COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

This instruction implements Air Force Policy Directive (AFPD) 46-1, *Nursing Services*. It establishes Nursing Services guidance for the following: structure, management, functions, standards, and staffing; documentation of nursing care; and nursing research. This instruction should be used with current editions of The Joint Commission Accreditation Manuals; the Accreditation Association for Ambulatory Health Care (AAAHC) Accreditation Manuals; published standards of the American Nurses Association (ANA) for nursing services, practice, and care; and published standards of other national professional nursing organizations, as appropriate. This instruction applies to all Air Force military (Regular Air Force, Air Force Reserve and Air National Guard) and Civil Service Nursing Services personnel plus contractors, volunteers and other personnel attached to or performing nursing activities. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. In addition, copies of all submitted waiver documents for this instruction will be provided to AF/SG1N, regardless of Tier waiver approval authority. Supplementing publications must be sent to the OPR of this instruction for review and coordination before publication. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authorities to collect and maintain the records prescribed are Title 10, United States Code (U.S.C.), Sections 133, 2112, 8013, and 8032; 50 U.S.C. 454; and Executive Order 9397 as amended. Forms governed by this instruction include the Privacy Act statement required by AFI 33-332, *Air Force Privacy Act Program*. System of Record Notice, F036 AF A, *Biographical*

Data and Automated Personnel Management System and F044 AF SG K *Medical Professional Staffing Records* apply. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF 847s from the field through the appropriate functional' s chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include deletion of sections 1.4.1.10.3. and 1.4.2.9. (Mentoring), 2.2.2.1.3. and Table 2.1 (P-APN AFSC), 2.2.7. (Civilian Unlicensed Assistant Personnel), 3.6.2.4., 3.6.2.6., & 3.6.2.7. (Medication Preparation), 3.6.2.8. (Medication Administration), 3.6.2.9. (Documentation of Medication), 3.6.2.10. (Intravenous Therapy), 3.6.2.11. (Dispensing of Medication), 4.4.2. (OB nurses as UTC Substitutions). Sections 1.4, Chapter 2, and 2.2 were retitled to clarify content and redundancy eliminated. 4.2 now defines "Competency" in more detail, and a majority of 4.2 was removed and refers to AFI 44-119, *Medical Quality Operations* where competency documentation and specifics about job performance are detailed.

Chapter 1

NURSING SERVICES STRUCTURE AND MANAGEMENT OVERVIEW

1.1. Nursing Services. Under the executive leadership of a nursing administrator, as defined in AFPD 46-1, Nursing Services is the structure through which services are provided by registered nurses and additional nursing personnel. These include military, government service civilian (GS), contract and volunteer registered nurses. Additional Nursing Services personnel includes GS, contract, and volunteer licensed practical/vocational nurses, aerospace medical service apprentices, journeymen, and craftsmen, medical technicians and other unlicensed assistive personnel all whom reside under the realm of the executive leadership of nursing administrators who are responsible for all aspects of nursing care and practice. The primary goal of Nursing Services is the delivery of the highest quality of competent, compassionate, efficient, evidence-based and cost-effective nursing care to individuals, families, groups, and communities in support of home station and global medical operations. Additional informational resources and documents can be found on AFMOA/SGNE Kx site.

1.2. Organizational Structure. Nursing Services in active duty medical treatment facilities (MTFs) will be organized in accordance with Air Force Medical Service (AFMS) Flight Path guidance and duty titles will be consistent with the Flight Path. **(T-1)**. Nursing Services in Air Force Reserve Medical Units (RMUs), Air Force Reserve Command (AFRC) and Air National Guard (ANG) Medical Units (GMUs) will be organized in accordance with AFRC/SG, ANG/SG as well as local guidance. **(T-1).** Nursing Services in AD, AFR and ANG Aeromedical Evacuation Squadrons will be organized IAW Air Mobility Command guidance and AFI 38-101, *Air Force Organization.* **(T-1).**

1.2.1. As the functional advisor for Nursing Services, the Chief Nurse (CN) will be readily identifiable at the executive level on the organizational chart.

1.2.2. The professional nursing "chain of command" is separate and distinct from the official organizational chain of command or line authority. Nursing personnel will activate the functional/professional nursing or clinical "chain" to address nursing issues, concerns, and conflicts concerning but not limited to nursing administration, nursing practice, and nursing care that cannot be resolved at a lower level. (**T-1).**

1.2.3. For inpatient MTFs, a senior nurse will be designated as the "in-house" nursing supervisor or administrative nurse on call, and will be available for immediate consultation**. (T- 2).** Ambulatory care facilities will adopt similar administrative practice and structure as deemed necessary by the CN. **(T-2).** The senior nurse is empowered to contact the CN, Chief, Medical Staff, and/or other personnel deemed appropriate to facilitate problem resolution as necessary. **(T-2).**

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Air Force Total Nursing Force Leadership Roles. This AFI establishes the following roles, responsibilities and authorities of Total Nursing Force (TNF) (Regular Air Force, Air Force Reserve and Air National Guard).

2.1.1. Assistant Air Force Surgeon General, Nursing Services (Chief, Air Force Nurse Corps), is directly responsible to the Air Force Surgeon General. The Chief, Air Force Nurse Corps is appointed by the Secretary of the Air Force and establishes and evaluates nursing guidance and programs plus standards of nursing care and practice for the TNF. This position is established by Title 10, United States Code, Section 8069.

