.95	149,886.03	39.66%
30300	Finance	446,378.79	722,845.95	276,467.16	61.75%
30400	Director's Office	210,435.01	365,480.41	155,045.40	57.58%
30500	Enforcement	1,327,786.74	2,525,746.34	1,197,959.59	52.57%
30600	Administrative Proceedings	295,002.37	683,045.26	388,042.89	43.19%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30700	Impaired Practitioners	42,582.45	73,226.77	30,644.32	58.15%
30800	Attorney General	130,376.41	173,835.22	43,458.80	75.00%
30900	Board of Health Professions	113,177.73	207,620.66	94,442.93	54.51%
31100	Maintenance and Repairs	-	3,344.48	3,344.48	0.00%
31300	Emp. Recognition Program	777.88	3,994.37	3,216.49	19.47%
31400	Conference Center	45,651.29	46,633.20	981.91	97.89%
31500	Pgm Devlpmnt & Implmentn	106,226.19	203,805.89	97,579.70	52.12%
	Total Allocated Expenditures	3,694,867.97	7,087,040.12	3,392,172.15	52.14%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (837,743.57)	$ (3,290,099.12)	$ (2,452,355.55)	25.46%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
4002400	Fee Revenue							
4002401	Application Fee	166,685.00	156,660.00	143,604.00	191,605.00	175,130.00	150,910.00	135,455.00
4002406	License & Renewal Fee	606,379.00	604,896.00	596,413.00	679,172.00	475,140.00	513,107.00	601,998.00
4002407	Dup. License Certificate Fee	2,175.00	2,025.00	2,015.00	2,190.00	2,000.00	1,930.00	2,190.00
4002408	Board Endorsement - In	5,610.00	7,460.00	7,840.00	7,310.00	4,760.00	3,230.00	5,760.00
4002409	Board Endorsement - Out	1,445.00	2,140.00	1,760.00	2,660.00	2,395.00	1,665.00	1,550.00
4002421	Monetary Penalty & Late Fees	23,065.00	25,570.00	23,950.00	24,678.00	22,805.00	20,281.00	25,182.00
4002432	Misc. Fee (Bad Check Fee)	-	35.00	-	105.00	105.00	-	35.00
	Total Fee Revenue	805,359.00	798,786.00	775,582.00	907,720.00	682,335.00	691,123.00	772,170.00
4003000	Sales of Prop. & Commodities							
4003020	Misc. Sales-Dishonored Payments	-	50.00	-	210.00	125.00	-	10.00
	Total Sales of Prop. & Commodities	-	50.00	-	210.00	125.00	-	10.00
4009000	Other Revenue							
4009060	Miscellaneous Revenue	4,400.00	2,200.00	2,200.00	6,600.00	-	-	-
	Total Other Revenue	4,400.00	2,200.00	2,200.00	6,600.00	-	-	-
	Total Revenue	809,759.00	801,036.00	777,782.00	914,530.00	682,460.00	691,123.00	772,180.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	23,412.17	16,297.24	16,408.24	17,345.43	17,648.96	16,847.36	17,661.90
5011120	Fed Old-Age Ins- Sal St Emp	13,592.59	9,632.19	9,820.77	10,103.57	10,162.49	9,962.56	10,103.72
5011130	Fed Old-Age Ins- Wage Earners	1,464.58	849.21	836.04	1,144.48	1,014.26	881.84	1,088.40
5011140	Group Insurance	2,346.28	1,635.24	1,646.02	1,743.69	1,773.56	1,687.22	1,794.60
5011150	Medical/Hospitalization Ins.	33,904.00	23,428.00	23,428.00	24,007.50	24,587.00	22,780.00	23,427.00
5011160	Retiree Medical/Hospitalizatn	2,113.43	1,473.00	1,482.72	1,570.69	1,597.58	1,519.82	1,616.53
5011170	Long term Disability Ins	1,182.13	823.90	829.34	878.54	893.58	850.08	904.17
	Total Employee Benefits	78,015.18	54,138.78	54,451.13	56,793.90	57,677.43	54,528.88	56,596.32
5011200	Salaries							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5011230	Salaries, Classified	176,371.04	125,760.55	129,430.98	133,595.27	135,503.05	121,773.48	128,847.97
5011250	Salaries, Overtime	3,407.00	4,847.37	3,574.44	2,993.39	2,073.51	2,728.93	498.53
	Total Salaries	179,778.04	130,607.92	133,005.42	136,588.66	137,576.56	124,502.41	129,346.50
5011380	Deferred Compnstn Match Pmts	690.00	435.00	435.00	475.00	495.00	490.00	540.00
	Total Special Payments	690.00	435.00	435.00	475.00	495.00	490.00	540.00
5011400	Wages							
5011410	Wages, General	19,144.72	11,100.78	10,928.73	14,572.35	13,258.42	11,527.52	14,227.28
5011430	Wages, Overtime	-	-	-	388.04	-	-	-
	Total Wages	19,144.72	11,100.78	10,928.73	14,960.39	13,258.42	11,527.52	14,227.28
5011500	Disability Benefits							
5011530	Short-trm Disability Benefits	5,168.08	-	-	-	-	10,284.18	7,390.90
	Total Disability Benefits	5,168.08	-	-	-	-	10,284.18	7,390.90
5011600	Terminatn Personal Svce Costs							
5011620	Salaries, Annual Leave Balanc	-	-	-	145.98	-	124.80	-
5011640	Salaries, Cmp Leave Balances	-	-	-	64.88	-	-	-
5011660	Defined Contribution Match - Hy	748.70	542.38	542.38	610.88	614.88	527.44	818.51
	Total Terminatn Personal Svce Costs	748.70	542.38	542.38	821.74	614.88	652.24	818.51
	Total Personal Services	283,544.72	196,824.86	199,362.66	209,639.69	209,622.29	201,985.23	208,919.51
5012000	Contractual Svs							
5012100	Communication Services							
5012110	Express Services	-	205.43	325.56	1,090.36	249.40	403.35	76.92
5012140	Postal Services	8,021.15	14,448.95	7,897.20	14,383.63	8,958.35	7,852.49	5,302.97
5012150	Printing Services	-	-	2,001.45	-	-	-	-
5012160	Telecommunications Svcs (VITA)	1,080.57	1,123.79	-	-	749.56	-	775.52
5012170	Telecomm. Svcs (Non-State)	67.50	45.00	45.00	45.00	45.00	45.00	45.00
5012190	Inbound Freight Services	-	-	10.00	34.24	-	22.32	-
	Total Communication Services	9,169.22	15,823.17	10,279.21	15,553.23	10,002.31	8,323.16	6,200.41
5012200	Employee Development Services							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5012240	Employee Trainng/Workshop/Conf	1,950.00	-	-	-	-	1,349.00	-
	Total Employee Development Services	1,950.00	-	-	-	-	1,349.00	-
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	13,002.82	10,224.03	12,052.46	23,061.46	12,336.73	50.00	8,905.76
5012430	Attorney Services	-	8,209.50	-	-	-	-	-
5012440	Management Services	-	1,240.63	-	(21.81)	-	113.30	-
5012470	Legal Services	-	-	-	1,820.00	1,235.00	195.00	1,300.00
	Total Mgmnt and Informational Svcs	13,002.82	19,674.16	12,052.46	24,859.65	13,571.73	358.30	10,205.76
5012500	Repair and Maintenance Svcs							
5012530	Equipment Repair & Maint Srvc	-	-	-	-	660.00	-	-
	Total Repair and Maintenance Svcs	-	-	-	-	660.00	-	-
5012600	Support Services							
5012630	Clerical Services	-	21,892.50	26,707.16	32,806.25	18,060.00	39,692.50	24,486.30
5012640	Food & Dietary Services	-	319.83	1,318.30	689.41	1,648.22	1,651.95	906.78
5012660	Manual Labor Services	3,065.98	2,567.29	3,460.12	2,005.46	2,423.35	1,521.77	3,261.02
5012670	Production Services	17,963.37	12,478.99	22,534.60	10,328.84	16,374.36	11,583.17	11,916.47
5012680	Skilled Services	72,534.53	74,341.44	72,561.81	76,517.05	72,018.27	76,733.97	72,018.27
	Total Support Services	93,563.88	111,600.05	126,581.99	122,347.01	110,524.20	131,183.36	112,588.84
5012700	Technical Services							
5012780	VITA InT Int Cost Goods&Svs	-	-	1,154.53	-	-	3,408.63	-
	Total Technical Services	-	-	1,154.53	-	-	3,408.63	-
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	-	317.80	31.57	67.90	496.49	107.54	-
5012830	Travel, Public Carriers	-	-	-	332.40	-	-	-
5012850	Travel, Subsistence & Lodging	-	100.37	-	204.38	224.88	-	-
5012880	Trvl, Meal Reimb- Not Rprtble	-	50.25	-	127.50	307.50	-	-
	Total Transportation Services	-	468.42	31.57	732.18	1,028.87	107.54	-
	Total Contractual Svs	117,685.92	147,565.80	150,099.76	163,492.07	135,787.11	144,729.99	128,995.01

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5013000	Supplies And Materials							
5013100	Administrative Supplies							
5013120	Office Supplies	-	761.12	1,116.65	1,292.91	2,618.60	2,229.79	636.13
	Total Administrative Supplies	-	761.12	1,116.65	1,292.91	2,618.60	2,229.79	636.13
5013200	Energy Supplies							
5013230	Gasoline	14.59	-	-	-	-	-	-
	Total Energy Supplies	14.59	-	-	-	-	-	-
5013600	Residential Supplies							
5013620	Food and Dietary Supplies	46.26	-	210.14	-	79.51	-	-
5013650	Personal Care Supplies	155.76	-	-	-	-	-	-
	Total Residential Supplies	202.02	-	210.14	-	79.51	-	-
5013700	Specific Use Supplies							
5013730	Computer Operating Supplies	-	62.00	-	211.88	-	-	-
	Total Specific Use Supplies	-	62.00	-	211.88	-	-	-
	Total Supplies And Materials	216.61	823.12	1,326.79	1,504.79	2,698.11	2,229.79	636.13
5014000	Transfer Payments							
5014100	Awards, Contrib., and Claims							
5014130	Premiums	-	-	-	-	-	43.18	-
	Total Awards, Contrib., and Claims	-	-	-	-	-	43.18	-
	Total Transfer Payments	-	-	-	-	-	43.18	-
5015000	Continuous Charges							
5015300	Operating Lease Payments							
5015340	Equipment Rentals	-	734.12	259.80	660.71	699.22	673.49	660.71
5015350	Building Rentals	-	115.20	-	-	133.20	-	-
5015390	Building Rentals - Non State	9,989.96	11,693.95	10,226.17	9,989.96	11,134.51	9,989.96	9,989.96

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
	Total Operating Lease Payments	9,989.96	12,543.27	10,485.97	10,650.67	11,966.93	10,663.45	10,650.67
	Total Continuous Charges	9,989.96	12,543.27	10,485.97	10,650.67	11,966.93	10,663.45	10,650.67
5022000	Equipment							
5022170	Other Computer Equipment	-	-	-	1,202.98	995.00	-	-
5022180	Computer Software Purchases	-	-	-	-	-	248.16	-
	Total Computer Hrdware & Sftware	-	-	-	1,202.98	995.00	248.16	-
5022200	Educational & Cultural Equip							
5022240	Reference Equipment	-	-	-	384.00	-	-	-
	Total Educational & Cultural Equip	-	-	-	384.00	-	-	-
5022620	Office Furniture	-	-	-	2,109.40	1,425.00	-	697.00
	Total Office Equipment	-	-	-	2,109.40	1,425.00	-	697.00
	Total Equipment	-	-	-	3,696.38	2,420.00	248.16	697.00
	Total Expenditures	411,437.21	357,757.05	361,275.18	388,983.60	362,494.44	359,899.80	349,898.32
	Allocated Expenditures							
20400	Nursing / Nurse Aid	5,823.27	4,446.03	1,647.00	7,625.78	6,610.21	4,584.05	2,665.64
30100	Data Center	153,994.04	57,546.31	146,250.63	133,335.90	52,978.31	174,918.56	125,510.44
30200	Human Resources	528.50	706.83	588.75	693.94	94,107.64	1,275.27	635.97
30300	Finance	115,892.23	61,037.58	60,505.71	32,709.77	77,501.39	57,917.62	40,814.49
30400	Director's Office	37,468.25	30,084.57	28,148.74	29,016.32	27,619.87	28,007.67	30,089.59
30500	Enforcement	244,671.07	180,029.50	173,314.38	178,511.96	179,113.23	183,861.42	188,285.19
30600	Administrative Proceedings	65,307.24	42,043.39	33,040.69	32,920.32	41,068.97	33,227.34	47,394.43
30700	Impaired Practitioners	8,335.06	6,057.80	5,643.09	5,566.36	5,560.60	5,750.46	5,669.09
30800	Attorney General	-	-	43,458.80	43,458.80	-	-	43,458.80
30900	Board of Health Professions	21,731.89	15,630.88	14,246.29	15,745.23	15,864.88	13,725.72	16,232.84
31300	Emp. Recognition Program	-	-	-	-	-	-	777.88
31400	Conference Center	57.31	108.75	84,260.06	(9,951.36)	(29,328.40)	454.00	50.92

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
31500	Pgm Devlpmnt & Implmentn	16,955.97	15,094.42	14,126.28	14,647.01	16,478.05	14,576.46	14,348.00
	Total Allocated Expenditures	670,764.83	412,786.07	605,230.43	484,280.04	487,574.76	518,298.56	515,933.28
	Net Revenue in Excess (Shortfall) of Expenditures	$ (272,443.04)	$ 30,492.88	$ (188,723.61)	$ 41,266.36	$ (167,609.20)	$ (187,075.36)	$ (93,651.60)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
4002400	Fee Revenue	
4002401	Application Fee	1,120,049.00
4002406	License & Renewal Fee	4,077,105.00
4002407	Dup. License Certificate Fee	14,525.00
4002408	Board Endorsement - In	41,970.00
4002409	Board Endorsement - Out	13,615.00
4002421	Monetary Penalty & Late Fees	165,531.00
4002432	Misc. Fee (Bad Check Fee)	280.00
	Total Fee Revenue	5,433,075.00
4003000	Sales of Prop. & Commodities	
4003020	Misc. Sales-Dishonored Payments	395.00
	Total Sales of Prop. & Commodities	395.00
4009000	Other Revenue	
4009060	Miscellaneous Revenue	15,400.00
	Total Other Revenue	15,400.00
	Total Revenue	5,448,870.00
5011000	Personal Services	
5011100	Employee Benefits	
5011110	Employer Retirement Contrib.	125,621.30
5011120	Fed Old-Age Ins- Sal St Emp	73,377.89
5011130	Fed Old-Age Ins- Wage Earners	7,278.81
5011140	Group Insurance	12,626.61
5011150	Medical/Hospitalization Ins.	175,561.50
5011160	Retiree Medical/Hospitalizatn	11,373.77
5011170	Long term Disability Ins	6,361.74
	Total Employee Benefits	412,201.62
5011200	Salaries	

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
5011230	Salaries, Classified	951,282.34
5011250	Salaries, Overtime	20,123.17
	Total Salaries	971,405.51
5011380	Deferred Compnstn Match Pmts	3,560.00
	Total Special Payments	3,560.00
5011400	Wages	-
5011410	Wages, General	94,759.80
5011430	Wages, Overtime	388.04
	Total Wages	95,147.84
5011500	Disability Benefits	
5011530	Short-trm Disability Benefits	22,843.16
	Total Disability Benefits	22,843.16
5011600	Terminatn Personal Svce Costs	
5011620	Salaries, Annual Leave Balanc	270.78
5011640	Salaries, Cmp Leave Balances	64.88
5011660	Defined Contribution Match - Hy	4,405.17
	Total Terminatn Personal Svce Costs	4,740.83
	Total Personal Services	1,509,898.96
5012000	Contractual Svs	-
5012100	Communication Services	-
5012110	Express Services	2,351.02
5012140	Postal Services	66,864.74
5012150	Printing Services	2,001.45
5012160	Telecommunications Svcs (VITA)	3,729.44
5012170	Telecomm. Svcs (Non-State)	337.50
5012190	Inbound Freight Services	66.56
	Total Communication Services	75,350.71
5012200	Employee Development Services	

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
5012240	Employee Trainng/Workshop/Conf	3,299.00
	Total Employee Development Services	3,299.00
5012400	Mgmnt and Informational Svcs	
5012420	Fiscal Services	79,633.26
5012430	Attorney Services	8,209.50
5012440	Management Services	1,332.12
5012470	Legal Services	4,550.00
	Total Mgmnt and Informational Svcs	93,724.88
5012500	Repair and Maintenance Svcs	
5012530	Equipment Repair & Maint Srvc	660.00
	Total Repair and Maintenance Svcs	660.00
5012600	Support Services	
5012630	Clerical Services	163,644.71
5012640	Food & Dietary Services	6,534.49
5012660	Manual Labor Services	18,304.99
5012670	Production Services	103,179.80
5012680	Skilled Services	516,725.34
	Total Support Services	808,389.33
5012700	Technical Services	
5012780	VITA InT Int Cost Goods&Svs	4,563.16
	Total Technical Services	4,563.16
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	1,021.30
5012830	Travel, Public Carriers	332.40
5012850	Travel, Subsistence & Lodging	529.63
5012880	Trvl, Meal Reimb- Not Rprtble	485.25
	Total Transportation Services	2,368.58
Total Contractual Svs		988,355.66

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
5013000	Supplies And Materials	
5013100	Administrative Supplies	-
5013120	Office Supplies	8,655.20
	Total Administrative Supplies	8,655.20
5013200	Energy Supplies	
5013230	Gasoline	14.59
	Total Energy Supplies	14.59
5013600	Residential Supplies	
5013620	Food and Dietary Supplies	335.91
5013650	Personal Care Supplies	155.76
	Total Residential Supplies	491.67
5013700	Specific Use Supplies	
5013730	Computer Operating Supplies	273.88
	Total Specific Use Supplies	273.88
	Total Supplies And Materials	9,435.34
5014000	Transfer Payments	
5014100	Awards, Contrib., and Claims	
5014130	Premiums	43.18
	Total Awards, Contrib., and Claims	43.18
	Total Transfer Payments	43.18
5015000	Continuous Charges	
5015300	Operating Lease Payments	
5015340	Equipment Rentals	3,688.05
5015350	Building Rentals	248.40
5015390	Building Rentals - Non State	73,014.47

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
	Total Operating Lease Payments	76,950.92
	Total Continuous Charges	76,950.92
5022000	Equipment	
5022170	Other Computer Equipment	2,197.98
5022180	Computer Software Purchases	248.16
	Total Computer Hrdware & Sftware	2,446.14
5022200	Educational & Cultural Equip	
5022240	Reference Equipment	384.00
	Total Educational & Cultural Equip	384.00
5022620	Office Furniture	4,231.40
	Total Office Equipment	4,231.40
	Total Equipment	7,061.54
	Total Expenditures	2,591,745.60
	Allocated Expenditures	
20400	Nursing / Nurse Aid	33,401.98
30100	Data Center	844,534.20
30200	Human Resources	98,536.92
30300	Finance	446,378.79
30400	Director's Office	210,435.01
30500	Enforcement	1,327,786.74
30600	Administrative Proceedings	295,002.37
30700	Impaired Practitioners	42,582.45
30800	Attorney General	130,376.41
30900	Board of Health Professions	113,177.73
31300	Emp. Recognition Program	777.88
31400	Conference Center	45,651.29

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
31500	Pgm Devlpmnt & Implmentn	106,226.19
	Total Allocated Expenditures	3,694,867.97
	Net Revenue in Excess (Shortfall) of Expenditures	$ (837,743.57)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,475.00	300.00	(1,175.00)	491.67%
4002406	License & Renewal Fee	617,745.00	1,165,275.00	547,530.00	53.01%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	285.00	700.00	415.00	40.71%
	Total Fee Revenue	619,505.00	1,166,605.00	547,100.00	53.10%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	190,563.67	545,764.00	355,200.33	34.92%
4003020	Misc. Sales-Dishonored Payments	240.00	-	(240.00)	0.00%
	Total Sales of Prop. & Commodities	190,803.67	545,764.00	354,960.33	34.96%
4009000	Other Revenue				
	Total Revenue	810,308.67	1,712,369.00	902,060.33	47.32%
5011110	Employer Retirement Contrib.	7,913.07	15,717.00	7,803.93	50.35%
5011120	Fed Old-Age Ins- Sal St Emp	4,884.68	8,913.00	4,028.32	54.80%
5011130	Fed Old-Age Ins- Wage Earners	4,595.09	5,223.00	627.91	87.98%
5011140	Group Insurance	788.62	1,527.00	738.38	51.65%
5011150	Medical/Hospitalization Ins.	18,062.00	36,144.00	18,082.00	49.97%
5011160	Retiree Medical/Hospitalizatn	710.31	1,375.00	664.69	51.66%
5011170	Long term Disability Ins	397.36	769.00	371.64	51.67%
	Total Employee Benefits	37,351.13	69,668.00	32,316.87	53.61%
5011200	Salaries				
5011230	Salaries, Classified	60,340.95	116,505.00	56,164.05	51.79%
5011250	Salaries, Overtime	3,809.15	-	(3,809.15)	0.00%
	Total Salaries	64,150.10	116,505.00	52,354.90	55.06%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	300.00	1,440.00	1,140.00	20.83%
	Total Special Payments	300.00	1,440.00	1,140.00	20.83%
5011400	Wages				
5011410	Wages, General	59,644.71	68,269.00	8,624.29	87.37%
5011430	Wages, Overtime	421.94	-	(421.94)	0.00%
	Total Wages	60,066.65	68,269.00	8,202.35	87.99%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	4,065.07	-	(4,065.07)	0.00%
5011640	Salaries, Cmp Leave Balances	74.52	-	(74.52)	0.00%
5011660	Defined Contribution Match - Hy	207.75	-	(207.75)	0.00%
	Total Terminatn Personal Svce Costs	4,347.34	-	(4,347.34)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	166,215.22	255,882.00	89,666.78	64.96%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	5.71	-	(5.71)	0.00%
5012140	Postal Services	30,048.77	32,117.00	2,068.23	93.56%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012150	Printing Services	273.27	276.00	2.73	99.01%
5012160	Telecommunications Svcs (VITA)	69.36	2,500.00	2,430.64	2.77%
	Total Communication Services	30,397.11	34,893.00	4,495.89	87.12%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%
	Total Health Services	-	125.00	125.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	12,558.50	24,920.00	12,361.50	50.40%
5012440	Management Services	182.95	530.00	347.05	34.52%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	12,741.45	25,460.00	12,718.55	50.04%
5012500	Repair and Maintenance Svcs				
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	-	72.00	72.00	0.00%
5012600	Support Services				
5012660	Manual Labor Services	1,657.34	2,454.00	796.66	67.54%
5012670	Production Services	9,870.20	10,300.00	429.80	95.83%
5012680	Skilled Services	8,518.29	48,303.00	39,784.71	17.64%
	Total Support Services	20,045.83	61,057.00	41,011.17	32.83%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,867.98	6,893.00	3,025.02	56.11%
5012830	Travel, Public Carriers	154.42	-	(154.42)	0.00%
5012840	Travel, State Vehicles	1,222.57	310.00	(912.57)	394.38%
5012850	Travel, Subsistence & Lodging	2,098.09	912.00	(1,186.09)	230.05%
5012880	Trvl, Meal Reimb- Not Rprtble	1,253.75	528.00	(725.75)	237.45%
	Total Transportation Services	8,596.81	8,643.00	46.19	99.47%
	Total Contractual Svs	71,781.20	130,250.00	58,468.80	55.11%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	505.81	1,092.00	586.19	46.32%
5013130	Stationery and Forms	-	1,203.00	1,203.00	0.00%
	Total Administrative Supplies	505.81	2,295.00	1,789.19	22.04%
5013200	Energy Supplies				
5013230	Gasoline	23.56	-	(23.56)	0.00%
	Total Energy Supplies	23.56	-	(23.56)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	529.37	2,621.00	2,091.63	20.20%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	106.00	106.00	0.00%
	Total Insurance-Fixed Assets	-	106.00	106.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	5.29	-	(5.29)	0.00%
5015350	Building Rentals	28.02	-	(28.02)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	17,335.55	35,414.00	18,078.45	48.95%
	Total Operating Lease Payments	17,368.86	35,464.00	18,095.14	48.98%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	399.00	399.00	0.00%
5015540	Surety Bonds	-	24.00	24.00	0.00%
	Total Insurance-Operations	-	423.00	423.00	0.00%
	Total Continuous Charges	17,368.86	35,993.00	18,624.14	48.26%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
	Total Equipment	-	166.00	166.00	0.00%
	Total Expenditures	255,894.65	424,912.00	169,017.35	60.22%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	17,730.03	32,465.29	14,735.26	54.61%
30100	Data Center	115,841.00	231,113.41	115,272.41	50.12%
30200	Human Resources	13,455.33	24,970.47	11,515.13	53.88%
30300	Finance	109,952.57	175,194.22	65,241.65	62.76%
30400	Director's Office	51,725.52	88,580.50	36,854.98	58.39%
30500	Enforcement	367,678.11	728,004.36	360,326.25	50.50%
30600	Administrative Proceedings	117,430.09	175,422.13	57,992.04	66.94%
30700	Impaired Practitioners	800.41	1,873.59	1,073.17	42.72%
30800	Attorney General	775.00	1,033.33	258.33	75.00%
30900	Board of Health Professions	27,847.85	50,320.46	22,472.61	55.34%
31100	Maintenance and Repairs	-	794.07	794.07	0.00%
31300	Emp. Recognition Program	102.53	401.50	298.97	25.54%
31400	Conference Center	10,838.80	11,071.94	233.13	97.89%
31500	Pgm Devlpmnt & Implmentn	26,102.92	49,395.88	23,292.97	52.84%
	Total Allocated Expenditures	860,280.16	1,570,641.13	710,360.98	54.77%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (305,866.14)	$ (283,184.13)	$ 22,682.00	108.01%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
4002400	Fee Revenue							
4002401	Application Fee	275.00	25.00	275.00	225.00	350.00	75.00	250.00
4002406	License & Renewal Fee	103,845.00	96,160.00	99,540.00	95,750.00	74,720.00	62,320.00	85,410.00
4002432	Misc. Fee (Bad Check Fee)	35.00	40.00	35.00	35.00	35.00	70.00	35.00
	Total Fee Revenue	104,155.00	96,225.00	99,850.00	96,010.00	75,105.00	62,465.00	85,695.00
4003000	Sales of Prop. & Commodities							
4003007	Sales of Goods/Svces to State	-	-	90,750.55	-	52,061.88	-	47,751.24
4003020	Misc. Sales-Dishonored Payments	30.00	60.00	-	-	60.00	30.00	60.00
	Total Sales of Prop. & Commodities	30.00	60.00	90,750.55	-	52,121.88	30.00	47,811.24
	Total Revenue	104,185.00	96,285.00	190,600.55	96,010.00	127,226.88	62,495.00	133,506.24
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	1,871.40	1,285.02	1,285.02	1,046.67	808.32	808.32	808.32
5011120	Fed Old-Age Ins- Sal St Emp	1,330.08	722.56	760.99	653.56	492.33	473.49	451.67
5011130	Fed Old-Age Ins- Wage Earners	889.48	358.68	323.82	706.73	879.52	663.39	773.47
5011140	Group Insurance	185.67	127.50	127.50	104.35	81.20	81.20	81.20
5011150	Medical/Hospitalization Ins.	4,328.50	2,965.00	2,965.00	2,385.50	1,806.00	1,806.00	1,806.00
5011160	Retiree Medical/Hospitalizatn	167.22	114.84	114.84	93.99	73.14	73.14	73.14
5011170	Long term Disability Ins	93.54	64.24	64.24	52.58	40.92	40.92	40.92
	Total Employee Benefits	8,865.89	5,637.84	5,641.41	5,043.38	4,181.43	3,946.46	4,034.72
5011200	Salaries							
5011230	Salaries, Classified	14,315.07	9,732.34	9,732.34	7,965.46	6,198.58	6,198.58	6,198.58
5011250	Salaries, Overtime	-	442.84	944.73	1,161.95	679.02	433.00	147.61
	Total Salaries	14,315.07	10,175.18	10,677.07	9,127.41	6,877.60	6,631.58	6,346.19
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00
	Total Special Payments	60.00	40.00	40.00	40.00	40.00	40.00	40.00
5011400	Wages							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5011410	Wages, General	11,627.27	4,688.40	4,233.19	8,816.44	11,497.00	8,671.88	10,110.53
5011430	Wages, Overtime	-	-	-	421.94	-	-	-
	Total Wages	11,627.27	4,688.40	4,233.19	9,238.38	11,497.00	8,671.88	10,110.53
5011600	Terminatn Personal Svce Costs							
5011620	Salaries, Annual Leave Balanc	4,065.07	-	-	-	-	-	-
5011640	Salaries, Cmp Leave Balances	74.52	-	-	-	-	-	-
5011660	Defined Contribution Match - Hy	40.59	27.86	27.86	27.86	27.86	27.86	27.86
	Total Terminatn Personal Svce Costs	4,180.18	27.86	27.86	27.86	27.86	27.86	27.86
	Total Personal Services	39,048.41	20,569.28	20,619.53	23,477.03	22,623.89	19,317.78	20,559.30
5012000	Contractual Svs							
5012100	Communication Services							
5012110	Express Services	-	-	-	5.71	-	-	-
5012140	Postal Services	3,316.70	5,322.67	4,018.19	4,857.97	5,047.55	5,725.45	1,760.24
5012150	Printing Services	-	-	273.27	-	-	-	-
5012160	Telecommunications Svcs (VITA)	34.00	35.36	-	-	-	-	-
	Total Communication Services	3,350.70	5,358.03	4,291.46	4,863.68	5,047.55	5,725.45	1,760.24
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	2,212.19	1,953.32	1,930.37	3,442.48	1,555.60	140.00	1,324.54
5012440	Management Services	-	170.39	-	(3.00)	-	15.56	-
	Total Mgmnt and Informational Svcs	2,212.19	2,123.71	1,930.37	3,439.48	1,555.60	155.56	1,324.54
5012600	Support Services							
5012660	Manual Labor Services	254.37	419.83	148.65	303.29	292.15	150.04	89.01
5012670	Production Services	1,627.17	2,071.45	1,059.51	1,534.11	2,146.76	1,142.26	288.94
5012680	Skilled Services	1,806.91	-	1,290.65	1,548.78	1,290.65	1,290.65	1,290.65
	Total Support Services	3,688.45	2,491.28	2,498.81	3,386.18	3,729.56	2,582.95	1,668.60
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	548.66	241.47	69.55	579.96	1,403.94	368.64	655.76
5012830	Travel, Public Carriers	-	-	-	-	116.60	37.82	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5012840	Travel, State Vehicles	50.66	127.32	-	127.32	163.40	146.10	607.77
5012850	Travel, Subsistence & Lodging	490.56	-	-	309.12	726.34	572.07	-
5012880	Trvl, Meal Reimb- Not Rprtble	144.50	-	-	296.50	569.75	243.00	-
	Total Transportation Services	1,234.38	368.79	69.55	1,312.90	2,980.03	1,367.63	1,263.53
	Total Contractual Svs	10,485.72	10,341.81	8,790.19	13,002.24	13,312.74	9,831.59	6,016.91
5013000	Supplies And Materials							
5013100	Administrative Supplies							
5013120	Office Supplies	-	45.99	60.73	44.43	238.73	59.93	56.00
	Total Administrative Supplies	-	45.99	60.73	44.43	238.73	59.93	56.00
5013200	Energy Supplies							
5013230	Gasoline	-	-	-	-	7.29	16.27	-
	Total Energy Supplies	-	-	-	-	7.29	16.27	-
	Total Supplies And Materials	-	45.99	60.73	44.43	246.02	76.20	56.00
5015000	Continuous Charges							
5015300	Operating Lease Payments							
5015340	Equipment Rentals	-	-	-	-	5.29	-	-
5015350	Building Rentals	-	13.62	-	-	14.40	-	-
5015390	Building Rentals - Non State	2,371.88	2,776.45	2,427.96	2,371.88	2,643.62	2,371.88	2,371.88
	Total Operating Lease Payments	2,371.88	2,790.07	2,427.96	2,371.88	2,663.31	2,371.88	2,371.88
	Total Continuous Charges	2,371.88	2,790.07	2,427.96	2,371.88	2,663.31	2,371.88	2,371.88
	Total Expenditures	51,906.01	33,747.15	31,898.41	38,895.58	38,845.96	31,597.45	29,004.09
	Allocated Expenditures							
20400	Nursing / Nurse Aid	2,007.92	1,438.07	1,352.45	2,067.60	5,784.71	1,746.64	3,332.64

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
30100	Data Center	22,293.19	7,500.99	19,761.85	18,382.20	7,102.94	23,557.57	17,242.26
30200	Human Resources	69.93	75.91	63.01	85.41	12,926.36	150.89	83.82
30300	Finance	29,246.36	14,731.13	14,372.19	8,024.29	19,327.31	14,042.03	10,209.26
30400	Director's Office	9,455.42	7,260.77	6,686.29	7,118.22	6,887.85	6,790.41	7,526.55
30500	Enforcement	87,807.80	52,289.22	45,269.69	45,345.15	45,748.59	46,440.27	44,777.41
30600	Administrative Proceedings	22,350.10	12,528.19	14,149.43	12,351.42	15,521.44	16,117.93	24,411.58
30700	Impaired Practitioners	173.65	107.79	118.80	99.76	97.55	103.05	99.81
30800	Attorney General	-	-	258.33	258.33	-	-	258.33
30900	Board of Health Professions	5,484.22	3,772.44	3,383.98	3,862.59	3,956.39	3,327.78	4,060.45
31300	Emp. Recognition Program	-	-	-	-	-	-	102.53
31400	Conference Center	13.61	25.82	20,005.53	(2,362.71)	(6,963.33)	107.79	12.09
31500	Pgm Devlpmnt & Implmentn	4,278.98	3,642.97	3,355.48	3,593.17	4,109.30	3,534.04	3,588.98
	Total Allocated Expenditures	183,181.17	103,373.29	128,777.05	98,825.44	114,499.12	115,918.39	115,705.71
	Net Revenue in Excess (Shortfall) of Expenditures	$ (130,902.18)	$ (40,835.44)	$ 29,925.09	$ (41,711.02)	$ (26,118.20)	$ (85,020.84)	$ (11,203.56)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
4002400	Fee Revenue	
4002401	Application Fee	1,475.00
4002406	License & Renewal Fee	617,745.00
4002432	Misc. Fee (Bad Check Fee)	285.00
	Total Fee Revenue	619,505.00
4003000	Sales of Prop. & Commodities	
4003007	Sales of Goods/Svces to State	190,563.67
4003020	Misc. Sales-Dishonored Payments	240.00
	Total Sales of Prop. & Commodities	190,803.67
	Total Revenue	810,308.67
5011000	Personal Services	
5011100	Employee Benefits	
5011110	Employer Retirement Contrib.	7,913.07
5011120	Fed Old-Age Ins- Sal St Emp	4,884.68
5011130	Fed Old-Age Ins- Wage Earners	4,595.09
5011140	Group Insurance	788.62
5011150	Medical/Hospitalization Ins.	18,062.00
5011160	Retiree Medical/Hospitalizatn	710.31
5011170	Long term Disability Ins	397.36
	Total Employee Benefits	37,351.13
5011200	Salaries	
5011230	Salaries, Classified	60,340.95
5011250	Salaries, Overtime	3,809.15
	Total Salaries	64,150.10
5011380	Deferred Compnstn Match Pmts	300.00
	Total Special Payments	300.00
5011400	Wages	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
5011410	Wages, General	59,644.71
5011430	Wages, Overtime	421.94
	Total Wages	60,066.65
5011600	Terminatn Personal Svce Costs	
5011620	Salaries, Annual Leave Balanc	4,065.07
5011640	Salaries, Cmp Leave Balances	74.52
5011660	Defined Contribution Match - Hy	207.75
	Total Terminatn Personal Svce Costs	4,347.34
	Total Personal Services	166,215.22
5012000	Contractual Svs	-
5012100	Communication Services	-
5012110	Express Services	5.71
5012140	Postal Services	30,048.77
5012150	Printing Services	273.27
5012160	Telecommunications Svcs (VITA)	69.36
	Total Communication Services	30,397.11
5012400	Mgmnt and Informational Svcs	
5012420	Fiscal Services	12,558.50
5012440	Management Services	182.95
	Total Mgmnt and Informational Svcs	12,741.45
5012600	Support Services	
5012660	Manual Labor Services	1,657.34
5012670	Production Services	9,870.20
5012680	Skilled Services	8,518.29
	Total Support Services	20,045.83
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	3,867.98
5012830	Travel, Public Carriers	154.42

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
5012840	Travel, State Vehicles	1,222.57
5012850	Travel, Subsistence & Lodging	2,098.09
5012880	Trvl, Meal Reimb- Not Rprtble	1,253.75
	Total Transportation Services	8,596.81
	Total Contractual Svs	71,781.20
5013000	Supplies And Materials	
5013100	Administrative Supplies	-
5013120	Office Supplies	505.81
	Total Administrative Supplies	505.81
5013200	Energy Supplies	
5013230	Gasoline	23.56
	Total Energy Supplies	23.56
	Total Supplies And Materials	529.37
5015000	Continuous Charges	
5015300	Operating Lease Payments	
5015340	Equipment Rentals	5.29
5015350	Building Rentals	28.02
5015390	Building Rentals - Non State	17,335.55
	Total Operating Lease Payments	17,368.86
	Total Continuous Charges	17,368.86
	Total Expenditures	255,894.65
	Allocated Expenditures	
20400	Nursing / Nurse Aid	17,730.03

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
30100	Data Center	115,841.00
30200	Human Resources	13,455.33
30300	Finance	109,952.57
30400	Director's Office	51,725.52
30500	Enforcement	367,678.11
30600	Administrative Proceedings	117,430.09
30700	Impaired Practitioners	800.41
30800	Attorney General	775.00
30900	Board of Health Professions	27,847.85
31300	Emp. Recognition Program	102.53
31400	Conference Center	10,838.80
31500	Pgm Devlpmnt & Implmentn	26,102.92
	Total Allocated Expenditures	860,280.16
	Net Revenue in Excess (Shortfall) of Expenditures	$ (305,866.14)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011130	Fed Old-Age Ins- Wage Earners	1,788.16	3,095.00	1,306.84	57.78%
	Total Employee Benefits	1,788.16	3,095.00	1,306.84	57.78%
5011300	**Special Payments**				
5011340	Specified Per Diem Payment	6,050.00	24,550.00	18,500.00	24.64%
	Total Special Payments	6,050.00	24,550.00	18,500.00	24.64%
5011400	**Wages**				
5011410	Wages, General	23,374.61	40,448.00	17,073.39	57.79%
	Total Wages	23,374.61	40,448.00	17,073.39	57.79%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	31,212.77	68,093.00	36,880.23	45.84%
5012000	**Contractual Svs**				
5012400	**Mgmnt and Informational Svcs**				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	**Support Services**				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	**Transportation Services**				
5012820	Travel, Personal Vehicle	8,349.26	16,757.00	8,407.74	49.83%
5012830	Travel, Public Carriers	108.69	39.00	(69.69)	278.69%
5012850	Travel, Subsistence & Lodging	7,454.54	13,828.00	6,373.46	53.91%
5012880	Trvl, Meal Reimb- Not Rprtble	4,006.75	6,546.00	2,539.25	61.21%
	Total Transportation Services	19,919.24	37,170.00	17,250.76	53.59%
	Total Contractual Svs	19,919.24	61,878.00	41,958.76	32.19%
5013000	**Supplies And Materials**				
5013600	**Residential Supplies**				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022000	**Equipment**				
5022600	**Office Equipment**				
5022620	Office Furniture	-	2,100.00	2,100.00	0.00%
	Total Office Equipment	-	2,100.00	2,100.00	0.00%
	Total Equipment	-	2,100.00	2,100.00	0.00%
	Total Expenditures	51,132.01	132,085.00	80,952.99	38.71%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5011000	Personal Services							
5011100	Employee Benefits							
5011130	Fed Old-Age Ins- Wage Earners	183.62	166.28	96.44	188.36	455.70	318.13	379.63
	Total Employee Benefits	183.62	166.28	96.44	188.36	455.70	318.13	379.63
5011300	Special Payments							
5011340	Specified Per Diem Payment	1,550.00	600.00	250.00	1,700.00	1,300.00	500.00	150.00
	Total Special Payments	1,550.00	600.00	250.00	1,700.00	1,300.00	500.00	150.00
5011400	Wages							
5011410	Wages, General	2,400.49	2,173.36	1,260.81	2,462.19	5,956.76	4,158.54	4,962.46
	Total Wages	2,400.49	2,173.36	1,260.81	2,462.19	5,956.76	4,158.54	4,962.46
	Total Personal Services	4,134.11	2,939.64	1,607.25	4,350.55	7,712.46	4,976.67	5,492.09
5012000	Contractual Svs							
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	1,529.04	1,211.26	361.66	2,557.85	1,685.80	625.96	377.69
5012830	Travel, Public Carriers	108.69	-	-	-	-	-	-
5012850	Travel, Subsistence & Lodging	1,134.10	1,237.20	912.04	1,478.48	2,160.41	522.31	10.00
5012880	Trvl, Meal Reimb- Not Rprtble	925.25	496.00	118.50	1,306.50	836.25	205.75	118.50
	Total Transportation Services	3,697.08	2,944.46	1,392.20	5,342.83	4,682.46	1,354.02	506.19
	Total Contractual Svs	3,697.08	2,944.46	1,392.20	5,342.83	4,682.46	1,354.02	506.19
	Total Expenditures	7,831.19	5,884.10	2,999.45	9,693.38	12,394.92	6,330.69	5,998.28

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2017 and Ending January 31, 2018

Account Number	Account Description	Total
5011000	Personal Services	
5011100	Employee Benefits	
5011130	Fed Old-Age Ins- Wage Earners	1,788.16
	Total Employee Benefits	1,788.16
5011300	Special Payments	
5011340	Specified Per Diem Payment	6,050.00
	Total Special Payments	6,050.00
5011400	Wages	-
5011410	Wages, General	23,374.61
	Total Wages	23,374.61
	Total Personal Services	31,212.77
5012000	Contractual Svs	-
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	8,349.26
5012830	Travel, Public Carriers	108.69
5012850	Travel, Subsistence & Lodging	7,454.54
5012880	Trvl, Meal Reimb- Not Rprtble	4,006.75
	Total Transportation Services	19,919.24
	Total Contractual Svs	19,919.24
	Total Expenditures	51,132.01

2018 Monthly Tracking Log

License Count

Nursing	Dec-17	Jan-18	Feb - 18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Pres Auth	7,141	7,160	7,242											
Massage Therapy	8,521	8,538	8,538											
Medication Aide	6,226	6,242	6,325											
Clinical Nurse Spec	431	430	429											
Nurse Practitioner	10,159	10,210	10,335											
Practical Nurse	29,014	28,938	28,981											
Registered Nurse	107,676	107,791	108,274											
Total for Nursing	169,168	169,309	170,124	0	0	0	0	0	0	0	0	0	0	
Nurse Aide	52,151	51,560	52,067											
Advanced Nurse Aide	60	57	55											
Total for Nurse Aide	52,211	51,617	52,122											
Total	221,379	220,926	222,246	0	0	0	0	0	0	0	0	0	0	

Open Cases Count

Nursing	1133	1143	1169											
Nurse Aide	450	400	330											
Total	1,583	1,543	1,499	0	0	0	0	0	0	0	0	0	0	
Rec'd RN	59	59	78											137
Rec'd PN	34	34	30											64
Rec'd NP, AP, CNS	27	24	29											53
Rec'd LMT	6	6	4											10
Rec'd RMA	4	8	7											15
Rec'd Edu Program	1	0	1											1
Total Rec'd Nursing	131	131	149	0	0	0	0	0	0	0	0	0	0	280
Closed RN	75	53	44											97
Closed PN	38	29	33											62
Closed NP, AP, CNS	20	21	11											32
Closed LMT	1	1	7											8
Closed RMA	8	8	14											22
Closed Edu Program	6	3	0											3
Total Closed Nursing	148	115	109	0	0	0	0	0	0	0	0	0	0	224
Nurse Aide														
Received	31	22	47											69
Rec'd Edu Program	0	0	0											0
Total Rec'd CNA	31	22	47	0	0	0	0	0	0	0	0	0	0	69
Closed	33	49	143											192
Closed Edu Program	0	3	0											3
Total Closed CNA	33	52	143	0	0	0	0	0	0	0	0	0	0	195

Virginia Board of Nursing

Executive Director Report

March 27, 2018

Meetings/Speaking Engagements

- **Virginia Nurses Associate (VNA) Opioid Conference Planning Telephone Conference Call** – Jay P. Douglas, Executive Director for Virginia Board of Nursing, participated in the planning on February 5, 2018.

- **NCSBN Board Structure Performance Metrics Task Force Meeting -** Jay P. Douglas, Executive Director for Virginia Board of Nursing, attended the meeting via telephone on February 8 and 9, 2018.

- Jay P. Douglas, Executive Director for the Virginia Board of Nursing, attended the eNLC Executive Committee meeting via telephone on February 23, 2018 to discuss promulgation of additional rules for the new version of the Nurse Licensure Compact (NLC)

- **Virginia Nurses Foundation (VNF), Nurse Leadership Academy (NLA) Steering Committee Meeting on February 12, 2018** – Jay P. Douglas, Executive Director for Virginia Board of Nursing, and Lisa Speller-Davis, Policy Assistant for Virginia Board of Nursing, attended the meeting. This was the first meeting of the Committee whose charge is to develop a leadership program for aspiring Nurse Managers or those that have been in a nursing management position less than two years.

- **Conference Call with PearsonVUE for the Nurse Aide Exam (NNAAP)** – Dr. Paula Saxby, Deputy Executive Director, for the Virginia Board of Nursing, participated in a conference call on February 13, 2018 with staff from Pearson VUE. The focus of the call was to discuss plans for the upcoming training in April for nurse aide program providers to learn about the new NNAAP skills exam. Dr. Saxby will make arrangements for training to occur the week of April 23, 2018 at locations in Northern VA, Tidewater, Central VA, and SW VA. Specific dates and times will be determined at a later date. Dr. Saxby will also work with Aaron Peterson, Program Manager for Pearson VUE, on updating the information sheet for program providers to access the PCM registration system for the NNAAP exam. Dr. Saxby will send out an email to all program providers in the next two weeks to inform them about the training and information sheet.

- **Nursing programs update session in Northern Virginia** - Charlette Ridout, Senior Nursing Education Consultant conducted a session on Thursday, February 15, 2018 in Manassas.

- **National Council of State Boards of Nursing (NCSBN) Education Consultant conference call** - Dr. Paula Saxby, Deputy Executive Director and Charlette Ridout, Senior Nursing Education Consultant for the Virginia Board of Nursing participated in the above call on February 20, 2018. Dr. Nancy Spector (NCSBN staff) presented information about an upcoming research project that NCSBN is conducting about nursing education program outcomes and metrics to determine standards for evaluating nursing education programs and to recommend a process for Board approval.

  NCSBN is asking all Boards of Nursing to participate in the study by providing the following data for the past five years: approval status for all RN and PN education programs; annual report data; and all survey report information during the past five years. In addition to the data collection from the Boards, NCSBN staff will be conducting a Delphi study with educators, regulators and employees across the country for consensus on quality indicators and "red flags" for nursing education programs.

Data collection will begin on February 26 and end on March 15, 2018. NCSBN will send guidelines for the data collection by February 23, 2018. Dr. Saxby voiced concern about the short notice and quick turn-around time, but indicated a willingness to participate if Board resources allow.

- **National Council of State Boards of Nursing (NCSBN) Education Consultant conference call** - Charlette Ridout, Senior Nursing Education Consultant for the Virginia Board of Nursing participated in the above call on March 13, 2018. Topics of discussion included LPN scope of practice, LPN employment opportunities in acute care medical centers, and states moving towards requiring nursing program accreditation. Dr. Nancy Spector reminded everyone that the due date for the submission of information for the nursing education program outcomes and metrics committee research project has been extended to April 15, 2018.

- Charlette Ridout, Senior Nursing Education Consultant presented information to 22 practical nursing students at the Henrico County- Saint Mary's Hospital School of Practical Nursing on February 23, 2018. Discussion topics included licensure by exam, NCLEX success, LPN Scope of Practice, and Regulations Governing the Practice of Nursing.

- Jay P. Douglas, Executive Director, and Stephanie Willinger, Deputy Executive Director for the Virginia Board of Nursing, met with Caroline Juran, Executive Director for the Board of Pharmacy (BOP) on February 23, 2018 to discuss process for BOP criminal background check. Ms. Willinger is current providing expertize for this project. Additionally, the BON CBC Unit will move to a DHP wide focus as other professions and Boards begin requiring criminal background check.

- State Council of Higher Education for Virginia (SCHEV) Private Postsecondary Education (PPE) Informational Summit - Dr. Paula Saxby, Deputy Executive Director for the Virginia Board of Nursing, was asked to participate as a panelist at the above annual conference on Thursday, March 22, 2018 in Glen Allen, Virginia. Dr. Saxby gave an overview of the role and authority of the Board of Nursing, and fielded questions from schools of nursing, massage therapy, and nurse aide education programs. Dr. Saxby also shared information about the collaborative relationship between SCHEV and the Board of Nursing and the oversight of accrediting agencies. There were also representatives from the Virginia Department of Professional Occupational Regulation (DPOR) and the Department of Veterans Services.

- On Monday, March 19, 2018, Charlette Ridout, Senior Nursing Education Consultant attended the graduation ceremonies for 27 practical nursing students from the Henrico County Saint Mary's Hospital School of Practical Nursing at Hermitage High School in Richmond.

- Jay P. Douglas, Executive Director for Virginia Board of Nursing, attended the ENLC Midyear Meeting in Chicago on March 4, 2018.

- Ms. Hershkowitz, Board President, Dr. McQueen-Gibson, Board Member, Robin Hills, Board Deputy Executive Director for Advanced Practice, and Jay Douglas, Board Executive Director attended the 2018 NCSBN Midyear Meeting in Chicago on March 5 – 7, 2018. .

- **George Washington University (GWU) Simulation Conference** - Dr. Paula Saxby, Deputy Executive Director and Charlette Ridout, Senior Nursing Education Consultant for the Virginia Board of Nursing participated in a two-day conference at GWU on March 8 and 9, 2018 regarding the use of simulation in nursing education and practice. Dr. Joyce Hahn as GWU Representative was moderator for the panel that Dr. Paula Saxby served on, talking about simulation policies and expectations on the state level in regards to nursing education programs approved in Virginia. There was also a representative from the D.C. Board of Nursing on the panel.

- Jay P. Douglas, Executive Director for Virginia Board of Nursing, participated in an all-day meeting of DHP Board Executive Directors to consider issues and business of mutual concern.

Ongoing Board Staff Projects/Activities:

- ❖ Additional questions being added to licensure applications for all professions and all application types that better address American with Disabilities Act issues
- ❖ BON office space expansion planning
- ❖ Preparation for Regulatory Committee and operations work related to NP Bill, HB973
- ❖ Staff recruitment and planning for vacancies
- ❖ Implementation work related to ENLC
- ❖ Paperless initiatives – verifications and renewals
- ❖ Intentional monitoring of other Boards meeting Agendas for opportunities for collaborations and action items that affect nursing

CORE COMMITTEE MEETING

January 30, 2018

PRESENT: **TRULA MINTON**
DUSTIN ROSS
ETHLYN McQUEEN-GIBSON
CHARLETTE RIDOUT
BRENDA KROHN

Welcome of new board members to the committee, Dr. Ross and Dr. Gibson, replacing Dr. McDonough and Dr. Poston.

Ms. Minton gave a brief overview of the work that the committee has done and the direction we are taking as we complete the review of all reports that have been received from NCSBN. These reports represent data collected thru 2016.

The report that was created by the committee for the discipline section was present to the Board at the business meeting. It was presented to the Board for consideration and comments. It will now be the mission of this committee to establish recommendations for "Opportunities for Improvement" consideration by the Board in March. Ms. Minton asked that Dr. Ross and Dr. Gibson submit their recommendations to her by March 5th. Recommendations should focus on ways to improve and enhance the process based on what was learned from the NCSBN report of discipline.

<u>2016 Education Report</u>

Ms. Ridout joined the meeting to lend her expertise to the review of this section. Some of the issues that she pulled from the review of the 2014 and the 2016 Educational report are:

1. **Noticed a lack of clinical skills with the instructors in nursing programs in Virginia. Instructors have not kept up their clinical skills while teaching.**
2. **Recommend using the NCSBN "Transition to Practice Model" due to the educational gap between what nursing students learn and what employers have identified as essential skills. Recommend use by employers and educators.**
3. **Noted that Virginia does not regulate APRN education in Virginia. The RN to BSN programs are not regulated either.**
4. **Low response rate. Need to encourage educators to respond to surveys and be a part of the solution and the ways to make improvements.**

Next meeting will look at ways to present a summary of this report and the recommendations to the board.

Meeting was adjourned.

Virginia Board of Nursing
Nurse Aide Curriculum Committee Sub-group
9960 Mayland Drive - Conference Center Suite 201 – Board Room 4 - Henrico, Virginia 23233
January 30, 2018 – 3:00 p.m.

Minutes

TIME AND PLACE:	A subgroup meeting of the stakeholders regarding the Nurse Aide Curriculum of the Virginia Board of Nursing was called to order by Dr. Joyce Hahn, Chair at 3:20 p.m. on January 30, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
BOARD MEMBERS PRESENT	Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, Board President (Chair) Jennifer Phelps, LPN Board Member, QMHPA Mark Monson, Citizen Member
STAKEHOLDERS PRESENT	Tina Thomas, Alzheimer's Association Marjorie Marker, DARS – Adult Protective Services (DARS) Judy Hackler, Virginia Assisted Living Association (VALA) Deborah Lloyd, Department of Social Services (VDSS) Michele Green-Wright, Virginia Department of Education (VDOE) Karen Riley, Leading Age/Sunnyside Presbyterian Retirement Community
DHP STAFF PRESENT:	Paula B. Saxby, RN, PhD, Deputy Executive Director, Virginia Board of Nursing Vivienne McDaniel, RN, MS, DNP student, Walden University Christine Smith, RN, MS, On-Site Visitor
DISCUSSION:	This is a meeting of the subgroup as a recommendation from the full stakeholders group from their meeting on July 14, 2016. The group continued to discuss possible changes to the curriculum beginning with Unit VIII. There were some editorial changes and additions in the content . Also, Vivienne McDaniel (DNP student) shared information about using a conceptual model or framework for teaching the nurse aide curriculum and for nurse aides to use in their practice.
PLAN FOR FOLLOWUP:	Dr. Saxby will make changes to the curriculum and distribute to the committee members prior to the next meeting. Ms. McDaniel (DNP student) will prepare a detailed model for possible use as the framework to be discussed at the next meeting. We will continue discussion of possible changes to the curriculum starting on page 99. The next meeting is scheduled for Tuesday, March 27, 2018 starting at 3:00 p.m. in Board Room 2.
ADJOURNMENT:	The committee adjourned at 5:10 p.m.

