

**POLICY:**

It is the policy of this program to notify the individual's Case Manager when the individual requires nursing care for eight or more consecutive days or when the individual has been certified by a physician or registered nurse as requiring continuous nursing care. The case manager will also be notified when an individual's medical, behavioral or physical needs cannot be met by the program.

If RN services are provided to individuals in their home:

- A. The program will coordinate with the nurse or nursing service to ensure that the care being provided is sufficient to meet the individual's health needs. This will occur by SOCP coordinating with the RN Manager in their region (Salem or Portland) to ensure Nursing Care Plan is in place, sufficient to meet individual's health needs and is Quality Assured monthly by assigned RN. Quality Assurances are to be reviewed and signed off monthly by RN Manager to assure any needed changes, contact with MD's, or other professionals occur.
- B. This program will ensure that the nursing service provided to individuals' in their home is in accordance with standard scope of practice for any licensed practical and registered nurse.

**PROCEDURE:**

- 1. Notify the Case Manager by phone of an individual's increased care needs as certified by a physician or registered nurse.
- 2. Follow-up the phone call with a written notification that the individual's care needs have increased. Include the actual changes in the individual's medical, psychological or physical needs, the specific nursing care or other needs, and the estimated time of the need will exist.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Jon Cooper, Director

## State Operated Community Program

■ See “Form Search Directions” at beginning of binder.  
Check the “Forms Server” for the most current version as forms are updated regularly.

## 4.009 Nurse / Level of Care form(s) list

Attach	DHS #	Name:	Date	Mandatory/Tool
		Pre-Service Training Record (REPLACE with New combined Core Comps)	04/05	Mandatory
	2402	New Employee Orientation Checklist (REPLACE with New combined Core Comps)	12/09	Mandatory
	4585	Transfer Core Comps (REPLACE with New combined Core Comps)	(03/10)	Mandatory
		Central Training Core Comps (REPLACE with New combined Core Comps)	(03/10)	Mandatory
		In-House Training Core Comps (REPLACE with New combined Core Comps)	(03/10)	Mandatory
	4562	Instruction Record	(12/08)	Mandatory
		Yearly Instruction Record	(07/04)	Mandatory
		Temporary Certification OIS/CPR/First Aid and Abuse Training (REPLACE with New combined Core Comps)	(07/04) (03/10)	Mandatory
I		In-House Follow-up/Transcription Knowledge (Used currently) – New Core Comps may replace its use . . . need to verify		Med Admin Training Tool
	1867	Caring for your CPAP/BIPAP equipment	02/03	
		Physician Order for Constipation	12/08	Tool
		EpiPen Administration Procedure	01/10	Tool
		G-tube medications, feeding and documentation		Tool
		Blood Glucose Monitoring	05/08	Tool
		Delegation of Teaching – to unlicensed persons: Glucometer Check of Glucose Level	05/08	Tool

	Administering Glucagon Protocol		
	Hypertension Protocol	02/09	Tool
	Delegation of Teaching – to unlicensed persons: Use of Inhaler for Asthma	05/08	Tool
	Inhaler Use for Asthma Attacks	05/08	Tool
	Insulin Administration Protocol	05/08	Tool
	Delegation of Teaching – to unlicensed persons: Insulin Administration	05/08	Tool
	New Staff Nurse Training and schedule documentation	08/09	Tool
	Outreach Nurse / Client Assessment/Notes	02/09	Tool
	Multiple Sclerosis Information Sheet	12/08	Tool
	Respiratory Therapy Consult	10/08	Tool
	Seizures Protocol	02/09	Tool
4596	Progress Notes	12/09	Mandatory
	RN Review schedule (Every 60 days)	05/08	Tool
	RN Review schedule (Every 120 days)	09/08	Tool
4613	Health List	04/07	Mandatory
4615	Monthly Summary Report (NEW) <i>In-House: Jasmine Megowan (author) Not on Forms Server</i>	2010	Mandatory
4618	Staffing Expectations	11/07	Mandatory
4621	Medication Administration Irregularities (MAR)	10/07	Mandatory
4630	Medication Incident Report (MIR)	06/09	Mandatory
4645	Bowel Record	05/08	Tool
4649	Weight Record	06/08	Mandatory
4650	Hospitalization and Surgery Record	12/08	Mandatory
4651	Annual Menstruation Record	12/08	Mandatory
4663	Medication Administration Accountability Sign- off Sheet	08/09	Mandatory
4664	Telephone Orders	08/09	Tool
4666	New Staff Nurse Training and Schedule ( <i>Nurse Training FAX</i> )	(08/09)	Tool
	Focused Nursing Care Plane	2009	Tool

