

Employee Name:

Position:

**DOCUMENTS REQUIRED: RN/LPN, and Professional Staff**

1. State of Florida License
2. Proof of Liability Insurance
3. CPR Card
4. HIV/AIDS Certificate (ORIGINAL 4 hrs and Update)
5. OSHA Certificate (Update)
6. Domestic Violence Certificate
7. Driver License
8. Auto Insurance
9. Proof of Citizenship/Residency (Voter registration, Resident Card, etc)
10. Social Security Card
11. Physical Examination (less than six (6) months or new request)
12. Criminal Background check (less than 2 years, or 1 money order for \$ 23.00)



Home Care USA, Inc.



## JOB DESCRIPTION LICENSED PRACTICAL NURSE (LPN)

Title: Licensed Practical Nurse

Applicant Name: \_\_\_\_\_

Qualifications: Certification as Licensed Practical Nurse in the State.

**Duties:**

1. The Licensed Practical Nurse shall provide assigned nursing care under the direction of a Registered Nurse who provides on-site supervision as needed, based upon the severity of patient's medical condition and the nurse's training experience.

2. The Licensed Practical Nurse shall:

- a) Prepare and record clinical notes for the clinical records
- b) Report any changes in the patient's condition to the case manager/registered nurse with the reports documented in the clinical record
- c) Perform assigned tasks, including the Administration of treatment and medications, in the care of the patient.

3. Weekly reviews the utilization and progress of the patient with the RN, supervisor and attending physician as necessary.

4. Has knowledge of patient's condition at all times and informs the physician, physician assistant, or advanced registered nurse practitioner, RN and/or the Nursing Supervisor immediately of any change in the patient's condition that warrants attention. Also observes, evaluates, and reports to the physician the patient's reaction to drugs or treatments.

5. Interprets to the patient and family the expectations of the diagnosis and the nature of the treatment consistent with the action and wishes of the physician. Interprets to the social and physical factors in the environment that affect patient care, by Registered Nurse supervision.

6. Is responsible for the execution of the physician's orders, supervised by a Registered Nurse, and keeps the physician informed of all pertinent information concerning the patient's condition and response to treatment Gives skills of care to patients.

7. Other duties assigned by the registered nurse. Ensure HIPAA guidelines and procedures are maintained.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Employee

Date: \_\_\_\_\_

## **PRE EMPLOYMENT NURSING EXAMINATION**

Employee Name :

Position :

Mr. Goldsmith, is 85 years old, suffered a cerebral vascular accident. His only neurological deficit is left hemiplegia. In the past, he was able to tolerate soft foods without difficulty, but since his discharge from the hospital he experiences trouble swallowing and chokes on food. Afraid of choking, he refuses to eat resulting in a ten (10) pound weight loss in one (1) month. The physician orders insertion of a N.G.T. giving osmolite 240 cc full strength, followed by 50 cc water q.i.d.

1. The nurse prepares Mr. Goldsmith for N.G.T. insertion by sitting him upright in a chair. Determination of how far to insert the tube should be made by:

- a. Looking for markers on the Tubing and placing fingerprints at the selected site.
- b. asking Mr. Goldsmith to hold the tube at the selected marker.
- c. using the tube to measure from the nose to xiphoid and visualize noting the area on the tube?
- d. Using the tube to measure from the ear to the nose and from the nose to the xiphoid and marking the tube with tape.

2. After successful insertion of the N.G.T., the nurse secures the tube to Mr. Goldsmith's nose and instills the first feeding. His son asks if his father could have this feeding lying down. Which of the following would be an appropriate response for the nurse to make?

- a. "The lying-down position would promote absorption of the feeding."
- b. "The lying-down position may promote vomiting and aspiration."
- c. "The lying-down position would facilitate breathing."
- d. "The lying-down position may be used when feeding are given during the night."

3. The term cachexia is used to denote which of the following conditions?

- a. Metastases of malignant neoplasms to distant structures.
- b. The slow, altered gait of the aged.
- c. The progressive malnutrition, weight loss, and emaciation that occurs with advanced burns.
- d. The crusting scar tissue of severe burns.

