

Time Management Module



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About this Module:

Time Management refers to the way that you organize and plan how long you will spend on specific activities. It is imperative that nurses invest some time in learning time management and understanding their personal barriers to effectively managing their time. In this module, the LVN will be provided with tips on how to effectively manage their time, some of the barriers that they may face and how to work through those barriers. Additionally, at the end of the module the LVN will be able to do a self-assessment that will indicate how good his/her time management is, as well as his/her productivity.

Overview:

Nursing is a demanding job, and at times it may seem as though there are not enough hours in the day to accomplish all of the required tasks. In nursing, unlike other professions, the nurse's priorities can shift drastically during the day. Using time management tips can make the nurse's life easier, allowing him/her to get more accomplished in the time allotted. Time management is a skill that takes a lot of practice and allows the nurse to work smarter instead of harder.

Objectives:

The objectives for this module include:

- a. Explain at least 3 time management skills
- b. List the barriers to successful time management
- c. Detail the requirements by the Texas BON on assigning tasks to the UAP
- d. Define prioritization in nursing
- e. Assess personal time management
- f. Demonstrate the use of to-do lists.

Chapter 1:

Effective Time Management Tips¹:

Nurses are responsible for many different tasks each shift and may often find themselves being “time challenged.” Below is a list of several tips that will assist the LVN in managing his/her time more effectively:

1. **Plan your day out in advance:** in nursing, it may often be difficult to plan the day because the environment can change rapidly. However, if the day is planned for, more can be accomplished than when plans have not been made. The LVN should be encouraged to make a list of everything that must get done for the day and make a note of how long it might take to get through each task. In addition, ranking the tasks in order of importance will assist the LVN in ensuring that the most important tasks get taken care of first.
2. **Focus on the most important activities first:** once a list of tasks for the day has been created, the LVN should focus on completing the most important of those tasks first. In other words, the LVN should prioritize the tasks that need to be completed for the day (we will discuss prioritization later).
3. **Don't let interruptions disrupt your day:** LVNs will deal with many different interruptions throughout the day, many of which cannot be helped. Most often, these interruptions are not important and can quickly get the LVN off track. The LVN must determine which interruptions are important and require his/her attention and which ones can be attended to once higher priority tasks are completed.
4. **Keep yourself and your workspace organized:** Being organized can save the LVN a significant amount of time. If the LVN has a workspace, he/she should be sure to keep it organized by putting away papers where they belong so that they can be easily found when needed. When the LVN starts his/her shift, he/she should make sure that any equipment needed is ready to be used, in an effort to decrease the amount of time spent looking for or cleaning necessary equipment.
5. **Learn to assign tasks:** The LVN must understand that he/she cannot do it all. There are many tasks that can and should be assigned to the nurse aide in order for the LVN to be able to complete his/her required tasks in the time allotted. In the event that the LVN requires assistance from someone other than the aide, he/she must be comfortable asking for help.

Barriers to Effective Time Management²: In nursing, there are many different instances that may arise that will create a barrier to the LVN being able to effectively manage his/her time. In order to get through a shift and get all of the necessary tasks completed, the LVN must be aware

¹ 5 Time Management Tips for Busy Nurses. <http://www.nursetogether.com/5-time-management-tips-busy-nurses>.

² The Long Term Care Director of Nursing Field Guide, Second Edition

of the different barriers that he/she may face and have a plan to overcome the barriers. Barriers to effective time management may include, but are not limited to :

- a. interruptions from telephone calls, personal visitors, and/or meetings;
- b. tasks that should be delegated;
- c. procrastination and indecision;
- d. dealing with employees that display unacceptable behavior;
- e. crisis management;
- f. acting on incomplete information or unclear communication;
- g. inadequate technical knowledge;
- h. unclear objectives and priorities; and
- i. the inability to say no.

In order for the LVN to ensure that all tasks are completed during the shift, he/she must be able to determine when there are issues with time management and be able to break down the barriers. Not every LVN will be affected by the listed barriers; those who are must have a game plan to overcome them.

