

**CHAPTER 109. NURSING SERVICES**

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**Cross References**

This chapter cited in 28 Pa. Code § 119.5 (relating to staffing); 28 Pa. Code § 131.5 (relating to nursing services); 28 Pa. Code § 133.6 (relating to special care unit nursing service); 28 Pa. Code § 137.4 (relating to obstetrical nursing service); 28 Pa. Code § 139.4 (relating to nursing services; other health care personnel); 28 Pa. Code § 155.6 (relating to nursing services); and 55 Pa. Code § 6100.2 (relating to applicability).

**GENERAL PROVISIONS****§ 109.1. Principle.**

The hospital shall maintain a nursing staff to provide nursing care for the needs of the patients and a nursing staff organization to be responsible to the chief executive officer or chief operating officer of the hospital for the performance of its members.

**Authority**

The provisions of this § 109.1 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P.S. § 755-2).

**Source**

The provisions of this § 109.1 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37809).

**§ 109.2. Director of nursing services.**

(a) The nursing service shall be under the direction of a registered professional nurse who should be qualified in the field of administration and who has the ability to organize, coordinate and evaluate the service.

(b) The director of nursing services shall be employed on a full-time basis and shall be responsible to the chief executive officer or his designee for developing and implementing policies and procedures of the service.

(c) The director shall make the recommendations on the selection and promotion of nursing personnel based on established job descriptions and individual qualifications and capabilities.

**§ 109.3. Assistants to director of nursing services.**

There shall be assistants to the director for evening and night services and, when necessary, for day services, which assistants are registered professional nurses and are qualified, by experience and otherwise, for the responsibilities delegated to them.

**§ 109.4. Professional nursing staff.**

A sufficient number of registered professional nurses shall be on duty at all times to plan, assign, supervise, and evaluate nursing care as well as to give patients such nursing care as requires the judgment and specialized skills of a registered nurse. A graduate nurse, or graduate practical nurse, providing care shall be under the supervision of a registered nurse.

**§ 109.5. Auxiliary nursing staff.**

Licensed practical nurses and other nursing personnel shall be qualified by training, education, experience, and demonstrated abilities to give nursing care that does not require the skill and judgment of a registered or professional nurse. Auxiliary nursing personnel shall be supervised by a professional nurse.

**§ 109.6. Staffing schedules.**

(a) There shall be staffing schedules reflecting actual nursing personnel required for the hospital and for each patient unit, including but not limited to the surgical and obstetrical suites, the outpatient unit, special care units, and the emergency service unit. Staffing patterns should reflect consideration of nursing goals, standards of nursing practice, and the needs of the patients.

(b) Staffing schedules shall accomplish the following:

(1) Staffing patterns which reflect the quality and quantity of various categories of nursing personnel necessary to carry out the nursing care program.

(2) Assignment of personnel in a manner which minimizes the risk or cross-infections.

(3) The patient care assignment is commensurate with the qualifications of each nursing staff member, the identified nursing needs of the patient, and the prescribed medical regimen.

(c) Schedules which contain an indication of personnel attendance by date, service unit, and time of actual attendance shall be kept on file for a minimum of one year.

**Authority**

The provisions of this § 109.6 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

**Source**

The provisions of this § 109.6 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37810).

**§ 109.7. Nursing staff qualifications.**

Persons employed and classified as registered professional nurses or licensed practical nurses shall be licensed to practice in this Commonwealth. There shall be a procedure to verify the licensure status of all such nurses. A licensed practical nurse in charge of a patient unit must have satisfactorily completed a course in practical nursing which meets the curricula standards prescribed and approved by the State Board of Nurse Examiners.

**ORGANIZATIONAL PLAN****§ 109.11. Contents and function.**

(a) A written organizational plan of nursing services shall be an integral part of the overall hospital organizational plan and shall be available to all nursing personnel.

(b) The nursing service organizational plan shall:

- (1) indicate the lines of communication within and between nursing services and other departments;
- (2) define the relationship of nursing services to other services and departments of the hospital, both administrative and professional; and
- (3) include a written statement which defines the role and responsibility of both the nursing service and the education program if the hospital provides clinical facilities for the education and training of nursing students.

**Authority**

The provisions of this § 109.11 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

**Source**

The provisions of this § 109.11 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial pages (37810) to (37811).

**§ 109.12. Role in hospital planning.**

Any planning, decision making, and formulation of policies that affects the operation of the nursing service, the nursing care of patients, or the environment of patients should include nursing service representatives, and their recommendations should be considered.

