



# Facility Staffing General Guidelines

## **PAIN MANAGEMENT**

1. All patients have the right to have pain assessed and managed. On admission all patients are assessed and patient's pain level documented according to facility's standards.
2. All patients are to be educated about pain levels and how their pain is to be managed. The patient will be educated on pain scale and how often pain will be reassessed to meet their needs.
3. All patients are to be screened to assess pain level and determine nature and intensity of pain. The patient's pain scale level should be taken with each set of vital signs and more often if measures have been implemented to alleviate pain.
4. All patients are to have pain reassessed to determine the effectiveness of intervention. All patients' pain will be reassessed after medication administration or comfort measures to determine the effectiveness of pain management.

### ***Assessment of Cognitively Impaired and Unconscious Patients***

1. Facial expressions: frown, wrinkled forehead, grimace, fearful look, sad, muscle contraction around the mouth and eyes.
2. Physical movements: restlessness, fidgeting, absence of movement, cautious movement, guarding, rigidity, and generalized tension.
3. Vocalizations: groaning, moaning, crying, noisy breathing.
4. Overlooking signs of pain is very serious, consider your assessment skills and advocate for your patients with pain management.

### ***Alternative Treatment for Pain Control***

1. Relaxation Breathing
2. Muscle Relaxation
3. Music Therapy
4. Imagery

## **PATIENT RIGHTS**

1. The patient has a right to considerate and respectful care. Each patient is entitled to care that is thoughtful of his or her individuality, culture and diagnosis.
1. The patient has a right to get complete and up to date information regarding diagnosis, treatment and prognosis. The information should come from the physician and be supported by all healthcare workers involved in the patients care.
2. The patient has the right to refuse medical treatment as permitted by law.
2. The patient has the right to expect that any and all communication regarding condition as well as his or her patient record will be treated confidentially.
3. The patient has the right to expect the hospital to reasonably respond to request for treatment. The hospital must evaluate the patient and, based on urgency, either accept or provide a referral.
4. The patient has the right to be told if the hospital plans to engage in human experimentation that might affect the care and treatment received.
5. The patient has the right to expect continuity of care.
6. The patient has the right to review and receive any explanation of billing, regardless who the primary payer may be.
7. The patient has the right to be informed of any hospital rules/regulations that may affect his or her behavior.



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### **EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)**

1. EMTALA is a statute, which governs when, and how a patient may be: (a) refused treatment or (2) transferred from one hospital to another when he or she is in an unstable medical condition.
2. The purpose of this statute is to prevent hospitals from rejecting patients, refusing to treat them, or transferring them to “charity hospitals” or “county hospitals” because they are unable to pay or are covered under the Medicare or Medicaid programs.
3. The person who will usually have to make the sometimes-difficult decisions, which are governed by EMTALA, is the emergency physician.
4. The essential provisions of the statute are – any patient who “comes to the emergency department” requesting “examination or treatment for a medical condition” must be provided with “an appropriate medical screening examination” to determine if he or she is suffering from an “emergency medical condition”.

### **LATEX SENSITIVITY/ALLERGY**

1. Latex is the milky sap of the rubber tree that is used in making natural rubber products.
2. One cannot identify latex products by examining or looking at the product.

#### ***Latex allergic reactions:***

1. Delayed type of contact dermatitis, redness and inflammation over exposed area, example: hands, followed by blister formation.
2. Contact urticaria is localized itching, stinging or discomfort over the gloved hand followed by redness, swelling and wheals.
3. Systemic reactions include hives, itching, angioedema, shortness of breath, dizziness, and anaphylaxis.
4. Symptoms tend to increase with exposure to latex, cumulative effect.

#### ***Routes of latex exposure:***

1. Cutaneous/ mucous membrane exposure to, but not limited to, gloves and foley catheters.
2. Inhalation of latex protein that binds to the cornstarch in powder gloves.
3. Intravascular examples: IV ports, medication vials with rubber stoppers.

#### ***Latex safe patient care:***

1. Ask and document if the patient is allergic to latex (rubber) or has any other allergies (bananas, avocados, kiwi or chestnuts may increase sensitivity to latex).

