

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

### 1: By The Bedside: Role of Nurses in My Journey to Recovery

*Responsibilities and Tasks* The general responsibilities of a bedside nurse include various duties that deliver direct and immediate care to whichever patient the nurse is currently assigned to. Some of the duties a bedside nurse may be accountable for include.

A nurse for over five and a half years, Thompson is a RN by trade and works part-time as an independent clinical consultant training other people on the use of medical devices. She credits her nursing education and curiosity at an international nursing conference for getting her this job. Thompson plans on leaving nursing to become a doctor. She is not alone in the sentiment that nursing at the bedside is not something that most nurses can do for their entire career. Her path to transition from the bedside is unique but not uncommon to many nurses in the profession. Of the 3, nurses in the United States, nearly The RN Work Project reports an average of Leaving the bedside to pursue other nursing positions does not necessarily mean nurses leave the profession, but it is a catalyst to do so. Why do some nurses leave the bedside and eventually the profession? Ask any nurse and the answers are varied, but common themes seem to ring true for most. One of the greatest complaints nurses have is the lack of support from their management team. What makes a poor manager? The list could go on forever, but one common frustration among nurses is the overall lack of support for those at the bedside. Management may not even be aware of the stressors their staff encounters working the bedside. Whatever the case, nurses do feel strongly about poor management. Thompson agrees that management sometimes shows little consideration for those working at the bedside: They feel as if management does not value them as part of the health care teamâ€”just as a docile staff that follows orders without question. The best form of leadership follows a diplomatic approach; meaning, higher-ups actively engage their employees for input on situations that may arise. The diplomacy allows for everyone to have a voice. This type of management style encourages active participation among all employees and may dissipate some of the negative feelings some nurses feel towards their management team. Lack of Upward Mobility. Many nurses unhappy with their chosen profession find that job mobility from the bedside is difficult without an additional degree. In order to get a job that pays as much or more than the average RN makes, additional years of school are typically required. This is a sacrifice that some may not be able to make, given that going back to school requires time away from work. For those willing to go the extra mile and complete a higher degree in nursing, many career opportunities abound. Going back for an advanced nursing degree is the way some nurses find personal satisfaction in their career. Although not in a graduate program yet, Brittany Green, BSN, RN, a relatively new nurse of three years, plans on becoming a family nurse practitioner to influence patients in an outpatient setting and prevent some of the morbidity and mortality she sees in her current job as a cardiovascular recovery room nurse. Green believes nurses leave because they experience burnout. Many nurses feel like they are severely underpaid for the work they do. Twelve-hour shifts can feel more like 16 when you are working the job of four people, but only getting paid for one. Nurses also sacrifice holidays, weekends, and family events because of their long and ever-changing schedule. But at what cost? Nurses are notorious for picking up extra shifts on their day off because they feel like they are being paid not nearly enough for the work they do. This may be considered a solid middle class income for most Americans, but nurses work very hard and feel as though it is not enough most days. Assist patients with dressing, bathing, and mobility? Perform bedside procedures once done by physicians? Coordinate care between all disciplines of the hospital? A typical nurse works a hour shift that translates into much more when the nurse is doing the job of multiple people day in and day out. Sometimes a nurse is so involved in completing everything it becomes difficult to take a much needed and deserved break during her shift. This makes for a very long day. Nurses performing too many tasks typically boils down to staffing, specifically understaffing, which is also known as short staffing. How many nurses have had to cover the front desk because there is not a unit secretary on duty? Nurses wear the hat of many, but no one can take on the role of the nurse. A resounding number of nurses blame short staffing as the most common reason nurses leave the profession. According to a recent poll on Allnurses. One of the reasons for short staffing is management cutting costs as much as