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Paula B. Saxby, R.N., Ph.D., Deputy Executive Director

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 7, 2018

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:04 A.M., February 7, 2018 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT:
Louise Hershkowitz, CRNA. MSHA; Chair
Marie Gerardo, MS, RN, ANP-BC
Kevin O'Connor, MD
Kenneth Walker, MD

MEMBERS ABSENT:
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP
Lori Conklin, MD

ADVISORY COMMITTEE MEMBERS PRESENT:
Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
Sarah E. Hobgood, MD
Thokozeni Lipato, MD
Stuart F. Mackler, MD
Janet L. Setnor, CRNA

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Lisa Speller-Davis, BSN, RN; Policy Assistant; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing
Darlene Graham, Discipline Staff; Board of Nursing

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General; Board Counsel
David Brown, DC; Director; Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE:
Kelsey Hall, RN, University of Virginia (UVA) Student
Diana Rodriguez, RN, UVA Student
Mary Duggan, American Association of Nurse Practitioners (AANP)
Kassie Schroth, Medical Society of Virginia

INTRODUCTIONS: Committee members, Advisory Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM:
Ms. Hershkowitz called the meeting to order and established that a quorum was present.

ANNOUNCMENT: Ms. Hershkowitz welcomed Ms. Setnor as the CRNA member on the Advisory Committee to the Committee of the Joint Boards of Nursing and Medicine.

REVIEW OF MINUTES: The minutes of October 11, 2017 Special Conference Committee, Formal Hearing, and Business Meeting, were reviewed. Ms. Gerardo moved to accept all of the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT: There was no public comment received.

OLD BUSINESS:

Regulatory Update:

Ms. Yeatts reviewed the chart of regulatory actions as provided in the Agenda.

Ms. Yeatts presented proposed changes to the Pain Management Emergency Regulations:

- **18VAC90-40. Regulations for Prescriptive Authority for Nurse Practitioners**
  - **220(D) Opioid therapy for chronic pain**
    8/24/17: "*The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.*"
    Proposed: To reduce costs and to allow practitioners to retain discretion whether or not to administer a test as noted in the Economic Impact Analysis, it has been proposed to change "*and at least every three months for the first year of treatment and at least every six months thereafter*" to ***at the initiation of chronic pain management and randomly at least once per year***.
  - **18VAC90-40-270. Treatment with buprenorphine**
    8/24/17: "*For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient's medical record."*
    Proposed: Change "3%" to **7-8%**
  - **Adding Sickle Cell Disease** to the list of exemptions.
  - **Adding the requirement** that the indication of use (acute or chronic) be noted on the written prescription.
  - **Specifically identifying Tramadol** as an atypical opioid

Update on NOIRA for Eliminating of a Separate Prescriptive Authority License:

Ms. Yeatts stated that the NOIRA is still at the Secretary's Office and will not be reviewed until the General Assembly regular session has ended.

Proposed Regulations for Performance of and for Supervision and Direction of Laser Hair Removal:

Ms. Yeatts noted that the HB2119 was passed by the 2017 General Assembly and became law as of July 1, 2017. Ms. Yeatts stated that the regulations for nurse practitioners will need to be amended to define "direction and supervision."

Board of Medicine (BOM) Regulatory Advisory Panel (RAP) on Laser Hair Removal met on November 20, 2017 to develop draft regulations that provide guidance regarding the statutory language: *" . . . or by a properly trained person under the direction and supervision of a licensed . . ."*

Ms. Yeatts added that copies of supporting documents are presented for the Committee's review and action. She suggested the Committee approve the proposed regulations as recommended by the BOM RAP. Dr. O'Connor moved to approve the proposed regulations as presented. The motion was seconded and carried unanimously.

Report on 2018 General Assembly:

Ms. Yeatts reviewed the Report of the 2018 General Assembly that contains bills relevant to nurse practitioner practice.

Ms. Yeatts provided a copy of the most current version of HB793 and reviewed the proposed amendments. Ms. Yeatts commented that the bill:

- Eliminates the requirement for a practice agreement with a patient care team physician for nurse practitioners who are licensed by the BOM and BON and have completed at least certain numbers of hour of clinical experience as a licensed, certified nurse practitioner.
- Replaces the term "patient care team physician" with the term "collaborating provider."
- Allows a nurse practitioner who is exempt from the requirement for a practice agreement to enter into a practice agreement to provide collaboration and consultation to a nurse practitioner who is not exempt from the requirement of a practice agreement.
- Establishes title protection for advanced practice registered nurses, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists and otherwise does not affect certified registered nurse anesthetists or certified nurse midwives.
- Contains technical amendments.

Ms. Yeatts noted that she anticipated there would be changes to this bill. Ms. Yeatts responded to questions from the Advisory Committee and Joint Boards members.

Ms. Dodson commented that she understood the goal of the bill is not independence practice but autonomous practice as all mid-level providers

routinely consult with others on complex cases and situations is beyond their expertize.

DIALOGUE WITH AGENCY DIRECTOR: Dr. Brown reported the following:

- There are many new people in the House this year. More bills have been assigned to DHP than in previous years.
- Governor Northam made serval appointments that affect DHP:
  - Lisa Speller-Davis as Policy Assistant assigned to Board of Nursing
  - Barbara Allison-Bryant as DHP Chief Deputy who will start in March 2018
  - Dr. Brown was reappointed as DHP Director

Dr. Brown added that Lisa Hahn, current DHP Chief Deputy, has transferred into the DHP Chief Operation Officer (COO) position, as of November 2017.

POLICY FORUM: **2017 Virginia's Licensed Nurse Practitioner Workforce:**

Drs. Carter and Shobo reviewed the report provided in the Agenda package noting that HRSA Health Workforce projected a sufficient supply of nurse practitioners in 2025.

Ms. Hershkowitz requested Dr. Carter breakout the most recent data into the 3 categories of LNPs -- CRNAs, CNMs, and NPs – to be presented at the April 11th Committee of the Joint Boards meeting. The Committee of the Joint Boards will discuss in April the need for additional questions to be included in the NP workforce survey. Ms. Dodson asked that the number of licensees for each category be included in the April reports.

RECESS: The Board recessed at 10:50 AM

RECONVENTION: The Board reconvened at 11:05 AM

NEW BUSINESS: **Board of Nursing Executive Director Report:**

Ms. Douglas reported the following:

- The issue of separate prescriptive authority licensure is addressed in the NOIRA.
- Board of Nursing will have an intern this summer who will assist Board staff in cleaning up the NP licensing data with particular attention to specialty categories. Once this project is completed, NP data will be provided to NURSYS.
- Board staff continues to receive many questions from Office Managers, HR Personnel, and Practice Managers regarding the scope of practice of nurse practitioners.

RECOMMENDATIONS AND CONSENT ORDER FOR CONSIDERATION

CLOSED MEETING: Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:15 A.M. for the purpose of deliberation to consider Agency Subordinate recommendations and Consent Order. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Hills, Ms. Speller-Davis, Ms. Vu, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 11:25 P.M.

Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Margaret Lankford Hockeborn, LNP 0024-086760

Dr. O'Connor moved to accept the Agency Subordinate recommendation to reprimand Margaret Lankford Hockeborn. The motion was seconded and carried unanimously.

Michael Jahrling St. John, LNP 0024-172383

Dr. O'Connor moved to accept the Agency Subordinate recommendation to indefinitely suspend the license of Michael Jarhling St. John to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Patricia Anne O'Neil-Sears, LNP 0024-092286

Dr. O'Connor moved to accept the Agency Subordinate recommendation to indefinitely suspend the right of Patricia Anne O'Neil-Sears to renew her license to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Jennifer Anne Sargent, LPN 0024-173398

Dr. O'Connor moved to accept the consent order to indefinitely suspend the license of Jennifer Anne Sargent to practice as a nurse practitioner in the Commonwealth of Virginia. The said suspension is stayed upon proof of Ms. Sargent's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and passed unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:27 A.M.

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Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Health Professions Full Board Meeting

February 27, 2018
10:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Lisette P. Carbajal, Citizen Member
	Helene D. Clayton-Jeter, OD, Board of Optometry
	Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
	Yvonne Haynes, LCSW, Board of Social Work
	Mark Johnson, DVM, Board of Veterinary Medicine
	Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
	Derrick Kendall, NHA, Board of Long-Term Care Administrators
	Trula E. Minton, MS, RN, Board of Nursing
	Martha S. Perry, MS, Citizen Member
	Maribel E. Ramos, Citizen Member
	Herb Stewart, PhD, Board of Psychology
	Jacquelyn Tyler, RN, Citizen Member
	Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
	James D. Watkins, DDS, Board of Dentistry
	James Wells, RPh, Citizen Member
Absent	Ryan Logan, RPh, Board of Pharmacy
	Junius Williams, Jr., MA, Board of Funeral Directors and Embalmers
	Vacant – Board of Medicine
DHP Staff	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Lisa Speller Davis, Board of Nursing, DHP
	Lisa R. Hahn, MPA, Chief Operating Officer DHP
	Jaime Hoyle, Executive Director Behavioral Sciences Boards
	Leslie Knachel, Executive Director for the Boards of Audiology & Speech Language Pathology, Optometry and Veterinary Medicine
	Diane Powers, Communications Director DHP
	Yetty Shobo, PhD, Deputy Executive Director BHP
	Peggy Wood, HPMP Program Manager, DHP
	Elaine Yeatts, Senior Policy Analyst DHP
OAG Representative	Charis Mitchell, Assistant Attorney General

Presenters	Janet Knisely, Ph.D., Administrative Director VAHPMP
	Neal Kauder, VisualResearch
	Kim Small, VisualResearch
Speakers	No speakers signed-in
Observers	Ryan LaMura, Virginia Hospital and Healthcare Association
Emergency Egress	Dr. Carter

Call to Order

Chair: Dr. Clayton-Jeter **Time** 10:08 a.m.

Quorum Established

Public Comment

Discussion

There was no public comment

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The December 7, 2017 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Welcome

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the names of the new board members: Lisette Carbajal, Citizen Member and Maribel Ramos, Citizen Member. Reappointed board members: Mark Johnson, DVM, Board of Veterinary Medicine; Derrick Kendall, NHA, Board of Long Term Care; and Herb Stewart, PhD, Board of Psychology. All were welcomed and thanked for their commitment in serving the Commonwealth.

Directors Report

Presenter Lisa Hahn, Chief Operating Officer

Discussion

Ms. Hahn reported that Dr. Barbara Allison-Bryan has become the new Deputy Director for DHP, and Marvin Figueroa and Jeanna Boyle are the new Secretary of Health and Human Resources' Deputies. She also informed the members of her new position as the DHP Chief Operating Officer. She presented Prescription Monitoring Program (PMP) data revealing a number of positive trends in response to efforts to combat opioid abuse. For example, one of the charts showed that the total number of individuals receiving high dose of morphine declined by about 22% in a year period. Similarly, there was a 45%

decline in pain reliever prescription from quarter four of FY 2016 to quarter four of FY 2017. The slides presented are on the PMP website.

Members encouraged spreading the good PMP news. Ms. Powers informed them about some of the ways Communications is currently disseminating the information and the various media organizations that have published on the issue in the state. Ms. Hahn emphasized that Virginia's comprehensive approach in dealing with the opioid crisis is key to the successes achieved.

Ms. Hahn also informed attendees about the building renovations and expanded space soon to be available for DHP on two floors.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to regulations and General Assembly legislative actions relevant to DHP.

Health Practitioners Monitoring Program (HPMP)

Presenter Ms. Wood & Dr. Knisely

Discussion

Ms. Wood and Dr. Knisely presented information on how practitioners recruitment, intake and assessment processes, monitoring methods, participant statistics, and the latest activities to improve online accessibility.

Executive Directors Report

Presenter Dr. Carter

Board Budget

Dr. Carter stated that the Board is operating within budget.

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

Sanction Reference Points(SRP) - Update

Mr. Kauder and Ms. Small presented on some of their recent work using SOLVER, a simulation big data software, to revise the sanction reference worksheets. New variables identified will be presented to the different Boards and affected Boards can decide whether to accept proposed revisions.

Lunch Break 12:05 p.m. – 12:20 p.m.

Practitioner Self-Referral

Presenter Ms. Haynes

Discussion

Ms. Haynes presented on the request from Procreate Fertility Center of Virginia, PLLC, regarding whether they can include a pharmacy in which one of the founders has interest in the list of pharmacies provided to clients. She recommended that after thorough research: pursuant to VAC 75-20-60 (E), and if the providers follow the procedures stated in their letter, as well as in the opinion provided to them, the providers will not make a referral to the pharmacy within the meaning of the Act.

On properly seconded motion by Mr. Jones, Ms. Hayne's recommendation was ratified. All member voted in favor, none opposed.

Regulatory Research Committee

Presenter Mr. Wells

Discussion

Mr. Wells updated the Board on the work of the Committee and the draft report that was approved in the meeting earlier in the morning. He shared that the seven criteria that will be assessed to make a decision and the committee will meet next on June 26, 2018.

Policy and Procedures Update

Presenter Dr. Carter

Discussion

Dr. Carter presented information on policies and procedures regarding BHP, specifically in relation to sunrise reviews. According to the Council for Licensure, Enforcement, and Regulation (CLEAR), only 14 states, including Virginia, have sunrise statutes. She informed the Board that the materials for those states have been provided to the Regulatory Research Board for identifying best practices that Virginia may adopt.

Healthcare Workforce Data Center

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation that she presented at the annual Southern Demographics Association meeting that utilized DHP HWDC data. She also advised the Board that the center is up to

date on all survey reports and posting of the workforce briefs and is in the process of preparing the reports for professions with December license renewals.

Board Reports

Presenter Dr. Clayton-Jeter

Board of Audiology & Speech Language Pathology

No report provided.

Board of Counseling

Dr. Doyle shared the board has started registering Mental Health Professionals and Peer Recovery experts.

Board of Dentistry

Dr. Watkins shared that the Board is revisiting having a minimum criteria for licensure because of recent changes regarding national examinations.

Board of Funeral Directors & Embalmers

Mr. Williams was not present. No report provided.

Board of Long Term Care Administrators

No report provided.

Board of Medicine

Board seat currently vacant. No report provided.

Board of Nursing

Ms. Minton presented information on the current legislation at the General Assembly regarding more autonomy for Nurse Practitioners. She also shared the BON is discussing the revisions in the Nurse Compact Licensure and also examining, based on data from the National Board, how Virginia's BON compares to other states' nursing boards with regards to efficiency, discipline, etc.

Board of Optometry

Dr. Clayton-Jeter presented data on optometrists: licensees, practitioners in the state, practitioners out of state, number of complaints, etc. She shared that the Board is reviewing licensing fees and also recently adopted emergency regulation for prescribing opioids.

Board of Pharmacy

Mr. Logan was not present. No report provided.

Board of Physical Therapy

Dr. Jones, Jr. discussed that the Board is reviewing the PT Compact Licensure and SRP revisions.

Board of Psychology

Dr. Stewart reported that the board is currently reviewing national examinations, continuing education, and requirements for doctoral programs, and accreditation. The board is also updating the standard of conduct with respect to scope of practice of psychologists. Additionally, the board has requested that its interdisciplinary workgroup examine the issue of conversion therapy to develop consistency. The board is also examining the issue of interstate practice using telehealth.

Board of Social Work

Ms. Haynes stated that there is legislation currently at the General Assembly on having separate licensure for Bachelor's in Social Work and Master's in Social Work for the non-clinical social work licensees. The board is also considering the length of time licensee applicants have to pass the national examination, number of attempts, etc. before they have to go back for supervision.

Board of Veterinary Medicine

Dr. Johnson reported that the board has noticed that there are more discipline cases and they are more complex. In addition, the board is currently doing continuing education audits.

New Business

Presenter Dr. Clayton-Jeter

Dr. Doyle presented to the Board that the Board of Counseling is considering recommending that DHP consider a legislative proposal for 2019 on criminal background checks for licensees of all boards.

Dr. Carter shared that BON is currently obtaining background checks because of the requirements of the Interstate Nursing Compact.

June 26, 2018 Next Full Board Meeting

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as June 26, 2018

Adjourned 1: 49 p.m.

Chair Helene Clayton-Jeter, OD

Signature: _____ Date: _____/_____/_____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: _____/_____/_____

Report on NCSBN MidYear Assembly

March 5-7, 2018
Chicago, IL

Submitted by Louise Hershkowitz, CRNA, MSHA

I was privileged to attend the NCSBN MidYear Assembly as the President of the Virginia Board of Nursing. The opportunities it provided included extensive networking with other Board members and Executive Officers, as well as with NCSBN staff. The program was well constructed and designed to provoke thought and conversation. The meeting logistics were well managed, making it a most enjoyable and valuable experience.

Monday's session was designed for Board Presidents and Executive Officers. Its focus, as a "Leadership Day", was the legislative process. While the various Boards have different relationships with legislators and the legislative process, the information presented was informative and useful, even for a state like Virginia, where the legislative role of the Board is very limited. From preparatory strategies like building coalitions, developing messages and identifying resources to testifying before legislative bodies, the clear message is that preparation is key. A presentation by an Illinois legislator about overcoming roadblocks helped identify issues from the legislator's perspective. And utilizing old and new means of communication, including interviews, OpEds and social media was discussed as a means of building support.

Tuesday's presentations were more broadly focused. An economist from the Organisation for Economic Co-Operation and Development (OECD) related the 2017 call for "a transformative agenda for the health workforce, assessing health professional skills and models of care need to adapt in light of digitalization, wider technological changes, and the evolution of patients' needs." She made a compelling case for a new approach to the assessment of competency in areas such as adaptive problem solving, team work, communications, ethics and managing information technology, which will be required to be able to manage health care and health care systems moving toward the future.

The issue of regulation in the transition of legalization of marijuana was addressed. Problems with administration of medical marijuana, identification of impaired providers and changes in law and regulation were addressed. NCSBN is in the process of developing guidelines for Boards in all these areas.

The "Active Supervision" of health regulatory Boards, following the North Carolina Dental Case, was a very engaging topic. The ramifications of this court decision are being felt around the country, as they are in Virginia. NCSBN has developed a Toolkit for members, which is available online.

Breakout sessions by region (Virginia is in Area III, along with Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee and Texas) provided the opportunity for attendees to hear about events in other states. Common themes were discussed, including responses to the opioid crisis, movement (or lack of movement) on full practice authority for APRNs, the effects of the NC Dental Board decision and expanding NCSBN User Membership.

Wednesday brought a variety of presentations. An intensive discussion of the use of Simulation at Boston Children's Hospital highlighted the utilization of new technologies and approaches in improving practice in a variety of ways.

A presentation on the preliminary results of the NCSBN's study of alternative to discipline monitoring programs (such as HPMP) provided insight into utilization and what appear to be enhancing approaches that are occurring among the states.

A very stimulating presentation on the Causes and Consequences of Occupational Licensing helped illuminate both expected and unexpected consequences of licensure and regulation in a variety of occupations.

Perhaps the most interesting and stimulating presentation was the last one, by David Benton, the CEO of NCSBN, who looked, on the occasion of NCSBN's 40th Anniversary, at its past, present and future. His summation of the need to "Think Differently" focused on eight areas:

- From Bad Apples to Shifting the Curve – rewriting the rules of the disciplinary process
- From NCLEX to NGN – adapting the qualifying examination process to an increasingly complex, rapidly changing environment
- From Soloist to Heart of the Orchestra – seeing the regulatory body as a vehicle to optimize dialogue among industry players to improve performance
- From Entry Gate to Continuing Competence – focusing on continuing education, recency of practice and criminal background checks to assure ongoing competence
- From Reaction to Prediction – anticipating the future. "If it works, steal it with pride and implement it with passion."
- From Industrial Era to Digital Age – the many uses and demands of health care in an increasingly technological age
- From Invisibility to Valued Voice – raising the image and position of nursing in the world conversation
- From Jurisdictional Focus to Global Community – looking at nursing issues throughout the wider world [ncsbn.org/regatlas]

Thanks to NCSBN and the Virginia Board of Nursing for this valuable opportunity to learn and participate in this enlightening meeting. I would enjoy the opportunity to discuss any and all of these issues further.

From: Ethlyn Gibson [mailto:ethlyn1908@gmail.com]
Sent: Wednesday, March 14, 2018 9:12 PM
To: Vu, Huong (DHP) <Huong.Vu@DHP.VIRGINIA.GOV>
Subject: NCSBN Mid-Year Meeting Report by Dr. Ethlyn McQueen-Gibson

The two sessions below contained excellent information for our BON regulatory team. The first focused on development of education programs that will build strong nurses. The second presentation focused on the inconsistencies for boards when discipline cases are presented involving the presence of marijuana and whether this impairs a nurses' performance.

Tuesday, March 6, 2018 - presentation title "Transforming Health Workforce Skills for Integrated and Person-Centered Care" by Akiko Maeda, PhD, senior health economist from Directorate for Employment, Labor and Social Affairs, Organization for Economic Co-operation and Development (OECD)

1. Excellent speaker who delivered a powerful talk with a focus on what is needed to prepare health care workforce for the future and the role of educators and those in regulation of those education programs:
2. 40 million new health care jobs by 2030 - we will be 18 million short
3. Performance loss is typically due to skills gap and skills mismatch
4. Jobs for the future demand workers with analytical and interpersonal skills
5. Currently, inadequate education and training for health care workforce due to 1) ineffective organizations, 2) inappropriate incentives and 3) restrictions due to regulation
6. Nurses need to develop "transversal" skills - a) working in technically complex environments, b) developing team support and resilience, and c) managing complex personal relations
7. Developing team support & resiliency involves - a) stress & fatigue management, b) professional standards & ethics, c) mentoring & teaching, and d) lifelong learning and quality development

Tuesday, March 6, 2018 - presentation titled "Marijuana Regulatory Guidelines Committee Forum" presented by Rene Cronquist, JD, RN; Chair, Marijuana Regulatory Guidelines Committee, Director of Practice & Policy, Minnesota Board of Nursing and Kathleen Russell, JD, RN; Senior Policy Advisor, Nursing Regulation, NCSBN

1. Great review of NCSBN Guideline documents that will be published within the next 30 days - Cannabis education of licensees is necessary in all states
2. Review of education guidelines for APRN education programs and for pre-licensure programs

Dr. Ethlyn McQueen-Gibson, DNP, MSN, RN-BC
Virginia Board of Nursing, Member

Key points from NCSBN Midyear Meeting 2018

Submitted By Robin Hills, RN, DHP, WHNP; Deputy Executive Director for Advanced Practice

Global Healthcare Workforce: Dr. Akiko Maeda of Organization for Economic Co-operation and Development (OECD) spoke on the status of the global healthcare workforce

- By 2030, there will be an estimated 40 million healthcare workers needed → 18 million shortfall
- Skills mismatch leads to performance issues → decrease in quality, outcomes, productivity
- Societal work task demands are moving from routine/non-routine manual & cognitive tasks needed during the Industrial Era toward interpersonal/analytical tasks in the 21st century
- 3 New Approaches to Skills Assessment – new term "transversal Skills"
    - Handling complex/technical tasks
    - Creating a positive work culture – team support and employee resilience/retention
    - Managing complex interpersonal relations
- "You can't improve what you don't measure."
- Nursing curriculum design needs to include patient and employer needs
    - Movement from KSAs → contextual fidelity approach
    - We must change our perspective of healthcare from "cost" to economic driver
    - Shift from viewing efficiency & productivity as the outcome to a means to an end
    - Caring and the nurturing of mastery = desired end result
    - We need to develop collaborative partnerships – artfully bring brains together
    - Paradigm shift: Tough protectionism → public protection

Medical Marijuana Guidelines 2018

Key points:

- Public opinion is changing
- Legalization is progressing
- Legal inconsistencies remain
- Research is limited by federal government
- Cannabis education of licensees is necessary
- Monitoring programs vary widely
- Guidance for cannabinoid administration by nurses is limited
- No quantifiable value of THC can verify impairment

Guidelines will be posted to NCSBN website this summer

1. Curriculum recommendations
2. APRN Guidelines for certifying medical marijuana program qualifying condition

Paradigm Shift in Regulatory Matters regarding Discipline – David Benton, CEO

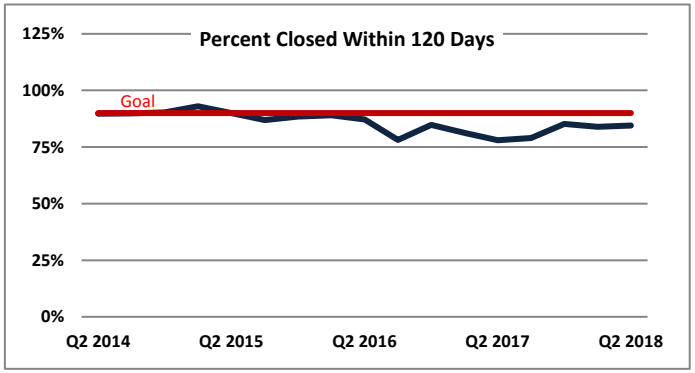
1. Shifting the curve from focus on bad apples toward Excellence/evidence-based/cutting edge practice
2. NCLEX to Next Generation NCLEX (NGN) - moving toward evaluating critical thinking and in the context of increased complexity of rapidly-changing environment
3. Move from soloist to heart of the orchestra regulator/educator/employer involvement
    a. Becoming pre-emptive instead of just "deal with"
4. Entry gate shifting → continued competency
5. Reaction → prediction (Steal with pride/implement with passion)
6. From Industrial Era focus on efficiency/productivity → digital age
7. Invisibility → Valued Voice
8. Jurisdictional Focus → Global Community

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q2 2014 - Q2 2018

	Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Q2 2014	1018	63	33	90%
Q3 2014	811	63	25	90%
Q4 2014	854	61	26	90%
Q1 2015	894	57	26	93%
Q2 2015	858	66	29	90%
Q3 2015	787	74	39	87%
Q4 2015	864	60	19	88%
Q1 2016	997	71	35	89%
Q2 2016	968	79	34	87%
Q3 2016	992	98	50	78%
Q4 2016	875	79	35	85%
Q1 2017	967	96	41	81%
Q2 2017	1023	98	44	78%
Q3 2017	1119	93	38	79%
Q4 2017	1037	79	42	85%
Q1 2018	759	87	48	84%
Q2 2018	942	75	30	85%



Technical Notes: Board Level constitutes the sum of days in Probable Cause, Informal, Formal, and Pending. Percent Closed Within 120 Days (175 calendar days) is calculated using an 8 quarter moving window consisting of patient care cases closed within 120 business days that were received within the preceding eight quarters.

Virginia Department of Health Professions

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q2 2014 - Q2 2018

David E. Brown, D.C.
Director

		Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Nursing	Q2 2017	541	110	79	76%
	Q3 2017	503	113	85	73%
	Q4 2017	472	108	79	78%
	Q1 2018	341	121	91	75%
	Q2 2018	404	120	113	78%
Nurses	Q2 2017	357	106	63	77%
	Q3 2017	336	122	113	70%
	Q4 2017	328	110	83	77%
	Q1 2018	261	110	81	78%
	Q2 2018	310	113	78	73%
CNA	Q2 2017	184	116	100	73%
	Q3 2017	167	96	55	79%
	Q4 2017	144	103	74	81%
	Q1 2018	80	155	141	63%
	Q2 2018	94	142	139	73%
Medicine	Q2 2017	279	24	6	97%
	Q3 2017	319	23	7	98%
	Q4 2017	312	22	6	97%
	Q1 2018	231	26	7	98%
	Q2 2018	328	21	6	99%
Dentistry	Q2 2017	51	79	31	84%
	Q3 2017	63	62	28	87%
	Q4 2017	61	71	44	92%
	Q1 2018	43	88	38	84%
	Q2 2018	74	46	25	92%
Pharmacy	Q2 2017	44	202	137	61%
	Q3 2017	39	145	107	69%
	Q4 2017	53	80	56	93%
	Q1 2018	44	97	65	86%
	Q2 2018	49	59	25	90%
Veterinary Medicine	Q2 2017	38	198	186	40%
	Q3 2017	45	149	101	64%
	Q4 2017	21	121	105	76%
	Q1 2018	31	119	92	84%
	Q2 2018	20	192	137	55%
Counseling	Q2 2017	25	240	210	36%
	Q3 2017	36	93	66	83%
	Q4 2017	25	28	16	100%
	Q1 2018	17	104	48	82%
	Q2 2018	18	67	67	100%

Virginia Department of Health Professions

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q2 2014 - Q2 2018

David E. Brown, D.C.
Director

		Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Social Work	Q2 2017	11	165	198	46%
	Q3 2017	24	299	341	21%
	Q4 2017	31	129	102	71%
	Q1 2018	9	94	70	89%
	Q2 2018	10	59	27	90%
Psychology	Q2 2017	11	226	14	55%
	Q3 2017	39	264	319	33%
	Q4 2017	27	145	98	74%
	Q1 2018	8	59	39	88%
	Q2 2018	17	75	61	88%
Long-Term Care	Q2 2017	10	134	77	70%
	Q3 2017	9	116	89	78%
	Q4 2017	10	227	248	40%
	Q1 2018	1	239	239	0%
	Q2 2018	5	268	246	0%
Optometry	Q2 2017	6	154	97	83%
	Q3 2017	1	9	9	100%
	Q4 2017	2	59	59	100%
	Q1 2018	5	230	317	40%
	Q2 2018	2	221	221	0%
Physical Therapy	Q2 2017	7	125	91	71%
	Q3 2017	3	39	48	100%
	Q4 2017	4	160	136	50%
	Q1 2018	8	171	160	63%
	Q2 2018	2	73	73	100%
Funeral	Q2 2017	0	0	0	N/A
	Q3 2017	6	120	136	100%
	Q4 2017	6	71	17	83%
	Q1 2018	2	82	82	100%
	Q2 2018	0	0	0	N/A
Audiology	Q2 2017	0	0	0	N/A
	Q3 2017	5	53	63	100%
	Q4 2017	1	397	397	0%
	Q1 2018	3	273	322	33%
	Q2 2018	0	0	0	N/A

Board of Nursing (BON)

Listing of Committees-Their Membership-Lead Staff as of 4/2018

Education Committee - *Virginia law requires that the Board of Nursing approve pre-licensure nursing education programs. Specifically, criteria for initial and continuing approval are delineated in the Code of Virginia* ***§ 54.1-3013. Approval of nursing education program and § 54.1-3014. Survey of nursing education programs; discontinuance of program; due process requirements,*** *as well as in regulations. The Education Committee is tasked with preparing Board members, working with Staff, to support and adjudicate the approval process.*

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP (**Chair**)

Lead Staff – Dr. Saxby & Ms. Ridout

Nurse Aide Curriculum Committee - *Delegate Robert D. "Bobby" Orrock, Sr. asked the Board of Nursing in 2016 to convene a stakeholders group to discuss existing practices and curricula for certified nurse aides (CNA's), while seeking ways to standardize and improve the training provided for front-line clinicians; specifically CNA's. The stakeholders group has met regularly since July 14, 2016 to review and revise the current Board of Nursing curriculum and review the regulations for any possible changes.*

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP (**Chair**)

Mark Monson, Citizen Member

Jennifer Phelps, LPN, QMHPA

Lead Staff – Dr. Saxby & Ms. Krohn

Commitment to Ongoing Regulatory Excellence (CORE) Committee – *The Committee's charge is to review, to analyze NCSBN reports and to make recommendation to the Board.*

Trula Minton, MS, RN (**Chair**)

Ethlyn McQueen-Gibson, DNP, MSN, RN, BC

Dustin S. Ross, DNP, MBA, RN, NE-BC

Lead Staff –Ms. Krohn

<u>Licensed Massage Therapy (LMT) Advisory Board</u> – *Advisory Board Members are appointed pursuant to 54.1-3029.1 of the Code of Virginia. This Board provides expert opinions and makes recommendation to the BON regarding MT's.*

Joseph L. Schibner, IV, LMT, L.A.C., DOM (**Chair**)

Stephanie Quinby, LMT – Vice Chair

Kristina E. Page, LMT

Dawn M. Hogue, MA, LMT (Faculty)

Jermanine Mincey, Citizen

Lead Staff –Ms. Krohn & Ms. Austin

<u>The Committee of the Joint Boards of Nursing and Medicine</u> – *The Committee is comprised of 3 BON members and 3 Board of Medicine (BOM) members pursuant to 18VAC90-30-10 et seq (Regulations Governing the Licensure of Nurse Practitioners).*

Louise Hershkowitz, CRNA, MSHA (**Chair**)

Marie Gerardo, MS, RN, ANP-BC

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP

Lori Conklin, MD

Kevin O'Connor, MD

Kenneth Walker, MD

Lead Staff –Ms. Douglas & Dr. Hills

Board of Health Professions (BHP) – Ms. Minton, BON Appointee → *One BON member is appointed by the Governor to represent the BON on this 18-member of BHP.*

TO: BOARD MEMBERS

FROM: JODI POWER
BRENDA KROHN
ROBIN HILLS

DATE: MARCH 27, 2018

RE: IFC/SCC SCHEDULES
AUGUST, OCTOBER, DECEMBER 2018

It is that time again!! We need to look at dates for IFCs in the SECOND ½ OF 2018!

It may seem early to be planning for the 2nd ½ of 2018, but we need to line up rooms, APD coverage, etc.

Please bring your calendars to the Board Meeting MARCH 27, 2018 and get with your partner to come up with dates that will work for you both to schedule IFC dates for your committee. **It is important that both members of a committee agree on the dates prior to giving those dates to us.**

Also, we ask that for December dates, you give dates between November 26, 2018 and December 6, 2018. With the holidays in December, it is just too hard on everyone to try and do IFCs past that first week in December. We did it this way last year and it seemed to work very well.

We have attached a worksheet that you can work with to put your first and second choice of dates. **It is important that you include a first and a second choice.** We have to consider several variables (more than one committee on same day; room availability, APD availability, etc.), so it is important to have a first and second choice. We always try to honor the first choice for everyone, but we need the option in case.

You can give your completed sheet to one of us and we will develop a schedule that hopefully works for everyone.

Thanks very much for doing this and for all that you do as Board Members of the Board of Nursing.

Board of Nursing (BON)

Listing of Special Conference Committees- as of 4/2018

SCC Composition

SCC-A –

Jennifer Phelps, LPN, QMHPA (**Chair**) and

Michelle Hereford, MSHA, RN, FACHE

SCC-B –

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP (**Chair**) and

Laura Cei, BS, LPN, CCRP

SCC-C –

Trula Minton, MS, RN (**Chair**) and

Margaret Friedenberg, Citizen Member

SCC-D –

Marie Gerardo, MS, RN, ANP-BC (**Chair**) and

SCC-E –

Dustin Ross, DNP, MBA, RN, NE-BC (**Chair**) and

Grace Thapa, BSN, RN

SCC-F –

Mark Monson, Citizen Member (**Chair**) and

Ethlyn McQueen-Gibson, DNP, MSN, RN, BC

INFORMAL CONFERENCE SCHEDULE
PLANNING SHEET
August, October, December 2018

Please include 1st and 2nd choice of dates each month

		SCC-A Phelps/Hereford	#	SCC-B Hahn/Cei
AUGUST	**1**		**1**	
	2		**2**	
OCTOBER	**1**		**1**	
	2		**2**	
DECEMBER	**1**		**1**	
	2		**2**	

		SCC-C Minton/Friedenberg	#	SCC-D Gerardo/
AUGUST	**1**		**1**	
	2		**2**	
OCTOBER	**1**		**1**	
	2		**2**	
DECEMBER	**1**		**1**	
	2		**2**	

		SCC-E Ross/Thapa	#	SCC-F Monson/McQueen-Gibson
AUGUST	**1**		**1**	
	2		**2**	
OCTOBER	**1**		**1**	
	2		**2**	
DECEMBER	**1**		**1**	
	2		**2**	

******December dates should be between November 26th and December 6th only. No dates after December 6th.***

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Nursing (804) 367-4515
Nurse Aide Registry (804) 367-4569
FAX (804) 527-4455

MEMORANDUM

To: Board Members

From: Paula B. Saxby, R.N., Ph.D.

Date: March 15, 2018

Subject: 2018 NNAAP Exam (Nurse Aide)
BP Skills Administration

At the Janury 30, 2018 Board meeting, the Board asked that PearsonVUE and NCSBN consider changing the cut score of the electronic BP skill (new) to be consistent with the current cut score of the manual BP skill.

Enclosed is information about options for the BP skill. The left hand column shows the proposed "New Steps" of the electronic method for taking a Blood Pressure; the middle column shows the steps of each skill; and the right hand column shows the current manual method for taking the Blood Pressure.

As previously indicated, the passing standard for the electronic method is higher than the passing standard for the manual method. Also, both methods will be taught in the nurse aide education program. The Board is being asked to select which method they would prefer for testing the Blood Pressure Skill for the NNAAP exam.

NNAAP
National Nurse Aide Assessment Program
An NCSBN® Examination

Pearson

March 14, 2018

2018 NNAAP® Blood Pressure Skill Administration

Earlier this year, Pearson VUE informed you of important revisions being made to the NNAAP® Skills examination, which is scheduled for administration beginning in July 2018. We appreciate you taking the time to provide your feedback and completed sign-off sheets related to these revisions.

After some consideration, we have decided to offer the NNAAP® Skills exam with your choice of blood pressure administration method – either electronic or manual. The two skills are listed side by side on the attached document.

Please select the administration method that you prefer and return the attached form to me at paula.sisneros@pearson.com no later than **12:00 PM Eastern time, Monday, March 19th**. If we do not receive your approval form by this date, we will move forward with electronic administration in your state. Please note that once you have selected your administration methodology, you will not be able to change it for the remainder of 2018 and any future change will require six months' notice for Pearson VUE to implement for your program.

Please reach out to me or your assigned program manager if you have questions.

Sincerely,

Paula Sisneros
Director of Program Management, Regulatory

NNAAP® Skills Administration Blood Pressure Approval Form – 2018

Measures and Records Blood Pressure (Please Select One Method)

	Electronic Method		Manual Method
1	Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible	1	Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2	Privacy is provided with a curtain, screen, or door *(EVALUATOR: Mark "YES" if privacy is already provided)*	2	Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol
3	Has client assume a comfortable lying or sitting position	3	Client's arm is positioned with palm up and upper arm is exposed
4	Client's arm is positioned at level of heart with palm up and upper arm is exposed	4	Feels for brachial artery on inner aspect of arm, at bend of elbow *(Evaluator: If candidate states he/she cannot locate brachial artery, have client hyperextend arm and tell candidate to try again; if candidate still unable to locate the artery, tell candidate to place stethoscope at appropriate location and mark "NO" for this step)*
5	Selects appropriate cuff size	5	Places blood pressure cuff snugly on client's upper arm, with sensor/arrow over brachial artery site
6	Feels for brachial artery on inner aspect of arm, at bend of elbow	6	Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site
7	Places blood pressure cuff snugly on client's upper arm and sensor/arrow is over the brachial artery site	7	Candidate inflates cuff between 160mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg
8	Turns on the machine and ensures device is functioning. If the machine has different settings for infants, children, and adults, selects the appropriate setting	8	Deflates cuff slowly and notes the first sound (systolic reading), and last sound (diastolic reading) (If rounding needed, measurements are rounded UP to the nearest 2 mm of mercury) *(EVALUATOR: 1. If candidate is unable to hear sounds allow candidate to take blood pressure on client's other arm. 2. If evaluator is also unable to hear sounds, find another client for this skill)*
9	Pushes start button. If cuff inflates to more than 200 mm Hg then stops machine and uses cuff on client's other arm	9	Removes cuff
10	Waits until the blood pressure reading appears on the screen and for the cuff to deflate, then removes the cuff	10	Signaling device is within reach
11	Signaling device is within reach	11	Before recording, washes hands *(EVALUATOR: Mark "YES" if candidate says he/she would wash hands or perform hand hygiene)*
12	Before recording, washes hands	12	**After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's reading**

13	**After obtaining reading using BP cuff, records both systolic and diastolic pressures exactly as displayed on the digital screen**		

Pearson VUE is authorized to administer the NNAAP® Skill - Measures and Records Blood Pressure using the method selected below when the revised NNAAP® Skills examination is implemented in 2018.

State: _____
Method Selected: __ Electronic __ Manual
Signature: _____

State Agency: _____
Reviewed & approved by: _____
Date: _____

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of March 8, 2018

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Issuance of multistate licensure privilege [Action 4999] Final - *Register Date: 4/2/18* *Effective: 5/2/18*
[18 VAC 90 - 20]	Regulations of the Board of Nursing [Repealed]	Amendment to name tag requirement [Action 4725] Final - *Register Date: 3/5/18* *Effective: 4/4/18*
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Definition of full approval and timing of criminal background checks for nursing education programs [Action 4926] Fast-Track - *At Secretary's Office for 106 days*
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Accreditation of RN Education programs [Action 4570] Final - *Register Date: 1/8/18* *Effective: 2/7/18*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Supervision and direction of laser hair removal [Action 4863] NOIRA - *Register Date: 10/2/17* *Proposed to be adopted 3/27/18*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Elimination of separate license for prescriptive authority [Action 4958] NOIRA - *At Secretary's Office for 91 days*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Prescribing of opioids [Action 4797] Proposed - *At Secretary's Office for 96 days*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Correction of section relating to practice agreements [Action 4883] Fast-Track - *Register Date: 12/25/17* *Effective: 2/8/18*

Report of the 2018 General Assembly

Board of Nursing

HB 226 Patients; medically or ethically inappropriate care not required.

Chief patron: Stolle

Summary as passed House:

Medically or ethically inappropriate care not required. Establishes a process whereby a physician may cease to provide health care that has been determined to be medically or ethically inappropriate for a patient.

HB 499 Nursing, Board of; regulations governing identification badges.

Chief patron: Bell, Robert B.

Summary as introduced:
Board of Nursing; regulations governing identification badges. Requires the Board of Nursing to adopt regulations governing identification badges of health professionals licensed, registered, or certified by the Board who practice in hospital emergency departments, psychiatric and mental health units and programs, or health care facility units offering treatment of patients in custody of state or local law-enforcement agencies that provide for display of only the first name and first letter of the last name, as well as the title, of such health professional.

HB 501 Home hospice programs; disposal of drugs.

Chief patron: Hodges

Summary as passed House:

Home hospice programs; disposal of drugs. Requires every hospice to develop policies and procedures for the disposal of drugs dispensed as part of the hospice plan of care for a patient, which shall include requirements that such disposal be (i) performed in a manner that complies with all state and federal requirements for the safe disposal of drugs by a licensed nurse, physician assistant, or physician who is employed by or has entered into a contract with the hospice program; (ii) witnessed by a member of the patient's family or a second employee of the hospice program who is licensed by a health regulatory board within the Department of Health Professions; and (iii) documented in the patient's medical record.

HB 793 Nurse practitioners; practice agreements.

Chief patron: Robinson

Summary as passed:

Nurse practitioners; practice agreements. Eliminates the requirement for a practice agreement with a patient care team physician for a licensed nurse practitioner who has completed the equivalent of at least five years of full-time clinical experience and submitted an attestation from his patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. The bill requires that a nurse practitioner authorized to practice without a practice agreement (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill requires (1) the Boards of Medicine and Nursing to jointly promulgate regulations governing the practice of nurse practitioners without a practice agreement; (2) the Department of Health Professions, by November 1, 2020, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

HB 915 Military medical personnel program; personnel may practice under supervision of physician, etc.

Chief patron: Stolle

Summary as passed House:

Military medical personnel program; supervision. Directs the Department of Veterans Services to establish a program in which military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine or nursing under the supervision of a licensed physician or podiatrist or the chief medical officer of an organization participating in such program, or his designee who is licensed by the Board of Medicine and supervising within his scope of practice. The bill allows the chief medical officer of an organization participating in such program to, in consultation with the chief nursing officer of such organization, designate a registered nurse licensed by the Board of Nursing or practicing with a multistate licensure

privilege to supervise military personnel participating in such program while engaged in the practice of nursing. This bill is identical to SB 829.

HB 1071 **Health regulatory boards; electronic notice of license renewal.**

Chief patron: Heretick

Summary as passed House:

Health regulatory boards; license renewal; electronic notice. Provides that the Board of Funeral Directors and Embalmers, the Board of Medicine, and the Board of Nursing may send notices for license renewal electronically.

HB 1173 **Controlled substances; limits on prescriptions containing opioids.**

Chief patron: Pillion

Summary as introduced:

Limits on prescription of controlled substances containing opioids. Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. Under current law, a prescriber is not required to request certain information from the PMP for opioid prescriptions of up to 14 days to a patient as part of treatment for a surgical or invasive procedure. The bill has an expiration date of July 1, 2022. This bill is identical to SB 632.

HB 1251 **CBD oil and THC-A oil; certification for use, dispensing.**

Chief patron: Cline

Summary as passed:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively. As introduced, this bill was a recommendation of the Joint Commission on Health Care. The bill contains an emergency clause. This bill is identical to SB 726.

EMERGENCY

HB 1524 Health record retention; practitioners to maintain records for a minimum of six years.

Chief patron: Ingram

Summary as passed:

Board of Medicine; regulations related to retention of patient records; time. Requires practitioners licensed under Chapter 29 of Title 54.1 to maintain health records, as defined in § 32.1-127.1:03, for a minimum of six years following the last patient encounter. However, such practitioners are not required to maintain health records for longer than 12 years from the date of creation except for (i) health records of a minor child, including immunizations, which shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child or (ii) health records that are required by contractual obligation or federal law to be maintained for a longer period of time. Health records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative are not required to be maintained beyond such transfer or provision.

SB 29 Regulatory reduction pilot program; Department of Planning and Budget to implement, report.

Chief patron: Chase

Summary as passed:

Department of Planning and Budget; regulatory reduction pilot program; report. Directs the Department of Planning and Budget (the Department), under the supervision of the Secretary of Finance (the Secretary), to administer a three-year regulatory reduction pilot program aimed at reducing by 25 percent the regulations and regulatory requirements, as defined in the bill, of the Department of Professional and Occupational Regulation and the Department of Criminal Justice Services by July 1, 2021. The bill requires the Secretary to report annually to the Speaker of the House and the Chairman of the Senate Rules Committee no later than October 1, 2019, and October 1, 2020, on the progress of the regulatory reduction pilot program. The bill also requires the Secretary to report by August 15, 2021, to the Speaker of the House and the Chairman of the Senate Rules Committee (i) the progress toward identifying the 25 percent reduction goal, (ii) recommendations for expanding the program to other agencies, and (iii) any additional information the Secretary determines may be helpful to support the General Assembly's regulatory reduction and reform efforts. The bill provides that if, by October 1, 2021, the program has achieved less than a 25 percent total reduction in regulations and regulatory requirements across both pilot agencies, the Secretary shall report on the feasibility and effectiveness of implementing a 2-for-1 regulatory budget providing that for every one new regulatory requirement, two existing regulatory requirements of equivalent or greater burden must be streamlined, repealed, or replaced for a period not to exceed three years. Lastly, the bill directs all executive branch agencies subject to the Administrative Process Act (§ 2.2-4000 et

seq.) to develop a baseline regulatory catalog and report such catalog data to the Department, which shall then track and report on the extent to which agencies comply with existing requirements to periodically review all regulations every four years. This bill is identical to HB 883.

SB 330 THC-A oil; dispensing, tetrahydrocannabinol levels.

Chief patron: Dunnavant

Summary as passed Senate:

CBD and THC-A oil. Adds cannabidiol oil (CBD oil) or THC-A oil to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. The bill requires a practitioner who issues a written certification for CBD oil or THC-A oil to request information from the Director of the Department of Health Professions for the purpose of determining what other covered substances have been dispensed to the patient.

The bill requires the Board of Pharmacy to promulgate regulations that include requirements for (i) a process for registering a CBD oil and THC-A oil product; and (ii) a requirement for an applicant for a pharmaceutical processor permit to have a criminal background check through the Central Criminal Records Exchange to the Federal Bureau of Investigation. The bill requires a pharmacist or pharmacy technician, prior to the initial dispensing of each written certification to (a) make and maintain for two years a paper or electronic copy of the written certification that provides an exact image of the document that is clearly legible, (b) view a current photo identification of the patient, parent, or legal guardian, and (c) verify current board registration of the practitioner and the corresponding patient, parent, or legal guardian. The bill requires that prior to any subsequent dispensing of each written certification, the pharmacist, pharmacy technician, or delivery agent to view the current written certification, a current photo identification of the patient, parent, or legal guardian, and the current board registration issued to the patient, parent, or legal guardian.

Finally, the bill requires a pharmaceutical processor to (i) ensure the percentage of tetrahydrocannabinol in any THC-A oil on site is within 10 percent of the level of tetrahydrocannabinol measured for labeling and to establish a stability testing schedule of THC-A oil.

EMERGENCY

SB 417 Community health worker; VDH to approve one or more entities to certify workers in the Commonwealth.

Chief patron: Barker

Summary as passed Senate:

Community health workers; certification. Requires the Department of Health to approve one or more entities to certify community health workers in the Commonwealth and prohibits a person from using or assuming the title of certified community health worker unless he is certified by an entity approved by the Department.

SB 832 Prescription Monitoring Program; adds controlled substances included in Schedule Vaud naloxone.

Chief patron: Carrico

Summary as introduced:

Prescription Monitoring Program; covered substances. Adds controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. This bill is identical to HB 1556.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 22.1-271.7, 32.1-263, 32.1-282, 54.1-2901, 54.1-2903, 54.1-2957, 54.1-2957.01, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3482, and 54.1-3482.1 of the Code of Virginia, relating to nurse practitioners; practice agreements.

Approved [H 793]

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-271.7, 32.1-263, 32.1-282, 54.1-2901, 54.1-2903, 54.1-2957, 54.1-2957.01, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3482, and 54.1-3482.1 of the Code of Virginia are amended and reenacted as follows:

§ 22.1-271.7. Public middle school student-athletes; pre-participation physical examination.

No public middle school student shall be a participant on or try out for any school athletic team or squad with a predetermined roster, regular practices, and scheduled competitions with other middle schools unless such student has submitted to the school principal a signed report from a licensed physician, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician attesting that such student has been examined, within the preceding 12 months, and found to be physically fit for athletic competition.

§ 32.1-263. Filing death certificates; medical certification; investigation by Office of the Chief Medical Examiner.

A. A death certificate, including, if known, the social security number or control number issued by the Department of Motor Vehicles pursuant to § 46.2-342 of the deceased, shall be filed for each death that occurs in the Commonwealth. Non-electronically filed death certificates shall be filed with the registrar of any district in the Commonwealth within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Electronically filed death certificates shall be filed with the State Registrar of Vital Records within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Any death certificate shall be registered by such registrar if it has been completed and filed in accordance with the following requirements:

1. If the place of death is unknown, but the dead body is found in the Commonwealth, the death shall be registered in the Commonwealth and the place where the dead body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation, taking into consideration all relevant information, including information provided by the immediate family regarding the date and time that the deceased was last seen alive, if the individual died in his home; and

2. When death occurs in a moving conveyance, in the United States of America and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth and the place where it is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth but the certificate shall show the actual place of death insofar as can be determined.

B. The licensed funeral director, funeral service licensee, office of the state anatomical program, or next of kin as defined in § 54.1-2800 who first assumes custody of a dead body shall file the certificate of death with the registrar. He shall obtain the personal data, including the social security number of the deceased or control number issued to the deceased by the Department of Motor Vehicles pursuant to § 46.2-342, from the next of kin or the best qualified person or source available and obtain the medical certification from the person responsible therefor.

C. The medical certification shall be completed, signed in black or dark blue ink, and returned to the funeral director within 24 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death except when inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283 or 32.1-285.1, or by the physician that pronounces death pursuant to § 54.1-2972.

In the absence of such physician or with his approval, the certificate may be completed and signed by the following: (i) another physician employed or engaged by the same professional practice; (ii) a physician assistant supervised by such physician; (iii) a nurse practitioner practicing ~~as part of a patient care team as defined in § 54.1-2900~~ *in accordance with the provisions of § 54.1-2957*; (iv) the chief medical officer or medical director, or his designee, of the institution, hospice, or nursing home in which death occurred; (v) a physician specializing in the delivery of health care to hospitalized or emergency

department patients who is employed by or engaged by the facility where the death occurred; (vi) the physician who performed an autopsy upon the decedent; or (vii) an individual to whom the physician has delegated authority to complete and sign the certificate, if such individual has access to the medical history of the case and death is due to natural causes.

D. When inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283 or 32.1-285.1, the Chief Medical Examiner shall cause an investigation of the cause of death to be made and the medical certification portion of the death certificate to be completed and signed within 24 hours after being notified of the death. If the Office of the Chief Medical Examiner refuses jurisdiction, the physician last furnishing medical care to the deceased shall prepare and sign the medical certification portion of the death certificate.

E. If the death is a natural death and a death certificate is being prepared pursuant to § 54.1-2972 and the physician, nurse practitioner, or physician assistant is uncertain about the cause of death, he shall use his best medical judgment to certify a reasonable cause of death or contact the health district physician director in the district where the death occurred to obtain guidance in reaching a determination as to a cause of death and document the same.

If the cause of death cannot be determined within 24 hours after death, the medical certification shall be completed as provided by regulations of the Board. The attending physician or the Chief Medical Examiner, an Assistant Chief Medical Examiner, or a medical examiner appointed pursuant to § 32.1-282 shall give the funeral director or person acting as such notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the attending physician, the Chief Medical Examiner, an Assistant Chief Medical Examiner, or a medical examiner appointed pursuant to § 32.1-282.

F. A physician, nurse practitioner, or physician assistant who, in good faith, signs a certificate of death or determines the cause of death shall be immune from civil liability, only for such signature and determination of causes of death on such certificate, absent gross negligence or willful misconduct.

§ 32.1-282. Medical examiners.

A. The Chief Medical Examiner may appoint for each county and city one or more medical examiners, who shall be licensed as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner in the Commonwealth and appointed as agents of the Commonwealth, to assist the Office of the Chief Medical Examiner with medicolegal death investigations. A physician assistant appointed as a medical examiner shall have a practice agreement with and be under the continuous supervision of a physician medical examiner in accordance with § 54.1-2952. A nurse practitioner appointed as a medical examiner shall ~~have a practice agreement with and~~ practice ~~in collaboration with a physician medical examiner~~ in accordance with § 54.1-2957.

B. At the request of the Chief Medical Examiner, the Assistant Chief Medical Examiner, or their designees, medical examiners may assist the Office of the Chief Medical Examiner with cases requiring medicolegal death investigations in accordance with § 32.1-283.

C. The term of each medical examiner appointed, other than an appointment to fill a vacancy, shall begin on the first day of October of the year of appointment. The term of each medical examiner shall be three years; however, an appointment to fill a vacancy shall be for the unexpired term.

§ 54.1-2901. Exceptions and exemptions generally.

A. The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed nurse practitioner from rendering care in ~~collaboration and consultation with~~ a ~~patient care team physician as part of a patient care team pursuant to~~ § *accordance with the provisions of §§* 54.1-2957 *and 54.1-2957.01* or any nurse practitioner licensed by the Boards of ~~Nursing and~~ Medicine *and Nursing* in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957 when such services are authorized by regulations promulgated jointly by the ~~Board~~ *Boards* of Medicine and ~~the Board of~~ Nursing;

4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine or osteopathy, a nurse practitioner, or a physician assistant;

5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by

him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician, licensed nurse practitioner, or licensed physician assistant directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministration to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia temporarily and such practitioner has been issued a temporary authorization by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic

doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when such testing is conducted (i) in accordance with a written protocol between the physician or nurse practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or nurse practitioner;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing;

31. Any person from performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks; or

32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state from engaging in the practice of that profession in Virginia with a patient who is being transported to or from a Virginia hospital for care.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a pilot program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist.

§ 54.1-2903. What constitutes practice.

Any person shall be regarded as practicing the healing arts who actually engages in such practice as defined in this chapter, or who opens an office for such purpose, or who advertises or announces to the public in any manner a readiness to practice or who uses in connection with his name the words or letters "Doctor," "Dr.," "M.D.," "D.O.," "D.P.M.," "D.C.," "Healer," *"N.P.,"* or any other title, word, letter or designation intending to designate or imply that he is a practitioner of the healing arts or that he is able to heal, cure or relieve those suffering from any injury, deformity or disease. No person regulated under this chapter shall use the title "Doctor" or the abbreviation "Dr." in writing or in advertising in connection with his practice unless he simultaneously uses a clarifying title, initials,

abbreviation or designation or language that identifies the type of practice for which he is licensed.