### **DOMESTIC VIOLENCE**

1. Domestic violence is an abuse against an adult or emancipated minor by a significant other.
2. Leaving a relationship is a process.
3. Victim’s stay in violent relationships for many reasons i.e. fear of perpetrator’s violence, failure of system to protect, economic reasons, children, culture or religious values, believe violence is their fault.
4. As healthcare providers, questioning patients should be done in a safe environment. Let them know you’re concerned, that they are not alone and that help is available. They should be aware that domestic violence is a reportable crime.



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5. If you suspect domestic violence notify the supervisor on duty and follow the facilities policy and procedure on reporting.

### ***Elder Abuse and Neglect***

1. Elder abuse and neglect according to the American Medical Association is any physical, psychological, or financial mistreatment of an elderly person. It may or may not be intentional and an adult will often suffer several forms of abuse and neglect at the same time.
2. Physical abuse is an act that results in bodily harm, injury, and impairment.
3. Physical abuse is the most obvious of abuse, because it often leaves physical signs.
4. It is never acceptable to use physical or chemical restraint to discipline an elder.
5. Psychological abuse inflicts emotional pain.
6. Psychological abuse is sometimes hard to detect unless witnessed.
7. Financial abuse may include stealing money or property or forcing an elder to sign contracts against their will.
8. Signs to look for in elderly patients are: depression, sign of trauma, poor hygiene, malnutrition, and fear of caregiver.
9. If you suspect Elder abuse notify the supervisor on duty and follow the facility's policy and procedure on reporting.

### ***Child Abuse and Neglect***

1. Child abuse and neglect according to the American Medical Association is any physical or psychological mistreatment of a minor.
2. Physical abuse is an act that results in bodily harm, injury and impairment.
3. Psychological abuse inflicts emotional harm.
4. As healthcare workers, signs to look for are: patterns of bruising, burns, fear, depression, behavioral problems, hypersexuality, and incontinence.
5. If you suspect child abuse notify the supervisor on duty and follow the facility's policy and procedure on reporting.

## **THE SAFE USE OF PATIENT RESTRAINTS**

1. Restraint use is a risk management issue for several major reasons. Restraints can be dangerous to patients. Serious consequences, such as physical and psychological harm, loss of dignity, violation of individual patient rights, and even death may occur.
2. Restrain as few patients as possible.

### ***Alternatives to Restraints***

1. Relaxation techniques
2. Orient patient to reality often
3. Provide companionship: family, friends, church members, volunteers and sitters.
4. Move patient close to nurse station.
5. Provide pain relief
6. Put call light within reach
7. Frequent bathroom visits
8. Decrease or control noise levels
  - a. Urinal or bedpan within reach

### ***Assessment to Determine Need For Use Of Restraints***

1. Risk or potential harm to self and others



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2. Patient condition and diagnosis
3. Current treatment and care needs
4. Patient ability to cooperate with therapy and interventions.

### ***Desired Outcomes of Restraint Use***

1. Least restrictive device.
2. Restraint discontinued when goals have been accomplished.
3. Skin integrity maintained.
4. No harm to patient or others.
5. Treatments implemented and completed without delay or disruption.
6. Fluid and nutritional needs met.
7. Elimination needs met.

### ***Physician Orders For Use Of Restraints***

1. Restraint will be initiated or continued upon the order of a treating physician. The order must include type of restraint to be applied and will be based on specific actions or conditions that indicate restraint use. PRN orders are not acceptable
2. All Healthcare providers must refer to the facility in which they work for any other specific guidelines for restraint use.

## **CUSTOMER SERVICE**

1. Maxim Healthcare strives to provide quality patient care and customer service to all clients.
2. Wear your name badge at all times during your shift.
3. Dress according to the dress code of the facility.
4. Make sure you have your current CPR card and license available upon request.

## **PATIENT CONFIDENTIALITY**

1. The Health Insurance Privacy and Portability Act (HIPPA) places the highest importance on the protection of Patient Health Information (PHI).
2. As healthcare workers we have access to personal health information. It is your responsibility to know the procedures for release of information in each facility in which you are working.

### ***Key Points***

1. Do not share patient information in any area with co-workers where others can overhear.
2. Do not share patient information with anyone who hasn't been released by the patient or primary caregiver.
3. Follow all hospital procedures when releasing Patient Health Information (PHI).

