ELITE HOME CARE SOLUTIONS

RN Onboarding Orientation

Georgia Pediatric Program (GAPP)

Prepared for newly hired Registered Nurses

SAFE

Skilled care
Clear documentation
Reliable communication
Family partnership

Your first shift starts with five commitments

1

Know the child

2

Follow the plan

3

Document in real time

4

Escalate changes

5

Protect dignity

Orientation outcome: deliver authorized, individualized care safely and consistently.

GAPP keeps medically fragile children at home

Program purpose

- Georgia Medicaid program for medically fragile children and youth
- Services are delivered in the home and community as an alternative to institutional care
- Care is based on medical necessity, prior authorization and an individualized plan

RN responsibility

- Provide only ordered and authorized skilled services
- Maintain competency for each child's equipment, treatments and emergency needs
- Support the caregiver without replacing agency or provider oversight

The child's authorization and current plan of care define the service—not habit, convenience or family request.

Know the team and the communication chain

The care team

- Child and parent or legal representative
- Ordering provider and specialists
- Agency administrator, Director of Nursing and scheduler
- RN, LPN, PSS and other authorized clinicians

Contact the agency promptly for

- Change in condition or new symptoms
- New or conflicting orders
- Medication discrepancy or supply concern
- Missed, late or interrupted shift
- Safety concern, complaint or incident

When the situation is emergent, call 911 first, then notify the caregiver and agency according to policy.

Verify the care plan before touching equipment

Start-of-care review

- Confirm member identity and allergies
- Review diagnoses, baseline status and precautions
- Locate current orders, MAR/TAR and emergency plan
- Confirm authorized schedule, service type and location
- Check emergency supplies and backup power

Never proceed when

- The order is missing, expired, unclear or conflicts with the plan
- You have not demonstrated competency for the task
- Required equipment or medication is unavailable
- The environment presents an immediate safety threat

Stop, keep the child safe and contact the supervising nurse for direction.

Use a repeatable safety scan at every shift

At arrival

- Perform hand hygiene and infection screening
- Receive report and assess the child against baseline
- Count controlled medications when required
- Inspect oxygen, suction, feeding and emergency equipment
- Confirm supplies for the entire shift

Before leaving

- Reassess and compare with baseline
- Complete MAR, treatments, narrative and flowsheets
- Give a clear handoff to the authorized caregiver
- Resolve EVV exceptions and clock out at the service location
- Report unresolved risks before departure

A complete shift has three parts: safe care, complete documentation and accountable handoff.

Assessment drives every skilled intervention

Focus assessment on

- Airway, breathing, circulation and neurologic status
- Pain, hydration, nutrition and elimination
- Skin integrity, mobility and infection signs
- Device sites, function and required settings
- Behavior and communication cues

Document the clinical picture

- Objective findings and relevant measurements
- What changed from the child’s usual baseline
- Intervention performed and response
- Who was notified, when and what direction was received
- Follow-up and disposition

Do not chart “stable” alone. Show the observations that support your conclusion.

Medication safety requires three checks and one clear record

Before administration

- Compare the label, current order and MAR
- Apply medication rights and allergy checks
- Verify dose calculations and route-specific precautions
- Assess parameters and hold criteria
- Explain the medication in developmentally appropriate language

If something does not match

- Do not administer until clarified
- Notify the supervising nurse and prescribing provider as directed
- Document the discrepancy and communication
- Complete medication error or incident reporting when applicable
- Monitor and escalate adverse reactions

Never borrow, replace, pre-pour or change a medication outside the order and agency policy.

High-risk skills require child-specific competency

Common skilled needs

- Enteral feeding, G-tube care and aspiration precautions
- Seizure observation and rescue medication
- Tracheostomy, suction and respiratory monitoring when assigned
- Oxygen, pulse oximetry, BiPAP or other ordered support
- Catheter, wound, central line or specialty care when ordered

Competency means you can

- Explain the indication and expected outcome
- Set up and perform the procedure correctly
- Recognize complications early
- Use backup supplies and emergency procedures
- Document the intervention and response

No competency validation means no independent performance of the skill.