Signing a birth or death certificate, or signing any statement certifying that the person so signing has rendered professional service to the sick or injured, or signing or issuing a prescription for drugs or other remedial agents, shall be prima facie evidence that the person signing or issuing such writing is practicing the healing arts within the meaning of this chapter except where persons other than physicians are required to sign birth certificates.

§ 54.1-2957. Licensure and practice of nurse practitioners.

A. As used in this section:

"Clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

"Collaboration" means the communication and decision-making process among *a nurse practitioner, patient care team physician, and other health care providers who are* members of a patient care team related to the treatment *that includes the degree of cooperation necessary to provide treatment* and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.

B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the licensure of nurse practitioners. It ~~shall be~~ *is* unlawful for a person to practice as a nurse practitioner in the Commonwealth unless he holds such a joint license.

C. ~~Except as provided in subsection H, a~~ *Every* nurse practitioner ~~shall only practice as part of a patient care team. Each member of a patient care team shall have specific responsibilities related to the care of the patient or patients and shall provide health care services within the scope of his usual professional activities. Nurse practitioners practicing as part of a patient care team~~ *other than a nurse practitioner licensed by the Boards of Medicine and Nursing as a certified nurse midwife or a certified registered nurse anesthetist or a nurse practitioner who meets the requirements of subsection I* shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. ~~Nurse practitioners~~ *A nurse practitioner who meets the requirements of subsection I may practice without a written or electronic practice agreement. A nurse practitioner who is licensed by the Boards of Medicine and Nursing as a certified nurse midwife shall practice pursuant to subsection H. A nurse practitioner* who ~~are~~ *is a* certified registered nurse anesthetists shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. ~~Nurse practitioners~~ *A nurse practitioner who is* appointed as *a* medical ~~examiners~~ *examiner* pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among nurse practitioners and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16. ~~Practice of patient care teams in all settings shall include the periodic review of patient charts or electronic health records and may include visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team.~~

Physicians on patient care teams may require that a nurse practitioner be covered by a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

Service on a patient care team by a patient care team member shall not, by the existence of such service alone, establish or create liability for the actions or inactions of other team members.

D. The ~~Board~~ *Boards* of Medicine and ~~the Board of~~ Nursing shall jointly promulgate regulations specifying collaboration and consultation among physicians and nurse practitioners working as part of patient care teams that shall include the development of, and periodic review and revision of, a written or electronic practice agreement; guidelines for availability and ongoing communications that define consultation among the collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice agreements shall include ~~a provision~~ *provisions* for ~~appropriate physician~~ *(i) periodic review of health records, which may include visits to the site where health care is delivered, in the manner and at the frequency determined by the nurse practitioner and the patient care team physician and (ii)* input *from appropriate health care providers* in complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the

nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities in collaboration and consultation with a patient care team physician.

E. The Boards *of Medicine and Nursing* may issue a license by endorsement to an applicant to practice as a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws of another state and, ~~in the opinion~~ *pursuant to regulations* of the Boards, the applicant meets the qualifications for licensure required of nurse practitioners in the Commonwealth. *A nurse practitioner to whom a license is issued by endorsement may practice without a practice agreement with a patient care team physician pursuant to subsection I if such application provides an attestation to the Boards that the applicant has completed the equivalent of at least five years of full-time clinical experience, as determined by the Boards, in accordance with the laws of the state in which the nurse practitioner was licensed.*

F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant temporary licensure to nurse practitioners.

G. In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter into a new practice agreement with another patient care team physician, the nurse practitioner may continue to practice upon notification to the designee or his alternate of the Boards and receipt of such notification. Such nurse practitioner may continue to treat patients without a patient care team physician for an initial period not to exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate ~~physician~~ input *from appropriate health care providers* in complex clinical cases and patient emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input.

H. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife shall practice in consultation with a licensed physician in accordance with a practice agreement between the nurse practitioner and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request. The Boards shall jointly promulgate regulations, consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, governing such practice.

I. A nurse practitioner, other than a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife or certified registered nurse anesthetist, who has completed the equivalent of at least five years of full-time clinical experience as a licensed nurse practitioner, as determined by the Boards, may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse practitioner of an attestation from the patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. A copy of such attestation shall be submitted to the Boards together with a fee established by the Boards. Upon receipt of such attestation and verification that a nurse practitioner satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a new license that includes a designation indicating that the nurse practitioner is authorized to practice without a practice agreement. In the event that a nurse practitioner is unable to obtain the attestation required by this subsection, the Boards may accept other evidence demonstrating that the applicant has met the requirements of this subsection in accordance with regulations adopted by the Boards.

A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection shall (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

A nurse practitioner practicing without a practice agreement pursuant to this subsection shall obtain and maintain coverage by or shall be named insured on a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

§ 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.). ~~Nurse practitioners shall have such prescriptive authority upon the provision~~

B. A nurse practitioner who does not meet the requirements for practice without a written or electronic practice agreement set forth in subsection I of § 54.1-2957 shall prescribe controlled substances or devices only if such prescribing is authorized by a written or electronic practice agreement entered into by the nurse practitioner and a patient care team physician. Such nurse practitioner shall provide to the ~~Board~~ *Boards* of Medicine and ~~the Board of~~ Nursing ~~of~~ such evidence as ~~they~~ *the Boards* may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a patient care team physician that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as described in the practice agreement. Evidence of a practice agreement shall be maintained by a nurse practitioner pursuant to § 54.1-2957. Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section *either* shall ~~either~~ be signed by the patient care team physician ~~who is practicing as part of a patient care team with the nurse practitioner~~ or shall clearly state the name of the patient care team physician who has entered into the practice agreement with the nurse practitioner.

~~B.~~ It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless *(i)* such prescription is authorized by the written or electronic practice agreement *or (ii) the nurse practitioner is authorized to practice without a written or electronic practice agreement pursuant to subsection I of § 54.1-2957.*

C. The ~~Board of Nursing and the Board~~ *Boards* of Medicine *and Nursing* shall promulgate ~~such~~ regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients. ~~Regulations promulgated pursuant to this section~~ *Such regulations* shall include~~, at a minimum, such~~ requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed nurse practitioner. Any ~~member of a patient care team~~ *party to a practice agreement* shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

2. Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of ~~Nursing and~~ Medicine *and Nursing* in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe (i) Schedules II through V controlled substances in accordance with any prescriptive authority included in a practice agreement with a licensed physician pursuant to subsection H of § 54.1-2957 and (ii) Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

§ 54.1-3300. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Pharmacy.

"Collaborative agreement" means a voluntary, written, or electronic arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a single physical location where patients receive services and (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed

to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided *that* such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working ~~as part of a patient care team as defined in § 54.1-2900~~ *in accordance with the provisions of § 54.1-2957*, involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.

"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

"Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy is being conducted.

"Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of pharmacy who is registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the pharmacist's supervision.

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include the proper and safe storage and distribution of drugs; the maintenance of proper records; the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; and the management of patient care under the terms of a collaborative agreement as defined in this section.

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.

Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ 54.1-3400 et seq.) unless the context requires a different meaning.

§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the Boards of Medicine and Pharmacy.

A pharmacist and his designated alternate pharmacists involved directly in patient care may participate with (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided *that* such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working ~~as part of a patient care team as defined in § 54.1-2900~~ *in accordance with the provisions of § 54.1-2957*, involved directly in patient care in collaborative agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. However, no person licensed to practice medicine, osteopathy, or podiatry shall be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

No patient shall be required to participate in a collaborative procedure without such patient's consent. A patient who chooses to not participate in a collaborative procedure shall notify the prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative

pharmacists or by documenting the same on the patient's prescription.

Collaborative agreements may include the implementation, modification, continuation, or discontinuation of drug therapy pursuant to written or electronic protocols, provided implementation of drug therapy occurs following diagnosis by the prescriber; the ordering of laboratory tests; or other patient care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in violation of § 54.1-2902; such violation shall constitute grounds for disciplinary action pursuant to §§ 54.1-2400 and 54.1-3316.

Collaborative agreements may only be used for conditions which have protocols that are clinically accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this section and to facilitate the development and implementation of safe and effective collaborative agreements between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the Boards of Medicine and Pharmacy if review is requested by a practitioner or pharmacist.

Nothing in this section shall be construed to supersede the provisions of § 54.1-3303.

§ 54.1-3301. Exceptions.

This chapter shall not be construed to:

1. Interfere with any legally qualified practitioner of dentistry, or veterinary medicine or any physician acting on behalf of the Virginia Department of Health or local health departments, in the compounding of his prescriptions or the purchase and possession of drugs as he may require;

2. Prevent any legally qualified practitioner of dentistry, or veterinary medicine or any prescriber, as defined in § 54.1-3401, acting on behalf of the Virginia Department of Health or local health departments, from administering or supplying to his patients the medicines that he deems proper under the conditions of § 54.1-3303 or from causing drugs to be administered or dispensed pursuant to §§ 32.1-42.1 and 54.1-3408, except that a veterinarian shall only be authorized to dispense a compounded drug, distributed from a pharmacy, when (i) the animal is his own patient, (ii) the animal is a companion animal as defined in regulations promulgated by the Board of Veterinary Medicine, (iii) the quantity dispensed is no more than a 72-hour supply, (iv) the compounded drug is for the treatment of an emergency condition, and (v) timely access to a compounding pharmacy is not available, as determined by the prescribing veterinarian;

3. Prohibit the sale by merchants and retail dealers of proprietary medicines as defined in Chapter 34 (§ 54.1-3400 et seq.) of this title;

4. Prevent the operation of automated drug dispensing systems in hospitals pursuant to Chapter 34 (§ 54.1-3400 et seq.) of this title;

5. Prohibit the employment of ancillary personnel to assist a pharmacist as provided in the regulations of the Board;

6. Interfere with any legally qualified practitioner of medicine, osteopathy, or podiatry from purchasing, possessing or administering controlled substances to his own patients or providing controlled substances to his own patients in a bona fide medical emergency or providing manufacturers' professional samples to his own patients;

7. Interfere with any legally qualified practitioner of optometry, certified or licensed to use diagnostic pharmaceutical agents, from purchasing, possessing or administering those controlled substances as specified in § 54.1-3221 or interfere with any legally qualified practitioner of optometry certified to prescribe therapeutic pharmaceutical agents from purchasing, possessing, or administering to his own patients those controlled substances as specified in § 54.1-3222 and the TPA formulary, providing manufacturers' samples of these drugs to his own patients, or dispensing, administering, or selling ophthalmic devices as authorized in § 54.1-3204;

8. Interfere with any physician assistant with prescriptive authority receiving and dispensing to his own patients manufacturers' professional samples of controlled substances and devices that he is authorized, in compliance with the provisions of § 54.1-2952.1, to prescribe according to his practice setting and a written agreement with a physician or podiatrist;

9. Interfere with any licensed nurse practitioner with prescriptive authority receiving and dispensing to his own patients manufacturers' professional samples of controlled substances and devices that he is authorized, in compliance with the provisions of § 54.1-2957.01, to prescribe ~~according to his practice setting and a written or electronic agreement with a physician~~;

10. Interfere with any legally qualified practitioner of medicine or osteopathy participating in an indigent patient program offered by a pharmaceutical manufacturer in which the practitioner sends a prescription for one of his own patients to the manufacturer, and the manufacturer donates a stock bottle

of the prescription drug ordered at no cost to the practitioner or patient. The practitioner may dispense such medication at no cost to the patient without holding a license to dispense from the Board of Pharmacy. However, the container in which the drug is dispensed shall be labeled in accordance with the requirements of § 54.1-3410, and, unless directed otherwise by the practitioner or the patient, shall meet standards for special packaging as set forth in § 54.1-3426 and Board of Pharmacy regulations. In lieu of dispensing directly to the patient, a practitioner may transfer the donated drug with a valid prescription to a pharmacy for dispensing to the patient. The practitioner or pharmacy participating in the program shall not use the donated drug for any purpose other than dispensing to the patient for whom it was originally donated, except as authorized by the donating manufacturer for another patient meeting that manufacturer's requirements for the indigent patient program. Neither the practitioner nor the pharmacy shall charge the patient for any medication provided through a manufacturer's indigent patient program pursuant to this subdivision. A participating pharmacy, including a pharmacy participating in bulk donation programs, may charge a reasonable dispensing or administrative fee to offset the cost of dispensing, not to exceed the actual costs of such dispensing. However, if the patient is unable to pay such fee, the dispensing or administrative fee shall be waived;

11. Interfere with any legally qualified practitioner of medicine or osteopathy from providing controlled substances to his own patients in a free clinic without charge when such controlled substances are donated by an entity other than a pharmaceutical manufacturer as authorized by subdivision 10. The practitioner shall first obtain a controlled substances registration from the Board and shall comply with the labeling and packaging requirements of this chapter and the Board's regulations; or

12. Prevent any pharmacist from providing free health care to an underserved population in Virginia who (i) does not regularly practice pharmacy in Virginia, (ii) holds a current valid license or certificate to practice pharmacy in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certificate issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any pharmacist whose license has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a pharmacist who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state.

This section shall not be construed as exempting any person from the licensure, registration, permitting and record keeping requirements of this chapter or Chapter 34 of this title.

§ 54.1-3482. Practice of physical therapy; certain experience and referrals required; physical therapist assistants.

A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician, except as provided in this section.

B. A physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than 30 consecutive days after an initial evaluation without a referral under the following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician from

whom he is currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner; and (c) the physical therapist notifies the practitioner identified by the patient no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. Treatment for more than 30 consecutive days after evaluation of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician. A physical therapist may contact the practitioner identified by the patient at the end of the 30-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. A physical therapist shall not perform an initial evaluation of a patient under this subsection if the physical therapist has performed an initial evaluation of the patient under this subsection for the same condition within the immediately preceding 60 days.

C. A physical therapist who has not completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has not obtained a certificate of authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation that does not include treatment of a patient without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate practitioner.

D. Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician.

E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957* when such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate practitioner.

F. Any person licensed as a physical therapist assistant shall perform his duties only under the direction and control of a licensed physical therapist.

G. However, a licensed physical therapist may provide, without referral or supervision, physical therapy services to (i) a student athlete participating in a school-sponsored athletic activity while such student is at such activity in a public, private, or religious elementary, middle or high school, or public or private institution of higher education when such services are rendered by a licensed physical therapist who is certified as an athletic trainer by the National Athletic Trainers' Association Board of Certification or as a sports certified specialist by the American Board of Physical Therapy Specialties; (ii) employees solely for the purpose of evaluation and consultation related to workplace ergonomics; (iii) special education students who, by virtue of their individualized education plans (IEPs), need physical therapy services to fulfill the provisions of their IEPs; (iv) the public for the purpose of wellness, fitness, and health screenings; (v) the public for the purpose of health promotion and education; and (vi) the public for the purpose of prevention of impairments, functional limitations, and disabilities.

§ 54.1-3482.1. Certain certification required.

A. The Board shall promulgate regulations establishing criteria for certification of physical therapists to provide certain physical therapy services pursuant to subsection B of § 54.1-3482 without referral from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician. The regulations shall include but not be limited to provisions for (i) the promotion of patient safety; (ii) an application process for a one-time certification to perform such procedures; and (iii) minimum education, training, and experience requirements for certification to perform such procedures.

B. The minimum education, training, and experience requirements for certification shall include evidence that the applicant has successfully completed (i) a transitional program in physical therapy as recognized by the Board or (ii) at least three years of active practice with evidence of continuing education relating to carrying out direct access duties under § 54.1-3482.

2. That the Boards of Medicine and Nursing shall jointly promulgate regulations to implement the provisions of this act, which shall govern the practice of nurse practitioners practicing without a practice agreement in accordance with the provisions of this act, to be effective within 280 days of its enactment.

3. That the Department of Health Professions shall, by November 1, 2020, report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions.

4. That the Boards of Medicine and Nursing shall report on data on the implementation of this act, including the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement, to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

Agenda Item:

Proposed regulations for performance of and for supervision and direction of laser hair removal

Included in the agenda package:

Copy of Proposed Regulations for Nurse Practitioners

Staff note:

The proposed regulations are identical to those already adopted for doctors of medicine and osteopathic medicine and for physician assistants.

Proposed regulations are recommended by the Committee of the Joint Boards of Nursing and Medicine for adoption.

Proposed regulations were adopted by the Board of Medicine on February 15, 2018

Action:

Adoption of proposed regulations for the proper training and direction and supervision of laser hair removal

Project 5221 - NOIRA

BOARD OF NURSING

Supervision and direction of laser hair removal

18VAC90-30-124. Direction and supervision of laser hair removal.

A. A nurse practitioner, as authorized pursuant to § 54.1-2957, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;

2. Skin type and appropriate patient selection;

3. Laser safety;

4. Operation of laser device or devices to be used;

5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and

6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Nurse practitioners who have been performing laser hair removal prior to (the effective date of this regulation) are not required to complete training specified in subsection A.

C. A nurse practitioner who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A.

D. A nurse practitioner who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques

and laser devices. The nurse practitioner shall ensure that persons he supervises also receive ongoing training to maintain competency.

E. A nurse practitioner may delegate laser hair removal to a properly trained person under his direction and supervision. Direction and supervision shall mean that the nurse practitioner is readily available at the time laser hair removal is being performed. The supervising nurse practitioner is not required to be physically present, but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

Agenda Item: Regulatory Action – Adoption of a Notice of Periodic Review

Staff Note: Executive Order 17 (2014) requires a periodic review of regulations at least once every four years. The ***starred*** regulations are now scheduled for such a review:

Chapter	Board of Nursing	Last review completed	Next review scheduled
18 VAC 90-11	Public Participation Guidelines	1/12/2017	2021
18 VAC 90-15	***Regulations Governing Delegation to an Agency Subordinate**	8/2/2013	2018
18 VAC 90-19	Regulations Governing the Practice of Nursing	New chapter 2/24/2017	2021
18 VAC 90-21	Regulations for Medication Administration Training and Immunization Protocol	2/24/17	2021
18 VAC 90-25	***Regulations Governing Certified Nurse Aides**	2/27/14	2018
18 VAC 90-26	***Regulations for Nurse Aide Education Programs**	2/27/14	2018
18 VAC 90-27	Regulations Governing Nursing Education Programs	New chapter 2/24/2017	2021
18 VAC 90-30	Regulations Governing the Licensure of Nurse Practitioners	10/5/2016	2020
18 VAC 90-40	Regulations for Prescriptive Authority for Nurse Practitioners	7/15/2015	2019
18 VAC 90-50	Regulations Governing the Licensure of Massage Therapists	1/24/2018	2022
18 VAC 90-60	***Regulations Governing the Registration of Medication Aides**	8/15/2013	2018

Included in the agenda package:

The Notice of Periodic Review to be posted on Townhall, published in the Register of Regulations, and sent to the PPG notification list

Action: Adoption of a Notice of Periodic Review for 4 sets of Board of Nursing regulations

Notice of Periodic Review of Regulations

Request for Comment

Virginia Board of Nursing

The Virginia Board of Nursing is conducting a periodic review of the following regulations and is requesting comment on the current regulations:

Chapter	Board of Nursing
18 VAC 90-15	Regulations Governing Delegation to an Agency Subordinate
18 VAC 90-25	Regulations Governing Certified Nurse Aides
18 VAC 90-26	Regulations for Nurse Aide Education Programs
18 VAC 90-60	Regulations Governing the Registration of Medication Aides

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

Comment Begins: April 16, 2018 Comment Ends: May 16, 2018

If any member of the public would like to comment on these regulations, please comment on the Virginia Regulatory Townhall at: www.townhall.virginia.gov

Or send comments by the close of the comment period to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Comments may also be e-mailed to: elaine.yeatts@dhp.virginia.gov or faxed to: (804) 527-4434

Regulations may be viewed on-line at www.dhp.virginia.gov or copies will be sent upon request.

CORE COMMITTEE AGENDA
March 27, 2018

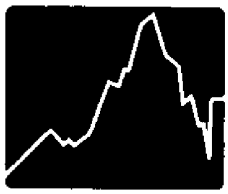
I. Review of the Educational Reports for 2014 and 2016

II. Plans for future Committee Meeting

III. Any additional business

Virginia Board of Nursing
Nurse Aide Education Curriculum
Meeting Agenda
March 27, 2018

3:00 p.m.	Introductions
3:10 p.m.	Vivienne McDaniel – Conceptual Model
3:30 p.m.	Suggested additions to the regulations and/or the curriculum by each stakeholder and Board staff. Begin on page 93 (with new formatting).
4:45 p.m.	Wrap-up and Next Steps
5:00 p.m.	Adjourn



Department of Health Professions

COMMONWEALTH OF VIRGINIA

VIRGINIA BOARD OF NURSING

Nurse Aide Curriculum

Revised: March 2018

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Provide an overview of health care organizations and long-term care facilities and the methods used for payment of the services that clients receive;
2. Discuss the role of the Nurse Aide in long-term care per OBRA requirements;
3. Explain delegation as it relates to the Nurse Aide; and
4. Explain the impact of Guidance Document 90-55 on potential employment for a Nurse Aide.

Objectives	Content Outline
Describe the different types of health care organizations.	I. Long-term Care & Acute Care A. Independent Living B. Home Health Care C. Adult Day Care D. Assisted Living Facility E. Nursing Home F. Hospice G. Continuum of Care Facility H. Rehabilitation I. Hospital (In-patient & Out-patient) J. Dementia/Memory Care
Compare various methods that clients use to pay for long-term care.	II. Payment Options for Long-term care facilities A. Private pay 1. Client pays for health care from personal resources B. Group insurance 1. client's health care is paid for by insurance that the client has previously paid C. Medicaid 1. medical assistance program for low-income clients pays for the client's healthcare D. Medicare 1. health insurance program for clients over the age of 65 pays for client's healthcare 2. funded by Social Security 3. Minimum Data Set (MDS) report required for each Medicaid client

Content Outline

III. Role of the Nurse Aide in Long-term Care Facilities
- A. Omnibus Budget Reconciliation Act of 1987 (OBRA-87)
  1. federal regulation
  2. set standards of care for long-term care facilities
  3. requires all nurse aides in long-term care facilities to:
     a. complete training program
     b. pass certification exam
  4. requires each state to have a registry of nurse aides (see Unit XIV)
     a. available to the public
     b. contains information on nurse aide's performance, including resident abuse
     c. information to be kept minimum of 5 years
  5. requires continuing education
     a. minimum of 12 hours in-service each year for nurse aides
  6. requires nurse aide who has not worked for 2 consecutive years to retake the certification exam
- B. The Health Care Team
  1. The Nurse
     a. Registered Nurse (RN)
     b. Licensed Practical Nurse (LPN)
     c. carries out the physician's orders
  2. The Nurse Aide
     a. Care for clients/residents
     b. Assist the RN, and LPN
     c. Supervised by the RN or LPN
  3. Interdisciplinary Team
     a. Client/resident
     b. physician
     c. dietician
     d. physical therapist
     e. occupational therapist
     f. family member
     g. social worker
     h. licensed nurse
     i. nurse aide

C. Delegation (see Regulations Governing the Practice of Nursing 18VAC90-20-420 to 460)
    1. transferring authority to a person for a specific task
    2. RN may delegate tasks to a Nurse Aide (NA)
    3. criteria for delegation
        a. nurse aide can properly and safely perform task
        b. client health, safety and welfare will not be jeopardized
        c. RN retains responsibility and accountability for care of client and supervises the NA
        d. delegated task communicated to NA on a client-specific basis
        e. clear, specific instructions for performance, potential complications, expected results are given to NA
        f. NA is clearly identified with a name tag
        g. NA may not reassign a task that has been delegated to her/him

D. Common tasks for the Nurse Aide
    1. activities of daily living (ADLs)
        a. bathing
        b. dressing
        c. grooming
        d. mouth care
        e. toileting
        f. eating & hydration
        g. caring for skin; prevention of pressure ulcers
    2. bed making
    3. taking/recording vital signs; height & weight
    4. observing/reporting client changes to supervisor
    5. maintaining safety, including fall prevention
    6. caring for equipment
    7. infection control

Content Outline

E. Professional behavior of the Nurse Aide
    1. attitude
        a. outward behavior
        b. disposition
        c. positive attitude
            1. caring
            2. compassionate
            3. committed to the job
    2. behavior
        a. neatly dressed following facility uniform policy
        b. on time to work
        c. avoid unnecessary absences
        d. use appropriate language
        e. do not gossip about co-workers
        f. keep client information confidential
        g. speak politely
        h. follow facility policies and procedures
    3. grooming
        a. wear clean, neat, unwrinkled uniform
        b. attend to personal hygiene
        c. do not use strongly scented fragrances (perfume, lotions, after-shave, body wash, hair spray)
        d. keep hair away from your face
        e. long hair should be secured at the back of the head or neck
        f. keep beards neat and trimmed
        g. use make-up sparingly
        h. keep nails short
        i. do not wear false nails
        j. keep shoes/laces clean
        k. jewelry should be minimal
    4. Work ethic
        a. attitude toward work
        b. punctual
        c. reliable
        d. accountable
        e. conscientious
        f. respectful of others

g. honest
h. cooperative
i. empathetic

F. Applying for employment as a Nurse Aide
1. considerations
a. type of facility
b. adequate transportation
c. child care
2. complete resumé and application
3. Guidance Document 90-55
a. impact of criminal convictions on potential employment
b. certain convictions prohibit employment in long-term care facilities
c. read and sign personal copy of Guidance Document 90-55
4. interview
a. arrive on time
b. dress appropriately
1.professional attire
2. neat
c. maintain good eye contact
d. be prepared to answer questions
e. be prepared to ask questions
f. thank the interviewer at the end of the interview
g. mail short thank-you note the day after interview

Unit II – Communication and Interpersonal Skills
(18VAC90-26-40.A.1.a)
(18VAC90-26-40.A.5.b)
18VAC90-26-40.A.10)

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Understand the importance of written, verbal and non-verbal communication.
2. Identify barriers to communication.
3. Demonstrate methods used by the Interdisciplinary Health Care Team to communicate among themselves.
4. Demonstrate techniques to communicate with the sensory-impaired client/resident**.**
5. Demonstrate techniques to communicate with the families of client.
6. Develop interpersonal skills to use while functioning as a nurse aide.
7. Demonstrate conflict management strategies.
8**.** Understand boundary violations, use and misuse of social media, and use of cell phones (pictures and texting) as it relates to the care of residents

Objectives	Content Outline
Identify three aspects of communication as evidenced by a minimum grade of 80% on the unit test.	I. Elements of communication A. Three components of communication 1. message 2. sender 3. receiver
Demonstrate the ability to listen as evidenced by non-verbal communication such as eye contact, facial expression and verbal feedback.	B. Listening is part of communication 1. hear the message 2. show an interest in the message 3. do not interrupt 4. ask appropriate questions for clarification 5. be patient allowing client time to respond 6. reduce or eliminate distraction 7. use silence appropriately C. Non-verbal communication 1. posture 2. appearance 3. eye contact 4. gestures 5. facial expressions 6. touch 7. level of activity
Recognize barriers to communication as evidenced by participation in classroom discussion.	D. Barriers to communication 1. talking too fast or too softly 2. avoiding eye contact 3. belittling client's feelings 4. physical distance 5. false reassurance 6. changing subject 7. giving advice 8. use of slang/medical jargon

Objectives	Content Outline
Identify the role of the four senses in communication as evidenced by minimum grade of 80% on the unit test.	E. Senses in communication 1. sight a. look for changes in client b. report changes to supervisor 2. hearing a. listen to client and family 3. touch a. touch and feel for any changes in client's body b. report any changes to supervisor 4. smell a. report any unusual odor
Describe the documents that are used by the health care team to communicate information and needs of the client as evidenced by the ability to locate specific information in a ~~client chart, kardex and MDS~~.designated documentation tool. ~~Please note that CNAs do not have access to residents' charts, physicians' orders, or physician progress notes.~~	II. Communication among the health care team A. client's medical record (chart) 1. admission sheet 2. health history 3. examination results 4. physician's orders 5. physician's progress notes 6. health team notes 7. lab test results 8. special consents B. ~~Kardex~~/Hard copy of health records or electronic health record (EHR) 1. condensed version of medical record C. Minimum Data Set (MDS) 1. assessment tool 2. provides structured, standardized approach to care 3. helps identify client health care problems
Demonstrate an understanding of the nursing process as evidenced by correctly observing and reporting objective and subjective information related to a specific task identified in the client's/resident's person-centered nursing care plan.	D. Person-centered ~~nursing~~ care plan 1. outlines care that health care team must perform to assist client attain optimal level of functioning 2. written by the nurse (RN or LPN) 3. nurse aide contributes by reporting signs and symptoms he/she observes 4. includes objective and subjective information a. objective – information that can be seen, heard, touched, smelled b. subjective – cannot be observed, may be heard or something the client said

Objectives	Content Outline
	E. the nursing process 1. assessment by the RN a. physical inspection b. medical record c. identifies client's actual or potential health care problems 2. diagnosis 3. plan a. sets goals and a plan to meet those goals 4. implementation a. providing care to client following the plan 5. evaluation a. look carefully to see if the desired goals have been achieved b. if goals are not achieved care plan should be changed 6. nurse aide observations and reports are vital to meet client goals
Demonstrate end-of-shift communication as evidenced by giving an accurate end-of-shift report and documenting with 100% accuracy on the client's ADL record.	F. reporting and documentation 1. throughout the day report changes in condition to the appropriate ~~supervisor~~ staff per facility policy 2. shift report a. received at beginning of shift from previous shift b. given to on-coming shift before nurse aide leaves unit at end of shift c. includes observations of changes in client's condition or behavior 3. documentation a. all information is confidential b. document immediately after care is given c. never document before providing care d. document care in ~~CareTracker~~ designated documentation tool (i.e. client/resident paper chart or other electronic ~~reporting program~~ health record e. write notes neatly and legibly f. always sign your name and title g. document only facts, not opinions h. use accepted abbreviations i. do not erase or use white-out, draw a single line through and initial any error (follow facility guidelines) 4. ADL record (activities of daily living) – check sheet for routine activities
Demonstrate the correct way to talk on the telephone as evidenced by completing a client scenario with 100% accuracy.	G. communicating on the telephone 1. speak clearly and slowly 2. identify your facility and unit 3. identify who you are and your title

Objectives	Content Outlines
	4. listen carefully 5. write any messages 6. end call with “thank you” and “good-bye”
Demonstrate communicating with a hearing-impaired client as evidenced by use of six (6) of the eight (8) strategies identified in class.	III. Communicating with specific populations A. hearing impaired 1. identify any assistive devices that client uses a. hearing aides b. communication boards c. lip reading d. sign language 2. reduce distracting noise a. TV b. radio c. noise in adjacent room 3. get clients’ attention before speaking 4. speak clearly, slowly 5. maintain eye contact 6. use short, simple words 7. use picture cards 8. write, if necessary
Demonstrate communicating with a visually-impaired client as evidenced by use of six (6) of the eight (8) strategies identified in class.	B. visually impaired 1. identify any assistive devices that client uses 1. glasses 2. special lighting 2. knock on door and introduce yourself when entering room 3. position client so they are not looking into bright light or bright window 4. position yourself where client can see you 5. have adequate light in room 6. encourage client to wear glasses 7. use face of a clock to describe location of items 8. only move items with permission
Describe the characteristics of cognitive impairment (Alzheimer’s Association)	C. Dementia and Cognitive Impairment ~~and Dementia~~ 1. recognizing the client/resident with cognitive impairment a. memory problems, trouble expressing oneself; not finding the right words to say b. trouble with being in new places; not knowing where one is c. trouble making decisions; confusion and Inability to use logic d. trouble focusing for long; losing a train of thought easily e. most client/residents’ cognitive condition will change over time
Identify causes of cognitive impairment in client/residents	2.cognitive impairment may be due to: a. Parkinson disease

Objectives	Content Outline
	b. multiple types of dementia including Alzheimer's c. strokes d. traumatic brain injuries e. alcoholism or drug toxicity (can be reversed) f. depression g. delirium h. urinary tract infection (UTI)
Explain why communication challenges need to be overcome	3. Client/residents with cognitive impairment may be extremely anxious or frustrated and unable to communicate their needs a. cannot get needs met without communicating b. client/resident may need pain relief c. rights of client/resident may be violated d. may be uncooperative with your care if they do not know what you are doing
List methods for overcoming communication challenges	4. Communication skills must be tailored to meet the needs of cognitively impaired clients/residents a. Be sure to have the client/resident's attention b. Explain what you are going to do prior to starting Care routine c. Allow the client/resident opportunities to talk d. Keep the same routine as much as possible e. Be honest and reliable to gain client/resident's Trust f. Know clients'/residents' likes and dislikes g. Speak slowly, softly, and simply
Discuss communicating with families as evidenced by using both strategies discussed in class.	D. families 1. respond to requests and complaints 2. answer questions honestly
Given specific scenarios, demonstrate appropriate communication with members of the health care team as evidenced by using seven (7) of the nine (9) communication strategies discussed in class.	E. other members of the health care team 1. be tolerant of co-workers 2. be respectful of co-workers 3. be quiet when others are speaking 4. listen to ideas of co-workers 5. approach new ideas with an open mind 6. use appropriate voice volume 7. use appropriate language 8. do not curse or use slang 9. do not talk about clients in a rude or disrespectful manner
Discuss important interpersonal skills for the Nurse Aide as evidenced by participation in classroom discussion.	IV. Interpersonal Skills for the Nurse Aide A. accept every client 1. be tolerant 2. be patient 3. be understanding 4. be sensitive to needs of client

Objectives	Content Outline
	B. listen to client C. be prepared to handle disagreement and criticism
Given selected scenarios, identify the stressors for the Nurse Aide and the resources the Nurse Aide may use to deal with the stress as evidenced by participation in classroom discussion.	V. Conflict Management A. signs of stress at work 1. anger or abuse displayed toward client 2. arguing with supervisor 3. poor working relations with co-workers 4. complaining about responsibilities of job 5. having difficulty focusing on work 6. experiencing "burn out" B. resources to assist with stress management 1. family 2. friends 3. supervisor 4. place of worship 5. mental health agency C. causes of conflict in the workplace 1. misunderstanding 2. misinterpretation 3. stress 4. poor communication D. who may be involved in conflict 1. client 2. family member 3. visitor 4. staff E. conflict involving client 1. report to supervisor 2. report to ombudsman a. legal advocate for client b. investigates complaints c. decides action to take if there is a problem d. educates consumers and care providers e. appears in court/legal hearings f. gives information to public
Demonstrate conflict management strategies discussed in class as evidenced by successful resolution of conflicts in given role-play scenarios.	F. strategies for Nurse Aide to manage conflict 1. stay calm, do not become emotional 2. remove yourself from the area of the conflict 3. be aware of your body language 4. do not discuss conflict in front of client 5. speak privately with the person involved in the conflict 6. focus on the conflict 7. use "I" sentences

8. listen to the other person
9. ask other person for ideas on how to resolve conflict
10. be open to a solution
11. may be necessary to agree to disagree

G. critical thinking process
1. identify the problem
2. list alternatives to solve the problem
3. list pros and cons to alternative solutions
4. mutually decide on a solution
5. evaluate the solution together

Demonstrate an understanding of boundary violations, use and misuse of social media, and use of cell phones, (pictures and texting) as it relates to the care of residents.

Links to social media boundary violations
http://wgntv.com/2016/07/18/its-just-totally-wrong-nursing-home-workers-share-invasive-pics-and-videos-of-seniors-on-social-media/

https://www.propublica.org/article/inappropriate-social-media-posts-by-nursing-home-workers-detailed

VI. Social media and cell phone use
A. definition of social media – a group of internet-based applications that allow the creation and exchange of user-generated content such as pictures and videos
B. some types of social media
1. Twitter
2. Facebook
3. Snapchat
4. Instagram
5. YouTube
C. CNAs must protect the client/resident's privacy and confidentiality at all times
1. breaches in privacy or confidentiality can be
a. intentional – i.e. posting a picture on Facebook of a client/resident lying in bed
b. unintentional – posting a picture of self and a client/resident on Facebook
2. Health Insurance and Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) protect clients/residents' personal health information and privacy
3. if you are aware of any violation(s) it should be reported, whether intentional, or unintentional
D. use and misuse of clients/residents' social media
E. boundary violations
1. NEVER post pictures or videos of client/residents on any type of social media
2. may be subject to criminal penalties and civil sanctions - severe violation up to $250,000 fine and 10 years in federal prison
3. may lose license
4. may be terminated by employer

Unit III – Infection Control
(18VAC90-26-40.A.1.b)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Describe the chain of infection.
2. Identify factors contributing to occurrence of infections.
3. Explain the early signs and symptoms of infection.
4. Describe Standard Precautions.
5. Demonstrate proper hand washing technique.
6. Demonstrate proper technique for donning and removing personal protective equipment.
7. Describe the proper disposal of infectious waste materials in the health care facility.

Objectives	Content Outline
List various types of pathogens that cause disease as evidenced by a minimum grade of 80% on the unit test.	I. Overview of Infection A. Microbes that cause disease (pathogens) 1. bacteria a. E. coli (urinary tract infections) b. Staphylococcus aureus (skin infections) c. Group A Streptococcus (strep throat) d. Other bacteria 2. fungus a. yeast infections b. athletes foot c. ringworm 3. virus a. Haemophilus influenzae (Hib) b. common cold c. human immunodeficiency virus (HIV) d. hepatitis e. noro virus (gastroenteritis) 4. parasite a. giardia (intestinal parasite) b. roundworm c. tapeworm d. pinworm e. scabies
Describe the relationship of the pathogens to the chain of infection as evidenced by a minimum grade of 80% on the unit test.	B. Chain of infection 1. microbe (pathogen) 2. reservoir a. place for pathogen to accumulate 3. means for microbe to leave reservoir 4. method of transmission a. how the pathogen spreads 5. portal of entry to host a. how the pathogen enters the new host 6. susceptible host a. person infected

Objectives	Content Outline
Identify factors contributing to the incidence of infection as evidenced by minimum grade of 80% on the unit test.	C. Factors contributing to incidence of infection 1. number of organisms (pathogens) present a. hospital acquired infection - nosocomial 2. virulence of organism or pathogen 3. susceptibility of the host a. age b. illness c. chronic disease d. poor nutrition e. poor hygiene f. stress g. fatigue 4. environmental conditions that foster growth of pathogens a. food – live or dead matter b. moisture c. warm temperature d. darkness
Describe sources and sites of infection as evidenced by participation in classroom discussion.	D. Sources of infection 1. human a. not washing hands after going to the bathroom b. coughing/sneezing into your hands c. poor hygiene 2. animal a. fecal contamination b. cat scratch fever c. deer tick (Lyme disease, Rocky Mountain spotted fever) d. mosquito (West Nile virus, malaria) e. meat that is not prepared to the proper temperature 3. environment a. contaminated water b. contaminated food c. food that is not properly refrigerated E. Sites of infection 1. respiratory system 2. urinary system 3. blood 4. break in the skin 5. intestinal tract
Identify human defenses against infection as evidenced by participation in classroom discussion.	F. Human body defenses against infection 1. external defenses a. the skin b. mucous membranes c. hair in the nose and ears d. keeping the skin clean e. good oral hygiene

Objectives	Content Outline
	2. internal defenses a. immune response 1. blood goes to area to clean away pathogens (redness, swelling, warmth) 2. white blood cells attack pathogen (pus) 3. increased body temperature (fever) helps to destroy pathogens b. antibodies 1. special proteins created by previous exposure to a pathogen 2. created by vaccination to a particular pathogen 3. attack newly arrived pathogen
List early signs of infection and the importance of reporting signs to a supervisor as evidenced by completion of classroom scenario.	G. Early signs/symptoms of infection 1. feeling “unwell” 2. sore throat 3. coughing 4. fever/chills 5. nausea 6. diarrhea 7. drainage from a skin wound 8. report these signs to appropriate supervisor
Explain why the elderly are so susceptible to infection as evidenced by participation in classroom discussion.	H. Why the elderly are so susceptible to infection 1. immune system becomes weaker 2. skin becomes thinner and tears more easily 3. limited mobility increases risk of pressure sores and skin infections 4. decreased circulation slows response of the blood to an infection 5. decreased circulation slows wound healing 6. catheters and feeding tubes are portals of entry for pathogens 7. dehydration increases risk of infection 8. malnutrition decreased body’s defense mechanisms against infection
Describe Standard Precautions guidelines as evidenced by participation in classroom discussion.	II. Prevention of infection A. Standard Precautions 1. all blood, body fluids, non-intact skin and mucous membranes are considered infected a. blood b. tears c. saliva d. sputum e. vomit f. urine g. feces h. pus or any fluid from a wound i. vaginal secretions j. semen

Objectives	Content Outline
	2. always follow Standard Precautions 3. established by Centers for Disease Control (CDC) B. Standard Precaution Guidelines 1. wash hands before putting on gloves 2. wash hands after taking off gloves 3. do not touch clean objects with contaminated gloves 4. immediately wash all skin contaminated with blood and/or body fluids 5. wear gloves if you may come in contact with blood or body fluids 6. wear a gown if your body may come in contact with blood or body fluids 7. wear a mask, goggles and/or face shield if your face may come in contact with blood or body fluids 8. place all contaminated supplies in special containers 9. dispose of all sharp objects in biohazard containers 10. never recap a needle 11. clean all surfaces potentially contaminated with infectious waste
Compare different methods used to achieve medical asepsis as evidenced by 80% minimum grade on unit test.	C. Medical Asepsis 1. physically removing or killing pathogens 2. uses a. soap b. water c. antiseptics d. disinfectants e. heat 3. sanitation a. basic cleanliness b. hand washing c. washing the body, clothes, linen, dishes 4 antisepsis a. kills pathogens or stops them from growing b. rubbing alcohol c. iodine 5. disinfect a. kills pathogen b. cleaning solutions 6. sterilization a. uses pressurized steam to kill pathogens
Demonstrate proper hand washing technique as evidenced by Satisfactory grade on Skills Record.	D. Hand ~~washing~~ Hygiene 1. most important factor in preventing transmission of pathogens 2. alcohol-based solutions are not a substitute for proper hand washing 3. keep fingernails short and clean 4. do not wear artificial nails or tips 5. rings and bracelets collect pathogens and should not be worn

Objective	Content Outline
	6. use lotion to keep skin soft and intact 7. when to wash hands a. arrival at work b. entering client's room c. leaving client's room d. before and after feeding client e. before putting on gloves and after removing gloves f. after contact with blood or body fluids g. before and after handling food h. before and after drinking and eating i. after smoking j. after handling your hair k. after using the bathroom l. after coughing, sneezing or blowing your nose m. before leaving the facility n. when you get home 8. hand washing technique a. use technique in most current Virginia Nurse Aide Candidate Handbook
Demonstrate proper donning and removing technique for personal protective equipment as evidenced by Satisfactory grade on Skills Record.	E. Personal Protective Equipment (PPE) 1. barrier between a person and disease 2. gloves, mask, gown, goggles, face shield 3. don and remove PPE a. use technique in most current Virginia Nurse Aide Candidate Handbook
Identify various types of isolation precautions as evidenced by participation in classroom discussion.	F. Isolation precautions 1. measure taken to contain pathogen/s 2. follow CDC guidelines of facility policy 3. protocols to prevent exposure of other residents/staff to pathogen/s 4. Two levels of isolation precautions a. 1st level - Standard Precautions 1. For all resident care 2. For protection from blood and body fluids which may contain infectious agents b. 2nd level – Transmission based ~~1. Multi-drug resistant organism - microorganism, usually bacteria, that is resistant to commonly used anti-microbial agents (e.g. antibiotics)~~ ~~a. MRSA – methicillin resistant Staphococcus aureus~~ ~~b. VRE – vancomycin resistant enterococcus~~ ~~c. Clostidium difficile (c. diff)~~ ~~2. airborne – transmitted through the air~~ ~~a. TB, chicken pox~~ ~~3. droplet – transmitted by droplets from~~

Objectives	Content Outline
Describe the disposition of infectious waste material in a health care facility as evidenced by minimum of 80% on the unit test.	~~mouth or nose~~ ~~a. flu, strep throat, pneumonia~~ ~~4. contact – transmitted by touching~~ ~~a. skin/wound infections, feces, respiratory secretions~~ G. Personal Hygiene 1. keep yourself clean 2. wear clean uniform each day 3. keep yourself well-hydrated and well-nourished 4. give yourself adequate rest and sleep 5. if you are ill do not come to work 6. keep hair pulled back and secured 7. follow facility policy and nails and jewelry H. Disposition of contaminated waste 1. infectious waste a. contaminated with blood or body fluids 2. biohazard bags used to dispose of infectious waste a. red bags 3. biohazard bags are not disposed with ordinary trash a. must be incinerated 4. improper disposal of biohazard waste is dangerous for everyone 1. for residents who may be infected or colonized with certain infectious agents (CDC) 2. Three types a.Contact – transmitted by touching such as skin, wound infections, feces, respiratory secretions b. Droplet – transmitted by droplets from mouth or nose such as influenza, strep throat, pneumonia c. Airborne – transmitted through air such as Tuberculosis, chicken pox 3. Infectious agents commonly seen: a. MRSA (Methicillin Resistant Staphlococcus Aureus) b. VRE (Vancomycin Resistant Enterococcus) -multi-drug resistant bacteria -indicative of chronic illness c. C.Diff (Clostridium difficile) – a bacterium which causes inflammation of the colon resulting in diarrhea and serious illness - note hand hygiene must include washing with soap and water versus hand sanitizer

d. Noroviruses – very contagious causing vomiting and diarrhea
e. E. coli (Escherichia coli) – bacteria found all over in environment. Many strains harmless, but some cause severe illness
f. Influenza – Flu can be caused by different strains. Very contagious. Prevention with flu vaccine.

Unit IV – Safety Measures
(18VAC90-26-40.A.1.c)
(18VA 90-26-40.A.7.g)
(18VAC90-26-40.A.9)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Explain the OSHA Bloodborne Pathogen Standards.
2. Identify risk factors for common accidents in health care facilities.
3. Identify safety measures to prevent falls in health care facilities.
4. Discuss measures to prevent various common accidents in health care facilities.
5. Demonstrate how to deal with an obstructed airway.
6. Discuss how to avoid the need for restraints in accordance with current professional standards.
7. Demonstrate how to use good body mechanics when caring for clients.
8. Discuss how to prevent and react to fire and other disasters in a health care facility.

Objectives	Content Outline
Demonstrate an understanding of the OSHA Bloodborne Pathogen Standard as evidenced by participating in classroom discussion.	I. Prevention of Common Accidents A. Occupational Safety and Health Administration (OSHA) 1. federal agency 2. responsible for safety and health of workers in USA 3. establishes workplace rules for safety 4. conducts workplace inspections 5. mandates workplace training for safety issues 6. Bloodborne Pathogen Standard a. requires regular in-service training b. identifies steps to take when exposed to bloodborne pathogen c. requires employers to provide PPE for staff, clients, visitors d. requires each client room to have biohazard containers to dispose of contaminated equipment/supplies e. requires employers to provide free hepatitis B vaccine for employees f. examples of bloodborne diseases: AIDS, hepatitis
List risk factors for common accidents as evidenced by minimum grade of 80% on the unit test.	B. Risk factors for common accidents 1. environmental risk factors a. floor – wet, cluttered b. equipment not used properly or correctly c. equipment not kept in good repair d. special precautions e. arrangement of furnishings/equipment to ~~prevent~~ allow for a clear walkway (med cart, O2 tank, etc) f. mirrors g. throw rugs h. shadows **i.** smells/odors **j.** lighting **k.** stairs 2. client risk factors ~~a. age~~ functional ability/frailty b. impaired vision c. impaired hearing d. impaired sense of smell e. impaired sense of touch f. impaired memory g. altered behavior h. impaired mobility i. medications 3. staff risk factors a. use of equipment without proper training b. being in a hurry c. use of poor body mechanics

Objectives	Content Outline
	C. Fall prevention 1. fall risks for the ~~elderly~~ client/resident a. impaired vision b. impaired hearing c. decreased balance/unsteady gait d. impaired memory e. disoriented f. confused g. slower reaction time h. slower movements i. tremors j. medications
Identify safety procedures to prevent falls in health care facilities as evidenced by participating in classroom discussion and demonstration in skills lab.	2. measures to prevent falls ~~in the elderly~~ a. keep personal items within reach b. keep call bell within reach c. answer call bell promptly d. encourage client to wear their glasses e. maintain adequate lighting in areas where client will ambulate f. lock brakes on movable equipment g. wear non-skid footwear when walking h. wear clothing and footwear that fits properly – not too big or too long i. toilet client on a regular basis j. keep clear walkway in room and halls k. avoid use of throw rugs l. wipe spills on the floor immediately m. only rearrange client's furnishings with their approval n. report any equipment not in good working order o. report any frayed electrical cords p. report any observations of high risk client behavior
Identify the importance of reporting falls to the appropriate supervisor as evidenced by participating in classroom discussion.	3. report a fall to appropriate supervisor immediately a. follow health care facility policy for care of client who has fallen
Discuss measures to prevent various common accidents in health care facilities as evidenced by participation in classroom discussion.	D. prevention of scalds and burns 1. scalds a. burns caused by hot liquid such as water, coffee or tea b. liquid temperature 140° or greater 2. burns a. cigarette burns b. liquid burns c. chemical burns d. electrical burns 3. measures to prevent scalds or burns a. water temperature should be 110°

Objectives	Content Outline
	b. do not have client use toe to check water temperature c. staff should check temperature of water before giving client bath or shower d. use low setting on hair dryers e. do not use microwave oven to prepare a warm soak or application f. encourage client to allow hot drinks to cool before drinking g. if client has tremors, encourage use of closed cup when drinking hot liquids h. pour hot liquids away from clients i. require client to follow facility smoking policy j. frequently check electrical cords for fraying and report any that are frayed; use safety outlet plugs k. avoid keeping cleaning chemicals in areas where clients have access 4. report a scald or burn to appropriate supervisor immediately a. follow health care facility policy for care of client who has been scaled or burned
Identify the information contained on a ~~Materials~~ Safety Data Sheet as evidenced by accurately reading a specified SDS. https://www.osha.gov/Publications/OSHA3514.html	5. ~~Materials~~ Safety Data Sheets (SDS) a. an OSHA requirement in all health care facilities for any dangerous chemical on site b. all staff should have access and know where these are kept c. information included on SDS 1. chemical ingredient 2. danger of the product 3. PPE to be worn when using chemical 4. correct way to use and clean up the chemical 5. emergency action to take if the chemical is spilled, splashed or ingested 6.safe handling procedures for the chemical
	E. prevention of poisoning 1. risk factors a. personal care items – nail polish remover, soaps, perfume, hair products b. cleaning supplies c. some plants/flowers 2. Poison Control phone number required to be prominently displayed 3. measures to prevent poisoning a. keep cleaning chemicals in locked cabinet b. check drawers for hoarded food that may have spoiled c. keep medications away from the bedside 4. report a poisoning to appropriate supervisor immediately a. follow health care facility policy for care of

Objectives	Content Outline
	client who has been poisoned
Demonstrate the procedure for dealing with an obstructed airway as evidenced by successfully performing the procedure on a manikin. https://youtu.be/A80wU5UgS-A	F. prevention of choking 1. object blocks the trachea (windpipe) 2. risk factors a. difficulty swallowing b. disoriented 3. measures to prevent choking a. client in upright position for eating/feeding b. do not rush client while eating c. cut food into small pieces d. use thickening for liquids if client has difficulty with thin liquids e. make sure dentures fit correctly f. report any problems with swallowing or choking to appropriate supervisor 4. demonstrate how to deal with an obstructed airway a. follow health care facility guidelines for obstructed airway G. prevention of suffocation 1.risk factors a. improperly fitting dentures b. poor feeding technique c. unattended baths d. use of restraints 2.measures to prevent suffocation a. report to appropriate supervisor any dentures that do not fit properly b. always have client in upright position when eating c. never leave client unattended in a bath tub, whirlpool or shower d. avoid use of physical or chemical restraints
Discuss the use of restraints, including the reasons to avoid their use, as evidenced by participation in classroom discussion.	H. Avoiding the need for restraints 1. restraints a. restrict voluntary movement or behavior b. may be physical or chemical 2. physical restraints/protective devices a. examples – vest, wrist/ankle restraints, waist/belt restraint, mitt b. bed side rails c. ~~geriatric table chair~~ any chair that prevents client/resident from rising (geriatric table chair; recliner) 3. chemical restraints a. medication that controls client's behavior 4. problems with restraints/protective devices a. bruising b. decreased mobility 1. pressure sores

Objectives	Content Outline
	2. pneumonia 3. incontinence 4. constipation 5. social isolation c. stress and anxiety d. increased agitation e. loss of independence f. loss of dignity g. loss of self-esteem h. risk of suffocation
Explain the importance of and frequency of monitoring the client while restraints/protective devices are in use.	5. use of restraints/protective devices a. requires health care provider order b. illegal to use for convenience of the staff c. client must be continually monitored, at least every 15 minutes d. restraint must be released every 2 hours e. know how to use
Identify alternatives to restraints/protective devices as evidenced by active participation in classroom discussion.	6. restraint alternatives (restraint-free care) a. evaluate situation for cause of behavior or problem by anticipating client/resident's needs: ~~is client…~~ 1. is client/resident wet ? 2. is client/resident soiled ? 3. is client/resident tired ? 4. is client/resident thirsty ? 5. is client/resident hungry ? 6. is client/resident bored ? 7. observe for emotional status 8. observe for pain 9. is client/resident confused/disoriented? b. encourage client independence 1. provide meaningful activities 2. ~~allow~~ encourage to participate in activities to best of client's ability 3. redirect the client's interests c. reduce boredom ~~keep~~ encourage client/residents' engagement 1. involve ~~client with~~ in activities/life enrichment appropriate for client/resident 2. take client/resident for walk 3. encourage participation in social activities that are meaningful to the client/resident 4. provide reading materials 5. read to client/resident if desired d. provide a safe area for client to ~~walk~~ ambulate 1. well-lighted 2. free of clutter 3. make sure client wears non-skid footwear 4. provide activity for client who wanders at night

Objectives	Content Outline
	e. reduce tension and anxiety 1. toilet every 2 hours 2. escort client to social activities 3. provide backrub 4. offer snack or drink 5. reduce noise level around client 6. play soothing music f. involve family in client's care 1. encourage visits 2. encourage participation in care of client g. other alternatives to restraints 1. bed/chair alarms 2. specially shaped cushions h. report any changes in client's behavior or mental appropriate supervisor i. answer call bells immediately
Demonstrate the use of good body mechanics as evidenced by performance of skills on Skills Record.	II. Workplace Safety A. Body mechanics 1. definitions a. alignment – keeping muscles and joints in proper position to prevent unnecessary stress on them b. balance – keeping center of gravity close to base of support c. coordinated body movement – using your body weight to help move the object 2. lifting a. feet hip distance apart b. back straight c. knees bent d. object close to you e. tighten abdominal muscles f. lift with leg muscles g. keep object close to your body h. keep your back straight 3. client care a. if client is in bed, raise bed to waist height. Remember to lower bed when you are finished b. push, slide or pull rather than lifting, if possible c. avoid twisting when lifting by pivoting your feet d. do not try to lift with one hand e. ask for help from co-workers f. tell client what you are planning to do so they help you, if possible
Demonstrate the correct way to assist a falling client as evidenced by role-playing with a fellow student.	4. assisting the falling client a. do not try to prevent the fall

Objectives	Content Outline
	b. stand behind the client with arms around his torso c. slide client down your body and leg, as a sliding board d. ease client to the floor e. protect the head f. stay with client and call for help g. report the incident to the appropriate supervisor as soon as possible
Discuss the importance of and methods for reporting incidents/accidents to the appropriate supervisor as evidenced by accurately documenting an incident or an accident on an Incident Report.	B. Incident/Accident reports 1. incident – accident, problem or unexpected event that occurs while providing client care a. may involve staff, client and/or visitor 2. report should be written as soon as possible after the event a. document exactly what happened b. give time and condition of person involved c. only use facts, not opinions 3. information is confidential 4. report is given to the charge nurse 5. always file an incident report if you are injured on the job a. provides protection for you b. identifies that injury occurred at work
Identify potential causes of a fire in a health care facility as evidenced by participation in classroom discussion.	C. Fire safety 1. fire requires a. object that will burn b. fuel – oxygen c. heat to make the flame 2. potential causes of fire a. smoking b. frayed/damaged electrical cord/wires c. electrical equipment in need of repair d. space heaters e. overloaded electrical plugs/outlets f. oxygen use g. careless cooking h. oily cleaning rags i. newspapers and paper clutter
Identify ways to prevent a fire in a health care facility as evidenced by participation in classroom discussion.	3. ways to prevent fire in a health care facility a. stay with resident who is smoking b. make sure cigarettes and ash are in ashtray c. only empty an ashtray if cigarette and ash are not hot d. report frayed/damaged cords/outlets immediately e. keep fire doors closed and accessible f. Keep halls clear and accessible

Objectives	Content Outline
Discuss the sequence of events to be taken if fire is discovered in a health care facility as evidenced by participation in classroom discussion.	4. RACE a. if fire occurs b. R – remove client from danger c. A – activate alarm d. C – contain fire by closing doors and windows e. E – extinguish fire if possible or evacuate the area
Demonstrate the proper use of a fire extinguisher as evidenced by successful role-play in class.	5. use of a fire extinguisher - PASS a. P – pull the pin b. A – aim at the base of the fire c. S – squeeze the handle d. S – sweep back and forth at the base of the fire
	6. know facility policy/procedure for a fire a. call for help immediately b. know location of fire evacuation plan c. remain calm and do not panic d. remove all persons in the immediate area of the fire **(RACE)** e. if a door is close, always check it for heat before opening it f. stay low in room when trying to escape fire to avoid the smoke g. use wet towels to block doorways to prevent smoke from entering a room h. use covering over face to reduce smoke inhalation i. if clothing is on fire…Stop…Drop…Roll j. never get into an elevator during a fire
Discuss the sequence of events to be taken in the event of a disaster as evidenced by participation in classroom discussion.	D. Safety in a disaster 1. definition a. sudden unexpected event b. hurricane c. ice/snow storm d. flood e. tornado f. earthquake g. acts of terrorism
Explain the importance of the facility policy/procedure manual for fire and disaster, including its location as evidenced by finding the manual and locating the fire and disaster policies and the evacuation plan.	2. know where facility disaster policy/procedure manual is located 3. know your responsibilities during a disaster a. listen carefully to directions b. follow instructions c. know location of all exits and stairways d. know where fire alarms and extinguishers are located e. client safety comes first f. keep calm 4. know facility evacuation plan
	E. Safety precautions for oxygen use

Objectives

Discuss the role of the nurse aide and oxygen use in a health care facility as evidenced by accurately role-playing in the skills lab.