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

possible—and what better way to do that than cut staff and work on less than is needed? Nurses are notoriously known to multitask, wearing many hats on a day-to-day basis. Unfortunately, this unequal distribution of work leads to many unhappy nurses who burn out quickly when doing the job of many people. Employers can ease the burden on nurses by mandating nurse-patient ratios. Since , California has mandated patient ratios of 1: Studies have shown the benefit of such staffing ratios. The Aiken study demonstrated that nurses with California-mandated ratios have less burnout and job dissatisfaction, and the nurses reported consistently better quality of care, leading to decreased turnover. Decreasing patient-nurse ratios has more benefits than disadvantages that could benefit US hospital systems. The Aiken study followed nurses in three states: Pennsylvania, New Jersey, and California—with California being the only state with mandated nurse-to-patient ratios. Over 22, RNs were surveyed, and researchers found: What will it take to get the message across to industry leaders and make a change in how staffing levels are managed across the United States? To Stay or Go? She still works occasionally at the bedside on an intermediate care unit simply because of the one-on-one interaction she has with her patients. Many nurses reflect that they love nursing and enjoy spending time with their patients—something that is becoming more and more difficult with everything nurses are expected to do in this day and age. The decision to leave the bedside affects not only the nurse contemplating such a transition but also the facility and patients who may be taken care of in a facility that is short-staffed. Replacing a nurse is costly. Drawn to the profession because of her mother, she was inspired by her compassion at an early age: She recently graduated from an adult—gerontology program and will soon leave the bedside to work at an outpatient clinic. Because the bedside can be brutal on the body, many nurses like Green and Hatter choose to pursue nursing higher education to move from the bedside instead of leaving the profession completely. Nurses face a variety of challenges in the workplace that makes their job difficult. Based on the most prevalent and distressing issues identified by nurses, what is the overall answer to keep nurses at the bedside and, ultimately, in the profession? The RN Work Project reported when RNs leave their job, most go to another health care job not necessarily in a hospital. This is great for the general community, but it leaves a gap in coverage in hospitals where most acutely ill patients go. Where does that leave patients who need care in a hospital setting? I also think nurses should receive more recognition for the valuable role they play in society.

### 2: Why Good Nurses Leave the Profession

*The Charge Nurse is often a well-loved bedside nurse who demonstrates leadership qualities and aspires for more responsibility, so is promoted to the role of Charge Nurse. Charge Nurses work with the interdisciplinary team, such as physicians, social workers, case managers, bedside nurses, nurses aides, and pharmacists, to ensure each patient.*

This article underlines some real issues that need to be addressed. Who wants to work long hours, weekends, holidays, and night shifts? Who wants to tolerate an undermining pay scale, verbally abusive medical staff, and unrealistic administration? Indeed, new graduates are our precious resource; it is important to nurture them the best we can. However, sooner or later, our new graduates will come to the conclusion that bedside nursing is a hard profession. I cannot deny this fact to my new graduates if they ask. Perhaps the answer to the nursing shortage must come from those who so idealize the profession. If the author of this article, and others like her, worked at the bedside 12 to 24 hours a week, perhaps the bedside nurse can be enlightened with their presence and such positive thinking. Otherwise, those who live in glass houses should not throw stones! The author responds Ainslie T. The authors of this letter to the editor aptly stated many reasons why so many nurses might share this opinion. However, these nurses equate furthering education in nursing with an escape from the patient bedside. The authors also appear to believe that new graduates in critical care who leave their positions to further their educations do so for the explicit reason of escaping the problems that are described as concomitants of bedside nursing. In reality, I believe that advanced education is the key to advancing the profession, and that ultimately, education offers the greatest hope for alleviation of the nursing shortage. Younger-generation nurses are looking for opportunities and challenges over the entire span of their careers, not stagnation. Maintaining a vision that equates successful nursing with skill acquisition, knowledge application, and knowledge generation, as described by Wieck, 2 will allow them to continue to make an impact at the bedside rather than drive them away from direct patient care. More than 20 years of critical care nursing practice as a staff nurse, charge nurse, staff development educator, and academic nursing instructor who maintained practice hours at the bedside while teaching have taught me that failure to communicate the many opportunities available to professional nurses will ultimately result in the members of the new generation bypassing careers in nursing. Are we as incumbent nurses ready to see nursing as we know it disappear altogether? I do not wish to see successive generations avoid nursing because they feel it is not a meaningful profession. What opportunities and challenges might future generations miss by foregoing the hard work, but also the untold satisfaction, that a career in nursing affords! I know that there are other nurses who share this belief about our profession, and I am grateful to them for mentoring the next generation of nurses who are so badly needed to care for critically ill patients. Analysis of American Nurses Association staffing survey, February Faculty for the millennium:

