

**NORTH CAROLINA BOARD OF NURSING  
REGULAR BOARD MEETING**

**May 21, 2020  
MINUTES**

Time and Place of Meeting	A regular meeting of the North Carolina Board of Nursing was held by teleconference on May 21, 2020. Meeting convened at 9:00 a.m.
Presiding	Martha Ann Harrell, Public Member
Members Present	Pam Edwards, RN Lisa Hallman, RN Racquel Ingram, RN Becky Ezell, RN Sharon Moore, RN Arlene Imes, LPN Ann Marie Milner, RN Andrea Jeppson, LPN Lynetta Howard, RN Tom Minowicz, Public Member
Members Absent	Lori Lewis, LPN Glenda Parker, RN
Staff Present	Julia George, Chief Executive Officer Gayle Bellamy, Chief Financial Officer Angela Ellis, Chief Administrative Officer Amy Fitzhugh, Chief Legal Officer Chandra Graves, Executive Assistant
Ethics Awareness and Conflict of Interest	Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified
Consent Agenda	<p>The Consent Agenda be approved as presented.</p> <p><b>MOTION:</b> That the Consent Agenda be approved as presented. Edwards/Passed.</p> <p>The following items were accepted/approved by adoption of the Consent Agenda:</p> <ul style="list-style-type: none"><li>• Minutes of January 17, 2020 (Board Meeting)</li><li>• Minutes of December 5, 2019 (Administrative Hearings)</li><li>• Minutes of February 27, 2020 (Administrative Hearings)</li><li>• Chief Executive Officer<ul style="list-style-type: none"><li>(a) NC Office of Emergency Medical Services Advisory Council</li></ul></li><li>• NCAC Chapter 36 - Rules<ul style="list-style-type: none"><li>(a) Ratification of Mail Referendum: 21 NCAC 26. 0817 COVID-19</li></ul></li></ul>

## Drug Preservation Rule

- Education and Practice
  - (a) Education Program Activity
  - (b) NAII Course Curriculum Changes
    - Oxygen Therapy
    - Sterile Technique
    - Wound Care
    - Suctioning
    - Trach Care
    - Peripheral IV Fluids
    - Urinary Cath
    - G-tube Feeding
    - NAII Task List
    - Role of the Nurse Aide II
    - Elimination Procedures: Ostomy Care and Irrigation
    - Fecal Impaction
  - (c) NCLEX 1<sup>st</sup> Quarter Pass Rates
  - (d) New Program Approval
- Licensure Review Panels
  - (a) Licensure Review Panel Report
- Settlement Committee
  - (a) Summary of Activities
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters
  - (a) Administrative Actions on Non-Hearing Disciplinary Activities
  - (b) Administrative Actions on Non-Hearing Compliance Matters
  - (c) Administrative Actions on Non-Hearing Practice Matters
- Drug Monitoring Programs
  - (a) Program Statistics
- Meetings/Conferences
  - (a) Summary of Activities

## Meeting Agenda

The Meeting Agenda be adopted as presented.

**MOTION:** That the Meeting Agenda be adopted as presented.  
Ezell/Passed.

## Finance Committee

- Received and reviewed Summary of Activities to include 3<sup>rd</sup> Quarter Financials and review of investments as presented by Wes Thomas and Jessica Christie with Wells Fargo Advisors.
- Received and reviewed the Fiscal Planning/Budget Report as presented.  
**MOTION:** That the Board approve the proposed budget for fiscal year July 1, 2020 through June 30, 2021.  
Committee Recommendation/Passed
- Received and reviewed request for designation of funds for IT Operations, Risk Management, Fixed Asset Replacement and Research Projects.  
**MOTION:** That the Board approve designation of \$988,316 of unrestricted assets for future funding needs as presented.

Committee Recommendation/Passed

- Received and reviewed request for proposal from one Audit firm.  
**MOTION:** That the Board select the accounting firm Bernard Robinson & Company, LLP to perform audit services for the FY2019-2020. Further that the Board will evaluate the performance of the audit firm at the end of Year 1. Approval and continuation of the audit contract will be assessed for each subsequent year.  
Committee Recommendation/Passed

Chief Executive  
Officer

Received updates as follows:

- Due to COVID-19 the NCBON office will remain closed through the end of June. Low risk staff are following an in-office work schedule. Beginning in July staff may gradually return to an in-office schedule.
- Legal staff will begin hearing cases, this will include using a date in August originally scheduled for Education/Practice Committee Meeting.
- NCSBN Annual Meeting will be held virtually in August. Administration Staff will register Members who would like to attend.
- Updated trends reports are located on the NCBON website.
- Julie George shared an article co-authored with Erin Fraher printed in the NC Medical Journal entitled Developing a Workforce for Health in North Carolina.
- Recognized Kathy Chastain who is retiring from the Board after 19 years as a Dedicated team player.
- Received and reviewed COVID-19 Waivers presented by Julie George
- Received and reviewed the Strategic Plan update to include Workforce Project and monitoring legislation.
- Received a verbal legislative update presented by Catherine Moore.

NCAC Chapter 36 -  
Rules

Received and reviewed proposed amendments.

- 21 NCAC 36 .0226 Nurse Anesthesia Practice  
**MOTION:** That the Board approve proposed amendments to 21 NCAC 36 .0226 Nurse Anesthesia Practice as presented. Further direct staff to proceed with rulemaking process.  
Edwards/Passed
- 21 NCAC 36. 0228 Clinical Nurse Specialist Practice  
**MOTION:** That the Board approve the proposed amendments to 21 NCAC 36. 0228 Clinical Nurse Specialist Practice as presented and direct staff to proceed with rulemaking process.  
Moore/Passed
- 21 NCAC 26. 0323 Records Reports  
**MOTION:** That the Board approve the proposed amendments to 21 NCAC 36. 0323 Records and Reports as presented and direct staff to proceed with rulemaking process.  
Jeppson/Passed

Received and reviewed proposed adoption of Rules.

- Petitions for Declaratory Rulings

**MOTION:** That the Board approve the proposed adoption of Petitions for Declaratory Rulings and direct staff to proceed with the rulemaking process.

Moore/Passed

- Petitioning for Rulemaking

**MOTION:** That the Board approve the proposed adoption of Petitioning for Rulemaking and direct staff to proceed with the rulemaking process.

Imes/Passed

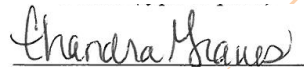
Closed Session **MOTION:** 10:23 am Executive Session for discussion of legal matters  
Minowicz/Passed

Open Session **MOTION:** 10:40 am Open Session  
Moore/Passed

Adjournment **MOTION:** 10:41 pm Meeting be adjourned.  
Ezell/Passed.

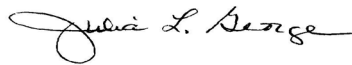
Minutes respectfully submitted by:

June 4, 2020  
Date Submitted



Chandra Graves, Executive Assistant

September 18, 2020  
Date Approved



Julia L. George, RN, MSN, FRE  
Chief Executive Officer

## ATTACHMENT A – Education Program Activity

### Ratification of Full Approval Status

- Methodist University, Fayetteville – BSN
- Watts School of Nursing, Durham – Diploma

### Ratification of Approved Enrollment Expansions

- ECPI Greensboro, Greensboro – LPN, increase enrollment by 20 for a total enrollment of 180 students beginning March 2020.

### Ratification of Program Status Change per Protocol

- Region A Nursing Consortium, Clyde – ADN
- Southwestern Community College, Sylva – ADN

### Ratification of Approval of NA II Courses

- Lenoir Community College, Kinston – Continuing Education Traditional Hybrid

### FYI Accreditation Decisions by CNEA for Initial or Continuing Approval – Next Visit Date

- Bladen Community College, Dublin – LPN – Pre-Accreditation Status Granted – February 2023
- Lenoir Community College, Kinston – ADN and LPN – Pre-Accreditation Status Granted – February 2023
- Sandhills Community College, Pinehurst – ADN – Pre-Accreditation Status Granted – June 2021
- Stanly Community, Locust – ADN – Initial Accreditation Status Granted – February 2026



**Agenda C7**  
**NAII Course Curriculum Changes**  
**May 2020**  
**Consent**

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**ISSUE:** Notification of NA II Course Curriculum revisions and deletions as completed by Board Staff.

**BACKGROUND:** To better serve the needs of the public and ensure appropriate competencies, educational curricula are routinely assessed and evaluated by the North Carolina Board of Nursing for needed changes or updates. The Nurse Aide II (NA II) Curriculum has recently been reviewed to assess each module's continued relevance, alignment with laws and rules, applicability to current practice standards, and the need for editorial revisions. Board staff have made minor editorial revisions to eight (8) NA II Teaching Modules, removed content from NA II Module, ELIMINATION PROCEDURES which was found no longer appropriate for inclusion in the NA II Curriculum, deleted NA II Module FECAL IMPACTION in its entirety based upon stakeholder feedback concerning the infrequency of this task in the clinical setting and the need for nurse assessment if implemented, and revised the NA II Task List to reflect all changes to the NA II Curriculum. The total hours for the NA II Curriculum remains unchanged (80 hours classroom instruction and 80 hours clinical experience). The NA II Curriculum changes will be implemented by September 1, 2020.

**EVIDENCE/BEST PRACTICES:**

Minor editorial/formatting/technical revisions have been made to the following:

- OXYGEN THERAPY – (Attachment A)
- STERILE TECHNIQUE – (Attachment B)
- WOUND CARE – (Attachment C)
- SUCTIONING – (Attachment D)
- TRACH CARE – (Attachment E)
- PERIPHERAL IV FLUIDS – (Attachment F)
- URINARY CATH – (Attachment G)
- G-TUBE FEEDING – (Attachment H)
- NA II TASK LIST – (Attachment I)
- ROLE of the Nurse Aide II (Attachment J)
- Elimination Procedures: Ostomy Care and Irrigation (Attachment K)
- Fecal Impaction (Attachment L)

The following NA II Teaching Modules were either modified or removed:

- **ROLE OF THE NURSE AIDE II:** (Attachment J) - The time allocation has been increased from two to four hours to allow for enhanced education regarding the importance of the NA II as a member of the healthcare team
  - **ELIMINATION PROCEDURES: OSTOMY CARE AND IRRIGATION:** (Attachment K) – The task of ostomy irrigation has been removed based on review
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**Agenda C7**  
**NAI Course Curriculum Changes**  
**May 2020**  
**Consent**

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- FECAL IMPACTION: (Attachment L) - deleted based on review

**RECOMMENDATION:** For information only, no Board action required at this time.

CONSENT

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**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**MODULE 2: Oxygen Therapy – Set Up and Monitoring Flow Rate**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- **The** NA II **may not initiate administration or change flow rates on clients.** Only licensed nurses (RN and LPN) may perform this activity (requires appropriate assessment and evaluation of client tolerance for and response to treatment). Disconnecting and reconnecting oxygen sources at the same liter flow is not considered initiating administration. (For example: The NAII has assisted the client out of bed and the O2 had to be disconnected for movement. The NAII may reconnect the O2 at the same flow rate as directed by the licensed nurse)
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
6 hours	<p>Identify three (3) sources of supplemental oxygen</p> <p>Identify at least three (3) oxygen delivery devices</p> <p>Discuss safety precautions necessary when clients are receiving oxygen therapy</p> <p>List equipment needed to set up an oxygen system using:</p> <ol style="list-style-type: none"> <li>wall oxygen</li> <li>cylinder oxygen</li> <li>oxygen concentrator</li> </ol> <p>List equipment needed for delivery devices:</p> <ol style="list-style-type: none"> <li>Nasal cannula</li> <li>Face mask</li> <li>Trachea collar</li> </ol> <p>Discuss the activities related to care of the client receiving oxygen therapy</p>	<p>A. Oxygen sources</p> <ol style="list-style-type: none"> <li>Wall oxygen</li> <li>Cylinder oxygen</li> <li>Oxygen concentrator</li> </ol> <p>B. Delivery devices:</p> <ol style="list-style-type: none"> <li>Simple nasal cannula</li> <li>Simple face mask</li> <li>Trachea collar</li> </ol> <p>C. Safety precautions</p> <p>D. Set up procedure</p> <ol style="list-style-type: none"> <li>Equipment <ol style="list-style-type: none"> <li>Wall outlet</li> <li>Oxygen cylinder</li> <li>Oxygen concentrator</li> </ol> </li> <li>Delivery devices <ol style="list-style-type: none"> <li>Nasal cannula</li> <li>Face mask</li> <li>Trachea collar</li> </ol> </li> <li>Setting liter flow rate</li> </ol> <p>E. Client care activities</p> <ol style="list-style-type: none"> <li>Reading flow rates</li> <li>Setting flow rate as directed by licensed nurse</li> <li>Adjusting delivery device for client comfort</li> <li>Care of oxygen set up</li> <li>Information to be reported to licensed nurse</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of procedure for setting up oxygen using:</p> <ol style="list-style-type: none"> <li>wall outlet source</li> <li>cylinder source</li> </ol> <p>Laboratory demonstration and return demonstration of procedure for setting up oxygen administration by:</p> <ol style="list-style-type: none"> <li>Nasal cannula</li> <li>Face mask</li> <li>Tracheal collar</li> <li>Oxygen Concentrator</li> </ol> <p>Laboratory demonstration and return demonstration of procedure for reading flow rate on flow meter</p> <p>Demonstration and return demonstration of procedure for setting flow rate on flow meter as directed by nurse</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in Clinical Setting</p>

Revised: 9/2000, 7/19/2002, 8/11/2005, 10/2010, 6/2015, 8/2015, **5/2020**



**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**SKILL MODULE 2: OXYGEN THERAPY - SET UP AND MONITORING FLOW RATE**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- ☐ **The NA II may not initiate administration or change flow rates on clients.** Only licensed nurses (RN and LPN) may perform this activity (requires appropriate assessment and evaluation of client tolerance for and response to treatment). Disconnecting and reconnecting oxygen sources at the same liter flow is not considered initiating administration. (For example: The NAII has assisted the client out of bed and the O2 had to be disconnected for movement. The NAII may reconnect the O2 at the same flow rate as directed by the licensed nurse)
- ☐ Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- ☐ Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrates operation of oxygen equipment as directed by nurse.