**§ 109.13. Job descriptions.**

Job descriptions shall be written for each position classification in nursing services and shall delineate the functions, responsibilities, and desired qualification of each classification. Copies of job descriptions shall be available to nursing personnel.

**§ 109.14. Nursing committees.**

Nursing committees should be formally organized within the nursing department to facilitate the establishment and attainment of the goals and objectives of the nursing service. The purpose and function of each standing committee shall be defined in the nursing service organizational plan.

**POLICIES****§ 109.21. Principle.**

Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with methods of meeting its responsibilities and achieving goals.

**§ 109.22. Nursing service goals.**

Nursing service goals shall be identified and made available to all nursing personnel.

**§ 109.23. Written nursing care policies and procedures.**

(a) Written administrative and nursing care policies shall be reviewed at least annually and revised as necessary. They shall be dated to indicate the time of the most recent review.

(b) Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with The Professional Nursing Law (63 P. S. §§ 211—225) and regulations promulgated by the State Board of Nurse Examiners. These policies shall include procedures for the following:

- (1) Noting diagnostic and therapeutic orders.
- (2) Assigning the nursing care of patients.
- (3) Infection control.
- (4) Patient safety.
- (5) Implementing orders for medication or treatment, consistent with §§ 107.61—107.65 (relating to medical orders).

(c) Written copies of policies shall be available to the nursing staff in every nursing care unit and service area, as well as to other services and departments of the hospital.

**§ 109.24. Specialized nursing services.**

(a) If specialized nursing services are provided for separate medical departments, those services shall be subject to the policies and procedures established pursuant to this chapter.

(b) Some of the departments which may utilize special nursing services are the following:

<i>Department</i>	<i>Chapter</i>
emergency	117
outpatient	119
anesthesia	123
rehabilitation services	131
special care units	133
surgery	135
obstetrics	137
newborn	139

**NURSING CARE PLANS****§ 109.31. Principle.**

There shall be evidence that the nursing service provides safe, efficient, and therapeutically effective nursing care through the planning of the care of each inpatient and the effective implementation of nursing care plans. In any case where it is determined that a nursing care plan is not necessary, that decision shall be documented in the medical record.

**§ 109.32. Coordination.**

The nursing care plan for each patient shall be coordinated with his medical plan of care.

**§ 109.33. Contents.**

Each nursing care plan should, at minimum, indicate:

- (1) what nursing care is needed;
- (2) how it can best be accomplished;
- (3) what methods and approaches are believed likely to be most successful; and
- (4) what modifications are necessary to ensure the best results.

**§ 109.34. Administration.**

Each nursing care plan shall be initiated upon the admission of the patient to the hospital and should include a discharge plan.

**§ 109.35. Distribution.**

The nursing care plans should be available to all nursing personnel and should be reviewed and revised as necessary.

**§ 109.36. Nursing notes.**

Nursing records and reports which reflect the progress of each patient and the nursing care planned shall be maintained. They shall be pertinent, accurate, and concise so that they contribute to the continuity of patient care. Nursing records and reports shall become part of each patient's medical record.

**§ 109.37. Unusual incidents.**

A procedure shall be established to investigate any unusual incidents which occur at any time during any nursing shift. The procedure shall include the making and disposition of incident reports. Notation of incidents having a direct medical effect on a specific patient shall be entered in the medical record of that patient. Each report shall be analyzed and summarized, and corrective action shall be taken if necessary. Summarized reports shall be available to the Department.

**Cross References**

This section cited in 28 Pa. Code § 115.33 (relating to entries).

**MEETINGS****§ 109.41. Principle.**

Meetings of the nursing staff shall be held at least six times per year in order to discuss ways of improving nursing care and nursing service problems and policies. Meetings may be organized by clinical department or service, by categories of nursing staff, or by the staff as a whole, consistent with the organizational plan of nursing staff.

**Authority**

The provisions of this § 109.41 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

**Source**

The provisions of this § 109.41 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37814).

**EDUCATION PROGRAMS****§ 109.51. Principle.**

There shall be continuing education programs and educational opportunities for nursing personnel.

**§ 109.52. Orientation and continuing education.**

(a) The director of nursing services or his designee shall design and implement an education program to orient new employes and to keep the nursing staff up-to-date on new and expanding programs, techniques, equipment, and concepts of care. The program shall be planned, scheduled, documented by a written outline of its contents, and evaluated at least annually.