Content Outline

1. oxygen use
   a. client with difficulty breathing
   b. prescribed by health care provider
2. role of the nurse aide
   a. observation only
   b. only licensed person (RN or LPN) can adjust the flow rate
3. special safety precautions
   a. post "No Smoking" and "Oxygen in Use" signs in room and on the door to the room
   b. do not permit any smoking in the client's room or around the oxygen equipment
   c. remove fire hazards from the room such as electrical equipment: razors, hair dryers, radios
   d. remove flammable liquids from client's nail polish remover, alcohol
   e. do not permit candles, lighters or matches around oxygen equipment
   f. synthetic (man-made fibers), nylon and wool material should not be used around oxygen equipment because they create static electricity which can create a spark and start a fire
   g. check client's nose and behind their ears for irritation caused by oxygen tubing and report irritation to appropriate supervisor
   h. learn how to turn off oxygen equipment in case of a fire
4. report any changes in the client's condition to the appropriate supervisor
5. report any problems with the oxygen equipment immediately to the appropriate supervisor

Unit V – Emergency Measures
(18VAC90-26-40.A.1.c)
(18VAC 90-26-40.A.2.f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify the basic steps a nurse aide should take in any emergency situation.
2. Identify client symptoms indicative of an emergency.
3. Demonstrate how a nurse aide responds to an unconscious client.
5. Identify the signs/symptoms of various client medical emergencies.
6. Demonstrate the appropriate nurse aide response to various client medical emergencies
7. (optional) Demonstrate how to perform CPR on an adult client.

Objectives	Content Outline
	I. Life-threatening emergency measures A. Emergency 1. definition a. condition requiring immediate medical or surgical treatment to prevent the client from having a permanent disability or from dying
Identify the basic steps a nurse aide should take in any emergency situation as evidenced by participation in classroom discussion.	2. basic steps for nurse aide in an emergency a. collect information from client or situation b. call or send for help c. use gloves and a breathing barrier d. remain calm e. know your limitations f. assist medical personnel after help arrives
Identify symptoms a client may display when experiencing an emergency as evidenced by minimum grade of 80% on the unit test.	3. emergency situations a. change in level of consciousness b. irregular breathing or not breathing c. has no pulse d. severely bleeding e. unusual color or feel to the skin f. choking g. poisoning h. severe pain i. shock j. allergic reaction
Demonstrate the appropriate response to a conscious or unconscious client in an emergency situation as evidenced by role-play in class.	B. Responding to change in level of consciousness 1. definitions a. conscious – mentally alert and aware of surroundings, sensations and thoughts b. confused – disoriented to time, place, and/or person c. unconscious – client is unable to respond to touch or speech 2. responding to conscious client a. has a pulse and is breathing b. observe skin color, warmth, moisture c. call for help

Objectives	Content Outline
	d. question client regarding pain, illnesses, current medical issues e. take vital signs (VS) f. remain calm g. reassure client h. stay with client until help arrives i. document what occurred, the time, and VS 3. responding to an unconscious client a. this is an emergency b. know client's DNR status c. know facility policy/procedure for activating the EMS or 911 d. activate emergency medical system by calling for help or have someone call immediately e. initiate CPR (if facility policy permits) or first aid until EMS or medical personnel arrive 4. responding to a client who is not breathing a. position on the floor b. shake to determine consciousness c. if unconscious, call for help d. open the airway with head tilt-chin lift e. look-listen-feel for 10 seconds to determine if client has signs of life f. if there are signs of life, provide rescue breaths g. if there are no signs of life begin CPR
Demonstrate CPR, including the use of an AED, on an adult manikin as evidenced by Satisfactory grade on Skills Record. (optional)	5. responding to client who has no pulse and is not breathing (if facility policy permits a Nurse Aide to perform CPR and client is not a DNR) a. position on the floor b. shake to determine consciousness c. if unconscious, call for help d. open the airway e. look-listen-feel for 10 seconds to determine if client has signs of life f. if there are no signs of life begin CPR g. provide 30 chest compressions and 2 breaths at a rate of 100 compressions/minute h. repeat 5 cycles of 30 compressions:2 breaths until the AED (automated external defibrillator) arrives i. when AED arrives place pads on chest and follow the prompts from the AED
Discuss appropriate nurse aide actions for a client who is bleeding.	II. Basic Emergency Measures A. Bleeding 1. call nurse immediately 2. put on gloves 3. have client lie down 4. apply pressure to source of bleeding with a clean cloth 5. elevate source of bleeding above level of the heart, if

Objectives	Content Outline
	possible 6. place another cloth on top of original cloth if the 1st one becomes saturated 7. when help arrives, remove gloves, wash hands and document what occurred
Discuss appropriate nurse aide actions for a client who is having a nose bleed.	B. Nose bleed (Epistaxis) 1. may be caused by dry air, medical condition, medications 2. notify nurse immediately 3. put on gloves 4. have client tilt head slightly forward and squeeze the nose with your fingers 5. apply pressure until bleeding stops 6. apply ice pack or cool cloth to back of the neck, forehead or upper lip to help slow the bleeding 7. stay with client until bleeding stops 8. remove gloves and document what occurred
Demonstrate appropriate nurse aide actions for a client who has fainted as evidenced by role-play in class.	C. Fainting (Syncope) 1. caused by decreased blood flow to the brain 2. notify nurse immediately 3. assist client to floor 4. if client is in chair, have them place head between their knees 5. elevate feet about 12 inches above level of the heart 6. take VS 7. loosen any tight clothing 8. do not leave client unattended 9. if client vomits, turn on side in recovery position 10. after symptoms disappear have client remain lying down for 5 minutes 11. slowly assist client to seated position 12. document what occurred, the time and VS
Discuss appropriate nurse aide actions for a client who has vomited.	D. Vomiting (Emesis) 1. notify nurse immediately 2. put on gloves 3. use emesis basin, wash basin or trash can 4. wipe client's mouth and nose 5. be calm and reassuring to the client 6. when client is finished offer water or mouthwash to rinse the mouth 8. encourage client to brush teeth or provide oral care to dependent client 9. provide client with clean clothes and/or clean linen as necessary 10. flush vomit down the toilet after showing it to the nurse and wash the basin 10. place soiled linen in proper containers 11. remove gloves and wash hands 12. document time, amount, color, odor and consistency of vomitus

Objectives	Content Outline
Discuss appropriate nurse aide actions for a client who has been burned.	E. Burns (1st, 2nd, & 3rd degree) 1. notify nurse immediately – assist only as directed by lic professional (i.e.-nurse, N.P., physician, P.A.) 2. put on gloves to protect client/resident and self ~~3. for minor burns, place area under cool running water~~ 3. lightly cover with dry, sterile gauze, if directed 4. never apply butter, oil, ~~or~~ ointment, water or any other solution to a burn ~~5. if burn is severe or is caused by a fire, do not apply water~~ ~~a. remove as much clothing around the burn as possible without pulling away clothing that sticks to the burn~~ ~~b. cover burn with dry sterile gauze~~ ~~c.~~5. have client lie down and wait for EMS to arrive ~~d.~~ 6. stay with client until help arrives 7. remove gloves, wash hands and document what Occurred per facility policy
Explain the signs/symptoms of a heart attack as evidenced by minimum grade of 80% on unit test. Abbreviations c/o = complaint of SOB = Shortness of breath	F. Most common Signs of a heart attack (myocardial infarction) (MI) (may differ in males and females) 1. ~~complaint of~~ c/o "heaviness" or pain in the chest – female may feel tight discomfort described as a full feeling across entire chest 2. ~~complaint of~~ c/o pain radiating down left arm (either male or female) 3. c/o sharp upper body pain (female) 4. difficulty breathing or SOB 5. sweating – may be mistaken for hot flash in females 6. skin looks pale or bluish 7. complaint of nausea or indigestion 8. stomach cramps (female) 9. jaw pain (female)
Discuss appropriate nurse aide actions for a client who has signs/symptom of a heart attack.	G. Heart attack 1. have client lie down 2. notify nurse immediately 3. this is medical emergency 4. elevate client's head to help him/her breathe better 5. initiate CPR if necessary 6. stay with client until help arrives 7. document what occurred and the time per facility policy
Discuss appropriate nurse aide actions for a client who is having a seizure.	H. Seizure 1. Clear the immediate area of objects that may cause harm 2. Assist client/resident to the floor 3. Notify nurse immediately 4. protect the head, but allow remainder of body to move 5. note time seizure began ~~6. notify nurse immediately~~

Objectives	Content Outline
	6. do not try to put anything in client's mouth 7. after seizure, turn client on side in recovery position 8.document time seizure began, what occurred per facility policy
Explain the signs/symptoms of a stroke as evidenced by minimum grade of 80% on unit test. Discuss appropriate nurse aide actions for a client who is having a stroke.	I. Signs of a ~~stroke (CVA~~)cerebral vascular accident (CVA) such as stroke. Remember to act FAST and report to nursing supervisor of appropriate licensed Staff immediately. 1. change in level of consciousness 2. complaint of severe headache 3. drooping on one side of the face 4. weakness on one side of the body 5. sudden on-set of slurred speech
Observe and report (Using Mnemonic) **F** FACE: Does one side of the face droop? **A** ARMS: Does one arm drift downward when both arms are raised? **S** SPEECH: Is speech slurred or strange? **T** TIME: If you observe any of these signs, report to appropriate staff member immediately. This is a medical emergency; follow facility policy for activating 9-1-1.	J. Stroke 1. notify nurse immediately 2. this is medical emergency 3. have client lie down 4. note time of on-set of symptoms 5. stay with client until EMS arrives 6. document time of on-set of symptoms and what occurred
Discuss definition of and causes of shock.	K. Shock 1. definition a. lack of adequate blood supply to body organs b. medical emergency 2. causes a. bleeding b. heart attack c. severe infection d. low blood pressure e. exposure to environmental changes
Identify the signs/symptoms of shock as evidenced by minimum grade of 80% on unit test.	3. signs/symptoms a. pale or bluish skin b. staring c. increased pulse and respirations d. decreased blood pressure e. extreme thirst
Discuss appropriate nurse aide actions for a client who is in shock.	4. care of client experiencing shock a. notify nurse immediately b. have client lie down c. control any bleeding that you can see d. check VS e. if no respirations or pulse begin CPR f. cover client with blanket to maintain temperature g. elevate feet about 12 inches

Objectives	Content Outline
	h. do not give client anything to eat or drink i. remain with client until EMS arrives j. document what occurred
Explain the signs/symptoms of hypoglycemia as evidenced by minimum grade of 80% on unit test.	L. Diabetic reactions 1. low blood sugar (hypoglycemia) a. signs/symptoms 1 nervous 2. dizzy 3. hungry 4. headache 5. rapid pulse 6. disoriented 7. cool, clammy skin 8. unconscious
Discuss appropriate nurse aide actions for a client who is hypoglycemic.	b. care of client with low blood sugar 1. notify the nurse immediately 2. if conscious, give glass of orange juice or something to eat that has sugar or complex carbohydrates 3. know facility policy for low blood sugar 4. stay with client until feels better 5. document what symptoms you saw, when they occurred and what you did
Explain the signs/symptoms of hyperglycemia as evidenced by minimum grade of 80% on unit test.	2. high blood sugar (hyperglycemia) a. signs/symptoms 1. increased thirst 2. increased urination 3. increased hunger 4. flushed, dry skin 5. drowsy 6. nausea, vomiting 7. unconscious
Mnemonic Hot and dry; sugar high Cold and clammy; need some candy	
Discuss appropriate nurse aide actions for a client who is hyperglycemic.	b. care of client with high blood sugar 1. notify nurse immediately 2. follow nurses instructions 3. document what symptoms you saw, when they occurred and what you did

Unit VI – Client Rights
(18VAC90-26-40.A.1.d)
(18VAC 90-26-40.A.1.e)
(18VAC 90-26-40.A.4.b)
(18VAC 90-26-40.A.4.h)
(18VAC 90-26-40.A.7.a,b,c,d,e,f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify the basic rights of all clients.
2. Identify specific rights of clients in long-term care facilities.
3. Explain how HIPAA effects practice of the nurse aide.
5. Demonstrate actions of the nurse aide that promote client rights in long-term care facilities.
6. Discuss strategies to provide privacy and maintain confidentiality.
7. Define mistreatment including, abuse, neglect, and exploitation including misappropriation of client's/resident's property.
8. Recognize indicators of abuse, neglect, and exploitation including misappropriation of client's/resident's property.
8. Identify actions the nurse aide can take to avoid accusations of ~~abuse,~~ mistreatment including adult abuse, neglect, ~~and~~ neglect and/or exploitation and misappropriation of client's/resident's property ~~toward clients~~.
8. Describe the consequences of a report of ~~abuse,~~ mistreatment, including adult abuse, ~~or~~ neglect or exploitation against a nurse nurse aide
9. Describe strategies the nurse aide can use to promote client independence.
10. Explain how the nurse aide can modify care of the client to promote culturally sensitive care.
11. Identify developmental tasks for each age group.
12. Discuss how the changes of late adulthood effect the psychosocial and physical care of the client in long-term care.

Objectives	Content Outline
Identify the four (4) basic rights of all clients as evidenced by a minimum grade of 80% of the unit test.	I. Basic Rights of All Clients A. right to be treated fairly and with respect B. right t3o live in dignity C. right to be free from fear D. right to pursue a meaningful life
Explain client rights identified in the Omnibus Budget Reconciliation Act (OBRA) and the Health Insurance Portability and Accountability Act (HIPAA) as evidenced by participation in classroom discussion.	II. Rights of clients of long-term care facilities A. part of Omnibus Budget Reconciliation Act (OBRA) B. client has right to: 1. make decisions regarding care 2. privacy 3. be free from physical or psychological abuse, including improper use of restraints 4. receive visitors and to share room with a spouse if both partners are residents in the same facility 5. use personal possessions 6. control own finances 7. confidentiality of his/her personal and clinical records 8. information about eligibility for Medicare or Medicaid funds 9. information about facility's compliance with regulations, plan changes in living arrangement and available services

Objectives

Identify nurse aide actions that maintain client privacy and confidentiality as evidenced by accurate participation in classroom scenarios.

Identify nurse aide actions that promote the client's right to make personal choices to accommodate their individual needs as evidence by accurate participation.

9. ~~remain in facility unless transfer or discharge is required by change in clients health, ability to pay or the facility closes~~

10. voice grievances without discrimination or reprisal
11. examine results of recent survey
12. exercise his/her rights as a citizen or resident of the U.S.
13. remain in facility unless transfer or discharge is required by change in client/resident's health, ability to pay, or the facility closes
14. organize and participate in groups organized by other residents or families of residents including social, religious and community activities
15. choose to work at the facility either as a volunteer or a paid employee, but cannot be obligated to work

C. HIPAA (Health Insurance Portability and Accountability Act)
   1. Federal law since 1996 (Privacy Rule 2000 & Security Rule 2003, Enforcement
   2. identifies protected health information that must remain confidential
   3. only those who must have information for care or to process records can have access to this information
   4. nurse aide must never share protected health information with anyone not directly involved in care of client/resident (including family members or other clients/residents)
   5. do not give information over the telephone unless you know you are speaking with an approved staff member
   6. do not share client information on any social Media, including photos, videos, texts, and emails
   7. do not discuss client/resident in public area
   8. set standards for use of individually identifiable health information use, and electronic records
   9.set standards for reporting vilolations

D. actions of the nurse aide to promote client rights
   1. right to privacy and confidentiality
   a. pull curtain or close door when providing personal care
   b. cover lap of client sitting in chair/wheelchair
   c. allow client to use bathroom in private
   d. allow alone-time with family and visitors

Content Outline

   e. allow client to have personal alone-time
   f. only discuss client/resident information with

Objectives

Identify nurse aide actions that assist the client with their right to receive assistance resolving grievances and disputes as evidenced by accurate participation in classroom scenarios

Describe the role of the ombudsman in a long-term care facility as evidenced by accurate participation in classroom scenarios.

other health care team members when there is a need to know. Do not share information with unauthorized family members or with other clients/residents

g. do not share client information on any form of social media, including photos, videos, texts and emails

2. right to make personal choices to accommodate individual needs
a. client has right to make choices about their care
    1. may choose own physician
    2. participate in planning their therapies, treatments and medications
    3. right to refuse care, medication
b. encourage client to make choices during personal care
    1. when to bathe/shower
    2. what to wear
    3. how to style hair
c. encourage client to make choices at mealtime
    1. filling out menu
    2. order in which food is eaten
    3. what fluids offered
d. encourage client to choose activities and schedules
e. honor client choices regarding when to get up and when to go to bed
f. permit client enough time to make choices
g. make a habit of offering client choices while providing care
h. offer input to Interdisciplinary Care Team regarding client choices
i. freedom of sexual expression/gender identity

3. assistance resolving grievances and disputes
a. listen to client
    1. obtain all the facts
    2. report facts to charge nurse
    3. follow up with the client
b. avoid involvement in family matters
    1. do not take sides
    2. do not give confidential information to family members
    3. report disagreements to charge nurse
c. remember the nurse aide is the client advocate
d. involve the ombudsman of the facility
    1. legal problem solver on behalf of client
    2. listens to client and decides what

action to take
    3. telephone number is listed in the

Objectives

Identify nurse aide actions that provide the client with assistance necessary to participate in client and family groups and other activities as evidenced by accurate participation in classroom scenarios.

Identify nurse aide actions that maintain the care and security of the client's personal possessions as evidenced by accurate participation in classroom scenarios.

facility

e. client may not be punished or fear retaliation for voicing concerns or complaints

4. provide assistance necessary to participate in client and family groups and other activities
a. provide client with calendar of daily activities
b. allow time to make choices
c. be flexible with client schedule to permit participation in activities
d. encourage client to participate in activities
e. encourage family to visit
f. procure appropriate assistive devices to be able to attend activities
    1. wheelchair
    2. walker
    3. cane
g. assist client to dress appropriately to attend activities
    1. glasses
    2. hearing aid
    3. ~~attractive~~, clean, appropriate clothing
    4. hair care and grooming
h. assist client to toilet before attending activities
i. provide means to attend activities in facility
    1. escort or take client to activities in facility
    2. return client to room after activities in facility
j. families have right to meet with other families to discuss concerns, suggestions and plan activities

5. maintaining care and security of client's personal possessions
a. mark all clothing with name and room number
b. encourage family to take valuable items and money home
c. if client wants to keep valuable, encourage use of lock box or facility safe
d. honor privacy of client regarding their possessions
e. assist client to keep personal possessions neat and clean
f. permit client right to decide where personal items are kept, if possible
g. be careful when working around client personal items
h. complaint of stolen, lost or damaged property must immediately be reported and investigated

Content Outline

i. avoid placing client personal possessions in areas where nursing care is performed

Objectives

According to APS,
reports are made immediately

Find your local APS
http://www.dss.virginia.gov/localagency/index.cgi

Define the types of adult abuse recognized in Virginia

6. promoting client's (vulnerable adults) right to be free from mistreatment, including ~~and~~ abuse, neglect, exploitation ~~and/or~~ including misappropriation of client/resident property and the need to report any instances of such treatment to appropriate staff and/or Adult Protective Services (APS)
   a. philosophy of APS. Vulnerable adults (client/resident has the right to:
      1. to be treated with dignity
      2. refuse assistance if he/she is capable of making decisions
      3. make their own choices regarding how and where they live
      4. privacy
   b. vulnerable adults are persons 18 years of age or older who are incapacitated, or persons 60 years of age or older
   c. mandatory reporting of suspicion of willful infliction of injury, unreasonable confinement, intimidation or punishment resulting in physical harm or mental anguish – Elder Justice Act
   d. mandatory reporters include, but are not limited to
      1. any person licensed, certified or registered, by health regulatory boards (except veterinarians), any mental health service provider, any person employed by or contracted with a facility working with adults in a administrative, supportive, or direct care capacity, any law enforcement officer
      2. reports should be made immediately to the local Department of Social Services or toll-free 24-hour APS hotline 1-888-832-3858. As a caregiver, you are uniquely suited to observe mistreatment.
      3. If there is harm/injury, reporting ???
      made timely within 2 hours and reports within 24-hours
      If there is harm/injury local law enforcement must be notified

7. Define abuse
   a. abuse – the intentional infliction of physical pain or injury. This also includes mental anguish and extends to unreasonable confinement – physical or chemical restraints, isolation, or other means of confinement without medical orders, when such confinement is used for purposes other than providing safety and well-being of client/resident or those around the individual
   b. mental (psychological) anguish – indicated by a state of emotional pain or distress resulting from activity (verbal or behavioral) or a perpetrator. The intent of the activity is to threaten or intimidate, to cause sorrow, or fear, to humiliate, change behavior or ridicule. Evidence must show that the mental anguish was caused by the perpetrator's activity.
   c. sexual abuse – unwanted sexual activity including, but not limited to, an act committed with the intent to sexually molest, arouse, or gratify another person against that person's

Recognize the indicators of physical abuse of older or incapacitated adults

Discuss the definition of neglect of vulnerable or incapacitated adults (clients/residents)

Recognize the indicators of neglect of vulnerable or incapacitated adults (clients/residents)

Discuss the definition exploitation of vulnerable or incapacitated adults (clients/residents)

Recognize the indicators of exploitation of vulnerable or incapacitated adults (clients/residents)

will, that occurs by force, threat, intimidation, or advantage.
d. indicators of physical abuse
1. multiple and/or severe bruises, burns, and welts
2. unexplained injuries
3. a mix of old and new bruises (may indicate abuse over time)
4. signs of broken bones and fractures (may complain of pain or weakness)
e. indicators of unreasonable confinement
1. restraints used on chairs or bed
2. an adult who is placed or locked in a room
3. social isolation
4. pressure sores from prolong stays in a restrained position

f. indicators of mental of psychological abuse
1. verbal assaults, threats, or intimidation by a caregiver
2. the client/resident demonstrates fear of the caregiver
3. the caregiver doesn't allow anyone to visit with the adult alone
4. adult is withdrawn/doesn't communicate in the presence of the caregiver

8. Define neglect
a. any condition that threatens the client's/resident's physical and mental health and well-being. Neglect can include medical neglect in the form of a caregiver withholding medications or aids such as hearing aids, glasses, walkers, or failure to obtain needed medical treatment.
b. indicators of neglect
1. untreated medical or mental health problems
2. medication not taken or administered as prescribed
3. dehydration and malnourishment – including not Providing adults with necessary special dietary needs

9. Define exploitation
a. the illegal use of an adult's resources for profit or advantage. Typically relates to financial exploitation and include misuse or theft of funds, inappropriate use of property, or the threat to withhold services or care unless financial resources are made available to the other person
a. Indicators of exploitation
1. misappropriation of client/resident's possession; taking money or personal items that belong to the client/resident
2. deceiving client/resident into signing documents that benefit you (titles of possessions, bank signature cards, credit card applications)
3. personal belongings, especially those of value are missing after a visit with family or friends
3. if you are aware that anyone is attempting to exploit a client/resident, i.e. client/resident tells you a relative made him/her sign papers but he/she doesn't know what was signed, you should report it.

Objectives

Define negligence as it relates to nurse aides providing care to client/residents

NEED TO DECIDE IF YOU WANT TO KEEP ALL OF THIS IN AS ABUSE, NEGLECT, AND EXPLOITATION HAS ALREADY BEEN ADDRESSED

10. Define Negligence
    a. causing harm or injury to another person without the intent to cause harm
    b. client falls and breaks a hip when transferring from wheelchair to bed because nurse aide forgot to lock brakes on the wheelchair

~~8. Signs of mistreatment, including abuse, neglect, and/or exploitation~~

~~1. abuse – repeated, deliberate infliction of injury to another person~~
~~a. physical abuse – striking, biting, hitting, slapping, shaking~~
~~b. emotional mental abuse – threatening with physical harm, cruel teasing, yelling at, taunting, involuntary seclusion, causing person to feel afraid, cursing at person~~
~~1.slander – saying untrue Statements that hurt another person's reputation~~
~~2. libel – writing untrue statements that hurt another person's reputation~~
~~3. assault~~
~~a. threatening or attempting to touch a person without his consent~~
~~b. causing a person to fear bodily harm~~
~~c. "If you get out of that chair I will tie you into it"~~

~~c. sexual abuse – forcing another person to engage in sexual behavior~~
~~1. non-consensual sexual contact of any kind with a client/resident~~
~~2. allowing someone else to have non-consensual sex with a client/resident~~

~~2. negligence~~
~~c. causing harm or injury to another person without the intent to cause harm~~
~~d. client falls and breaks a hip when transferring from wheelchair to bed because nurse aide forgot to lock brakes on the wheelchair~~

~~a. exploitation – taking advantage of another person~~
~~b. misappropriation of personal possessions – taking money or personal items that belong to the~~

Objectives

Identify actions of the nurse aide that constitute client/resident mistreatment including adult abuse, neglect and/or ~~mistreatment~~ exploitation as evidenced by accurate participation in classroom discussion.

~~client~~

~~3. exploitation – taking advantage of another person~~
~~a.misappropriation of client/resident's possession; taking money or personal items that belong to the client/resident~~
~~b.deceiving client/resident into signing documents that benefit you (titles of possessions, bank signature cards, credit card applications)~~

~~4. false imprisonment – unlawfully confining or restraining client against their will~~
~~a. includes both the threat of restraining and the actual act of restraining~~
~~5. assault~~
~~a. threatening or attempting to touch person without his consent~~

~~b. causing person to fear bodily harm~~
~~c. "If you get up out of that chair I will tie you into it."~~
~~6. battery~~
~~a. touching person without their consent~~
~~b. performing a procedure on a client without their consent~~
~~7. negligence~~
~~c. causing harm or injury to another person without the intent to cause harm~~
~~f. client falls and breaks a hip when transferring from wheelchair to bed because nurse aide forgot to lock brakes on the wheelchair~~
8. malpractice
~~a. negligence committed by licensed personnel (LPN, RN, MD)~~
~~b. nurse aide may not be charged with malpractice~~

b. actions of the nurse aide that constitute abuse
1. yelling at client
2. directing obscenities toward client
3. threatening client with
   a. physical injury
   b. false imprisonment
   c. withdrawal of food or fluids
   d. withdrawal of physical assistance

4. hitting
5. shaking
6. biting
7. ~~failure to turn and reposition a bed-ridden client~~
8. forced isolation

9. teasing in a cruel manner
10. inappropriate sexual comments or acts
11. ~~taking money or possessions that are not yours~~

c. actions of the nurse aide that constitute neglect
   1. inadequate personal care
   2. inadequate nutrition
   3. inadequate hydration
   4. failure to turn and reposition a bed ridden client/resident
   5. living areas not kept neat and clean

d. actions of the nurse aide that constitute ~~mistreatment~~ exploitation
   ~~1. treating client as a child~~ taking client/resident possessions
   2. forcing client to perform activities in exchange for care
   3.asking for or borrowing money from a client/resident
   ~~3. making fun of client~~
   4.forging client/resident's signature for personal gain
   5.unauthorized receipt of gifts or gratuities
   6. accepting money beyond normal compensation

Identify signs and symptoms that indicate client abuse, neglect or exploitation as evidenced by accurately participating in classroom discussion.

11. signs and symptoms that client has been abused, neglected or exploited
a. unexplained bruising
b. unexplained broken bones
c. bruising/broken bones that occur repeatedly
d. burns shaped like the end of a cigarette
e. bite or scratch marks
f. unexplained weight loss
g. signs of dehydration such as extremely dry and cracked skin or mucous membranes
h. missing hair
i. broken or missing teeth
j. blood in underwear
k. bruising in the genital area
l. unclean body and/or clothes
m. strong smell of urine
n. poor grooming and hygiene
o. depression or withdrawal
p. mood swings
q. fear or anxiety when a particular caregiver is present
r. fear of being left alone

Describe the nurse aide's role as a mandated reporter as evidenced by a minimum grade of 80% on unit test.

12. nurse aide is a mandated reporter
a. definition
   1. required by law to report suspected or observed abuse ~~or~~ neglect or exploitation
b. immediately report suspected or observed adult abuse ~~or~~ neglect to appropriate supervisor and/or Adult Protective Services

Describe the consequences of a report of abuse, ~~mistreatment~~ or neglect against a nurse aide as evidenced by a minimum grade of 80% on the unit test.

c. civil penalty may be imposed for failure to report
d. immunity from criminal or civil liability for making a report in good faith
e. protection from employer retaliation from reporting. Employers cannot prevent an employee from reporting directly to APS.
f. know your facility policy/procedure for reporting suspected or observed abuse, ~~or~~ neglect, and/or exploitation
g. suspected elder abuse, mistreatment, neglect and/or ~~neglect~~ exploitation is reported to local Adult Protective Service, Department of Social Services or to the 24-hour APS hotline
h. if the perpetrator is registered, certified or licensed by the Virginia Board of Nursing an investigation will be initiated
i. 18VAC90-25-100(2)(e) Virginia Board of Nursing Regulations Governing Nurse Aides identifies disciplinary provisions for nurse aides (Abuse, neglect, and abandoning clients/residents)
j. 18VAC90-25-100(2)(h) Virginia Board of Nursing Regulations Governing Nurse Aides identifies disciplinary provisions for nurse aides (Obtaining money or property of a client/resident by fraud, misrepresentation or duress)
k. 18VAC90-25-81identifies actions nurse aide may take to remove a finding of neglect from certification based on a single occurence

Explain how the nurse aide can help the client meet their basic needs described by Maslow as evidenced by participating in classroom discussion.

III. Holistic needs of clients in long-term care facilities

A. Maslow's Hierarchy of Needs

1. physical needs
a. oxygen
b. water
c. food
d. elimination
e. rest
f. nurse aide helps client meet these needs by encouraging eating, drinking and adequate rest and assisting with toileting, if necessary
2. safety and security

a. shelter
b. clothing
c. protection from harm
d. stability
e. nurse aide helps client meet these needs by listening, being compassionate and caring
3. need for love
a. feeling loved

b. feeling accepted
c. feeling of belonging
d. nurse aide helps client meet these needs by welcoming client to facility, encourage

Objectives

Discuss strategies the nurse aide can use to promote client independence.

interaction with other clients
4. need for self-esteem
a. achievement
b. belief in one's own worth and value
c. nurse aide helps client meet these needs by encourage client independence, praise success, promote dignity
5. need for self-actualization
a. need to learn
b. need to create

c. need to realize one's own potential
d. nurse aide helps client meet these needs by accepting client's wishes regarding their activities
6. each level of need must be accomplished before person can move on to the next level

B. Promote client/resident independence
1. Person-centered care
a.Value each unique person
b. Respect personal preferences
c. Encourages client/resident to direct his/her care
d. Encourages meaningful engagement
e. Helps client/resident feel at home
f. Encourages friendships and relationships
2. individualized person-centered ~~nursing~~ multidisciplinary care plan
~~a.~~ written by ~~nursing staff with input from nurse aide~~nurses and other members of the team
b. based on MDS (Minimum Data Set) and other important client/resident data
c. Nurse aides are important members of the team
d. ~~should~~ Care Plan includes
1. client/resident strengths and routines
2. eating skills
3. incontinence management
~~4.~~ skin ~~at risk~~care
~~5. progressive mobility~~cognition
~~6. cognitive orientation~~~~functional status and mobility~~
~~7. progressive self-care~~Assistive devices
3. strategies nurse aide can utilize to promote client independence
a. praise every attempt at independence
b. overlook failures
c. tell client that nurse aide has confidence in their ability
d. allow client time to do for self
e. develop the patience to wait for client to do for self
f. attend to other tasks while waiting for client to attempt to do for self
g. encourage progressive mobility

Objectives

~~Explain how the nurse aide can modify care of the client to promote culturally sensitive care as evidenced by role-play in various classroom scenarios.~~

Define culture, and what represents culture.

Describe cultural sensitivity awareness, ethnic cultures, and national cultures.

h. assist with active and passive range of motion
i. promote social interaction
j. encourage activity

k. report progress and/or needs of independence to the appropriate supervisor

C. Provide culturally sensitive care

1. Culture - definition ~~– learned beliefs, values and behaviors~~the arts, beliefs, customs, and institutions of a certain group of people at a particular time
   a. Culture represents the ideas, learned beliefs, values, behaviors attitudes groups possess
      1. gender
      2. faith
      3. sexual orientation
      4. socioeconmic status
      5. race
      6. ethnicity

~~2. ethnic cultures~~Cultural sensitivity awareness – the knowledge and interpersonal skills that allow you to understand, appreciate, and embrace individuals from cultures and ethnicity other than your own
   ~~a. African-American~~
   ~~b. Hispanic~~
   ~~c. Caucasian~~
3. Ethnic cultures in the United States
   a. numerous ethnic cultures
   b. some ethnic groups may live in the same area
   c. value and respect each unique person
   d. learn to embrace cultural differences
4. national cultures- various cultures from different parts of the world. Ethnicity is usually by country of origin.
   ~~a. Italian~~
   ~~b. Irish~~
   ~~c. German~~
   ~~d. Indian~~
   ~~e. Pakistani~~
   ~~f. Kenyan~~

   ~~g. ethnic by country of origin~~
~~5. religious cultures~~
   ~~a. Jewish~~
   ~~b. Muslim~~
   ~~c. Christian~~
   ~~d. Hindu~~
   ~~e. Buddhist~~
   ~~f. other religions~~
   ~~g. atheist~~
~~6. cultural dietary restrictions~~
   ~~a. Jewish~~
      ~~1. kosher requirements~~

Objectives	
	~~2. no pork products~~ ~~b. Muslim~~ ~~1.halal requirements~~ ~~2.no pork products~~ ~~c. Hindu~~ ~~1. no beef products~~
Recognize cultural differences as it relates to clients/residents, and their family members.	5. cultural differences that impact nursing care a. Religious differences – respect client/resident's beliefs b. Ethnicity – you will encounter people from different backgrounds c. language barrier – provide available interpreter services per facility policy ~~d. spatial distance~~ ~~e. interaction of genders~~ ~~f. generational interaction~~ d. cultural and religious diets – residents may not eat foods that are unfamiliar; family may bring traditional meals; know cultural diet restrictions e. spatial distance – some cultures are uncomfortable when you their personal space f. interaction of genders – approach client/resident according to his/her preferred gender identification g. generational interaction – each generation has its own set of values, beliefs, and life experiences. Take time to learn from others h. fear of the unknown or what is different i. death and dying j. post mortem care
Identify strategies to provide culturally sensitive care	6. strategies to provide culturally sensitive care a. always respect client/resident b. honor client/family requests to follow cultural guidelines c. provide client/family privacy d. ask client/family if they have specific ways of celebrating holidays e. ask if client has special dietary guidelines to follow f. respect differences in cultural values g. self-awareness of your own culture h. do not stereotype – do not assume because a client/resident is from a certain culture that he/she will behave in a certain way i. Do not engage in gossip about client/residents because of gender preferences or any differences
Identify developmental tasks for each age group described by Erikson as evidenced by a minimum grade of 80% on the unit test	D. Stages of Human Growth and Development A. Eric Erikson's Development Tasks 1. birth to 1 year a. receives care and develops trust b. sense of security 2. toddler (1-3 years) a. learns self-control (bowel and bladder control) b. and develops autonomy (self-identity)

3. preschool (3-6 years)
   a. explores the world
   b. develops initiative, ambition

4. school age (6-9years)
   a. gains skills, learns to get along with others
   b. develops industry (work)
5. late childhood (9-12 years)
   a. gains confidence
   b. develops moral behavior
6. teenage or adolescence (13-18)
   a. changes in the body
   b. develops identity (individuality and sexuality)
7. young adult (18-40)
   a. starts family
   b. develops close relationships and intimacy
8. middle adulthood (40-65)
   a. pursues career
   b. physical changes
   c. develops generatively (productivity)
9. late adulthood (65 and older)
   a. reviews own life
   b. resolves remaining life conflicts
   c. accepts own mortality without despair or fear
   d. represents major change of focus from previous life tasks

List psychosocial changes occurring in late adulthood as evidenced by a minimum grade of 80%on the unit test.

Discuss how the changes of late adulthood affect the psychosocial and physical care of the client in long-term care as evidenced by participation in classroom discussion.

B. Psychosocial changes in late adulthood
   1. self-esteem threatened by physical changes
      a. graying hair or loss of hair
      b. wrinkles
      c. slow movement
      d. weight
      e. loss of sex drive and/or decreased libido
   2. autonomy threatened by
      a. change in income
      b. decreased ability to care for self
   3. relationships and intimacy are threatened by
      a. death of spouse
      b. death of family and friends
   4. coping with aging depends on
      a. health status
      b. life experiences
      c. finances
      d. education

Unit VII – Basic Skills
(18VAC90-26-40.A.2.a)
(18VAC 90-26-40.A.2.b)
(18VAC90-26-40.A.2.c)
(18VAC90-26-40.A.2.d)
(18VAC90-26-40.A.2.e)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Explain the beginning and ending steps for the nurse aide when providing care to a client.
2. Recognize changes in body functioning and the importance of reporting these to the appropriate supervisor.
3. Describe how the nurse aide should care for the client's room and his environment in the long-term care facility
4. Demonstrate how to correctly make an occupied and an unoccupied bed, including disposal of linen.
5. Demonstrate how to accurately measure, record and report vital signs, height and weight.
6. Demonstrate various methods to identify and report client pain.
7. Demonstrate accurate measurement, recording and reporting fluid intake and output.
8. Demonstrate accurate measurement and recording of food intake.

Objectives	Content Outline
Explain the beginning and ending steps for the nurse aide when providing care to the client as evidenced by Satisfactory rating on the Skills Record.	I. How to begin and end when providing care to client A. Beginning steps 1. before entering client's room, knock on the door a. client's room is his home 2. identify yourself a. client has right to know who is going to be caring for them 3. identify client a. shows respect b. use client's name, not "honey", "sugar", "Bubba" c. assures you have the correct client 4. wash your hands a. Standard Precautions b. prevent spread of infections 5. explain what you are going to do a. speak clearly, slowly and directly to the client b. client has right to know what to expect c. encourages client independence and cooperation 6. provide for privacy a. client has right to privacy b. promotes client dignity c. pull privacy curtain or close the door 7. use good body mechanics a. raise bed to waist height

Objectives	Content Outline
	b. lock wheels on the bed c. if using a wheelchair, lock the wheels d. only use side rails if specifically ordered
	B. Ending steps 1. ~~assure~~ ensure client is comfortable a. sheets are wrinkle-free and crumb-free b. helps to prevent pressure sores c. replace pillows and blankets d. client's body should be in good alignment 2. put bed in low position a. promotes client safety 3. if side rails were used as part of the procedure, return them to the position ordered for the client 4. remove privacy measures a. open privacy curtain b. open door c. bath blanket 5. place call bell within reach of client a. permits client to communicate with staff as needed 6. announce to client/resident when you are leaving the room 7. wash your hands before leaving client room a. prevents spread of micro-organisms b. Standard Precautions 8. report any changes to supervisor a. physical or mental changes observed while providing care
	II. Recognizing changes in body functioning and the importance of reporting these changes to the appropriate supervisor
Identify changes in mental status that the nurse aide might observe as evidenced by participation in classroom discussion.	A. Changes in mental status 1. confusion 2. combativeness 3. agitation 4. restlessness 5. extreme or unusual verbalization 6. expression of fear 7. complaints of hallucinations 8. being very quiet or withdrawn 9. report changes to appropriate supervisor
Identify changes in physical appearance that the nurse aide might observe as evidenced by participation in classroom discussion.	B. Change in physical appearance 1. Swelling/edema ~~of~~ (i.e. hands, ~~or~~ feet, face, abdomen, or any body part) 2. Pallor, pale skin, yellow skin 3. blue lips, hands or feet

Objectives	Content Outline
	4. an expression of pain 5. change in a mole or wart 6. any change in bowel or bladder contents 7. any change in breast such as dimple or lump 8. any change in genitalia such as discharge 9. unusual grimace or drooling of saliva 10. report changes to appropriate supervisor
Identify changes in appetite that the nurse aide might observe as evidenced by classroom discussion.	C. Change in appetite 1. increase in appetite 2. decrease in appetite 3. report changes to appropriate supervisor
Identify signs of infection that the nurse aide might observe as evidenced by classroom discussion.	D. Signs of infection 1. elevated temperature 2. chills and/or sweating 3. skin hot or cold, flushed or bluish 4. area of skin that is inflamed (warm, red, swollen) 5. delirium/confusion/change in mental status
Discuss changes to the skin and hair that occurs in geriatric clients/residents.	~~E.~~ Age-related changes to skin and hair ~~and what to report to appropriate supervisor~~ 1. Wrinkles (due to less elasticity) 2. Hair – grey/white, balding 3. age spots 4. fragile, ~~dry~~ thinner skin 5. dry, itchy skin – due to less oil production ~~6. thickening of the nails~~nails – harder, thicker, brittle, fungus, discoloration 7. what to report to the appropriate licensed nurse a. skin that is abnormally pale, bluish, yellowish, or flushed b. rash, abrasion, bruising c. mole that has changed in appearance d. redness over a pressure point that does not go away within 5 minutes e. area over a pressure point that has become pale or white f. drainage from a wound g. wound that does not heal h. blisters i. swelling j. c/o pain, tingling, numbness, burning k. weight changes
Identify signs and symptoms that should be reported to the appropriate supervisor. or the appropriate licensed nurse during daily care as evidenced by accurate completion of clinical observation report. or other reporting system.	
c/o = complaint of	
Describe changes to the musculoskeletal system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	F. Age-related changes to the musculoskeletal system ~~and what to report to appropriate supervisor~~ 1. osteoporosis 2. loss of muscle mass 3. arthritis 4. what to report to the appropriate licensed nurse

Objectives	Content Outline
	a. client has fallen b. area of body that is swollen, red, bruised or painful to touch c. complaints of pain when moving a joint d. range of motion for a joint that has decreased movement e. client limps or has pain when walking or repositioning
Identify changes to the respiratory system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	G. Age-related changes to the respiratory system and what to report to appropriate supervisor 1. short of breath- lung strength and capacity decrease, voice weakens 2. more susceptible to respiratory infections (cold, pneumonia, influenza) 3. what to report to the appropriate licensed nurse a. persistent cough, nasal congestion b. change in respiration c. cough produces sputum that is yellowish, greenish or pinkish d. sudden onset of difficulty breathing e. client experiences wheezing or gurgling respirations f. skin has blue or gray tinge
Discuss changes to the cardiovascular system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	H. Age-related changes to the cardiovascular system and what to report to appropriate supervisor 1. heart beats less effectively 2. heart rate slows or speeds up 3. fluid may accumulate in hands and feet 4. orthostatic hypotension 5. chest pain due to lack of oxygen to the heart muscle 6. high blood pressure or low blood pressure 7. what to report a. complaints of chest pain or pressure b. difficulty breathing c. rapid, slow or erratic pulse d. blood pressure that is unusually low or high e. face, lips or fingers are bluish f. shortness of breath on exertion g. complaints of chest or leg pain on exertion h. unusual pain, swelling or redness in legs i. bluish or cool/cold areas on the legs or feet
Describe changes to the nervous system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	I. Age-related changes to the nervous system and what to report to appropriate supervisor

Objectives	Content Outline
	1. slowed reaction time 2. poor balance 3. difficulty remembering recent events 4. loss of sensation in hands and feet 5. reduced grip strength 6. what to report a. change in level of consciousness b. suddenly becomes confused or disoriented c. speech becomes slurred d. eyelid or corner of the mouth begins to droop e. sudden onset of severe headache f. sudden onset of numbness, tingling, loss of sensation in arm, leg or face
Discuss changes to the eyes and ears that may occur in geriatric clients/residents, and what to report to the licensed nurse.	J. Age-related changes to the eyes and ears and what to report to appropriate supervisor 1. eyes adjust more slowly to change in light 2. becomes more difficult to read small print 3. lens becomes cloudy and cataracts form decreasing ability to see 4. less tears are produced causing eye to become dry and irritated 5. what to report about the eyes a. drainage from eyes b. complaints of dryness c. redness in or around the eyes d. glasses that are broken or do not fit 6. outer ear continues to grow 7. hearing decreases 8. what to report about the ears a. drainage from the ears b. changes in ability to hear ~~c.~~ hearing aide ~~batteries that do not work~~not functioning properly (batteries, wax filters or other maintenance)
Describe changes to the digestive system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	K. Age-related changes to the digestive system and what to report to appropriate supervisor 1. poor teeth cause less efficient chewing 2. decrease in saliva and stomach acids causes poor breakdown of food 3. decrease motility in intestinal tract causes constipation 4. what to report a. teeth that are loose or painful b. dentures that do not fit or are broken c. choking while eating d. complaints of constipation or abdominal pain

Objectives	Content Outline
	e. changes in bowel patterns f. blood in stool
Identify changes to the urinary system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	L. Age-related changes to the urinary system and what to report to appropriate supervisor 1. kidneys less efficient at filtering waste from the blood 2. loss of muscle tone increases risk of urinary incontinence (particularly in women) 3. enlarged prostate in men causes a. difficulty starting urine stream b. dribbling between voids c. increased risk of urinary tract infections 4. what to report a. complaint of pain or burning upon urination b. frequent complaints of urgency and then unable to void or voids small amount c. urine with a strong or unusual odor d. episodes of dribbling before getting to the toilet e. presence of blood in urine
Discuss changes to the endocrine system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	M. Age-related changes to the endocrine system and what to report to appropriate supervisor 1. adult onset diabetes mellitus 2. what to report a. increased thirst b. increased urination c. increased appetite d. drowsiness and confusion e. cold, clammy skin f. shaky with increased perspiration g. complaint of headache h. sweet smelling breath i. seizure j. loss of consciousness
Describe changes to the reproductive system that may occur in geriatric clients/residents, and what to report to the licensed nurse.	N. Age-related changes to the reproductive system and what to report to appropriate supervisor a. menopause b. breast cancer c. prostate cancer d. what to report a. unusual vaginal discharge b. change in breast tissue 1. dimpling, lump, thickening of skin c. discharge from breast or nipple d. discharge from penis e. pain or burning with urination for

Objectives

Discuss six (6) conditions that effect the client's environment as evidenced by participation in classroom discussion.

Content Outline

male client
f. change in skin of the scrotum
g. lump in scrotum

III. Caring for the clients' environment

A. Conditions that effect client's environment
1. cleanliness
   a. reflection of quality of care
   b. this is client's home
   c. impedes spread of micro-organisms
   d. everyone's responsibility, not housekeeping
2. odor control
   a. follow facility policy for handling of waste and soiled linens
   b. close laundry and waste receptacle lids
   c. empty urinals, bedside commodes, and bedpans promptly
   d. flush toilets promptly
   e. use air fresheners as appropriate, per facility policy
   f. assist client to maintain personal care and good oral hygiene
   g. be aware of your personal hygiene, particularly if you are a smoker
3. ventilation
   a. may create drafts
   b. position client away from draft
   c. provide sweaters, blankets and/or lap covers if needed to keep client warm
4. room temperature
   a. 71° to 81° is OBRA regulation for temperature in long-term care facility
5. lighting
   a. general lighting
   1. light from the window
   2. ceiling lights
   3. ask client for preference
   4. encourage light from windows during the day and closed curtains at night
   b. task lighting
   1. overbed light
   2. light focused on a chair for reading
   3. night light
6. noise control
   a. provide quiet times for ~~afternoon~~ nap or at night time for restful sleep
   b. answer call bells and telephones promptly

B. Features of a long-term care room

Objectives

Identify the six (6) OBRA requirements for a client room in a long-term care facility as evidenced by minimum grade of 80% on the unit test.

Describe the furnishings located in a typical client room in a long-term care facility as evidenced by minimum grade of 80% on unit test.

Content Outline

1. OBRA requirements for room in long-term care facility
    a. one window
    b. call system
    c. odor free
    d. pest free
    e. bed wheels lock
    f. personal supplies are labeled and stored appropriately
2. bed
    a. when client is unattended always keep bed in low position with the wheels locked
    b. adjustable height, positioning of head and feet
    c. basic bed positions
        1. Fowler's
        3. semi-fowler's
        4. Trendelenburg
        5. reverse Trendelenburg
    d. practice how to use bed
        1. raise and lower bed
        2. lock the wheels
        3. raise and lower head
        4. raise and lower feet
    e. siderails (see facilty policy)
3. overbed table
    a. fits over bed or chair
    b. height can be adjusted
    c. holds personal care items and/or meal tray
    d. considered a "clean" area
    e. do not put used urinal or bedpan on overbed table
4. bedside table
    a. stores personal care items, basins, bedpans
    c. surface area should be kept neat and tidy
5. personal furniture
    a. clients encouraged to bring own furniture to make the room more like home (chairs, chest of drawers, tables, wardrobes)
    b. keep personal furniture well cared for, dusted and clean
6. call bell/intercom system
    a. communication link between client and staff
    b. call bell should always be kept within easy reach of client
    c educate client/resident on use of call bell

Objectives

Demonstrate the nurse aide's responsibilities for care of the client's environment as evidenced by satisfactory performance in the skills lab.

prn = as needed

Describe what the nurse aide should report to the supervisor regarding the client's room as evidenced by participation in classroom discussion.

Content Outline

7. privacy curtain/room dividers
    a. divide one room into multiple client areas
    b. use to provide privacy when giving client personal care

C. Nurse Aide's responsibilities for care of the client's environment
1. always knock before entering client's room
2. assist client to keep room neat and clean
3. clean up spills immediately
4. assist client to keep personal items in good condition
5. label all items upon admission
6. keep clutter to a minimum
7. always straighten up the client's area after meals and procedures
8. assist client to keep room at comfortable temperature
9. do not place urinals on tables used for eating
10. flush toilets and empty beside commodes and urinals as soon as they have been used
11. use lighting to provide good illumination so client can see to get around the room
12. keep noise in hallways to minimum especially at rest times to promote client's ability to sleep/rest
13. always have call bell within easy reach of the client
14. use care when dealing with client's clothing and personal items so damage, loss or misplacement does not occur
15. re-stock client's supplies every day and prn
16. refill water pitcher every shift unless the client has a fluid restriction

D. What Nurse Aide should report to the supervisor
1. piece of equipment or furniture that is not working properly
2. client injured by piece of equipment or furniture in the room
3. staff injured by a piece of equipment or furniture in the room
4. suspicion that client is storing unwrapped food in his room
5. signs of pests or insects
6. client or family member complains that personal items are missing
7. belongings from other clients/residents found in room
8. personal item belonging to client is accidentally broken
9. room and/or bathroom is not properly cleaned

Objectives

Discuss the difference between an unoccupied, closed and open bed, and an occupied bed.

Tina to "word smith" for dementia patients

Describe the different types of linen the nurse aide uses to make a bed in a long-term care facility as evidenced by obtaining the correct linen before beginning to make the client's bed.

10. waste receptacles are not consistently emptied
11. there is an odor in the room that will not go away

E. Making the bed
1. unoccupied bed
    a. no one is in the bed
    b. closed bed
        1. when client is out of bed all day
        2. completely made with bedspread, blankets and pillows in place
    c. open bed
        1. linen is folded down to the foot of the bed
        2. makes it easier for client to get into be by himself

~~b. surgical bed~~
~~1. prepared for client returning to bed from a stretcher~~

2. occupied bed
    a. made while the client is in the bed

3. linen required to make a bed
    a. mattress pad
        1. makes mattress more comfortable
        2. protects mattress from liquid spills
    b. top and bottom sheets
        1. bottom sheet is often fitted
        2. top sheet is flat
    c. draw sheet
        1. small, flat sheet placed over the middle of the bed
        2. goes from client's shoulders to below buttocks
        3. used to help lift or turn client
        4. sides are tucked under the mattress
    d. bed protector
        1. absorbent fabric-backed waterproof material
        2. used with clients who are incontinent
    e. blankets
        1. may be personal or provided by facility
    f. bedspread
        1. adds decorative look to room
        2. may be personal or provided by facility
    g. pillow and pillowcases
        1. for comfort and for positioning client
        2. pillows always covered with pillowcase
    h. bath blanket
    1. keep client warm during bed bath or linen change

4. other bed equipment

Objectives

Identify various devices used on the bed in a long-term care facility as evidenced by minimum grade of 80% on unit test.