Demonstrates:

- Setting up oxygen equipment properly
- Accurately reading of oxygen flow rate in client room
- Proper placement of oxygen device on client
- Setting flow rate accurately as directed by nurse

**CRITERIA:**

1. Gathers necessary supplies and equipment
2. Obtains directions from the licensed nurse regarding:
  - a. type of oxygen set up
  - b. type of delivery device
3. Assembles equipment:
  - a. flow meter
  - b. humidifier
  - c. tubing
  - d. delivery device
4. Adjusts fit of device for client comfort and proper placement following initiation of therapy by licensed nurse
5. Reads flow rate set by licensed nurse
6. Reports information to licensed nurse
7. Documents information

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 3: STERILE TECHNIQUE**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- ☐ Sterile Technique module **MUST** be taught as a required component of the following modules: #4-Wound Care, #5-Suctioning, #6-Tracheostomy Care, #7-Peripheral IV Fluids, and/or #8-Urinary Catheterization.
- ☐ Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- ☐ Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
7 hours	<p>Define:</p> <ol style="list-style-type: none"> <li>a. pathogen</li> <li>b. micro-organism</li> </ol> <p>Discuss conditions that support the growth of and spread of infectious agents</p> <p>List examples of natural body defenses that protect individuals from acquiring infections</p> <p>State factors that increase the potential of infections</p> <p>Define:</p> <ol style="list-style-type: none"> <li>a. reservoir</li> <li>b. vehicle of transmission</li> <li>c. portal of entry</li> <li>d. susceptible host</li> </ol>	<p>A. Infectious Agents</p> <ol style="list-style-type: none"> <li>1. Definitions               <ul style="list-style-type: none"> <li>–Pathogen</li> <li>–Microorganism</li> </ul> </li> <li>2. Growth and spread</li> </ol> <p>B. Natural Body Defenses</p> <ol style="list-style-type: none"> <li>1. Intact skin and mucus membranes</li> <li>2. Body hair</li> <li>3. Body secretions</li> <li>4. Reflexes</li> <li>5. Physiological responses</li> <li>6. Temperature regulation</li> <li>7. Cell repair and replacement</li> </ol> <p>C. Factors that weaken body defenses</p> <ol style="list-style-type: none"> <li>1. Poor nutrition</li> <li>2. Poor personal hygiene</li> <li>3. Broken skin/mucus membranes</li> <li>4. Age</li> <li>5. Illness</li> <li>6. Certain medical treatments</li> </ol> <p>D. Infectious Process</p> <ol style="list-style-type: none"> <li>1. Reservoir</li> <li>2. Vehicle of transmission</li> <li>3. Portal of entry</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of the technique for:</p> <ol style="list-style-type: none"> <li>a. creating a sterile field</li> <li>b. adding items to a sterile field</li> <li>c. adding liquids to a sterile field</li> <li>d. putting on and removing sterile gloves</li> <li>e. corrective action when sterile field is broken</li> </ol>	<p>Written test</p> <p>Skills Checklist</p> <p>Competency Evaluation in Clinical Setting</p>

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

<b>TIME FRAME</b>	<b>LEARNING OBJECTIVES</b>	<b>RELATED CONTENT (OUTLINE)</b>	<b>LEARNING ACTIVITIES</b>	<b>EVALUATION</b>
	<p>Describe medical asepsis</p> <p>Explain the difference between medical and surgical asepsis</p> <p>List common situations in which NA II may use sterile technique</p> <p>Discuss principles that should be applied when carrying out sterile technique</p> <p>State corrective action to problems encountered when using sterile technique</p>	<p>4. Susceptible host</p> <p>5. Cycle</p> <p>E. Asepsis</p> <p>1. Principles of medical asepsis</p> <p>2. Principles of surgical asepsis</p> <p>F. Sterile technique</p> <p>1. Situations requiring sterile technique</p> <p>2. Principles</p> <p>3. Procedure</p> <p>4. Problems</p>		

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**SKILL MODULE 3: STERILE TECHNIQUE**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- ☐ Sterile Technique module MUST be taught as a required component of the following modules: #4 Wound Care, #5-Suctioning, #6-Tracheostomy Care, #7-Peripheral IV Fluids, and/or #8-Urinary Catheterization.
- ☐ Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- ☐ Competency validation should occur in the clinical area whenever possible; however, in those situations where this is not possible, laboratory simulation of the clinical setting is permissible.

**COMPETENCY STATEMENT:** Demonstrates ability to create a sterile field and maintain sterile technique

**CRITERIA:**

1. Assembles needed equipment and supplies
2. Washes hands
3. Creates a sterile field
4. Adds sterile items to sterile field
5. Adds liquids to sterile field
6. Puts on sterile gloves
7. Maintains sterile technique while performing activities directed by licensed nurse
8. Corrective action when sterile field is broken
9. Removes gloves
10. Disposes of gloves, supplies, and equipment
11. Washes hands

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**Skill Module 4: Wound Care: Sterile Dressing Change fFor Wounds Over 48 Hours  
Old (Part A & B)**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- Both parts of this module must be successfully completed in order to complete this training module.
- The application of non-systemic topical medications which have local effects only may be delegated per facility written policy and licensed nurse (RN or LPN) delegation.
- Delegation of the technical task of administering topical medications which have systemic effects by NAII's may be possible if all elements of the “NCBON Delegation of Medication Administration to UAP” Position Statement are met. Delegation of topical medication application to UAP, including NAII's, for the purpose of wound debridement is NOT PERMITTED within current standards of practice.
- Only the licensed nurse (RN or LPN) may assess wounds to determine change in status.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
7 hours (both sections)	<b>Part A:</b>  <b>Sterile Dressing Change fFor Wounds Over 48 Hours Old</b> Distinguish between open and closed wounds  Identify types of open wounds  Describe factors affecting wound healing  List reasons for dressing a wound  Describe differences among commonly used dressing materials  Describe the steps in applying a sterile dressing	A. Types of Wounds 1. Open a. incision b. laceration c. abrasion d. avulsion e. ulceration f. puncture 2. Closed  B. Body's Response to: 1. Inflammatory response 2. Factors affecting <del>wound</del> <del>healing</del> <b>wound healing</b> a. extent of injury b. blood supply c. type of injury d. presence of debris e. presence of infection f. health of client  C. Wound Care 1. Undressing <del>ing</del> a wound 2. Dressing a wound	Lecture/discussion          Laboratory demonstration and return demonstration of the steps in applying a sterile dressing to a clean wound          Laboratory demonstration and return demonstration of appropriate charting regarding dressing change          <del>Laboratory demonstration and return demonstration of the procedure for irrigating the wound</del>	Written test (Part A & B)          Skills Checklist Competency Evaluation in Clinical Setting (Part A & B)

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**Skill Module 4: Wound Care: Sterile Dressing Change ~~f~~For Wounds Over 48 Hours  
Old (Part A & B)**

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p><b>Part B:</b></p> <p><b>Wound Irrigation <del>f</del>For Wounds Over 48 Hours Old</b></p> <p>Discuss the purpose of wound irrigation</p> <p>Describe the procedure for irrigating a wound</p>	<p>a. materials</p> <p>b. procedure</p> <p>c. physical findings</p> <p>d. documentation</p> <p>D. Irrigation</p> <ol style="list-style-type: none"> <li>1. Purpose</li> <li>2. Materials               <ol style="list-style-type: none"> <li>a. syringe</li> <li>b. pressurized device</li> </ol> </li> <li>3. Procedure</li> </ol>	<p>Laboratory demonstration and return demonstration of the procedure for irrigating the wound</p>	

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE  
Skill Module 4: Wound Care: Sterile Dressing Change for Wounds Over 48 Hours  
Old (Part A & B)**

**Part A: Wound Care: Sterile Dressing Change for Wounds Over 48 Hours Old**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- Both parts of this module must be successfully completed in order to complete this training module.
- The application of non-systemic topical medications which have local effects only may be delegated per facility written policy and licensed nurse (RN or LPN) delegation.
- Delegation of the technical task of administering topical medications which have systemic effects by NAI's may be possible if all elements of the “NCBON Delegation of Medication Administration to UAP” Position Statement are met. Delegation of topical medication application to UAP, including NAI's, for the purpose of wound debridement is NOT PERMITTED within current standards of practice.
- Only the licensed nurse (RN or LPN) may assess wounds to determine change in status.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrates changing a sterile dressing for wounds over 48 hours old

**CRITERIA:**

1. Receives directions following assessment of wound by the licensed nurse
2. Explains procedure to client
3. Washes hands
4. Assembles dressing materials needed
5. Uses proper sterile technique to prepare sterile field
6. If removing old dressing
  - Remove old dressing after preparing sterile field to reduce time wound is exposed to air.
  - Puts on clean gloves
  - Removes and discards contaminated dressing and gloves
  - Washes hands
7. Puts on sterile gloves
8. Applies sterile dressing
9. Secures dressing
10. Removes gloves
11. Disposes contaminated gloves
12. Washes hands
13. Documents dressing change
14. Reports information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Revised: 7/12/1999, 7/19/2002, 12/4/2003, 10/2010, 6/2015, 5/2020

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE  
Skill Module 4: Wound Care: Sterile Dressing Change ~~ff~~For Wounds Over 48 Hours  
Old (Part A & B)**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**Part B: Wound Care: Wound Irrigation for Wounds Over 48 Hours Old**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module 3 is required prior to this module.
- Both parts of this module must be successfully completed in order to complete this training module.
- The application of non-systemic medications which have local effects only may be delegated per facility written policy and licensed nurse (RN or LPN) delegation.
- Delegation of the technical task of administering topical medications which have systemic effects by NAII's may be possible if all elements of the “NCBON Delegation of Medication Administration to UAP” Position Statement are met. Delegation of topical medication application to UAP, including NAII's, for the purpose of wound debridement is NOT PERMITTED within current standards of practice.
- Only the licensed nurse (RN or LPN) may assess wounds.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrates wound irrigation for wounds over 48 hours old.

**CRITERIA:**

1. Obtains directions from licensed nurse
2. Explains procedure to client
3. Gathers necessary equipment
4. If using sterile technique:
  - a. Positions client using waterproof pad
  - b. Washes hands
  - c. Prepares sterile field
  - d. Adds wound sterile irrigating solution to sterile field
  - e. If dressing is present, puts on clean gloves, removes\*\* and discards old dressing and gloves and washes hands
  - f. Puts on sterile gloves
  - g. Using sterile technique, irrigates wound with a non-medicated sterile solution
  - h. Uses appropriate devices with licensed nurse instruction
  - i. Removes gloves
  - j. Discards gloves and equipment
5. If using clean technique only:
  - a. Prepares work field
  - b. Adds irrigating solution to work field
  - c. Washes hands
  - d. Positions client using waterproof pad
  - e. Puts on gloves
  - f. If dressing is present, removes and discards old dressing and gloves, then washes hands and puts on clean gloves
  - g. Irrigates wound
  - h. Removes gloves
  - i. Discards gloves and equipment
6. Follows procedure for sterile or clean dressing application as directed by licensed nurse
7. Washes hands following procedure
8. Documents information
9. Reports information to licensed nurse

\*\*Remove old dressing after preparing sterile field to reduce time wound is exposed to air.



**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE  
Skill Module 4: Wound Care: Sterile Dressing Change ~~f~~For Wounds Over 48 Hours  
Old (Part A & B)  
Part B: Wound Care: Wound Irrigation for Wounds Over 48 Hours Old**

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 5: SUCTIONING: OROPHARYNGEAL AND NASOPHARYNGEAL**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of sterile technique module is a pre-requisite to this module. Clean techniques may be used if supported by agency policy.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.

<b>TIME FRAME</b>	<b>LEARNING OBJECTIVES</b>	<b>RELATED CONTENT (OUTLINE)</b>	<b>LEARNING ACTIVITIES</b>	<b>EVALUATION</b>
6 hours	<p>Define suctioning</p> <p>Discuss two (2) areas which may be suctioned by the NA II</p> <p>State four (4) purposes of pharyngeal suctioning</p> <p>Identify the equipment necessary for suctioning</p> <p>Discuss the steps in preparing to suction a client</p> <p>Describe the procedure for:</p> <ol style="list-style-type: none"> <li>oropharyngeal suctioning</li> <li>nasopharyngeal suctioning</li> </ol>	<p>A. Definition</p> <p>B. Areas</p> <ol style="list-style-type: none"> <li>Oropharyngeal</li> <li>Nasopharyngeal</li> </ol> <p>C. Purposes</p> <ol style="list-style-type: none"> <li>Removal of secretions</li> <li>Facilitate ventilation</li> <li>Diagnostic testing</li> <li>Prevention of infection</li> </ol> <p>D. Equipment</p> <ol style="list-style-type: none"> <li>Suction apparatus – wall or portable</li> <li>Water or saline</li> <li>Sterile container</li> <li>Sterile gloves</li> <li>Protective pad</li> </ol> <p>E. Client Positioning</p> <ol style="list-style-type: none"> <li>Conscious client</li> <li>Unconscious client</li> </ol> <p>F. Preparation for Suctioning</p> <ol style="list-style-type: none"> <li>Correct pressure</li> <li>Catheter measurement for depth of tip</li> </ol> <p>G. Procedure for suctioning</p> <ol style="list-style-type: none"> <li>Oropharyngeal</li> <li>Nasopharyngeal</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of procedure for assembling equipment</p> <p>Laboratory demonstration and return demonstration of positioning a conscious and an unconscious client</p> <p>Laboratory demonstration and return demonstration of the procedure:</p> <ol style="list-style-type: none"> <li>adjusting correct suction pressure</li> <li>measuring catheter to determine proper depth</li> </ol> <p>Laboratory demonstration and return demonstration of procedure for:</p> <ol style="list-style-type: none"> <li>oropharyngeal suctioning</li> <li>nasopharyngeal suctioning</li> </ol>	<p>Written test</p> <p>Skills Checklist</p> <p>Competency Evaluation in Clinical Setting</p>

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**SKILL MODULE 5: SUCTIONING- OROPHARYNGEAL AND NASOPHARYNGEAL**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of sterile technique module is a pre-requisite to this module. Clean techniques may be used if supported by agency policy.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.