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

### 3: Bedside nursing is "hard" and therefore undesirable

*The nursing role is rapidly evolving as nurses are tasked with an even wider range of health care responsibilities. Caring for the sick has certainly gotten more complicated.*

This article originally appeared in National Council Magazine. As integrated care continues to advance, questions around workforce are a cause for much discussion and concern. These questions include supply, competencies, workforce makeup, scope of practice questions, and changing roles for all professional disciplines in these settings. As a nurse and integrated health consultant, I often get asked about the role of nurses in the new integrated care workforce. Historically, nurses have always been present in community mental healthcare. By the virtue of their training, nurses work holistically with patients. There are more roles for registered nurses and advanced practiced nurses within the mental health organization than ever before. But, there are three main areas in which nurses today help with mental healthcare: A registered nurse must be able to help those prescribing medication. Here, the nurse is essential in helping patients understand the effects and side effects of their medication. In addition to monitoring vital signs, the nurse is a critical component to helping to remove the barriers to medication adherence and in helping patients advocate for themselves in a complex system. Telephone triage and follow up, coordinating care across multiple specialties and creating an environment of compassion are all roles that nurses fill in integrated care settings. As case management moves to care management, and the entire care team begins to look at people in terms of their whole health, the registered nurse can be used as a consultant to case management teams and to other staff within the organization. In this role, the nurse attends team meetings and listens for issues where mind and body connect. This might be the person with diabetes and depression or the person with acute anxiety and asthma. The nurse explores with the staff whether the appropriate screening has been done, whether mental health interventions are keeping the potential physical health issues in mind, and is available to see the person in complex situations. In addition, the nurse can identify population-based education needs for the team. A team might have a high percentage of people with diabetes and so the nurse could provide some targeted education on different aspects of the management of diabetes. The nurse can also support the coordination of physical and behavioral healthcare by providing strategies to work with primary care and when necessary, stepping in to support the development of the relationship. Because of their training across multiple scientific and psychosocial areas and because of competitive market forces, nurses are expensive to hire and maintain and there is a shortage of nurses available to work in community settings. This scarcity and cost of the resource makes it imperative that they function largely in the roles outlined above. But there are situations where the direct care services of the nurse are invaluable. For a period of time, the nurse could step into the direct care role and help that person navigate the healthcare system. They can be the listening ear for the treatment options, as well as advocate for that person in the system. They can ensure the patient is having their needs met. Registered nurses can also have a role within the population health arena. They can help a team of case managers take a look the pressing physical health issues of the population being served. In this role, the nurse looks at the needs of a whole group or a community and evaluates the way the community is impacting the health of people. They then offer ways to help to mitigate that impact. While these roles are effective and necessary, there are factors that inhibit registered nurses from filling these roles in mental healthcare. One of the reasons is that mental health providers often cannot compensate nurses properly. Behavioral health providers must make the effort to compensate nurses at the market rate, and then they can track the impact the nurse has on productivity and outcomes.