Demonstrate correct handling of linen as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to make a closed bed as evidenced by satisfactory performance in skills lab.

a. pressure-relieving mattresses
    1. egg-crate mattress
    2. alternating air mattress
b. bed board
    1. wood board placed under the mattress to make bed more firm
c. bed cradle
    1. metal frame that prevents top linen from placing pressure on the feet and causing foot drop
d. foot board
    1. piece of wood placed at foot end of mattress to keep the feet in proper anatomical alignment
e. fall mats

5. how to handle linen
    a. wash hands
    b. collect linen in order they will be used on the bed
    c. do not take linen from one client room to another
    d. when carrying linen, take care not to touch linen to your uniform
    e. wear gloves to remove soiled linen
    f. when removing linen from the bed turn it from the ends of the bed toward the center of the bed
    g. NEVER place used linen on the floor
    h. do not have used linen come in contact with your uniform
    i. place used linen in receptacle per facility policy
    j. wash hands

6. make a closed bed
    a. wash hands
    b. obtain linen and place on chair or table in client's room
    c. flatten bed and raise to waist level
    d. loosen used linen and place in hamper or linen bag
    e. remake the bed starting with the bottom sheet with the seams down
    f. place end of bottom sheet flush with bottom end of mattress, tuck in at top of mattress and make mitered corners at top of mattress
    g. place draw sheet if appropriate
    h. place top sheet, seams up, with end of sheet flush with head of mattress, tuck in bottom of sheet, make mitered corners at foot of mattress
    i. place blanket on bed, flush with top of sheet, fold down blanket and sheet as one

Objectives	
	at head of bed about 6 inches, tuck blanket under mattress at foot of bed, make mitered corners at foot of bed j. place clean pillowcase on pillow, and pillow at head of bed k. cover pillow and blanket with bedspread and tuck under the pillow l. return bed to low position m. place call bell where client can reach it n. dispose of used linen o. wash hands
Demonstrate how to make an open bed as evidenced by Satisfactory performance in skills lab.	7. make an open bed a. follow steps a-j for closed bed above b. standing at head of bed, grasp top sheet, blanket, bedspread and fold down to foot of bed and then bring them back up the bed to make a large cuff c. place clean pillowcase on pillow, and pillow at head of bed d. return bed to low position e. place call bell where client can reach it f. dispose of used linen g. wash hands
Demonstrate making an occupied bed as evidenced by Satisfactory rating on Skills Record.	8. make an occupied bed a. identify yourself by name b. wash hands c. explain procedure to client d. provide for client privacy e. place clean linen on clean surface within reach f. adjust bed to waist height g. put on gloves h. loosen top linen from end of bed on side you will work on first i. unfold bath blanket over top sheet to cover client and remove top sheet keeping client covered at all times j. raise side rail on far side of bed to protect client from falling out of bed while you are making it k. after raising side rail, go to other side of bed and assist client to turn onto side away from you toward the raised side rail l. loosen bottom soiled linen, mattress pad, and protector on the working side m. roll bottom soiled linen toward client, soiled side inside and tuck it snugly against client's back n. place mattress pad on bed, attaching elastic corners on working side o. place and tuck in clean bottom linen. Finish with bottom sheet free of wrinkles.

Objectives

Content Outline

p. smooth bottom sheet out toward client. Roll extra material toward client. Tuck it under client's body.
q. if using a draw sheet, place it on the bed and tuck in on your side, smooth it and tuck as you did with the other bedding
r. raise side rail nearest you. Go to the other side of bed, lower side rail on that side and help client turn onto clean bottom sheet
s. loosen soiled linen. Roll linen from head to foot of bed avoiding contact with your skin or uniform. Place in laundry hamper or bag. NEVER place linen on the floor.
t. pull clean linen through as quickly as possible starting with mattress pad. Pull and tuck in clean bottom linen just like the other side. Finish with bottom sheet free of wrinkles.
u. assist client to turn onto back. Keep client covered and comfortable with pillow under head. Raise side rail.
v. Unfold top sheet and place over client centering it. Slip bath blanket or old sheet out from underneath and put in hamper or bag.
w. place blanket over top sheet, matching top edges. Tuck bottom edges of top sheet and blanket under bottom of mattress. Miter corners and loosen top linens over client's feet. Fold top sheet over blanket at top of bed by about 6 inches.
x. remove pillow and change pillowcase placing soiled one in hamper or bag.
y. remove and discard gloves
z. position client in comfortable position. Return bed to low position. Return side rails to appropriate position and place call light within client's reach.
aa. take laundry hamper/bag to proper area
bb. wash hands
cc. report any changes in client to nurse
dd. document procedure using facility guidelines

Discuss the importance of measuring and recording routine vital signs on geriatric clients/residents

IV. Vital Signs (VS)

A. Purpose of VS
1. measurement of body functions that are automatically regulated
2. change may indicate body is out of balance
3. indicate if the body is healthy or not healthy

B. When are VS measured?
1. upon admission to long-term care facility (baseline VS)
2. weekly, monthly according to facility policy

Objectives

Demonstrate the knowledge of types and use of thermometers to accurately measure and record client's temperature as evidenced by satisfactory performance in skills lab and clinical.

Report abnormal readings or changes to the appropriate supervisor as evidenced by satisfactory performance in skills lab and clinical.

3. before and after certain medications as ordered by the health care provider
    a. ~~will be ordered by health care provider~~
4. after diagnostic procedure or surgery
5. after a fall
6. during an emergency

C. Temperature
1. Types of thermometers and/or methods of taking temperature
    a. oral – by mouth
    b. tympanic – in the ear
    c. NCIT (no contact infrared thermometer) – forehead
    d. rectal - by rectum (usually distinguished by red to deter use in mouth)
    e. axillary – under the armpit (axilla)
2. measures the warmth of the body
    a. adult oral temperature 97.6° - 99.6°
    b. adult tympanic temp 96.6° - 99.7°
    c. adult NCIT (forehead) 97.2° - 100.1°
    d. adult rectal temp. 98.6° – 100.6°
    e. adult axillary temp. 96.6° – 98.6°
3. may be affected by
    a. age – less fat and decreased circulation lowers the temperature
    b. exercise – exercise increases body temp.
    c. circadian rhythm – client has higher temp. during active times of the day
    d. stress – increases body temperature
    e. illness – increases body temperature
    f. environment – cold environment lowers body temp.(hypothermia), hot environment raises body temperature (hyperthermia)
4. signs of hypothermia
    a. shivering
    b. numbness
    c. quick, shallow breathing
    d. slow movements
    e. mild confusion
    f. changes in mental status
    g. pale/bluish skin
5. signs of hyperthermia
    a. perspiration
    b. excessive thirst
    c. change in mental status
6. signs of elevated temperature due to infection
    a. headache
    b. fatigue
    c. muscle aches
    d. chills
    e. skin warm and flushed
    f. axillary – under the arm in the armpit
    g. most facilities use digital thermometers

Objectives

Identify specific factors that may affect the accuracy of the temperature reading as evidenced by participation in classroom discussion.

Describe the circulation of blood from the heart, to the periphery of the body and back to the heart as evidenced by a minimum grade of 80% on the unit test.

Explain what the pulse measures as evidenced by a minimum grade of 80% on the unit test.

7. measure, record, and report temperature
    a. follow facility policy for taking temperature
    b. follow facility policy for recording
    c. report changes to supervisor

8. factors that can affect temperature
    a. that raise the temperature
        1. eating/drinking something hot
        2. smoking
        3. wait 10-15 minutes to take temp.
        4. physical activity
        5. heavy clothing or blankets
    b. that lower the temperature
    c. eating/drinking something cold (wait 10-15 minutes to take temp.)
    d. incorrect placement of thermometer
    e. not waiting long enough for thermometer to read temperature

9. special considerations for taking temperatures
    a. do not force a rectal thermometer
    b. do not force tympanic thermometer
    c. if the temperature seems questionable repeat the process. You may need to use a different thermometer

D. Anatomy of the cardiovascular system

1. heart
    a. muscle
    b. pumps blood throughout the body
2. arteries
    a. blood vessels that carry blood from heart to every part of the body
    b. transport oxygen to cells of the body
3. veins
    a. blood vessels that carry blood from the cells of the body back to the heart
    b. transport carbon dioxide from cells back to the lungs
4. capillaries
    a. tiny vessels that connect arteries to veins
5. blood
    a. red blood cells carry oxygen to the cells
    b. white blood cells fight infection
    c. platelets form clots to stop bleeding

E. Pulse

1. description
    a. heart contracts pushing blood out of heart
    b. that push is the pulse or beat of the heart
    c. can be felt by applying pressure over an artery
    d. tells how many times the heart is contracting or beating in 1 minute
    e. normal adult rate 60-100 beats/min
    f. tachycardia > 100 beats/min

Objectives	Content Outline
	g. bradycardia < 60 beats/min
	2. location of pulse points a. radial pulse is on thumb-side of the wrist b. brachial pulse on little finger side of the elbow space c. carotid – either side of the windpipe in the neck d. apical – left ventricle of heart, 5th intercostal space on left side of chest e. femoral – in groin where leg attaches to torso f. popliteal – in space behind the knee
Demonstrate how to count and record radial pulse as evidenced by Satisfactory rating on Skills Record.	3. measure, record, and report pulse a. follow the procedure for "Counts and records radial pulse" in the most current edition of Virginia Nurse Aide Candidate Handbook b. use stethoscope to listen to, then count and record apical pulse c. report any changes or abnormal rate to appropriate supervisor
Report any changes or abnormal pulse rates to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	
Identify specific factors that may affect the accuracy of the pulse rate as evidenced by participation in classroom discussion.	4. factors that affect pulse rate a. age – decreases pulse b. sex – males have lower pulse than females c. exercise – increases pulse d. stress – increases pulse e. hemorrhage (bleeding) – increases pulse f. medications – depending on medication may increase or decrease pulse rate g. fever/illness – increases pulse rate
Explain what the blood pressure measures as evidenced by a minimum grade of 80% on the unit test.	F. Blood Pressure (BP) 1. definitions a. measures force applied to walls of arteries as the heart contracts pushing blood away from the heart b. measured in mm Hg (mercury) c. systolic – top number when BP is reported and recorded 1. measures force applied to walls of arteries as the left ventricle contracts pushing blood away from the heart 2. normal adult range less than 120 mm Hg d. diastolic – bottom number when BP is reported and recorded 1. measures pressure in the arteries when the heart is resting between contractions 2. normal range less than 80 mm Hg e. hypertension (elevated) 1. high blood pressure 2. > ~~140/~~90130/80 of higher

Objectives

Identify equipment needed to take a blood pressure.

Demonstrate how to measure and record blood pressure as evidenced by Satisfactory rating on Skills Record.

Report any changes or abnormal blood pressure to the appropriate supervisor as evidenced by satisfactory performance in skills lab.

Identify specific factors that may affect the BP reading as evidenced by participation in classroom discussion.

f. hypotension
   1. low blood pressure
   2. < 90/60
g. orthostatic hypotension
   1. when client changes position from lying to sitting, or sitting to standing the BP drops
   2. when BP drops, client becomes dizzy, lightheaded and may faint

2. equipment needed to take BP
   a. stethoscope
   b. blood pressure cuff
      1. size of cuff should match size of client/ resident's arm
      2.placement of cuff
   c. sphygmomanometer
      1. electronic
      2. aneroid
   d. alcohol wipe
3. measure and record blood pressure
   a. follow the procedure for "Measures and records blood pressure" per facility policy
   b. report any changes or abnormal blood pressure to appropriate supervisor
4. considerations for where to take BP
   a. do not take BP in arm with an IV (intravenous line) present
   b. do not take BP in arm with a shunt used for dialysis
   c. do not take BP in arm on same side as mastectomy surgery for breast cancer
   d. do not take BP in arm paralyzed due to stroke (CVA)
   e. do not take BP in extremity with an amputation
   f. do not take BP in an arm with a cast
   g. if both arms have a dialysis shunt or client/ resident has had double mastectomy take BP in thigh using the popliteal pulse
5. factors affecting BP
   a. age – increases BP
   b. exercise – decrease or increase
   c. stress – increases
   d. race – ethnicity may affect BP (i.e. -African-Americans more likely to have high BP than Caucasians)
   e. heredity – familial tendency to high BP
   f. obesity – increases BP
   g. alcohol – high intake may increase BP
   h. tobacco – may increase BP
   i. time of day – BP lower in morning and higher in the evening

Content Outline

Objectives

Identify specific factors that may affect the accuracy of BP reading as evidenced by participation in classroom discussion.

Define the physiology of respirations, how respirations are measured, and terminology related to respirations.

Demonstrate how to count and record Respirations as evidenced by Satisfactory rating on Skills Record.

Report any changes or abnormal respirations to the appropriate supervisor as evidenced by satisfactory performance in skills lab.

Discuss pain management, the pain scale, and questions the nurse aide may asked to understand the client's/resident's pain level.

Describe observations that the nurse aide can make to understand the client's pain level as evidenced by participation in classroom discussion.

j. illness – diabetics and clients/residents with kidney disease may have high BP
k. medications

6. factors affecting accuracy of BP reading
   a. wrong size cuff
   b. not inflating cuff sufficiently
   c. releasing cuff pressure too quickly
   d. taking BP multiple times in rapid succession in same arm
   e. cuff placement
   f. using cuff over clothing
   g. client talking
   h. most recent physical activity

G. Respirations
1. Definitions
   a. inspiration – taking air and oxygen into the lungs (inhale), chest rises
   b. expiration – letting air and carbon dioxide out of the lungs (exhale), chest falls
   c. respiration – 1 complete inhalation and exhalation
   d. measured in breaths/minute
   e. normal adult respiratory rate 12-20 breaths/min
   f. apnea – absence of breathing
   g. dyspnea – difficulty breathing

2. measure and record respirations
   a. follow the procedure for "Counts and records respirations" in the most current edition of Virginia Nurse Aide Candidate Handbook
   b. report any changes or abnormal respiratory rate to appropriate supervisor

H. Pain Management
1. definitions
   a. fifth vital sign
   b. different for every person (some clients have higher pain tolerance than others)
   c. Pain Scale –
      i. know facility's pain scale
      ii. some pain scales are 0-10 and some are 1-10 objective value to sensation of pain
2. questions to ask to understand client's pain
   a. where is the pain?
   b. when did pain start?
   c. does the pain go away with rest?
   d. how long does pain last?
   e. describe the pain…sharp, shooting, dull, ache, burning, electric-like, constant, comes and goes
3. observations nurse aide may make that indicate client is experiencing pain
   a. increased P, R, BP

Objectives	
	b. sweating c. nausea d. vomiting e. tightening the jaw f. frowning g. groaning on movement h. grinding teeth i. increased restlessness j. agitation k. change in behavior l. crying m. difficulty moving n. guarding/protecting an area 4. report any complaints or observations of pain to appropriate supervisor
Describe comfort measures the nurse aide can perform in response to the client's pain.	5.actions nurse aide can do to alleviate pain a. offer back rub b. assist to change position c. offer warm bath or shower d. encourage slow, deep breaths e. be patient, caring and gentle
Demonstrate how to measure and record height of a client as evidenced by a rating of Satisfactory on Skills Record.	V. Height and Weight A. Height (per facility policy) 1. usually performed on admission 2. assist to step onto the scale and measure height by extending height rod 3. if unable to stand, may use tape measure while client is lying on bed 4. record accurately in feet and inches
Demonstrate how to measure and record weight of Ambulatory client as evidenced by a rating of satisfactory on skills record.	B. Weight 1. performed on admission and at regular intervals afterwards (per facility policy) 2. ambulatory client uses standing scale 3. portable wheelchair scale, lift & tub scales, and/or bed scale may be available 4. measured in pounds or kilograms, per facility policy 5. uses a. data on nutritional status of client b. calculate correct medication dosage 6. measure and record weight a. follow the procedure for "Measures and records weight of ambulatory client" in the most current edition of Virginia Nurse Aide Candidate Handbook
Report any changes in weight to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	b. report any changes in weight to appropriate supervisor
Measure and record fluid intake as evidenced by Satisfactory rating on Skills Record.	VI. Measure and Record Fluid Intake and Output A. Measure and record fluid intake 1. fluid taken into the body a. fluid that client drinks b. liquids that are eaten: soup, jello, pudding,

Objectives

Identify the major anatomical structures of the urinary system as evidenced by minimum grade of 80% on unit test.

Describe the fluids that can be recorded as fluid output as evidenced by minimum grade of 80% on unit test.

Identify equipment used to measure fluid output as evidenced by satisfactory participation in skills lab.

ice cream, popsicles

2. measurement
    a. milliliter (ml)
    b. ounce (oz)
    c. 1 oz = 30 ml

3. measure and record fluid intake
    a. convert all fluid measurements into milliliters
    b. add together all fluid taken into the body
    c. at end of shift record all fluid intake per facility policy
    d. fluid taken into the body should be approximately equal to the amount of fluid that the body eliminated

B. Urinary system

1. kidneys - filter waste products and water out of blood to make urine
2. urethra - carry urine from kidneys to bladder
3. bladder - collects and hold urine
4. ureters - carries urine from bladder to the outside of body
5. urine - water and waste products that kidneys filtered out of the blood

C. Fluid output

1. fluid that is eliminated by the body
    a.. urine
    b. vomit (emesis)
    c.. blood
    d.. wound drainage
    e.. diarrhea
2. measured in ml or cc
3. at end of shift record all fluid output per facility policy
4. fluid taken into the body should be approximately equal to the amount of fluid that the body eliminated

D. Measure and record urinary output

1. equipment
    a. graduate
    b. commode hat
    c. urinal
    d. catheter drainage bag
2. measuring output
    a. 1ml = 1cc (cc=cubic centimeter)
    b. 30 ml = 1 oz
    c. always measure fluid output in graduate, not in urinal, commode hat or catheter drainage bag
    d. urinary output should not be less than 30ml per hour
    e. always wear gloves to measure output

Content Outline

Objectives

Demonstrate accurate measurement and recording of urinary output as evidenced by Satisfactory rating on Skills Record.

Report any changes in urinary output to the appropriate supervisor as evidenced by satisfactory performance in skills lab.

Identify factors that may affect the client's urinary output as evidenced by participation in classroom discussion.

Demonstrate accurate measurement and recording of food intake as evidenced by Satisfactory rating in skills lab.

Report any changes in food intake to the appropriate supervisor as evidenced by satisfactory performance in skills lab.

3. measure and record urinary output
    a. follow the procedure for "Measures and records urinary output" in the most current edition of Virginia Nurse Aide Candidate Handbook
    b. report unusually low or high urinary output to appropriate supervisor
4. factors affecting urinary output
    a. decreased intake of fluids
    b. fever (increased temperature)
    c. increased salt in diet
    d. excessive perspiration
    e. medical condition
    f. medications

E. Measure and record food intake
1. know facility policy
    a. percentage methods – percentage of each food item
        1. calculated by dietician
        2. record percentage (%) of each item on meal tray eaten
        3. add together all the percentages and record total percent of meal eaten
    b. some facilities use percentage of entire meal rather than percentage of each item on meal tray
2. be accurate and consistent
3. at end of shift record all food intake per facility policy
4. report unusually small or large food intake to appropriate supervisor

Unit VIII – Personal Care Skills
(18VAC90-26-40.A.3.a, b, c, d, e, f, g)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify the components of personal care.
2. Explain routine personal care for both morning and bedtime.
3. Describe the guidelines for assisting the client with personal care.
4. Demonstrate how to provide a modified bed bath.
5. Demonstrate how to provide mouth care.
6. Demonstrate how to clean upper or lower dentures.
7. Demonstrate proper grooming of a client.
7. Demonstrate how to provide fingernail care.
8. Demonstrate how to provide foot care.
9. Demonstrate how to dress client with weak side.
10. Demonstrate how to provide perineal care for a female client
11. Demonstrate how to measure and record urine output.
12. Demonstrate how to provide catheter care for a female client
13. Demonstrate how to assist the client with a bedpan.
14. Describe how to collect urine and stool specimens.
15. Demonstrate how to feed client who cannot feed self.
16. Measure and record food intake
17. Accurately describe actions of the nurse aide to prevent client dehydration.
18. Discuss pressure sores, including formation, staging, prevention and reporting responsibilities of the nurse aide.
19. Demonstrate the various positions for the client in bed.
20. Demonstrate moving and positioning a client in bed with and without a drawsheet.
21. Demonstrate transfer of client from bed to wheelchair using a transfer belt.
22. Demonstrate assisting the client to ambulate using transfer belt.
23. Demonstrate courteous and respectful demeanor to client at all times.

Objectives	Content Outline
	I. Guidelines for assisting with personal care A. Definitions 1. hygiene a. methods of keeping the body clean 2. grooming a. hair, nail and foot care b. shaving facial hair 3. diaphoretic a. perspired, sweaty
Identify the components of personal care as evidenced by participation in classroom discussion.	B. components of personal care 1. bathing 2. oral hygiene 3. shaving 4. back rub 5. dressing and undressing 6. hair care 7. nail care 8. elimination

Objectives

Explain routine personal care for both morning and bedtime as evidenced by participation in classroom discussion.

Describe person-centered care (PCC)

Explain why it is important to provide PCC in the long-term care environment

Describe the guidelines for assisting the client with person-centered personal care as evidenced by participation in classroom role-play or discussion.

9. bed-making

C. Routine personal care (with attention to client preference)

1. early AM care
    b. after waking and before breakfast
    c. going to the bathroom
    d. washing hands, face
    e. mouth care
2. morning (AM) care – preparing for the day
    a. take client to bathroom or assist with elimination
    b. assist to wash hands
    c. before or after breakfast (client preference) assist with mouth care/denture care
    d. assist with bathing
    e. provide a back rub
    f. helping client to dress in day-time clothes
    g. assisting client with hair care, shaving, hand care, foot care, make-up
    h. make bed
    i. tidy room
3. evening (PM) care – preparing for bedtime
    a. offer bedtime snack and fluid, if appropriate
    b. take client to bathroom or assist with elimination
    c. assist with bathing, if client preference; otherwise assist to remove make-up, if appropriate, wash hands and face
    d. help with mouth care/denture care
    e. help with hair care
    f. assist to put on night clothes
    g. provide back rub
    h. prepare bed for client
    i. tidy room

D. Person-centered care (PCC) promotes choice, purpose and meaning in daily life

1.clients/residents can direct care and services

2. client/resident choice fosters engagement and improves quality of life

3.Client/residents live in an environment of trust and respect

4.client/residents are in a close relationship with staff that are attuned to their changes and can respond appropriately

5.clients/residents continue to live in a way that is meanin them

E. Guidelines for assisting with personal care in a person-centered home-like environment

1. promote client dignity
    a. address by name
    b. treat as an adult

Objectives

Explain what the nurse aide is able to observe while assisting the client with personal care as evidenced by accurate reporting during classroom and skills lab role-play.

Identify different pain scales (per facility policy)

Identify the purposes of bathing as evidenced by a minimum grade of 80% on the unit test.

Identify the supplies required for bathing as evidenced by successful preparation for

c. explain what you will be doing
d. provide privacy during personal care

2. promote client independence
   a. encourage client to perform tasks
   b. provide time for client to perform tasks
3. respect client preferences
   a. permit client to make choices regarding clothing, hair style, make-up
   b. allow client to choose when to take bath or perform mouth care
4. follow client's routine
   a. routine may be comforting
   b. allows client choice in care
5. follow care plan instructions
   a. consistency among staff helps to prevent behavior problems
   b. assures that client receives all the care and assistance they require

F. Observation during personal care

1. skin
   a. areas that are red, white, bluish
   b. areas of broken skin
   c. bruises
   d. edema
   e. condition of fingernails and toenails
   f. blisters
   g. odors
2. mobility
   a. difficulty walking
   b. difficulty raising arms to dress
   c. difficulty repositioning
3. flexibility
   a. difficulty bending a joint
4. complaint of pain (verbal or nonverbal)
   a. location of pain
   b. cause of pain
   c. description of pain
   d. duration of pain
   e. what causes pain to cease
5. change in level of consciousness
   a. drowsy
   b. confused
   c. disoriented to person, place, time
   d. not able to arouse

II. Bathing

A. Purpose

1. clean the skin
2. eliminate body odor
3. relax and refresh client
4. exercise muscles
5. stimulate blood flow to skin
6. improves client self-esteem

bathing skills in skills lab and in clinical.

Objectives

Describe the safety guidelines the nurse aide should follow when assisting the client to bathe as evidenced by successful completion of role-play in classroom and skills lab.

Perform the partial bed bath skill according to the most current edition of Virginia Nurse Aide Candidate Handbook

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Explain the importance of following the correct sequence of bathing as evidenced by participation in classroom discussion.

7. nurse aide can observe skin

B. Supplies
1. Soap (client may have personal preference for type of soap used)
2. Wash clothes
3. Bath towels
4. Clean clothes
5. Non-skid footwear
6. gloves
7. ~~hand~~ lotion/cream/oil
8. deodorant
9. shampoo

C. Types of baths
1. shower
2. tub bath
    a. uses a whirlpool or bath tub
3. partial
    a. face, underarms, hands, perineal area, feet
    b. can be performed in bathroom or while client is in bed
4. bed bath
    a. client unable to leave bed
    b. entire body washed while client in bed

D. Safety guidelines during bathing
1. follow nursing care plan for special instructions
2. if nurse aide cannot handle client alone, ask for help
3. gather all supplies before entering the bathing area and put them where they are easily accessible
4. client should wear non-skid shoes to and from the bathing area
5. keep client covered on way from room to bathing room
6. have bathing room warm before bringing client to room
7. follow facility policy for cleaning bathing area before and after client use
8. make sure floor in bathing area is dry before client walks on it
9. use non-slip mats in tub
10. hand rails and grab bars should be sturdy and secured to the walls
11. do not leave client unattended in bathing area
12. check water temperature before client tests water (should not be greater that 105°F.). Test on inside of Wrist or elbow
13. Have client check water temperature (not too hot; not too cold)
14. wear gloves to bathe client ~~if there is any broken skin or nurse aide is washing perineum~~
15. do not have electrical items (razors, hair dryers) near water source

Objectives

Demonstrate how to give a shower as evidenced by a Satisfactory rating on the Skills Record during the clinical experience.

16. remember to report any observations of changes in client's condition or behavior to appropriate supervisor

E. Order of bathing
1. clean to dirty to prevent transferring micro-organisms from one part of the body to another
2. eyes first – nose to temple (no soap)
3. face (no soap)
4. ears
5. neck
6. arms, underarms (axilla), hands – from torso outward
7. chest
8. abdomen
10 legs, feet – from torso downward
11. back
12. perineum
13. buttocks

F. Giving a shower
1. Supplies
    a. Soap (client may have personal preference for type of soap used
    b. washcloths
    c. towels
    d. clean clothes
    e. non-skid footwear
    f. gloves
    g. lotion/cream/oil
    h. deodorant
    i. shampoo
2. make sure shower room is clean, including shower chair
3. explain procedure to client
4. with client's input gather clean clothing, personal toiletries
5. have client wear non-skid footwear
6. transport client to shower room, making sure client is fully covered and warm
7. lock wheels of shower chair when client has been transported to shower
8. test temperature of water before running water on client
9. put on gloves
10. assist client to undress, removing non-skid footwear last
11. encourage client to wash face, arms, chest, abdomen, and hands
12. wash client's back, legs, feet and perineum
13. rinse, being careful to remove all soap residue
14. cover client's back with towel after washing and rinsing to keep client warm
15. unlock shower chair wheels, roll client to dressing area and dry with bath towels, including under breasts

Accurately document performance of a shower on facility ADL Form as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to give a tub bath as evidenced by a Satisfactory rating on the Skills Record during the clinical experience.

~~Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.~~

Accurately document performance of a tub bath on facility ADL Form as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to give a partial bed bath as evidenced by a Satisfactory rating on the Skills Record during the

and between the toes
16. place bath blanket around shoulders to keep client warm
17. apply deodorant and lotion per client's request and as needed
18. remove gloves and wash hands
19. assist client to put on clean clothes, including non-skid footwear
20. return client to room
21. assist with remainder of grooming: hair care, shaving, nail care
22. help client to comfortable positin
23. place call bell within reach
24. wash hands
25. be courteous and respectful to client at all times
26. report any observations of changes in client's condition or behavior to appropriate supervisor
27. document on ADL (Activities of Daily Living) Form or designated documentation tool per facility policy

G. Giving a tub bath
1. equipment is the same as shower
2. make sure tub room is clean, including the bathtub
3. explain procedure to client
4. with client's input gather clean clothing, personal toiletries
5. have client wear non-skid footwear
6. ambulate or transport client to tub room, making sure client is fully covered and warm
7. lock wheels of tub chair or tub lift when client has been safely transfer to chair or lift
8. test temperature of water and fill tub half-full with warm water
9. put on gloves
10. assist client to undress, removing non-skid footwear last
11. encourage client to wash face, arms, chest, abdomen, and hands
12. wash client's back, legs, feet and perineum
13. rinse, being careful to remove all soap residue
14. cover client's back with towel after washing and rinsing to keep client warm
15. remove client from tub and dry with bath towels, including under breasts and between the toes
16. place bath blanket around shoulders to keep client warm
17. apply deodorant and lotion per client's request and as needed
18. remove gloves and wash hands
19. assist client to put on clean clothes, including non-skid footwear
20. return client to room
21. assist with remainder of grooming: hair care, shaving, nail care

clinical experience.

Objectives

~~Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.~~

Accurately document performance of a partial bed bath on facility ADL Form as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to give a complete bed bath as evidenced by a Satisfactory rating on the Skills Record during the clinical experience.

22. help client to comfortable positin
23. place call bell within reach
24. wash hands
25. be courteous and respectful to client at all times
26. report any observations of changes in client's condition or behavior to appropriate supervisor
27. document on ADL (Activities of Daily Living) Form or designated documentation tool per facility policy

H. Giving a partial bath

1. used on days client does not receive complete bath or shower
2. explain procedure to client
3. with client's input gather clean clothing, personal toiletries
4. have client wear non-skid footwear
5. transport client to bathroom, making sure client is fully covered and warm
6. lock wheels of chair when client has been transported to bathroom
7. if giving a partial bed bath, raise level of bed to waist-height of the nurse aide (lock bed wheels)
8. test temperature of water at sink or before filling bath basin about half-full
9. Have client test water temperature (Not too hot; not too cold)
10. put on gloves
11. assist client to undress, removing non-skid footwear last
12. encourage client to wash face, underarms, and hands
13. assist client to wash perineum remembering to wash front to back, rinse front to back and dry front to back
14. help client to rinse being careful to remove all soap residue
15. apply deodorant and lotion per client's request and as needed
16. Remove any wet bed linens
17. remove gloves and wash hands
18. assist client to put on clean clothes, including non-skid footwear
19. remake bed, if needed
20. assist with remainder of grooming: hair care, shaving, nail care
21. help client to comfortable position chair or bed)
22. place call bell within reach
23. if partial bed bath was given, return bed to low position
24. wash hands
25. be courteous and respectful to client at all times
26. report any observations of changes in client's condition or behavior to appropriate supervisor
27. document on ADL (Activities of Daily Living) Form, or designated documentation tool per facility policy

Objectives

I. Giving a complete bed bath

1. supplies are the same as above with addition of bath basin
2. explain procedure to client
3. provide client privacy be pulling privacy curtain or closing client's door
4. with client's input gather clean clothing, personal toiletries
5. test temperature of water at sink before filling bath basin about half-full and taking to bedside
6. have client verify water temperature is OK
7. raise level of bed to waist-height of the nurse aide and lock wheels of bed
8. cover client with bath blanket to maintain warmth and remove night clothing
9. put on gloves
10. beginning with eyes, wash eyes with wet washcloth (no soap) using different area of washcloth for each eye, washing from the nose toward the temple
11. wash remainder of face
12. dry face with towel
13. keeping client covered with bath blanket, expose 1 arm placing a clean, dry towel under the exposed arm
14. with soap on the washcloth, wash arm, hand and underarm
15. rinse arm, hand, underarm and pat dry with towel and place under bath blanket
16. repeat process for 2nd arm
17. expose client's chest and abdomen and with soap on washcloth wash chest (including under the breasts) and abdomen
18. rinse and dry chest and abdomen and cover with bath blanket
19. expose one leg and foot and place clean, dry towel under leg
20. with soap on the washcloth, wash leg and foot (including between the toes) and rinse
21. dry leg and foot with towel that is underneath leg
22. cover leg and foot with bath blanket
23. repeat process for 2nd leg and foot
24. wash front of perineum, front to back
    a. use clean area of washcloth for each stroke
    b. using clean washcloth, rinse soap from perineum, front to back using clean area of washcloth for each stroke
25. dry perineum, front to back with towel
26. return bed to low position
27. empty bath basin and refill with clean, warm water
28. raise bed to comfortable level for the nurse aide and raise side rail on opposite side of bed

~~Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.~~
Accurately document performance of a complete bed bath on facility ADL Form as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to give modified bed bath (face, 1 arm, hand and underarm) as evidenced by Satisfactory rating on Skills Record.

Identify terms associated with oral hygiene as evidenced by a participation in classroom discussion.

29. turn client on side toward raised side rail and wash rectal area with clean washcloth and soap
    a. front to back with clean area of washcloth for each stroke
30. dry with towel
31. reposition client
32. apply deodorant and lotion per client's request and as needed
33. remove gloves and wash hands
34. assist client to put on clean clothes, including non-skid footwear, if appropriate
35. assist with remainder of grooming: hair care, shaving, nail care
36. help client to comfortable position
37. place call bell within reach
38. return bed to low position
39. empty, rinse, dry basin and store per facility policy
40. dispose of soiled washcloths, towels and linen per facility policy
41. be courteous and respectful to client at all times
42. report any observations of changes in client's condition or behavior to appropriate supervisor
43. document on ADL (Activities of Daily Living) Form, or designated documentation tool per facility policy

J. Give a modified bed bath
1. skill required for NNAAP testing
    a. follow the procedure for "Gives Modified Bed Bath" in the most current edition of Virginia Nurse Aide Candidate Handbook

III. Oral Hygiene
A. Definitions
1. oral hygiene
    a. teeth
    b. gums
    c. tongue
    d. bridge
    e. dentures
2. periodontal disease
    a. diseases of the gums
3. plaque
    a. sticky, colorless deposit that forms on teeth
    b. develops when food containing carbohydrates is left on the teeth
    c. bacteria live in plaque and destroy the tooth enamel causing tooth decay
4. tartar
    a. plaque left on teeth more than 26 hours hardens into tartar
    b. promotes tooth decay and gum disease, gingivitis
5. gingivitis

Objectives

Demonstrate an understanding of the importance of oral hygiene as evidenced by participation in classroom discussion.

Describe observations that the nurse aide may make while providing oral hygiene to a client as evidenced by accurate documentation on client observation form during role-play in skills lab.

Identify the guidelines for good oral hygiene as evidenced by a minimum grade of 80% on unit test.

    a. inflammation of gums caused by bacteria and plaque that remain on teeth
    b. can be prevented with regular brushing, flossing and cleaning by a dentist
6. periodontitis
    a. inflammation of gums becomes more severe
    b. gums pull away from teeth allowing bacteria and food to accumulate
    c. gums become infected
    d. teeth become loose and fall out or must be removed
7. halitosis
    a. bad breath
    b. caused by poor oral hygiene
    c. bacteria and plaque build-up around unbrushed teeth producing odor

Content Outline

8. bridge
    a. may be permanent or removable
    b. bridge a gap between client's own teeth with a false tooth/teeth
    c. attach to client's own teeth
9. edentulous
    a. toothless
10. dentures
    a. removable replacement for teeth and gums
    b. all client's teeth are removed
    c. may have upper – replaces teeth in upper jaw
    d. lower denture – replaces teeth in lower jaw

B. Purpose of oral hygiene
1. Keep mouth clean
2. remove food and bacteria from teeth, tongue, gums, cheeks
3. prevent tooth decay and gum disease
4. prevent bad breath

C. Observations to make while assisting with oral care
1. lips
    a. dry
    b. cracked
    c. bleeding
    d. chapped
    e. cold sores (fever blisters)
2. tongue, gums, and cheeks
    a. red, white or swollen areas
    b. sores or white spots
    c. bleeding
3. teeth
    a. loose
    b. cracked
    c. chipped

Objectives

Demonstrate how to provide mouth care as evidenced by Satisfactory rating on skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document performance of mouth care on facility ADL form as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to provide mouth care For an edentulous client as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document performance of mouth care on facility ADL form as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to floss a client's teeth as evidenced by Satisfactory practice in skills lab.

   d. broken
   e. discolored
   f. missing
4. dentures (partial, upper, lower)
   a. chipped
   b. cracked
   c. fit poorly
5. breath
   a. bad breath that does not go away with brushing
   b. fruity aroma to breath
6. difficulty swallowing
   a. gagging
   b. choking

7. client complains of pain in mouth

D. Guidelines for good oral hygiene
1. brush teeth after each meal and at bedtime
2. floss once a day
3. rinse dentures after each meal
4. remove dentures at bedtime and soak overnight in soaking solution

E. Supplies to provide oral care
1. toothbrush
2. toothpaste
3. emesis basin
4. gloves
5. towel
6. glass of water
7. denture cup for client with dentures
8. floss
9. mouthwash

F. Provide mouth care
1. consider the toothbrush as a "clean" instrument throughout procedure
2. encourage client to be as independent as he can
3. independent client may only need assistance gathering supplies or transport to the bathroom
4. follow the procedure for "Provides Mouth Care" in the most current edition of Virginia Nurse Aide Candidate Handbook
5. document procedure on Activities of Daily Living form, or designated documentation tool per facility policy
6. **report any observations of changes in client's condition or behavior to appropriate supervisor**

G. Provide mouth care for edentulous client
1. even though teeth are absent, mouth care is important
2. use foam-tipped applicators moistened with mouthwash or half-strength mouthwash/hydrogen peroxide to clean gums

Objectives

Demonstrate how to provide denture care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document performance of denture care on facility ADL form as evidenced by Satisfactory rating on Skills Record.

Demonstrate how to provide mouth care For an unconscious client as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

3. use applicators to clean tongue
4. rinse mouth with mouthwash
5. document procedure on Activities of Daily Living form, or designated documentation tool per facility policy
6. report any observations of changes in client's condition or behavior to appropriate supervisor

H. Flossing teeth

1. purpose
    a. cleans food and bacteria from between teeth where toothbrush cannot reach
2. equipment
    a. dental floss
    b. gloves
    c. towel
    d. water for client to drink
    e. emesis basin
3. procedure
    a. identify yourself to client
    b. explain what you will be doing
    c. provide privacy
    d. wash hands
    e. gather supplies
    f. place client in upright sitting position with towel over chest
        1. if client in bed, raise bed to waist-height and lower side rail closest to you
    g. put on gloves
    h. wrap ends of floss securely around each of your index fingers
    i. beginning with back teeth, using a sawing motion, move floss up and down between teeth
    j. gently slip floss into space between gum and tooth
    k. repeat on each side of the tooth
    l. after every 2 teeth, unwind floss and use a new area of floss
    m. offer client water to drink and provide emesis basin to spit the water into
    n. clean client's mouth with towel
    o. return bed to low position, replace side rail as appropriate
    p. place call bell within reach of client
    q. clean and return supplies to appropriate storage area
    r. remove and dispose of gloves and used floss
    s. wash hands
    t. document procedure on Activities of Daily Living form, or designated documentation tool, per facility policy
    u. report any observations of changes in client's condition or behavior to appropriate supervisor

Objectives

Perform the "provide denture care" according to the most current edition of Virginia Nurse Aide Candidate Handbook

Accurately document performance of mouth care on facility ADL form as evidenced by Satisfactory rating on Skills Record.

Identify the components of personal grooming as evidenced by a minimum grade of 80% on the unit test.

Explain how to shampoo a client's hair As evidenced by Satisfactory rating on the Skills record during clinical experience.

I. Provide denture care
1. always wear gloves when handling dentures
2. dentures are very expensive, handle with care
3. always store in water
    a. prevents cracking
4. follow the procedure for "Cleans Upper or Lower Denture" in the most current edition of Virginia Nurse Aide Candidate Handbook
5. document procedure on Activities of Daily Living form or designated documentation tool, per facility policy
6. report any observations of changes in client's condition or behavior to appropriate supervisor

J. Provide oral care for unconscious client
1. require frequent mouth care
    a. prevent mucous membranes from drying
    b. keep teeth and gums moist
    c. keeps lips moist to prevent cracking
2. supplies
    a. toothbrush or foam-tipped applicator
    b. toothpaste or cleaning solution
    c. gloves
    d. towel
    e. emesis basin
    f. lip lubricant
3. procedure
    a. identify yourself to client and explain what you will do, even though client is unconscious
    b. provide client privacy
    c. wash hands
    d. gather supplies
    e. raise bed to waist-height and lock wheels of bed
    f. lower side rail closest to you
    g. turn client on side, facing you
    h. put on gloves
    i. place towel under client cheek and chin
    j. place emesis basin next to cheek and chin to catch fluid from mouth
    k. using moistened toothbrush or foam-tipped applicator gently clean teeth, gums, tongue
    l. rinse and remoisten brush or applicator as needed
    m. when finished use towel to dry client's face
    n. remove towel and basin
    o. apply lip lubricant
    p. reposition client
    q. replace side rail to appropriate position
    r. return bed to low position
    s. place call bell within client's reach
    t. clean and store equipment
    u. dispose of linen
    v. remove gloves and wash hands

w. document procedure on Activities of Daily Living form, or designated documentation tool, per facility policy
x. report any observations of changes in client's condition or behavior to appropriate supervisor

IV. Grooming

A. Maintaining neat, clean, and well groomed appearance

1. hair care
2. shaving
3. make-up
4. fingernail care
5. foot care

B. Hair care

1. shampooing client's hair
    a. always ask client if they want hair shampooed
    b. many facilities have beauty shop for resident/ clients to use weekly or bi-weekly
    c. easiest to perform during shower
    1. provide client cloth to cover/protect eyes
    2. with hand-held shower head, wet hair with warm water
    3. apply client's preferred shampoo and lather, gently massaging scalp
    4. thoroughly rinse shampoo from hair
    5. towel dry hair and wrap hair in towel to transport client back to room
    6. document procedure on Activities of Daily Living form, per facility policy
    7. report any observations of changes in client's condition or behavior to appropriate supervisor
    d. shampoo in bed
    1. some facilities have shampoo basin for use in bed
    e. dry, powder shampoo may be used for bed-ridden client
2. daily hair care
    a. improves self-esteem
    b. ~~permit~~ client to choose how to style their hair
    c. brushing hair massages scalp
    d. prevents tangles
3. equipment
    a. client's own comb and/or brush
    b. mirror
    c. towel
    d. hair care items requested by client

Demonstrate how to provide hair care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

4. procedure to provide hair care
    a. identify yourself to client and explain what you will be doing
    b. gather supplies

Accurately document performance of hair care on facility ADL form as evidenced by Satisfactory rating on Skills Record.

Objectives

Explain guidelines for nurse aide when shaving a client as evidenced by participation in classroom discussion.

Describe the different types of razors including how the nurse aide would use each type as evidenced by satisfactory practice in the skills lab.

Demonstrate how to shave a client/resident as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

c. wash hands
d. provide for client privacy
e. place towel over shoulders to collect hair that comes out while combing/brushing
f. gently comb/brush hair starting at the ends and working toward the scalp
g. remove tangles first
h. then brush hair from scalp to ends of hair
i. style as client prefers
j. clean hair from comb and/or brush and return equ to appropriate storage
k. dispose of towel per facility policy
l. position client comfortably
m. place call bell within client's reach
n. wash hands
o. document procedure on Activities of Daily Living form, or designated documentation tool, per facility policy
p. report any observations of changes in client's condition or behavior to appropriate supervisor

C. Shaving

1. guidelines for shaving ~~men~~ facial hair

a. respect client preference
b. follow the facility policy for shaving
c. some ~~men~~ client/residents do not wish to shave daily
d. always wear gloves when giving a shave
e. before shaving with safety or disposable razor, soften facial hair with warm, moist cloth
f. always shave in same direction as the hair grows
g. follow client preference for shaving and after-shave products
h. discard disposable razors in the biohazard container
i. never cut or trim client's ~~beard or mustache~~ facial hair without their permission

2. Supplies

a. electric razor

1. safest
2. does not require shaving cream or soap
3. prevents nicks and cuts
4. should be used if client receiving anti-coagulant medications
5.do not use near water source or when oxygen is in use

b.disposable razor

1. requires shaving cream or soap
2. may make nicks or cuts because they are very sharp

Objectives

Accurately document shaving
on facility ADL form as evidenced by
Satisfactory rating on Skills Record

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Discuss procedure for shaving a female client/resident

Explain why make-up may be important
for the client.

c.safety razor
1. requires shaving cream or soap
2. blades need to be changed when become dull
3. dispose of old blades in biohazard container
4. may make nicks or cuts because they are very sharp

d. towels
e.washcloth
f. mirror
g. shaving cream or soap
h. gloves

3. procedure for shaving male client/resident
a. identify yourself and explain what you will be doing
b.gather supplies
c.fill basin half-full of warm water for use with client in bed
d.provide for client privacy
e.if client is in bathroom, position him in front of mirror
f.if client is in bed, raise bed to waist-height, lower side rail closest to you and raise head of bed to sitting position
g.put on gloves
h.for safety or disposable razor
1. drape towel over client's chest
2. moisten beard with warm, moist cloth
3. apply shaving cream or lathered soap to cheeks, chin and front of neck
4. holding skin taut shave in direction hair grows (downward on face, upward on neck)
5. rinse razor frequently to get rid of excess cream/soap/whiskers
6. offer mirror to client for approval
7. wash, rinse and dry face and neck
8. apply after-shave per client preference
9. remove and dispose of towel
10. remove gloves and wash hands

1. for electric razor
1. do not use near the sink
2. place towel on client's chest
3. put on gloves
4. apply pre-shave lotion per client preference
5. holding skin taut shave with smooth, even, circular motions if razor has 3 heads, otherwise go back and forth in direction of hair growth (downward on face and upward on neck)
6. offer mirror to client for approval
7. apply after-shave per client preference
8. remove and dispose of towel
9. remove gloves and wash hands

Objectives

Identify the importance of fingernail care as evidenced by participation in classroom discussion.

Describe guidelines the nurse aide should Follow when providing nail care as Evidenced by Satisfactory rating on Skills Record during skills lab and clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

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Demonstrate how to provide fingernail care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical

j.remove any loose hairs from client
k.position client comfortably
l.if in bed, return bed to low position
m.place call bell within client's reach
n.clean razor of hair and/or soap
o.return equipment to appropriate storage
p.document procedure on Activities of Daily Living form, per facility policy
q.**report any observations of changes in client's condition or behavior to appropriate supervisor**

4. procedure for shaving a female client/resident
   a.always obtain client consent
   b.some women want to shave unwanted facial
   c. hair, underarm hair and/or leg hair
   follow same procedure as for male client

D. Make-up
1. important for sense of well-being and self-esteem
2. follow client's wishes regarding make-up
3. encourage independence but assist as required
4. many clients/residents also like to wear jewelry during the day: necklace, pin
5. take time to follow client's preferences

E. Fingernail care
1. purpose of nail care
   a. nails collect micro-organisms
   b. long, jagged nails can scratch client, care giver or another client
   c. improves self-esteem
2. guidelines for nail care
   a. do not cut with scissors or trim with nail clippers
   b. file nails straight across using emery board and shape the nail
   c. no shorter than the end of the finger
   d. never share nail equipment between clients
3. observations nurse aide may make
   a. pain or tenderness in hands/fingers
   b. dry, cracked skin
   c. bruising
   d. discolored nail beds
4. Supplies
   a. orangewood stick
   b. emery board (nail file)
   c. lotion
   d. basin with warm water
   e. soap
   f. gloves
   g. towel
5. provide fingernail care
   a. identify yourself by name
   b. wash your hands
   c. explain procedure to client

Objectives

Accurately document performance of fingernail care on facility ADL form as evidenced by Satisfactory rating on Skills Record.

Discuss the importance of foot care as evidenced by participation in classroom discussion.

Identify guidelines for foot care as evidenced by Satisfactory rating on Skills Record during skills lab and clinical.

Discuss observations that the nurse aide may make while providing foot care as evidenced by accurately documenting foot care practiced in skills lab and in clinical.

Demonstrate how to provide foot care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Accurately document performance of foot care on facility ADL form as evidenced by Satisfactory rating on Skills Record.

d. provide for privacy with curtain, screen or door
e. if client is in bed, adjust bed to safe level, usually waist high and lock the wheels
f. fill basin halfway with warm water, no warmer than 105° and place basin at comfortable level for client (have client check water temperature)
g. put on gloves
h. soak client's hands and nails in water at least 5 minutes
i. remove one hand from water, wash with soapy wash cloth. Rinse. Pat dry with towel, including between fingers
j. place hand on towel
k. gently clean under each fingernail with the orangewood stick, wiping orangewood stick on towel after cleaning under each nail
l. repeat steps i-k for the second hand
m. wash and rinse both hands again and dry thoroughly between fingers
n. shape fingernails with emery board or nail file
o. finish with nail smooth and free of rough edges
p. apply lotion from fingertips to wrists
q. empty, rinse and dry basin before placing in designated supply area or returning to storage per facility policy
r. place soiled clothing and linens in proper containers
s. remove and discard gloves before washing your hands
t. make client comfortable
u. return bed to low position and remove privacy measures
v. place call bell within reach of client
w. wash hands
x. document procedure on Activities of Daily Living form, per facility policy
y. report any observations of changes in client's condition or behavior to appropriate supervisor

F. Foot care
1. purpose
   a. prevent foot odor
   b. prevent infection
   c. prevent pressure ulcer
   d. prevent complications of diabetes mellitus
   e. provides nurse aide opportunity to observe feet and toes
   f. long toenails make wearing shoes uncomfortable
2. guidelines of foot care
   a. nurse aide may not cut toenails, corns or calluses
   b. always dry feet thoroughly, including between the toes
   c. put on clean socks every day
3. observations the nurse aide may make during foot care
   a. dry skin
   b. breaks or tears in the skin (including between toes)

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Describe the importance of daily dressing as evidenced by participation in classroom discussion

Discuss guidelines the nurse aide should follow when helping a client to dress as evidenced by satisfactory rating on Skills Record in lab and in clinical.

Identify assistive devices that are useful for clients when they are dressing themselves as evidenced by using these devices appropriately in skills lab and in clinical.

Explain observations the nurse aide may make when assisting the client to dress as evidenced by participation in classroom discussion.

Identify safety measures and precautions the nurse aide should be aware of when assisting the client to dress as evidenced by participation in classroom discussion.

c. ingrown nails
d. red areas on the feet, heels, or toes
e. drainage or bleeding
f. change in color of skin or nails
g. heels that are soft or whitish or discolored
h. corns, blisters, calluses, warts
i. complaints of pain, burning or tenderness in feet, heels, or toes
j. rash
k. unusual odor

4. supplies
a. basin
b. towels
c. soap
d. lotion
e. gloves
f. washcloth
g. clean socks

5. provide foot care
a. follow the procedure for "Provides Foot Care on One Foot" in the most current edition of Virginia Nurse Aide Candidate Handbook
b. document procedure on Activities of Daily Living form, per facility policy
c. report any observations of changes in client's condition or behavior to appropriate supervisor

Content Outline

V. Dressing

A. purpose
1. everyone should dress in clean clothes every day
2. promotes self-esteem
3. cleanliness helps to prevent odors

B. Guidelines for dressing client (explain procedure and provide privacy)
1. encourage client to be as independent as possible within their capabilities
2. provide client opportunity to make choices regarding what clothing to wear
3. allow client time to make decisions and choices
4. clothing should be appropriate to time of year, temperature of surroundings
5. all of client's clothing should be labeled with name and room number
6. handle client's clothing with care
7. report to supervisor any clothing that needs to be repaired in any way
8. provide client privacy when dressing or undressing
9. report to supervisor or family clothing and shoes that are too big or too small
10. begin dressing on the weak side

Objectives

Demonstrate how to dress client with affected (weak) right arm as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document dressing on facility ADL form as evidenced by Satisfactory rating on Skills Record.

Explain the anatomy and physiology of the urinary system as evidenced by being able to correctly identify each component part and its function.

11. begin undressing on the strong side
12. dresses that open in the front are easier to put on that ones that open in the back
13. slacks, skirts and pants with elastic waistbands are preferable
14. shoes should have non-skid soles
15. to promote client independence, assistive clothing devices may be required
    a. zipper pull
    b. extended shoe horn
    c. button hole helper
    d. long handled graspers
    e. Velcro openings

C. Observations nurse aide may make when assisting client to dress
1. change in flexibility of joints
2. weakness of one side of body
3. loss of weight if clothing becomes loose
4. gaining weight if clothing becomes tight

D. Safety measures and precautions when assisting client to dress and undress
1. clothing should fit properly
    a. not too long
    b. not too tight
    c. not too loose
2. shoes should have non-skid soles
3. encourage client to sit when putting on socks/stockings and shoes
4. provide sweaters and long-sleeved tops if client complains of feeling cool or cold

E. Dress client
1. if client is independent, provide assistance as requested
2. if client needs assistance follow the procedure for "Dresses Client with Affected (weak) Right Arm" in the most current edition of Virginia Nurse Aide Candidate Handbook
    a. document procedure on Activities of Daily Living form, per facility policy
    b. report any observations of changes in client's condition or behavior to appropriate supervisor
3. Care of client's personal clothing
    a. labeled with name and room number
    b. place in hamper for laundry when soiled or when removed at end of the day
    c. store clean clothes per facility policy
    d. report to supervisor and/or family clothing that needs to be mended
    e. report to supervisor and/or family clothing/shoes that no longer fit

Objectives

Define the terms used in the urinary system as evidenced by participation in classroom discussion.

Describe age-related changes seen in the urinary system as evidenced by accurately participating in classroom discussion.

Identify normal characteristics of urine as evidenced by participating in classroom discussion.

VI. Toileting

A. Anatomy and Physiology of Urinary System

1. Kidneys
    a. most people have 2 kidneys, one on each side of the small of the back
    b. cleanse and filter the blood
    c. regulate the balance of water, sodium, potassium
    d. remove toxins and waste products from blood
    e. assist to regulate blood pressure
2. Urine - fluid created by kidneys from the water and waste products filtered from the blood
3. Ureters - thin tube that carries urine from each kidney to the bladder
4. Bladder - collects urine
    ~~a. can hold 200 – 400ml of urine~~
5. Internal urethral sphincter - muscle that holds the neck of bladder closed, keeping the urine in the bladder
6. Urethra - tube that carries urine from bladder to the outside of the body
    a. about 3- 4 inches long in females
    b. about 7 – 8 inches long in males
7. External urethral sphincter - muscle that contracts to preve from exiting the urethra
8. Urethral Meatus - opening to the outside of the body at the end of the urethra

B. Process of passing urine from the body
    a. voiding
    a. micturating
    b. urinating

C. Urinary incontinence
    1. unable to control the internal sphincter
    2. involuntary passing of urine

D. Definitions
    1. Hematuria - blood in the urine
    2. Anuria – no urine
    3. Dysuria – painful urination
    4. Nocturia – urinating at night
    5. Polyuria – excessive urination

E. Age-related changes to the urinary system

1. kidneys do not filter the blood as efficiently
    a. increase in blood pressure
2. urethral sphincter muscle tone decreases
    a. increases risk of urinary incontinence
3. bladder is not able to hold as much urine before the sensation that it needs to empty
    a. more frequent urination
4. bladder does not empty completely
    a. increased risk of urinary tract infection

Identify abnormal characteristics of urine that the nurse aide should report to the appropriate supervisor.

Explain the guidelines the nurse aide should follow to promote normal urination patterns as evidenced by participation in classroom discussion.

Discuss common disorders of the urinary system, including their signs and symptoms, as evidenced by a minimum grade of 80% on the unit test.