**COMPETENCY STATEMENT:** Demonstrates ability to perform oropharyngeal and nasopharyngeal suctioning on a conscious and/or ~~an~~ unconscious client

**CRITERIA:**

1. Obtains directions from licensed nurse regarding type of suction equipment needed
2. Explains procedure to client, if conscious
3. Obtains vital signs
4. Assembles equipment needed
5. Positions client
6. Places protective pad on client
7. Washes hands
8. Turns on suction device and adjusts to proper pressure
9. Opens sterile catheter
10. Dons sterile gloves
11. Removes sterile catheter from package
12. Measures catheter for proper depth
13. Moistens catheter before insertion (for nasopharyngeal, water-soluble lubricant; for oropharyngeal, sterile water or sterile saline)
14. Inserts catheter to proper depth
15. Applies suction after insertion, only during withdrawal, and for no longer than 10 seconds
16. Rotates catheter during suction
17. Flushes catheter after use
18. Removes dirty gloves and discards dirty gloves and catheter without contaminating self
19. Washes hands
20. Documents information
21. Reports actions to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

- Successful completion of the “Sterile Technique” module is required prior to this module.
- The client is considered to have an established tracheostomy when **ALL** of the following are present: (1) stoma well-healed; (2) airway is patent; and (3) a licensed nurse has performed the tracheostomy care for the client a sufficient number of times to assure that the delegation of this task is consistent with the criteria outlined in 21 NCAC 36.0221(h).
- Tracheostomy suctioning by the NAI shall not involve any need for nursing assessment, and shall only be performed during tracheostomy care or under an established plan of care for clients with established tracheotomies as noted in special directions (see above). Clients needing frequent suctioning or assessment must have this provided by the licensed nurse (RN or LPN) or family member if at home.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
7 hours	<p>Define tracheostomy</p> <p>State two (2) reasons tracheostomy tubes are inserted</p> <p>Discuss types of tracheostomy tubes</p> <p>Discuss the procedure for cleaning a tracheostomy tube</p> <ol style="list-style-type: none"> <li>single</li> <li>double</li> </ol> <p>Discuss the procedure for suctioning an established tracheostomy</p>	<p>A. Definition of tracheostomy care</p> <p>B. Purposes of tracheostomy tubes</p> <ol style="list-style-type: none"> <li>Removal of secretions</li> <li>Facilitate breathing</li> </ol> <p>C. Types of tracheostomy tubes</p> <ol style="list-style-type: none"> <li>Disposable/non-disposable</li> <li>Single cannula</li> <li>Double cannula</li> </ol> <p>D. Procedure for cleaning tracheostomy tube</p> <ol style="list-style-type: none"> <li>Equipment needed</li> <li>Cleaning</li> <li>Dressing change</li> <li>Tie change</li> <li>Safety precautions</li> </ol> <p>E. Procedure for suctioning</p> <ol style="list-style-type: none"> <li>Equipment needed</li> <li>Determining need for suctioning</li> <li>Setting predetermined pressure</li> <li>Method</li> <li>Safety precautions</li> </ol> <p>F. Reporting and recording</p> <ol style="list-style-type: none"> <li>Vital signs</li> <li>Skin color</li> <li>Client response</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of assembling equipment needed for cleaning a tracheostomy tube</p> <p>Laboratory demonstration and return demonstration of proper procedure for cleaning a tracheostomy tube</p> <p>Laboratory demonstration and return demonstration of assembling equipment needed for suctioning a tracheostomy tube</p> <p>Laboratory demonstration and return demonstration of proper procedure for suctioning a client with an established tracheostomy:</p> <ol style="list-style-type: none"> <li>adjusting correct suction pressure</li> <li>determining proper depth for suctioning, not to exceed length of tracheostomy tube</li> </ol>	<p>Written test</p> <p>Skills Checklist</p> <p>Competency Evaluation in Clinical Setting</p>

## SKILL MODULE 6: TRACHEOSTOMY CARE (ESTABLISHED TRACHEOSTOMY)

### SKILLS CHECKLIST COMPETENCY EVALUATION

#### SPECIAL DIRECTIONS OR NOTATIONS:

- Successful completion of the "Sterile Technique" module is required prior to this module.
- The client is considered to have an established tracheostomy when **ALL** of the following are present: (1) stoma well-healed; (2) airway is patent; and (3) a licensed nurse has performed the tracheostomy care for the client a sufficient number of times to assure that the delegation of this task is consistent with the criteria outlined in 21 NCAC 36.0221(h).
- Tracheostomy suctioning by the NAI shall not involve any need for nursing assessment, and shall only be performed during tracheostomy care or under an established plan of care for clients with established tracheostomies as noted in special directions (see above). Clients needing frequent suctioning or assessment must have this provided by the licensed nurse (RN or LPN) or family member if at home.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Certain steps in tracheostomy care (noted below) must be directed by a licensed nurse and cannot be performed independently

**COMPETENCY STATEMENT:** Demonstrate tracheostomy care for client with an established tracheostomy

#### CRITERIA:

1. Obtains directions from licensed nurse
2. Assembles supplies/equipment to perform tracheostomy care (including suction)
3. Explains procedure to client according to licensed nurse instructions
4. Obtains base line vital signs
5. Positions client according to licensed nurse instructions
6. Washes hands
7. Opens and prepares tracheostomy care kit or individual supplies
8. Puts on gloves as directed by licensed nurse (i.e., sterile or non-sterile)
9. Suctions as needed during tracheostomy care or under an established plan of care
  - a. Uses suction pressure less than 100 mm mercury
  - b. Applies intermittent suction for no longer than 10 seconds
  - c. Withdraws catheter in rotating motion
10. If directed by licensed nurse to care for the inner cannula (conventional or disposable)
  - a. Open and prepare supplies
  - b. Put on gloves as directed by licensed nurse (i.e., sterile or non-sterile)
  - c. Remove inner cannula
  - d. Place inner cannula in basin of agency specified cleaning solution
11. Removes dressing from around tracheostomy area, if directed by licensed nurse and changes gloves
12. Washes hands
13. Cleanses stoma and tube flanges if directed by licensed nurse
14. Rinses stoma and tube flanges if directed by licensed nurse
15. Applies tracheostomy gauze under neck plate of tube if directed by licensed nurse
16. Washes hands
17. For non-disposable inner cannula care as directed by licensed nurse
  - a. Puts on gloves as directed by licensed nurse (i.e., sterile or non-sterile)
  - b. Cleans and rinses inner cannula with sterile/non-sterile water or sterile/non-sterile saline (non-sterile liquid and water versus saline will be determined by licensed nurse)
  - c. Dries inner cannula (directed by licensed nurse)
  - d. Reinserts inner cannula and locks into place (directed by licensed nurse)
  - e. Removes and disposes gloves
  - f. Washes hands
18. For disposable inner cannula care as directed by licensed nurse
  - a. Washes hands
  - b. Opens disposable cannula container without touching cannula

**SKILL MODULE 6: TRACHEOSTOMY CARE (ESTABLISHED TRACHEOSTOMY)**

- c. Puts on sterile gloves
  - d. Remove inner cannula and discard
  - e. Replace inner cannula with new disposable cannula and lock into place
  - f. Removes and disposes gloves
  - g. Washes hands
19. Changes tracheostomy ties if needed
20. Washes hands
21. Obtains client's vital signs and notes skin color
22. Disposes of waste material/equipment, following appropriate standard precautions
23. Removes and disposes gloves
24. Washes hands
25. Documents tracheostomy care and client response
26. Reports appropriate information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

**Part A: Preparing for Administration of IV Fluids**

**Part B: IV Fluid Monitoring Flow Rate**

**Part C: IV Fluids Site Care and Patient/Client Activities**

**Part D: Discontinuing Peripheral Intravenous Infusions**

**PART A: PREPARING FOR ADMINISTRATION OF IV FLUIDS**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module, including skills checklists must be successfully completed in order to complete this training module.
- This activity is a non-direct patient/client care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. The NAI does not connect any tubing or IV fluids directly to the patient/client. If the IV needs to be disconnected for patient/client activity, then the licensed nurse must do this and then reconnect the IV to the patient/client.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
7 hours (Parts A, B, C, & D)	<p><b>PART A: PREPARING FOR ADMINISTRATION OF IV FLUIDS</b></p> <p>State two (2) purposes for administering IV fluids</p> <p>List four (4) classes of IV solutions and their major components</p> <p>Identify information needed as a part of preparing for IV fluid administration</p> <p>Discuss the delivery devices for IV fluid administration</p> <p>Identify equipment necessary to set</p>	<p>A. Introduction</p> <ol style="list-style-type: none"> <li>Purposes</li> <li>Classes of IV solutions</li> <li>Common names of solutions</li> </ol> <p>B. Information</p> <ol style="list-style-type: none"> <li>Identification of patient/client</li> <li>Nurse's instructions</li> <li>Body weight</li> <li>Vital signs</li> <li>Intake and output record</li> <li>Verification of correct solution</li> </ol> <p>C. Delivery devices</p> <ol style="list-style-type: none"> <li>Types</li> <li>Equipment</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of the steps in assembling equipment necessary to set up IV fluids</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in the Clinical Setting (Part A)</p>

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

**Part A: Preparing for Administration of IV Fluids**

**Part B: IV Fluid Monitoring Flow Rate**

**Part C: IV Fluids Site Care and Patient/Client Activities**

**Part D: Discontinuing Peripheral Intravenous Infusions**

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	up intravenous fluids	D. Set up of IV fluids's 1. Equipment 2. Sterile technique 3. Correct solution 4. Flushing tubes		



NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

**Part A: Preparing for Administration of IV Fluids**

**Part B: IV Fluid Monitoring Flow Rate**

**Part C: IV Fluids Site Care and Patient/Client Activities**

**Part D: Discontinuing Peripheral Intravenous Infusions**

**PART B: IV FLUID MONITORING FLOW RATE**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module, including skills checklists must be successfully completed in order to complete this training module.
- This activity is a non-direct patient/client care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. The NAI does not connect any tubing or IV fluids directly to the patient/client. If the IV needs to be disconnected for patient/client activity, then the licensed nurse must do this and then reconnect the IV to the patient/client.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p><b>PART B: IV FLUID MONITORING FLOW RATE</b></p> <p>State two (2) observations necessary to insure appropriate IV flow</p> <p>Identify one cause of an obstructed IV</p> <p>Discuss the significance of a slowing in the IV rate</p> <p>Describe additional important observation in the <u>patient/client</u> receiving IV fluids</p> <p>Identify special considerations related to <u>patient/client</u> age</p>	<p>A. Monitoring IV <u>fluids</u></p> <ol style="list-style-type: none"> <li>1. Flow rate per nurse’s instruction</li> <li>2. Equipment function checks               <ol style="list-style-type: none"> <li>a. tubing                   <ol style="list-style-type: none"> <li>(1) kinks</li> <li>(2) position</li> <li>(3) bubbles</li> </ol> </li> <li>b. drip chamber</li> <li>c. clamp</li> <li>d. pump/controller</li> </ol> </li> </ol> <p>B. Other observations</p> <ol style="list-style-type: none"> <li>1. Position of <u>patient/client</u> extremity</li> <li>2. Volume in container</li> <li>3. <u>Patient/Client</u> complaints</li> </ol> <p>C. Special considerations</p> <ol style="list-style-type: none"> <li>1. Children</li> <li>2. Elderly</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration for the following:</p> <ol style="list-style-type: none"> <li>a. determining flow rate</li> <li>b. inspecting equipment to determine patency</li> <li>c. determining volume of solution remaining in container</li> </ol>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in the clinical setting (Part B)</p>

## SKILL MODULE 7: PERIPHERAL IV FLUIDS

### Part D: Discontinuing Peripheral Intravenous Infusions

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module, including skills checklists must be successfully completed in order to complete this training module.
- This activity is a non-direct **patient/client** care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. The NAI does not connect any tubing or IV fluids directly to the patient/client. If the IV needs to be disconnected for **patient/client** activity, then the licensed nurse must do this and then reconnect the IV to the **patient/client**.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

Revised: 7/12/1999, 7/19/2002, 8/11/2005, 10/2010, 6/2015, 5/2020

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

**Part A: Preparing for Administration of IV Fluids IV Fluid**

**Part B: Monitoring Flow Rate**

**Part C: IV Fluids Site Care and Patient/Client Activities**

**Part D: Discontinuing Peripheral Intravenous Infusions**

**PART D: DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module, including skills checklists must be successfully completed in order to complete this training module.
- This activity is a non-direct patient/client care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. The NAI does not connect any tubing or IV fluids directly to the patient/client. If the IV needs to be disconnected for patient/client activity, then the licensed nurse must do this and then reconnect the IV to the patient/client.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<b>PART D: DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS</b>  Describe the process for discontinuing a peripheral IV	A. Discontinuing a peripheral IV <ol style="list-style-type: none"> <li>1. Rationale</li> <li>2. Nurse's instructions</li> <li>3. Equipment</li> <li>4. Procedure</li> <li>5. Site dressing</li> <li>6. Site description</li> <li>7. Report to licensed nurse</li> </ol>	Lecture/discussion  Laboratory demonstration and return demonstration of procedures for the following: <ol style="list-style-type: none"> <li>a. assembling equipment needed to discontinue IV</li> <li>b. discontinuing IV</li> <li>c. dressing site</li> <li>d. documenting appropriate information</li> </ol>	Written test  Skills Checklist Competency Evaluation in the clinical setting (Part D)

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

**Part A: Preparing for Administration of IV Fluids**

**Part B: IV Fluid Monitoring Flow Rate**

**Part C: IV Fluids Site Care and Patient/Client Activities**

**Part D: Discontinuing Peripheral Intravenous Infusions**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**PERIPHERAL IV FLUIDS PART A: ASSEMBLING AND FLUSHING TUBING DURING SET-UP**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the "Sterile Technique" module is required prior to this module.
- All four parts of this module, including skills checklists must be successfully completed in order to complete this training module.
- This activity is a non-direct patient/client care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. The NAI does not connect any tubing or IV fluids directly to the patient/client. If the IV needs to be disconnected for patient/client activity, then the licensed nurse must do this and then reconnect the IV to the patient/client.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrate ability to assemble and flush **IV** tubing during set-up

**CRITERIA:**

1. Obtains directions from licensed nurse
2. Gathers necessary equipment
3. Washes hands
4. Removes protective coverings from solution container and tubing
5. Closes roller clamp
6. Connects tubing to solution container
7. Partially fills drip chamber
8. Opens clamp and flushes air from tubing
9. Closes clamp and recaps tubing
10. Reports information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

- Part A: Preparing for Administration of IV Fluids**
- Part B: IV Fluid Monitoring Flow Rate**
- Part C: IV Fluids Site Care and Patient/Client Activities**
- Part D: Discontinuing Peripheral Intravenous Infusions**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**PERIPHERAL IV FLUIDS: PART B – IV FLUID MONITORING**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module must be successfully completed in order to complete this training module.
- This activity is a non-direct patient/client care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. **The NAI does not connect any tubing or IV fluids directly to the patient/client.** If the IV needs to be disconnected for patient/client activity, then the licensed nurse must do this and then reconnect the IV to the patient/client.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrate ability to properly monitor IV fluid flow rate

