Policy Title: Communication with nursing staff		
Department/Unite: Nursing Unit.	**Policy Number:** UOJ-MSA-NR-P/06	**Replaces No:**
Creation Date: 10/12/2022	**Effective Date:**	**Review Date:**

Revision History

Subject	Changes made	Done by	Revision date

إدارة الخدمـات الطـبية **Medical Services Administration**	رؤيـــة جامعــة جــدة الجامعة السعودية الحديثة NEW SAUDI UNIVERSITY VISION

جامعة جدة
University of Jeddah
(059)

1. CONDITIONS: 1.1 All Staff of Nursing Unit.

2. PURPOSE: 2.1 To provide continuous administrative assistance, conflict resolution, assists with enough staff according to the capacity and for high quality of patient care purpose.

2.2 To document all potential and actual incidents pertaining to Staff, equipment, patients.

3. DEFINITIONS: 3.1 **The nursing Supervisor:** is the employee who process administrative and clinical affairs during work time within the delegated region of power. The nursing administrator on duty is to be informed on appropriate time for critical alterations of patient's status , unfavorable episode regard patient condition and treatment, struggle or disagreement , non-compliance to policies and procedures, and Staff execution / behavior that need conflict solving and decision making process.

4. Related Documents: N/A

5. POLICY: 5.1 Communication with the nursing Supervisor: informing the nursing administrator by in-charge Nurse and Nursing Staff the regarding actual problems or potential problems on Nursing Units must be carried out continuously.

6. PROCEDURES: 6.1 Inform management staff via the charge nurse or nursing staff of:

6.1.1 Patient Issues:

6.1.1.1 Any patients who are in shock.

6.1.1.2 Clinically deterioration of patient including vital signs.

6.1.1.3 Violent patients who are disruptive or threatening suicide.

6.1.1.4 Dying patients / Deaths.

6.1.1.5 Arrangement of patient transport i.e. procedure to hospital.

6.1.2 Watcher issues:

6.1.2.1 Responsible individual should accompany the patient.

6.1.3 Medication Issues:

6.1.3.1 As prescribed by the Doctor only oral, intramuscular, subcutaneous injections per Doctor's order are allowed. narcotic/controlled drug are not allowed,

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other situation rather than mentioned issues must be notified by in-charge and staff nurses, such as: Medication error, Adverse drug reaction.

6.1.4 Administration issues

6.1.4.1 Any staffing problems are encountered related to attendance, punctuality, absconded and absence during duty hours.

6.1.4.2 Nurses leaving duty due to illness and Staff admissions.

6.1.4.3 Nurses who requires Employee Health Service (EHS) / ED or to be seen by Doctor must be informed immediately.

6.1.4.4 All types of incidents as listed in the General Nursing Policy and Procedures, Patient Administration: Incident Report/OVR.

6.1.4.5 Disagreements among Nursing and Medical Staff, Staff and patients, family / watchers.

6.1.4.6 Inability to get suitable medical intervention, i.e. lack / delay of reply to a call for a Physician or medical orders that are questioned by the Charge Nurse.

6.1.4.7 Malfunctions of machines.

6.1.4.8 Shortage and defective supplies, i.e. linen and other warehouse supplies.

6.1.4.9 Any need for Master key with Permission of Administration on Call and any need of keys kept on Switchboard.

6.1.4.10 Any emergencies such as fire, disaster, etc.

6.1.4.11 Any perceived need for the Administration on Call or Security intervention.

6.1.5 Staff issues:

6.1.5.1 Needle prick.

6.1.5.2 Falls.

6.1.5.3 Abscond.

6.1.5.4 Absenteeism.

6.1.5.5 Sick leave.

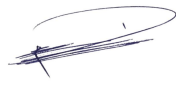7. **RESPONSIBILITIES**   7.1 All staff of Nursing Unit.

8. **Appendix:**   8.1 N/A

9. **REFERRANCES:**   9.1 Ministry of Health Manual for Nursing Unit.

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