4. With the significant changes that have occurred in oncology, resulting in a prolonged life span and potential for increased quality of life an integral segment of cancer care must be directed at:

- a. The hospice concept.
- b. Psycho social issues.
- c. Rehabilitation
- d. Nutritional support.

Mr. Palmer, 66 years old, was discharged with terminal cancer from the hospital in compliance with his wishes of "go to home to die". His wife is assisting in his care. Mr. Palmer is confined to a hospital bed and drifts off to sleep at frequent intervals. He has little appetite and must be coaxed to eat.

5. Which of the following would be an appropriate nursing diagnosis for this client:

- a. Terminal cancer.
- b. Alternation in coping mechanisms.
- c. Weakness.
- d. Self-care deficit related to weakness.

Dawn T, a 32-year-old housewife with the diagnosis of multiple sclerosis, is visited at home by the community health nurse.

6. Planning care for Ms. T. will be most strongly influenced by which of these physical assessment findings:

- a. Vital signs.
- b. The presence of cardiac arrhythmia.
- c. Motor strength and coordination.
- d. Progression of paralysis.

7. The main goals of nursing intervention for this client is to:

- a. Assist with activities of daily living.
- b. Keep her as independent and active as possible for as long as you can.
- c. Prevent secondary infection.
- d. Teach and encourage her to eat food that is low in fat and gluten-free.

Seventy-eight-year-old John H. has been having difficulty with his memory and in carrying out some activities of daily life. He is diagnosed as having Alzheimer's disease. Mr. H. lives with his son and daughter-in-law.

8. The clinical diagnosis of Alzheimer's disease is:

- a. Based on psychiatric assessment.
- b. Determined by genetic history.
- c. Depends on the results of brain ct.
- d. Presumptive.

9. You are visiting your new client today Claire. She has a diagnosis of psoriasis. When you examine her lesions, you expect to find:

- a. Erythematous, sharply circumscribed plaques covered by silvery scaled.
- b. vesicopustules on an erythematous base.
- c. symmetrical macular, pure-white lesions.
- d. red, scaling eruptions in areas of concentrated sebaceous glands.

10. The nursing diagnosis most commonly related to dysfunction of the integumentary system is:

- a. skin integrity, actual or potential impairment of.
- b. self concept, disturbance in.
- c. comfort, alteration in.
- d. fluid volume, deficit, actual or potential.

Karen is a 7<sup>th</sup> day postoperative hysterectomy client; she has been receiving Penicillin Acq. K 500mg. BID In assisting her with her personal care, you notice urticaria, or hives, on her back and buttocks.

11. Your prime nursing action at this time is to:

- a. Apply antipruritic lotion, such as calamine.
- b. Apply tepid or cool compresses to the areas.
- c. Discontinue the penicillin.
- d. Hold the next dose of penicillin and contact the attending physician.

12. In assessing Mrs. Lacombe responses, it is important for the nurse to remember that compared with the general population, the elderly take:

- a. Fewer medications.
- b. More medications, but have fewer side effects.
- c. More medications and have more side effects.
- d. About the same medications.

13. In assessing Mrs. Lacombe potential for drug-toxicity, which of the following should the nurse keep in mind?

- a. The elderly require higher medication doses than the general population.
- b. The elderly develops symptoms more insidiously than the general population.
- c. The elderly develops symptoms more rapidly than the general populations.
- d. The elderly require fewer medications than the general population.

14. MSO 3 mg. IM q 3-4 hrs. is prescribed for a client experiencing severe chest pain. The vial comes as 5 mg./ml., which of the following doses would the nurse administer?

- a. 0.6 ml.
- b. 0.7 ml.
- c. 0.42 ml.
- d. 2.6 ml.

Mrs. Blanco was discharged from the ENT unit with a diagnosis of Meniere's syndrome. The nurse begins to visit this client for follow up care.