**CRITERIA:**

1. Obtains IV fluid flow rate from licensed nurse
2. Counts number of drops per minute being administered to patient/client or observes IV pump to verify correct rate of flow.
3. Identifies volume remaining in IV fluid bag
4. Inspects IV equipment for patency
5. Observes patient's/client's position related to IV flow
6. Reports information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

**Part A: Preparing for Administration of IV Fluids**

**Part B: IV Fluid Monitoring Flow Rate**

**Part C: IV Fluids Site Care and Patient/Client Activities**

**Part D: Discontinuing Peripheral Intravenous Infusions**

**PERIPHERAL IV FLUIDS: PART C – IV FLUIDS SITE CARE AND PATIENT/CLIENT ACTIVITIES**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module must be successfully completed in order to complete this training module.
- This activity is a non-direct patient/client care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. **The NAI does not connect any tubing or IV fluids directly to the patient/client.** If the IV needs to be disconnected for patient/client activity, then the licensed nurse must do this and then reconnect the IV to the patient/client.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrate ability to properly redress a peripheral IV site and to perform patient/client care activities for patient/client receiving IV fluids

**CRITERIA:**

1. Receives directions from licensed nurse
2. Explains procedure to patient/client
3. Washes hands
4. Assembles dressing materials needed
5. Puts on gloves
6. Removes dressing with gloves
7. Discards soiled dressing and gloves
8. Washes hands
9. Puts on sterile gloves (for teaching purposes, sterile gloves are used. However, some agencies may permit the application of the dressing using clean gloves)
10. Applies sterile dressing
11. Secures dressing
12. Removes gloves
13. Disposes of contaminated dressing and gloves
14. Washes hands
15. Documents appearance of peripheral IV site
16. Reports information to licensed nurse
17. Changes patient/client gown with IV in place
18. Ambulates patient/client who is receiving IV fluids

This entire activity has been properly performed, without prompting and without assistance, by \_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**SKILL MODULE 7: PERIPHERAL IV FLUIDS**

- Part A: Preparing for Administration of IV Fluids**
- Part B: IV Fluid Monitoring Flow Rate**
- Part C: IV Fluids Site Care and Patient/Client Activities**
- Part D: Discontinuing Peripheral Intravenous Infusions**

**SKILLS CHECKLIST COMPETENCY EVALUATION**  
**PERIPHERAL IV FLUIDS: PART D – DISCONTINUING PERIPHERAL INTRAVENOUS INFUSIONS**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- All four parts of this module must be successfully completed in order to complete this training module.
- This activity is a non-direct patient/client care activity which is done in preparation for the licensed nurse (RN or LPN) to initiate or continue the administration of IV fluids. **The NAI does not connect any tubing or IV fluids directly to the patient/client.** If the IV needs to be disconnected for client activity, then the licensed nurse must do this and then reconnect the IV to the patient/client.
- **NAIs may not adjust flow rate.** Only licensed nurses (RN or LPN) may perform this activity.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrate ability to properly discontinue a peripheral intravenous infusion

**CRITERIA:**

1. Obtains directions from licensed nurse
2. Explains procedure to patient/client
3. Washes hands
4. Gathers necessary equipment and supplies
5. Identifies the patient/client
6. Puts on gloves
7. Confirms that tubing clamp is closed off
8. Removes site dressing and peripheral intravenous device
9. Applies direct pressure to site until bleeding is controlled
10. Applies appropriate pressure dressing to site
11. Removes and discards gloves
12. Discards supplies and equipment
13. Washes hands
14. Documents information
15. Reports patient/client information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 8: URINARY CATHETER: CATHETERIZATION**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the “Sterile Technique” module is required prior to this module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Suprapubic catheters are listed for identification purposes only. Care related to suprapubic catheters must be delegated using the “Decision Tree for Delegation to UAP.”
- Although this module teaches sterile technique, clean technique may be used per agency policy.
- **This competency must be performed for both a male and a female patient/client.**
- The skills of measuring intake/output and collecting urine specimen for the patient/client with a catheter are taught in the content for this module; however, listing as a NA II is not required to perform these activities.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
15 hours	<p><b>CATHETERIZATION</b></p> <p>Identify the meaning of terms related to catheterization</p> <p>Describe the anatomical structure of urinary tract</p> <p>Identify various types of urinary catheters</p> <p>Discuss the preparation of the patient/client</p>	<p>A. Terms</p> <ol style="list-style-type: none"> <li>1. Catheter</li> <li>2. Catheterization</li> <li>3. In-dwelling catheter (foley)</li> <li>4. Incontinent</li> <li>5. Void</li> <li>6. Urinary tract</li> <li>7. Clean catheters</li> </ol> <p>B. Anatomical Structures</p> <ol style="list-style-type: none"> <li>1. Meatus</li> <li>2. Penis</li> <li>3. Perineum</li> <li>4. Urethra</li> <li>5. Bladder</li> </ol> <p>Types of catheters</p> <ol style="list-style-type: none"> <li>1. Straight</li> <li>2. Retention (foley)</li> <li>3. Suprapubic</li> <li>4. External catheter</li> </ol> <p>C. Patient/Client Preparation</p> <ol style="list-style-type: none"> <li>1. Checking name band</li> <li>2. Providing privacy</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of proper technique for performing a straight catheterization</p> <p>Laboratory demonstration and return demonstration of proper technique for inserting</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in Clinical Setting</p>



**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 8: URINARY CATHETER: CATHETERIZATION**

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p>Discuss the procedure for catheterizing a male <u>patient/client</u></p> <p>Discuss the procedure for catheterizing a female <u>patient/client</u></p> <p>Describe the steps necessary to perform catheter-related procedures</p> <p>Identify the process for the removal of a urinary catheter</p>	<p>3. Explaining procedure</p> <p>D. Catheterization of the male <u>patient/client</u></p> <ol style="list-style-type: none"> <li>1. Positioning</li> <li>2. Equipment</li> <li>3. Procedure               <ol style="list-style-type: none"> <li>a. straight catheter</li> <li>b. retention/in-dwelling catheter</li> <li>c. external catheter</li> <li>d. clean catheters</li> <li>e. securing catheter</li> </ol> </li> </ol> <p>E. Catheterization of the female <u>patient/client</u></p> <ol style="list-style-type: none"> <li>1. Positioning</li> <li>2. Equipment</li> <li>3. Procedure               <ol style="list-style-type: none"> <li>a. straight catheter</li> <li>b. retention/in-dwelling catheter</li> <li>c. clean catheters</li> <li>d. securing catheter</li> <li>e. follow-up</li> </ol> </li> </ol> <p>F. Other Procedures</p> <ol style="list-style-type: none"> <li>1. Intake/output</li> <li>2. Fluid intake</li> <li>3. Maintaining closed system</li> <li>4. Position of drainage bag and tubing</li> <li>5. Obtaining specimen</li> <li>6. Ambulating <u>patient/client</u></li> <li>7. Emptying bag</li> <li>8. Signs and symptoms to report</li> </ol> <p>G. Removal of urinary catheter</p> <ol style="list-style-type: none"> <li>1. Preparation of <u>patient/client</u></li> <li>2. Equipment</li> <li>3. Procedure</li> <li>4. Reporting and recording</li> </ol>	<p>and removing an in-dwelling catheter (foley)</p> <p>Laboratory demonstration and return demonstration of proper technique for applying an external catheter</p> <p>Laboratory demonstration and return demonstration of proper technique for performing a straight catheterization</p> <p>Laboratory demonstration and return demonstration of proper technique for inserting an in-dwelling catheter (foley)</p> <p>Laboratory demonstration and return demonstration of procedures for the following:</p> <ol style="list-style-type: none"> <li>a. measuring intake/output</li> <li>b. obtaining urine specimen from catheter</li> </ol> <p>Laboratory demonstration and return demonstration of procedure for removing a urinary catheter</p>	

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 8: URINARY CATHETER: CATHETERIZATION**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- Successful completion of the "Sterile Technique" module is required prior to this module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Suprapubic catheters are listed for identification purposes only. Care related to suprapubic catheters must be delegated using the "Decision Tree for Delegation to UAP."
- Although this module teaches sterile technique, clean technique may be used per agency policy.
- This competency must be performed for both a male and a female **patient/client**.
- The skills of measuring intake/output and collecting urine specimen for the **patient/client** with a catheter are taught in the content for this module; however, listing as a NA II is not required to perform these activities.

**COMPETENCY STATEMENT:** Demonstrates male and female urinary catheterization using sterile technique

**CRITERIA:**

1. Obtains directions from licensed nurse
2. Assembles necessary equipment
3. Explains procedure to **patient/client**
4. Secures adequate lighting and provides privacy
5. Positions **patient/client**
6. Washes hands
7. Opens sterile catheter kit
8. Puts on sterile gloves
9. Positions sterile drape
10. Opens and prepares equipment on tray
11. Tests balloon (if in-dwelling catheter and only if directed to do so by a licensed nurse)
12. Lubricates tip of catheter
13. Pours antiseptic solution over cotton balls
14. Cleanses area
15. Inserts catheter the appropriate distance for the sex of the **patient/client**
16. Obtains urine flow
17. Inflates catheter balloon per instruction in catheter kit (if in-dwelling catheter) (See criteria #26 for removal of balloon catheter)
18. Removes catheter (if straight catheterization)
19. Secures catheter to **patient's/client's** body (if in-dwelling catheter)
20. Attaches drainage bag to bed frame (if in-dwelling catheter)
21. Removes soiled materials from room using standard precautions
22. Remove gloves
23. Washes hands
24. Documents information
25. Reports information to licensed nurse
26. When receives directions from licensed nurse to remove balloon (in-dwelling) catheter:
  - a) puts on gloves
  - b) deflates balloon and removes catheter
  - c) removes gloves
  - d) removes soiled materials from room using standard precautions
  - e) washes hands
  - f) documents information
  - g) reports information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

Revised: 12/4/2003, 10/2010, 6/2015, **5/2020**

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 8: URINARY CATHETER: CATHETERIZATION**

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation <input type="checkbox"/> <b>MALE</b>

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation <input type="checkbox"/> <b>MALE</b>

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation <input type="checkbox"/> <b>FEMALE</b>

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation <input type="checkbox"/> <b>FEMALE</b>

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS GASTRIC (P.E.G.) FEEDING TUBES**

**PART A: Promoting Proper Nutrition**

**PART B: Alternative Methods For Providing Nourishment Clinical**

**PART C: Skills**

**PART A: PROMOTING PROPER NUTRITION**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
- All 3 parts of this module must be successfully completed in order to complete this training module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
16 hours (Parts A, B, & C)	<p><b>PART A: PROMOTING PROPER NUTRITION</b></p> <p>Discuss the cultural factors which influence eating practice</p> <p>Discuss six (6) nutritional habits that could influence adequate nutrition</p> <p>Discuss four (4) physical signs that indicate poor nutrition</p> <p>Discuss the following which could cause potential nutritional deficits:</p> <ol style="list-style-type: none"> <li>anorexia</li> <li>nausea</li> <li>vomiting</li> <li>projectile vomiting</li> <li>belching</li> <li>flatus</li> </ol> <p>Describe three (3) measures for supporting nutrition in each of the following situations:</p> <ol style="list-style-type: none"> <li>infants/children</li> <li>pregnant/lactating patientclients</li> <li>visually impaired patientclients</li> <li>elderly patientclients</li> </ol>	<p>A. Common problems that influence eating</p> <ol style="list-style-type: none"> <li>Anorexia</li> <li>Nausea</li> <li>Vomiting</li> <li>Projectile vomiting</li> <li>Belching</li> <li>Flatus</li> </ol> <p>B. Support of nutrition in special situations</p> <ol style="list-style-type: none"> <li>Infants/children</li> <li>Pregnant/lactating patientclients</li> <li>Visually impaired patientclients</li> <li>Elderly patientclients</li> </ol>	Lecture/Lecture/discussion/discussion	Written test

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS GASTRIC (P.E.G.) FEEDING TUBES**

**PART A: Promoting Proper Nutrition**

**PART B: Alternative Methods For Providing Nourishment Clinical**

**PART C: Skills**

**PART B: ALTERNATIVE METHODS FOR PROVIDING NOURISHMENT**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
- All 3 parts of this module must be successfully completed in order to complete this training module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p><b>PART B: ALTERNATIVE METHODS FOR PROVIDING NOURISHMENT</b></p> <p>Define the following terms:</p> <ol style="list-style-type: none"> <li>a. Gastric gavage (tube feeding)</li> <li>b. Intermittent tube feeding</li> <li>c. Continuous tube feeding</li> <li>d. Oral/Nasogastric Tube (NG), Gastrostomy, Jejunostomy, PEG</li> </ol> <p>Describe measures which could reduce each of the following problems associated with gastric tube feedings:</p> <ol style="list-style-type: none"> <li>a. Irritation of nasal/palate tissue</li> <li>b. Diarrhea</li> <li>c. Abdominal distention</li> <li>d. Aspiration</li> <li>e. Clogged tube</li> <li>f. Irritation of oral mucous membranes</li> </ol>	<p>A. Types of alternative feeding methods</p> <ol style="list-style-type: none"> <li>1. Gastric gavage (tube feeding)               <ol style="list-style-type: none"> <li>a. intermittent tube feeding</li> <li>b. continuous tube feeding</li> </ol> </li> <li>2. Oral/Nasogastric Tube (NG), Gastrostomy, Jejunostomy, PEG</li> </ol> <p>B. Measures to reduce problems associated with gastric tube feedings</p> <ol style="list-style-type: none"> <li>1. Irritation of nasal/palate tissue</li> <li>2. Diarrhea</li> <li>3. Abdominal distention</li> <li>4. Aspiration</li> <li>5. Clogged tube</li> <li>6. Irritation of oral mucous membranes</li> </ol>	Lecture/discussion	Written test

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS GASTRIC (P.E.G.) FEEDING TUBES**