## **PATIENT RIGHTS REGARDING HEALTH INFORMATION**

1. Inspect and copy
2. Request confidentiality
3. Request restrictions
4. Amend the record



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## **RADIOLOGY SAFETY AND POTENTIAL HAZARD**

1. Staff exposure to radiation from portable and fixed X-ray machines in the hospital is a potential risk as healthcare providers.
2. Radiation Exposure occurs when unprotected employees are near a machine in operation. The degree of exposure depends on the amount of radiation, duration of exposure, the distance and type of shield in place.

### ***Potential Health Effects***

1. Acute: erythema and dermatitis. Large whole body exposures may cause nausea, vomiting, diarrhea, weakness, and death.
2. Chronic: skin cancer and bone marrow suppression. Genetic effects may lead to congenital defects in employee's offspring.
3. Due to the serious potential health risk you must follow the facility's protocol when in areas where the potential of radiation exposure is present.
4. Orientate yourself to all areas before entering and read warning signs when posted.

## **HEALTH AND SAFETY**

### **BACK SAFETY**

1. As healthcare employees we must understand how our backs work to prevent injury.
2. A healthy back has three natural curves, using good body mechanics maintains the curves and reduces injury.

### ***Protecting Your Back***

#### **Lifting**

1. Get assistance when the load is too heavy
2. Stand with feet slightly apart to support your weight.
3. Lift with your legs and keep load close to your body, bend your knees.

#### **Bending**

1. Kneel down when picking up an object from below the waste.
2. Bend your knees and hips, not your back

#### **Sitting**

1. Maintain good posture.
2. Sit in a chair that allows your feet to be flat on the floor.

#### **Pushing and Pulling**

1. Stay close to the load, and don't lean forward.
2. Use both hands

#### **Turning Patient**

1. Adjust bed height
  2. Slide the patient in the opposite direction that you will be turning the patient.
  3. Use your whole body, keeping knees bent and back balanced.
  4. Turn patient toward you.
- Remember Maxim offers Back Safety Education if you need to review the materials again, please notify your Maxim Representative.
  - Maxim has a program to contribute to back braces to every employee upon request.



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### **ERGONOMICS**

1. Ergonomics is the science of fitting the job to the worker. When there is a mismatch between physical requirements of the job and physical capacity of the worker, work related musculoskeletal disorders (MSDs) could result. Ergonomics is the practice of designing a work environment and designing equipment to conform to the worker's needs. If at any time during your employment with Maxim you feel that your work capabilities don't meet your capabilities let a maxim representative know so that we can assist you.

### **BLOOD BORNE PATHOGENS**

1. Blood borne diseases are a risk in the healthcare profession. Protecting yourself and others is the key to prevention of exposure.

#### *Blood borne Diseases*

##### ***Hepatitis B***

1. Hepatitis B Virus (HBV) causes severe liver disease. Many people exposed to the disease show no signs of the infection.
2. Symptoms may include: jaundice, fatigue, abdominal pain, loss of appetite, occasional nausea or vomiting.
3. Hepatitis B is a great threat to healthcare workers, there is no sure cure for the disease, prevention includes the Hepatitis B vaccine.
4. Contact your Maxim Representative if you would like to receive the vaccine.

##### ***Hepatitis C***

1. Hepatitis C (HCV) 85% of people infected with HCV have chronic infections, only 10% of those infected with HBV are chronically infected. The Center for Disease Control reports about three million people in the United States are chronically infected with Hepatitis C while 1.25 million are chronically infected with Hepatitis B virus. Many of these people show no symptoms of the disease.
2. Hepatitis C is the leading Indicator for liver transplants.
3. There is no vaccine for Hepatitis C, there are some antiviral drugs that have been effective in some people

##### ***HIV***

1. HIV attacks an individual's immune system and causes it to break down.
2. As many as 900,000 people in the United States are infected with HIV, according to the CDC.
3. People who die from AIDS have decreased, with the success of aggressive treatment.

##### ***Transmission of Blood borne Diseases***

1. For healthcare workers the most common cause of exposure is contact with blood. The risk of exposure and spread from potentially infectious materials, including semen and vaginal secretions, as well as body fluid or tissue containing blood. Modes of transmission include skin, eye, and mucous membrane. Protect yourself: no eating, drinking, application of cosmetics or handling of contact lenses is allowed where the possibility of contamination exist.



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2. The spread of these diseases includes cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid and saliva in dental procedures.
3. As healthcare workers we need to educate our patients on how these diseases are spread. In today's society these diseases pose a threat to those who chose to have unprotected intercourse, sharing needles, and transmission from mother to unborn child.