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

### 4: Clinical Nurse Leader Roles | Sacred Heart University Online

*Each time a nurse attended my many needs, they did so with compassion. They were so focused on my recovery, but invariably likeable and approachable at the same time. I sometimes believe I have a bond with nurses that goes back many years.*

A CNL makes it his or her mission to identify how to improve the quality of patient care and prepares other nurses with the skills needed to thrive in the current and future healthcare system. Quality care begins at the bedside and while nursing leadership is known to go beyond to the managerial or administrative level, the Clinical Nurse Leader plays an integral leadership role at the bedside, holding patient care at its core. This position is not one of administration but of action, consistently evaluating patient outcomes, assessing cohort risk, and making leadership decisions to change care plans when necessary. Taking on Leadership Learning to become an effective leader is a significant skill to be developed throughout nursing education. Unlike a staff nurse, the CNL has a hand in many things. Responsibilities involve drafting healthcare plans for patients, leading processes and teams, utilizing data to design and implement evidence-based practice, and anticipating problems with colleagues or patient care. They can also be agents of change for a healthcare facility or organization. The CNL is a master at many styles of leadership to effectively get their employees to perform at a level of excellence. Two leadership styles include: Democratic - allowing team members a say in critical decision-making, with the final decision resting with the leader. Affiliative - putting the team members first and ensure their needs are met on a project. To ensure quality of care is at its optimum state, the nursing culture in the organization has to have leaders that promote autonomy, integrity and ongoing performance and care improvement. Helpful key behaviors include that leaders do the following: Encourage followers to be actively involved in the quality control process Clearly communicate expected standards of care Encourage high standards to maximize quality instead of setting minimum safety standards. Embrace quality improvement as an ongoing process Use control as a method of determining why goals were not met Distinguish between clinical standards and resource utilization standards, ensuring that patients receive at least minimally acceptable levels of quality of care Support and actively participate in research efforts to identify and measure nursing sensitive patient outcomes

Improving Patient Care The CNL focuses on the safety of patients and families entrusted into his or her care. There are seven important subcultures CNLs need to maintain a culture of safety: A large part of the job involves managing patient care and coming up with the best plan or course of action. Nurses studying to become a CNL will learn how to research new surgery techniques, assess new equipment and relevant details. CNLs are also prepared to address change by learning about risk anticipation, risk reduction failure modes analysis techniques, as well as conducting root cause analyses. As technology increases, teamwork and interdisciplinary collaboration grow more essential to safe care delivery. The CNL education preparation includes a specific focus on communication skills targeted towards the teamwork, lateral integration of care, and conflict management needed to advocate for patient-centered, evidence-based care. One of the early examples of the CNLs ability to provide strong evidence-based point-of-care clinical leadership was the bed hospital project at Baptist Hospital in Miami, Florida. Additionally, one-year findings included increase in patient satisfaction and a decrease in staff turnover. Another example of CNL role implementation in an acute care setting comes from a hospital in northeastern Florida. There were improvements in nurse satisfaction and retention, patient satisfaction, and physician. From the newest certified nursing assistant, to the most tenured doctor, the CNL must maintain clear communication with all stakeholders. One of the biggest challenges in our complex, healthcare settings is that of effective and timely communication among multiple healthcare providers, including physicians, nurses, therapists, and consultants. Without this communication, care can become fragmented for the patient and family, increasing their risk of harm. A CNL role insures that patient and family needs are not only assessed, but also properly communicated with all members of the healthcare team for effective, quality care. This helps in identifying the best plan of action. This coordination ultimately helps reduce fragmentation and lapses in patient care and safety. As a leader, constant communication is critical, as is the ability to listen to

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

problems and ideas from others with an open mind. To become a leader and expert, it is important to specialize in an area of focus in healthcare. The CNL career path is ideal for established nurses who strive to be the best patient caregiver. A Master of Science in Nursing with a Clinical Nurse Leader track is the ideal path for nurses to achieve this career goal, as it is designed to prepare nurses for the CNL certification exam.