**PART A: Promoting Proper Nutrition**

**PART B: Alternative Methods For Providing Nourishment Clinical**

**PART C: Skills**

**PART C: CLINICAL SKILLS**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
- All 3 parts of this module must be successfully completed in order to complete this training module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p><b>PART C: CLINICAL SKILLS</b></p> <p>Discuss proper technique for adding enteral feeding to existing infusions</p>	<p>A. Addition of enteral feeding to existing Infusions.</p> <ol style="list-style-type: none"> <li>1. Verification of type of enteral feeding with nursing plan of care and nurse</li> <li>2. Measurement of residual and report to licensed nurse</li> <li>3. Administration of feeding per nursing plan of care</li> <li>4. Operation of feeding pump               <ol style="list-style-type: none"> <li>a. turning on/off pump</li> <li>b. initiating infusion</li> <li>c. interrupting infusion</li> <li>d. resuming infusion</li> <li>e. checking occlusion alarm</li> </ol> </li> <li>5. Tube placement and security</li> <li>6. Procedure for adding feeding (If a closed feeding system is used, adding feeding may not be permitted by agency.)</li> </ol> <p>B. Addition of enteral feeding to intermittent tube</p> <ol style="list-style-type: none"> <li>1. Verification of type of enteral feeding with nursing plan of care and nurse</li> <li>2. Determination of residual</li> <li>3. Determination of amount of feeding</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of proper technique for adding enteral feeding to existing infusions</p> <p>Laboratory demonstration and return demonstration of proper technique for adding enteral feeding to intermittent tube</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in clinical setting Part C: Clinical Skills Parts 1, 2, 3</p>
	<p>Discuss proper technique for adding enteral feeding to intermittent tube, including bolus feeding</p>			

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS GASTRIC (P.E.G.) FEEDING TUBES**

**PART A: Promoting Proper Nutrition**

**PART B: Alternative Methods For Providing Nourishment Clinical**

**PART C: Skills**

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p>Identify the steps in clamping feeding tube</p> <p>Describe the procedure for discontinuing a nasogastric feeding tube</p>	<p>based on time and rate of flow</p> <p>4. Operation of gravity feeding tube;</p> <p>a. patency</p> <p>b. clamping</p> <p>5. Procedure for adding feeding</p> <p>6. Bolus feeding</p> <p>C. Clamping feeding tubes</p> <p>1. Nursing plan of care and direction from nurse</p> <p>2. Equipment</p> <p>3. Procedure</p> <p>D. Discontinuing oral/nasogastric Feeding tube</p> <p>1. Explanation to patient/client</p> <p>2. Equipment</p> <p>3. Procedure</p> <p>4. Follow-up care</p>	<p>Laboratory demonstration and return demonstration of proper technique for clamping enteral feeding tube</p> <p>Laboratory demonstration and return demonstration of proper technique for discontinuing an enteral tube</p>	

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS  
GASTRIC (P.E.G.) FEEDING TUBES**

**PART A: Promoting Proper Nutrition**

**PART B: Alternative Methods ~~f~~For Providing Nourishment**

**PART C: Clinical Skills**

**SKILLS CHECKLIST COMPETENCY EVALUATION  
SKILL MODULE 9: PART C: CLINICAL SKILLS**

**PART 1: ADDING ENTERAL FEEDING TO EXISTING INFUSIONS**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
- All 3 parts of this module must be successfully completed in order to complete this training module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrates proper technique for adding enteral feeding to an existing infusion

**CRITERIA:**

1. Confirms enteral feeding tube placement has been verified by licensed nurse
2. Confirms rate of flow with licensed nurse
3. Gathers necessary equipment and supplies
4. Identifies patient/client
5. Explains procedure to patient/client
6. Confirms feeding tube is secured in place
7. Elevates head of bed
8. Verifies that feeding bag has been changed within past 24 hours
9. Washes hands
10. Checks residual to confirm amount of feeding falls within parameters specified by nurse
11. Cleanses enteral feeding container prior to opening
12. Adds feeding to existing infusion in an amount less than or equal to 8 hours of enteral tube feeding
13. Assures that infusion resumes at prescribed rate
14. Reports activity to licensed nurse
15. Documents information

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_



**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS  
GASTRIC (P.E.G.) FEEDING TUBES**

**PART A: Promoting Proper Nutrition**

**PART B: Alternative Methods ~~f~~For Providing Nourishment**

**PART C: Clinical Skills**

**SKILLS CHECKLIST COMPETENCY EVALUATION  
SKILL MODULE 9: PART C: CLINICAL SKILLS  
PART 2: ADDING ENTERAL FEEDING TO AN INTERMITTANT TUBE**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
- All 3 parts of this module must be successfully completed in order to complete this training module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrates proper technique for adding enteral feeding to an intermittent tube

**CRITERIA:**

1. Confirms enteral feeding tube placement has been verified by licensed nurse
2. Gathers necessary equipment and supplies
3. Identifies patient/client
4. Confirms feeding tube is secured in place
5. Explains procedure to patient/client
6. Elevates head of bed
7. Washes hands
8. Prepares feeding according to directions by licensed nurse
9. Checks residual to confirm amount falls within parameters specified by licensed nurse
10. Administers feeding by gravity flow
11. Flushes feeding tube with amount of water specified by licensed nurse
12. Clamps and secures tube
13. Documents feeding
14. Leave head of bed elevated for 30 minutes
15. Report patient/client tolerance to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE # 9 ORAL/NASOGASTRIC, GASTROSTOMY, JEJUNOSTOMY, AND PERCUTANEOUS  
GASTRIC (P.E.G.) FEEDING TUBES**

**PART A: Promoting Proper Nutrition**

**PART B: Alternative Methods ~~f~~For Providing Nourishment**

**PART C: Clinical Skills**

**SKILLS CHECKLIST COMPETENCY EVALUATION  
SKILL MODULE 9: PART C: CLINICAL SKILLS  
PART 3: DISCONTINUING AN ~~N~~ ORAL/NASOGASTRIC (N/G) TUBE**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- **Oral/Nasogastric tube placement must be verified by the licensed nurse prior to each feeding.**
- All 3 parts of this module must be successfully completed in order to complete this training module.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Demonstrates proper technique for discontinuing an N/G tube

**CRITERIA:**

1. Obtains directions from licensed nurse
2. Gathers necessary supplies and equipment
3. Identifies ~~patient~~client
4. Explains procedure to ~~patient~~client
5. Elevates head of bed
6. Places towel or protective barrier across ~~patient's~~client's chest
7. Washes hands
8. Puts on gloves
9. Removes tape securing the tube
10. Positions emesis basin so it is accessible if needed
11. Asks ~~patient~~client to hold breath
12. Quickly and steadily removes tube
13. Instructs ~~patient~~client to resume breathing normally
14. Disposes of tube in appropriate waste receptacle
15. Removes and disposes of gloves
16. Washes hands
17. Confirms ~~patient~~client comfort
18. Reports time that tube was discontinued and ~~patient~~client tolerance to licensed nurse
19. Documents information

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 10 ELIMINATION PROCEDURES: OSTOMY CARE AND IRRIGATION**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- NAIL may care ONLY for an established ostomy as defined below
- An established ostomy is one that is 6 weeks or more post op and does not have any issues of morbidity such as necrosis, stenosis, mucocutaneous separation or prolapse. Ostomy must be assessed by the RN prior to delegating ostomy care to the NAIL.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
5 hours	<p>Identify terms that relate to ostomy care</p> <p>Describe the appearance of a normal stoma</p> <p>Identify the procedure for collecting specimens</p> <p>Discuss the procedure for providing stoma care for an established ostomy</p>	<p>A. Terms</p> <ol style="list-style-type: none"> <li>1. Colostomy</li> <li>2. Cecostomy</li> <li>3. Stoma</li> <li>4. Ileostomy</li> <li>5. Bowel diversions</li> </ol> <p>B. Appearance of normal stoma</p> <ol style="list-style-type: none"> <li>1. Red</li> <li>2. Smooth</li> <li>3. Intestinal tissue</li> </ol> <p>C. Specimen collection</p> <ol style="list-style-type: none"> <li>1. Stool</li> <li>2. Urine</li> <li>3. Equipment</li> <li>4. Procedures</li> </ol> <p>D. Routine stoma care</p> <ol style="list-style-type: none"> <li>1. Purpose of procedure</li> <li>2. Equipment</li> <li>3. Explanation to client</li> <li>4. Removing appliances</li> <li>5. Emptying appliances</li> <li>6. Skin care</li> <li>7. Recording and reporting</li> <li>8. Assisting client with procedure</li> </ol>	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of the steps in performing stoma care for clients with an established colostomy</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in clinical setting</p>

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 10 ELIMINATION PROCEDURES: OSTOMY CARE AND IRRIGATION**

	Describe the steps in changing an ileostomy appliance for a client with an established ostomy	E. Ileostomy Care 1. Types of appliances 2. Locations 3. Removing appliances 4. Emptying appliances	Laboratory demonstration and return demonstration of procedure for changing an ileostomy appliance	
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**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 10 ELIMINATION PROCEDURES: OSTOMY CARE AND IRRIGATION**

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p>Describe the steps in changing a colostomy <del>pouch</del> appliance for a client with an established ostomy</p> <p><del>Describe the procedure of ostomy irrigation</del></p>	<p>5. <del>Cleansing skin</del> Skin care</p> <p>6. Applying appliance</p> <p>7. <del>Reporting and recording</del></p> <p>8. Assisting client with procedure</p> <p>E. Colostomy <del>pouch</del> care</p> <ol style="list-style-type: none"> <li>Types of appliances</li> <li>Removing <del>pouch</del> appliance</li> <li>Emptying appliance</li> <li><del>Cleansing skin</del> Skin Care</li> <li>Applying <del>pouch</del> appliance</li> <li>Reporting and recording</li> <li>Assisting client with procedure</li> <li><del>Emptying pouch</del></li> <li><del>Assisting patient with pouch</del></li> </ol> <p>F. <del>Ostomy irrigation</del></p> <ol style="list-style-type: none"> <li><del>Identification of patient</del></li> <li><del>Equipment</del> <ol style="list-style-type: none"> <li><del>Appliances</del></li> <li><del>Barriers</del></li> </ol> </li> <li><del>Positioning patient</del></li> <li><del>Procedures</del></li> <li><del>Common problems</del></li> <li><del>Distance for insertion of irrigating device</del></li> <li><del>Observations</del></li> <li><del>Reporting and recording</del></li> </ol>	<p>Laboratory demonstration and return demonstration of procedure for changing a colostomy <del>pouch</del> appliance</p> <p><del>Laboratory demonstration and return demonstration of procedure for irrigating an established ostomy</del></p>	

**NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE**

**SKILL MODULE 10 ELIMINATION PROCEDURES: OSTOMY CARE AND IRRIGATION**

**SKILLS CHECKLIST COMPETENCY EVALUATION**

**SKILL MODULE 10 ELIMINATION PROCEDURES: OSTOMY CARE AND IRRIGATION**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- NAll may care ONLY for an established ostomy as defined below
- An established ostomy is one that is 6 weeks or more post op and does not have any issues of morbidity such as necrosis, stenosis, mucocutaneous separation or prolapse. Ostomy must be assessed by the RN prior to delegating ostomy care to the NAll.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.

**COMPETENCY STATEMENT:** Provides care to a client with an established ostomy by: obtaining a specimen, irrigating, pouching, applying and removing appliances, and providing routine site care

**CRITERIA:**

1. Obtains directions from licensed nurse
2. Assembles the necessary equipment and supplies
3. Explains procedure to client
4. Positions client
5. Puts on gloves
6. Removes and empties stoma bag/ appliance/ bag/pouch in appropriate waste receptacle
7. Cleanses stoma area
8. Irrigates ostomy (if directed and according to specific directions by licensed nurse)
9. Notes condition of area
10. Reapplies belt/appliance
11. Removes and disposes of gloves
12. Washes hands
13. Documents information
14. Reports information to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

**Skill Module 1: Role of the Nurse Aide II**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- This module is to be placed FIRST in the NAI curriculum
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Module 1 content not listed in skills competencies is evaluated through written testing.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
42 hours	Compare NA I to NA II functions/tasks  Discuss role of the NA II as a member of the health care team - Responsibilities as a member of an interdisciplinary team - Communication with team members in a professional manner using appropriate interpersonal skills	A. Role in health care setting	Lecture/discussion	Written test  Skills Checklist  Skills Checklist Competency Evaluation in Clinical Setting

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

NURSE AIDE II TRAINING MODULE			
Discuss legal factors related to NAI	<p>B. Legal factors</p> <ol style="list-style-type: none"> <li>1. Administrative rules governing practice of NA II               <ol style="list-style-type: none"> <li>a. 21 NCAC 36.0120</li> <li>b. 21 NCAC 36.0221 (b)</li> <li>c. 21 NCAC 36.0401</li> <li>d. 21 NCAC 36.0403</li> <li>e. 21 NCAC 36.0404-405</li> </ol> </li> <li>2. Delegation to NA II               <ol style="list-style-type: none"> <li>a. NC Board of Nursing Position Statements on Delegation                   <ul style="list-style-type: none"> <li>▪ Delegation and assignment of nursing activities</li> <li>▪ <del>Delegation: Non-nursing</del></li> </ul> </li> <li>b. NC Board of Nursing Decision Tree for Delegation to UAP                   <ul style="list-style-type: none"> <li>▪ NAI role in Delegation Steps</li> <li>▪ Step 1: Assessment-competent to perform skill</li> <li>▪ Step 2: Communication-ask questions</li> <li>▪ Step 3: Supervision and Monitoring-Nurse role</li> <li>▪ Step 4: Evaluation and Feedback-feedback/debriefing with Nurse</li> </ul> </li> <li>c. National Council of State Boards of Nursing Delegation Paper</li> </ol> </li> </ol>	<p>Laboratory Skills Practice</p> <p>Clinical Skills Practice</p>	NAI Application completion
Describe the supervision of an NA II in health care settings			
Discuss role in accepting and completing delegated tasks			
Discuss ethical conduct	<p>C. Ethical Conduct</p> <ol style="list-style-type: none"> <li>1. Ethical Behaviors</li> </ol>		



NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
	<p>Identify the most critical technical proficiency components when performing NA II tasks</p> <p>Describe the NA II listing process</p> <p>Describe the relisting process for NA II</p>	<p>a. Respect for human dignity</p> <p>b. Honesty</p> <p>c. Moral Courage (example: stand up for what is right even when it means you do it alone)</p> <p>-report errors or near-miss errors</p> <p>2. Ethical Challenges</p> <p>a. Client rights</p> <p>b. Ethical decision-making</p> <p>D. Functions</p> <p>1. Supervision required</p> <p>2. Responsibilities</p> <p>3. Importance of agency policies, procedures, and protocols</p> <p>4. Communication – reporting and recording</p> <p>5. Components of technical proficiency</p> <p>a. Correct technique</p> <p>b. Organization</p> <p>c. Dexterity</p> <p>d. Speed</p> <p>E. Nurse Aide II Registry</p> <p>1. Listing</p> <p>2. Relisting</p>		

NORTH CAROLINA BOARD OF NURSING  
NURSE AIDE II TRAINING MODULE  
**SKILLS CHECKLIST COMPETENCY EVALUATION**

**Skill Module 1: Role of the Nurse Aide II**

**SPECIAL DIRECTIONS OR NOTATIONS:**

- This module is to be placed FIRST in the NAII curriculum
- Module 1 content not listed in skills competencies is evaluated through written testing.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.