### ***Protection In The Workplace***

1. Become familiar with the facilities Exposure Control Plan. Notify your Maxim Representative after suspected exposure.
2. Use Protective Equipment whenever you anticipate touching blood, body fluids, secretions, excretions or contaminated surfaces.
3. Protective equipment includes: gloves, mask, gown, and the use of proper hand washing is your key to not exposing yourself to these potential diseases.

### **INFECTION CONTROL AND EMPLOYEE HEALTH**

1. Every health care facility has an infection control program. It is your responsibility to know the facility plan and where to locate the Infection Control Manual.
2. Hand washing is the most important infection control measure you can take to protect yourself and others.
3. Employee Health Review is required for employment at Maxim Healthcare. How often a health screening is required is determined by the facility in which you work.
4. Employee or Patient Communicable Disease Exposure must be reported immediately to appropriate health care personnel.
5. Blood and Body Fluid Exposure such as a needle stick, splash of fluids in eyes, nose, or mouth, notify the supervisor and Maxim Representative immediately for guidance in seeking treatment.
6. Bio-hazardous Waste includes the following: lab waste, pathologic or surgical specimens, any waste containing blood or blood products, amniotic fluid, semen, synovial fluid, or vaginal secretions must be exposed in a Red bag. All other specimens follow facilities protocol.
7. Tuberculosis is back from the past and as healthcare personnel we are at greatest risk for exposure. Every employee is required to have a Tuberculosis screening before employment and yearly unless more frequent as specified by a facility.
8. Mycobacterium tuberculosis spreads through the air droplets generated by a person with active TB when the person coughs, yells, sneezes or spits. You can become infected with TB if you inhale these droplets.
9. Early Identification is the key, if you suspect a patient has a potential of TB they should be tested.

### **PERSONAL PROTECTIVE EQUIPMENT**

1. Wear gloves when performing venipuncture and other vascular access procedures.
2. Wear gloves when you anticipate exposure with patient's bodily secretions.
3. Wear gloves when open cuts or abrasions are present on hands.
4. Gloves must be changed after each procedure.
5. Masks should be worn when a potential splash of contaminated materials is suspected.
6. Gowns and aprons should be worn during procedures when splashes, sprays, splatter and droplets may occur.



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### ***Prevention of Sharps Injuries***

1. Never bend, recap or break needles after use.
2. Dispose of contaminated sharps in appropriate puncture –resistant containers immediately after use.
3. Never overfill sharps containers.

### **BLOOD ADMINISTRATION**

1. Check the physician order.
2. Complete a blood bank request in accordance with order.
3. Obtain a consent to receive blood.
4. Transfusion must start within 30 minutes of removing the blood from the blood bank. (check each facility protocol )
5. Packed cells use/ transfuse over 2 hours, whole blood over 4 hours unless physician indicates.
6. The total number blood can be out of the blood band in 4 hours and this includes administration time. (check with facility if protocol is different)
7. Blood verification can be done with 2 RN's or an RN and MD. Check blood bag for name, medical record number, ABO group Rh type of donor's ABO group, blood bag unit #, expiration date with blood slip. The information must be verified with patient's admission and blood bank armbands.
8. Monitor patient according to facility protocol.

### **ORGAN DONATION**

1. It is important to identify patients who wish to donate organs. It is required that you are aware of your facilities protocol for organ donation. The Registered Nurse shares in the responsibility to identify potential Organ Donor patients and notify the physician. The patient's religious, cultural or obvious non-suitability for donation are important. Any person approaching the patient must have proper certification. As a member of the healthcare team it is your responsibility to know the specific protocols for Organ Donation.

### **ADVANCED DIRECTIVE**

1. Advanced Directive is a patient's right to make health care decisions. As healthcare providers we are required to know if a patient has an advanced directive and maintain it in the clients medical record.
2. It is your responsibility to know your facility's protocol on obtaining and maintaining advanced directives.

### **TRANSFERS**

1. All patients being transferred must be accepted for care by a physician.
2. The facility must accept care of the patient.
3. The nurse must give report to the receiving nurse.
4. The patient must consent to transfer or Durable Power of Attorney if patient is unable to communicate needs.
5. The nurse must follow any other protocols of the facility.