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

### 5: "Nurse Shift Handoff Report at the Patient's Bedside: Improving Nurse-t" by Francis R. Estrella

*As a nurse and integrated health consultant, I often get asked about the role of nurses in the new integrated care workforce. Historically, nurses have always been present in community mental healthcare.*

One of the following employment categories: In order to be eligible for recertification the Case Manager needs to either retake the CCMC exam or complete 80 hours of continuing education. The purpose of the exam: Specifically addresses Case Management in health delivery system settings Tests core Case Management knowledge that is shared by Nurse and Social Work Case Managers, as well as competency in the individual skills of each professional background Utilizes clinical simulation testing methodology to test "competency beyond knowledge" - testing critical thinking skills and the ability to use knowledge in practical situations. Eligibility to take the ACM exam includes working as a RN or Social Worker and meeting certain criteria and being employed for at least 2 years as a case manager or equivalent. The ACM is valid for 4 years and recertification requires 40 hours continuing education. While many great organizations offer a certification in case management the bottomline is which certification is preferred by the employer. Because working as a case manager is required to take the case management exam the RN will likely already be working in that role and will be staying with the current employer, so he or she can simply ask the appropriate manager. As with all RN jobs, salary will increase with years of experience, certifications, and leadership roles. This nurse has the ability to map real-life nursing and clinical practices into healthcare informatics applications. This RN is also responsible for assisting in the integration of new software and software updates into the clinical setting and being the facility resource for daily operational issues of the clinical system. According to the American Medical Informatics Association AMIA over 70, Informatics positions will need to be filled over the coming years due to the requirement of electronic medical records. This is employer specific so the best way to check required education for any role is to look at the job listing. Years of experience, highest level of education, location, and certifications tend to dictate salary in the field of nursing.

**Assistant Nurse Manager Role of Assistant Nurse Manager** The Assistant Nurse Manager is frequently aspiring to be a nurse manager and his or her performance demonstrates this by making efforts to go above and beyond the requirements of the position and learn more about what the nurse manager does. The Assistant Nurse Manager provides support to staff in the form of making schedules, dealing with conflict between staff members, hiring, firing, performance reviews, coaching, counseling, mentoring, and holding staff accountable. This key nurse leader plays a significant role in helping the nurse manager to achieve financial, educational, and clinical goals while collaborating with other departments. The Assistant Nurse Manager supervises nurses who provide direct patient care, oversees ancillary staff, and ensure patient satisfaction. In addition to education this role requires at least years of clinical experience preferably with some leadership experience. Having some experience with budgets and finances is also beneficial in securing this position. At this time there are no certifications for Assistant Nurse Managers, however, some are available for Nurse Managers. The Assistant Manager often works 8 hour shifts Monday through Friday without weekends, holidays, or working on-call. They also do not usually provide direct patient care, unless a staffing emergency arises. For many nurses, the schedule is as attractive as the salary. The Charge Nurse works under the Manager and Assistant Manager to ensure patient care activities are safe and effective and that patients are satisfied with their care. The Charge Nurse is often a well-loved bedside nurse who demonstrates leadership qualities and aspires for more responsibility, so is promoted to the role of Charge Nurse. Charge Nurses work with the interdisciplinary team, such as physicians, social workers, case managers, bedside nurses, nurses aides, and pharmacists, to ensure each patient on the Unit is receiving safe quality care. This nurse checks in on each patient and family to ensure satisfaction with the care they are receiving. Any problems which arise and can not be dealt with by the bedside nurse will be handled by the Charge Nurse. Bedside nurses know to "go up the chain of command" to deal with problems. The bedside nurse reports to the Charge Nurse during the shift. In a perfect world, Charge Nurses are not assigned patients while having the added responsibilities of being in charge of the Unit, but in reality many Charge Nurses have at least 1 patient assigned to them. In well staffed large hospitals or States where ratio