Keys to an Effective Shift Routine: Working in the nursing field is not something to be taken lightly. Nursing is a very demanding profession, and often a shift doesn't go the way that it is planned. Nurses in nursing homes generally work eight hour shifts, with many different tasks that must be completed each shift. Planning for the shift is probably the most important component of an effective shift routine. In the nursing home environment, the tasks are generally the same each day, so there is not much guess work that goes into knowing what will happen each shift. However, there are times when unexpected tasks must be done. The LVN must plan a part for the things that 'might' happen, set aside time each shift for performing tasks that are not part of the normal routine. Below is additional guidance the LVN can incorporate in order to have a more effective shift routine:

1. **Assigning of Tasks to the Unlicensed Assistive Personnel:** In any nursing environment, the LVN is not going to be able to perform all the tasks by him/herself. Often, he/she will require the assistance of another nurse or the nurse aide in order to get all the required tasks done in the allotted eight or twelve hour shift. The LVN must be comfortable in asking for the help of others when it is needed.
 - a. **Texas Board of Nursing on Delegation by the LVN:** According to the BON, the delegation of tasks by an LVN is outside of his/her scope of practice³. However, per Texas Administrative Code, Title 22, Part 11, Chapter 217, Rule §217.11 Standards of Nursing Practice⁴, an LVN is allowed to assign tasks to Unlicensed Assistive Personnel (UAP) also known as the CNA, as well as other LVNs. The LVN must be aware of the educational preparation, experience, knowledge, and physical and emotional ability of the person that they are assigning tasks to and must maintain appropriate supervision of that individual.

³ Texas Board of Nursing Position Statement 15.27: The Licensed Vocational Nurse Scope of Practice.

https://www.bon.texas.gov/practice_bon_position_statements_content.asp#15.27.

⁴ Texas Administrative Code, Title 22, Part 11, Chapter 217, Rule §217.11 Standards of Nursing Practice.

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_floc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=11](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_floc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=11).

2. **Managing Interruptions:** In a shift where many different tasks need to be completed, interruptions not only take away time from those tasks, but have the potential to cause a decrease in the quality of care provided by the LVN. The best way that the LVN can overcome interruptions during the shift is to know what the interruptions are and whether they are necessary or not. Additionally, the LVN should plan for the possibility of interruptions in his/her daily schedule so that if and when they happen, the LVN isn't caught off guard.

Multitasking⁵:

In nursing, as with any field, multitasking is often a requirement of the job. The LVN isn't able to just work on one task at a time, as he/she most often has more than one patient who requires assistance. In order to be productive, the LVN must determine the best way he/she complete all the tasks that must be done during the shift. Some techniques that may assist the LVN in doing this include:

1. **Working on related tasks together:** When we work on a task, our brain activates all the circuits and neurons related to that task. When we switch to a new task, our brain has to adjust. This adjustment happens quickly, but can take a toll on memory, focus, and productivity. In the event that the nurse must multitask, the best way to go about doing so is to 'bundle' related tasks together. This allows for a smoother transition between the tasks.
2. **Keep your to-do list visible:** In order for the LVN to ensure that all tasks are completed, it is imperative that he/she keeps a to-do list available and visible. This will ensure that important tasks are not forgotten while other tasks are being completed. If necessary, color coding or bolding tasks based on importance is one way in which to be reminded of what needs to be done.
3. **Use any downtime to review new information:** Sometimes, nurses get so caught up in their tasks that they rarely have time to truly go over new information about a patient (i.e. lab results, vital signs, information provided by family, etc.). Anytime that the nurse has downtime, he/she should use that time to fully review the information that has come in that he/she may have only skimmed over.

Chapter 2:

Clinical Rounds⁶: Clinical rounds are also known as patient rounds in many healthcare environments. It has been found through many different studies that clinical rounding is not only of benefit to the patient, but to the nurse as well. The concept of patient rounding is not new and can actually be dated back to the late 1980s, with a hospital in Alabama being the first hospital to institute the idea. The most common form of patient rounding is hourly rounding, where in most cases, patients are rounded on every hour on the day and evening shifts and every 2 hours on the

⁵ How to train you brain to multitask effectively. <http://www.entrepreneur.com/article/225865>.