F. Urine
1. color
    a. pale yellow – normal
    b. dark yellow to amber – dehydrated
    c. can be affected by food and medications
2. clarity
    a. should be clear
    b. cloudy – sign of infection
3. odor
    a. smells of ammonia
    b. foods can affect smell – asparagus
4. amount
    a. adults produce 1200-1500 ml/24 hours
    b. minimum is 30ml/hour
5. should not contain
    a. blood
    b. pus
    c. mucus
    d. bacteria
    e. glucose
6. report the following to the appropriate supervisor

Content Outline

    a. cloudy urine
    b. dark or rust-colored urine
    c. strong, offensive smelling urine
    d. fruity-smelling urine
    e. blood, pus, mucus in urine
    f. bacteria or glucose in urine
    g. complaints of pain or burning on urination
    h. frequent urinary incontinence
    i. client wakes up frequently during the night to urinate

G. Guidelines to promote normal urination
1. provide privacy
2. take to the bathroom, if possible
3. assist male clients to stand to void, if possible
4. if client must use bedpan, raise head of bed to sitting position
5. encourage adequate fluid intake
6. provide fresh water in easy reach of client
7. frequently offer clients fluids to drink
8. encourage activity and exercise
9. teach Kegel exercises to female clients
10. answer call bells promptly
11. take client to bathroom every 2 hours to avoid incontinence

H. Common disorders of the urinary system
1. urinary tract infection (UTI)
    a. usually a bacterial infection
    b. causes

Objectives

Identify equipment used with the urinary system as evidenced by satisfactory performance in skills lab when performing skills involving the urinary system.

1. wiping incorrectly and contaminating urethra with bowel movement
2. not emptying the bladder completely

c. symptoms
1. urgency
2. complaints of pain or burning with urination
3. urinating frequently in small amounts
4. blood in urine

d. measures to avoid UTI
1. wipe perineum front to back
2. drink plenty of fluids
3. Vitamin C helps to prevent UTI
aa. orange juice
bb. cranberry juice
4. take shower rather than tub bath

e. report to nurse
1. complaints of pain or burning on urination
2. foul-smelling urine
3. dark-colored urine
4. blood in urine
5. client voids frequently in small amounts

2. Urinary retention
Content Outline

a. most commonly seen in men
b. often caused by enlarged prostate
1. benign prostatic hypertrophy (BPH)
c. symptoms
1. unable to empty bladder completely
2. frequent urge to void
3. difficulty starting urine stream
4. weak flow of urine stream
5. dribbling after finished voiding
6. distended lower abdomen
d. report any of the above 6 symptoms to the appropriate supervisor

3. Urinary incontinence
a. involuntary loss of urine from the bladder
b. decreased muscle tone at internal or external sphincter allows urine to "leak"
c. symptoms
1. urine leaks when client coughs, sneezes, laughs
2. client cannot "make it to the bathroom in time"

4. chronic renal failure
a. kidneys do not function correctly
b. unable to filter waste products and toxins from blood
c. unable to regulate water balance and blood pressure
d. life-threatening
e. most frequent causes

Objectives

Discuss how to provide care to the client/resident with urinary incontinence.

Demonstrate how to provide perineal care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Accurately document performance of perineal care on facility ADL form as evidenced by Satisfactory rating on Skills Record

Discuss the importance of reporting abnormal observations

3. high blood pressure
4. diabetes mellitus

f. symptoms
1. unexplained weight gain
2. itching
3. fatigue

5. end-stage renal disease (ESRD)
a. kidney stop functioning
b. client requires dialysis or kidney transplant

6.dialysis
1. client's blood flow through a machine tha filters out waste products, toxins and extra water
b. usually performed 3times per week
c. required to keep client alive

I. Equipment used with the urinary system

1. urinal
a. used by male clients
b. placed between client's leg with penis in the urinal
c. can be used standing, sitting or lying down

Content Outline

d. do not store on same table used to serve meal tray
e. provide privacy for use

2. bedpan
a. used when client not able to get out of bed
b. two types
1. regular
aa. wide, rounded end placed under client's buttocks
2. fracture pan – used when client has had hip surgery
aa. thin end is placed under client's buttocks
c. not very comfortable

3. bedside commode
a. chair frame with a toilet seat and collection bucket
b. kept at bedside for client's unable to walk into bathroom

4. catheter
a. tube inserted through the urinary meatus into the bladder
b. drains urine from the bladder
c. 3 types
aa. straight – temporary – removed as soon as bladder is emptied
bb. indwelling – remains in bladder to continuously drain urine into a collection bag
cc. condom – fits over the penis and drains urine into a drainage bag
dd. Texas catheter is another name

or changes to the appropriate supervisor.

Objectives

Demonstrate how to provide catheter care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document performance of catheter care on facility ADL form as evidenced by Satisfactory rating on Skills Record classroom discussion.

Demonstrate how to empty a urinary drainage bag as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document urinary output as evidenced by Satisfactory rating on Skills Record.

J. Care for client with urinary incontinence

1. can be emotionally traumatic for client and family
2. treat with respect and dignity
3. follow the procedure for "Provides Perineal Care (Peri-Care) for Female" in the most current edition of Virginia Nurse Aide Candidate Handbook
4. adaptations of peri-care for male client
    a. if client is not circumcised retract foreskin of penis
    b. hold penis by the shaft
    c. wash in circular motion from tip of penis down toward the body
    d. use clean area of washcloth for each stroke
    e. wash scrotum, then the groin
    f. rinse and dry
    g. turn client on side
    h. wash, rinse, dry rectal area
5. document procedure on Activities of Daily Living form, per facility policy
6. report any observations of changes in client's condition or behavior to appropriate supervisor

Content Outline

7. management of urinary incontinence
    a. answer call bell promptly
    b. encourage fluids
    c. encourage client to walk or exercise
    d. toilet client q2hrs
    e. client wears incontinent pad or brief
    f. check pad or brief q2hr. for dryness and change if wet
    g. keep perineum clean and dry to prevent odor and skin breakdown
    h. change wet clothing immediately
    i. treat client with respect and dignity
    j. male client may wear condom catheter

K. Care of client with an indwelling catheter

1. Guidelines for the nurse aide
    a. always wear gloves when emptying catheter drainage bag
    b. do not touch tip of the clamp to any object when draining the bag
    c. do not touch the drainage spout to the graduate
    d. drainage bag should always be lower that the level of the hips or bladder to prevent urine flowing back into the bladder
    c. never hang the drainage bag from the side rail of the bed
    f. hang drainage bag from bed frame
    g. do not have the drainage bag on the floor
    h. catheter tubing should not touch the floor
    i. check catheter tubing frequently to assure it

Objectives

Discuss how to collect routine urine specimen as evidenced by participation in classroom discussion.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document specimen collection as evidenced by satisfactory participation in classroom discussion.

Discuss how to collect clean-catch urine specimen as evidenced by participation in classroom discussion.

is not kinked
- j. catheter tubing should drape over the thigh, not be under the leg
- k. use catheter strap to position catheter over the thigh
- l. do not place tubing over the side rail
- m. always clean perineum front to back to prevent infection
- n. keep perineum clean and dry to prevent infection
- o. do not disconnect drainage tubing from the catheter
- p. notify appropriate supervisor immediately if drainage tubing becomes disconnected

2. Care of the client with an indwelling catheter
   a. follow the procedure for "Provides Catheter Care for Female" in the most current edition of Virginia Nurse Aide Candidate Handbook
   b. document procedure on Activities of Daily Living form, per facility policy
   2. report any observations of changes in clie

condition or behavior to appropriate supervisor

L. Measuring urinary output
1. always wear gloves
2. always measure with a graduate
   a. do not use lines on urinal or drainage bag to measure urine output
   b. place graduate on counter top and bend knees to have urine level at your eye level to measure
3. measure in milliliters (ml)
   a. 1ml=1cc (cc= centimeter)
   b. 30 ml = 1 ounce (oz)
4. how to empty a drainage bag
   a. identify yourself and explain what you will be doing
   b. wash hands and put on gloves
   c. provide for privacy
   d. obtain graduate
   e. place paper towel on floor under graduate
   f. open clamp on drainage bag and allow urine to empty into graduate
   g. close clamp and return to housing on drainage bag
   h. measure urine in bathroom by placing graduate on counter top and reading at eye level
   i. empty urine into toilet and flush
   j. rinse and dry graduate and store per facility policy
   k. remove gloves and wash hands
   l. document output per facility policy

Objectives

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document specimen collection as evidenced by Satisfactory participation in

m. report any observations of changes in client's urine and/or condition or behavior to appropriate supervisor

M. Urinary specimens
1. routine urine specimen
a. not a sterile specimen
b. can be obtained from bedpan, urinal or speci-hat (collector that fits over the porcelain bowl of the toilet and under the seat)
c. equipment needed
1. specimen container and lid
2. completed label and lab slip
3. gloves
4. means to collect urine
5. supplies for perineal care
d. procedure
1. identify yourself and explain what you need the client to do
2. provide for privacy
3. wash hands and put on gloves
4. assist client to toilet with speci-hat, BSC, or provide urinal or bedpan

Content Outline

5. instruct client to urinate but put toilet paper in plastic bag for disposal
6. remove gloves and wash hands
7. assist client to return to comfortable position in room
8. put on clean gloves
9. in bathroom, pour urine into specimen cup until cup is half full, keeping outside of cup clean
10. place lid on cup and label immediately
11. rinse and dry any equipment used to collect urine
12. remove gloves and wash hands
13. place call bell within easy reach of client
14. document specimen collection per facility policy
15. report any observations of changes in client's urine and/or condition or behavior to appropriate supervisor

1. Clean-catch urine specimen (Mid-stream specimen)
a. used to determine if there is bacteria in the urine
b. client urinates a small amount to clean the urethra, stops, then collects sample
c. procedure for collecting clean-catch specimen
1. identify yourself and explain what you need the client to do
2. provide for privacy
3. wash hands and put on gloves
4. assist client to bathroom
5. open specimen kit keeping inside of specimen

from touching anything

6. instruct client to clean perineum
   aa. female – separate labia and clean front to back in 3 separate strokes with a clean towelette each time
      i. down the left side
      ii. down the right side
      iii. down the middle
   bb. male – clean head of penis with circular strokes using clean towelette for each stroke
      i. if uncircumcised, pull back foreskin and clean as above
      ii. return foreskin to unretracted position after urinating
7. ask client to urinate a small amount and then stop
8. place container and ask client to continue urinating, collecting until cup is about half full
9. instruct client to finish urinating and wipe with toilet paper as usual

Content Outline

10. place lid on specimen cup and clean outside of cup with paper towel
11. apply label and place cup in plastic bag provided
12. remove gloves and wash hands
13. assist client to comfortable position in room
14. place call bell within easy reach of client
15. document specimen collection per facility policy
16. report any observations of changes in client's urine and/or condition or behavior to appropriate supervisor

Explain the anatomy and physiology of the gastrointestinal system as evidenced by being able to correctly identify each component part and its function.

N. Anatomy and Physiology of the Gastrointestinal System (GI) – Digestive System
   1. begins at the mouth and ends at the rectum
2. tongue moves food around the mouth
3. salivary glands – secrete saliva which begins the breakdown of food
4. teeth – break up food
5. esophagus – carries food to stomach
6. stomach – contains acid to break down food into chyme (semifluid mass of partly digested food)
7. chyme enters small intestines where it is propelled via peristalsis (wavelike motion that moves contents through small and large intestines)
   a. continues to be digested by bile from liver
   b. enzymes from pancreas
   c. about 90% of absorption of nutrients from food occurs in small intestines

Describe age-related changes seen in the gastrointestinal system as evidenced by accurately participating in classroom discussion.

Objectives

Identify normal characteristics of stool as evidenced by participation in classroom discussion.

Discuss the importance of identifying abnormal characteristics of stool that the nurse aide should report to the appropriate supervisor.

Explain the guidelines the nurse aide should follow to promote normal bowel elimination patterns as evidenced by participation in classroom discussion.

Demonstrate how to help a client use a bedpan as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document use of a bedpan and the outcome on facility ADL form as evidenced by Satisfactory rating on Skills Record

Discuss common disorders of the GI system, including their signs and symptoms, as evidenced by participation in classroom discussion.

8. large intestines – helps regulate water balance
    a. chyme takes 3-10 hours to become feces
    b. feces contain water, sold waste material, bacteria and mucus
    c. defecation – eliminating feces from the body
9. functions of the GI system
    a. ingestion – taking food/fluid into the body
    3. digestion – breakdown of food into nutrie to be absorbed
    4. elimination of waste products from the bo

O. Age-related changes to the GI system
1. decreased taste (sweet is last taste to remain)
2. loss of teeth affects ability to chew
3. decreased saliva and digestive fluids slows digestion of food
4. medical conditions may cause difficulty swallowing
5. decreased absorption of vitamins and minerals
6. decreased rate of digestion leads to constipation

P. Bowel elimination
1. called stool, feces, bowel movement

Content Outline

2. frequency
    a. varies by individual
    b. regularity prevents complications
3. color
    a. brown
    b. foods can cause color to change
    c. iron medication changes color to black
4. consistency
    a. soft, moist, formed
    b. foods can cause change to consistency
5. not normally found in feces
    a. blood
    b. mucus
    c. pus
    d. worms
6. report the following to the appropriate supervisor
    a. abnormally colored feces (white, black, bloody)
    b. hard, dry feces
    c. liquid stool (diarrhea)
    d. inability to have bowel movement (constipation)
    e. pain with bowel movement
    f. stool that contains blood, mucus, pus
    g. stool incontinence

Q. Guidelines to promote normal bowel elimination
1. encourage adequate fluid intake
2. warm fluids stimulate peristalsis
3. diet with adequate fiber/roughage
4. promote regular exercise
5. provide good oral care to keep mouth and teeth

Objectives

healthy
6. provide privacy when using the bathroom
7. allow plenty of time for client to use bathroom
8. follow client's pattern for bowel elimination
9. laxatives may be used to stimulate bowel activity

R. Care of the client needing to use a bedpan
1. used by clients unable to get to the bathroom
2. follow the procedure for "Assists with use of Bedpan" in the most current edition of Virginia Nurse Aide Candidate Handbook
3. document procedure on Activities of Daily Living form, per facility policy
4. report any observations of changes in client's condition or behavior to appropriate supervisor

S. Common disorders of the GI system
1. heartburn
   a. acid reflux
   b. sphincter muscle where esophagus enters stomach has poor muscle tone allowing gastric acid to enter the esophagus
   c. causes pain in chest
   d. burning in esophagus
   e. bitter taste in mouth
   f. usually after meals
2. flatulence
   a. gas or flatus
   b. too much air in GI tract
   c. caused by certain foods
      1. beans
      2. broccoli
      3. high fiber
      4. dairy products (lactose intolerance)
   d. exercise may provide relief
   e. lying on left side may be helpful
3. constipation
   a. difficult, painful elimination of stool
   b. stool is usually hard and dry
   c. symptoms
      1. abdominal swelling
      2. gas
      3. irritability
   d. treatment
      1. increase fluid intake
      2. increase exercise
      3. laxative, enema, suppository
4. diarrhea
   a. frequent liquid or semi-liquid stool
   b. causes
      1. infections
      2. irritating foods
      3. medications
   c. treatment

Objectives

Explain the different types of enemas and when a nurse aide is permitted to give an enema as evidenced by participation in classroom discussion.

Discuss how to collect routine stool specimen as evidenced by participation in classroom discussion.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document specimen collection as evidenced by satisfactory participation in classroom discussion.

1. BRAT diet (bananas, rice, apples, tea)
2. change diet
3. change medications

5. fecal incontinence
   a. involuntary passage or oozing of stool
   b. causes
      1. loss of muscle tone at anal sphincter
      2. loss of nerve control at anal sphincter
      3. fecal impaction
      4. treatment by changing diet, medication
      5. bowel training
6. fecal impaction
   a. hard, dry feces accumulate in rectum and client cannot expel
   b. symptoms
      1. no stool for several days
      2. complaints abdominal pain
      3. abdominal distension
      4. nausea and vomiting
      5. oozing liquid stool

Content Outline

   c. must be manually removed by nurse (RN or LPN)
   d. prevention
      1. encourage adequate fluid intake
      2. diet high in fiber
      3. adequate exercise
      4. regular toileting schedule

T. Enemas and the nurse aide
1. nurse aides may only give enemas that contain no additives
2. know and follow your facility policy regarding nurse aides administering enemas
3. types of enemas
   a. tap water – 500-1000ml tap water
   b. soapsuds – 500-1000ml tap water with castile soap added
   c. saline - 500-1000ml water with salt added
   d. pre-packaged (Fleets) – 120ml saline or oil
   e. nurse aide may NOT administer enemas with added medications

U. Stool specimens
1. Stool specimen
   a. purpose
      1. identify parasites, microorganisms
      2. blood
   b. procedure
      1. identify yourself and explain what you are going to do
      2. place speci-hat in toilet
      3. have client defecate in speci-hat or bedpan
      4. wash hands

Objectives

Discuss how to perform test for occult blood as evidenced by participation in classroom discussion.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document specimen collection as evidenced by satisfactory participation in classroom discussion.

Explain why a client might have a colostomy
As evidenced by participation in classroom discussion.

Describe care issues for a client with a colostomy including what observations the nurse aide should make as evidenced by satisfactory participation in classroom discussion.

Discuss the importance of nutrition, hydration, and elimination as it relates to the client/resident.

5. put on gloves
6. assist with perineal care
7. using 2 tongue blades place stool in specimen cup and close lid
8. attach label immediately
9. remove gloves and wash hands
10. position client comfortably in room
11. place call bell within reach of client
12. dispose of tongue blades per facility policy
13. document procedure on Activities of Daily Living form, per facility policy
14. report any observations of changes in client's condition or behavior to appropriate supervisor

2. occult blood
   a. tests for blood in stool
   b. equipment
      1. stool specimen
      2. Hemoccult kit
      3. tongue blade

Content Outline

      4. paper towel
      5. plastic bag
      6. gloves
   c. procedure
      1. wash hands and put on gloves
      2. open test card
      3. use tongue blade to smear small amount of stool of each window of Hemoccult card
      4. close windows and apply drop of Hemoccult solution to reverse side of window
      5. observe for color to appear in window
      6. dispose of tongue blade and Hemoccult card per facility policy
      7. remove and dispose of gloves and wash hands
      8. document and report results per facility policy

V. Ostomies and the nurse aide
1. ostomy - opening from an area inside the body to the outside of the body
2. colostomy – intestine is brought to outside of abdomen
   a. stoma- opening in abdomen
   b. colostomy bag – appliance that covers the stoma and into which the stool drains
   c. no stool will be eliminated via the rectum
3. causes
   a. cancer of colon, rectum
   b. trauma – gunshot
   c. diverticulitis
   d. Crohn's disease
4. care for client with ostomy
   a. treat client with respect

Objectives

Describe the six (6) main nutrients in a healthy diet as evidenced by participation in classroom discussion.

Explain how to use My Plate as a guide for a healthy diet as evidenced by satisfactory completion of a diet plan for one week.

b. be sensitive and supportive
c. provide privacy for client or nurse to change bag
5. observations nurse aide should report to appropriate supervisor
5. color and consistency of stool
6. unusual odor
7. blood, pus, mucus in stool in bag
8. leaking around the seal of the bag
9. flatus accumulating in the ostomy bag
10. complaints of pain in abdomen
11. distended abdomen

VII. Eating and hydration

A. Basic nutrition

1. Purposes of GI (gastrointestinal) system
a. ingestion – take in food
b. digestion – breakdown food into nutrients the body can absorb and use
c. elimination – eliminate parts of food not absorbed

Content Outline

2. Types of nutrients
a. water
1. most important nutrient
2. essential for life
3. ingested as liquid but also as part of foods
4. 50-60% of body weight
5. transports waste products out of body
6. keeps us cool – perspiration
7. keeps mucous membranes moist
8. helps joints to move smoothly
b. carbohydrates
1. source of glucose – food for the cells of the body
2. if not used for energy (food) for the body they are stored as fat
3. 1 gram carbohydrate = 4 calories
4. grains, cereals, fruit, some vegetables
c. protein
1. contain the “building blocks” for the cells
2. found in fish, meat, nuts, bean, legumes, eggs and dairy products
3. help body to build new tissue and to rebuild tissue that is damages
4. 1 gram = 4 calories
d. vitamins
1. fat soluble – only dissolve in presence of fat
a. Vit. D, E, A, K
2. water soluble – dissolve in water
a. B-vitamins, vit. C
3. essential for the body to function correctly
e. minerals
1. help provide structure to the body

Objectives

Identify various special diets that clients may receive as evidenced by satisfactory participation in classroom discussion.

Content Outline

2. Calcium – builds bones and teeth
3. iron – required to transport oxygen throughout the body

f. fat (lipids)
1. found in meat and oils, milk, cheese, nuts
2. make food taste good
3. take long time to breakdown giving the sensation of being "full" longer
4. most be present in the body to use Vit. D, E, A, K
5. 1 gram = 9 calories

3. USDA My Plate
a. general guide for types and quantities of foods to eat each day
b. fruits and vegetables
1. half of plate
2. vegetables - fresh, frozen, dried canned, juice
a) dark green vegetables
b) red and orange vegetables
c) dry beans and peas
d) starchy vegetables
e) others
3. fruit – fresh, frozen, dried canned, juice
c. grains
1. one quarter of plate
2. half should be whole grain
d. protein
1. one quarter of plate
2. meat, poultry, seafood, eggs
3. beans, peas, soy products, nuts, seeds
e. dairy
1. 3 cups each day
2. milk, yogurt, cheese, anything made with milk
3. skim or 1%

4.Special diets
<u>a.regular diet</u>
1. well-balanced diet without restrictions
<u>b.soft diet</u>
1. restricts foods hard to chew or swallow
2. restricts raw fruits and vegetables
3. restricts high fiber and spicy foods
<u>c.mechanical soft diet</u>
1. foods are chopped or blended to make them easier to chew
2. does not restrict spices, fat or fiber

d. <u>pureed diet</u>
1. consistency of baby food
2. for client with difficulty chewing and/or swallowing

e. <u>clear liquid diet</u>

Objectives

Describe the three (3) consistencies of Thicken that may be ordered for clients with swallowing difficulties as evidence by participation in classroom discussion.

Identify age-related changes that affect eating and nutrition as evidenced by satisfactory participation in classroom discussion.

1. only includes liquids you can see through
2. jello, apple juice, bouillon, water, coffee or tea without cream
3. does not provide enough nutrients to maintain health for prolonged period of time

f. full liquid diet
1. clear liquids and any food that can be poured at room or body temperature
2. puddings, cream soups, yogurt, breakfast drinks

g. bland diet
1. restricts spicy and acidic foods

h. fiber-specific diet
1. may be high or low fiber depending on medical needs of client

i. low sodium diet (low NA diet)
1. restrict amount of salt client may use
2. ordered for client with high blood pressure
3. may be "no added salt: diet (NAS)

j. diabetic diet

Content Outline

1. ordered for clients with diabetes mellitus
2. may restrict caloric intake
3. restricts amount of sugar and carbohydrates

k. fluid restricted diet
1. ordered for client with heart or kidney disease
2. identifies specific quantity of fluid client may have in 24 hour period

L.Gluten-free diet
1. May be resident choice or due to intolerance to gluten
2. Gluten is a general term for proteins found in wheat
3. clients/residents with celiac disease cannot tolerate gluten

l. NPO
1.nothing by mouth

5. liquid modifications
a. may be required for clients with difficulty swallowing "thin" fluid like water
b. Thicken – works like corn starch to thicken the liquid
c. nectar thick
1. consistency of thick fruit juice
d. honey thick
1. consistency of honey
e.pudding thick
1. consistency of pudding
f. Know facility policy and procedures for who can thicken fluids

B. Age-related changes to eating and nutrition
1. physical changes
1. dysphagia – difficulty swallowing
2. loss of teeth – difficulty chewing
decrease saliva – difficulty swallowing

Objectives

Identify cultural considerations that affect eating and nutrition as evidenced by satisfactory participation in classroom

NOT SURE WHAT WE ARE DOING WITH THIS SECTION

Identify specific observations concerning eating and nutrition that the nurse aide should report to the appropriate supervisor as evidenced by participation in classroom discussion.

4. decrease sensations of taste and smell – food is less appealing
5. decreased ability to see – makes it difficult to feed oneself and food appears less appealing

2. decreased activity level
    1. less appetite
    2. increases risk of constipation
3. special diets
    a. foods not prepared with spices have less flavor
    b. pureed diets not very appealing to the eye
4. psychosocial
    a. decreased income makes it difficult to buy foods that client purchased earlier in life
    b. lack of social interaction may decrease appetite
    c. depression may decrease appetite
5. physical ailments
    a. medical conditions can make eating/cooking difficult

b. Parkinson's Disease, stroke, certain cancers, Alzheimer's Disease

6. medications
    a. can alter the taste of food
    b. can leave bad taste in the mouth
    c. can decrease appetite
    d. may cause nausea, diarrhea, constipation

C. Cultural considerations for eating and nutrition

1. religious considerations
    1. Jewish religion
        a. ~~will~~ may not eat pork
        b. may require Kosher diet
        c. food specially prepared to religious specifications
    b. Muslim (Islam)
        1. will not eat pork
        2. may require halal diet (foods allowed under Islamic dietary guidelines)
        3 food specially prepared to religious specifications
    c. Hindu
        1. will not eat beef
    d. Buddhist
        1. many are vegetarian
    e. Mormon
        1. may not drink caffeine – coffee, tea, cola
        2. may not drink alcohol

2. social considerations
    a. vegan
        1. will not eat any animal product
        2. restricts eggs, dairy products, meat

Objectives

Explain guidelines for the nurse aide concerning eating and nutrition as evidenced by satisfactory practice in the skills lab.

Describe actions the nurse aide should take to prepare the client for mealtime as evidenced by satisfactory practice in skills lab and in clinical.

Demonstrate how to serve client trays as evidenced by satisfactory practice in skills lab and in clinical.

b. vegetarian
1. restrict meat, fish and poultry
c. fasting
1. voluntarily gives up eating for a period of time

3. ethnic considerations
a. some ethnic groups like food that is cooked with specific spices
3. Asian clients may prefer rice to potatoes

D. Observations nurse aide should report concerning eating and nutrition
1. eats less that 70% of meals
2. complains of mouth pain
3. dentures do not fit
4. teeth are loose
5. difficulty chewing or swallowing

Content Outline

6. frequent coughing/choking while eating
7. needs help eating or drinking
8. weight loss – clothes become loose-fitting
9. weight gain – clothes become tight
10. complaints of constipation
11. edema (fluid accumulation) in hands/feet

E. Guidelines for nurse aide concerning eating and nutrition
1. check diet card on client's tray to make sure it is the correct tray for the correct client
2. season food following client's choices
3. assist client to fill out menu
4. if client does not like food on tray try to replace with food of his choice
5. encourage client to eat by making mealtime a pleasant exp
6. assist client to rinse mouth if client receives medication immediately before mealtime
7. assist client with adaptive devices to help him maintain his independence and feed himself
8. accurately record food and fluid intake for each meal
9. follow nursing care plan to assist client to maintain indepe at mealtime

F. Preparing for mealtime
1. encourage client to toilet before going to the dining room
2. assist to wash hands and face, brush teeth
3. encourage client to wear glasses, hearing aides
4. provide pleasant area for eating
a. encourage client to eat in dining room with other clients to promote social interaction
5. if eating in his room, clear a clean area for client's

Objectives	Content Outline
	tray a. remove urinal/bedpan from view b. position in an upright position c. if positioned in a wheelchair, lock the wheels
	G. Serving the tray 1. wash hands 2. Offer/provide clothing protector or napkin 3. check diet card of tray a. correct client b. correct diet 3. assist client to prepare food a. season food per client choice b. if client requests, cut food into bite-sized pieces c. open cartons, containers at client's request 4. provide client with appropriate assistive devices to promote client independence a. plate guard b. silverware with built-up handles
Demonstrate how to feed a client who cannot feed self as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.	c. sippy cup 5. decrease distractions by lowering TV/radio volume 6. allow client sufficient time to eat, do not rush 7. talk with client respectfully 8. for a visually impaired client identify the location of foods on the plate using the numbers on a clock-face
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document food and fluid intake as evidenced by Satisfactory rating on Skills Record.	H. Guidelines for feeding client 1. assist client to wash hands 2. place a clothing protector over the client's chest 3. sit at the same level as client, facing the client 4. identify foods for the client 5. ask client in what order he would like to have his food 6. do not mix foods unless client requests 7. offer liquids between bites of food 8. do not touch food to test for hotness, place hand above food 9. do not force client to eat 10. provide client ample time to chew and swallow food before offering another bite 11. do not rush client
Describe actions to help prevent aspiration as evidenced by satisfactory practice in skills lab and in clinical.	I. Feed a client who cannot feed himself 1. follow the procedure for "Feed Client who Cannot Feed Self" in the most current edition of Virginia Nurse Aide Candidate Handbook 2. document procedure on Activities of Daily Living form, per facility policy 3. report any observations of changes in client's condition or behavior to appropriate supervisor
	J. Calculate food intake 1. know facility procedure for calculating food intake

Objectives

Define hydration, including actual amount of fluid required per day, as evidenced by a minimum grade of 80% on unit test.

Describe signs and symptoms of dehydration as evidenced by satisfactory participation in classroom discussion.

Accurately describe actions of the nurse aide to prevent client dehydration as evidenced by successful participation in classroom discussion.

2. some facilities use a percentage eaten of the entire plate of food
3. some facilities calculate percentage based on type of food eaten
   a. all of protein eaten = 30%
   b. all of carbohydrates eaten = 50%
   c. all of vegetable eaten = 20%
4. document and report food intake and fluid intake per facility policy

K. Guidelines to help prevent aspiration
1. aspiration – taking food/liquid into the lungs
2. client should be in up-right position (90°) to eat
3. feed client slowly
4. reduce distractions
5. use Thicken in liquids per nursing care plan
6. cut food into small bites
7. alternate liquids and solid food
8. if client has paralysis, place food in non-paralyzed

Content Outline

(non-affected) side of mouth
9. provide mouth care after client has finished eating
10. have client remain in up-right position about 30 minutes after finishes meal
11. report choking or gagging during meal to appropriate supervisor

L. Supplemental nutrition
1. used to increase caloric intake
   a. Ensure
   b. Sustacal
   c. Instant Breakfast
2. served between meals
3. include in daily intake and output

M. Hydration
1. man cannot live without water
2. recommend 8-8oz glasses (2000-2500 ml) of fluid every day
3. dehydration
   a. lack of sufficient fluid intake
   b. may cause
      1. constipation
      2. UTI
      3. change in level of consciousness

N. Signs of dehydration the nurse aide should report to the appropriate supervisor
1. drinking less that 6-8oz glasses (1400ml) of fluid/day
2. complaints of thirst
3. dry, cracked lips
4. dry mucous membranes
5. sunken eyes

Objectives

Identify signs and symptoms of fluid overload to report to the appropriate supervisor.

Explain the anatomy and physiology of the skin as evidenced by being able to correctly identify each component part and its function.

Describe age-related changes seen in the skin as evidenced

6. decrease urine output
7. urine is dark and strong smelling
8. complaints of constipation
9. loss of weight
10. weak, dizzy, light-headed
11. low blood pressure
12. complaints of headache
13. irritable
14. confusion
15. weak, rapid heartbeat

O. Actions the nurse aide can take to prevent dehydration
1. provide clients with fresh water every shift and place pitcher where client can easily reach it
2. frequently ask client if they would like something to drink
3. offer fluids that client likes to drink
4. provide fluids at temperature client prefers

Content Outline

5. provide client with assistive devices if needed
6. keep accurate I/O records
7. follow nursing care plan and specific fluid
8. report to appropriate supervisor any signs of dehydration

P. Signs of too much fluid (fluid overload) that the nurse aide should report to the appropriate supervisor
1. edema
   a. body retains fluid
   b. hands and feet swell
   c. rings and shoes become tight
2. weight gain
3. moist cough
4. shortness of breath on exertion
5. increased heart rate
6. skin on legs and feet becomes tight and shiny

e. Care of the Skin (Integumentary System)
A. Anatomy and Physiology of the Skin
1. layers of the skin
   a. epidermis
      1. outer layer
      2. made up of dead cells
      3. has no blood vessels
      4. contains melanin – pigment that gives color to the skin
   b. dermis
      1. inner layer
      2. contains oil glands, sweat glands, hair follicles, blood vessels
   c. protects internal organs from injury
   d. produces Vitamin D when exposed to the sun

by accurately participating in classroom discussion.

Objectives

Discuss common disorders of the skin, including their signs and symptoms, as evidenced by participating in classroom discussion.

2. subcutaneous tissue
   a. layer of fat under the dermis
   b. blood vessels and nerve of the skin originate here
   c. nerves provide sense of touch
3. glands in the dermis
   a. oil glands (sebaceous glands)
      1. secretes oily substance to prevent skin from drying and from harmful bacteria
   b. sweat glands
      1. produce sweat
      2. excrete waste products
      3. help to cool the body
4. hair
   a. helps to keep body warm
5. nails
   a. protect ends of fingers and toes

B. ~~Age related~~ changes of the skin that may occur in geriatric clients/residents

Content Outline

1. decrease in fat in subcutaneous layer
   a. wrinkles
   b. sagging skin
   c. client feels cooler
2. decrease in amount of melatonin
   a. gray hair
   b. age spots
3. decreased production of oil and sweat
   a. skin becomes drier
   b. becomes thinner
   c. becomes fragile
   d. more prone to infections and tearing
4. nails thicken and become yellow

C. Factors promoting health skin

1.good nutrition
2. adequate hydration
3. adequate sleep
4. adequate exercise

D. Common disorders of the skin

1. Burns
   a. first degree
      1. involves epidermis
      2.redness and pain
   b. second degree
      1. involves dermis
      2. red, painful, swelling, blistering
   c. third degree
      1. dermis and underlying tissue
      2. scarring
      3. muscle and bone may be involved
      4. pain, swelling, peeling

Objectives

Identify risk factors for developing pressure sores as evidenced by participating in classroom discussion.

Content Outline

d. causes
1. hot liquid
2. electrical equipment
3. hair dryer
4. heating pad
5. chemicals

e. never put oil, lotion or butter on a burn
f. cool and cover loosely
g. notify supervisor immediately

2. Shingles
a. related to chicken pox reactivation
b. viral infection that follow path of a nerve
c. blistery rash that appears as a single line on one side of the body
d. very painful
e. contagious for someone who has never had chicken pox
f. keep rash covered
g. wash hands frequently

3. wounds
a. two types
1. open wound
a. abrasion
b. puncture wound
c. gunshot wound
d. laceration
2. closed would
a. bruise
b. hematoma

b. symptoms
1. pain
2. damage to the skin
3. discoloration of the skin
4. bleeding
5. fever, chills
6. difficulty breathing

c. report any wounds to the appropriate supervisor immediately

E. Pressure Sores (decubitus ulcers)
1. pressure points
a. bony prominences
b. heels
c. shoulder blades
d. elbows
e. sacrum
f. areas with very little fat between bone and skin

2. pressure sores
a. breakdown of skin over a bony prominence
b. harder to cure than to prevent

Objectives

Describe the staging of pressure sores as evidenced by participating in classroom discussion.

*For Information Only:
Staging of pressure sores is within the scope of practice of an RN or LPN, not a nurse aide.

Describe actions the nurse aide can take to prevent pressure sores as evidenced by satisfactory participation in skills lab role-play and clinical practice.

Content Outline

c. caused by
    1. immobility – lying on same area for prolonged period of time
    2. weight of body prevents blood flow to tissue and tissue begins to die
    3. lying on wrinkled linen
    4. lying on an object in the bed
    5. sitting on bedpan for prolonged time
    6. wearing splint or brace that does not fit properly
d. risk factors for developing pressure sores
    1. aging – skin becomes more fragile
    2. poor nutrition and hydration
    3. skin that has prolonged contact with water or moisture – causes epidermis to breakdown
    4. cardiovascular and respiratory problems – decreases amount of oxygen reaching cells
    5. skin exposed to friction and shearing - during turning and positioning
e. signs of developing pressure sore
    1. skin becomes whitish or reddened
    2. skin is dry, cracked and/or torn
    3. blisters, bruises
*f. staging of pressure sores
    1. Stage 1
        a. skin intact, but red, blue or grey non-blanchable
        b. relieving pressure for 15-30 minutes does not return skin to normal coloration
        c. can be reversed if treated early
    2. Stage 2
        a. involves both epidermis and dermis
        b. looks like clear fluid filled blister or shallow crater
        c. epidermis cracks or peels away
        d. open area is portal of microorganism to enter
        e. no dead tissue yet
    3. Stage 3
        a. both epidermis and dermis are gone
        b. looks like a deep crater
        c. drainage is present
        d. necrotic (dead) tissue may be visible but doesn't obscure depth of tissue loss
        e. takes weeks or months to completely heal
    4. Stage 4
        a. crater of damaged tissue extends down to the muscle or bone
        b. often becomes seriously infected
        c. takes months to heal
        d. may require skin graft
    5.Deep Tissue Injury (DTI)
        a. purple or discolored area with intact skin
        b. firm, mushy, boggy, or warmer or cooler than adjacent tissue
6.Unstageable

Objectives

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Demonstrate how to perform a back massage as evidenced by satisfactory practice in skills lab and clinical.

Content Outline

a. unable to see wound bed
b. eschar or slough in wound
c. can be yellow, tan, brown, black
d. can be firm, soft, or draining

3. Actions to prevent pressure sores
   a. prevention is easier than treating and healing
   b. perform skin care on regular basis
      1. during routine personal care
      2. throughout the day as needed
      3. use moisturizer on unbroken skin
   c. keep skin clean and dry
      1. where skin comes in contact with skin
         a. under pendulous breasts
         b. between scrotum and legs
         c. between abdominal folds
      2. clean and dry immediately after urinary or bowel incontinence
         a. replace soiled linen protectors and clothing with clean, dry linen and clothing
   b. assist client to wipe well, drying perineum
   c.toilet q2hrs. to avoid incontinence
   d. keep linen clean, dry and free of wrinkles
      1. if client eats in bed remove any crumbs from linen
   e. turn and reposition immobile clients at least q2hours
   f. encourage mobile clients to change position frequently
   g. during transfer and repositioning client
      1. avoid dragging client across the linen by using draw sheet to turn and reposition client
      2. use mechanical lift to transfer from bed to chair
      3. use transfer board to transfer bedridden client from bed to stretcher
      4. avoid bumping client against side rails or wheelchair leg rests
   h. use positioning devices to keep pressure off areas at risk
      1. foot boards
      2. bed cradles
      3. heel/elbow protectors
      4. sheepskin pads to protect the back
   i. perform range of motion exercises on regular basis
   j. massage healthy skin to increase circulation
      1. do not massage skin that is white, red, purplish
   k. encourage healthy diet and adequate hydration

4. Observations to report to the appropriate supervisor
   a. change in skin coloration over a bony prominence or in a skin fold
      1. whitish, red, grey, purplish
   b. dry, cracked, flaking skin, particularly on

Objectives	Content Outline
	heels or elbows c. torn skin d. blisters, bruises, cuts e. client itches or scratches skin frequently f. broken skin anywhere on the body, including between the toes g. any change in an existing pressure sore 1. drainage 2. odor 3. peeling skin 4. change in color of skin 5. change in size of crater F. Back Massage (back rub) 1. relaxes tired, tense muscles 2. improves circulation 3. check nursing care plan for instructions on when to perform 4. procedure for performing back rub a. identify yourself and explain what you are going to do b. wash hands c. put on gloves if there is an area of broken skin d. provide for privacy e. adjust bed to waist-height and lock bed wheels f. lower side rail closest to you g. position client on his side or back, if tolerated h. pour lotion on hands and rub hands together i. using full palm of your hand, start at base of spine and with firm, even stroke gently massage upward toward the shoulders j. at shoulders, circle hands outward and stroke along outside of back, down toward base of spine k. repeat circular motion for 3-5 minutes l. using circular motion, gently massage bony prominences m. if bony prominences are red, massage around them, not over them n. if there is extra lotion, remove it o. redress and reposition client p. raise side rail, if appropriate q. return bed to low position r. place call bell in easy reach of client s. store lotion per facility policy and client request t. wash hands u. report to appropriate supervisor any changes in client or skin that you observed
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	
Identify the structure and function of the skeletal system as evidenced by participating in classroom discussion.	f. Transfer, positioning and turning A. Anatomy and Physiology of Musculo-Skeletal System 1. Skeleton a. long bones 1. arms and legs

Objectives

Identify the structure and function of the muscular system as evidenced by participating in classroom discussion.

Describe age-related changes seen in the musculo-skeletal system as evidenced by accurately participating in classroom discussion.

Discuss common disorders of the musculo-skeletal system, including their signs and symptoms and guidelines for the nurse aide, as evidenced by participating in classroom discussion.

Content Outline

b. short bones
1. wrists and ankles
c. flat bones
1. thin and often curved
2. skull and ribs
d. irregular bones
1. oddly shaped
2. spine and face
e. joints
1. where 2 bones join together
f. cartilage
1. fibers that permit limited movement between bones
2. acts as shock absorber between bones
g. ligaments
1. strong fibrous bands attaching one bone to another
2. stabilize joint
h. purpose of skeletal system
1. support the body
2. protect the body

2. Muscles
a. skeletal muscles
1. attach to bones
2. allow for movement
3. client controls these muscles
b. smooth muscles
1. line walls of blood vessels, stomach, bladder and hollow organs
2. controlled involuntarily
c. cardiac muscle
1. forms the heart
2. cause heart to contract and relax
3. controlled involuntarily
d. purpose of muscles
1. enables body to move, internally and externally

B. Age-related changes to Musculo-Skeletal system
1. bones lose calcium
a. become weak
b. break easily
c. osteoporosis
2. muscles weaken
a. lose tone
b. cannot support the body or move bones
3. lose muscle mass
a. causes weight loss
4. joints become less flexible
a. decreases range of motion
b. slows body movements
5. lose height
a. space between vertebrae decreases

Objectives

Identify complications of immobility as evidenced by participating in classroom discussion.

Content Outline

C. Common Disorders of Musculo-Skeletal system

1. Osteoporosis
    a. bones break easily due to loss of bone tissue
    b. caused by
        1. lack of calcium in diet
        2. loss of estrogen
        3. reduced mobility
    c. bones most commonly affected
        1. vertebrae
        2. pelvic bones
        3. arm and leg bones
    d. signs and symptoms
        1. low back pain
        2. loss of height
        3. stooped posture
    e. treatment
        1. medication
        2. exercise
    f. considerations for the nurse aide providing care
        1. allow time for client to move
        2. turn and reposition very carefully
        3. follow special dietary orders
        4. encourage and assist with mobility
        5. report to appropriate supervisor any changes in client's ability to be active or to move

2. Arthritis
    a. painful inflammation of joints
        1. stiff, swollen joints
        2. decreases mobility of joints
    b. two types of arthritis
        1. osteoarthritis
            a. DJD – degenerative joint disease
            b. cartilage between joints decreases
            c. causes pain when bones rub together
        2. rheumatoid
            2 considered an auto-immune disease
            3 causes deformity which can be disabling
    c. signs and symptoms
        1. swollen and stiff joints
        2. joints deformed
    d. treatment
        1. rest
        2. range of motion exercises
        3. anti-inflammatory medications
        4. weight loss
        5. heat
        6. total joint replacement surgery

Objectives

Demonstrate the various positions for the client in bed as evidenced by satisfactory practice in skills lab.

e. considerations for the nurse aide providing care
1. encourage activity per nursing care plan
2. range of motion exercises as ordered
3. assist with ADLs
4. encourage use of assistive devices to promote client independence
5. report the following to the appropriate supervisor
a. unusual stiffness of joints
b. swelling of joints
c. client complaint of pain in joints
d. decreased ability to perform range of motion exercises
e. decreased ability of client to perform daily activities

D. Complications of immobility
1. physical discomfort
2. pressure sores

Content Outline

3. contractures
4. bones become brittle due to loss of calcium
5. pneumonia
6. blood clots, especially in the legs

E. Proper body alignment
1. positioned so spine is straight and not twisted
2. promotes comfort and good health
3. supine
a. flat on back
b. support head and shoulders with a pillow
c. support arms and hands with pillow or rolled washcloth
d. place pillow under calves so heels are elevated off bed to prevent pressure sores
e. use footboard to keep ankles flexed to promote anatomical position of feet and ankles
4. lateral
a. lying on side
b. pillow to support the head and neck
c. pillow to the back to maintain side-lying position
d. flex top knee and place pillow under the knee and lower leg for support
e. pillow under bottom foot to keep toes from touch the bed
5. prone
a. lying on the abdomen
b. many clients do not like this position
c. head turned to the side and placed on small pillow
d. place pillow under abdomen to allow room for breasts and to allow chest to expand during inhalation
e. do not leave client prone for a long period of time
6. Fowler's

Objectives

Demonstrate how to raise a client's head and shoulders as evidenced by satisfactory practice in skills lab and clinical.

Demonstrate how to move a client up in bed as evidenced by satisfactory practice in skills lab and clinical.

Demonstrate how to move a client up in bed using a draw sheet as evidenced by satisfactory practice in skills lab and clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document moving client up in bed on facility ADL form as evidenced by Satisfactory rating on Skills

a. client on back with head of bed (HOB) elevated 45 - 60°
b. semi-Fowler's – HOB elevated 30 - 45°
c. high Fowler's – HOB elevated 60 - 90°
d. raise knee gatch or place pillow under knees to help prevent client from sliding down the mattress

7. Sims'
a. extreme side-lying position, almost prone
b. head turned to side and supported with pillow
c. lower arm positioned behind the back
d. upper knee is flexed and supported with pillow
e. pillow under each foot to prevent toes from touching bed

8. Trendelenburg
a. head is lower than the rest of the body
b. used to increase blood flow to the brain if client is in shock

9. reverse Trendelenburg
a. mattress placed at an angle with the head higher

than the foot of the mattress
b. used for client's with digestive disorders

10. logrolling
a. turning client onto side while keeping spine straight
b. use a draw sheet and a helper

G. Repositioning client

1. raising client's head and shoulders
a. use good body mechanics
b. raise bed to waist-height and lower side rail
c. place closest hand and arm under client back to the far shoulder
d. place other hand and arm under client's closest shoulder
e. gently raise head and shoulders on the count of three
f. re-fluff, turn, and replace pillow
g. make client comfortable, provide with call bell
h. lower bed and replace side rail, as appropriate
i. document procedure and report any client changes to appropriate supervisor

2. assisting client to move up in bed
a. practice good body mechanics
b. raise bed to waist-height and lower side rail and head of bed
c. place 1 arm under client's shoulders
d. place other arm under client's knees and turn your feet toward the HOB
e. have client bend knees
f. on count of 3, have client push with feet while you lift body up in bed
g. make client comfortable, raise HOB, return

Objectives	Outline Content
Record.	h. document procedure and report any client changes to appropriate supervisor
Demonstrate how to position client on side as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.	3. assisting client to move up in bed with a draw sheet a. practice good body mechanics b. raise bed to waist-height and lower side rail and head of bed c. have one nurse aide on each side of bed turned slightly toward HOB
Accurately document positioning client on side on facility ADL form as evidenced by Satisfactory rating on Skills Record.	d. with 1 hand at the shoulder and 1 hand at the hips roll draw sheet toward client e. grasp roll of draw sheet with palms up f. on count of 3 both nurse aides lift the draw sheet and client toward the HOB
Demonstrate how to transfer client from bed to wheelchair using a transfer belt as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.	g. unroll draw sheet and tuck edges under mattress h. make client comfortable, raise HOB, return bed to low position i. place call bell in client's reach j. wash hands k. document procedure and report any client changes to appropriate supervisor
	4. position client on side a. follow the procedure for "Position Client on Side" in the most current edition of Virginia Nurse Aide Candidate Handbook b. document procedure on Activities of Daily Living form, per facility policy c. report any observations of changes in client's condition or behavior to appropriate supervisor
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	
	G. Transferring Client 1. assisting client to move from one location to another 2. weight-bearing a. client's ability to stand on one or both legs 3. gait belt or transfer belt a. device nurse aide uses to assist unsteady or weak client to transfer or ambulate
Demonstrate how to transfer client from bed to wheelchair using a mechanical lift as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.	4. transfer client from bed to wheelchair using transfer belt a. follow the procedure for "Transfer Client from Bed to Wheelchair Using Transfer Belt" in the most current edition of Virginia Nurse Aide Candidate Handbook b. document procedure on Activities of Daily Living form, per facility policy c. report any observations of changes in client's condition or behavior to appropriate supervisor.
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	5. mechanical lifts a. equipment used to lift and move clients b. Fair Labor Standards Act, Hazardous Occupation Order Number 7 1. prohibits minors under 18 from operating or assisting in the operation of most power-driven hoists, including those designed to lift and move

Objectives	Content Outline
	patients c. should only be used by nurse aides 18 years of age and older d. nurse aide should receive training to use the specific lift in the facility e. at least 2 nurse aides should be present when a mechanical lift is used to move a client f. practice good body mechanics g. raise bed to waist-height and lower side rail and head of bed h. position wheelchair next to bed with footrests removed and wheels locked i. lower side rail on side nearest nurse aide j. assist client to turn on side and place lift pad under client k. assist client to turn to opposite side and position lift pad under client without wrinkles l. roll mechanical lift to bedside with base at its widest point, the wheels locked and the overhead bar directly over the client m. with client on his back attach the straps to each side of the lift pad and the overhead bar n. fold client arms over chest to protect arms and elbows o. raise client about 2 inches off bed p. with assistance of 2nd nurse aide guide client to the wheelchair q. slowly lower client into chair, taking care with arms and legs and making sure the client's hips are against the back of the wheelchair r. replace footrests and support client's feet on wheelchair footrests s. remove straps from overhead bar and lift pad t. make sure client is comfortable and is wearing non-skid footwear u. cover client's lap and legs with blanket or robe v. place call bell in client's reach w. wash hands x. document procedure and report any client changes to appropriate supervisor
Identify complaints and concerns the nurse aide should report to the appropriate supervisor related to ambulation as evidenced by participation in skills lab role play.	
Demonstrate how to ambulate client using Transfer/gait belt as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document ambulating client on facility ADL form as evidenced by Satisfactory rating on Skills Record.	H. Ambulating a Client 1. walking a client 2. assistive devices a. transfer or gait belt b. walker c. cane d. crutches 3. report to the appropriate supervisor a. complaints of dizziness b. shortness of breath c. chest pain

d. rapid heart beat
e. sudden complaints of head pain
f. unusual pain on weight bearing
g. changes in client's strength or ability to walk
h. change in client attitude toward walking
i. assistive equipment that is broken or not working correctly

4. assist client to ambulate using transfer belt
   a. follow the procedure for "Assist to Ambulate Using Transfer Belt" in the most current edition of Virginia Nurse Aide Candidate Handbook
   b. document procedure on Activities of Daily Living form, per facility policy
   c. report any observations of changes in client's condition or behavior to appropriate supervisor.

Unit IX – Individual Client's Needs, including Mental Health and Social Service Needs
(18VAC90-26-40.A.4.a, c, d, e, f, g)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify basic needs of clients, including physical and psychosocial needs.
2. Demonstrate guidelines for the nurse aide to assist the client to meet his psychosocial needs.
3. Demonstrate way the nurse aide can modify his behavior in response to the behavior of clients.
4. Demonstrate principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.
5. Demonstrate skills supporting age-appropriate behavior by allowing the client to make personal choices and by providing and reinforcing other behavior consistent with the client's dignity.
6. Demonstrate appropriate responses to client behavior, including aggressive behavior, anger, combative behavior, inappropriate language, confusion, and inappropriate sexual behavior.
7. Utilize the client's family/concerned others as a source of emotional support.
8. Demonstrate strategies to provide appropriate clinical care to the aged and the disabled.

Objectives	Content Outline
Identify basic physical needs of the client as evidenced by participation in classroom discussion. Identify basic psychosocial needs of the client as evidenced by participation in classroom discussion.	I. Basic psychosocial needs A. Physical needs 1. food and water 2. protection 3. activity 4. rest and sleep 5. safety 6. comfort B. Psychosocial needs 1. recognition as a unique individual 2. love and affection 3. supportive environment 4. acceptance by others 5. independence 6. social interaction 7. security 8. success and self-esteem 9. spiritual expression 10. sexual expression C. Problems meeting these needs 1. physical loss of body functions and/or body parts 2. social losses a. spouse b. relatives c. friends 3. economic losses a. retirement b. health costs

Objectives

Demonstrate guidelines for the nurse aide to assist the client to meet his psychosocial needs as evidenced by satisfactory rating on Skills Checklist in skills lab and in clinical.

Identify defense mechanisms as evidenced by participating in classroom discussion.