Emergency response begins with the child’s baseline plan

Recognize and act

- Identify red flags specific to the diagnosis
- Initiate ordered rescue steps immediately
- Call 911 for life-threatening symptoms or when the plan directs
- Stay with the child and support airway, breathing and circulation
- Send essential information and medications with EMS as permitted

After immediate safety

- Notify parent or legal representative
- Notify agency leadership and supervising nurse
- Document timeline, assessment, interventions and response
- Complete incident reporting before end of shift when feasible
- Participate in follow-up review and plan updates

Emergency equipment must be accessible, functional and checked—not merely present.

Infection prevention belongs in every task

Core practices

- Hand hygiene before and after care
- Use PPE based on exposure risk
- Clean technique or sterile technique as ordered
- Disinfect shared surfaces and equipment
- Dispose of sharps and waste correctly

Stay home and report

- Fever or symptoms that may expose the child
- Known communicable disease exposure
- Open draining lesions or unsafe inability to use PPE
- Any condition that could impair safe practice

Follow the child’s individualized precautions and current public-health guidance.

Documentation must support the care delivered and billed

Every note should establish

- Correct child, date, location and service time
- Assessment findings tied to the plan of care
- Skilled interventions actually performed
- Medication and treatment administration
- Child response, teaching and communications

Avoid these audit risks

- Copy-forward or identical notes across shifts
- Charting before care is completed
- Blank spaces, unapproved abbreviations or altered times
- Services outside the authorization
- Late entries without proper labeling

If it was not documented accurately, it cannot reliably support continuity, compliance or billing.

EVV confirms when and where authorized care occurred

At the point of care

- Clock in and out using the approved AxisCare workflow
- Use the actual service location and actual time
- Confirm the correct child, service and scheduled shift
- Enter required tasks and visit information
- Report technical problems immediately

Never

- Clock in or out for another worker
- Ask the family to record your attendance
- Record time you were not providing authorized care
- Leave an exception unexplained
- Change time solely to match the schedule

EVV and the clinical record should tell the same truthful story.

Professional boundaries protect children, families and nurses

Maintain

- Respectful, trauma-informed and culturally responsive care
- Confidentiality in the home, community and online
- Therapeutic communication and age-appropriate privacy
- A smoke-free, substance-free and violence-free care environment
- Professional appearance and dependable attendance

Do not

- Post or share any child information or image
- Accept significant gifts, money or personal loans
- Transport, invite visitors or perform errands without authorization
- Sleep, use substances or conduct personal business during a shift
- Enter family conflict or make promises for the agency

Warm, compassionate care can still have clear professional limits.

Attendance failures create unsafe gaps in care

If you may be late or absent

- Contact scheduling immediately—before the shift when possible
- Do not arrange your own replacement
- Continue communication until receipt is confirmed
- Give an honest estimated arrival time
- Document only the time actually worked

During severe weather or travel risk

- Prioritize personal and child safety
- Notify the agency early with specific conditions
- Follow direction on delayed, canceled or rescheduled care
- Do not drive through unsafe conditions
- Never abandon an active shift without an approved handoff

Reliable staffing depends on early, direct and documented communication.

Report concerns without investigating them yourself

Immediately report

- Suspected abuse, neglect or exploitation
- Unsafe caregiver behavior or environmental hazards
- Medication diversion or falsified documentation
- Boundary violations, discrimination or retaliation
- Any event that threatens health, safety or rights

Preserve facts

- Record objective observations and exact statements
- Do not confront, promise secrecy or conduct an investigation
- Follow mandatory reporting and agency procedures
- Protect the child from immediate danger
- Cooperate with authorized review

Good-faith reporting protects the child and supports a just safety culture.

Validate competency before independent assignment

- ✓ Current RN license and required credentials verified
- ✓ CPR / First Aid and TB requirements complete
- ✓ GAPP, HIPAA, abuse reporting and agency policies reviewed
- ✓ Child-specific plan, medications and emergency plan reviewed
- ✓ Assigned equipment and procedures demonstrated successfully
- ✓ AxisCare EVV and documentation workflow demonstrated
- ✓ **Supervisor confirms readiness for independent shift**

READY FOR SAFE PRACTICE

Pause. Verify. Care. Document. Communicate.

Questions or uncertainty should be escalated before care proceeds.

RN ACKNOWLEDGMENT

I understand that I must follow the current authorization, plan of care, provider orders and agency policies for every shift.

RN: _____

Signature: _____

Date: _____