⁶ Hourly Patient Rounding: Effective programs decrease call bells and falls, and increase patient and staff satisfaction. <http://nursing.advanceweb.com/Continuing-Education/CE-Articles/Hourly-Patient-Rounding.aspx>.

night shift. Depending on the facility's policies and procedures, rounding can occur at different intervals. A good way in which an LVN can perform rounding is to have specific tasks that need to be performed while rounding. The facility may dictate this in their policies and procedures, however, if this isn't specified, then using the 4 P's model would ensure that the LVN is meeting the needs of the resident and providing consistent care. The 4 P's include:

- a. Pain
 - b. Positioning
 - c. Personal needs (toileting, hygiene, etc.)
 - d. Placement (items are within reach, i.e., call light, telephone, television remote, bedside table, water, etc.)
1. Visibility of residents: By getting in the habit of rounding on the assigned residents, the LVN will be able to have 'eyes on' each resident as well as assisting them with their needs, before they use the call light, or call out for help. This will lead to less interruptions by the call bell and improve the LVN's ability to get through all of the necessary tasks. Rounding also shows the resident that the nursing staff is being proactive in caring for their needs which leads to the perception that they are receiving a higher quality of care.

Rounding is also a great opportunity for the nurse to complete any tasks that needs to be attended to, while he/she is already in the room, thus making better use of the time during the shift.

Shift Huddles⁷:

Shift huddles or shift report is a quick meeting of the out-going and on-coming nurse to share and discuss important information about the residents on the unit. In the case of the nursing facility environment, the nurses should include the CNA and/or CMA in these huddles, as they are able to share a significant amount of information about the resident, while the nurse is able to add other relevant information that the oncoming shift will need to know. It is important when conducting shift huddles that staff from both shifts participates. The LVN should be sure to make a deliberate effort to ensure that shift report huddles are truly a conversation about the residents and that everyone has an equal voice, without the nurse being the only or primary speaker. This shift huddle reinforces teamwork and allows for all staff that are coming on to hear about residents, in the event that a staff member needs assistance with a resident that is not part of their assignment. Some ways to accomplish an effective shift huddle is by using the following guidelines:

1. Keep it constructive: The shift huddle is a positive exchange of information that is needed to care for the resident. Keep on topic and redirect any staff that gets off topic by letting them know their point can be addressed later so that the group can return to the focus at hand. The

⁷ The Pioneer Network: Engaging Staff in Individualizing Care.
<https://www.pioneernetwork.net/Providers/StarterToolkit/Step1/HuddlesTipSheet>.

nurse should be able to probe the staff to generate critical thinking about the root causes of a situation and the most effective responses.

2. Work with a regular agenda: when doing a shift huddle, it is essential that some specific agenda items be discussed. These include:
 - a. Resident-by-resident report by exception: this should be focused on the quality of care and quality of life issues of the residents. Additionally, the residents' functional status, mood, and normal routines should be discussed.
 - b. 'At risk' residents: this should include residents that are listed as part of the 24 hour shift report as well as any residents that may be watched for any issues such as wounds, falls, antipsychotic medications, weight changes, mood, etc.
 - c. Changes in condition: any residents who have had a change in condition or are due for their annual or quarterly assessment.
 - d. Changes in census: changes in the number of people in the facility or any that are going to be admitted.
 - e. Information about new residents: social history, family history, medical needs, areas of risk, normal routines, and/or any special needs.
 - f. Reportable events, incidents, or accidents
 - g. Concerns and compliments: from the residents or family members
 - h. Follow-up on any issues: issues that have been raised that need to be closed
 - i. Clinical areas: any areas that are being worked on or are the focus of a performance improvement project (e.g. antipsychotic medication reduction, falls prevention, pressure sores, etc.)
 - j. Information from other departments
 - k. Introduction of and check-in with any new employees.
3. Pilot test to implement: For facilities where shift huddles aren't the norm, the LVN can discuss with management the importance of incorporating these huddles into their everyday practice, to ensure that all necessary information is provided to the oncoming shift.
4. Teach critical thinking: the huddles should be valuable to the participants in order to be successful. These huddles are opportunities for critical thinking and problem-solving together to ensure the best care for each of the residents in the facility.

In order for staff to be engaged in the huddles, they must see that what they bring up in the huddle is valued by being followed up on. If staff bring up any ideas or concerns and don't see seriously, they may stop participating.