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

laws prevent this, such as California, Charge Nurses will not have to provide direct patient care while running the Unit. How to Become a Charge Nurse Years of experience and gaining leadership experience, such as participating in education and research projects, joining committees, and seeking out preceptor opportunities for new hires or nursing students, will look great to a manager who can promote the RN to Charge Nurse. Most Charge Nurses are hardworking bedside nurses who demonstrate leadership skills and a desire to work in the role of Charge Nurse. However the more education a nurse has the better it looks for management to give added responsibilities. Completing higher education demonstrates a commitment to start and finish something and suggests a better understanding of the field of nursing. Also, the BSN program includes leadership classes. Having more knowledge in a specific area of nurses is tremendously helpful when considering the Charge Nurse will be helping the interdisciplinary team critically think to determine the best method of care for a patient. And for most hospitals, the protocol for a patient who is having a pressing medical issue is for the bedside nurse to get the Charge Nurse involved to determine the best next step. Therefore the Charge Nurse should be as knowledgeable and experienced as possible. Salary of Charge Nurses Because Charge Nurses usually work as both a bedside and Charge nurse they are paid a differential on top of their hourly wage. In hospitals the title may be Clinical Nurse Educator and in nursing schools the title may be Adjunct Clinical Instructor. The Clinical Nurse Educator is an experienced RN who develops and deploys standardized education and training based on the nursing process and standards of nursing practice. They are responsible for designing and teaching new graduate RN internship programs, experienced RNs learning a new device or skill, developing hospital-wide teaching programs, and ensuring each staff nurse is up-to-date on the latest research which may affect daily nursing practice. In nursing schools the title may be Adjunct Clinical Instructor. The Adjunct Clinical Instructor teaches nursing students onsite in hospitals or other healthcare facilities. The Instructor is responsible for ensuring nursing students are learning and demonstrating safe nursing practice and understanding the nursing process. How to Become a Nurse Educator A great start to working as a Nurse Educator is by gaining years of experience as a bedside RN, earning as many certifications as possible, being involved in research projects and committees, and taking part in educational activities. Holding a leadership role, such as Charge Nurse, is always great addition to a nursing resume and would look good to a hiring manager. The Goals of the CNE exam include: Licensure A currently active, unencumbered, registered nurse designation in the country where currently practicing as a nurse educator. Experience Two years or more employment in a nursing program in an academic institution within the past five years. The degree level for this salary is not stated. The schedule for this role when working for a hospital is typically Monday - Friday with 8 hour days, no nights, holidays, or weekends. When working for a nursing school as an Adjunct Clinical Instructor the nurse may work onsite with students only one hour shift a week for a semester at a time. This role is sometimes part-time or as a second job for a full-time bedside RN. The Clinical Development Specialist promotes a positive learning environment by using principles of adult learning, quality improvement, and organizational development. Evaluating the effectiveness of teaching is an important part of this RNs responsibilities. How to Become a Clinical Development Specialist Many positions for this role are in the hospital setting. Applying at the hospital the RN already works is the easiest pathway to making the transition into this role. Creating a relationship with the hiring manager and speaking to human resources would also be helpful. No certifications exist specifically for this role but holding certifications in nursing specialties, such as the CCRN, demonstrate professionalism and expertise in nursing. Most nurses in this role work Monday - Friday during the day with no holidays, nights, or weekends. This schedule is in high demand for many experienced nurses. Experience, certifications, location, and facility all affect salary for this role.

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

### 6: Beyond the Bedside: Nurses In Integrated Care Â« BH

*A More Accurate ICU Nurse Job Description. I do think that the real ICU nurse is different from what the general public often thinks it is. Some nights are busy and chaotic if you have an unstable patient, but many nights are simply full of tasks to be completed.*

