

LICENSED PRACTICAL/ VOCATIONAL NURSE JOB DESCRIPTION

Job Summary:

The Licensed Practical/Vocational Nurse is a professional member of the healthcare team who provides skilled nursing care to patients in compliance with the Nurse Practice Act in the state of clinical practice. The Licensed Practical/Vocational Nurse works under the direction of the supervising Registered Nurse or Physician

QUALIFICATIONS

- Graduate of an accredited LPN/LVN program.
- Current licensure in good standing in state of practice
- Evidence of BLS credential
- Evidence of one year of skilled nursing experience within the past two years
- Possess thorough working knowledge of anatomy, general medical conditions, general therapies and interventions

RESPONSIBILITIES

- Performs specific treatments as ordered by the physician and under the supervision of the Registered Nurse
- Conducts individual patient assessment, prioritizing the data collection based on patient's condition or needs within timeframe specified by the client facility's policies, procedures and protocols
- Conducts ongoing assessments as determined by age-specific assessment of patient
- Administers prescribed medication within the scope of the Nurse Practice Act in the state of practice
- Observes, reports, and records adverse reactions to medications and/or treatments to the Registered Nurse or Physician
- Performs appropriate treatments as ordered by the physician and under the supervision of the Registered Nurse
- Collects and labels specimens as ordered by physician (blood, stool, sputum, vomitus, urine) from patients for testing following client facility's policies, procedures and protocols
- Assists patient with personal care, ambulation, positioning and feeding, while performing basic nursing care
- Documents patient assessment findings, physical/psychosocial responses to nursing intervention and progress
- Initiates emergency resuscitation measures according to protocol
- Reports patient condition to appropriate personnel during each shift while maintaining patient confidentiality
- Performs all skills, treatments and procedures competently according to the scope of practice as defined in the Nurse Practice Act in the state of practice and adhering to the policies, procedures and protocols of the client facility.

LPN/ LVN Printed Name: _____

LPN/ LVN Signature: _____ Date: _____

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4. Performing Fingersticks				
5. Glucometer use				
6. Insulin infusion				
7. Regular / Long Acting Insulin				
8. Mixing Insulin				
9. Calculating Caloric Intake				
OTHER SKILLS				
1. Charting systems				
2. 24 hr written & verbal reporting				
3. CODE status; ie Full Code or DNR				
4. Accident & Incident reporting				
5. Using the 911 system in LTC setting				
6. Regulatory guidelines related to residents rights in LTC setting.				
7. Regulatory guidelines related to prevention of neglect and abuse of residents				
PSYCHOSOCIAL				
1. Assessment & documentation of any behavioral problems.				
2. Assess & document signs & symptoms of depression.				
3. Assess & document patients response to psychotropic medications.				
4. Assess & document effectiveness of all psychiatric meds patient is given.				
5. Assess & document effectiveness of all groups and therapy.				
6. Parameters for restraint use in LTC setting				
WOUNDS, PRESSURE SORES, SKIN IMPAIRMENTS				
1. Assessment and care of Post Op wounds				
2. Assessment, prevention and care of pressure wounds.				
3. Assessment and documentation of skin conditions and wounds.				
4. Sterile dressing changes				
5. Aseptic dressing changes				
6. Wound irrigation				
7. Use of wound care products				
8. Beds - Air fluidized, low air loss beds				
9. Pressure relieving devices				
10. Staple removal				
11. Suture removal				
CARDIOVASCULAR				
1. Auscultation of heart rate / rhythm				
2. Blood pressure				

	1	2	3	4
3. Doppler				
4. Pulses				
5. Circulatory checks				
6. CPR				
7. ACLS				
8. Post abdominal aortic bypass				
9. Angina				
10. Aneurysm				
11. Congestive heart failure				
12. Fem-pop bypass				
13. Permanent pacemaker				
14. Post carotic endarterectomy				
15. Post acute MI				
16. Post cardiac surgery				
17. Thrombophlebitis				
18. DVT				
19. Administration of post-op cardiac meds				
PULMONARY				
1. Airway management				
2. Apnea monitor				
3. Differentiate Breath Sounds				
4. Chest tube care				
5. Chest physiotherapy				
6. Incentive spirometry				
7. Inhaler use				
8. Tracheal/nasotracheal suctioning				
9. Oropharangeal suctioning				
10. Oxygen therapy				
11. Pulse Oximetry				
12. Postural drainage & percussion				
13. Pulmonaide use				
14. Sputum specimen collection				
15. Tracheostomy care / suctioning				
16. Ventilator patient care				
NEUROLOGICAL				
1. Neuro checks				
2. Seizure precautions				
3. Dementias				
4. Neuromuscular disease				
5. CVA				
6. DT's				
7. Aneurysm precautions				

	1	2	3	4
8. Anticonvulsants				
9. Antispasmodics				
10. Long term spinal cord injuries				
11. Pain control measures				
12. Post craniotomy care				
13. Meningitis				
14. TENS unit				
GASTROINTESTINAL				
1. Tube feeding administration - Bolus				
2. Tube feeding administration - Pump				
3. Medication administration via tube				
4. Bowel prep				
5. G.I. Bleeding				
6. Inflammatory Bowel Disease				
7. Guaiac testing				
8. Assessing nutritional status				
9. Enema administration				
10. Assessment of bowel incontinence				
11. Signs/symptoms of fecal impaction				
12. NG tube care				
13. Assessment of NG tube placement				
14. Colostomy care				
15. Assessment of abdomen				
16. Assessment of Bowel sounds				
17. Post op care - Abdominal surgeries				
ORTHOPEDIC				
1. Circulation assessment				
2. Gait assessment				
3. Range of motion				
4. Continuous passive motion				
5. Cervical collars				
6. Gait belts				
7. Canes / crutches				
8. Slings				
9. Brace application				
10. Traction application				
11. Transfer Boards				
12. Walkers				

	1	2	3	4
13. Wheelchairs				
14. Prosthesis				
15. Casts and care				
16. Amputation care				
17. Post-arthroscopy care				
18. Pinned fractures				
19. Osteoporosis				
20. Care of total hip replacements				
21. Care of total knee replacements				
22. Rheumatic / Arthritic disease				
URINARY / RENAL				
1. Assessment & care of AV shunt				
2. Post renal surgery				
3. Renal Failure				
4. ESRD				
5. Assessment of urinary incontinence				
6. Assess I & O				
7. Signs & symptoms of UTI				
8. Signs & symptoms of distended bladder				
9. Indwelling catheter insertion - Female				
10. Indwelling catheter insertion - Male				
11. Straight Cath - Male				
12. Straight Cath - Female				
13. Suprapubic catheter care				
14. Urine dipsticks for Ketones				
15. Urine dipsticks for UTI				
EXPERIENCE IN PRIMARY AREAS				
1. Hospitals				
2. Clinics				
3. Nursing Homes				
4. Home Health				
CERTIFICATIONS				
1. BLS				
2. ACLS				
ACCREDITING SCHOOL				
Name of School: _____				

Age Appropriate Nursing Care

Please check the appropriate box(es) for each age group and activity for which you have had experience within the last year.

Age Specific Experiences	Adolescent (13-18 yrs)	Young Adult (19-39 yrs)	Middle Adults (40-64 yrs)	Older Adult (65+ yrs)
1. Understands the normal growth and development for each age group and adapts care accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understands the different communication needs for each age group and changes communication methods and terminology accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understands the different safety risks for each age group and alters the environment accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understands the different medications, dosages and possible side effects for each age group and administers medications appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information I have provided in this knowledge and skills checklist is true and accurate to the best of my knowledge.

Signature _____

Date _____