



Nursing Student & Intern Guidelines & Limits

Applies to: All unlicensed nursing students including nursing interns.

Students provide basic care for patients and family under the supervision of a preceptor (staff RN) or faculty.

Topic	Guideline(s)				
Delegation	Means the transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation. Regardless of the level supervision, the licensed registered nurse remains responsible for all delegated tasks.				
Direct Supervision	Preceptor or Faculty will be <u>present</u> with the student to coordinate, direct, and inspect <u>first-hand</u> the care provided by the student. This includes:				
	 Administration of ALL medications Performing procedures requiring sterile technique or universal precautions Performing specimen collection Reviewing or discussing the patient's plan of care with patients or interdisciplinary team 				
General Supervision	Preceptor or Faculty will be available as needed to coordinate, direct, and inspect the care provided and documented by the student. This includes:				
	 Provide physical care including nutrition, elimination, comfort, mobility, safety, and emotional support to patients Provide personal care, assist patient with ADLs, and encourage self-care under the direction of the student preceptor and plan of care Demonstrate effective communication with health care team, patients, and families 				
	 Follow the standards of care for hand hygiene, use of personal protective equipment, fall prevention, and use of correct body mechanics in patient care provision 				
Documentation	RN students can document cares and assessments in Cerner as long as the staff RN and/or faculty review and co-sign documentation. Co-sign Student Documentation				
	Medication Administration: Must be performed under the login of the staff RN or faculty. Head-to-toe assessment: The Staff RN remains responsible for the accuracy of the assessments for their patient(s). This is conveyed by the Staff RN co-signing student documentation OR Staff RN documenting assessment(s) independently. Example: The Staff RN and student complete a head-to-toe assessment and documentation together. The Staff RN can verify accuracy because they were present for both. They would not need to document independently. Example: The student and faculty completed a head-to-toe assessment and documentation together. The Staff RN was not present. The staff RN cannot verify accuracy and would need to perform and document an assessment independently.				
	PEWS score and all other assessments – student may assess and document. Staff RN is responsible for reviewing and acting on results as indicated.				



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Topic	Students MAY	Students may NOT
Medication Administration	Students MAY administer medications, fluids, or immunizations if: • Staff RN or Faculty Directly Supervise all steps of medication administration including preparation, administration, and documentation. • Staff RN or Faculty are logged into Cerner for documentation • The medication/route is not addressed in the "may NOT" section Notable routes that Nursing students may administer the following with Direct Supervision: • IV fluids, secondary meds, or push medications via PIV • Intramuscular (IM) injections • Oral, rectal, enteral, inhaled, topical	 Have a Pyxis login Document medication administration under student login (must be done under staff RN or Faculty login) Administer IV or subcutaneous insulin Initiate or hang TPN or lipids Administer medications via central line Administer blood Program a PCA pump Administer chemotherapy via any route Administer intrathecal medications
Lines	May Perform delegated cares not addressed in the "NOT" column with Direct Supervision .	 May NOT: Place an intravenous line of any kind Perform central line tube changes Discontinue central lines Perform line blood draws from ANY type of line (including PIV) Manage epidural infusions, tubing, or pump settings
General care	 MAY: Perform delegated cares not addressed in the "NOT" column. Be assigned with a nurse to a medical 1:1 to partner in care. 	 May NOT: Take verbal or telephone orders Interpret EKG/telemetry printouts Verify Informed Consent Cannot perform any dual signature or witness medication verification independently Remove any type of wound drain Provide 1:1 care/observation of a behavioral health patient independently Operate a point-of-care (POC) device or perform any POC testing or quality control checks Attend deliveries or shadow/observe in other hospitals (i.e., Mother/Baby Center)



Nursing Student & Intern Guidelines & Limits cont'

Topic	Students MAY		Students may	NOT
Dr. Blue, RRT, patient emergency, Code Green (seclusion/restraints)	 MAY: If alone – they may initiate BLS until hospital staff arrives to relieve the student. Observe the code process as long as their presence does not interfere with care. Participate in post-code debriefs – strongly encouraged if student was part of or observing the code. 		May NOT: Dr. Blue: Perform chest if they are alor arrives) Retrieve any e Perform any comediations Code Green: Apply restrain Intervene physical	compressions (exception is ne and initiate BLS until help ssential equipment ares or administer any ts sically estraint assessments arestraint assessments
Airway	 MAY: Participate in trach and vent cares with Direct supervision Perform inline or sterile suction with Direct supervision 		May NOT : • Manage a Pass	·
Airborne precautions &	Only people that have been fit tested are able to enter Airbourne Precaution rooms.			
Aerosol-	Role	Fit Testing	Status	Airbourne Precautions
generating procedures	Student Nurse Intern (SNI)		oy Employee Health	Able to enter rooms
(AGPs)	Nursing student groups	NOT fit tested		NOT able to enter
	Nursing student capstone / preceptorship in OR or ED	Fit tested by school		Able to enter rooms
	Nursing student capstone / preceptorship NOT in OR/ED	NOT fit tested		NOT able to enter
	Students may participate in AGI The patient is not suspected or confir The patient is not positive for influent The patient is not under Airborne Pre	med COVID _l za		following are met:

Observation of Restricted Activities:

Keep in mind nursing students may learn a great deal by observing experienced RNs carrying out the restricted activities list above. Learning may be enhanced following an observation by reviewing policies and procedures related to the activity, reviewing the risks associated with the activity, asking questions to clarify why the activity was carried out in a particular manner, etc.



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The following applies to the **Inpatient Mental Health Unit Only**

Skill Topic	Students MAY	Students may NOT
1:1 patient assignment	Partner with an MHS or RN on a 1:1 patient assignment	Be alone at any time in a 1:1 patient assignment
Seclusion/Restraints	 Observe the event Participate in debrief Sit 1:1 with an MHS or RN Observe assessments and interventions 	 Apply restraints Intervene physically in a seclusion/restraint event Sit independently in 1:1 with patient Perform any restraint assessments Document any restraint assessments
Group	Observe or Co-facilitate group	Facilitate groups independentlyDocument group activities
Safety & Attendance	 After RN assesses ability, independently perform observations of affect, where they are, and what they are doing Document observations 	
Milieu	 Parter with MHS or RN in milieu to interact with patients Report any concerns to RN assigned to patient 	 Independently be in milieu Document any observations or discussions