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### **MEDICATION ERROR RISK REDUCTION**

1. Medication errors put the patient at risk of adverse affects, to prevent medication errors follow these simple steps: Identify the patient with the identification band and physician order of medication, check the medication label for dosage and concentration and compare it to the physician order, make sure you check the route in which the medication was ordered, be certain you can read the order, if you unable to read a physician order consult the physician before giving the medication.

### **SAFETY TIPS**

1. Remove any malfunctioning equipment from service. Clearly label with the problem that occurred with the equipment.
2. Clean up spills.
3. Know the exit plan for your unit in case of fire or evacuation.

#### ***Electrical Hazards***

1. Employee exposure to electrical hazards including electric shock, electrocutions fires, and explosions. Damaged electrical cords can lead to possible shocks or electrocutions. If you suspect an electrical cord is damaged remove and label it to prevent injury.

### **FIRE SAFETY**

1. The first two to three minutes of a fire is critical in patient safety. Industry standards have adopted the term RACE: Rescue, Alarm, Confine, and Extinguish or Evacuate.
2. The first step is to rescue the patients in immediate, life threatening danger.
3. Feel the door with the back of your hand before opening it.
4. Sounding the alarm immediately when the fire is discovered is vital.
5. Confine the fire, close all windows and doors.
6. Extinguish if small and in a confined area.

#### ***Fire Extinguishers***

1. Class A: "A" in a green triangle is for ordinary combustibles, paper, wood, cloth, rubber, and many plastics.
2. Class B: "B" in a red square is for flammable liquids, gasoline, oil, and grease.
3. Class C: "C" in a blue circle is for live electrical equipment.
4. Class ABC is for any of the above materials.

#### ***Use of Fire Extinguishers***

1. To use a fire extinguisher is simple if you remember this anagram "PASS" which means **P**ull the pin between the two handles, **A**im at the base of the fire, **S**queeze handles together and **S**weep from side to side.

### **MATERIAL SAFETY DATA SHEETS (MSDS)**

1. Material safety data sheets will be available to all employees when requested at the facility or Maxim office.
2. MSDS must include: Identity used on the label, chemical names, common names, physical and chemical properties, physical properties, health hazards, primary route of entry, carcinogenicity, safe handling procedures, applicable control procedures,



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emergency and first aid procedure, name, address, and telephone number of the manufacturer. It also must include OSHA permissible exposure limit.

### **CULTURAL CONCEPTS**

1. As healthcare professions we are exposed to many types of patients. We must utilize sound nursing judgment but also have knowledge and respect for cultural beliefs of our patients.
2. Culture is learned from birth through processes. It is shared by all members of the same cultural group.
3. Culture influences how people seek health care and how they behave toward healthcare providers.
4. Healthcare providers must possess the ability and knowledge to communicate and understand health behaviors influenced by culture.
5. As healthcare providers we need to learn to ask questions sensitively and to show respect for different cultural beliefs.
6. The main source of problems in caring for patients from diverse cultural backgrounds is lack of understanding and tolerance.
7. Follow your facility's policies on Cultural Diversity and utilize the education available.

### **AGE SPECIFIC CARE**

#### **Infants and Toddlers**

1. Infants and Toddlers (0-3 years) very curious

#### ***Health growth and development is characterized by:***

1. Physical - grows rapidly, especially the brain
2. Mental- learns through senses. They communicate initially by crying, babbling, and then eventually baby talk.
3. Social/emotional- trusting, dependent, begins to develop sense of self.

#### ***Key health care issues***

1. Communication- provides security, physical closeness; promote healthy bonding with the parents.
2. Health-immunization schedules should be followed, proper nutrition, skin care, oral health, and routine health screening.

#### **Young Children**

1. Young Children (4-6 years) very active

#### ***Health and growth and development is characterized by:***

1. Physical- grows more slowly than the infant, motor skills improve; begins dressing self, potty trained.
2. Mental- begins to use symbols; memory improves, imagination becomes quite vivid, likes hear stories.
3. Social/Emotional- identifies with parents, becomes independent, become sensitive to others.



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### ***Key health-care issues***

1. Communication- give praise, rewards, set clear limits
2. Health-continue to keep immunization and checkups on schedule, promote healthy habits.
3. Safety- promotes the development of safety habits to families, use of bike helmet, safety belts and hand washing.

