

STAT TEMPORARY SERVICES, INC.

JOB DESCRIPTION - LICENSED PRACTICAL NURSE

Under general supervision of an RN carries out routine patient care assignments, works in controlled patient care situations, and carries out established nursing procedures consistent with Chapter N6, Standards of Practice for Registered Nurses and Licensed Practical Nurses in the Wisconsin Administrative Code.

1. Accepts only patient care assignments which the LPN is competent to perform.
2. Provides basic nursing care as delegated.
3. Documents nursing care given and patient responses as appropriate.
4. Reports changes in patient condition and/or deviations from normal to charge nurse/designated RN.
5. Identifies legal consequences of nursing actions.
6. Identifies personal strengths and limitations.
7. Seeks assistance, information and/or supervision relative to nursing actions for which:
 - a. the LPN lacks experience or knowledge
 - b. the LPN questions appropriateness of order/intervention
 - c. the LPN identifies unsafe patient care practices
8. Seeks educational opportunities to increase clinical competence.
9. Has the ability to walk, stoop, climb, bend, stretch, hear, see and lift up to 50 pounds per Acknowledgment of Requirements form.
10. Understands and utilizes proper body mechanics.

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ACKNOWLEDGMENT OF REQUIREMENTS

LICENSED PRACTICAL NURSES

I _____, have reviewed the Minimum Requirements, and Job Descriptions of being an LPN of STAT Temporary Services, Inc.

I certify that I am able to perform the following physical requirements of the position:

- Near vision, hearing and talking over 90% of each shift.
- Lifting up 50 pounds 25-50% of each shift.
- Standing 67-100% of each shift.
- Walking 67-100% of each shift.
- Stooping, bending, twisting, pushing, pulling and stretching 67-100% of each shift.
- Practice of proper body mechanics 100% of each shift.

I certify that I am able to work under the following working conditions:

- Indoors over 95% of each shift.
- Working in a controlled health care facility.

Employee Signature _____ Date: _____

STAT Representative's Signature _____ Date: _____