Supervision of Staff:

LVNs are often placed in the role of a charge nurse on the unit hall of a nursing home, thus placing them in a position to supervise the unlicensed staff. The LVN is not permitted to delegate to the CNA, however, he/she is authorized to assign tasks to those who are qualified to do them. The LVN must understand that while he/she is not directly responsible for what the

CNA does, he/she is responsible for providing the supervision to the CNA and being available to assist as needed.

Chapter 3:

Prioritization⁸:

In everyday practice, nurse work in complex, dynamic, and uncertain situations. In a nursing facility environment, these situations are not nearly as frequent, however, the LVN should be aware that they can happen at any time and to be ready for them. LVNs in nursing facilities generally have 30 or more residents in their care at any given time, which may cause there to be new, unfinished, competing, and/or conflicting resident needs for care occurring simultaneously. With the increase in the acuity of the residents, the situation can easily become chaotic. In daily nursing practice, nursing prioritization is the decision by a nurse as to which nurse-patient interaction to address first among potentially competing requirements and options.

It is noted that the skill of nursing prioritization of the resident's need for care takes place while the nurse is in practice. With respect to novice nurses, this may be a bit overwhelming due to the amount of information that he/she must remember. Nurses who are new to the care area may have some trouble differentiating relevant care-specific information. Nursing prioritization is a significant part of the LVN's practice, as he/she is often caring for the residents without any direct oversight and must be prepared to apply the concepts at any time as needed.

Who to see first: There are many ways in which the LVN can base their prioritization for resident needs⁹. These include:

1. **Emergency First:** The LVN should always look for any emergency issues with any of the residents that are being cared for. These include: Airway, Breathing, Circulation, and Disability, the four main areas of the individual's care that could let to detrimental outcomes for the resident.
2. **Respond to trends vs. isolated findings:** The changes that the LVN should be looking for are those in vital signs, pain level, level of consciousness, and any changes to the resident's Glasgow Coma Scale. The LVN should be able to recognize any gradual changes or deterioration in the resident's condition. A one-time change in the resident may not necessarily be an issue if there are not continuous changes; however, someone who has a continuous decline in their condition should be looked at more carefully.

⁸ Nursing prioritization of the patient need for care: A tacit knowledge embedded in the clinical decision-making literature. http://www.researchgate.net/publication/227682349_Nursing_prioritization_of_the_patient_need_for_care_A_tacit_knowledge_embedded_in_the_clinical_decisionmaking_literature.

⁹ Mitchell Community College Prioritization of Nursing Care. <http://www.nc-net.info/nursingcenter/prioritization-of-nursing-care-nclor-module-with-case-study-r1.pptx..>

3. **Actual Problem vs. Potential Problem:** Generally, an actual problem would be treated prior to a potential problem; the problem that is already here should be taken care of before a problem that is not here and potentially may never get here.
4. **System vs. Local:** Any systemic issue should be addressed over a localized one. This means that a resident who has a broken arm is not at the same priority as the resident who isn't breathing.
5. **Acute Problem vs. Chronic Problem:** An acute injury is always less predictable than a disease process that the resident has had on-going.
6. **Maslow's Hierarchy:** In the event that there are not any other issues going on with the residents, as mentioned above, the LVN should ensure that he/she is following Maslow's Hierarchy of needs with the physiological needs being the first to be addressed by the LVN, followed by rest of the tiers.
7. **Time Management:** The LVN should prioritize based on when things need to be done. This includes:
 - a. **Immediately:** what needs to be done right now, do pain medications need to be administered, is someone calling for assistance that they need right now, etc.
 - b. **Within a specific time-frame:** What needs to be done at 9:00 a.m., what needs to be done before lunch, etc.
 - c. **By the end of the shift:** what is a priority but doesn't have to be done right now, can wound care be done by the end of the shift, I&Os done by the end of the shift, etc.
 - d. **Least amount of time to complete:** sometimes, prioritizing is as simple as what can be done quickly, can I give one resident medications before performing wound care on another resident?