15. Meniere's syndrome is a disorder of the:

- a. Inner ear.
- b. Middle ear.
- c. External ear.
- d. Eustachian tube.

DATE \_\_\_\_\_ NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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**OFFICE USE ONLY**

SCORE \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ORIENTATION CHECK SHEET FOR FULL TIME AND PART TIME FIELD NURSES

**Instructions:** PERSONS INVOLVED IN THE ORIENTATION OF FIELD NURSES TO THE AGENCY ARE TO PLACE THEIR INITIALS AND DATE IN COLUMNS PROVIDED FOR THIS PURPOSE. THE EDUCATION COORDINATION HAS THE PRIMARY RESPONSIBILITY FOR ORIENTATING AND SUPERVISING THE NEW NURSE DURING THE ORIENTATION PERIOD. THE CHECKLIST IS SIGNED BY THE FIELD NURSE UPON COMPLETION AND FILED IN HIS/HER PERSONNEL FILE.

NAME: \_\_\_\_\_ DATE EMPLOYED: \_\_\_\_\_

SUBJECT	ONE WHO INITIAL	ORIENTS DATE
1. AGENCY BACKGROUND, GOALS AND OBJECTIVES, AND PHILOSOPHY		
2. ORGANIZATIONAL CHART		
3. INFORMATION CHART		
4. PERSONNEL POLICIES - COPY OF PERSONNEL POLICY GIVEN TO EMPLOYEES. EMPLOYEE IS RESPONSIBLE FOR CONTENTS OF MANUAL		
5. FIELD (FULL TIME/PART TIME) NURSE A. JOB DESCRIPTION B. UNIFORM - PERSONAL APPEARANCE C. EVALUATION D. PROBATIONARY PERIOD E. MAILBOX F. CPR REQUIREMENT		
6. INTRODUCTION TO HOME HEALTH A. ELIGIBILITY FOR HOME HEALTH B. WHAT IS HOME HEALTH AND WHAT SERVICES ARE PROVIDED?		
7. CRITERIA FOR ACCEPTANCE OF PATIENT TO HOME HEALTH		
8. JOB DESCRIPTION REVIEW A. ADMINISTRATOR B. DIRECTOR OF PATIENT CARE C. COORDINATOR D. ADMISSION SUPERVISOR - ADMISSION NURSES E. TEAM SUPERVISORS (MAP OF AREA) F. PARAMEDICAL SUPERVISOR G. QUALITY ASSURANCE - AUDIT DEPARTMENT H. HIGH TECH SUPERVISOR I. EDUCATION COORDINATOR J. HOME HEALTH AIDES K. PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY L. MEDICAL SOCIAL WORKERS M. CENTRAL SUPPLY COORDINATOR N. CLERICAL SUPPORT SERVICES		



