

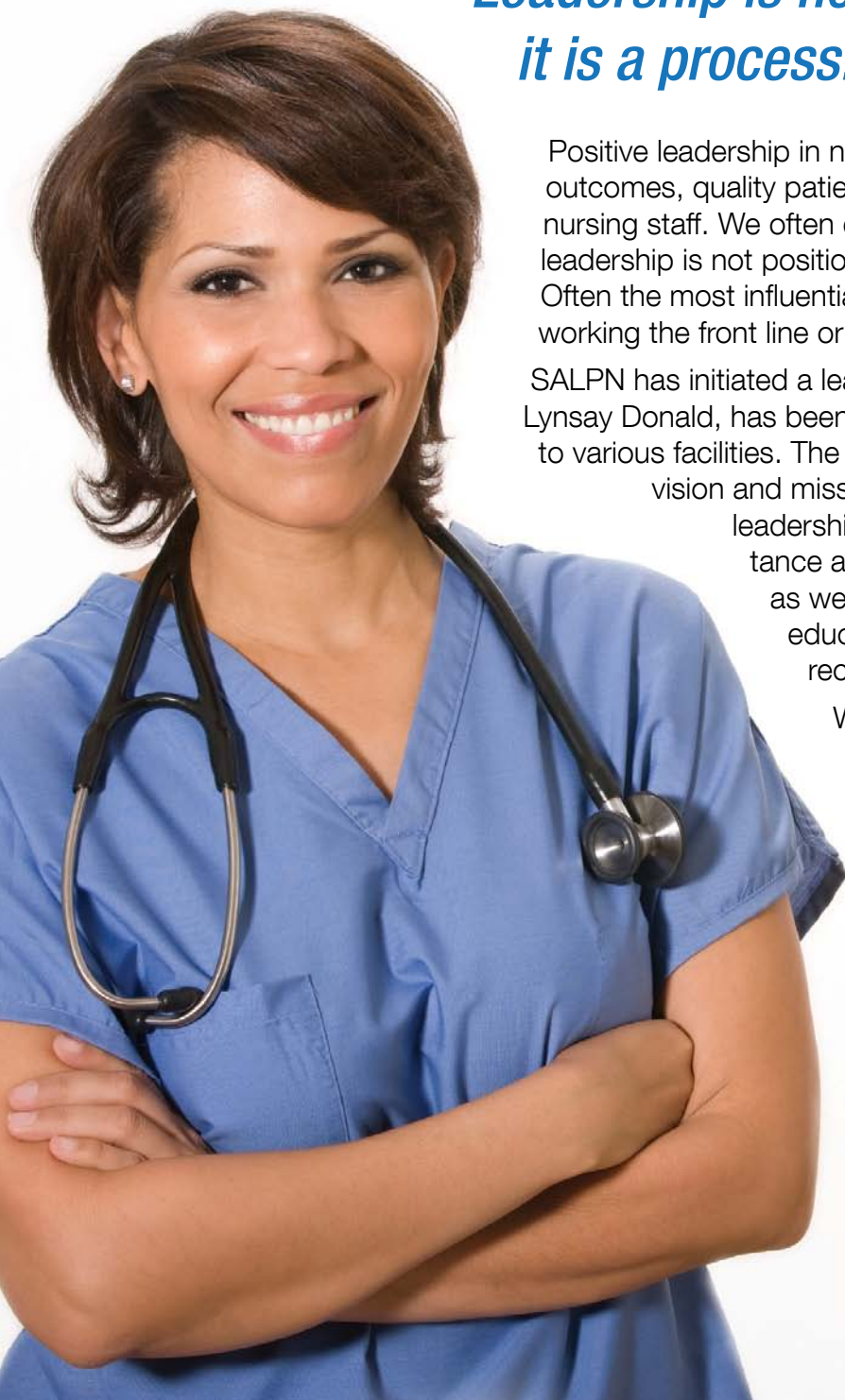


# salpn

Saskatchewan Association of  
Licensed Practical Nurses

## SALPN EMPLOYER NEWSLETTER

### *“Leadership is not a position, it is a process.”*



Positive leadership in nursing is fundamental to desirable patient outcomes, quality patient care, and recruitment and retention of nursing staff. We often equate leadership with management, but leadership is not position – it is a process. Leadership is influence. Often the most influential people within an organization are those working the front line or along the side of others.

SALPN has initiated a leadership campaign. Practice Consultant, Lynsay Donald, has been offering education sessions on leadership to various facilities. The material focuses on the meaning of a vision and mission statement, qualities of a leader, and leadership within the LPN profession. The importance and meaning of self regulation is discussed as well as an ongoing commitment to continuing education. The sessions have been well received with 100% positive feedback.

Would your organization benefit from leadership orientated education?

Please contact Lynsay Donald, Practice Consultant, at SALPN for booking details.

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JULY 2011

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The CPNRE National Exam was written on May 19th throughout Canada. 137 candidates in Saskatchewan participated in the exam. Licensure Status can be verified online through our Public Registry at [www.salpn.com](http://www.salpn.com)

## DID YOU KNOW?

An LPN can be certified to perform central venous line care (including both PICCS and PORTS). An LPN with the IV Therapy certification can take part in additional employer provided education regarding central venous line care.