When to complete documentation : The LVN has been taught that documentation never precedes completion of a task. A task should always be done prior to documenting it, however, when there are many things to accomplish in the shift, when should the documentation be done? In the nursing home environment, depending on the shift may depend when the LVN has time to complete that task, however, he/she should always work on the principle of getting the documentation done as soon as possible after any task is completed. With regards to medications, the documentation for that task should take place after the resident successfully takes the medication. As for other tasks, documentation should be done as soon as possible, so if the LVN completes the required assessments of the residents, he/she should make time to document the assessments before going to another task.

Medication Administration: Giving medications to 30 or more residents in a one hour timeframe may seem like a very daunting task, however, with some planning, it is possible to accomplish this task without the LVN feeling completely overwhelmed. The easiest way to ensure that all of the residents get their medications in a timely manner is to have a plan. If the LVN realizes that all 30 residents have medications that are due during the 8:00 a.m. hour, then he/she should plan

their day to ensure all medications are passed during that timeframe. If the LVN has the assistance of a Certified Medication Aide, the majority of the medications will be passed by this individual, while the other medications, such as insulin and the secured medications will be passed by the LVN. In this instance, the LVN needs to be aware that he/she has individuals that need these medications, and plan to give them at the proper time in their shift, leaving time available in which to do so.

Medication and the Required Assessment: In resident's who must be assessed prior to a medication, the LVN can assign some of these tasks to the CNA. For example, if the resident is scheduled to receive a blood pressure medication and requires that the BP are taken prior to administration, the LVN can assign the CNA the tasks of gathering that data prior to the administration of the medication. In the situation of assessment post medication administration, the LVN should plan for this at the beginning of the shift, writing down on a list, those individuals that need follow-ups and the times, in order to ensure that those reassessments are completed in a timely manner.

Overall, the LVN will always have instances when his/her day is completely crazy, however, if the guidelines that were discussed in this section are followed when the LVN sets up his/her day that will decrease some of the chaos. Prioritization is a skill, that once learned will prove beneficial to the LVN and help him/her get through the shift effectively even when an out of the ordinary situation arises.

Chapter 4:

Critical Thinking¹⁰:

Critical thinking is a skill that every nurse must have and be able to utilize while practicing. In general, critical thinking includes identifying the problem, determining the best solution and choosing the most effective method to reach a solution. Critical thinking in nursing is an essential component of professional accountability and quality nursing care. Critical thinkers in nursing exhibit these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection. Critical thinkers in nursing practice the cognitive skills of analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting, and transforming knowledge. Critical thinking underlies independent and interdependent decision making. Critical thinking includes questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity.

¹⁰ Patient Safety and Quality: An Evidence-Based Handbook for Nurses: Chapter 6 Clinical Reasoning, Decision making, and Action: Thinking Critically and Clinically. <http://www.ncbi.nlm.nih.gov/books/NBK2643/>.

The growing body of research, patient acuity, and complexity of care demand higher-order thinking skills. Critical thinking involves the application of knowledge and experience to identify problems and to direct clinical judgments and actions that result in positive outcomes. These skills can be cultivated by those who display the virtues of critical thinking, including independence of thought, intellectual curiosity, courage, humility, empathy, integrity, perseverance, and fair-mindedness.

Being able to think critically enables the LVN to meet the needs of residents within their context and considering their preferences; meet the needs of residents within the context of uncertainty; consider alternatives, resulting in higher-quality care; and think reflectively, rather than simply accepting statements and performing tasks without significant understanding and evaluation. By using the skill of critical thinking as an advantage, the LVN is allowing him/herself to fully understand the reasoning behind why things are being for a specific resident. It also allows the LVN to foresee other issues that may arise, before they do, in an attempt to keep them from happening.

Learning to provide safe and quality health care requires technical expertise, the ability to think critically, experience, and clinical judgment. The high-performance expectation of nurses is dependent upon nurses' continual learning, professional accountability, independent and interdependent decision making, and creative problem-solving abilities.