Content Outline

4. loss of personal control over decision making
    a. loss of driver's license
    b. loss of personal dwelling when enter a long-term care facility

D. Guidelines for the nurse aide to assist client in meeting psychosocial needs
    1. demonstrate caring, personal feeling for each client
    2. communicate a caring, personal feeling for each client
    3. promote client independence and personal control as much as possible
        a. allow to follow habits and make personal choices
        b. adjust client care to permit continuation of lifestyle as much as possible
        c. encourage use of personal belongings
        d. encourage self-care as appropriate
        e. encourage client to continue religious practices
        f. provide personal time for sexual expression
    4. provide client with explanations when providing care
        a. promote right to dignity
        b. respect right to refuse care
E. Common reactions when client is unable to meet psychosocial needs
    1. anxiety
    2. depression
    3. anger or aggression
    4. confusion or disorientation

II. Mental health

A. client able to make adjustments to maintain state of emotional balance
    1. stress
        a. anxiety, burden, pressure, worry
        b. causes
            1. loss of independence
            2. loss of significant other/s
            3. loss of economic resources
            4. loss of body part/function
            5. many causes
    2. defense mechanisms
        a. compensation
            1. substituting for the loss
        b. conversion

Objectives	Content Outline
	1. may use physical problem to avoid participating in an activity 2. "changes" the real reason into something else c. denial 1. refuses to believe d. displacement 1. shifting an emotion from one person to another less threatening person e. projection 1. blaming someone else for own actions or feelings f. rationalization 1. creating acceptable reasons for behavior or action g. regression 1. demonstrate behaviors from an earlier time in life h. repression 1. refusing to remember frightening or unpleasant memory
Describe the signs and symptoms of anxiety as evidenced by participating in classroom discussion.	III. Mental Illness A. Anxiety 1. feeling of uneasiness, dread, worry 2. can be helpful response unless it persists and effects ability to cope with everyday life 3. signs and symptoms a. rapid pulse b. dry mouth c. sweating d. nausea e. difficulty sleeping f. loss of appetite g. restless h. irritable
Identify the behaviors associated with obsessive-compulsive disorder as evidenced by participating in classroom discussion.	B. Obsessive-Compulsive Disorder (OCD) 1. obsession a. recurring unwanted thoughts 2. compulsion a. rituals that client cannot control b. hand-washing c. repeatedly checking door to make certain it is locked, for example 3. prohibiting the ritual increases the level of anxiety C. Phobias 1. excessive, abnormal fear a. fear of heights b. fear of water

Objectives	Content Outline
	c. fear of flying d. fear of dogs e. fear of closed in spaces 2. can be very debilitating
Identify the signs and symptoms of depression as evidenced by participating in classroom discussion.	D. Depression 1. overwhelming sadness prohibits client from functioning 2. signs and symptoms a. lack of interest b. frequent crying c. fatigue d. weight loss e. sleep disturbances f. irritability g. frequent physical complaints h. feelings of worthlessness i. feelings of hopelessness
Describe the behavior associated with bipolar disorder as evidenced by participating in classroom discussion.	E. Bipolar Disorder 1. severe mood swings a. manic phase 1. everything is wonderful 2. hyperactive b. depression phase 1. excessive sadness 2. not enough energy to participate in ADLs 2. caused by chemical imbalance in brain
Describe the signs and symptoms associated with schizophrenia as evidenced by participating in classroom discussion.	F. Schizophrenia 1. loss of contact with reality 2. signs and symptoms a. delusions 1. false ideas of who or what is around client 2. delusions of grandeur 3. delusions of persecution 4. paranoia b. hallucinations 1. false sensations that are real to client 2. hearing voices 3. seeing things that are not really there 4. may involve any of the 5 senses c. disorganized speech 1. flight of ideas d. catatonic behavior 1. may stop in mid-sentence and stare
Demonstrate ways the nurse aide can modify his behavior in response to the behavior of the client as evidenced by satisfactory participation in skills lab and classroom role-play.	IV. Guidelines to modify the nurse aide's behavior in response to the behavior of clients A. Know the client 1. Greet client when entering the room 2. encourage self-care as appropriate 3. encourage independence with ADLs and activities 4. allow client to make choices

Objectives	Content Outline
	5. offer to come back at a later time 6. remember the aide is not the cause of the client's behavior 7. do not take client's actions and behavior personally 8. stop when client resists what you are doing B. Be aware of your actions 1. monitor your body language 2. stay calm 3. do not yell at or argue with client 4. use silence appropriately 5. treat client like an adult, not a child 6. use appropriate eye contact 7. be respectful of client 8. provide privacy, if appropriate for client 9. review reality with client 10. answer questions about time, place, people honestly
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	C. report unusual behavior to appropriate supervisor 1. change in ability to perform ADLs 2. change in mood 3. behavior that is extreme, dangerous or frightening to other clients 4. hallucinations or delusions 5. comments about suicide 6. client not taking medications or hiding medications 7. any activity that causes a change in client's behavior
Demonstrate principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated as evidenced by satisfactory participation in classroom and skills lab role-play.	V. Behavior management techniques A. Principles of behavior management 1. ABCs a. Antecedent – what precedes the behavior b. Behavior – an action, activity, or process which can be observed and measured ~~c.~~ Consequence – ~~what is the consequence of the behavior~~ how people in the environment react to the behavior d. to change the behavior, change either the antecedent or the consequence 2. speak with the 3 s's a. slowly b. softly c. simply – avoid medical terminology 3. cueing – graduated guidance a. provide guidance to perform a skill and then gradually let client perform task on his own 4. mirroring - modeling a. have client mirror or copy what you are doing

Objectives	Content Outline
	5. directing a. instructing the client to do a specific behavior 6. redirecting a. change client focus from one behavior to another more appropriate behavior 7. schedule care when client is least agitated B. Reward steps that lead to final desired behavior 1. plan what behavior is to addressed 2. behavior is broken down into small steps 3. each step completed is rewarded C. Three (3) types of rewards 1. primary rewards a. food 2. social rewards a. smile b. words of praise 3. physical rewards a. touch b. hug c. pat on the arm 4. rewards must be given in a way that would normally occur in the environment 5. rewards should suit the preferences of the client receiving the reward
Demonstrate strategies to reinforce appropriate behavior as evidenced by satisfactory participation in class and skills lab role-play.	D. Strategies to reinforce appropriate behavior 1. remain calm 2. maintain client's routine 3. maintain client's toileting schedule 4. encourage independence 5. provide privacy 6. encourage socialization 7. respond positively to appropriate behavior
Demonstrate strategies to reduce inappropriate behavior as evidenced by satisfactory participation in class and skills lab role-play.	E. Strategies to reduce client's inappropriate behavior 1. ignore behavior if it is safe to do so 2. remove behavior triggers 3. focus on the familiar 4. avoid caffeine 5. allow to pace in a safe place 6. do not argue with client 7. try distraction – redirect behavior 8. do not take behavior personally 9. continue to reinforce appropriate behavior
Identify age-appropriate strategies to reinforce client dignity as evidenced by participating in classroom discussion.	IV. Supporting age-appropriate behavior A. Age-appropriate strategies 1. participate in planning own care 2. encourage to make independent choices 3. maintain privacy 4. maintain confidentiality

Objectives	Content Outline
	5. encourage client to have own possessions 6. encourage participation in social activities 7. encourage participation in recreational activities 8. respect client's decisions and choices
Identify guidelines for nurse aide to reinforce client dignity as evidenced by satisfactory role-play in class and skills lab.	B. Guidelines for nurse aide to reinforce client dignity 1. address client in a dignified manner 2. take time to listen to what client has to say 3. converse with client as with an adult 4. do not ignore or humor client 5. respect client's privacy 6. explain what you are going to do 7. treat client as you would want to be treated 8. encourage client to make choices 9. client has right to refuse treatment, medications, activities
	VI. Responding appropriately to client's behavior A. Aggressive behavior 1. common causes a. pain b. lack of sleep c. fear d. medication side effects e. too hot or too cold f. hunger g. unable to communicate h. forgetting i. being approached by unknown clients and/or staff
Identify warning signs that frequently precede aggressive behavior as evidenced by participating in classroom discussion.	2. Warning signs preceding aggressive behavior a. fear b. restlessness c. pacing d. clenching fists e. clenching jaw f. yelling g. trying to leave facility h. throwing things
Demonstrate strategies to respond to aggressive behavior as evidenced by participating in classroom discussion.	3. Strategies to respond to aggressive behavior a. stay calm b. avoid touching client c. try to identify the trigger for the behavior d. take threats seriously e. get help f. do not argue with client g. protect yourself and others from harm h. report observations to appropriate supervisor

Objectives	Content Outline
Identify warning signs that frequently precede angry behavior as evidenced by satisfactory participation in classroom discussion.	B. Angry behavior 1.common causes a. disease b. fear c. pain d grief e. loneliness f. loss of independence g. change in daily routine 2. warning signs preceding angry behavior a. yelling b. throwing things c. threatening d. sarcasm e. pacing f. narrowed eyes g. clenched, raised fists h. withdrawal i. silent, sulking
Demonstrate strategies to respond to Angry behavior as evidenced by satisfactory Participation in classroom discussion.	3. strategies to respond to angry behavior a. be pleasant and supportive b. try to find cause of anger c. listen to client d. observe body language e. think before speaking f. do not argue with client g. speak in normal tone of voice h. treat client with respect i. respond promptly to requests j. report behavior to supervisor 4. strategies if anger escalates a. stay a safe distance away from client b. provide for safety of other clients c. leave client alone if it is safe to do so d. summon help
Identify signs of combative behavior as evidenced by satisfactory participation in classroom discussion.	C. Combative behavior 1. common causes a. disease affecting the brain b. escalating anger or frustration c. medication side effects 2. combative behavior a. hitting b. shoving c. kicking d. throwing things e. insulting others
Demonstrate strategies to respond to combative behavior as evidenced by satisfactory participation in classroom discussion.	3. strategies to respond to combative behavior a. immediately call for help b. keep yourself and others at a safe distance from the client c. stay calm

Objectives	Content Outline
	d. be reassuring, speak calmly e. try to find the trigger for the behavior f. do not respond to insults g. do not hit back h. follow the direction of the supervisor i. when behavior is under control sit with client to provide comfort, if instructed by supervisor j. report behavior to supervisor D. Inappropriate language 1. examples a. cursing b. name calling c. yelling d. sexually suggestive language
Demonstrate strategies to respond to inappropriate language as evidenced by satisfactory participation in role-play in class and in skills lab.	2. strategies to respond to inappropriate language a. remain calm b. do not take the language personally c. do not argue with the client d. politely tell client that language is inappropriate e. do not respond emotionally to the language f. if appropriate, permit client to have private time g. tell client you will return when he has had opportunity to calm down h. report behavior to supervisor E. Confused/disoriented behavior 1. inability to think clearly a. disoriented to time, place and/or person b. unable to focus on a task c. temporary or permanent
Identify common causes of confusion and/or disorientation as evidenced by participating in classroom discussion.	2. common causes a. low blood sugar b. stroke c. head trauma/injury d. dehydration e. nutritional problems f. fever g. sudden drop in body temperature h. lack of oxygen i. medication side effects j. infection k. illness l. loss of sleep m. seizure n. constipation o. difficulty hearing

Objectives	Content Outline
Demonstrate strategies to respond to confused and/or disoriented behavior as evidenced by satisfactory participation in role-play in class and in skills lab.	3. strategies to respond to confusion/disorientation a. do not leave client alone b. stay calm c. provide quiet environment c. speak slowly, softly, simply d. introduce yourself every time you encounter client e. reality orientation f. repeat directions as needed g. break ADL tasks into simple steps h. do not rush client to complete tasks i. keep client's routine j. observe client's body language as well as listen to what client is saying k. tell client when you are leaving room l. encourage use of glasses and hearing aides m. allow client to make choices n. encourage independence as appropriate o. report observations to the appropriate supervisor F. Inappropriate sexual behavior 1. examples a. sexual advances or comments b. inappropriate touching of staff c. inappropriate touching of themselves d. removing clothing in public e. masturbation in public 2. common causes a. illness b. dementia c. confusion d. medication side effects
Demonstrate strategies to respond to inappropriate sexual behavior as evidenced by participating in classroom discussion.	3. strategies to respond to inappropriate sexual behavior a. do not over-react b. be matter-of-fact c. distract the client d. do not judge behavior e. if client wants to talk, listen f. client has right to express sexuality, provide privacy g. report inappropriate behavior to supervisor
Identify the role of family/concerned others as a source of emotional support for the client as evidenced by satisfactory participation in classroom discussion.	VII. Family/concerned others as source of emotional support A. Role of family/concerned others on the health care team 1. provide love, support, self-esteem for client 2. lessen loneliness of client

Objectives	Content Outline
	3. participate in care planning, if desired by client 4. participate in care decisions on behalf of client 5. provide vital information to assist staff in planning appropriate behavior management plan as needed
Demonstrate strategies to meet the emotional needs of the client and the family/concerned others as evidenced by satisfactory participation in classroom discussion and role-play in class and skills lab.	B. Strategies to meet emotional needs of client and families/concerned others 1. be kind and respectful 2. ask appropriate questions 3. answer questions from client and family/concerned promptly and appropriately 4. listen 5. provide competent care to gain confidence of family/concerned others and client 6. create permanent assignments so client and family/concerned others can develop relationship with caregiver 7. allow client to contact family/concerned others as desired
Demonstrate strategies to encourage Family/concerned others to provide Emotional support to the client as Evidenced by satisfactory participation In classroom discussion.	C. Strategies to encourage family/concerned others to provide emotional support to client 1. invite family to care conferences as appropriate 2. send newsletters informing of up-coming events and special occasions 3. make space for families/concerned to celebrate private events (birthday, anniversary, etc.) 4. be friendly and respectful to visiting family/concerned others 5. keep facility welcoming, clean and odor-free
Demonstrate appropriate clinical care of the aged as evidenced by satisfactory ratings in the skills lab and in the clinical setting.	VIII. Providing appropriate clinical care to the aged and disabled A. Clinical care for the aged 1. respect client rights at all times 2. provide for privacy 3. maintain confidentiality 4. know each client as an individual 5. provide care within the nurse aide scope of practice, as assigned 6. promote client independence 7. keep client free from pain and discomfort 8. follow nursing care plan 9. observe and report physical and/or behavioral changes to appropriate supervisor B. Developmental disabilities 1. definition a. present from birth b. restricts physical and/or mental ability c. client has difficulty with language, mobility and/or learning

Objectives	Content Outline
Describe the effects developmental disabilities may have on the client as evidenced by satisfactory participation in classroom discussion.	2. examples a. cerebral palsy – caused by oxygen deficit at birth b. autism c. mental retardation 3. functions limited by developmental disabilities a. affect b. self-care c. learning d. mobility e. self-direction f. expressing language g. expressing understanding
Identify various physical disabilities the nurse aide may find in a long-term care facility as evidenced by satisfactory participation in classroom discussion.	C. Physical disabilities 1. examples a. visual impairment b. hearing impairment c. amputee d. cerebral vascular accident (CVA/stroke) 2. functions limited by physical disability a. depends on part of the body affected
Demonstrate appropriate clinical care of the disabled as evidenced by satisfactory ratings in the skills lab and in the clinical setting.	D. Guidelines for clinical care for the disabled 1. treat as adults regardless of behavior 2. praise and encourage 3. be patient 4. maintain privacy 5. maintain confidentiality 6. keep free from pain and discomfort 7. encourage client independence 8. encourage client to make personal choices 9. help teach ADLs as appropriate 10. repeat words and directions as needed 11. allow time to process what you have said 12. encourage participation in restorative care 13. follow nursing care plan 14. observe and report any physical and/or behavioral changes to appropriate supervisor

Unit X – Special Needs Clients
(18VAC90-26-40.A.5.a, b, c, d)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Describe age-related changes of the nervous system.
2. Discuss common disorders of the nervous system, including the care of the client.
3. Describe age-related changes to the eye.
4. Discuss common disorders of the eye, including the care of the client.
5. Demonstrate understanding of behavior of the visually impaired client, including how to respond to this behavior.
6. Describe age-related changes of the ear.
7. Discuss common disorders of the ear, including care of the client.
8. Demonstrate understanding of behavior of the hearing impaired client, including how to respond to this behavior.
9. Demonstrate understanding of behavior of the cognitively impaired client, including how to respond to this behavior.
10. Demonstrate how to communicate with the cognitively impaired client.
11. Demonstrate techniques for addressing the unique needs and behaviors of cognitively impaired clients.
12. Demonstrate methods to reduce the effects of cognitive impairment.
13. Describe complications of diabetes mellitus, include care of the client.
14. Describe care of the client experiencing hypoglycemia and hyperglycemia.
15. Describe care of the client experiencing hypothyroidism and hyperthyroidism

Objectives	Content Outline
Explain the anatomy and physiology of the nervous system as evidenced by being able to correctly identify each component part and its function.	I. Nervous System A. Anatomy and Physiology 1. Neuron a. cell that sends and receives information b. dendrite – short extension from the neuron cell body that receives information c. axon – long extension from the cell body that sends information d. synapse – space between axon of one neuron and the dendrite of the next e. myelin – covering of some of the axons 2. 2 divisions of the nervous system a. central nervous system (CNS) 1. brain and spinal cord b. peripheral nervous system (PNS) 1. nerves outside of brain and spinal cord 3. Central nervous system a. brain 1. cerebrum – largest part of brain a. controls voluntary movement of muscles b. processes information received from sensory organs c. allows us to speak, remember, think and feel emotions 2. cerebellum a. helps coordinate brain's commands to muscles

Objectives	Content Outline
	b. assists with balance 3. brain stem a. connects spinal cord to brain b. regulates body temperature, blood pressure, respirations and heartbeat b. spinal cord 1. extends from base of brain to about the level of the naval 2. surrounded and protected by the vertebrae 3. carries messages from the brain to and from the body 4. Peripheral nervous system a. sensory nerves 1. carry information from the internal organs and the outside world to the spinal cord and into the brain b. motor nerves 1. carry commands from brain down spinal cord and to the muscles and organs of the body 5. function of the nervous system a. regulates what goes on inside the body in response to external stimuli b. allows body to interact with the world around us 1. senses – touch, hearing, sight, smell, taste
Describe age-related changes seen in the nervous system as evidenced by accurately participating in classroom discussion.	B. Effect of aging on the nervous system 1. slower conduction time a. slower reflexes b. increased risk of falling c. short-term memory loss d. decreased sense of touch e. some hearing loss f. decreased vision, sense of smell and sense of taste
Discuss common disorders of the nervous system, including their signs and symptoms, as evidenced by participating in classroom discussion.	C. Common disorders of the nervous system 1. cerebrovascular accident (CVA, stroke) a. caused by blocked blood vessel or a ruptured blood vessel in the brain b. signs and symptoms 1. dizziness 2. confusion 3. loss of consciousness 4. seizure 5. facial droop on one side 6. drooping of one eyelid 7. blurred vision 8. sudden, intense headache 9. loss of bowel and/or bladder control 10. numbness, tingling on one side of the body

Objectives	Content Outlines
	11. weakness and/or paralysis on one side of the body 12. inability to speak 13. elevated blood pressure c. guidelines for caring for client recovering from a CVA 1. encourage independence by using assistive devices as appropriate 2. promote self-esteem 3. allow client time to respond by providing ample time for tasks 4. assist with range of motion to maintain muscle tone and joint mobility 5. be aware of changes in or loss of sensation when providing or assisting with personal care 6. assist with nutrition and fluid intake as appropriate to maintain weight and avoid constipation 7. do not refer to a "bad" body part 8. place food in the strong or unaffected side of the mouth when feeding client 9. keep communication simple and use a communication board if appropriate 10. if client forgets about paralyzed body part, gently remind him when transferring or repositioning client 11. reposition client q2hrs to prevent pressure sores and contractures 12. be aware client emotions can suddenly change 13. encourage client progress 14. encourage client to socialize and participate in activities d. notify appropriate supervisor of the following 1. change in level of consciousness 2. change in ability to use a body part 3. change in degree of sensation 4. signs of dehydration 5. weight loss 6. signs of depression 2. Parkinson's Disease a. client progressively deteriorates b. signs and symptoms 1. uncontrollable tremors 2. mask-like facial expression 3. drooling 4. pill-rolling 5. rigid muscles 6. shuffling gait 7. stooped posture

Objectives	Content Outline
	c. guidelines for caring for client with Parkinson's Disease 1. assist with ambulation to prevent falls 2. when ambulating encourage client to stand as straight as possible and to pick up his feet 3. allow client ample time to complete simple tasks 4. assist with ADLs as appropriate 5. provide assistive devices to help with eating 6. encourage socialization and participation in activities to prevent depression d. notify the appropriate supervisor of the following 1. severe trembling 2. severe muscle rigidity 3. mood swings 4. sudden incontinence 5. dehydration 6. signs of depression
https://www.epilepsy.com/learn/seizure-first-aid-and-safety/a first-aid-plans	3. Seizures a. caused by short-circuit in brain's electrical pathways 1. head trauma 2. tumor in the brain 3. high fever 4. alcohol and/or drug abuse 5. deficiency of oxygen to the brain at birth b. signs and symptoms 1. change in level of consciousness 2. tonic-clonic muscle movements 3. staring c. guidelines for care of the client having a seizure 1. lower client to floor and protect the head from injury 2. watch breathing, turn client/resident on his/her side to help keep airway open if need 3. allow the rest of the body to move 4. do not attempt to put anything in client's mouth 5. when seizure is finished position client on side in the recovery position 6. when client recovers assist into clean, dry clothes if appropriate 7. be ~~matter-of-fact and~~ supportive of client to promote self-esteem 8. notify supervisor immediately a. report time seizure began b. how long it lasted c. describe seizure

Objectives

Content Outline

4. multiple sclerosis (MS)
    a. progressive disorder that effects the nervous system's ability to communicate with muscles and control movement
    b. occurs in young adults most often
    c. signs and symptoms
        1. numbness and tingling
        2. muscle weakness
        3. extreme fatigue
        4. tremors
        5. decreased sensation in extremities
        6. blurred or double vision
        7. poor balance
        8. difficulty walking because the feet drag
        9. bowel and/or bladder incontinence
        10. paralysis in late stages of disease
    d. guidelines for caring for the client with MS
        1. assist with ambulation to prevent falls
        2. allow client ample time to complete tasks and ADLs
        3. offer frequent rest periods during tasks and ADLs
        4. turn, reposition, and provide skin care q2hrs to prevent pressure sores
        5. assist with range of motion to maintain muscle tone and joint mobility
        6. encourage socialization and participation in activities to prevent depression
    e. notify the appropriate supervisor of the following
        1. skin that is red, pale or looks like the beginning of a pressure sore
        2. joints that do not move as easily as they did
        3. complaints of burning on urination, frequenc of urination, urine that is concentrated or foul smelling
        4. change in level of consciousness
        5. signs of depression
5. head and spinal cord injuries
    a. causes
        1. concussion – banging injury to the brain
        2. accidents
    b. sign and symptoms
        1. headache
        2. unequal pupils
        3. drowsy
        4. seizure
        5. change in level of consciousness
    c. guidelines for care of the client with head or spinal cord injury

+Objectives

Explain the anatomy and physiology of the eye as evidenced by being able to correctly identify each component part and its function.

Describe age-related changes seen in the eye as evidenced by accurately participating in classroom discussion.

Demonstrate an understanding of the visually impaired client as evidenced by satisfactory role-play in the skills lab and satisfactory performance in the clinical setting.

Content Outline

1. turn, reposition and give skin care q2hrs to maintain skin, preventing pressure sores and contractures
2. perform range of motion exercises on a regular basis
3. encourage as much independence with ADLs as is appropriate
4. encourage hydration
5. provide assistive devices as necessary to promote independence and self-esteem
6. follow bowel and bladder schedule
7. encourage client to socialize and participate in activities to prevent depression

d. report to the appropriate supervisor the following
1. skin that looks as though a pressure sore is forming
2. joints that do not move as easily as they did
3. complaints of burning on urination, frequency of urination, urine that is concentrated or foul smelling
4. change in level of consciousness
5. signs of depression

B. The Eye

1. organ of sight
   a. sclera – white of the eye
   b. cornea – clear part of sclera that allows light to enter into the eyeball
   c. lens – clear structure that refracts (bends) the light to focus on the retina
   b. retina – inner-most part of the eyeball
      1. contains receptors (rods and cones) that convert light into nerve impulses that travel to the brain where the impulses are processed
2. effects of aging on the eye
   a. decreased number of receptors in the retina
   b. lens becomes cloudy and opaque
   c. lens becomes less flexible, unable to properly focus the light on the retina
   d. decrease in tear production
3. common disorders of the eye
   a. conjunctivitis (pink eye)
      1. infection and inflammation of the eyelid
      2. signs and symptoms
         a. eye is red, itchy
         b. eye tears a lot
         c. white or yellow discharge from the eye
      3. guidelines for caring for the client with pink eye

Objectives	Content Outline
	a. wash hands before and after caring for the client b. keep your hands away from your face and eyes c. encourage client to avoid touching or rubbing his eyes and to use a tissue if he must 4. report the following to the appropriate supervisor a. discharge for eyes b. complaint of burning or itching in the eyes b. cataracts 1. lens becomes cloudy preventing light from entering into the eye and decreasing vision 2. treated by surgery to remove the lens and replace it with an artificial lens 3. guidelines for caring for the client with a cataract a. provide extra light in room or when performing tasks such as reading b. sit facing a bright window, turn and sit with back toward window c. encourage to be as independent as possible d. assist with ADLs as appropriate c. glaucoma 1. increased pressure inside the eye a. can lead to blindness if not treated 2. signs and symptoms a. decreased vision b. nausea/vomiting c. seeing “halo” around lights d. blurred vision d. age-related macular degeneration (AMD) 1. receptors in center of retina are destroyed a. client can only see the periphery of the field of sight e. guidelines for caring for the client with vision impairment 1. encourage use of their glasses 2. check glasses daily to assure they are clean 3. wash glasses with warm water and dry with soft towel. Never dry with a paper towel 4. knock before entering client’s room 5. identify yourself whenever enter client’s room 6. announce to client when you are leaving client’s room 7. leave furniture where client knows where it is 8. use numbers of a clock to tell client where an item is located or where food is located on his plate
Respond appropriately to the behavior of the visually impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	

Objectives

Explain the anatomy and physiology of the ear as evidenced by being able to correctly identify each component part and its function.

Describe age-related changes seen in the ear as evidenced by accurately participating in classroom discussion.

Demonstrate an understanding of the hearing impaired client as evidenced by satisfactory role-play in the skills lab and satisfactory performance in the clinical setting.

Content Outline

9. when assisting client to ambulate, walk slightly ahead of client and allow client to hold your arm or elbow

f. report to appropriate supervisor the following
1. glasses that are in need of repair

C. The Ear
1. Anatomy and Physiology of the Ear
a. outer ear
1. tympanic membrane – ear drum
2. cerumen – ear wax
b. middle ear
1. equalizes air pressure
2. 3 small bones – malleus, incus and stapes
c. inner ear
1.cochlea – contains receptors for hearing
2. vestibule
3. semicircular canals – help keep our balance
2. function of the ear
a. hearing
b. balance
3. effects of aging on the ear
a. tympanic membrane becomes stiff
b. 3 small bones don't vibrate as easily
c. sensory receptors in cochlea decrease
d. decreased hearing
4. common disorders of the ear
a. otitis media
1. infection of the middle
2. signs and symptoms
a. ear pain
b. fever
c. discharge from the ear
d. difficulty hearing
3. report to appropriate supervisor the following
a. discharge from the ear
b. complaints of ear pain
c. complaints of difficulty hearing
d. fever
b. Meniere's Disease
1. disease of the inner ear
2. signs and symptoms
a. dizzy
b. tinnitus – ringing in the ears
c. temporary hearing loss
d. nausea/vomiting
e. guidelines for care of client with Meniere's Disease

Objectives	Content Outline
	1. lie down 2. keep eyes from moving 3. allow client ample time to complete ADLs c. deafness 1. conductive hearing loss a. sound waves prevented from reaching receptors in cochlea 2. sensorineural hearing loss a. receptors unable to transmit nerve impulses or to receive stimuli 3.hearing aids a. battery operated device to amplify sound b. very expensive, handle with care c. guidelines for caring for hearing aide 1. treat with care 2.turn off when not in use 3. store in labeled container in a cool, dry place 4. check batteries frequently to ensure they are in working order 5. do not get batteries wet 6. remove hearing aid before bathing, showering or shampooing hair d. report to supervisor dead batteries, hearing aid that needs repair d. guidelines for caring for the client with hearing impairment 1. reduce or eliminate background noise 2. encourage client to wear hearing aid and verify that hearing aid is turned on 3. check that batteries for hearing aid are functional 4. face client when speaking 5. use note pad to write important directions 6. consider learning sign language
Respond appropriately to the behavior of the hearing impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	
Define the terms used with cognitive impairment as evidenced by participation in classroom discussion.	II. Cognitive Impairment – **Memory Care** A. introduction 1. inability to think, to remember or to reason 2. causes a. delirium – temporary confusion b. depression c. dementia

Objectives

~~Describe how an unmet need might cause behavior changes~~
~~Describe basic unmet human needs that will most likely Cause behavior problems in:~~
~~An alert, oriented resident~~
~~A confused resident~~
~~Psychosis, dementia, and combative residents~~
~~State the steps of behavioral management~~
~~Discuss how the nurse aide functions with the Health care team for behavior management~~
~~Describe 1 step for increasing appropriate behavior and 1 step for reducing inappropriate behavior~~

Discuss the various types of dementia

Discuss the three stages of Alzheimer's Disease as evidenced by participating in classroom discussion.

Content Outline

3. dementia in long-term care
   a. brain atrophies, nerve fibers become tangled and covered with a sticky protein
   b. progressive
   c. not reversible
   d. there is no cure
   e. many causes
      1. brain injury
      2. AIDS
      3. prolonged substance abuse
      4. CVA
      5. Parkinson's Disease
      6. Alzheimer's Disease (AD)

   f. types of dementia
      1. over 100 different types
         a. vascular dementia – may occur after stroke due to cut off blood supply. Symptoms of impaired judgment and problems planning, conc and thinking.
         b. dementia with Lewy bodies – less common. Symptoms of memory loss, th problems, visual hallucinations, muscle rigidity.
      2. Alzheimer's Disease -most common type

B. Alzheimer's Disease (AD)
1. three (3) stages
   a. stage 1- early/mild
      1. short-term memory loss
      2. disorientated to time
      3. loses interest in work and hobbies
      4. unable to concentrate
      5. decreased attention span
      6. mood swings
      7. rude behavior
      8. tends to blame others
      9. poor judgment
      10. poor personal hygiene and safety awareness
   b. stage 2 - middle/moderate
      1. increased disorientation
      2. increased memory loss – may forget family and friends
      3. slurred speech
      4. difficulty finding the right words
      5. difficulty following directions
      6. loses ability to read, write or do math
      7. unable to perform own ADLs without assistance

Objectives	Content Outline
	8. unable to recognize common items like comb or eating utensils 9. becomes incontinent 10. restless, wanders, paces, sundown syndrome 11. difficulty sleeping 12. poor impulse control – inappropriate language, sexually aggressive 13. hallucinations (experiences sensations that are not real) and/or delusions (false ideas about who one is or what is going on around them) c. stage 3 – late/severe 1. total disorientation to time, place and persor 2. total dependence on others for care 3. completely incontinent 4. verbally unresponsive 5. confined to bed unable to walk 6. unable to recognize family or self 7. difficulty swallowing and eating 8. seizures 9. coma 10. death
Demonstrate an understanding of the behavior of the cognitively impaired client as evidenced by satisfactory role-play in the skills lab and satisfactory performance in the clinical setting.	C. Behaviors associated with dementia 1. wandering or pacing a. causes 1. over-stimulating environment 2. feeling scared or lost 3. looking for someone or something 4. need to go to the bathroom 5. hunger 6. forgetting how or where to sit
Respond appropriately to the behavior of the cognitively impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	b.. appropriate responses to wandering or pacing 1. provide safe place for wandering/pacing 2. maintain toileting schedule 3. offer snacks 4. redirect to other activities 5. redirect to other exercise 6. for nighttime wandering, minimize daytime napping 7. provide reassurance 2. agitation a. causes 1. frustration 2. insecurity 3. new people or new places 4. changes in routine 5. over-stimulating environment b. appropriate responses to agitation 1. eliminate triggering behavior 2. keep calm 3. speak slowly and simply

Objectives	Content Outline
	4. reduce noise and stimulation in environment 5. redirect to a familiar activity 6. reassure client that he is safe 3. hallucinations and delusions a. hallucinations – hearing/seeing things that are not there b. delusions – false ideas about who one is or what is going on around one d. appropriate responses to hallucinations/delusion 1. if they are harmless, ignore them 2. do not argue because they are real to the client 3. redirect client to other activities 4. report behavior to appropriate supervisor 4. violent behavior a. hitting, attacking, threatening to self and/or others b. causes 1. frustration 2. over-stimulation 3. change in routine c. appropriate responses to violent behavior 1. notify supervisor immediately 2. decrease environmental stimulation 3. step out of reach and remain calm 4. protect yourself and others 5. never hit back 6. speak slowly and simply 5. catastrophic reactions a. unreasonable, exaggerated reaction 1. may be inappropriate language b. causes 1. fatigue 2. change of routine 3. over-stimulation in environment 4. pain or discomfort 5. hunger or need to toilet c. appropriate responses to catastrophic reactions 1. remove triggers 2. use calming techniques 3. do not leave the client alone 4. block blows 5. never hit back 6. stay out of reach 7. protect yourself and others 8. call for help 9. notify supervisor immediately 6. pillaging, rummaging and/or hoarding a. pillaging – taking items that belong to someone else b. rummaging – going through drawers, closets, personal items that belong to oneself or to others

c. hoarding – collecting more items than one needs and never throwing anything away
d. appropriate responses to pillaging, rummaging and/or hoarding
1. do not judge client- these behaviors are out of their control
2. label all of client belongings
3. check hiding places periodically
4. notify family so they are aware of behavior
5. set aside special drawer for rummaging or hoarding

7. sundown syndrome
a. client becomes restless and agitated in late afternoon, evening or night
b. causes
1. hunger
2. fatigue
3. change in routine
4. new situation
c. appropriate responses to sundowning
1. provide adequate lighting before it gets dark
2. avoid stressful situations in afternoon or evening
3. discourage daytime naps
4. follow a bedtime routine
5. plan calming activity just before bedtime
6. eliminate caffeine from diet
7. give soothing back rub
8. redirect behavior to a calm activity
9. maintain daily exercise routine
10. notify supervisor of behavior

8. perseveration
a. repeat words, phrases or questions over and over again
b. may repeat same activity over and over again
c. appropriate responses to perseveration
1. remember that client is unaware of behavior
2. respond each time to a question
3. remain calm
4. do not attempt to silence or stop client
5. redirect client to another activity

9. inappropriate social behavior
a. cursing, yelling
b. banging on furniture, slamming doors, etc.
c. causes
1. pain
2. constipation
3. frustration
4. desire for attention
d. appropriate responses to inappropriate social behavior

Objectives

Demonstrate strategies for communicating with the cognitively impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.

Demonstrate techniques for addressing the unique needs and behaviors of client's with cognitive impairment as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.

Content Outline

1. remain calm
2. speak slowly, simply, softly
3. try to determine cause of the behavior
3. report behavior to supervisor

10. inappropriate sexual behavior
    a. removing clothing, inappropriate touching of self or others
    b. causes
        1. client is hot
        2. need to toilet
        3. attempting to remove soiled clothing
        4. pleasant sensation
    c. appropriate responses to inappropriate sexual behavior
        1. stay calm and professional
        2. try to find reason for behavior
        3. direct client to private area
        4. distract client
        5. report behavior to supervisor

D. Strategies for communicating with the cognitively impaired client

1. always introduce yourself to client
2. be careful with touching client, as this may frighten or upset client
3. maintain eye contact when speaking with client
4. allow client ample time to respond
5. speak slowly, simply, softly
6. reduce environmental noise
7. give directions one at a time, not a list of directions
8. repeat directions and answers as often as needed
9. if client does not seem to understand what you are saying, try using different words
10. watch for body-language clues that indicate what client needs or is trying to say
11. always describe what you are doing
12. break tasks into simple steps
13. use pictures or a communication board
14. post reminders such as calendars, signs, activity boards, pictures
15. frequently offer praise
16. if language is offensive, ignore it or gently try to redirect client to another activity
17. do not talk to or about client as though he is a child
18. use validation therapy
    a. acknowledge the client's reality
    b. do not argue with client
    c. attempt to distract client and redirect attention to another, more appropriate activity

E. Techniques to address unique needs of the

cognitively impaired client

1. bathing
   a. schedule bathing when client is least agitated
   b. adhere to the schedule
   c. gather all supplies before beginning procedure
   d. use sponge bath if client becomes upset with tub bath or shower
   e. have bathroom warm and well-lit
   f. make sure water is warm
   g. provide for privacy and safety
   h. encourage independence by giving client washcloth
   i. explain everything you are doing
   j. be calm and reassuring throughout procedure
2. grooming and dressing
   a. assist with grooming to maintain self-esteem and dignity
   b. use clothing that opens in the front, has elastic waistbands, Velcro instead of buttons
   c. choices may agitate client therefore do not give client too many choices when selecting clothes. May be best to offer only one outfit to wear
3. toileting
   a. establish toileting schedule and adhere to it
   b. toilet q2hrs or more often if necessary
   c. toilet before meals and before bedtime
   c. place sign on bathroom door so client will recognize it
   d. keep bathroom lit
   e. assist client to clean self after toileting
   f. change client's clothing if they become soiled
   g. keep skin clean and dry
   h. document bowel movements
   i. reassure family and friends if they are upset by client's incontinence
   j. encourage fluid intake to avoid dehydration
3. eating
   a. establish a meal schedule and adhere to it
   b. encourage independence at mealtime with the use of assistive devices
   c. dining area should be well-lit, pleasant, with a minimum of background noise (turn off TV)
   d. seat client with others to promote socialization
   e. food should look pleasant and appealing
   f. food and drink should not be very hot or very cold
   g. keep table setting simple
      1. no patterns on the tablecloth or plates
      2. do not put unnecessary plates, glasses or silverware on the table
   h. finger foods are acceptable
   i. offer plenty of fluids
   j. give simple directions

Objectives	Content Outline
	k. use cueing to give client idea of how to feed self l. allow ample time for client to feed self m. give client smaller meals at more frequent intervals if wandering interferes with meals n. report to appropriate supervisor 1. choking or difficulty swallow 2. changes in intake and/or output
Demonstrate methods to reduce the effects of cognitive impairment as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	4. general health issues a. assist to wash hands at frequent intervals b. be alert to risk for falls and reduce risks for client c. be diligent with skin care d. observe for non-verbal cues regarding pain or discomfort and report to appropriate supervisor e. promote self-esteem by encouraging independence in activities where possible f. provide daily/weekly calendar g. encourage participation in activities and socialization h. reward behavior with smiles, hugs and praise 5. therapies used with cognitively impaired clients a. reality orientation 1. calendars 2. clocks 3. signs 4. lists b. validation therapy 1. acknowledge client's reality 2. do not argue 3. redirect activity to more appropriate behavior c. reminiscence therapy 1. reminds client of past experiences and people d. remotivation therapy 1. promote self-esteem, socialization 2. groups to focus on specific topic
Identify strategies the nurse aide can use to keep a positive, empathetic attitude when caring for clients with cognitive impairment as evidenced by participation in classroom discussion.	A. Care for the care-giver 1. do not take behavior personally 2. consider what client is feeling 3. work with client as they are today 4. work as a team making sure everyone follows the nursing care plan 5. work with and support family members 6. take care of yourself
	III. Diabetes Mellitus A. The endocrine system 1. regulates many body functions 2. made up of glands that secrete hormones directly into the blood stream
Describe age-related changes seen in the endocrine system as evidenced by accurately participating in classroom discussion.	

Objectives	Content Outline
	3. glands a. pituitary gland – 7 hormones including growth-stimulating hormone b. thyroid –controls metabolism c. parathryoids – regulates body's use of calcium d. thymus – regulates immune system e. adrenals – regulates BP and fight vs flight f. pancreas – produces insulin to regulate blood sugar g. ovaries – female sex hormones h. testes – male sex hormones
Discuss common disorders of the endocrine system, including their signs and symptoms, as evidenced by participating in classroom discussion.	4. age-related changes in the endocrine system a. levels of hormones decrease 1. menopause in women a. levels of insulin decrease b. body handles stress less efficiently
Describe the difference between Type 1 and Type 2 diabetes mellitus as evidenced by Participating in classroom discussion.	5. common disorders of the endocrine system a. diabetes mellitus b. hypothyroidism
	B. Diabetes mellitus (DM) 1. insulin a. the key that opens the door to allow glucose to enter the cell b. cells use glucose for energy/food c. without glucose, cells will die d. without insulin, glucose stays in the blood and cannot get into the cells
Identify signs and symptoms of diabetes mellitus as evidenced by participating in classroom discussion.	2. type 1 – insulin dependent diabetes mellitus (IDDM) a. pancreas produces little or no insulin b. must have outside source of insulin (injection)
	3. type 2 – non-insulin dependent diabetes mellitus (NIDDM) a. pancreas produces insulin but the body has become resistant to its own insulin b. may take oral hypoglycemic tablet c. may be treated with diet and exercise d. may require injection of insulin
Discuss hypoglycemia, including the signs and symptoms and the care of the client experiencing hypoglycemia as evidenced by satisfactory participation in classroom discussion.	4. signs and symptoms of DM a. increased thirst b. increased urination c. increased hunger d. fatigue e. elevated blood sugar f. blurred vision g. slow-healing cuts or sores h. numbness/tingling in hands/feet i. increased number of infections
	5. complications of DM a. hypoglycemia 1. signs a. change in level of consciousness b. skin cool and clammy

Objectives	Content Outline
Discuss hyperglycemia, including the signs and symptoms and the care of the client experiencing hyperglycemia as evidenced by satisfactory participation in classroom discussion.	c. complaint of headache d. shaky e. nauseated 2. causes a. skipped a meal b. too much exercise c. received too much insulin 3. notify supervisor immediately 4. if conscious, give orange juice or peanut butter crackers or follow facility policy
Describe long-term complications of diabetes mellitus as evidenced by participating in classroom discussion.	b. hyperglycemia 1. signs a. skin warm and flushed b. breath has fruity smell c. blood sugar is elevated 2. causes a. over-eating b. not enough exercise c. did not receive enough insulin 3. notify supervisor immediately c. damage to blood vessels 1. damage to blood vessels in the retina leads to blindness 2. damage to blood vessels in the kidneys leads to kidney failure and dialysis 3. damage to blood vessels in the feet and legs leads to amputation d. damage to nerves 1. numbness and tingling in hands and feet 2. loss of sensation in fingers and toes
Discuss guidelines for the nurse aide caring for the client with diabetes mellitus as evidenced by satisfactory role-play in class and satisfactory performance in the clinical setting.	6. guidelines for the care of the client with DM a. maintain meal schedule b. encourage client to follow diet and not eat concentrated sweets c. monitor blood sugar per facility policy d. inspect client's feet and toes every day for blisters, reddened areas e. client should always wear well-fitting shoes when ambulating f. if client has loss of sensation in hands assist them with activities such as eating, writing or holding objects g. if client has loss of sensation in feet assist with ambulation h. never cut client's toenails, only a podiatrist i. always dry between client's toes after washing feet
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	7. what to report to the appropriate supervisor a. a missed meal b. complaints of increased thirst c. complaints of increased urination, particularly at night

Objectives	Content Outline
Identify signs and symptoms of hypothyroidism as evidenced by participating in classroom discussion.	d. complaints of blurred vision e. change in level of consciousness f. skin that is cool and clammy g. skin that is warm and flushed h. observing client eating concentrated sweets between meals i. cuts, bruises, sores that do not seem to be healing j. blisters, sores, redness, cracks on toes or feet k. increased incidence of infections C. hypothyroidism 1. description
Discuss guidelines for the nurse aide caring for the client with hypothyroidism as evidenced by participating in classroom discussion.	a. lack of thyroid hormone b. causes body metabolism to slow down 2. signs and symptoms a. fatigue b. weakness c. weight gain d. constipation e. intolerant of the cold f. dry skin g. hair thins and/or begins to fall out h. brittle hair and fingernails i. pulse slows j. blood pressure decreases k. temperature is lower l. goiter (enlarged thyroid) m. voice becomes hoarse n. depression
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. .	3. guidelines for care of the client with hypothyroidism a. offer sweater, blanket to keep client comfortable when complains of being cold b. set room thermostat a little higher to provide warmth c. be extra careful when grooming hair and nails d. provide frequent rest periods, as necessary, during ADLs e. encourage fluid intake 4. report the following to the appropriate supervisor a. unusual complaints of coldness b. unusual complaints of fatigue c. hair that breaks or appears to be falling out d. complaints of constipation e. changes in voice f. neck becoming larger g. decrease in vital signs from baseline h. increase in weight
Identify signs and symptoms of hyperthyroidism as evidenced by participating in classroom discussion.	D. hyperthyroidism 1. thyroid gland produces too much thyroid hormone 2. body processes speed up

Objectives	Content Outline
	3. body metabolism increases 4. signs and symptoms a. nervousness b. restlessness c. fatigue d. bulging or protruding eyes e. tremors of the hands f. intolerance to heat g. excessive perspiration h. rapid pulse i. high BP j. increased appetite with weight loss k. enlarged neck (goiter) 5. guidelines for care of the client with hyperthyroidism a. assist to dress in cooler clothing b. lower thermostat in room c. assist at mealtime if appropriate 6. what to report to appropriate supervisor a. unusual complaints of being warm/hot b. nervousness c. unusual tremors of hands d. eyes that appear to be bulging e. excessive perspiration f. increase in vital signs g. weight loss h. change in appetite i. change in size of neck

Unit XI – Basic Restorative Services
(18VAC90-26-40.A.6.a, b, c, d, e, f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Discuss the role of the nurse aide in rehabilitation and restorative care.
2. Describe ways to teach, with supervision, a client to participate in self-care.
3. Demonstrate the use of assistive devices when transferring client from bed to chair or bed to stretcher.
4. Discuss the assistive devices the client may use when ambulating.
5. Identify assistive devices the client may have to help with eating.
6. Identify assistive devices the client may have to help with dressing.
7. Demonstrate passive range of motion for the knee and ankle.
8. Demonstrate passive range of motion for the shoulder.
9. Discuss observations the nurse aide should report to the supervisor when performing passive range of motion exercises.
10. Identify positioning devices the nurse aide may use when turning and positioning a client.
11. Demonstrate positioning a client on his side in bed.
12. Demonstrate positioning a client in the chair.
13. Describe caring for and using prosthetic devices.
14. Describe caring for and using orthotic devices.
15. Demonstrate how to put elastic stockings on the client.
16. Describe the role of the nurse aide in bladder training.
17. Describe the role of the nurse aide in bowel training.

Objectives	Content Outline
	I. Definitions A. Disability 1. impaired function a. physical b. emotional c. both at the same time 2. may be permanent or temporary 3. goal of care a. assist client to learn to manage disability b. gain as much independence as possible
Describe the purpose of rehabilitation as evidenced by participation in classroom discussion.	B. Rehabilitation 1. occurs after accident, illness or injury 2. assist client with disability to achieve highest possible level of functioning a. physical b. emotional c. economic 3. holistic care a. treating the entire person b. physical and psychological
Identify members of the rehabilitation team as evidenced by participating in classroom discussion.	C. Members of the rehabilitation team 1. physiatrist – physician specializing in rehabilitation 2. other physicians

Objectives	Content Outline
	3. therapists a. speech therapy b. physical therapy c. occupational therapy 4. social workers 5. discharge planners 6. nurses 7. nurse aides 8. client 9. client's family D. Goals of rehabilitation team 1. assist client to maintain and/or regain ability to perform ADLs 2. promote client independence 3. assist client adaptation to disability 4. prevent complications of disability
Describe restorative care as evidenced by participation in classroom discussion.	E. Restorative Care 1. actions of health care workers 2. goals a. assist client maintain health, strength, function b. increase independence 3. includes a. treatment b. education c. prevention of complications
Discuss the role of the nurse aide in rehabilitation and restorative care as evidenced by participating in classroom discussion.	II. Guidelines of Rehabilitation and Restorative Care A. Understand diagnosis and disability 1. be aware of client limitations 2. know client abilities 3. follow nursing care plan B. Display patience with client and significant others 1. small improvements may be significant 2. respond appropriately and offer praise C. Display positive attitude 1. staff sets the tone for the day D. Listen to client's thoughts and feelings 1. emotional needs are important E. Provide for client privacy 1. avoids distractions 2. allows client to practice new skills without an audience F. Promote client independence 1. accomplishing a task by himself improves client self-esteem G. Promote personal choice 1. supports self-esteem H. Encourage physical activity 1. helps prevent complications of disability 2. encourages social interaction

Objectives	Content Outline
	I. Be aware client may have setbacks J. Report the following to appropriate supervisor 1. lack of motivation 2. signs of withdrawal or depression 3. change in ability, both increased or decreased 4. decrease in client strength 5. change in ability to perform range of motion
	III. Methods to teach client to participate in self-care program A. Nurse aide project positive attitude 1. be enthusiastic 2. nurse aide's attitude will encourage client
Describe ways to teach, with supervision, a client to participate in self-care as evidenced by satisfactory participation in role-play in classroom and skills lab.	B. Establish reasonable goals with client's participation 1. what does client want to achieve 2. how will client work toward goal 3. how will client know when goal has been achieved 4. begin at client's current level of function 5. use cueing, mirroring, behavior reinforcement
Describe reasons why client may not want to participate in self-care as evidenced by satisfactory participation in classroom discussion.	C. Reasons for client to refuse 1. fear of hurting themselves 2. fear of failure 3. feeling of hopelessness 4. not understanding why self-care is helpful 5. not understanding why self-care is necessary
	IV. Assistive devices A. definition 1. devices to make specific tasks easier 2. promote independence
Identify assistive devices the nurse aide may use for transferring clients, including bed to chair and bed to stretcher, as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	B. Transferring client 1. transfer belt (gait belt) for ambulation and transfer bed to wheelchair 2. slide board to transfer client from bed to stretcher 3. mechanical lift to transfer client from bed to chair
Identify assistive devices the nurse aide may use to assist the client to ambulate as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	4. U.S. Department of Labor Fair Labor Standards Act (FLSA) Hazardous Occupation Order No. 7 a. prohibits minors under 18 from operating or assisting in the operation of most power-driven hoists, including those designed to lift and move clients b. www.dol.gov/whd/regs/compliance /whc i. US Department of Labor Wage and Hour division website ii. page 2

Objectives	Content Outline
Demonstrate how to assist the client to ambulate with assistive devices as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	C. Ambulating client 1. transfer belt (gait belt) 2. cane a. C-cane: handle in shape of a "C" b. Quad cane: has 4 rubber-tipped feet 3. walker a. provides more support than cane 4. crutches a. used when client has limited weight bearing on one leg D. Guidelines for canes, walkers, and crutches 1. check assistive device for any defect or damage prior to use 2. client should always wear non-skid shoes that fit correctly when ambulating 3. clothing should fit properly, not be too long or too loose fitting 4. promptly clean spills and clutter from floors where client will be walking 5. encourage client to stand as straight as possible when walking 6. do not rush client 7. do not use walker to hang items 8. client should use cane in strong hand 9. when assisting client to walk, stay near client on the weak side 10. have chair available for client to use if he experiences pain or discomfort while ambulating 11. after walking, return client to chair or bed, in the low position, with call bell in easy reach
Identify assistive devices the nurse aide may use to assist the client to eat as evidenced by satisfactory role-play in skills lab.	E. Assistive devices for eating 1. plate guard 2. utensils with built-up handles 3. utensils with curved handles 4. utensils that have a Velcro strap to hold utensil in client's hand 5. sippy cup 6. cup holders
Identify assistive devices the nurse aide may use to assist the client to dress as evidenced by satisfactory role-play in skills lab.	F. Assistive devices for dressing/grooming 1. zipper pulls 2. Velcro fasteners instead of buttons 3. long-handles shoe horn 4. long-handled graspers 5. button hole hooks 6. elastic shoelaces 7. denture brush 8. long handled bathing sponge

Objectives	Content Outlines
Define terms associated with range of motion as evidenced by participating in classroom discussion.	V. Range of Motion Exercises A. Definitions 1. abduction a. move away from the body's midline 2. adduction a. move toward the body's midline 3. extension a. straighten the body part 4. flexion a. bend the body part 5. dorsiflexion a. bend body part backward 6. pronation a. turn body part downward 7. rotation a. turn the joint 8. supination a. turn body part upward 9. contraction a. joint remains in permanently bent position b. caused by lack of movement c. prevented by 1. proper positioning 2. range of motion exercise to joint
Describe benefits of exercise as evidenced by Participating in classroom discussion.	B. Benefits of exercise 1. increase muscle strength 2. maintain joint mobility 3. prevent contractures 4. improve coordination to help prevent falls 5. improve self-image to prevent depression 6. maintain/reduce weight 7. improve circulation to prevent leg ulcers
	C. Range of motion exercises 1. active range of motion exercise (AROM) a. client exercises own joints without assistance 2. passive range of motion exercise (PROM) a. staff exercises client's joints without assistance from the client 3. promotes self-care and client independence
Demonstrate passive ROM to lower extremity as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	D. Perform passive range of motion (PROM) for lower extremity 1. follow the procedure for "Performs passive range of motion (PROM) for one knee and one ankle" in the most current edition of Virginia Nurse Aide Candidate Handbook
Demonstrate passive ROM to upper extremity as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	E. Perform passive range of motion (PROM) for upper extremity 1. follow the procedure for "Performs passive

Objectives	Content Outlines
	range of motion (PROM) for one shoulder" in the most current edition of Virginia Nurse Aide Candidate Handbook F. Signs to stop or withhold range of motion exercises 1. pain in the joint 2. red, swollen joint G. Ways to maintain range of motion 1. therapeutic positioning to maintain good body alignment 2. use of positioning devices 3. range of motion exercises on a regular schedule
Discuss the guidelines for range of motion exercises as evidenced by satisfactory participation in classroom discussion.	H. Guidelines for range of motion exercises 1. follow client's nursing care plan 2. use proper body mechanics when performing range of motion exercises to protect your body 3. provide range of motion exercises to both sides of client's body beginning at the head and working down the body a. head and neck are usually not exercised unless specifically ordered 4. support the extremity above and below the joint during range of motion 5. do not exercise joint that is bandaged or has dressing, cast, IV tubing 6. never exercise a joint that is red, bruised, has open sore, draining fluid 7. provide for privacy when doing range of motion exercises 8. do not exercise joint to point of discomfort a. hyperextension can cause damage to joint 9. maintain client in good body alignment 10. talk with client while performing range of motion
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	I. Report the following to the appropriate supervisor 1. joint that is red, swollen, painful, draining 2. complaints of pain during range of motion exercise 3. lack of motivation 4. signs of withdrawal or depression 5. change in ability, both increased or decreased 6. decrease in client strength 7. change in ability to perform range of motion
Identify positioning devices the nurse aide may use when turning and position clients In bed and in the chair as evidenced by Satisfactory rating on Skills Record in skills lab and in clinical.	VI. Turning and positioning in bed and chair A. Positioning devices 1. backrests a. pillow b. special wedge-shaped foam pillows

Objectives	Content Outline
	c. provide support, comfort d. maintain proper body alignment 2. bed cradles/foot cradles a. keep sheets/blankets from pushing down on the client's toes and feet 3. footboards a. padded boards or device placed against client's feet to keep ankles and foot in proper alignment b. prevent foot drop 4. heel/elbow protectors a. padded protectors wrapped around foot and ankle (heel) or elbow and arm (elbow) b. prevents rubbing, irritation and pressure on the heel or elbow c. heel protector maintains proper body alignment for ankle d. heel protector prevents foot drop 5. abduction wedges a. keep hips in proper position after hip surgery 6. trochanter roll a. rolled blanket or towel placed on outside of leg b. prevent hip and leg from turning outward 7. handroll a. rolled washcloths placed in palm of hand b. keep hand and/or fingers in proper alignment c. prevents contractures of finger, hand or wrist B. Turning client in bed 1. protects against problems of immobility a. blood clots in the legs b. pneumonia c. contractures d. depression e. urinary tract infection 2. prevents pressure sores a. turn and reposition every 2 hours around the clock 3. comfort 4. position client on side a. follow the procedure for "Positions on side" in the most current edition of Virginia Nurse Aide Candidate Handbook 5. use positioning devices for proper body alignment and comfort
Demonstrate positioning client on his side as evidenced by satisfactory rating on Skills Record in skills lab and in the clinical setting.	
Demonstrate positioning client in a chair as evidenced by satisfactory rating on Skills Record in skills lab and in the clinical setting.	C. Position client in chair 1. feet on floor or wheelchair footrests 2. hips touching back of chair 3. use positioning devices to maintain body alignment and comfort

Objectives	Content Outline
	4. place call bell within client's reach
	VII. Prosthetic and Orthotic Devices
	A. Prosthetic devices
	1. definition
	a. artificial replacement for legs, feet, arms or other body part
	2. examples
	a. artificial arm or leg
	b. artificial eye
Describe caring for and using prosthetic devices as evidenced by participating in classroom discussion.	3. caring for and using prosthetic devices
	a. handle with extreme care – they are very expensive
	b. follow instructions when applying and removing prosthesis
	c. assist client as needed to apply prosthesis
	d. follow nursing care plan and manufacturer's instructions
	e. make sure skin is always clean and dry under prosthesis
	f. use special stockings under an artificial leg or arm
	g. if client experiences phantom pain, be supportive
	h. do not react negatively to sight of anatomical stump or prosthesis
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	4. report the following to the appropriate supervisor
	a. redness, swelling of stump or extremity
	b. drainage, bleeding or sores of any kind on the stump or extremity
	c. phantom pain, phantom sensation, stump pain
	d. decreased ability to move extremity
	e. cyanosis of any part of the extremity
	f. any difficulty applying or using prosthesis
	B. Orthotic devices
	1. definition
	a. device applied over a body part for support and protection
	b. keep joint in correct alignment
	c. improve function of body part
	d. prevent contractures of body part
	e. splints and braces
	2. examples
	a. splints
	b. shoe inserts
	c. knee/leg braces
	d. surgical shoes
	e. elastic stockings
Describe caring for and using orthotic devices as evidenced by participating in classroom discussion.	3. caring for and using orthotic devices
	a. do not immerse in water
	b. do not use hot water to clean

Objectives	Content Outline
	c. clean with warm, damp cloth d. check braces and splints for wear and tear e. wash elastic stocking in warm, soapy water after removal every day f. gradually increase wearing time of device g. if device causes pain remove and notify supervisor h. observe area around, under device 4. report the following to the appropriate supervisor a redness, swelling of body part b. drainage, bleeding or sores of any kind on the body part c. complaints of pain d. decreased ability to move body part e. cyanosis of the body part f. any difficulty applying or using orthotic device g. orthotic device that needs repair
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	
	C. Anti-embolic (elastic) stockings 1. purpose a. cause smooth, even compression of the leg b. allows blood to move through the arteries and veins c. improves blood circulation in lower extremities d. prevent swelling of legs and feet e. reduce fluid retention f. reduce blood clots in legs
Describe the purpose of elastic stockings as evidenced participating in classroom discussion.	
	1. require a physician's order 2. sized to fit client a. measure length of leg b. measure girth of leg
Demonstrate correct application of elastic stockings as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	3. apply elastic stocking a. follow the procedure for "Applies one knee-high elastic stocking" in the most current edition of Virginia Nurse Aide Candidate Handbook 4. daily observations a. use open area at toes to observe client's toes b. look for cyanosis, bluing of toes/nailbeds c. document application of stocking and observations per facility policy 5. risks of elastic stocking a. turning down the top of the stocking may impede circulation b. stockings should be applied first thing in the morning when legs are smallest c. apply stockings while legs are elevated, before client gets out of bed d. make sure there are no wrinkles or twist in stocking after it is applied

Objectives	Content Outline
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	6. report the following to the appropriate supervisor a. toes or feet that are bluish and/or cool to touch b. complaints of pain or discomfort in the feet or legs c. red areas on heels, toes, calf of the leg
Describe the process for bladder training as evidenced by satisfactory participation in classroom discussion.	VIII. Bladder and Bowel Training A. Goal 1. relearn control of urinary elimination pattern 2. control involuntary urination (incontinence) B. Guidelines for bladder training 1. identify pattern of elimination 2. establish schedule for use of bathroom, at least every 2 hours 3. explain training schedule to client 4. follow schedule consistently 5. keep accurate record of elimination to help establish a routine 6. toilet client before beginning long procedures and after procedure is completed 7. toilet client before meals and before bedtime 8. answer call bell promptly 9. provide privacy when client emptying bladder 10. do not rush client 11. assist client to maintain good perineal hygiene 12. encourage or increase fluid intake, if permitted 13. toilet about 30 minutes after fluid intake 14. if client has difficulty urinating try running water in the sink, leaning forward slightly to place additional pressure on the bladder
Describe the process for bowel training as evidenced by satisfactory participation in classroom discussion.	15. assist with change of clothing if accident occurs 16. be positive with success and understanding with accidents C. Guidelines for bowel training 1. identify pattern of elimination 2. establish schedule for use of bathroom 3. explain training schedule to client 4. follow schedule consistently 5. provide diet that stimulates the bowels a. high in fiber b. plenty fresh fruits and vegetables c. adequate hydration 6. provide exercise as tolerated 7. provide privacy when in the bathroom provide encouragement 8. answer call bell promptly 9. do not rush client 10. assist with change of clothing if accident occurs

11. be positive with success and understanding with accidents

Unit XII – Respiratory System, Cardiovascular System, HIV/AIDS, Cancer, and Care of the Client When Death is Imminent
(18VAC90-26-40.A.2.g)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Discuss care of client with a common respiratory disorder, including what the nurse aide would report to the appropriate supervisor.
2. Describe care of the client receiving oxygen therapy.
3. Discuss care of client with a common circulatory disorder, including what the nurse aide would report to the appropriate supervisor.
4. Discuss HIV/AIDS, including signs and symptoms and nursing care.
5. Identify the American Cancer Society signs of cancer.
6. Discuss cancer, including nursing care for the client with a diagnosis of cancer.
7. Discuss how attitudes about death may affect the nurse aide providing care to the dying client.
8. Identify the stages of grief.
9. List the physical changes that occur when death is imminent.
10. Discuss care measures, including physical and psychosocial measures, for the client when death is imminent.
11. Discuss care measure for the family when death is imminent.
12. Demonstrate postmortem care.

