I. PURPOSE:
   A. It is the policy of the Department of Nursing that instructors are responsible for the nursing care and activities of undergraduate student nurses while in the Cooper University Health Care System (CUHC System). A nursing instructor must be available in the CUHC System at all times when student nurses are practicing in the clinical area. However, responsibility for nursing care and related duties is retained by the Cooper University Hospital Department of Patient Care Services when nursing students are providing care on a patient unit.

II. SCOPE:
   A. Student Nurse

III. TYPES OF STUDENT NURSE EXPERIENCES:
   A. There are three types of student nurse experiences at Cooper University Health Care:
      1. The role of the student nurse is strictly observational. In this instance the student nurse observes a staff nurse deliver care to a group of patients. The instructor in this case is on site but may be directly observing students on another unit.
      2. The traditional instructor directly supervising a group of student nurses on a nursing unit. The student-faculty ratio will be consistent with standardized local, regional and national practices and/or clinical unit limits, and reflect the protection of patient safety and delivery of high quality care. One faculty member per 10 students is the ratio for non-observational clinical areas.
      3. The preceptor experience is where the student nurse is typically a senior student in his/her last semester assigned to a unit and supervised by a staff nurse designated as the preceptor. The instructor is in the hospital and available by beeper/cell phone.

IV. POLICY:
   A. Placement of Student Nurses
      1. Clinical assignment for student nurses will be provided based on the following criteria:
         a. Unit assignments will be determined by the course objectives and patient care needs on the unit.
b. When there is a conflict with the unit assignment, patient care needs determine the placement of students.

c. The clinical placement schedule will be published each semester. Clinical observations or experiences outside the published schedule require prior permission.

d. Students will be assigned in small groups with a nursing instructor available on the nursing unit. The only exception to this policy will be leadership students who will have an instructor present in the hospital available on beeper/cell phone.

e. The nursing instructor will meet with the unit Clinical Director/Educator to discuss and define objectives prior to the beginning of the student rotation.

f. All student nurses and faculty shall complete education on the Electronic Medical Record (EPIC)
   i. Faculty shall follow procedure for procuring EPIC passwords.
   ii. Mandatory education shall be completed by the student; reviewed and submitted by the clinical faculty.

B. Student Responsibility

1. Student shall display school identification badge and a Cooper student badge

2. Student shall wear school uniform and adhere to Cooper University Hospital dress code policy.

3. It is the expectation that patient care is provided by the student nurse during clinical rotation.

4. The nursing instructor will supervise all aspects of patient care provided by the student nurse with the exception of the leadership student who is directly precepted by an RN staff nurse.

5. Patient care procedures must be supervised directly by the instructor until proficiency is identified.

6. Students and faculty shall report any changes in patient condition immediately to the RN.

7. Student nurses will not contact physicians directly. All concerns shall be directed to and discussed with the professional nurse assigned to the patient.

8. Student nurses are encouraged to participate in interdisciplinary conferences.

9. RN is notified when student and/or instructor is off of the unit (breaks, conference etc)
10. Report is given to the RN at the end of the student shift.

11. Students may not do ventriculostomy, central line, or arterial line care or maintenance.

C. Medication Administration

1. Faculty is required to review the regulations concerning medication administration available on the Cooper Policy Network (CPN located on the portal). Faculty shall directly supervise the administration of medications. When the student has demonstrated knowledge and proper technique as evaluated and determined by faculty, he/she may give medications (except IV meds).

2. When medications are supervised by staff RN, the staff RN is to be present throughout the process of medication administration.

3. Administration of all medications, oral (PO) narcotics, and IV fluids by students shall be supervised directly by the instructor or the assigned RN preceptor. Oral (PO) PRN narcotic medication is to be reviewed with staff RN prior to administration.

4. IV push medications, IV narcotics, paralytics or vasopressors shall NOT be given by nursing students.

5. Nursing students may not administer any medications through a central line (triple lumen catheter/Shiley port/Port-a-cath/Hickman, etc).

6. Nursing students may only hang IVPB medications through a running peripheral IV with the EXCEPTION of the first dose of a new medication, which will be given by the staff RN. Compatibility checks and administration are to be directly supervised by the nursing instructor.

7. Nursing students may not independently program an infusion pump.

8. Nursing students may not administer blood or blood components.

9. The documentation of all medication administration by the student nurse shall be directly supervised by the instructor or the assigned RN preceptor.

10. The supervising RN (instructor or staff RN) will co-sign the medication administration record (MAR). The RN may write “I agree/concur with above documentation” and/or add any additional documentation. LPNs may not co-sign RN student nurse medication administration documentation.

11. Students in an observational experience shall not administer any medications.

12. Medication errors by student nurses shall be reported to:
   a. Nursing instructor
   b. Nurse responsible for the patient
c. Physician of Record (to be notified by RN responsible for patient)

13. Incident report to be completed that includes the names of all involved parties.

V. DOCUMENTATION:
   A. The instructor or RN preceptor must cosign all paper documentation.

VI. REFERENCES: [If applicable]

APPROVED BY:

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