SUBJECT	ONE WHO INITIAL	ORIENTS DATE
<p>9. SIGN-UP PROCEDURE DOCUMENTATION</p> <p>A. RECEIVING REFERRAL</p> <p>B. ASSESSMENT</p> <p>C. DOCUMENTATION NEEDED ON ADMISSION</p> <p>1. ADMISSION FORM</p> <p>2. CONSENT</p> <p>3. REFERRAL / P.O.T. FORM</p> <p>4. DATA BASE</p> <p>5. MEDICATION SHEET</p> <p>6. CARE PLAN</p> <p>7. HOME HEALTH AIDE ASSIGNMENT SHEET</p> <p>8. INDEX</p> <p>9. NURSES NARRATIVE</p> <p>10. GOAL SHEET</p> <p>11. ADVANCE DIRECTIVES</p> <p>12. PATIENT BILL OF RIGHTS</p> <p>13. GRIEVANCE PROCEDURES</p> <p>D. PHYSICIAN NOTIFICATION</p> <p>E. REPORT TO TEAM SUPERVISOR</p>		
<p>10. OTHER DOCUMENTATION</p> <p>A. TIME / TRAVEL</p> <p>B. HOME HEALTH AIDE SUPERVISORY DOCUMENTATION</p> <p>C. CHANGE ORDERS</p> <p>D. REINSTATEMENT</p> <p>E. RECERTIFICATION</p> <p>F. REIMBURSEMENT SHEET</p> <p>G. UPDATING CARE PLANS</p> <p>H. DISCHARGE SUMMARY / NOTE</p>		
<p>11. ETHICS AND CONFIDENTIALITY</p>		
<p>12. OVERVIEW</p> <p>A. UTILIZATION REVIEW COMMITTEE</p> <p>B. INFECTION CONTROL COMMITTEE</p> <p>C. TEAM IN-SERVICE</p> <p>D. CEU CLASSES</p> <p>E. AUDIT DEFICIENCIES</p> <p>F. PATIENT CARE PROCEDURE MANUAL</p> <p>G. TEAM RESPONSIBILITIES, CARE PLAN, UPDATE REPORTS, ETC.</p>		
<p>13. COMMUNICABLE DISEASES POLICY &amp; PROCEDURES</p> <p>A. INFORMATIONAL STATEMENT - NEW FLORIDA LEGISLATION RELATING TO ACQUIRED IMMUNE DEFICIENT SYNDROME (AIDS)</p> <p>B. HIV ANTIBODY TESTING CONSENT</p> <p>C. ACQUIRED IMMUNE DEFICIENCY SYNDROME PROTOCOL</p> <p>D. POLICY GUIDELINES REGARDING PERSONS WITH CONFIRMED OR SUSPECTED DISABLING OR INFECTIONS DISEASES.</p>		

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF THE AGENCY AND HAVE HAD THE OPPORTUNITY TO HAVE ALL OF MY QUESTIONS/CONCERNS ADDRESSED TO MY COMPLETE SATISFACTION. I AGREE TO ABIDE AND UPHOLD ALL POLICIES AND PROCEDURE, AND HAVE BEEN ADVISED THAT FAILURE TO DO SO MAY RESULT IN TERMINATION OF EMPLOYMENT. I ALSO AGREE THAT AS A CONDITION OF EMPLOYMENT THAT I WILL PROVIDE THE AGENCY WITH A FOURTEEN (14) DAY WRITTEN NOTICE OF INTENT TO TERMINATE EMPLOYMENT.



\_\_\_\_\_  
NURSE'S SIGNATURE

\_\_\_\_\_  
SIGNATURE OF ORIENTEER

\_\_\_\_\_  
DATE



## ACTIVITIES ASSESSMENT CHECKLIST

(R.N. / L.P.N.)

EMPLOYEE'S NAME: \_\_\_\_\_

INSTRUCTIONS: INSERT DATE AND INITIALS			
PROCEDURE	ACCEPTABLE DEMONSTRATION	DEMONSTRATED KNOWLEDGE VERBALLY	NEEDS REVIEW
1. ADMISSION PROCEDURES			
A. MEDICARE-GENERAL B. NON-MEDICARE			
2. HOME HEALTH AIDE EVALUATION			
3. DECERTIFICATION			
4. DISCHARGE PROCEDURES			
5. REINSTATEMENT HOSPITAL SUSPENSION			
6. LEGAL ASPECTS			
A. PHYSICIAN REPORTING			
B. RECORDING PATIENT RECORD			
7. PSYCHO SOCIAL			
A. ASSESS LEVEL OF UNDERSTANDING OF PT/SO.			
B. TEACHES DISEASE PROCESS			
C. NUTRITIONAL/FLUID TEACHING			
D. S/S REQUIRING MEDICAL INTERVENTION			
8. UNIVERSAL PRECAUTIONS			
A. RED BAG TECHNIQUES HANDLING OF BIOHAZARDOUS WASTE			
B. DISPOSAL OF NEEDLES			
C. WIPING OFF STETHOSCOPE			
D. HANDLING OF NURSE'S BAG (BAG TECHNIQUE)			
9. EAR, EYES, NOSE & THROAT			
A. TEACH DISEASE PROCESS			
B. TEACHES EAR & EYES DROPS INSTILLATION			
C. THROAT CULTURE			
10. RESPIRATORY SYSTEM			
A. TEACH DISEASE PROCESS & RISK FACTORS			
B. RESPIRATORY ASSESSMENT & RATE			
C. DIETARY / FLUID REQUIREMENTS			
D. EXERCISE BREATHING TECHNIQUES			
E. OXYGEN EQUIPMENT & PRECAUTIONS			
F. S/S REQUIRING MEDICAL INTERVENTION			

