Practice Nurse Checklist

Practice Name ……..

Contact ……..

Date ……..

- Do you have a spare consulting room/treatment room to house the PN? Yes ☐ No ☐

- How many hours per week will you employ your PN?
  _____Hours
  Unsure - undertake PN Financing option

- Do you qualify for the PIP Practice Nurse Incentive?
  Yes ☐ No

- Do you have a RN in mind who you would like to employ?
  Yes ☐ No ☐

- Have you considered professional indemnity insurance for the PN?
  Yes ☐ No ☐
  If "yes" or "no" may need to talk to your accountant or insurance broker to inform them of the PNs employment.

- What are the total number of over 65 yrs SWPE for your practice? _____

- As of the Sept 2001 PIP data how many Health Assessments and Care Plans have the practice undertaken?
  Health assessments _____
  Care Plans _____

- Will the PN have their own PC?
  Yes ☐ No ☐

- Do you want the X DIVISION to advertise for the PN position?
  Yes ☐ No ☐

- Do you want the X DIVISION to arrange the culling and interview process? Yes ☐ No ☐

- Do you want a member of your staff to be involved in the interview process? Yes ☐ No ☐
  If Yes, who? ……..

- Do you want the selected PN to undertake the 2 day X DIVISION orientation program and 1 day mentorship day?
  Yes ☐ No ☐

- Do you want the X DIVISION Financial staff to perform a "financial benchmarking" assessment?
  Yes ☐ No ☐

- Do you want the X DIVISION Clinical Support Staff to visit your PN? Yes ☐ No ☐

- What areas of clinical support do you want your PN to undertake?

Health assessments	Yes ☐	No ☐
Care Plans	Yes ☐	No ☐
PIP Diabetes Assessments	Yes ☐	No ☐
PIP Asthma Assessment	Yes ☐	No ☐
Health Summaries	Yes ☐	No ☐
Triage	Yes ☐	No ☐
Immunise children & adults	Yes ☐	No ☐
Undertake medicals	Yes ☐	No ☐
Perform Pap smears	Yes ☐	No ☐
Perform pelvic examinations	Yes ☐	No ☐
Perform breast checks	Yes ☐	No ☐

Antenatal Checks Yes ☐ No ☐

Perform ECGs Yes ☐ No ☐

Spirometry Yes ☐ No ☐

Audiometry Yes ☐ No ☐

BSLs Yes ☐ No ☐

Diabetic Counselling Yes ☐ No ☐

Assistance with minor procedures

Yes ☐ No ☐

Ear syringing Yes ☐ No ☐

Bloods - venepuncture, canulation

Yes ☐ No ☐

BPs, Urines, Height, Weight Yes ☐ No ☐

Holter Monitoring Yes ☐ No ☐

Wound dressings Yes ☐ No ☐

Administration of local anaethestic

Yes ☐ No ☐

Provide patient education Yes ☐ No ☐

Order vaccines Yes ☐ No ☐

Maintain vaccine fridge Yes ☐ No ☐

Maintain sterile stock Yes ☐ No ☐

Develop/implement/maintain recall registers

Yes ☐ No ☐

Reconcile drug register Yes ☐ No ☐

Check doctors bag Yes ☐ No ☐

Order Liquid nitrogen & oxygen

Yes ☐ No ☐

Order medical & surgical supplies

Yes ☐ No ☐

Restock treatment room Yes ☐ No ☐

Other _____

_____

♦ Do you have a audiometer? Yes ☐ No ☐

♦ Do you have a glucometer? Yes ☐ No ☐

- Do you have a spirometer? Yes ☐ No ☐
- Do you have an ECG machine? Yes ☐ No ☐
- Do you have a copy of the NH&MRC Immunisation Handbook 7th Edition? Yes ☐ No ☐

Comments/Further Requirements

_____

_____

_____

_____

_____

_____

_____

_____

Signed Principal GP _____

X DIVISION Staff Member

_____

Date _____