**COMPETENCY STATEMENT:** Competency will be validated through both written tests and/or skills demonstration.

Demonstrates:

- Understanding of Role of the NA II as a member of the health care team
- Participation in delegation with the nurse
- Ethical behaviors

**CRITERIA:**

Demonstrates:

- Participation in delegation with the nurse
  1. Clearly communicates with the nurse
    - About delegation
    - About client care
  2. Participation with use of delegation decision tree
- Ethical Behaviors
  1. Respect for clients
    - Speaks to clients in a considerate tone of voice
    - Provides care with consideration of client's values
  2. Respect for coworkers
    - Works collaboratively with coworkers
  3. Respect for facility equipment
    - Uses facility equipment according to policy and procedure
  4. Honesty
    - Truthfully reports client information to coworkers and nurse
  5. Knowledge about client rights
    - Consideration of client rights while providing care

This entire activity has been properly performed, without prompting and without assistance, by

\_\_\_\_\_  
(Name of student)

**RN INSTRUCTOR:**

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

<b>Name/Date</b>	
<b>Select One</b>	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

# NORTH CAROLINA BOARD OF NURSING

## NURSE AIDE II TASKS\*

### OXYGEN THERAPY

- Room Set-up
- Monitoring flow-rate

### SUCTIONING

- Oropharyngeal
- Nasopharyngeal

### BREAK-UP AND REMOVAL OF FECAL IMPACTION

### TRACHEOSTOMY CARE

### URINARY CATHETERS

- Catheterizations

### STERILE DRESSING CHANGE

(Wound over 48 hours old)

### WOUND IRRIGATION

### I.V. FLUID – ASSISTIVE ACTIVITIES

- Assemble/flush tubing during set-up
- Monitoring flow-rate
- Site care/dressing change
- Discontinuing peripheral intravenous infusions

### ELIMINATION PROCEDURES

- Ostomy Care

### NUTRITION ACTIVITIES

- Oral/nasogastric infusions (after placement verification by licensed nurse)
- Gastrostomy feedings
- Clamping tubes
- Removing oral/nasogastric feeding tubes

### ROLE OF NURSE AIDE II ON HEALTH CARE TEAM

\*The licensed nurse maintains accountability and responsibility for the delivery of safe and competent care. Decisions regarding delegation of any of the above activities are made by the licensed nurse on a client-by-client basis. The following criteria must be met before delegation of any task may occur:

- Task is performed frequently in the daily care of a client or group of clients;
- Task is performed according to an established sequence of steps;
- Task involves little to no modification from one client situation to another;
- Task may be performed with a predictable outcome;
- Task does not involve on-going assessment, interpretation or decision-making that cannot be logically separated from the task itself; and
- Task does not endanger the client's life or well-being.

As part of accountability, the registered nurse must validate the competencies of the NAI prior to delegating tasks. The licensed nurse (RN or LPN) must monitor the client's status and response to care provided on an on-going basis.

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\* Core tasks which the North Carolina Board of Nursing has determined are appropriate for inclusion in NAI education programs.

The "Decision Tree for Delegation to UAP" ([www.ncbon.com](http://www.ncbon.com) – Position Statements) is an additional tool to assist the RN and LPN in making appropriate decisions related to delegation of tasks to UAP.

## ATTACHMENT C – NCLEX 1<sup>st</sup> Quarter Pass Rates

### NCBON 2020 LPN Quarterly Report 01/01/01/2020 through 3/31/2020

Program	City	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate
NC - BEAUFORT COMMUNITY COLLEGE (US19101500)	WASHINGTON	1	1	0	100.00%	1	1	0	100.00%
NC - CALDWELL COMMUNITY COLLEGE (US19110100)	HUDSON	4	4	0	100.00%	4	4	0	100.00%
NC - CENTRAL CAROLINA COMMUNITY COLLEGE (19108300)	SANFORD	2	1	1	50.00%	2	1	1	50.00%
NC - CRAVEN COMMUNITY COLLEGE (US19107700)	NEW BERN	1	1	0	100.00%	1	1	0	100.00%
NC - ECPI UNIVERSITY - CHARLOTTE (US19105500)	CHARLOTTE	21	19	2	90.48%	21	19	2	90.48%
NC - ECPI UNIVERSITY - GREENSBORO (US19103500)	GREENSBORO	18	17	1	94.44%	18	17	1	94.44%
NC - ECPI UNIVERSITY - RALEIGH (US19102700)	RALEIGH	24	21	3	87.50%	24	21	3	87.50%
NC - FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE (US19108700)	FAYETTEVILLE	1	1	0	100.00%	1	1	0	100.00%
NC - GUILFORD TECHNICAL COMMUNITY COLLEGE (US19109300)	JAMESTOWN	1	1	0	100.00%	1	1	0	100.00%
NC - MAYLAND COMMUNITY COLLEGE (US19110000)	SPRUCE PINE	5	5	0	100.00%	5	5	0	100.00%
NC - ROCKINGHAM COMMUNITY COLLEGE (US19101000)	WENTWORTH	2	2	0	100.00%	2	2	0	100.00%
NC - ROWAN-CABARRUS COMMUNITY COLLEGE (US19107600)	SALISBURY	3	3	0	100.00%	3	3	0	100.00%
NC - SOUTHEASTERN COMMUNITY COLLEGE (US19106700)	WHITEVILLE	9	8	1	88.89%	9	8	1	88.89%
NC - SURRY COMMUNITY COLLEGE (US19101600)	DOBSON	6	6	0	100.00%	6	6	0	100.00%

**NCBON 2020 RN Quarterly Report**  
**01/01/01/2020 through 3/31/2020**

Program	City	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate
NC - ASHEVILLE BUNCOMBE TECHNICAL COMMUNITY COLLEGE - ADN (US19404900)	ASHEVILLE	55	48	7	87.27%	55	48	7	87.27%
NC - CABARRUS COLLEGE OF HEALTH SCIENCES - ADN (US19405500)	CONCORD	25	25	0	100.00%	25	25	0	100.00%
NC - CAROLINAS COLLEGE OF HEALTH SCIENCES - ADN (US19401600)	CHARLOTTE	69	67	2	97.10%	69	67	2	97.10%
NC - CENTRAL PIEDMONT COMMUNITY COLLEGE - ADN (US19406100)	CHARLOTTE	38	37	1	97.37%	38	37	1	97.37%
NC - CHAMBERLAIN COLLEGE OF NURSING - BS (US19509700)	CHARLOTTE	15	14	1	93.33%	15	14	1	93.33%
NC - DAVIDSON COUNTY COMMUNITY COLLEGE - ADN (US19404800)	LEXINGTON	1	1	0	100.00%	1	1	0	100.00%
NC - DUKE UNIVERSITY - BS (US19500500)	DURHAM	63	61	2	96.83%	63	61	2	96.83%
NC - EAST CAROLINA UNIVERSITY - BS (US19506200)	GREENVILLE	143	140	3	97.90%	143	140	3	97.90%
NC - ECPI UNIVERSITY - CHARLOTTE - AAS (US19403200)	CHARLOTTE	11	7	4	63.64%	11	7	4	63.64%
NC - FAYETTEVILLE STATE UNIVERSITY - BS (US19501100)	FAYETTEVILLE	27	22	5	81.48%	27	22	5	81.48%
NC - FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE - ADN (US19400200))	FAYETTEVILLE	29	26	3	89.66%	29	26	3	89.66%
NC - FORSYTH TECHNICAL COMMUNITY COLLEGE - ADN (US19403500)	WINSTON SALEM	59	57	2	96.61%	59	57	2	96.61%
NC - GUILFORD TECHNICAL COMMUNITY COLLEGE - ADN (US19404600)	JAMESTOWN	36	33	3	91.67%	36	33	3	91.67%
NC - NC AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - BS (US19506600)	GREENSBORO	23	22	1	95.65%	23	22	1	95.65%
NC - NORTH CAROLINA CENTRAL UNIVERSITY - BS (US19500100)	DURHAM	19	19	0	100.00%	19	19	0	100.00%
NC - NORTHEASTERN UNIVERSITY - BS (US19510100)	CHARLOTTE	23	21	2	91.30%	23	21	2	91.30%
NC - QUEENS UNIVERSITY OF CHARLOTTE - PRESBYTERIAN -BS (US19505100)	CHARLOTTE	31	30	1	96.77%	31	30	1	96.77%
NC - ROWAN-CABARRUS COMMUNITY COLLEGE - ADN (US19404200)	SALISBURY	41	34	7	82.93%	41	34	7	82.93%
SOUTH COLLEGE - ASHEVILLE - BS (US19510000)	ASHEVILLE	9	6	3	66.67%	9	6	3	66.67%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500200)	WILMINGTON	45	44	1	97.78%	45	44	1	97.78%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500800)	CHARLOTTE	45	42	3	93.33%	45	42	3	93.33%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506400)	GREENSBORO	3	3	0	100.00%	3	3	0	100.00%

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NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506800)	CHAPEL HILL	3	3	0	100.00 %	3	3	0	100.00%
NC - WAKE TECHNICAL COMMUNITY COLLEGE - ADN (US19403700)	RALEIGH	44	43	1	97.73%	44	43	1	97.73%
NC - WATTS SCHOOL OF NURSING - BS (US19510300)	DURHAM	1	1	0	100.00 %	1	1	0	100.00%
NC- WATTS SCHOOL OF NURSING - DPL (US19309500)	DURHAM	29	28	1	96.55%	29	28	1	96.55%
NC - WESTERN CAROLINA UNIVERSITY - BS (US19504500)	CULLOWHEE	57	56	1	98.25%	57	56	1	98.25%
NC - WILSON COMMUNITY COLLEGE - ADN (US19405300)	WILSON	1	0	1	0.00%	1	0	1	0.00%
NC - WINSTON-SALEM STATE UNIVERSITY - BS (US19506000)	WINSTON SALEM	7	5	2	71.43%	7	5	2	71.43%

**NCBON 2020 RN Quarterly Report**  
**01/01/01/2020 through 3/31/2020**

Program	City	Total Deliver	Total Passed	Total Failed	% Pass Rate	Total Deliver	Total Passed	Total Failed	% Pass Rate
NC - ASHEVILLE BUNCOMBE TECHNICAL COMMUNITY COLLEGE - ADN (US19404900)	ASHEVILLE	55	48	7	87.27%	55	48	7	87.27%
NC - CABARRUS COLLEGE OF HEALTH SCIENCES - ADN (US19405500)	CONCORD	25	25	0	100.00%	25	25	0	100.00%
NC - CAROLINAS COLLEGE OF HEALTH SCIENCES - ADN (US19401600)	CHARLOTTE	69	67	2	97.10%	69	67	2	97.10%
NC - CENTRAL PIEDMONT COMMUNITY COLLEGE - ADN (US19406100)	CHARLOTTE	38	37	1	97.37%	38	37	1	97.37%
NC - CHAMBERLAIN COLLEGE OF NURSING - BS (US19509700)	CHARLOTTE	15	14	1	93.33%	15	14	1	93.33%
NC - DAVIDSON COUNTY COMMUNITY COLLEGE - ADN (US19404800)	LEXINGTON	1	1	0	100.00%	1	1	0	100.00%
NC - DUKE UNIVERSITY - BS (US19500500)	DURHAM	63	61	2	96.83%	63	61	2	96.83%
NC - EAST CAROLINA UNIVERSITY - BS (US19506200)	GREENVILLE	143	140	3	97.90%	143	140	3	97.90%
NC - ECPI UNIVERSITY - CHARLOTTE - AAS (US19403200)	CHARLOTTE	11	7	4	63.64%	11	7	4	63.64%
NC - FAYETTEVILLE STATE UNIVERSITY - BS (US19501100)	FAYETTEVILLE	27	22	5	81.48%	27	22	5	81.48%
NC - FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE - ADN (US19400200))	FAYETTEVILLE	29	26	3	89.66%	29	26	3	89.66%
NC - FORSYTH TECHNICAL COMMUNITY COLLEGE - ADN (US19403500)	WINSTON SALEM	59	57	2	96.61%	59	57	2	96.61%
NC - GUILFORD TECHNICAL COMMUNITY COLLEGE - ADN (US19404600)	JAMESTOWN	36	33	3	91.67%	36	33	3	91.67%
NC - NC AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - BS (US19506600)	GREENSBORO	23	22	1	95.65%	23	22	1	95.65%
NC - NORTH CAROLINA CENTRAL UNIVERSITY - BS (US19500100)	DURHAM	19	19	0	100.00%	19	19	0	100.00%
NC - NORTHEASTERN UNIVERSITY - BS (US19510100)	CHARLOTTE	23	21	2	91.30%	23	21	2	91.30%
NC - QUEENS UNIVERSITY OF CHARLOTTE - PRESBYTERIAN -BS (US19505100)	CHARLOTTE	31	30	1	96.77%	31	30	1	96.77%
NC - ROWAN-CABARRUS COMMUNITY COLLEGE - ADN (US19404200)	SALISBURY	41	34	7	82.93%	41	34	7	82.93%
SOUTH COLLEGE - ASHEVILLE - BS (US19510000)	ASHEVILLE	9	6	3	66.67%	9	6	3	66.67%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500200)	WILMINGTON	45	44	1	97.78%	45	44	1	97.78%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19500800)	CHARLOTTE	45	42	3	93.33%	45	42	3	93.33%
NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506400)	GREENSBORO	3	3	0	100.00%	3	3	0	100.00%

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NC - UNIVERSITY OF NORTH CAROLINA - BS (US19506800)	CHAPEL HILL	3	3	0	100.00 %	3	3	0	100.00%
NC - WAKE TECHNICAL COMMUNITY COLLEGE - ADN (US19403700)	RALEIGH	44	43	1	97.73%	44	43	1	97.73%
NC - WATTS SCHOOL OF NURSING - BS (US19510300)	DURHAM	1	1	0	100.00 %	1	1	0	100.00%
NC- WATTS SCHOOL OF NURSING - DPL (US19309500)	DURHAM	29	28	1	96.55%	29	28	1	96.55%
NC - WESTERN CAROLINA UNIVERSITY - BS (US19504500)	CULLOWHEE	57	56	1	98.25%	57	56	1	98.25%
NC - WILSON COMMUNITY COLLEGE - ADN (US19405300)	WILSON	1	0	1	0.00%	1	0	1	0.00%
NC - WINSTON-SALEM STATE UNIVERSITY - BS (US19506000)	WINSTON SALEM	7	5	2	71.43%	7	5	2	71.43%



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## ATTACHMENT D – Licensure Review Panel Report

The Licensure Review Panel met and submits the following report regarding actions taken:

Reviewed six (6)  
candidates for  
reinstatement

- Stephen Michael Wilson, RN 265201 – License shall be reinstated with Reprimand in response to disciplinary action issued by the Maryland Board of Nursing.
- Walter Oneyeka Adigwe, RN 172859 – License shall be reinstated and subject to probationary conditions.
- Courtney Langley Cook, RN 201648 – Licensee denied reinstatement of the license and shall satisfactorily complete the Sobriety Notebook prior to requesting reinstatement of the license.
- David Michael, RN 189534 – License shall be reinstated and shall successfully complete the Chemical Dependency Discipline Program (CDDP)
- Eunice Robinson, RN 297123 – License shall be reinstated subject to probationary conditions for twelve (12) months.
- Brandon Shane Burke, RN 224320 – Licensee denied reinstatement of the RN license. Prior to petitioning for reinstatement, he shall provide proof of successful completion of an 18-month recovery program, clean urine drug screens, and an evaluation by the same addiction specialist physician.