PROCEDURE	ACCEPTABLE DEMONSTRATION	DEMONSTRATED KNOWLEDGE VERBALLY	NEEDS REVIEW
<b>11. CARDIOVASCULAR SYSTEM</b>			
A. TEACH DISEASE PROCESS & RISK FACTORS			
B. FLUID & DIETARY REQUIREMENTS			
C. VITAL SIGN ASSESSMENT: TPR/BP			
D. PERIPHERAL PULSES			
E. SIGNS & SYMPTOMS REQUIRING MEDICAL INTERVENTION			
<b>12. GASTROINTESTINAL SYSTEM</b>			
A. TEACH DISEASE PROCESS & RISK FACTORS			
B. FLUID & DIETARY REQUIREMENTS			
C. BOWEL SOUNDS / PALPATION PERCUSSION			
D. NASOGASTRIC & GASTRONOMY TUBES: IRRIGATION & FEEDING			
E. USAGE OF FEEDING MACHINE			
F. MANUAL REMOVAL OF IMPACTION			
G. DIGITAL STIMULATION OF BOWELS			
H. ENEMA PROCEDURES 1. SOAP SUDS 2. FLEETS 3. OIL RETENTION			
I. INSERTION OF ANAL SUPPOSITORIES			
J. OSTOMY PROCEDURES 1. IRRIGATION 2. APPLIANCE CHANGES 3. SKIN PREPARATION/CARE			
K. LAB FOR OCCULT BLOOD & PARASITES IN STOOLS			
L. S/S REQUIRING MEDICAL INTERVENTION			
<b>13. GENITOURINARY SYSTEM</b>			
A. TEACH DISEASE PROCESS & RISK FACTORS			
B. FLUID & DIETARY REQUIREMENTS			
C. DAILY CARE OF INDWELLING CATHETER			
D. INSERTION & IRRIGATION OF INDWELLING CATHETER - MALE			
E. INSERTION & IRRIGATION OF INDWELLING CATHETER - FEMALE			
F. INTERMITTENT CATHETERIZATION MALE			
G. INTERMITTENT CATHETERIZATION FEMALE			
H. APPLICATION & TEACHING OF EXTERNAL CATHETER - MALE			
I. APPLICATION OF DISPOSABLE APPLIANCE FOR SUPRA PUBIC CATHETER CARE			
J. VAGINAL IRRIGATION OR DOUCHE			
K. CLEAN CATCH URINE SPECIMEN			
L. STERILE URINE SPECIMEN FROM FOLEY CATHETER			

Employee Name:

Position:

(CONTINUED - R.N./L.P.N. SKILLS ASSESSMENT CHECKLIST)

INSTRUCTIONS: INSERT DATE AND INITIALS			
PROCEDURE	ACCEPTABLE DEMONSTRATION	DEMONSTRATED KNOWLEDGE VERBALLY	NEEDS REVIEW
14. ENDOCRINE SYSTEM			
A. TEACH DISEASE PROCESS & RISK FACTORS (THYROID, PANCREATIC, ADRENAL)			
1. S/S OF HYPO			
2. S/S OF HYPER			
B. FLUID/DIETARY REQUIREMENTS & MANAGEMENT			
C. INSULIN ADMINISTRATION (SUBCUTANEOUS INJECTION)			
1. INSULIN PREPARATION (SINGLE DOSE)			
2. INSULIN ADMINISTRATION (SUBCUTANEOUS INJECTION)			
D. BLOOD GLUCOSE TESTING WITH REAGENT STRIPS			
E. BLOOD GLUCOSE TESTING WITH BLOOD GLUCOSE METER (FINGER STICK)			
F. URINE TESTING FOR KETONE			
G. URINE TESTING FOR SUGAR			
H. SKIN/FOOT CARE			
15. NEUROLOGICAL SYSTEM			
A. TEACH DISEASE PROCESS AND RISK FACTORS			
B. LEVEL OF CONSCIOUSNESS			
C. AUDITORY/VISUAL STATUS			
D. S/S REQUIRING MEDICAL INTERVENTION			
E. PUPIL SIZE & REACTION TO LIGHT			