(b) The scope and duration of the education program shall be such as to effectively train new and existing personnel. An orientation program shall be provided for each new nursing service employe.

(c) The education program may be conducted using resources internal or external to the hospital. Teaching material and suitable reference shall be supplied as needed for each nursing unit and special care area.

**DRUG ADMINISTRATION PROCEDURES****§ 109.61. Medication or treatment.**

Medication or treatment shall be administered only upon written and signed orders of a practitioner and in accordance with the provisions of §§ 107.61—107.65 (relating to medical orders).

**§ 109.62. Administration of drugs.**

(a) The individual preparing a dose of medication for administration shall also administer it, except as provided by subsections (b) and (c).

(b) A pharmacist may prepare intravenous solutions with additives, dilute dried or concentrated injectables, or prepare unit dose medications for administration by an appropriately licensed individual.

(c) A physician may order another individual to prepare for him injectable medicines, which he will administer.

**§ 109.63. Self-administered drugs.**

Self-administration of drugs by patients may be permitted as prescribed in writing by the attending practitioner.

**§ 109.64. Patients' own drugs.**

If patients bring their own drugs to the hospital, these drugs shall not be administered unless the attending practitioner has written an order for their administration. If the drugs are not to be used, they shall be packaged, sealed, and returned to the patient for removal from the hospital. If such removal is not feasible, the drugs shall be stored and returned to the patient at the time of discharge. The patient shall be cautioned concerning outdated or distressed drugs. Controlled substances as listed in the schedule of controlled substances pursuant to section 4 of the act of April 14, 1972 (P. L. 233, No. 64) (35 P. S. § 780-104)



known as The Controlled Substances, Drug Device and Cosmetic Act shall not be returned to the patient without approval of the attending practitioner.

**§ 109.65. Recording of drugs administered.**

(a) Each dose of drug shall be recorded in the medical record of the patient and properly signed after the drugs have been administered.

(b) Any medication error or apparent drug reaction shall be reported immediately to the practitioner who ordered the drug. Any entry of the medication given in error or the apparent drug reaction, or both, shall be properly recorded in the medical record of the patient. Any adverse drug reaction shall be immediately noted on the medical record of the patient in the most conspicuous manner possible, in order to notify everyone treating the patient throughout the duration of his hospitalization of his drug sensitivity and thereby prevent a recurrence of adverse reaction. Notification of all drug sensitivities, including any apparent adverse reaction, shall be sent to the physician and to the director of pharmaceutical services. Records of drug sensitivities shall be retained in accordance with § 113.23(e) (relating to records).

**Cross References**

This section cited in 28 Pa. Code § 113.23 (relating to records).

**§ 109.66. Blood transfusions and intravenous medications.**

When blood transfusions and intravenous medications are administered by nurses, they shall be administered only by professional nurses who have been specially trained for this duty under the Professional Nursing Law (63 P. S. §§ 211—225) and 49 Pa. Code Chapter 21 (relating to State Board of Nursing). Paramedics may be authorized to administer intravenous medications only under § 117.30 (relating to emergency paramedic services) and Chapter 2, Subchapter A (relating to emergency medical technicians).

**Authority**

The provisions of this § 109.66 issued under section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); and section 803 of the Health Care Facilities Act (35 P. S. § 448.803).

**Source**

The provisions of this § 109.66 amended January 25, 1985, effective March 27, 1985, 15 Pa.B. 250. Immediately preceding text appears at serial pages (52782) to (52783).

**§ 109.67. Disposable syringes and needles.**

Disposable syringes and needles shall be maintained in hospital-approved locations which provide adequate security, and access shall be available only to authorized personnel. Provision shall be made for disposable syringes and needles to be destroyed or otherwise rendered unusable and inaccessible immediately following their use.

**Authority**

The provisions of this § 109.67 issued under 67 Pa.C.S. §§ 6101—6104; and Reorganization Plan No. 2 of 1973 (71 P. S. § 755-2).

**Source**

The provisions of this § 109.67 amended September 19, 1980, effective September 20, 1980, 10 Pa.B. 3761. Immediately preceding text appears at serial page (37817).

**§ 109.68. Emergency drug cart or kit.**

An emergency drug cart or kit shall be available, maintained, and used in accordance with § 113.27 (relating to emergency pharmaceutical services).

[Next page is 111-1.]