Reviewed two (2)  
candidate for  
Licensure by  
Endorsement

- Eileen Kline, LPN Applicant – Applicant denied endorsement for a minimum of twelve (12) months and shall successfully complete remedial courses prior to requesting endorsement.
- Daisy Carole-Louise Clipper, RN Applicant – Applicant's temporary license shall be suspended, and Licensee is denied endorsement for a minimum of twelve (2) months and until proof of successful completion of remedial education.

Reviewed four (4)  
candidates for  
Initial Licensure

- Elaine Hodge, LPN Applicant – Applicant shall be issued single state LPN license
- Tameca Nicole Austin, LPN Applicant – Applicant shall be issued single state LPN license
- Sharmaine Riley Ndon, LPN Applicant – Applicant shall be denied licensure and must provide evidence of employment, references, continuing education, and interest in nursing.
- Nanette Hawkins, RN Applicant – Applicant shall be issued a single state RN license.

Reviewed one (1)  
candidate for  
Extension of Time  
to Satisfy  
Probationary  
Conditions

- KaSaundra Reed, RN 300434 – Licensee shall be granted an extension of time to satisfy probationary conditions with modification of duration of six (6) months.

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## ATTACHMENT E – Settlement Report

The following licensees accepted sanctions offered pursuant to their appearance before the Settlement Committee:

- Melinda Lee Byrum, Virginia LPN 0002081073 – Licensee shall be issued a reprimand
- Heather Leatrice Rose, LPN 82007 – Licensee shall be issued a license subject to probationary conditions, including drug screening, and a remedial education course/
- One (1) licensee was issued a Non-Disciplinary Consent Order (NDCO)
- One (1) licensee enrolled in the Alternative Program (AP)
- One (1) licensee enrolled in the Intervention Program (IP)

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## ATTACHMENT F – Non-Hearing Disciplinary Matters

Took the following actions regarding Non-Hearing activities by adoption of the Consent Agenda

### **Ratified Reprimand:**

Michelle Marie Varnedoe, LPN 71651 – Falsify Application for Licensure, Action in Another Jurisdiction, Failure to Respond to Board Communication in a Reasonable Manner  
Matthew T. Moen, RN 290371 – Impaired on Duty, Exceed Scope, Neglect, Failure to Maintain Accurate Documentation  
Ronald Albert Tomaszewski, LPN 84883 – Unprofessional Conduct, Action in Another Jurisdiction, Neglect, Falsification of Documentation  
Shelly Hightower Neal, LPN 42765 – Falsification of Documentation

### **Ratified Reprimand and Probation:**

Emily Pearl, RN 270919 – Unprofessional Conduct, Withhold Crucial Healthcare Information, Neglect, Failure to Maintain Accurate Documentation, Falsification of Documentation  
John Wayne Ayers, Jr., LPN 75135 – Unprofessional Conduct, Mental Disability, Neglect, Falsification of Documentation  
Hayley Jones, RN 305790 – Withhold Crucial Healthcare Information, Neglect, Failure to Maintain Accurate Documentation

### **Ratified Reprimand and Probation with Drug Screening:**

Cheryl Lynn Ward, RN 200586 – Unprofessional Conduct, Positive Drug Screen, Failure to Maintain Accurate Documentation  
Kelly Whitley Royce, RN 128754 – Unprofessional Conduct, Diversion of Controlled Substances  
Shannon Maria Delehanty, RN 280528 – Unprofessional Conduct, Positive Drug Screen, Exceed Scope, Failure to Maintain Accurate Documentation

### **Ratified Reprimand with Conditions:**

Bonnie Elaine Bridges, RN 209466 – Neglect, Falsification of Documentation, Action in Another Jurisdiction  
Deanna E. Harris, RN 257997 – Practice with Expired License  
Andrea Sharon Gittens-George, RN 283312 – Failure to Maintain Accurate Documentation, Failure to Assess/Evaluate  
Carolyn L. Parks, RN 54982 – Practice with Expired License  
Anna Caroline Whicker, RN 219738 – Unprofessional Conduct, Neglect, Failure to Maintain Accurate Documentation  
Kimberly Marie Delgado, LPN 82273 – Unprofessional Conduct, Misappropriation of Facility Property  
Summer Brogdon, LPN 69885 – Unprofessional Conduct, Falsification of Documentation  
Michelle A. Sedory, RN 272301 – Practice with Expired License  
Avanee Harichandra Patel, NP 5006059 – Unprofessional Conduct  
Corey Ross Spence, RN 199489 – Practice with Expired License

### **Ratified Suspension:**

Jillian Elizabeth Stone, Tennessee RN 297624 – Unprofessional Conduct, Positive Drug Screen  
Kyle Carney, RN 269968 – Criminal Conviction, Unprofessional Conduct, Unfit to Practice Nursing  
Laurette Anne Baker, RN 258070 – Unprofessional Conduct, Failure to Maintain Accurate Documentation  
Mary Faith Leitch, LPN 76200 – Unprofessional Conduct, Unfit to Practice Nursing, Neglect, Failure to Maintain Accurate Documentation  
Brenda Benson, RN 177082 – Unprofessional Conduct, Diversion of Drugs, Misappropriation of Facility Property  
Brian Joseph Wood, RN 238299 – Unprofessional Conduct, Action in Another Jurisdiction, Positive Drug Screen

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Sharon Fritz McLawhorn, LPN 56396 – Falsification of Application for Licensure, Unprofessional Conduct, Exceed Scope  
Marla Ashcraft Kinston, RN 135102 – Unprofessional Conduct, Failure to Maintain Accurate Documentation  
Aaron Wayne Pickrell, RN 309808 – Criminal Conviction, Unprofessional Conduct, Diversion of Drugs  
Stephanie Lebak, RN 312032 – Falsification of Documentation, Unfit to Practice Nursing, Action in Another Jurisdiction, Positive Drug Screen, Diversion of Drugs, Present Fraudulent Licensure Information  
Bobby Dean Lowery, RN 124214, NP200615 – Drug Abuse, Unprofessional Conduct, Positive Drug Screen, Illegally Obtain Controlled Substance

**Ratified Suspension and Probationary License:**

Jessica Godley Rea, RN 270893 – Breach of Patient Confidentiality  
Marla Ashcraft Kinston, RN 135102 – Unprofessional Conduct, Failure to Maintain Accurate Documentation  
Kerry Lyn Dow, RN 316990 – Falsify Application for Licensure, Action in Another Jurisdiction.

**Ratified Suspension with Conditions:**

Teresa Lynn Bratton, RN 173682 – Unprofessional Conduct, Exceed Scope, Prescription Forgery

**Ratified Suspension for Violation of Probationary Conditions:**

Kelly Jenkins Hill, RN 162527 – Requested to Withdraw

**Ratified Suspension for Violation of Drug Screening Probationary Conditions:**

Debbie Stanley Denning, LPN 19495 – Failure to Register for Drug Screening  
Allison Michelle Pendergraft, RN 255430 – Positive Drug Screen  
Wendy Baye Patton, RN 128640 – Positive Drug Screen, Failure to Notify Board of Change in Employment Status, Failure to Check in for Drug Screening  
Vickie Cain Lambert, RN 96371 – Positive Drug Screen  
Jennifer Renee Morton, RN 255912 – Failure to Comply with Drug Screening, Failure to file Prescription Identification Forms  
Tammi Lee Smith, RN 2000034 – Positive Drug Screen  
Melody Antoinette Williams, LPN 57167 – Failure to Comply with Drug Screening  
Catherine Chavis Locklear, RN 189254 – Failure to Comply with Drug Screening  
Peggy Jetton Ayers, RN 70651 – Positive Drug Screen

**Ratified Suspension for Violation of Chemical Dependency Discipline Program Conditions:**

Cheryl Moser Brown, RN 146322 – Failure to Comply with Drug Screening  
Tonya Adkins McElveen, LPN 49449 – Positive Drug Screen  
Sandra Ruth McKeever, RN 146616 – Failure to Comply with Reporting Requirements  
Margaret Lee Lucas, LPN 74480 – Failure to enter Treatment

**Ratified Suspension for Violation of Alternative Program for Chemical Dependency Discipline Conditions:**

Mitzi Parker Tompkins, RN 210424 – Failure to Comply with Drug Screening  
Bridgette Poplin Harris, RN 152874 – Positive Drug Screen  
Jessica Chapman Ward, RN 254627 – Positive Drug Screen  
Elizabeth Markham Patterson, RN 165375 – Positive Drug Screen  
Ashley Elizabeth Bishop, RN 242297 – Positive Drug Screen  
Heather Poplin Thompson, RN 231494 – Positive Drug Screen, Submission of Fraudulent Documents  
Jennifer Upchurch Browne, RN 266440 – Failure to Comply with Drug Screening

**Ratified Suspension for Violation of Intervention Program Conditions:**

Shannon Holder Walker, RN 205239 – Positive Drug Screen  
Rachel Elisha Damesworth, RN 256039 – Failure to Comply with Drug Screening

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**Ratified Suspension for Non-Payment of Child Support:**

Brynne Nicole Forrest, RN 218583 – Failure to Pay Child Support  
Ivan Lamont Robinson, RN 162888 – Failure to Pay Child Support  
Heather Nicole Cagle, LPN 77419 – Failure to Pay Child Support  
Norman Thaxter, LPN 72528 – Failure to Pay Child Support

**Ratified Chemical Dependency Discipline Program (CDDP):**

Robin Baynes Donovan, RN 151850 – CDDP Notebook  
Jennifer Brooke Floyd, RN 291156 – Unprofessional Conduct, Alcohol Abuse, Impaired on Duty

**Successful Completion of Non-Disciplinary Consent Orders & Programs**

Alternative Program for Chemical Dependency	No. Successfully Completed
December 2019	1
January 2020	6
February 2020	3
March 2020	1

Intervention Program	No. Successfully Completed
December 2019	0
January 2020	0
February 2020	0
March 2020	0

Non-Disciplinary Consent Orders (Practice Improvement Matters)	No. Successfully Completed
December 2019	3
January 2020	2
February 2020	4
March 2020	6

**Ratified Probation Completed:**

Quyen Thuy Vo, RN 254692  
Carissa Marie Fields, RN 189474  
KaSaundra Reed, RN 300434

**Ratified Probation with Drug Screen Completed:**

Rebecca Edwards Lilley, RN 140062  
Therese Williams Dumas, RN 289212  
Phillis Roberts Woods, RN 79299  
Termayne Barkley, RN 279832

**Ratified Chemical Dependency Discipline Program (CDDP) Completed:**

Kristina Lynn Santee, RN 167905  
Anna Elizabeth Hankins, LPN 48142  
Andrea Rebecca Yapejian, RN 245699  
Jimi Deaver Howard, RN 130755  
Shawna Leigh White, RN 195625

**Ratified Reprimand with Conditions Completed:**

April Dawn Scott, RN 228897

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Donna Maria Johnson, RN 94235  
Deanna E. Harris, RN 257997  
Melinda Lee Byrum, Virginia LPN 0002081073  
Carolyn L. Parks, RN 54982  
Bonnie Elaine Bridges, RN 209466  
Andrea Sharon Gittens-George, RN 283312  
Shelly Hightower Neal, LPN 42765  
Sandra Deanne Jacobson, LPN 80112  
Margaret Sherry Sposito, RN 105551  
Michelle A. Sedory, RN 272301  
Avanee Harichandra Patel, NP 5006059  
Anna Caroline Whicker, RN 219738  
Kimberly Marie Delgado, LPN 82273  
Corey Ross Spence, RN 199489

**Suspension with Conditions:**

Crystal D. Danielson, RN 239779

**Ratified Actions of Non-Disciplinary Consent Orders:**

Administrative Actions	Number of Actions
Delegating Inappropriately	1
Drug Abuse	1
Exceed Scope	2
Fail to Maintain Accurate Documentation	10
Impaired on Duty	2
Inappropriate Physical Interaction	3
Misappropriate Facility Property	1
Neglect	1
Practice with Expired License	3
Unprofessional Conduct	4
Withhold Crucial Healthcare Information	1

**Ratified Letters of Concern:**

Administrative Action	Number of Actions
Abandonment	3
Breach of Patient Confidentiality	3
Diversion of Drugs	1
DWI Conviction	21
Exceed Scope	6
Fail to Assess/Evaluate	2
Failure to Maintain Accurate Documentation	23
Failure to Maintain Minimum Standards	17
Falsification of Application	2
Falsification of Documentation	7
Impaired on Duty	3
Inappropriate Interaction with Client	3
Inappropriate Physical Interaction	1
Medication Errors	2
Misappropriate Facility Property	1
Positive Drug Screen	18

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Practice with Expired License	83
Practice Without License Issued by NCBON	4
Unprofessional Conduct	4
Withhold Crucial Healthcare Information	2

**Ratified Cautionary Letters:**

Administrative Action	Number of Actions
Failure to Make Home Visits	1
Present Fraudulent Licensure Information	1

**Ratified Alternative Program for Chemical Dependency:**

Administrative Action	Number of Actions
Alcohol Abuse	1
Drug Abuse	3
Exceed Scope	1
Fail to Maintain Accurate Documentation	6
Failure to Assess/Evaluate	1
Failure to Maintain Minimum Standards	3
Failure to Supervise	1
Falsification of Documentation	3
Illegally Obtain Drugs	8
Impaired on Duty	2
Misappropriate Facility Property	1
Positive Drug Screen	8
Practice with Expired License	1
Unfit to Practice Nursing	2
Unprofessional Conduct	8

**Ratified Intervention Program (IP):**

Administrative Action	Number of Actions
DWI Conviction	1
Positive Drug Screen	2

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## **APPROVAL OF STATUS CHANGES RELATED TO ANNUAL NCLEX RESULTS**

**ISSUE:** Non-compliance with National Council Licensure Examination (NCLEX) pass rates as required by APPROVAL OF NURSING PROGRAMS – STUDENTS 21 NCAC 36 .0320 (e). *The nursing program shall maintain a three-year average at or above 95 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for calendar years ending December 31.*

**BACKGROUND:**

For 2016-2018, the three-year average Registered Nurse (RN) national pass rate is 87%; 95% standard for NC is 83%.