Employee Name:

Position:

PROCEDURE	ACCEPTABLE DEMONSTRATION	DEMONSTRATED KNOWLEDGE VERBALLY	NEEDS REVIEW
<b>16. IN TEGUMENTARY SYSTEM</b>			
A. TEACH DISEASE PROCESS & RISK FACTORS			
B. SKIN CARE & PREVENTIVE MEASURES			
C. WOUND CARE			
1. DECUBITUS WOUND CARE			
STAGE I - IV			
D. INCISION			
1. WITH STAPLES			
2. WITHOUT STAPLES			
E. REMOVAL OF SKIN STAPLES OF CLIPS			
F. REMOVAL OF RETENTION SUTURES			
G. WOUND IRRIGATION			
H. HOT/COLD COMPRESSES			
I. STERILE DRESSING TECHNIQUES			
<b>17. ANTEPARTUM / MATERNAL / NEWBORN</b>			
A. TEACH DISEASE PROCESS & RISK FACTORS			
B. PERINEAL CARE, SITZ BATH & DRY HEAT			
C. CHECK FUNGUS LEVEL & KOCHIA			
D. CARE FOR THE NEWBORN INFANT			
E. MOTHER/BABY BONDING			
F. FLUID & DIETARY REQUIREMENTS FOR MOTHER/CHILD			
G. MONITORING OF V.S. (TPR/BP) CHILD ONLY			
H. CAST CARE FOR INFANT/CHILD			
I. GASTROSTOMY/JEJUNOSTOMY TUBE FEEDING			
J. CAPILLARY BLOOD SAMPLES, PKU			
K. TRASH/NASOTRACHEAL SUCTIONING/CARE			
L. INJECTIONS SO/IM			
M. INTRAVENOUS THERAPY			

Employee Name :

Position :

(CONTINUED - R.N./L.P.N. SKILLS ASSESSMENT CHECKLIST)

INSTRUCTIONS: INSERT DATE AND INITIALS			
PROCEDURE	ACCEPTABLE DEMONSTRATION	DEMONSTRATED KNOWLEDGE VERBALLY	NEEDS REVIEW
<b>19. INFUSION THERAPY</b>			
A. TEACH DISEASE PROCESS, PROCEDURES & RISK FACTORS			
B. FLUID & DIETARY REQUIREMENTS			
C. VENIPUNCTURE FOR BLOOD CULTURE, BLOOD CHEMISTRY & MEDICATION LEVEL			
D. INTRAVENOUS SITE CARE & MAINTENANCE			
E. INTRAVENOUS MEDICATION RECONSTITUTION & ADMINISTRATION IN THE HOUSE			
F. OBTAINING BLOOD FOR BLOOD CULTURE/MEDICATION LEVEL VIA CENTRAL LINE			
<b>20. MEDICATIONS</b>			
A. INJECTIONS 1. IM 2. SQ 3. INTRADERMAL 4. Z-TRACK			
B. ORAL MEDICATIONS			
C. TOPICAL MEDICATIONS			
D. VAGINAL/RECTAL MEDICATIONS & SUPPOSITORIES			
E. AEROSOL TREATMENTS			

\* A minimum of one return demonstration will be performed by a new nursing staff to ensure the safety of the patient and the confidence of the employee. Additional techniques will also be demonstrated as necessary, for new or existing specialty areas of the Agency's service delivery program.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CC: Original to Personnel File/Copy to Supervisor, Employee

Employee Name:

Position: