

## Mentor Nurse Standard Work and Priority List/Guide

Nursing Process	Task	Notes
Assessment	Lines	Medication safety emphasis. Ex: are all of the infusing meds manifold-appropriate; weights in pump; compatibility
	Environment Safety	Suction set up; ambu bag at bedside; trach emergency kit as needed; Backup pacer as needed; life-support devices plugged into red outlets; bed on; gas cannisters secured; trip hazards be mitigated
	Devices	IABP, Impella, ECMO first-timers, etc. Have all safety checklists/alerts been reviewed?
	Order Review	Establish a habit of reviewing orders
	Ordered Protocols	Example: Heparin, Insulin, TTM, Electrolyte replacement, CTEPH, Calcium Citrate, etc.
	Ca+ Citrate CRRT	Set-up and documentation appropriate
	Skin Assessment	Help RN prioritize/get in the habit of assessing patient posterior and under mepilexes early in the shift
Quality Bundles	A lot of these elements can be seen on the eStar patient list	
Diagnosis	Plan from Previous Shift	What was the plan that was relayed from the previous shift (this is different from the plan for this shift which is addressed in "planning")? Where are we in implementing said plan?
	Priority Problem	Help identify what the patient's priority problem is
Outcomes Identification	Rationales for Care Plan	Why are we giving this med, fluid, etc.? How will we know it worked?
	Labs/Diagnostics	Ex: Why are we getting an SVO2 in an hour and what do we expect it will look like?
	Emergency Anticipation	What emergent scenarios is this patient at risk for? Ex: pt admitted for VT storm...how will you intervene if the pt goes into VT on your shift?
	"By the end of this shift, what do you want this pt to look like?"	Thought provoking question to get the nurse thinking further ahead
Planning	Procedures	Ask mentee what procedures or trips are planned for that day and help them plan/coordinate time and what help they might need.
	Provider Communication	What does the provider need to know and how do you plan to communicate it? What level of urgency?
	End-of-Life Care Coordination	If a patient is end-of-life, what is the plan for comfort meds, family visiting, spiritual care, de-escalation of life-sustaining therapies?
	Organization and Time Management	How is the mentee organizing their day? Do they have a standard approach or method for how they will get everything done?

## Mentor Nurse Standard Work and Priority List/Guide

Nursing Process	Task	Notes
Planning (Cont.)	Delegation	What can/should be delegated to other peers, help-all, CP, exercise specialist, etc.
	Role as a good neighbor nurse	Help bring awareness to mentee of their neighboring assignments and anticipate assistance their neighbor may need throughout the shift.
	"What does the next shift need to be set up for success"	Thought -provoking question to prompt the mentee planning
	Patient & Family Communication	How is communication with patient and family going? Can it be improved or planned for?
	Lunch Plan	What is the plan for lunch coverage?
Implementation	Line Placement	Goal here is to support the mentee, not to do the line placement for them. Remember to call out the fact that you as the mentor may be acting in the same capacity, they could expect a help-all to act in the future if that is the case.
	Bronch	
	Assist w/ Trach Care	Often a new and/or uncomfortable task for nurses to complete independently.
	Assist w/ Wound Care	Help with navigating orders, advocating for order updates, and completing the wound care. What is standard of care versus requiring an order? (Pressure injuries, drivelines, etc.)
	End-of-Life Care Coordination	Often requires additional support (especially if in a pair), whether that is pushing meds, supporting family, setting up the room for a more comfort environment
Emergency Management	This was made a lower priority d/t the number of additional supporters who will make themselves available in an emergency such as the providers, SL, and help all	
Evaluation	How did various communications go throughout the shift?	Mentor to self-assess and/or discuss with mentee
	Do any Veritas need to be reported?	Even if something is managed in the moment, Veritas should still be completed for <i>any</i> med errors and anything that caused patient harm or potential harm
	What f/u needs to go to CSLs or Manager	Are there concerns that should be elevated or more closely observed by the leadership team?
	How did handover go?	This is a nerve-wracking time of the shift for newer nurses and vital to success for the nurses and patients. Support mentees on having peer-to-peer conversations to ensure accountability if needed. Support during these transitions is greatly appreciated!

<b>Prioritization Key</b>	1-Highest Priority	2	3	4- Lowest Priority
---------------------------	--------------------	---	---	--------------------