Objectives	Content Outline
Explain the anatomy and physiology of the respiratory system as evidenced by being able to correctly identify each component part and its function.	I. Respiratory System A. Anatomy 1. airway a. mouth b. nasal cavities c. throat – pharynx d. voice box – larynx 1. epiglottis – flap that closes off opening to trachea when client swallows e. trachea – windpipe f. bronchi – 2 branches of the trachea 1. one to right lung, one to left lung 2. lungs a. where respiration occurs b. exchanges carbon dioxide from the body for oxygen from the environment c. bronchioles d. alveoli – where gas exchange actually occurs e. inhalation – breathe air and oxygen into the lungs f. exhale – breathe out carbon dioxide B. Ventilation 1. diaphragm a. muscle separating chest from abdomen b. during inhalation diaphragm contracts making room for lungs to expand and negative pressure to pull air from environment into the lungs

Objectives	Content Outline
	c. during exhalation diaphragm relaxes and causes positive pressure in the lungs to push the air out of the lungs
	2. respiratory rate
	a. controlled by central nervous system
	b. medulla oblongata of the brain has control
	C. Function of respiratory system
	1. cleanse inhaled air
	2. supply oxygen to body cells
	3. remove carbon dioxide from cells
	4. produce sound associated with speech
	D. Effects of aging on the respiratory system
	1. less efficient ventilation
	a. lung strength decreases (do not expand and contract as easily)
Describe age-related changes seen in the respiratory system as evidenced by accurately participating in classroom discussion.	b. alveoli become less elastic (do not empty on exhalation)
	c. alveoli decrease in number
	d. diaphragm becomes weaker
	e. airways become less elastic
	2. lung capacity decreases
	3. muscles of the rib cage become weaker making it harder to expand the chest during inhalation
	4. cough reflex becomes less effective making the cough weaker
	5. decrease in effectiveness of ventilation causes less oxygen in the blood
	6. decreased lung capacity cause voice to weaken
	E. Common disorders of the respiratory system
	1. chronic obstructed pulmonary disease (COPD)
	a. client becomes progressively worse with time
	b. no cure
	c. acute bronchitis – inflammation of lining of bronchi
Discuss common disorders of the respiratory system, including their signs and symptoms, as evidenced by participating in classroom discussion.	1. cause – infection
	2. symptoms
	a. production of yellow or green sputum and
	b. difficulty breathing
	3. last a short time
	d. chronic bronchitis
	1. cause – inflammation of bronchial lining
	a. cigarette smoking
	b. environmental air pollution
	2. symptoms
	a. chronic cough producing thick, whitish sputum
	3. restricts air flow
	4. scars lungs
	e. emphysema
	1. alveoli become over-stretched
	2. carbon dioxide remains trapped in the

Objectives	Content Outline
	alveoli 3. causes a. cigarette smoking b. chronic bronchitis 4.symptoms a. short of breath b. coughing c. difficulty breathing f.. signs and symptoms of COPD 1. coughing/wheezing 2. difficulty breathing (dyspnea) 3. short of breath especially during exercise 4. cyanosis 5. complaints of chest tightness or pain 6. confusion 7. weakness 8. loss of appetite and weight 9. fear and anxiety g. guidelines for COPD 1. use pillows to assist client to sit up and lean slightly forward to facilitate breathing 2. plan periods of rest during ADLs to prevent client from getting overly tired 3. practice good hand washing to protect client from infections 4 encourage a healthy diet 5.provide plenty of fluids to help keep client well hydrated 6.be supportive and calm if client is anxious and fearful 7.provide waste can close to client to help with appropriate disposal of used tissues 8.if client is receiving oxygen, follow instructions on use of oxygen h. report the following to the appropriate supervisor 1. signs and symptoms of colds or the flu a. fever b. chills c. complaints of feeling achy 2.confusion 3.change in breathing patterns 4.shortness of breath on exertion 5.change in color or consistency of sputum 6.complaints of chest pain or tightness 7.insomnia due to anxiety or fear 2. asthma a. chronic b. causes 1. allergens, including cigarette smoke
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	

Objectives

Describe the use of various types of oxygen therapy equipment as evidenced by satisfactory participation in classroom discussion.

Content Outline

2. infection
3. cold air

c. signs and symptoms
1. wheezing
2. coughing
3. complaints of tightness in the chest
4. difficulty breathing

d. report the following to the appropriate supervisor
1. changes in respirations and/or pulse
2. wheezing
3. shortness of breath
4. cyanosis
5. complaints of chest pain or chest tightness
6. refusal to use inhaler when needed

3. pneumonia
a. acute inflammation of lungs
b. cause
1. infection – viral, bacterial or fungal
2. chemical irritant

c. signs and symptoms
1. high fever
2. chest pain during inhalation
3. coughing
4. difficulty breathing
5. shortness of breath
6. chills
7. increased pulse
8. thick, colored sputum

d. report the following to the appropriate supervisor
1. changes in vital signs
2. complaints of difficulty breathing
3. complaints of chest pain or discomfort
4. unusual sputum production
5. sputum that has a distinct color

F. Oxygen therapy
1. administration of oxygen to improve oxygen levels in the body
a. normal blood oxygen level is 95-100%
b. clients with certain disease processes have different optimal blood oxygen levels

2. methods of delivery
a. oxygen
1. compressed air – green oxygen tank or in wall unit
2. air condenser – connects to electrical outlet and pulls oxygen out of room air

b. appliance
1. nasal cannula – 2 nasal prongs and tubing that

Objectives	Content Outline
	goes around the ears and cinches under the chin. Tubing is attached to oxygen source 2. mask – mask fits over nose and mouth and attaches to tubing attached to oxygen source c. medication 1. oxygen is medication 2. requires physician's order 3. ordered in liters/minute 4. nurse aide may only monitor administration of oxygen 3. guidelines for oxygen delivery
Discuss the guidelines for caring for the client receiving oxygen therapy is evidenced by satisfactory role-play in skills lab and classroom.	a. no smoking can take place in same room as oxygen administration b. post No Smoking signs outside of room and in client's room c. any spark can cause a fire in presence of oxygen, including static electricity from wool, and from dry air in winter d. perform frequent skin care to areas in contact with oxygen equipment (under the nose, behind the ears) e. observe these areas for redness, drainage f. use water-based lubricant to keep nostrils and lips moist and to prevent skin cracking g. monitor oxygen delivery device frequently to assure client is receiving correct amount of oxygen h. encourage activity as tolerated by client i. provide emotional support to client j. know where fire alarms and extinguishers are located
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	4.report the following to the appropriate supervisor a. sores or crusty areas on or under client's nose b. dry, red areas on skin in contact with oxygen tubing c. shortness of breath d. changes in respirations and/or pulse e. changes in respiratory patterns f. changes in character or color of sputum g. cyanosis h. complaints of chest pain or tightness
Explain the anatomy and physiology of the circulatory system as evidenced by being able to correctly identify each component part and its function.	II. Cardiovascular System A. Anatomy 1. blood a. red blood cells 1. carry oxygen to the individual cells and carbon dioxide to the lungs b. white blood cells 1. part of immune system 2. attack invading micro-organisms (infection) c. platelets

Objectives

Describe age-related changes seen in the circulatory system as evidenced by accurately participating in classroom discussion.

Discuss common disorders of the circulatory system, including their signs and symptoms, as evidenced by participating in classroom discussion.

Content Outline

1. assist the blood to clot
d. plasma
1. fluid portion of blood

2. heart
a. pump that circulates blood throughout the body
b. has 4 chambers
1. right atrium – blood from the body enter heart through right atrium and flows into the right ventricle
2. right ventricle – blood goes from right ventricle to the lungs where carbon dioxide leaves the blood and is replaced with oxygen
3. left atrium – blood returns to the heart from the lungs and enters the left atrium
4. left ventricle – blood flows from the left atrium into left ventricle which pumps oxygen-rich blood to the body

3. arteries
a. arteries carry oxygen-rich blood to the cells
b. exception are pulmonary arteries which carry deoxygenated blood from right ventricle to lungs

4. veins
a. carry deoxygenated blood from the cells back to the heart (right atrium)

5. capillaries
a. connect arteries to veins at the cellular level
b. where actual exchange of oxygen from the arteries to the cells and pick-up of carbon dioxide to return to the heart

B. Functions of the circulatory system
1. blood
a. carry oxygen, nutrients and chemicals to cells
b. remove carbon dioxide and waste products from cells
c. controls acidity of body
d. control body temperature
e. fight infection and foreign bodies within the body

2. heart
a. pump blood to every cell in the body

C. Effects of aging on the circulatory system
1. heart muscle weakens and pumps less effectively
2. blood vessels become clogged with cholesterol and clots and become less efficient at circulating blood
3. blood vessels become less elastic
4. blood flow decreases

D. Common disorders of the circulatory system
1. hypertension – high blood pressure
a. BP greater than 140/90
b. causes
1. arteries become less elastic (hardening of the arteries)

Objectives	Content Outline
	2. arteries become more narrow 3. kidney disease 4. stress and/or pain 5. side effect of medication c. signs and symptoms 1. headache 2. blurred vision 3. dizziness d. if untreated 1. may cause kidney damage 2. may cause rupture of blood vessel in the brain (cerebrovascular accident – CVA– stroke) e. treatment 1. medication 2. diet with controlled sodium (salt) and/or fat intake 2. coronary artery disease (CAD) a. arteries that provide blood to heart muscle become blocked with fatty deposits or blood clots and the heart muscle does not receive enough oxygen b. heart muscle deprived of oxygen causes chest pain – angina 1. may occur with activity or at rest 2. described a. pressure/tightness in chest b. pain radiating down left arm c. pain in back, neck, jaw, shoulder 3. symptoms a. sweaty b. trouble breathing c. complexion pales d. cyanosis of lips, nail beds e. complaints of dizziness
Discuss the guidelines for caring for the client experiencing angina as evidenced by satisfactory participating in classroom discussion.	4. guidelines for client experiencing angina a. have client lie down and rest b. notify supervisor immediately c. reduce stressors d. encourage rest periods during ADLs e. avoid large meals close to bedtime f. avoid exposure to weather extremes g. report to supervisor 1. complaints of chest pain, 2. shortness of breath that occurs with activity or at rest
	c. when muscle cells begin to die – myocardial infarction (MI or heart attack) 1. area of the heart is permanently damaged 2. signs and symptoms a. same as angina
Discuss the guidelines for caring for the client experiencing an MI as evidenced by participating in classroom dicussion.	3. guidelines for client having an MI a. a medical emergency

Objectives	Content Outline
	b. notify supervisor immediately c. have client lie down d. remain calm and stay with client e. remove constrictive clothing f. if client becomes unresponsive, begin CPR g. report to supervisor 1. complaints of chest pain, 2. shortness of breath that occurs with activity or at rest 3. peripheral vascular disease (PVD) a. decreased blood supply to extremities (arms, hands, legs, feet) b. causes 1. narrowed blood vessels 2. blood vessels less elastic 3. blockages in blood vessels 4.decreased amount of blood being pumped by heart 5. inflammation of veins in legs c. signs and symptoms 1. pain in legs when walking or during activity 2. pain in legs that remains after activity is stopped 3. cyanosis in hands and/or feet 4. cyanotic nail beds 5. extremities that are cool to touch 6. swelling of the hands and/or feet 7. sores on arms, hands, legs, feet that do not heal in expected time frame
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	d. report the following to the appropriate supervisor 1. complaints of pain or discomfort in extremities with activity or at rest 2. change in skin color of extremities 3. change in warmth of extremities 4. change in pulse or blood pressure 5. edema in feet and/or hands 6. increase in weight 7. output that is significantly less that intake 8. complaints of headache 9. complaints of blurred vision 10. complaints of chest pain 11. change in level of consciousness 4. congestive heart failure (CHF) a. when one or both sides of heart pumps ineffectively and blood begins to back up in the heart and in the arteries and veins b. signs and symptoms 1. fatigue 2. swelling (edema) in hands and feet 3. difficulty breathing 4. shortness of breath not relieved by rest 5. persistent cough

Objectives	Content Outline
	6. decreased activity tolerance 7. increased pulse 8. irregular pulse 9. chest pain 10. dizziness 11.change in level of consciousness 12. weight gain 13. increased urination 14. swelling of the abdomen
Discuss the guidelines for caring for the client experiencing CHF as evidenced by participating in classroom discussion.	c. guidelines for caring for the client with CHF 1. include rest periods during ADLs 2. daily weights 3. record intake and output daily 4. follow care plan for diet and fluid intake 5. use elastic stockings as ordered 6. position client so breathing is comfortable
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	d. report the following to the appropriate supervisor 1. change in level of consciousness 2. change in activity tolerance 3. change in vital signs 4. shortness of breath with activity or at rest 5. coughing and/or wheezing 6. weight gain 7. increase in urination 8. unusual swelling in hands, feet, legs
	III. Client with AIDS (Acquired Immune Deficiency Syndrome) A. description 1. human immunodeficiency virus (HIV) attacks immune system 2. damages or destroys cells of immune system 3. weakens and disables immune system
	B. causes 1. exposure to HIV infected blood and/or body fluids
Discuss HIV/AIDS, including signs and symptoms and guidelines for care, as evidenced by participating in classroom discussion.	C. signs and symptoms 1. flu-like symptoms 2. swollen glands 3. headache 4. fever 5. weight loss 6. night sweats 7. difficulty breathing 8. cold sores 9. frequent infections of skin, respiratory system and mouth 10. change in mental status

Objectives	Content Outline
Discuss the guidelines for caring for the client with HIV/AIDS as evidenced by participating in classroom discussion.	D. guidelines for care of client with HIV/AIDS 1. practice Standard Precautions and encourage client and significant others to practice Standard Precautions 2. disinfect surfaces in client's room and bathroom on a regular basis 3. discourage visitors who have infections or colds from visiting 4. observe client's skin on regular basis 5. keep skin clean and dry 6. turn and reposition q2hrs. 7. provide rest periods during ADLs 8. provide mouth care at frequent intervals 9. monitor VS 10. measure and record weight, intake and output 11. follow nursing care plan 12. encourage independence as much as possible 13. provide emotional support 14. provide private time with families and visitors
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	E. report the following to the appropriate supervisor 1. change in appetite 2. weight loss 3. mouth sores 4. difficulty swallowing 5. changes in the skin 6. changes in VS 7. bleeding from any body opening 8. unusual behavior – anxiety, depression, mood swings, suicidal thoughts
Discuss cancer, including signs and symptoms and guidelines for care, as evidenced by participating in classroom discussion.	IV. The Client with Cancer A. Definitions 1. tumor a. abnormal growth of tissue 2. benign a. slowly growing tumor that is easily treated 3. malignant a. abnormal cells that do not function properly b. divide rapidly c. invade nearby tissue 4. cancer a. abnormal cells growing in an uncontrolled manner 5. metastasis a. cancer cells spread from their original location to a new location 6. biopsy a. removal of a sample of tissue to test for cancer B. Risk factors for cancer 1. inheritance a. race b. gender

Objectives	Content Outline
	c. family history 2. environmental factors a. history of smoking b. alcohol use c. exposure to chemical and food additives 3. lifestyle factors a. diet/obesity b. lack of exercise c. exposure to sun
Identify the American Cancer Society signs of cancer as evidenced by participating in classroom discussion.	C. American Cancer Society signs of cancer 1. fever 2. fatigue 3. unexplained weight loss 4. pain 5. skin changes 6. new mole or change in existing mole/wart 7. change in bowel/bladder function 8. sore that does not heal/unusual bleeding/discharge 9. thickening in breast, scrotum 10. indigestion, difficulty swallowing 11. nagging cough or hoarseness
Discuss the guidelines for caring for the client with cancer as evidenced by participating in classroom discussion.	D. Guidelines for care of client with cancer 1. manage pain a. reposition at frequent intervals b. offer back rubs c. provide rest periods during ADLS d. report pain to supervisor for medication 2. skin care a. observe skin on regular basis b. keep skin clean and dry c. turn and reposition q2hr. 3. oral care a. provide mouth care at regular intervals b. use soft toothbrush or swabs 4. schedule rest periods 5. provide small, frequent meals 6. encourage fluid intake 7. weigh client on regular basis 8. provide nutritional supplements as ordered 9. monitor vital signs 10. provide emotional support for changes in self-image 11. encourage participation in activities to promote socialization 12. encourage participation in support groups
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	E. Report the following to the appropriate supervisor 1. pain or increase in pain 2. changes in vital signs 3. any changes to the skin a. new lesions

Objectives	Content Outline
	b. rashes c. red areas 4. odors 5. changes in ability to ambulate 6. chest pain 7. difficulty breathing 8. change in appetite or weight loss 9. sores or pain in mouth 10. bleeding from any opening in the body 11. nausea or vomiting 12. change in bowel or bowel patterns 13. change in urine or urinary patterns 14. change in level of consciousness
	V. Care of the client when death is imminent
Identify an understanding of the student's own feelings about death and dying as evidenced by participation in classroom discussion.	A. Feelings about death and dying 1. cultural a. fear of unknown b. anticipation of what has been promised 2. religious a. anticipate after-life b. no after-life c. reincarnation d. punishment 3. personal experience
Describe the stages of grief as evidenced by participating in classroom discussion.	B. Stages of grief 1. denial a. refuse to accept diagnosis 2. anger a. occurs when realize they are going to die b. may be expressed at self, family, staff 3. bargaining a. bargain with God or a higher power 4. depression 5. acceptance a. may appear detached from situation 6. not everyone passes through all the stages of grief before they die 7. nurse aide must remember not to take client's behavior personally
	C. Rights of the dying client 1. to have visitors 2. to privacy 3. to be free of pain 4. to honest, accurate information 5. to refuse treatment
List physical changes that occur when death is imminent as evidenced by satisfactory participation in classroom discussion.	D. Physical changes of the dying client 1. changes in vital signs

Objectives	Content Outline
	a. increased pulse b. shallow, irregular respirations c. gurgling, rattling sound to respirations d. decreased BP 2. changes in skin a. bluish b. mottled c. sweaty d. becomes cool to touch 3. urine production decreases 4. incontinent of urine and/or stool 5. client may not want to eat or drink 6. difficulty swallowing 7. decreased muscle tone 8. decreased vision 9. change in level of consciousness 10. hallucinations 11. hearing is the last sense
Discuss care measures for the client when death is imminent as evidenced by participation in role-play in skills lab and classroom discussion.	E. Guidelines for meeting the physical needs of the dying client 1. care of the skin a. turn and reposition q2hrs. b. keep skin clean and dry c. change soiled clothing and linen immediately 2. care of mucous membranes a. oral care q2hrs if needed b. moisten lips and mucous membranes as needed c. using warm, wet washcloth gently clean eyes of any accumulated crust d. apply water-based lubricant to nostrils if client is receiving oxygen therapy 3. positioning a. use positioning devices to assure proper body alignment b. turn and reposition q2hr. c. notify supervisor of pain d. elevate head of bed if client having difficulty breathing 4. comfort measures a. back rub b. soft music c. keep room well ventilated d. use soft lighting, adequate to see but not glaring e. remove soiled linens and bedpans immediately f. encourage and assist family/significant others to visit g. do not leave client alone h. remember that dying client may still have

Objectives	Content Outline
	intact sense of hearing
Discuss psychosocial and spiritual care measures for the client when death is imminent as evidenced by participation in classroom discussion.	F. Guidelines for meeting the psychosocial and spiritual needs of the dying client 1. do not isolate or avoid the dying client 2. provide opportunity for dying client to talk 3. be non-judgmental about client and anything he tells you 4. allow client to express his views on death and dying 5. respect client's wishes for visits from spiritual leaders 6. provide privacy for client and family/friends 7. maintain confidentially regarding anything client and/or family shares 8. provide care with compassion, understanding, patience, empathy
Discuss care measures for the family when death of the client is imminent as evidenced by participation in classroom discussion.	G. Care for the family of the dying client 1. communicate what is happening to the client 2. provide space for family members to be by themselves 3. provide time for family members to be with the client 4. permit family members to care for dying client, if they so desire 5. allow family members to verbalize feelings in a non-judgmental environment 6. permit family to follow religious rituals of their choice 7. do not be afraid to show your own emotions
Demonstrate proper procedure for postmortem care as evidenced by Satisfactory rating on Skills Record in skills lab and in clinical setting.	H. Postmortem care 1. provide for privacy 2. explain procedure to family and request they leave the room 3. remove any tubes, drains, catheters 4. gently close the eyes 5. bathe body and comb hair 6. place in clean gown or pajamas 7. place in proper body alignment 8. elevate head slightly 9. make client's room neat and tidy for the family 10. turn lights down for family 11. provide privacy and time for family to grieve 12. prepare body for funeral home to transport 13. follow facility policy for handling and removal of personal items 14. Have a witness for any personal items that is given to a family member 15. document procedure following facility policy

Unit XIII – Admission, Transfer and Discharge
(18VAC90-26-40.A.7.e.)
(18VAC90-26-40.A.2.d.)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Describe preparation of the client room prior to admission.
2. Identify areas of orientation that must be provided to the client during the admission process.
3. Describe how to care for client's personal belongings.
4. Discuss the observations that the nurse aide should make during the admission process.
5. Document the admissions process, including care of client's personal belongings, observations and vital signs.
6. Demonstrate preparing client for transfer.
7. Identify responsibilities of nurse aide during the discharge of the client.
8. Demonstrate discharge of the client, including care of personal belongings and assisting to transport to the pick-up area

Objectives	Content Outline
Describe preparation of client room prior to admission as evidenced by satisfactory participation in classroom discussion.	I. Admission to long-term care facility A. prepare the room 1. admission pack a. wash basin b. bedpan/urinal c. toiletry items d. water pitcher/cup 2. assemble vital sign equipment a. stethoscope b. BP cuff c. thermometer 3. open curtains/blinds 4. adjust room temperature 5. bed in low position with wheels locked
Identify areas of orientation that must be provided to the client during admission as evidenced by satisfactory participation in classroom discussion.	B. orientation to facility 1. introduce yourself, including your title 2. identify how you will work with client providing care 3. introduce roommate, if there is one 4. be friendly, polite 5. include family and significant others 6. review client rights 7. review facility rules a. meal times b. smoking policy c. visitation policy d. how to complete menu 8. tour facility a. dining area b. bathing area c. activity room and schedule d. chapel

Objectives	Content Outline
	C. orientation to client's room a. how to use the bed b. call bell c. bathroom/emergency light d. lights e. TV f. how to use telephone
Describe how to care for client's personal belongings as evidenced by satisfactory participation in classroom discussion.	D. care of personal belongings 1. complete client inventory sheet a. describe all belongings completely and accurately 2. assist to label all personal items, including clothing 3. assist to unpack personal items
	E. admission process 1. wash hands 2. explain to client what you will be doing 3. provide for privacy 4. if appropriate, ask family to wait outside the room
Discuss the observations that the nurse aide should make during the admission process as evidenced by satisfactory role-play in class and skills lab.	5. obtain baseline vital signs, height, weight 6. observe a. condition of skin b. mobility c. behavior d. ability to communicate
Document the admissions process, including care of client's personal belongings, observations and vital signs as evidenced by satisfactory participation in role-play in class and skills lab.	7. fill water pitcher with fresh water 8. have family return to room 9. make client comfortable 10. place call bell within reach and demonstrate how to use it 11. wash hands 12. document vital signs, height, weight
Discuss the importance of reporting abnormal observations or findings to the appropriate supervisor.	13. report any abnormal findings to appropriate supervisor
	II. Transfer of client A. prepare client
Discuss important factors in preparing client for transfer from his room and/or facility as evidenced by satisfactory participation in classroom discussion.	1. inform client of transfer as soon as you know 2. assist client to prepare for moving belongings 3. accompany client to new unit 4. provide report to new unit personal a. vital signs b. condition of skin c. mobility d. ability to communicate
Demonstrate preparing client for transfer as evidenced by satisfactory participation in skills lab role-play.	4. introduce client to new unit staff 5. assist client to unpack belongings on new unit 6. make client comfortable 7. have call bell in easy reach 8. wash hands

Objectives	Content Outline
	9. document procedure 10. report any changes in the client to the appropriate supervisor
Discuss care of the client room after transfer has occurred as evidenced by satisfactory participation in classroom discussion.	B. care of room after transfer 1. strip bed 2. place all linen, used and unused in laundry hamper 3. inform housekeeping service that room is empty and ready for terminal cleaning
Identify responsibilities of nurse aide during the discharge of the client as evidenced by satisfactory participation in classroom discussion.	III. Discharge A. responsibilities of nurse aide 1. explain what you will be doing to client 2. provide for privacy 3. compare admission client inventory sheet to items being packed for discharge 4. carefully assist client/family to pack belongings 5. assist client to dress in personal clothing 6. assist client to say “Good-byes” to staff 7. using wheelchair, take client to area where family vehicle is waiting 8. lock wheels on wheelchair 9. assist client into vehicle, engage seatbelt and close door 10. return to unit with wheelchair 11. wash hands 12. document procedure
Demonstrate discharge of the client, including care of personal belongings and assisting to transport to the pick-up area as evidenced by satisfactory participation in skills lab role-play.	B. care of room after discharge 1. strip bed 2. place all linen, used and unused in laundry hamper 3. inform housekeeping service that room is empty and ready for terminal cleaning

Unit XIV – Legal and Regulatory Aspects of Practice for the Certified Nurse Aide
(18VAC90-26-40.A.8)
(18VAC90-26-40.A.10)
(18VAC90-26-40.A.7.f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Discuss professional behaviors of the nurse aide.
2. Review methods of conflict management.
3. Discuss the role of the Virginia Board of Nursing.
4. Discuss the OBRA requirements.
5. Discuss the different types of abuse, including the signs of abuse.
6. Discuss inappropriate nurse aide behavior, including abuse, neglect and misappropriation of client property.
7. Describe strategies the nurse aide may use to avoid inappropriate behavior.
8. Discuss the role of the mandated reporter as described in the Code of Virginia.
9. List reasons for the Virginia Board of Nursing to begin disciplinary proceedings for a certified nurse aide as identified in Regulation 18VAC90-25-100.
10. Identify the consequences of abuse, neglect and/or misappropriation of client property for a nurse aide
11. Discuss the consequences of using social media, cell phones, and/or texting that involves the client's/resident's image ~~residents~~
12. Discuss responsibilities of the certified nurse aide to the Virginia Board of Nursing.
13. Discuss responsibilities of employers of certified nurse aides to the Virginia Board of Nursing.
14. Describe the application process for the NNAAP exam.
15. Describe what the nurse aide graduate is required to bring to the NNAAP test site the day of the test.

Objectives	Content Outline
Discuss professional behaviors of the nurse aide as evidenced by satisfactory participation in classroom discussion and role-play.	I. Professional behaviors of a nurse aide A. positive attitude B. maintain confidentiality and privacy 1. client information 2. staff information C. be polite and cheerful D. listen to clients E. perform assigned duties 1. in timely manner 2. to the best of your ability F. do not give or accept gifts from clients G. follow facility policies and procedures H. take directions and constructive criticism I. practice good personal hygiene J. dress neatly and appropriately K. be punctual to work L. be respectful 1. to clients 2. to staff 3. to visitors M. be dependable 1. report to work on assigned shifts 2. call in following facility policy if you will be late or are sick

Objectives	Content Outline
	3. complete assignments without having to be prompted 4. if you volunteer to perform a task, do it N. be dedicated to your position 1. take pride in your work O. treat clients the way you would want to be treated 1. regardless of diagnosis 2. regardless of race 3. regardless of gender 4. regardless of ethnicity P. always use appropriate language 1. do not curse 2. do not use slang 3. do not use medical terminology that client does not understand
Discuss a Code of Ethics for the nurse aide as evidenced by satisfactory participation in classroom discussion.	II. Nurse Aide Code of Ethics A. preserve life, ease suffering and work to restore client's health B. consider client's physical, mental, emotional and spiritual needs C. loyalty to employer, clients and co-workers D. provide quality care regardless of client's religious beliefs E. demonstrate equal courtesy and respect to everyone F. respect client confidentiality and dignity G. perform only those procedures that you have been trained to perform H. be willing to learn new skills and keep old skills current I. care for client as you were taught J. always be clean and professional in appearance
Review methods of conflict management as evidenced by satisfactory participation in classroom discussion.	III. Conflict management A. report conflicts to appropriate supervisor 1. conflicts between clients 2. conflicts between client and staff 3. conflicts among staff B. respect client's rights 1. right to complain without fear for their safety or care 2. right to have assistance in resolving grievances and disputes 3. right to contact the Ombudsman C. resolve conflict in professional manner 1. remain calm 2. do not be aggressive or argumentative 3. do not use inappropriate language 4. do not take client's behavior personally 5. do not act inappropriately 6.

Objectives	Content Outline
List two (2) regulatory agencies that are involved with nurse aides as evidenced by participation in classroom discussion.	IV. Regulatory agencies for nurse aides A. Nurse Aide Training and Competency Evaluation Program (NATCEP) 1. makes rules for training and testing 2. Federal Government Omnibus Budget Reconciliation Act (OBRA) 1987 3. individual state programs assure federal rules are followed in facilities receiving Medicare/Medicaid funds 4. establishes registry to track nurse aides working in that individual state
Discuss the role of the Virginia Board of Nursing as evidenced by participation in classroom discussion.	B. Virginia Board of Nursing 1. member agency of Department of Health Professions 2. protects the welfare of the public 3. enforces the Virginia Nurse Practice Act 4. establishes and enforces Regulations for Nurse Aide Education Programs (18VAC90-26-10 et seq.) a. approves nurse aide education programs b. establishes curriculum requirements for nurse aide education programs 5. establishes and enforces Regulations Governing Certified Nurse Aides in Virginia (18VAC90-25-10 et seq.) a. establishes certification process for nurse aides b. establishes nurse aide competency standards c. maintains the Nurse Aide Registry d. denies, revokes, suspends or reinstates certification for nurse aides e. otherwise discipline nurse aide certificate holders in Virginia
Describe abuse, including the signs of abuse that the nurse aide might observe, as evidenced by satisfactory participation in classroom discussion.	V. Inappropriate behavior for the nurse aide A. abuse 1. causing physical, mental or emotional pain to client 2. failure to provide food, water, care and/or medications 3. involuntary confinement or seclusion 4. withholding Social Security checks and/or other sources of income 5. intentional mismanagement of client's money 6. intentional or unintentional posting pictures of residents on any type of social media or texting pictures of residents 7. types of abuse a. verbal b. financial c. assault – threatening to harm client d. battery – touching client without their permissior

Objectives	Content Outline
	e. domestic abuse – within the family f. sexual abuse 8. signs of abuse a. bruising, swelling, pain or other injuries b. fear and anxiety c. sudden changes in client's personality or behavior
Give examples of inappropriate nurse aide behavior, including neglect and misappropriation of client property, as evidenced by satisfactory participation in classroom discussion.	B. neglect 1. harming client physically, mentally, emotionally by failing to provide care C. misappropriation of client's property 1. deliberate misplacement, exploitation, or wrongful use of client's belongings or money without the client's consent 2. may be temporary or permanent
Describe strategies the nurse aide can use to avoid inappropriate behavior as evidenced by satisfactory participation in classroom discussion.	D. how to avoid inappropriate behavior 1. remain calm 2. do not take client's behavior personally 3. always remember there is no excuse for abusing a client 4. if you are feeling overwhelmed with assigned duties or a certain client a. discuss it with supervisor b. get help from co-workers c. make arrangements to take a break and compose yourself 5. if you see a co-worker who is feeling overwhelmed a. offer support and assistance b. encourage co-worker to report situation c. report situation to supervisor
Discuss the role of the mandated reporter as described in the Code of Virginia, including who is a mandated reporter, what must be reported, to whom it must be reported, and the penalty for not reporting as evidenced by participation in classroom discussion.	VI. Mandated reporter Authority (§63.2-1606 of Virginia Code) A. who is a mandated reporter 1. any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503, except persons licensed by the Board of Veterinary Medicine 2. Any mental health services provider as defined in §54.1-2400.1 3. any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5 4. any guardian or conservator of an adult 5. any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive, or direct care capacity

Objectives

Content Outline

6. any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker and personal care workers
7. any law-enforcement officer

B. What to report
1. required to report <u>suspected</u> abuse, neglect, or exploitation of adults 60 years or older or incapacitated adults 18 years or older
2. name, age, address or location of the person Suspected being abused and as much about the suspected situation as possible
3. to be reported immediately

C. where to report
1. report suspected finding to supervisor
2. local departments of social services in the city or county where the adult resides or the Virginia Department of Social Services APS hotline at 1 (888) 832-3858

D. rights of mandated reporters
1. A person who makes a report is immune from civil and criminal liability unless the reporter acted in bad faith or with a malicious purpose.
2. A person who reports has a right to have his/her identity kept confidential unless consent to reveal his/her identity is given or unless the court orders that the identity of the reporter be revealed.
3. A person who reports has a right to hear from the investigating local department of social services confirming that the report was investigated.

E. failure to report suspected abuse
1. punishable by a civil money penalty of not more than $500 for the first failure and not less than $100 nor more than $1,000 for subsequent failures
2. failure to report may also subject a mandated reporter to administrative action by the appropriate licensing authority
3. not obligated to report if mandated reporter has actual knowledge the same matter has been already reported to APS hotline

VII. Disciplinary proceedings against a Certified Nurse Aide

A. regulation 18VAC90-25-100
1. disciplinary provisions for nurse aides
2. examples of allegations investigated by Virginia Board of Nursing
a. unprofessional conduct
1. abuse
2. neglect
3. abandoning client

List reasons why the Virginia Board of Nursing would begin disciplinary proceedings for a Certified Nurse Aide as evidenced by participation in classroom discussion.

Objectives	Content Outline
	4. falsifying documentation 5. obtaining money or property of a client by fraud, misrepresentation or duress 6. entering into an unprofessional relationship with a client 7. violating privacy of client information 8. taking supplies or equipment or drugs for personal or other unauthorized use 9. b. performing acts outside the scope of practice for a nurse aide in Virginia c. providing false information during a Virginia Board of Nursing investigation B. consequences of abuse (including texting or posting pictures to social media), neglect, exploitation conviction 1. permanent bar to employment in health care 2. revocation of certification 3. possible imprisonment
Identify the consequences of abuse, neglect, and exploitation conviction as evidenced by participation in classroom discussion.	
	VIII. Responsibilities of certified nurse aide to the Virginia Board of Nursing (BON) (18VAC90-25 -10 et seq) A. Requirements of approved nurse aide education program B. notify BON of name change C. notify BON of address change D. renew certification every year E. Disciplinary provisions
Discuss responsibilities and requirements of certified nurse aides per Virginia Board of Nursing regulations as evidenced by participation in classroom discussion.	
	IX. Responsibilities of employers of certified nurse aides to the Virginia Board of Nursing A. notify BON of unprofessional/unethical conduct by the nurse aide B. notify BON of disciplinary actions taken against a certified nurse aide
Discuss responsibilities of employers of nurse aides to the Virginia Board of Nursing as evidenced by participation in classroom discussion.	
	X. Obtaining Certification A. Academic requirements 1. Successfully complete nurse aide education program approved by Virginia Board of Nursing 2. enrolled in Registered Nurse or Practical Nursing education program and have completed at least one (1) clinical course with a minimum of 40 clinical hours providing direct client care 3. completion of Registered Nurse or Practical Nursing education program 4. previously certified nurse aide in Virginia who allowed certificate to expire
Describe the process of applying for the NNAAP examination as evidenced by successfully completing the NNAAP application.	

Objectives	Content Outline
Describe what the nurse aide graduate is required to bring to the testing site the day of the NNAAP exam as evidenced by satisfactory participation in classroom discussion.	B. Required accompanying documentation 1. copy of certificate of completion from nurse aide education program 2. letter (on official educational program letterhead) from the program director documenting attendance in nursing education program C. Complete Examination Application 1. receive from nurse aide education program 2. download from Pearson VUE a. www.pearsonvue.com 3. call PearsonVUE a. 800-758-6028 4. completed application valid for twelve (12) months from the date of approval or the original receipt date 5. failure to accurately answer questions on application is considered falsification of an application and grounds for denial of certification or disciplinary action by the Board of Nursing even after successful completion of the NNAAP exam. D. Submit in one package 1. application 2. required accompanying documentation 3. fee E. Exam scheduling 1. PearsonVUE will schedule the test date 2. you will receive, in the mail, Authorization to Test Notice F. Day of the NNAAP exam 1. arrive 30 minutes early 2. provide proper identification a. one (1) current picture identification b. one additional current identification c. both identifications must have a signature d. name on both identifications must be identical to name on NNAAP application 3. also bring a. three (3) no. 2 pencils b. eraser c. watch with a second hand

Adult Protective Services (APS)
http://dss.virginia.gov/files/division/dfs/as/aps/intro_page/learn_more/abuse/Stop_Adult_Abuse_2017.pdf

Aging Related Sites

Age in Action Newsletter http://www.sahp.vcu.edu/departments/vcoa/newsletter/
Age in Action is a 20-page quarterly published jointly by the Virginia Center on Aging and the Virginia Department for the Aging. Its target audience includes professionals in the field of aging, gerontologists, geriatricians, health professionals and administrators, adult home and community professionals, and others interested in aging-related education and research in the Commonwealth of Virginia

Virginia Division for the Aging http://www.vda.virginia.gov/

CNA Educational Sites

Abdominal Thrusts https://youtu.be/A80wU5UgS-A
4CNAs The Online Magazine for Certified Nursing Assistants
CNA Articles

- Alzheimers Disease / Dementia
- CNA Education
- CNA Stress / Burnout
- CNA Test and Exam
- CNA Tips
- Disease / Illnesses
- Elder Abuse
- Fall Prevention
- Hospice / Palliative Care
- Home Health Aide
- Heart Disease
- New CNA
- Night Shift CNAs
- Patient Care
- Restorative Nursing Assistant

CNA Practice Tests All States http://www.4cnas.com/CNA-Practice-Tests.html
CNA Practice Test Virginia NNAAP https://www.asisvcs.com/publications/pdf/069912.pdf
CNA Skills Videos (please review for accuracy and appropriateness)
http://www.4cnas.com/CNAskillvideos.html
Pearson Vue, Virginia Nurse Aides http://www.pearsonvue.com/va/nurseaides/
VBON On-Site Visit PACKAGE SUBMISSION CHECKLIST
On-Site Visit Report Form for Nurse Aide Education Programs

CNA Association and Organizations

National Association of Health Care Assistants https://nahcacareforce.org/
The mission of the **National Association of Health Care Assistants** (NAHCA) is to elevate the professional standing and performance of caregivers through recognition, advocacy, education and empowerment while building a strong alliance with health care providers to maximize success and quality patient care

National Network of Career Nursing Assistants National Network of Career Nursing Assistants http://cna-network.org/
Mission promoting recognition, education, research, advocacy and peer support development for nursing assistants in nursing homes and other long-term care settings.
NATIONAL HONOR SOCIETY (TWENTY YEAR CLUB) National Honor Society Application

1. To recognize and validate the nursing assistants who provide consistency and predictability to the people in their care.
2. To identify and address career growth, training and safety needs and other issues relating to experienced nursing assistants.
3. To foster community understanding of the role, responsibilities, and value of experienced nursing assistants in long-term care services.
4. To provide a peer connection by, for and with, career nursing assistants across the country

Just for Nursing Assistants http://www.justfornursingassistants.com/index.php
Just for Nursing Assistants was established by Linda Leekley, a registered nurse. Linda has devoted the last two decades of her career to the educational needs of certified nursing assistants

Dementia Care Tips

Alzheimer's Association http://www.alz.org/

An Interdisciplinary Dementia Approach in Long-Term Care
https://www.crisisprevention.com/Blog/November-2010/An-Interdisciplinary-Dementia-Approach-in-Long-Ter

Helping People with Alzheimer's Disease Stay Physically Active
Helping People with Alzheimer's Disease Stay Physically Active - Go4Life Tip Sheet (PDF, 850K)
HealthCare Interactive Dementia Care Training
http://www.hcinteractive.com/ProfessionalCARES?GroupID=3

National Council of Certified Dementia Practitioners http://www.nccdp.org/train.htm

Infection Control

Association for Professionals in Infection Control and Epidemiology
https://apic.org/For-Media/News-Releases/Article?id=063cdb1f-1ac9-477d-a768-1428e6e1c5ee
The Association for Professionals in Infection Control and Epidemiology (APIC) is the leading professional association for infection preventionists (IPs) with more than 15,000 members. Their mission is to create a safer world through the prevention of infection.

INFECTION CONTROL GUIDELINES FOR LONG TERM CARE FACILITIES

Tracking Infections in Long-term Care Facilities
https://www.cdc.gov/nhsn/ltc/index.html

Long-Term Care Issues and Resources

National Care Planning Council (NCPC) https://www.longtermcarelink.net/a13information.htm
Long Term Care Resources for seniors, caregivers, and providers

National Consumer Voice for Quality Long-Term Care http://theconsumervoice.org/home
National Consumer Voice was formed as NCCNHR (National Citizens' Coalition for Nursing Home Reform) in 1975 because of public concern about substandard care in nursing homes.
Below, is information on important long-term care topics:

- Deemed Status
- Direct Care Workforce Issues
- Elder Abuse
- Financial Exploitation
- Infection Prevention
- LGBT Elders
- Long-Term Care Provisions in the Affordable Care Act
- Nursing Home Transtions
- Protecting Long-Term Care Consumers from the Dangers of Bed Rails
- Residents' Rights
- Transfer, Discharge & Transitions

Workforce Resources

National Clearinghouse on the Direct Care Workforce https://phinational.org/
The National Clearinghouse on the Direct Care Workforce is a national online library for people in search of solutions to the direct-care staffing crisis in long-term care. A project of PHI, the Clearinghouse includes government and research reports, news, issue briefs, fact sheets, and other information on topics such as recruitment, career advancement supervision, workplace culture, and caregiving practices
OIG Nurse Aide Training Recommendations https://oig.hhs.gov/oei/reports/oei-05-01-00030.pdf
Safety Data Sheets (SDS) https://www.osha.gov/Publications/OSHA3514.html

Virginia Adult Care Education http://vacetraining.com/
***Virginia Adult Care Education**, LLC* is committed to providing quality education and training programs for persons who care for the elderly. Programs are current, well-researched and presented by health-care professionals who are specialists in their field of practice. This company is well- respected throughout the Commonwealth for commitment to improving the care of the elderly by providing high quality, relevant training

Here are some more articles, videos & websites:

Pioneer Network
https://www.pioneernetwork.net/

The Green House Project
http://www.thegreenhouseproject.org/

The Green House Project Youtube
https://www.youtube.com/results?search_query=The+Green+House+project

Action Pact (The Household Model)
http://actionpact.com/household/household_model

The Household Model Youtube
https://www.youtube.com/playlist?list=PLD0EE15E8B9E4EC54

The Eden Alternative
http://www.edenalt.org/about-the-eden-alternative/

https://www.nhqualitycampaign.org/goalDetail.aspx?g=pcc

Leading Age Article: "Building a Person-Centered Culture for Dementia Care"
Http://www.leadingage.org/Building_a_Person-Centered_Culture_for_Dementia_Care_V3N5.aspx

Scripps Gerontology Center, Video-Changing Minds: An Introduction to Person-Centered Care
http://miamioh.edu/cas/academics/centers/scripps/research/tra

Abuse and Neglect of Nursing Home Residents

MANDATED REPORTS GUIDE
http://www.dss.virginia.gov/files/division/dfs/mandated_reporters/aps/resources_guidance/about_mr.pdf

LIST OF MANDATED REPORTERS

http://www.dss.virginia.gov/files/division/dfs/mandated_reporters/aps/resources_guidance/mandated_reporters.pdf

Signs of Nursing Home Abuse and Neglect

Nearly two million Americans live in long-term care facilities, and abuse and neglect against the elderly are national concerns. Federal nursing home regulations state that "the resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion." These regulations define nursing home abuse and neglect as:

- **Abuse**: an intentional infliction of injury, unreasonable confinement, intimidation, care/service deprivation or punishment that results in physical harm, pain or mental anguish
- **Neglect**: a failure, intentional or not, to provide a person with the care and services necessary to ensure freedom from harm or pain; a failure to react to a potentially dangerous situation resulting in resident harm or anxiety

Types of Abuse and Neglect

- Assault and battery (including kicking, slapping, pinching, pushing, shaking, beating, threats and verbal or emotional abuse)
- Lack of care for existing medical problems
- Prolonged or continual deprivation of food or water
- Rape or other forms of sexual assault or battery
- Unreasonable physical restraint or seclusion
- Use of a physical or chemical restraint or psychotropic medication for any purpose not consistent with that authorized by a physician

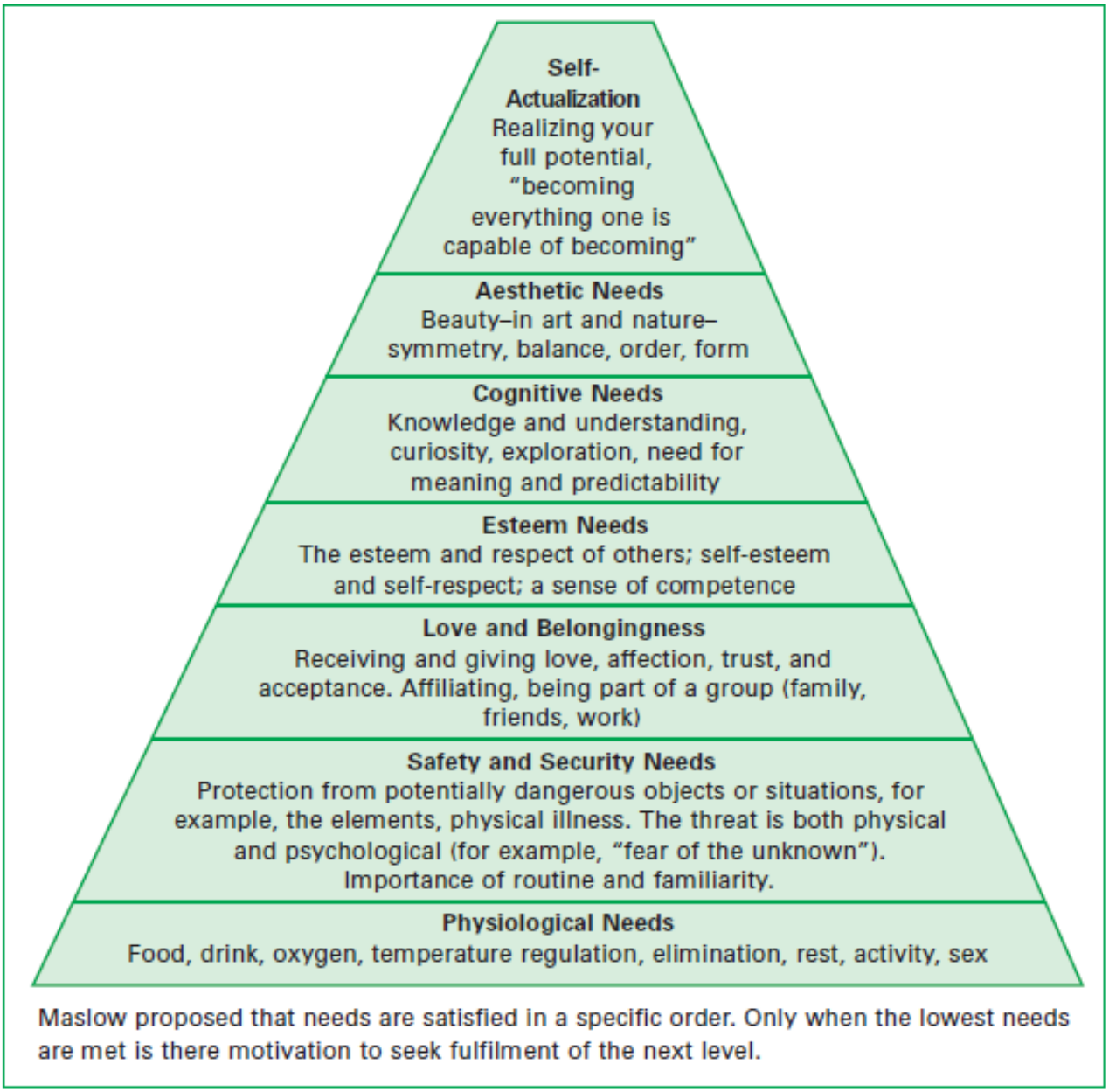
Common Signs of Physical or Verbal Abuse and Neglect

- Bed injuries/asphyxiation
- Dehydration
- Emotionally upset or agitated, extremely withdrawn and non-communicative
- Falls, fractures or head injuries
- Infections
- Instances of wandering/elopement
- Malnutrition
- Pressure ulcers (bed sores)
- Rapid weight loss or weight gain; signs of malnutrition
- Reluctance to speak in staff members' presence
- Unexplained or unexpected death of the resident
- Unexplained injuries such as wounds, cuts, bruises or welts in various stages of healing
- Unsanitary and unclean conditions
- Unusual or sudden changes in behavior (fear of being touched, sucking, biting, rocking)
- Wanting to be isolated from others

Other Warning Signs of Physical or Verbal Abuse and Neglect

- Injuries requiring emergency treatment or hospitalization
- Any incident involving broken bones, especially a fractured hip

- Any injury or death occurring during or shortly after an episode of wandering (including outside the facility)
- Heavy medication or sedation
- One resident injures another resident
- Resident is frequently ill, and the illnesses are not promptly reported to the physician and family



Maslow proposed that needs are satisfied in a specific order. Only when the lowest needs are met is there motivation to seek fulfilment of the next level.

ABBREVIATIONS AND TERMINOLOGY

Infection Control Definitions

1. **MDRO** (multidrug-resistant organism) – microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents

2. **MRSA –** Methicillin-Resistant Staphylococcus Aureus

3. **VRE –** Vancomycin-Resistant Enterococcus

4. **MDR-GNB –** Multidrug Resistant Gram Negative Bacilli

5. **MDRSP –** Multidrug-Resistant Streptococcus Pneumoniae

6. **Contact Precautions -** are a set of practices used to prevent transmission of infectious agents that are spread by direct or indirect contact with the resident or the resident's environment.

7. **Asepsis –** free from germs

8. **Infection –** Invasion of a bodily part by disease causing microorganisms (pathogens)

9. **Infectious Disease –** disease caused by some parasitic organism and transmitted from one person to another by transfer of the organism

10. **Contagious Disease –** disease readily transmitted by direct or indirect contact

11. **HAI – (hospital acquired infection)** any infection acquired while in the hospital or a facility

12. **CAI – (community acquired infection) –** any infection acquired in the community

13. **Isolation –** the act of separating or setting residents\patients apart from others. It is now know as **Precautions**

14. **Microorganisms –** small living body not visible to the naked eye

15. **Contamination –** to make something unclean or unsterile

16. **Disinfection –** destroying ***MOST*** disease-carrying organisms

FREQUENTLY USED ABBREVIATIONS

A.C.	Before Meals
ABD	Abdomen
AD LIB	As desired
ADL's	Activities of daily living
AMB	Ambulate (To walk)
AROM	Active range of motion
B&B	Bowel and bladder
BID	Twice a day
BM	Bowel movement
BP	Blood Pressure
BRP	Bathroom Privilege
c	With
cc	Cubic Centimeters
C/O	Complains Of
CVA	Cerebral Vascular Accident (Stroke)
DC	Discontinue
DNR	Do Not Resuscitate
DOB	Date of Birth
Dx	Diagnosis
F.F	Force Fluids
Fx	Fracture
HS	Hours of Sleep (bedtime)
HOB	Raise Head of Bed

I & O	Intake and Output
IV	Intravenous
N & V	Nausea and Vomiting
NPO	Nothing by Mouth
P.O.	By Mouth
O2	Oxygen
OOB	Out of Bed
P.C.	After Meals
Prn	When Needed
PROM	Passive Range of Motion
PT	Physical Therapy
qd	Every Day
qid	Four Times a Day
qod	Every Other Day
qh	Every Hour
q2h	Every Two Hours
Rx	Prescription
S	Without
SBA	Standby Assist
SOB	Shortness of Breath
STAT	Immediately
TID	Three Times a Day
UA	Urinalysis
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
VS	Vital Signs
W/C	Wheelchair
Wt	Weight

Stop and Watch Interact Early Warning Tool for CNAs to observe and report status changes in geriatric clients/residents. This is being implemented in many nursing home facilities. The tool is endorsed by the Centers for Medicare and Medicaid Services (CMS). It is one of the tools I will be using in my doctoral project.