Have you ever thought about doing critical care nursing? Or wondered what it is actually like? On the television, the ICU is full of doctors constantly coding patients and then the patients thanking them as soon as their heartbeat comes back. Is this what the ICU is really like? Some nights are busy and chaotic if you have an unstable patient, but many nights are simply full of tasks to be completed. A stable but critical patient requires a lot of attention! Even for these patients, you get to be a person of many talents. I remember one patient that came into the ICU in respiratory distress. Talk about total care! Patients on ventilators are repositioned in bed every two hours, have their mouth cleaned every four hours, and are bathed by the nursing staff at least once per day. It is such a great service to be able to provide to these patients. They literally can do nothing on their own. This is often the worst experience of their lives. They will be losing their loved one. I was participating in a code just the other day, and there was one nurse who without saying a word seemed to designate herself to emotionally supporting the family as the code progressed. As a nurse, you need to be a shoulder to cry on, someone to talk through things with, or even the person to give the family space to grieve. The end of life talk is often started by a bedside nurse. Knowing how to bring up these topics and be sensitive to the family is of utmost importance in these situations. Families will ask many difficult questions and need someone to process the answers with. Click to Tweet Pharmacist As a critical care nurse, you have definitely got to know your medications! There are certain drugs only to be administered in the ICU because of their potency. A couple of examples are vasopressors continuous IV medications to help raise blood pressure and IV insulin used to lower blood sugar in extremely hyperglycemic patients. These are both medications which the bedside nurse titrates depending on vital signs, blood sugars, etc. If a patient has a low blood pressure, we turn up the vasopressors. If their blood sugar is dropping too quickly, maybe we decrease the dose of the IV insulin. This is one aspect of critical care that I love! I have parameters set in place for these medications, and I get to titrate them accordingly. This also gives the bedside nurse a great deal of responsibility when caring for these patients! This is precisely why you usually have only two patients to care for. Codes are not an uncommon occurrence in the ICU; the one thing that is nice is that usually you see them coming. As a critical care nurse, you get to participate in every part of the code: Educator One of my favorite parts about critical care is being able to explain to patients what on earth is going on with their bodies. Why do you have a low blood pressure when you have a widespread infection? Why is it time for a tracheostomy to be placed? I feel like each shift I learn so much about how the body works and what the interventions we are performing are REALLY doing to the patient. I always tell patients to write their questions down as they come up with them and then ask, ask, ask away! Understanding medicine for them may be like us trying to understand how a super computer works! Critical care is an area that is constantly challenging you as a nurse. There is such a wide variety of responsibilities changing from patient to patient. From code browns to code blues, there is always some patient in need of a nurse to help them. It is not always the most glamorous job when dealing with an alcoholic going through withdrawals, but it is well worth it. After finding out the real ICU nurse job description, how do you feel about starting or continuing a career in critical care? Read the real ICU nurse job description and see if a career in critical care is right for you. She enjoys helping nurses at all stages of their careers, from getting into nursing school, learning new skills, or even searching for their first nursing job!

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

### 7: Anything else I can do besides bedside nursing? - pg.2 | allnurses

*Bedside Reporting at Shift Change In an effort to put patients central to all care activity information, many health care organizations are conducting nurse-to-nurse shift reports at the bedside in the presence of the patient.*

Carnie Wilson Nurses inspire me. I see them as fearless, trustworthy, patient, skillful, loving, and dedicated. They act quickly in urgent situations, make critical decisions, and most important, trust the decisions they make. Nurses are confident about themselves and proud of the work they do, which are necessities in a particularly challenging profession such as health caregiver. Although nurses have many commendable qualities, the force behind their work is a driving need to care for others. When it comes time to help a patient, they have no second thoughts, no reservations, they simply act. It is an outstanding quality, one that makes nurses unique. However, like anyone who spends a majority of time serving others nurses, I believe, sometimes forget to nurture themselves as well. They do so much for patients that they may forget to take time to give themselves the same consideration. How did I get to learn so much about nurses? Nine years ago, I was clinically obese and prediabetic. I suffered from chronic headaches and debilitating shortness of breath. The nurses there played a critical role in my treatment and recovery. They demonstrated amazing skills throughout my inpatient and outpatient care and provided me with constant support and love. Each time a nurse attended my many needs, they did so with compassion. They were so focused on my recovery, but invariably likeable and approachable at the same time. I sometimes believe I have a bond with nurses that goes back many years. Some of this may stem from having had weight issues throughout childhood and the attendant medical issues I faced growing up. I may have learned then the need to reach out to others, especially those battling health issues. However, I never really took the time to care for myself. Despite my best efforts, I have always found it challenging to manage my health. I think sometimes we all become so consumed with helping others that we end up putting ourselves last. Imagine that same impact on nurses! Nurses work long days and nights performing selfless acts for their patients. They should embrace the honor of their profession and savor the appreciation for the care they give because they truly deserve it. They should never be reluctant to pat themselves on the back or congratulate themselves after a tiring shift before returning the next day to do it all over again. We, as patients, could not heal or recover without them. And nurses should be reminded of that, always.

