

## MARYLAND

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### **10.07.02.09 RESIDENT CARE POLICIES.**

#### D. Use of Protective Device or Devices.

- (1) A written physician's order is required for the use of a protective device or devices. This order shall be in effect for a maximum of 60 days. If continuation of the use of a protective device or devices beyond 60 days is necessary, a new order shall be written by the physician and rewritten every 60 days.
- (2) The physician's order shall contain the specific type of protective device or devices to be used.
- (3) The physician's order shall reflect his or her reason for ordering a protective device or devices.
- (4) A patient in a protective device or devices shall be observed periodically by personnel, to insure that the patient's health needs are met.
- (5) A patient who is in a protective device or devices may not be left in the same postural position for more than 2 consecutive hours.

### **10.07.02..12 NURSING SERVICES**

...O. Nursing Care--24 Hours a Day. There shall be sufficient licensed and supportive nursing service personnel on duty 24 hours a day to provide appropriate bedside care to assure that each patient:

- (1) Receives treatments, medications, and diet as prescribed;
- (2) Receives rehabilitative nursing care as needed;
- (3) Receives proper care to prevent decubitus ulcers and deformities;
- (4) Is kept comfortable, clean, and well-groomed;
- (5) Is protected from accident, injury, and infection;
- (6) Is encouraged, assisted, and trained in self-care and group activities.

...S. Program of Restorative Nursing Care. There shall be an active program of restorative nursing care aimed at assisting each patient to achieve and maintain his highest level of

independent function including activities of daily living. This program shall include:

- (1) Ambulation and range of motion;
- (2) Maintaining good body alignment and proper positioning of bedfast patients;
- (3) Encouraging and assisting patients to change positions at least every 2 hours to stimulate circulation and prevent decubiti and deformities;
- (4) Encouraging and assisting patients to keep active and out of bed for reasonable periods of time, within the limitations permitted by physicians' orders, and encouraging patients to achieve independence in activities; and
- (5) Assisting patients to adjust to their disabilities, to use their prosthetic and assistive devices, and to redirect their interests, if necessary.

T. Coordination of Nursing and Dietetic Services. Nursing and dietetic services shall establish an effective policy to assure that:

- (1) Nursing personnel are aware of the nutritional needs and food and fluid intake of patients and ensure that special feedings and nourishment are provided when required;
- (2) Nursing personnel assist promptly when necessary in the feeding of patients;
- (3) The dietetic service is informed of physicians' diet orders and of patients' problems;
- (4) Food and fluid intake of patients is observed, and deviations from normal are recorded and reported to the:
  - (a) Charge nurse,
  - (b) Physician, and
  - (c) Dietetic service.

W. Responsibility to Report Care Which is Considered Questionable. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, the nurse shall call this to the attention of the supervisor who, in turn, shall, if indicated, refer the matter to the director of

nursing services. If warranted, the director of nursing shall bring the matter to the attention of the principal physician or medical director, as applicable.