

REGISTERED PROFESSIONAL NURSE

OBJECTIVE: Provision of professional nursing services in compliance with the New York Nurse Practice Act and any licensure requirement, governmental laws and regulations and The Nurse Connection, Inc. policies and procedures. Works to contribute to an environment where The Nurse Connection Mission is actualized and patient/client measurable outcomes are achieved.

QUALIFICATIONS:

1. Graduation from an approved professional school of nursing.
2. Hold a valid nursing license from the State of New York.
3. Have one current year of medical surgical and/or long-term care experience.
4. Demonstration of initiative, judgment, and dependability.
5. Compassionate, empathetic and professional at all times.
6. The candidate must successfully complete any/all required pre-employment evaluation test(s) per policy.
7. Candidate will have the physical ability to perform job-related duties, which may require lifting, standing bending, transferring, stooping, stretching, walking, pushing and pulling.
8. A health examination must be successfully completed prior to assignment to verify that he/she is free from communicable disease and physically capable of performing assigned duties.

ORGANIZATION: This position reports to and is supported by the Nursing Supervisor or RN designee. During a facility assignment, the RN has an additional responsibility to both a facility-designated supervisor and all facility practices, which exceed those of the agency.

RESPONSIBILITIES:

1. Provide skilled nursing interventions in the treatment of the patient/clients illness, rehabilitative needs and preventative care.
2. Administers medications as ordered by physician.
3. Administers treatments as ordered by physician.
4. Completion of a comprehensive admission assessment per The Nurse Connection, Inc. policy and development of a nursing care plan individualized to the patients needs and desired outcomes.
5. Adheres to the plan of treatment in the provision of care for the patient.
6. Communicates promptly any changes in patient's status to the nursing supervisor in timely manner, utilizing appropriate professional judgement.
7. Ensures proactive revision or addition to the plan of care to meet the patient/client needs as assessed or diagnosed.

8. Attends staff development programs as required by agency policy, regulation.
9. Documentation will be prepared, submitted and maintained as required by the agency and/or facility.
10. Providing leadership and direction, especially as related to paraprofessional personnel, in the ongoing implementation of the plan of care.
11. Assists patients in the maintenance and/or promotion of their optimal level of health.
12. To have knowledge of all medications being administered; i.e., classifications desired effect, normal dosage, adverse reaction, and contraindications.
13. To be familiar with emergency care policy and be prepared to implement it as indicated.
14. Ensures that the plan of care incorporates and guide's appropriate teaching related to health maintenance and prevention, safety, and interventions to achieve individualized, client driven, goals/outcomes.
15. Maintains the highest standards of professional conduct in relation to information that is confidential in nature.
16. Maintains a professional appearance, is reliable and punctual, cooperative and conducts self according to accepted standards of professional practice in the course of assigned duties.

Signature Acknowledging Receipt

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed above are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

I am submitting this form by electronic means. By signing this form electronically, I certify that my answers are correct and complete to the best of my knowledge. Failure to provide correct information could result in termination of employment or other action.

Step 1. Check the box below

* By checking this box and typing my name below, I am electronically signing this form.

Step 2. Type in your first name, middle initial last name and date below:

Date:

Verify: (Please Leave Blank) _____ **Date:** _____