SUMMARY

The Licensed Practical/Vocational Nurse is responsible for providing direct patient care under the supervision of a registered nurse. Responsibilities include following the plan of care, providing treatments, and working collaboratively with the members of the team to help achieve positive patient care outcomes.

QUALIFICATIONS

1. Graduate of an approved practical nurse or vocational nursing program.
2. One (1) year nursing experience. Community health/home health experience is preferred.
3. Current licensure in State, CPR certification and valid driver’s license.
4. Excellent observation, verbal and written communication skills, problem solving skills, basic math skills; nursing skills per competency checklist.
5. Acceptance of philosophy and goals of the Agency.

ESSENTIAL JOB FUNCTIONS/RESPONSIBILITIES

1. The Licensed Practical/Vocational Nurse assumes responsibility for, but is not restricted to:
* Providing services that are ordered by the physician as indicated in the plan of care
* Patient, caregiver, and family counseling
* Patient and caregiver education
* Preparing clinical notes
* Communication with the registered nurse and other health care practitioners (as appropriate) related to the current plan of care
* Participation in the Agency’s QAPI program
* Participation in agency-directed in-service training
1. Implements current nursing practice following the plan of care.
2. Provides accurate and timely documentation of patient services to reflect the plan of care.
3. Provide patient and family/caregiver education and information pertinent to diagnosis and plan of care.
4. Participates in coordination of Agency services, appropriately reporting the identified needs to the care team.
5. Uses and prepares equipment and supplies effectively, adhering to aseptic technique.
6. Provides appropriate pain/symptom management. Evaluates and documents patient’s response to treatments/medications.
7. Participates in personal, professional growth and development.
8. Performs other duties as assigned by the registered nurse/supervisor.

The above statements are intended to be a representative summary of the major duties and responsibilities performed by incumbents of this job. The incumbents may be requested to perform job-related tasks other than those stated in this description.

JOB RELATIONSHIPS RISK EXPOSURE

1. Supervised by: Clinical Supervisor/Clinical Manager High Risk

2. Employees Supervised: None

PHYSICAL REQUIREMENTS

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position without compromising patient care.

**PHYSICAL DEMANDS WORK ENVIRONMENT**

On-the-job time is spent in the following physical activities. Show This job requires exposure to the following environmental conditions.

the amount of time by checking the appropriate boxes below. Show the amount of time by checking the appropriate boxes below.

|  | None |  Up to1/3 | 1/3 to ½ | 1/3 and more |  |  | None | Up to 1/3 | 1/3 to 1/2 | 2/3 and more |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Stand |  |  |  | √ |  | Wet, humid conditions (non-weather) | √ |  |  |  |
| Walk |  |  | √ |  |  | Work near moving mechanical parts | √ |  |  |  |
| Sit |  |  | √ |  |  | Fumes or airborne particles | √ |  |  |  |
| Talk or hear |  |  |  | √ |  | Toxic or caustic chemicals | √ |  |  |  |
| Use hands to finger, handle or feel |  |  | √ |  |  | Outdoor weather conditions |  |  | √ |  |
| Push/pull |  | √ |  |  |  | Extreme cold (non-weather) | √ |  |  |  |
| Stoop, kneel, crouch or crawl |  | √ |  |  |  | Extreme heat (non-weather) | √ |  |  |  |
| Reach with hands and arms |  |  | √ |  |  | Risk of electrical shock | √ |  |  |  |
| Taste or smell |  | √ |  |  |  | Work with explosives | √ |  |  |  |
|  |  |  |  |  |  | Risk of radiation | √ |  |  |  |
|  |  |  |  |  |  | Vibration  | √ |  |  |  |
| This job requires that weight be lifted or force be exerted. Show how much & how often by checking the appropriate boxes below |  |  |  |  |  |  |
|  | None | Up to 1/3 | 1/3 to ½ | 2/3 and more |  | The typical noise level for the environment for the work environment is: (Check all that apply) |
| Up to 10 pounds |  |  |  | √ |  | □ Very Quiet □ Loud Noise □ Quiet☒ Moderate Noise □ Very Loud NoiseHearing:☒ Ability to hear alarms on equipment☒ Ability to hear patient call☒ Ability to hear instructions from staff |
| Up to 25 pounds |  |  |  | √ |  |
| Up to 50 pounds |  |  | √ |  |  |
| Up to 100 pounds |  | √ |  |  |  |
| More than 100 pounds |  | √ |  |  |  |

**REPETITIVE MOTION ACTIONS**

* **Number of Hours -**

| **This job has special vision requirements; check all that apply** | **Repetitive use of Foot Control** | 0 | 1-2 | 3-4 | 5-6 | 7+ |
| --- | --- | --- | --- | --- | --- | --- |
| □ Close vision (clear vision at 20 inches or less) | Right only |  |  | **√** |  |  |
| □ Distance Vision (clear vision at 20 feet or more) | Left only | **√** |  |  |  |  |
| □ Color Vision (ability to identify and distinguish colors) | Both  | **√** |  |  |  |  |
| □ Peripheral Vision | **Repetitive use of Hands** |  |  |  |  |  |
| □ Depth Perception | Right only |  |  |  |  |  |
| □ Ability to Adjust Focus | Left only |  |  |  |  |  |
| ☒ No Special Vision Requirements | Both |  | **√** |  |  |  |
|  | **Grasping: simple/light** |  |  |  |  |  |
| **Special demands not listed:**  **Note:** Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position | Right only |  |  |  |  |  |
| Left only |  |  |  |  |  |
| Both  |  |  | **√** |  |  |
| **Grasping: firm/heavy** |  |  |  |  |  |
| Right only |  |  |  |  |  |
| Left only |  |  |  |  |  |
| Both  |  |  | **√** |  |  |
| **Fine Dexterity** |  |  |  |  |  |
| Right only |  |  |  |  |  |
| Left only |  |  |  |  |  |
| Both  |  |  |  | **√** |  |

I have read the above job description and fully understand the conditions set forth therein and will perform these duties to the best of my knowledge and ability.

*Signature Date*