### Care of central venous lines includes:

- dressing changes
- cap / tubing changes
- flushing heparin / saline locks
- withdrawing blood
- administration of fluids and medications as appropriate

The LPN, as a self regulated professional, is responsible and accountable for all care and skills performed. The LPN is responsible for attaining and maintaining competence as well as seeking assistance when the competency level required exceeds experience and ability.



## FACTS AND FIGURES

LPNs Employed by Health Region for the 2011 year:

Regina Qu'Appelle • 792  
Prince Albert Parkland • 285  
Five Hills • 126  
Heartland • 114  
Keewatin Yatthe • 31

Saskatoon • 690  
Sunrise • 191  
Sun Country • 114  
Mamawetan Churchill River • 41  
Athabasca • 4

Prairie North • 302  
Cypress • 132  
Kelsey Trail 119



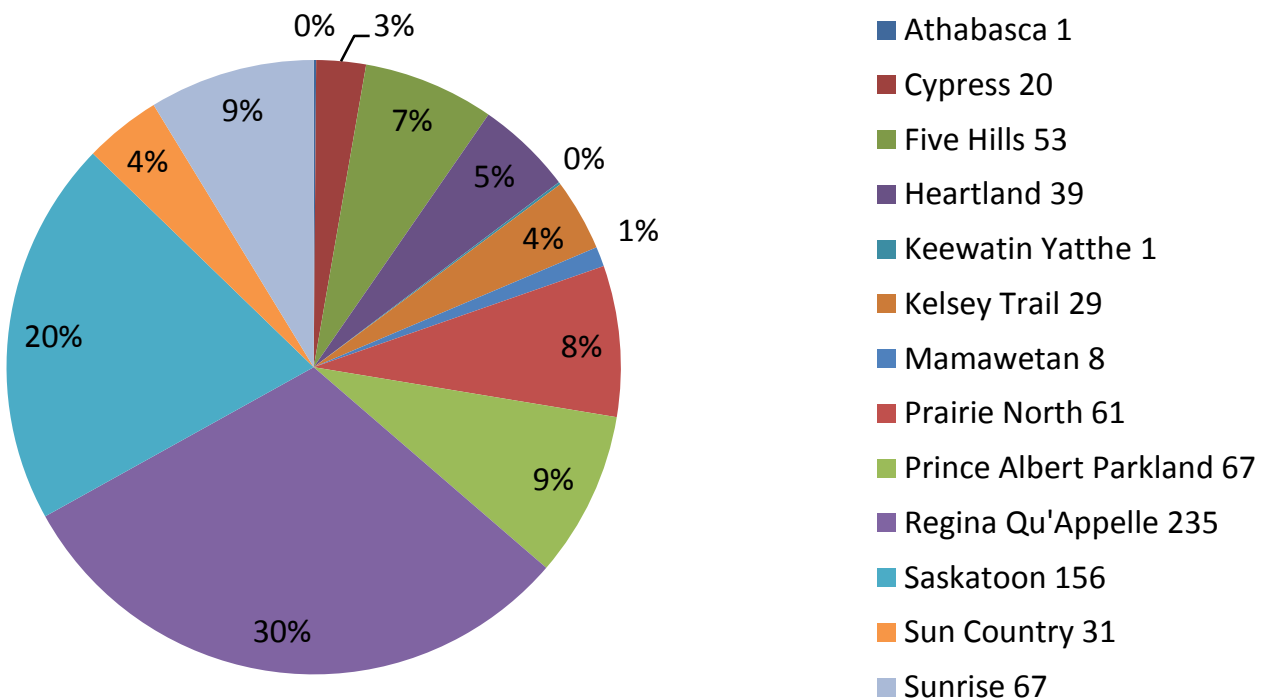
## Mandatory Competency Reminder

As of December 1st, 2012 LPNs in Saskatchewan are required to complete and pass an approved health assessment course. LPNs graduating from SIAST in 2001 or later are deemed to have the equivalent education. Graduates of the SIAST re-entry program following 2005 are also deemed equivalent.

756 LPNs are required to complete the upgrade.

Completion of the program is mandatory for those not deemed equivalent. Extensions or exceptions will not be offered.

### Members Requiring Health Assessment



## Standing orders are a common practice in our facility. Can a Licensed Practical Nurse administer a “standing” physicians order?

It is within the scope of practice of the LPN to administer a standing order. Standing orders are common in many areas of health care. They are applicable to a range of clients meeting certain conditions. A correct standing order identifies specific medication to be given, the specific conditions that must be met, and any circumstances that must exist before the order can be implemented. A standing order requires the name and signature of the physician directing the order. A copy of the standing order or protocol should become part of the patient chart. Standing orders, no matter how typical they may seem, should never be automatically implemented.

The LPN is responsible to:

- Ensure the standing order is authorized with the ordering physician’s signature.
- Ensure the order is complete and will comply with the rights of medication administration when given.
  1. Right client
  2. Right time
  3. Right medication
  4. Right route
  5. Right dose
  6. Right reason
  7. Right documentation
  8. Right Evaluation
- Documentation of the patient assessment to deem the standing order necessary, and the date and time of administration.
- Consult with the appropriate professional if there is any question regarding the appropriateness of one or any part of the standing order.



Questions can be forwarded to:

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