The three-year average pass rate is calculated by dividing the total number of 1<sup>st</sup> time test passers (during the three-year period January 1, 2016 through December 31, 2018) by the total number of 1<sup>st</sup> time test takers.

Nursing education programs not in compliance with APPROVAL OF NURSING PROGRAMS – STUDENTS 21 NCAC 36 .0320 (e) as quoted above are subject to the provisions of EP-17 NCLEX Pass Rate Below Standard.

**Provision 3:** When the NCLEX pass rate is below the **three-year average** Standard for **three consecutive years**, the program is issued a Published Consent Order by the Board.

**Third Year Below Standard: Public Consent Order**

<b>Program Current Year Pass Rate</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Three-Year Average</b>
*NC Central University-BSN	68	82	79	76

At the January 2019 Board Meeting, the Board approved North Carolina Central University (NCCU) for a Published Consent Order according to EP-17 NCLEX Pass Rate Below Standard. Based on the re-adopted Rules that became effective January 1, 2019, NCCU action should have been issued a Warning Status, instead of the Published Consent Order, which was approved by the Board.

The January 2019 Board Minutes will need to be amended to reflect the current NCCU Warning Status.

CC=Community College

\*\*=New Program

Below Three-Year Average Standard



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## ATTACHMENT I

**ISSUE:** Proposed Policy Additions/Revisions

**BACKGROUND:** As a quality initiative, Board Governance reviews Board Policies every three (3) years. The last review of policies was conducted in 2016. Board staff proposes the following additions/revisions:

- B01 Board Meetings and Administrative Hearings – language regarding Administrative Hearings moved to Legal section of Regulatory Operations Policy Manual
- B02 Officers of the Board – incorporated language from B03
- B03 Committee and Chair Appointments – policy deleted; language moved to B02
- B04 Removal of Board Members – added language regarding required 75% Board Member attendance
- B05 Conflict of Interest – policy deleted; language moved to B09
- B06 Conference Attendance – added FARB Annual Conference; addition of meeting summaries for Board packet
- B07 Chief Executive Officer Performance Evaluation – title changes
- B08 Board Orientation – incorporated language from B13; addition of requirement to view Committee Chair Orientation video; added Board Member Code of Conduct/Job Description as attachment; Code of Conduct/Job Description amended to reference laptops instead of iPads.
- B09 Compliance with State Government Ethics Act – incorporated language from B05
- B10 Selection of Chief Executive Officer – changed language regarding resignation from Board if a candidate for CEO position; amended to add consultation with Vice-Chair and CEO regarding appointment of Search Committee.
- B11 Strategic Planning – deleted reference to annual Roadmap which is no longer utilized
- B12 Annual Board Assessment and Evaluation – addition of policy statement
- B13 Philosophy – policy deleted; language moved to B08
- B14 Participation in State and National Organizations – title changes
- B15 Guidelines for Use of Adobe Connect for Remote Attendance – broadened policy to allow staff to utilize other methods for remote connection

*NOTE: Once approved, policy #s will change based on any policy deletions*

At its meeting on April 16, 2019, the Governance Committee discussed and approved proposed additions/revisions as outlined above.

**RECOMMENDATION:** That the Board approve proposed additions/revisions to Board policies as presented.

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## ATTACHMENT J

**ISSUE:** Report to the Board of the March 20, 2019 Education and Practice Committee Meeting.

**BACKGROUND:** In September 2018, the Board charged the Education and Practice Committee to:  
“Review the LPN Scope of Practice and recommend needed revisions to the Board.”

**EVIDENCE/BEST PRACTICES:** The Board last completed an in-depth review of the LPN Scope of Practice in 2010-2011. At the first meeting addressing this new charge, Committee members reviewed information related to LPN Scope of Practice. Board staff researched and prepared materials for review and presented summaries of salient issues concerning:

- LPN Scope of Practice – Common Issues in NC;
- LPN Scope of Practice – State Comparison Snapshot;
- A detailed literature review; and,
- Review of Position Statements and Decision Tree related to LPNs.

The Education and Practice Committee members discussed potential stakeholders to present current and future visions of LPN practice and education at the next meeting on August 14, 2019.

**RECOMMENDATION:** There are no recommendations at this time.

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**Summary Report:** ECPI University – Raleigh, Raleigh, NC  
Feasibility Study to Establish RN Associate of Applied Science Degree Program

21 NCAC 36.0302 Establishment of a Nursing Program – Initial Approval

ECPI University – Raleigh submitted an application to establish an Associate of Applied Science Degree Nursing Program prepared by Linda LaBanca, MSN, RN; Nursing Program Director. The application was received in the Board of Nursing office in June 2018 and included information to support the establishment of Associate of Applied Science Degree (AAS) in Registered Nursing Program. The ECPI University – Raleigh AAS program will require 71 total credit hours; 22 credit hours of non-nursing and 49 nursing credit hours. The proposed nursing program will consist 15 five-week terms (5 semesters). The University proposes to admit a maximum total enrollment of 120 students to the nursing program. The proposed date for admission to the nursing courses is August 2019. Graduation of the first class is scheduled to occur February 2021. The proposed program will be physically located on the ECPI University – Raleigh campus in Raleigh, NC.

The application demonstrates evidence of the proposed student population, projected student enrollment, learning resources to implement and maintain the program, and financial resources adequate to begin and maintain the program. The current physical facilities are adequate to support the program needs for both students and faculty.

- ECPI University - Raleigh has authority for degree granting from the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC).
- Linda LaBanca, MSN, RN; Nursing Program Director, is qualified to fulfill the role of Nursing Program Director. The plan is for up to four full-time faculty and eight part-time faculty to provide adequate instruction for the students enrolled. Position descriptions submitted were consistent with the Board of Nursing Rules and Regulations.
- The application includes a proposed total curriculum with program philosophy statement; program objectives; course objectives; course descriptions; course syllabi; written plan for total program evaluation; IOM competencies; focused client care experience; student policies; program director vitae; and agreements with clinical agencies.
- A budget was submitted and reflects the college's commitment for adequate funding to establish and maintain this program.
- Support services for admission, financial, library, secretarial and administrative aspects of the program are available and adequate to support the proposed program.
- Local clinical healthcare agencies indicated approval for utilization by the proposed program. Written indications from the nurse executive or designees from each of the agencies that the clinical resources would be available for utilization by the proposed program were included in the application or received via mail at the NC Board of Nursing.

An initial survey was completed on April 4, 2019.

**Recommended Board Action:** ECPI University - Raleigh be granted initial approval for an Associate of Applied Science Registered Nursing program and approval for maximum total enrollment for 120 students to begin August 2019.

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## ATTACHMENT K

**ISSUE:** Revision of the Joint Position Statement on Medication Management of Pain in End-of-Life Care

**BACKGROUND:** A Joint Position Statement on Pain Management in End-of-Life Care was approved and issued by the North Carolina Board of Nursing, Medical Board, and Board of Pharmacy in 1999. This Joint Statement was intended to guide nursing, medical, and pharmacy practice in assuring adequate pain management was available in end-of-life care. Specifically, the goal was to address perceived regulatory barriers to providing effective and compassionate pain relief.

**EVIDENCE/BEST PRACTICES:** While the 1999 Joint Statement served all three Boards effectively for twenty years, the need to revise and update this Joint Position Statement was driven by the current opioid crisis; continued misperceptions concerning regulatory barriers; and concern that patients and their families can be assured that needed pain relief will be provided at end-of-life.

Revisions include the following:

- Joint Statement title is changed, clarifying that only medication management of pain is addressed; other pain relief modalities are not addressed.
- Specifies that healthcare providers affected by this statement include physicians, physician assistants, advanced practice registered nurses, nurses, and pharmacists.
- Uses the term “physician or prescriber” in recognition that providers other than physicians may be prescribing/ordering pain medications.
- Clarifies that both the Medical and Nursing Boards will consider opioid use in this population differently and that appropriate dosing will not be interpreted as subject to discipline.
- Updates and clarifies issues related to prescribing/ordering, transmitting, and dispensing controlled substances.
- Clarifies the role of the nurse (RN or LPN) in the assessment, evaluation, and on-going management of pain including administering prescribed/ordered medications and adjusting medication doses and frequency per prescribed/ordered ranges.

**RECOMMENDATION:** That the Board approve the revised Joint Position Statement on Medication Management of Pain in End-of-Life Care (Attachment A).

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Attachment A

**Joint Statement on Medication Management of Pain in End-of-Life Care (Adopted by the North Carolina Medical, Nursing, and Pharmacy Boards)**

Through dialogue with members of the healthcare community and consumers, a number of perceived regulatory barriers to adequate pain management in end-of-life care have been expressed to the Boards of Medicine, Nursing, and Pharmacy. The following statement attempts to address these misperceptions by outlining practice expectations for licensees and other health care professionals authorized to prescribe medications, as well as nurses and pharmacists involved in this aspect of end-of-life care. The statement is based on:

- the legal scope of practice for each of these licensed health professionals;
- professional collaboration and communication among health professionals providing palliative care; and
- a standard of care that assures on-going pain assessment, a therapeutic plan for pain management interventions; and evidence of adequate symptom management for the dying patient.

It is the position of all three Boards that patients and their families should be assured of competent, comprehensive palliative care at the end of their lives. Healthcare providers, including physicians, physician assistants, advanced practice registered nurses, nurses, and pharmacists, should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided.

Because of the overwhelming concern of patients about pain relief, the physician or other prescriber needs to give special attention to the effective assessment of pain. It is particularly important that the prescriber frankly but sensitively discuss with the patient and the family their concerns and choices for the end of life. As part of this discussion, the prescriber should make it clear that, in some end of life care situations, there are inherent risks associated with effective pain relief. The Medical and Nursing Boards will assume opioid use in such patients is appropriate if the responsible prescriber is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. Because the Boards are aware of the inherent risks associated with effective pain relief in such situations, they will not interpret their occurrence as subject to discipline by the Boards.

With regard to pharmacy practice, in general North Carolina has no quantity restrictions on dispensing controlled substances—including those in Schedule II. The STOP Act limits initial prescriptions for opioid medications in Schedules II and III to five- and seven-day supplies when prescribed for acute pain or post-operative acute pain, respectively. But those limitations do **not** apply to treatment of chronic pain or pain being treated as a component of hospice or palliative care.

Federal law allows partial filling of Schedule III and IV prescriptions for up to six months, and, for terminally ill patients, partial filling of Schedule II prescriptions for up to 60 days. This allows the pharmacist to dispense smaller quantities of the prescription to meet the patient's needs, thereby minimizing patient expenses and unnecessary waste of drugs. The prescriber should note on the prescription that the patient is terminally ill to facilitate these partial fills.

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Transmission of prescriptions for terminally ill patients is often a matter of urgency. Federal and state law allow the fax transmittal of all schedules of controlled substances. For Schedule III, IV, and V prescriptions, the fax serves as the original. For a Schedule II prescription, the fax serves as the original **if** the prescriber notes on the face of the prescription that it is for a patient receiving hospice care or who is a resident of a long-term care facility.

Federal and state law allow electronic transmission of prescriptions for all schedules of controlled substances using an e-prescribing tool that meets DEA security requirements. E-prescribing is often the quickest, most secure way to meet a patient's urgent needs.

The nurse (RN or LPN) is often the health professional most involved in assessment of pain and in the on-going management of pain, through implementing the prescribed/ordered pain management plan, evaluating the patient's response to such interventions, and adjusting medication levels based on prescriptions/orders and patient status. Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the patient's needs through the use of designated pain evaluation tools.

If, in order to achieve adequate pain management, prescriptions/orders include a medication dose and/or frequency range, the instructions on how the nurse determines the appropriate administration dose or time frame should be included in the order. In the absence of such instructions, the nurse has the authority to adjust medication levels within the dose and frequency ranges stipulated, in accordance with the agency's established protocols. However, the RN or LPN does not have the authority to change the medical pain management plan. When adequate pain management is not achieved under the currently prescribed/ordered treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting this communication. Only the licensee or other health professional with authority to prescribe/order may change the medical pain management plan.

Communication and collaboration between members of the healthcare team, and the patient and family are essential in achieving adequate pain management in end-of-life care. Within this interdisciplinary framework for end of life care, effective pain management should include:

- thorough documentation of all aspects of the patient's assessment and care;
- a working diagnosis and therapeutic treatment plan including pharmacologic and non-pharmacologic interventions;
- regular and documented evaluation of response to the interventions and, as appropriate, revisions to the treatment plan;
- evidence of communication among care providers;
- education of the patient and family; and
- a clear understanding by the patient, the family and health care team of the treatment goals.

It is important to remind health professionals that licensing boards hold each licensee accountable for providing safe, effective care. Exercising this standard of care requires the application of knowledge, skills, as well as ethical principles focused on optimum patient care while taking all appropriate measures to relieve suffering. The health care team should give primary importance to the expressed desires of the patient tempered by the judgment and legal responsibilities of each licensed health professional as to what is in the patient's best interest.