### **Older Children**

1. Older Children (age 7-12) “doers”

#### ***Healthy growth and development is characterized by:***

1. Physical- grows slowly until puberty.
2. Mental- active, learner, understands cause and effect, can read, write and formulate with abilities to reason.
3. Social Emotional- develops a greater sense of self, tends to focus on peer-groups and fitting in, strives for greater independence.

### ***Key health- care issues***

1. Communication- help the child to feel competent
2. Health- keep immunizations and checkups on schedule, provide information on alcohol, tobacco and drug use. This is a key time to begin providing education on sexuality.
3. Safety- promotes safe habits on the playground and conflict management with peer groups.

### **Adolescents**

1. Adolescents (13-20) transition

#### ***Healthy growth and development is characterized by:***

1. Physical- growth occurs in spurts, mature physically and is capable of reproduction.
2. Mental- begins to think abstractly.
3. Social/Emotional- develops their own identity, builds close relationships, tries to balance peer group with family interest, becomes very concerned about appearance, challenges authority,

### ***Key healthcare issues***

1. Communication- provide acceptance and privacy- build teamwork and respect.
2. Health- encourage regular check ups, promote sexual responsibility, advise against substance abuse.
3. Safety- discourage risk taking behavior, driving skills, violence prevention.

### **Young Adults**

1. Young Adults (21-39) building connections and futures

#### ***Healthy growth and development is characterized by:***



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1. Physical- reaches physical and sexual maturity; nutritional needs are maintained rather than growth.
2. Mental- acquires new skills and information, which is used to make decisions and solve problems.
3. Social/emotional- seeks closeness to others, sets career goals, chooses lifestyle and possible partner.

### ***Key health care issues***

1. Communication- be supportive and honest, respect personnel values
2. Health- encourage regular health care maintenance, promote a healthy lifestyle, exercise, weight control. Inform about health risks like heart disease, cancer and health history.
3. Safety- promote safety in lifestyle drugs, alcohol and safety in the home.

### **Middle Adults**

1. Middle Adults (40-64) Personnel growth and measuring success

### ***Healthy growth and development is characterized by:***

1. Physical- begins to age, experiences menopause in women, and chronic health problems.
2. Mental- utilizes health experiences to learn, create, and solve problems.
3. Social/emotional- hopes to contribute to society, stays productive, balances dreams with reality, plans retirement.

### ***Key health care issues***

1. Communication- keep a hopeful attitude, focus on strengths not limitations.
2. Health- encourage check ups and prevention exams, be open to discuss age related changes.
3. Safety- address age related changes, senses and reflexes.

### **Older Adults**

1. Older adults (65-79)

### ***Healthy growth and development is characterized by:***

1. Physical- ages gradually, natural decline in abilities based off heredity and proper health maintenance.
2. Mental- continues to be an active learner, thinker, memory skills may decline.
3. Social /Emotional- takes new roles, grandparent, widow act. Balances independence with dependence.

### ***Key health care issues***

1. Communication- give respect, prevent isolation, encourage acceptance of aging process.
2. Health- monitor health, promote physical, mental, social activity. Watch for signs of depression, apathy.
3. Safety- promote home safety, fall prevention.



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### **Adults 80 and older move into acceptance**

1. Physical- increasing risk of chronic illness, major health problems.
2. Mental- continues to learn, memory skills decline, confusion.
3. Social/Emotional- accepts end of life and personal losses.

### **Key health care issues**

1. Communication- encourage open communication to discuss feelings, thoughts, and healthcare needs.
2. Health- monitor health, promote self care, proper nutrition, activity, rest, stress releasers.
3. Safety- prevent injury ensure safe home environment.

As health care providers it is our responsibilities to be aware and knowledgeable about the growth and development of the patients we care for.

### **ETHICS IN HEALTHCARE**

Ethics in health care is a broad subject but we must remember to be strong advocates to the patients we care for and ensure that every patient is informed of there health needs and understands them. Informed consent is our responsibility to provide for our patients, it is not enough for patients to simply sign a consent they must be given through information and possible outcomes of each procedure, medication and treatment plan. It is our moral obligation as healthcare providers to ensure this is given to each of our patients ongoing.... Following these simple steps will ensure this occurs to each of your patients, **Treat your patients as you would want yourself and loved ones treated.**