Chapter 5:

Resources:

1. Time Management Self-Assessment: How often do you find yourself running out of time? Weekly, daily, hourly? For many people, it seems that there's just never enough time in the day to get everything done. When you know how to manage your time you gain control of what you achieve. Take the self-test quiz at the link below to identify the aspects of time management that you need most help with. The results will point you to the specific tools that will help you to work more efficiently:
https://www.mindtools.com/pages/article/newHTE_88.htm.
2. Productivity Self-Assessment: When we want to get more done, many of us simply work longer hours, move deadlines around, and multitask. Although these strategies can provide some short-term relief, they aren't sustainable in the long term, especially in the nursing field. Pretty soon, this approach becomes a way of life, leading to high levels of stress and eventually, poor productivity. Productivity is a measure of how much is accomplished – not how busy one are. So it's far better to learn how to work intelligently, and to use leverage to

achieve more with your time and resources. This will increase productivity – and help find extra time to do other things. Take the self-test quiz at the link below to determine how productive you are. At the end of the quiz, resources will be available that will help the LVN identify strategies that can be used to increase productivity:

<https://www.mindtools.com/pages/article/productivity-quiz.htm>.

3. To-Do Lists: Do you often feel overwhelmed by the amount of work you have to do? Or do you sometimes just forget to do something important, so that people have to chase you to get work done? All of these are symptoms of not keeping a proper "To-Do List." These are prioritized lists of all the tasks that you need to carry out. They list everything that you have to do, with the most important tasks at the top of the list, and the least important tasks at the bottom. By keeping such a list, you make sure that your tasks are written down all in one place so you don't forget anything important. And by prioritizing tasks, you plan the order in which you'll do them, so that you can tell what needs your immediate attention, and what you can leave until later. Tips to creating an effective to do list can be found at:

https://www.mindtools.com/pages/article/newHTE_05.htm.

4. Time Management Activity:

Prioritization:

During the 6 a.m. walking rounds you (the Charge Nurse) received the following report from the night shift nurse:

1. Mr. Clapton age 68 was confused and combative all night long. The nurse states that she was surprised because he is never like that, however she did not call the doctor about this.
2. Mr. Nelson age 76 fell last night @ 2 a.m. and hit his head, there are no signs of confusion, but he does have a large hematoma on the back of his head. We were able to start neuro-checks and completed 3 sets. There were no significant changes. Dr. Johnson was notified and there are no new orders.
3. Mrs. Pearl age 70 was given a laxative at 5 a.m. because she had not had a bowel movement in 3 days
4. Mrs. Joplin age 77 returned from the hospital yesterday evening about 7 p.m. She is on I.V. Vancomycin 1 gm every 12 hours. It ran slow at the 12 midnight. You might want to keep an eye on the IV. Next dose is due at 12 noon. Her diagnosis was septicemia, UTI, Dehydration. I have not been able to complete her admission assessment.
5. Mr. Fender age (80) is being picked up at 6:45 a.m. by the Gem Transportation Services to go to dialysis. All of the paperwork is ready and Tina is getting him dressed as we speak.
6. Mrs. Prince (85) had a 5 a.m. blood sugar of 58, she was given orange juice. I have not had a chance to follow up on her.

7. There has already been 2 staff members call in for the evening shift. A Janiney (a C.N.A.) called in; her daughter is in the emergency room with appendicitis and will have surgery later on today. Mary (an LVN) called in also; her mother has been placed on hospice and she wants to take care of her mom. Today was is her last day for a few days. She will let us know when she will be coming back.
8. We have no new admission charts put together and supplies need to be ordered.

Assignment:

1. Of the above listed residents, who should be assessed 1st, 2nd, and so forth.
2. List follow up care for each resident
3. What residents care can be delegated to a C.N.A.?
4. What task needs to be addressed first?

Answer Key:

Assessment/Follow-up Care

- ✓ Mr. Fender—assure that he is ready to go to dialysis
- ✓ Mrs. Prince—complete a follow-up accu-check
- ✓ Mr. Nelson—Neuro checks, assess hematoma
- ✓ Mr. Clapton—assess, call physician and report— obtain order for U/A
- ✓ Mrs. Joplin--assess IV site, complete admission assessment
- ✓ Mrs. Pearl—assess for effectiveness of laxative

Assign Care to C.N.A.

- ✓ Mr. Fender—assure that he is ready to go to dialysis
- ✓ Mrs. Prince—complete a follow-up accu-check
- ✓ Mrs. Pearl—assess for effectiveness of laxative

Tasks to be completed:

- ✓ Replace the 2 staff members that called in, to ensure proper staffing for the evening shift
- ✓ Order supplies
- ✓ Assemble new admission charts—can be delegated to office staff