**Policy research table: 4.009 Health: Nurse/Level of Care**

<b>OAR</b>	<b>Issue/Description:</b>	<b>Research reference materials / Contacts/links:</b>
<p>309-049-0075-(14)(15) 411-325-0120(11)(a,b)Direct Nursing services p. 25 411-325-0120 (12) Notification Pg. 25</p> <p><a href="http://arcweb.sos.state.or.us/rules/OARS_400/OAR_411/411_325.html">http://arcweb.sos.state.or.us/rules/OARS_400/OAR_411/411_325.html</a></p>	<p>Program will coordinate for continuous nursing care as needed -with nursing care staff. Coordination, documentation and notification. Notification of increased needs and when program cannot meet the needs. Notification. When the individual’s medical, behavioral or physical needs change to a point that they cannot be met by the program, the Services Coordinator must be notified immediately and the notification documented.</p>	<ul style="list-style-type: none"> <li>• Medication Administration Manual</li> <li>• Nursing Care Plan</li> <li>• NEW Core Competencies</li> </ul> <p><i>DD Nursing Manual documentation link: Fatal Four and more . . .</i> <a href="http://www.oregon.gov/DHS/spd/provtools/dd/nursing_manual/nursing_documentation.shtml">http://www.oregon.gov/DHS/spd/provtools/dd/nursing_manual/nursing_documentation.shtml</a></p> <p>OAR 411-325-0160 (9)(e),(10)(e)(f) Program requirements of direct care staff: knowledge of individuals’ ISP, med/behavioral, supports; Met program’s core comps; Written documentation of demonstrated competencies; and Written documentation of 12 hour job-related in-service training annually.</p>
<p><b>SOCP overlap policies:</b></p>	<ul style="list-style-type: none"> <li>• 2.010 Training</li> <li>• 4.007 Individual Health Care</li> </ul>	<ul style="list-style-type: none"> <li>• 3.001 Behavior Support</li> <li>• 4.007.02 POLST</li> <li>• 4.004 Health Medical</li> <li>• 4.008 Nurse/Client relationship</li> </ul>
<p><b>FORMS / TOOLS:</b></p>	<p>Tool Nursing Care Plan</p> <p>4562 Instruction Record</p> <p>1867 Caring for DPAP/BIPAP equipment</p> <p>Tool Physician Order for Constipation</p> <p>Tool EpiPen Administration Procedure</p> <p>Tool G-tube medications, feeding &amp; documentation</p> <p>Tool Delegate/Teach: Glucometer Check</p> <p>Tool Administering Glucagon Protocol</p> <p>Tool RN Review Schedule (Every 60 days)</p> <p>Tool RN Review Schedule (Every 120 days)</p>	<p>Tool Hypertension Protocol</p> <p>Tool Delegate/Teach: Inhaler for Asthma</p> <p>Tool Inhaler Use for Asthma Attachs</p> <p>Tool Insulin Administration Protocol</p> <p>Tool New Staff Training Schedule/documentation</p> <p>Tool Outreach Nurse/Client Assess Notes</p> <p>Tool Multiple Sclerosis Information Sheet</p> <p>Tool Respiratory Therapy Consult</p> <p>Tool Seizures Protocol</p> <p>CONTINUED NEXT PAGE</p>

**FORMS /  
TOOLS:**

4570	Individual Narcotic Count Sheet	4645	Bowel Record
4573	Medication Admin. Record (MAR)	4649	Weight Record
4590	Drug Disposal Sheet	4650	Hospitalization and Surgery Record
4596	Progress Notes	4651	Annual Menstruation Record
4613	Health List	4663	Medication Administration Accountability Sign-off Sheet
4615	Monthly Summary Report	4664	Telephone Orders
4618	Staffing Expectations	4666	New Staff Nurse Training and Schedule FAX
4621	Addendum to Physician's Directions: Medication Administration Irregularities (MAR)	4585	Core Competencies
4630	Medication Incident Report (MIR)		

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