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

### 8: Responsibilities and Tasks | Nurses of the Bedside

*Although the typical nurse's schedule consists of three hour shifts per week, when the days are packed with multiple tasks and responsibilities each and every day, burnout is inevitable. Studies conducted to rate nurse turnover clearly show that as a nurse's workload increases, nurse burnout and job dissatisfaction are both precursors of.*

In hospitals, clinics, and care centers around the US, nurses are rising to meet these challenges. And advanced nursing education is empowering nurses to lead the way. Caring for the sick has certainly gotten more complicated. The graying of our society -- plus growing rates of diabetes, obesity, and other conditions -- means the health care system is dealing with an increasing number of complex illnesses. Nurses are giving TED talks, publishing scientific research, developing mobile medical applications, and actively addressing health care policy. The field is growing, and so are opportunities for nurse practitioners, DNP and PhD nurses, nurse educators, nurse-anesthetists, and nurse researchers. New health care technology is also creating opportunities for nurses. More and more aspects of the profession are electronic: Test results, X-rays, blood work, and ordering medication. An array of new technologies -- mobile devices, electronic medical records, cloud computing, and teleconferencing -- invite nurses to be digitally ambitious. The opportunity to pursue medical specializations -- diabetes, obesity, pharmacology, and more -- is blooming, but the real opportunity is in mastering complex, multifaceted issues that impact our health care system and our nation. Even basic medical instruments are getting smarter: For example, new bandages for heart patients have built-in sensors to measure vital signs. In the emerging field of nursing informatics, nurses will connect with technology developers to make these systems more user-friendly. Nurses will also confront the growing costs of health care in America. For example, a major challenge is how to curb the large expenditures for chronic disease patients in hospitals. One proven way is to treat patients before they need a hospital visit. New at-home monitoring programs, where nurses see patients on live webcasts, will soon play a larger role in patient care. Because these emerging tools are at the forefront of more cost-efficient care delivery, nurses who can adapt and implement technology will become sought-after leaders. Patient behaviors are also evolving in a digitalized world. Patients are using online resources to research and treat their symptoms. Health and wellness are consistently among the most searched-for topics on Google. Nurses will need to double as health technology librarians, directing patients to trustworthy websites and useful applications. Nurses will no longer be limited to one-size-fits-all safety pamphlets. Patient education can become more personalized, with hundreds of new medical apps, from glucose monitors to basal body temperature trackers. Nurses will still need to be culturally wise too. Hospitals are increasingly diverse, cultural melting-pots where nurses work on the front lines of race, religion, and gender. Doctor time is limited, but nurses deliver hour-to-hour care and interact with the families of patients. It requires the ability to listen and understand people from all walks of life. The demands of health care are calling for a new generation of thinkers who want to be agents of care innovation. However, as nursing continues to evolve with new hospital structures, fancier gadgets, and political challenges, the heart of the profession stays the same. Whatever the tools and technologies, the job of the nurse will remain caregiver and advocate for the most sick and vulnerable members of our communities. Getting an advanced nursing degree means preparing yourself for a changing world of possibility. With the right skills and knowledge, the next generation of nurses can make a bigger difference for patients, communities, and our national health care environment.

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*Discussions of hospital quality, efficiency, and nursing care often taken place independent of one another. Activities to assure the adequacy and performance of hospital nursing, improve quality.*

## 12. THE RESPONSIBILITIES OF THE BEDSIDE NURSE pdf

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