POLICY ON EXPANDED ROLE OF MIDWIVES

POLICY NO: NSO-005

DIVISION: NURSING SERVICE DIVISION

SECTION: DR/LR/ER/WARD

POLICY REVIEW DATE: July 12, 2016

Reviewed by:		
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OBJECTIVES:

I. To maximize the skills utilization of Midwives
II. To enrich and develop new skills such as:
   a. High risk assessment and management
   b. Communication skills (written and verbal)
   c. Accomplish admission and discharge procedure with assistance with the NOD

COVERAGE: All Midwives

RESPONSIBILITIES:

I. It shall be the responsibility of all Midwives to perform duties in areas assigned.
II. It shall be the responsibility of all Midwives to join in the lecture or Ward/OPD for the implementation of breastfeeding, newborn screening program, and other related programs set by the hospital

POLICY:

I. Emergency Room
   a. Do initial history taking and vital signs recording
   b. They shall be responsible in monitoring the progress of labor and subsequent vital signs of all pregnant patients made to labor at ER while waiting to be admitted to the Labor/Delivery Room.
   c. They are NOT allowed to do initial Internal Examination but may do subsequent I.E only upon direct order by the Resident Physician. If no doctor is around and

the need to perform an I.E is immediate, then they may be allowed to do the initial examination. It shall be incumbent upon the doctor to verify this examination once he/she becomes available.

d. The Medical Officer shall perform admitting I.E and verification of initial history recorded by the Midwife to ensure accurateness and completeness of data.
e. All pregnant patients shall be accompanied by the Midwife when admitted to the Delivery Room.

II. Delivery Room

a. Prepares admitted pregnant patient for delivery.
b. Assist doctors in case of spontaneous vaginal deliveries.
c. Monitors vital signs and progress of labor. Refer to doctor in charge if with untoward signs and symptoms and poor progress of labor.
d. Allowed to perform vaginal deliveries without assistance on multipara with prior assessment by doctors.
e. Allowed to perform ONLY right- medio-lateral episiotomy on primipara and secundi gravid at imminent stage of delivery. Repairs maybe started only after the evaluation of wound has been made by the doctor on duty.
f. ANY repair must be evaluated by the admitting doctor prior to transfer of patient to the OB Ward.

III. Obstetric Ward

a. Do vital signs monitoring on post-partum patients and their newborns. Report immediately to the Nurse on duty any untoward signs and symptoms.
b. Do lectures on breastfeeding and proper care of the newborn and umbilical care.
c. Report immediately to the Nurse on duty for any difficulties experienced by mothers regarding lactation within the first four hours after delivery. This is to prevent hypoglycaemic episodes on newborns.
d. Assist mothers and their newborn on proper positioning for better flow of breastmilk and stimulation of the sucking reflex.
e. Reinforce “No Feeding Bottles and Infant Formula” policy .

APPENDIX:

None

DATE OF IMPLEMENTATION:

This policy has been implemented since 2000, revised 2009 (NOI-014-08) and reviewed 2016. This policy will continue to be implemented as rewritten.

SCHEDULE FOR POLICY REVIEW:

This policy shall be revised every three (3) years or as deemed necessary.

POLICY ON IV THERAPY

POLICY:

I. This policy shall ensure that all Registered Nurses shall abide with the procedures incorporated into this policy.
II. All Staff Nurses shall be required to submit to the Nursing Office an updated IV Therapy License. (License is renewable every three (3) years.)
III. Non-renewal of IVT – No renewal of appointment and will be dropped from the plantilla.

PROCEDURE:

I. **Initiation of IV Therapy**
   a. Interpret the doctor's order for IV Therapy and check the following:
      - type and amount of solution, flow rate, and, if applicable, dose and frequency of medication to be incorporated
   b. Assess and identify:
      - Patients' level of communication, age, activity, clinical status, duration of therapy, condition of the vein, size of the cannula, and type of solution
   c. Prepare the IV equipment and check for is expiration date, the doctor's order, and the labeling device.
   d. Practice hand washing using soap and water.
   e. Site selection and preparation:
      - Start peripheral routine IV therapy in distal areas of the upper extremities.
      - Distend vein using a tourniquet 4-6 inches above the site selected.
      - Avoid previously-used veins, injured veins, and vein flexion.
      - Use an antiseptic solution (70% isopropyl alcohol) for skin preparation.

II. **Performing venipuncture and insertion of all types of needles available**
   a. Observe strict aseptic technique, irrigation of IV cannulas, check integrity of the product, and secure cannula sterility.
   b. Apply sterile dressing over all IV sites to cover the IV cannula entrance site.
   c. Anchoring of cannula and tubing to prevent movement of the cannula.
   d. Routine monitoring and regulation of the flow rate.

III. **Maintain documentation associated with the preparation, administration and termination of IV therapy**
   a. Label all solutions with date and time started, rate, medication additives, and the duration of therapy. Include the patient's name in labeling IV bottles.

b. Document on the patient chart (IV flow sheet) the date and time of insertion, type of solution, medication incorporated, series number of IV solution, and the rate of infusion, and must be signed by the nurse.

IV. **Administration of IV Medication**

a. Check for the doctor's order.
b. Determine any medication and solution incompatibilities and do corresponding correction in dilution prior to administration.
c. Explain the procedure of skin testing to the patient.
d. Observe aseptic technique in the preparation of medication.

V. **Monitoring IV Therapy**

a. The IV cannula should be gently palpated and inspected for redness, swelling, pain on IV site, and infiltration.
b. The cannula should be changed every 72 hours.

VI. **Termination of IV Therapy**

a. Check for the doctor's order.
b. Maintain aseptic technique and minimize trauma to patients.
c. Check for completeness of the catheter of the cannula after the removal.
d. Apply a sterile dressing over the IV site.
e. Document on the patient's chart.
f. Dispose IV cannula sets properly.

APPENDIX:

None.

DATE OF IMPLEMENTATION:

This policy has been implemented since 1998, with minor revisions in 2003 and 2009, and reviewed in 2011. This policy will continue to be implemented as rewritten.

SCHEDULE FOR POLICY REVIEW:

This policy shall be revised every three (3) years or as deemed necessary.