2.1.2. Director, AF Nursing Services is the Assistant Chief, Air Force Nurse Corps. The Assistant Chief, Air Force Nurse Corps evaluates policies and programs and oversees nursing force structure, education and training, force development, staff utilization, and standards of nursing care and practice. This position is the career field manager for 46XX and is also established by Title 10, United States Code, Section 8069.

2.1.3. The Air Force Nurse Corps Board of Directors (AF NC BOD) is the governance structure established to support the Chief, Air Force Nurse Corps and Air Force Nursing Services to meet requirements. The Air Force Nursing Enlisted Board of Directors (EBOD) is the governance structure established. This structure provides the same support with a focus on the enlisted component of nursing. The MAJCOM senior nurse and functional managers form the main membership of the BOD and EBOD, serving as Corps functional managers.

2.1.4. The Air Force Medical Operations Agency (AFMOA) Director/Chief Nursing Operations is responsible for clinical interpretation across the MAJCOMs except for Air Force Reserve Command and Air National Guard. This position serves in a force management capacity, identifying and clarifying education and training issues as well as standards of practice for inpatient and outpatient nursing care. Additionally, this office is responsible for nursing manpower authorization tracking and allocation through the Assistant Air Force Surgeon General, Nursing Services. AFMOA collaborates with the Command Nurses in Air Force Reserve Command and in the Air National Guard for delivery of Nursing Services across the Total Nursing Force. All active duty nursing manpower actions must be coordinated/approved through this office.

2.1.5. The 4N Career Field Manager is directly responsible to the Director of AF Nursing Services for establishing and evaluating enlisted guidance and programs within nursing career fields.

2.1.6. The Major Command (MAJCOM) Command/Senior Nurse is responsible to the MAJCOM Surgeon (SG) for force development, both officer and enlisted, and for Command unique mission capabilities that involve nursing or have a nursing impact. For immediate nursing issues, the Command/Senior Nurse will serve in a consultative role for the MAJCOM SG.

2.1.7. The Command Nurse, Air Force Reserve Command has oversight for Nursing Services for the Air Force Reserve. As a result, the Command Nurse, Air Force Reserve Command (AFRC), is responsible to the Command Surgeon, AFRC, for creating and evaluating nursing guidance and programs. The AFRC Nurse Corps Board of Directors is the governance structure established to support the Command Nurse, AFRC and AFR Nursing Services to meet mission requirements.

2.1.8. The Command Nurse, Air National Guard has oversight for Nursing Services for the Air National Guard. As a result, the Command Nurse, Air National Guard (ANG) is responsible to the Air Surgeon and Air National Guard Bureau, for developing and evaluating nursing guidance and programs.

2.1.9. The MAJCOM Functional Manager is responsible to the respective MAJCOM Command/Senior Nurse and clarifies, supports, interprets, and oversees enlisted nursing functions and manning issues within the command.

2.1.10. The Chief Nurse (CN). Each active duty MTF, AFR RMU, ANG GMU, active duty AES, AFR AES and ANG AES will have a CN to direct Nursing Services within the organization.

2.1.10.1. Is the primary functional authority, responsible and accountable for nursing practice standards and the nursing standards of care for individuals and populations served by the organization. **(T-0).**

2.1.10.2. Is the Nursing Services subject matter expert within the organization. **(T-0)**. Therefore, the CN has primary authority, responsibility and accountability for the standards of nursing practice and the nursing standards of care, for individuals and populations served by the organization. **(T-0).** The CN has the authority to speak on behalf of Nursing Services to the same extent other organization leaders speak for their respective disciplines or departments. **(T-0).**

2.1.10.3. Is a member of the executive team. **(T-0)**. As a result, the CN collaborates with members at the executive level to meet mission requirements, (e.g., planning, designing, and delivering health care services, education and training personnel, allocating resources and monitoring resource utilization, and readiness training requirements to include readiness and disaster team assignments) and improving organizational performance. **(T-0).**

2.1.10.4. Is responsible for ensuring the competency of Nursing Services personnel. Assignments will contribute to practice continuity and competency. **(T-0)**.

2.1.10.5. Will ensure enlisted nursing personnel practice within the scope and to the full extent of their respective Career Field Education and Training Plan (CFETP). **(T-0).**

2.1.11. Enlisted nursing services personnel assignment actions within the organization are determined through collaboration of the 4N Functional Manager, CN, unit superintendent and unit commander.

2.2. Oversight of Nursing Services.

2.2.1. Chief Nurse. Each MTF, Aeromedical Evacuation Squadron, AFR RMU, ANG GMU and/or, other units with the oversight responsibility for nursing practice and the delivery of nursing care will have a CN who is in the rank of Lieutenant Colonel (sel) and above. A

grade waiver may be sought for AFR through HQ AFRC/SGN. An ANG grade waiver may be sought through the ANG Career Consultant in coordination with the National Guard Bureau Senior Nurse. The CN will be qualified by experience; advanced education is preferred. **(T-0).**

2.2.1.1. Active duty CN candidates must be selected by the AF Nurse Corps Development Team CN Selection Board; however, Colonel CNs will be assigned by the Colonel's Group as part of the "Colonels Game Plan" process. **(T-1)**. IAW the AFMS Flight Path, the CN may be dual-hatted with responsibilities such as deputy group commander, squadron commander or flight commander.

2.2.1.2. Air Force Reserve Medical Unit CN will be selected by the medical unit commander. The commander may designate a senior nurse in the unit to be the CN, select a CN from outside the unit or choose a CN from the list of Chief Nurse candidates selected by the AFR Nurse Corps Development Team. **(T-1).**

2.2.1.3. Air National Guard CN will be selected by the medical or AE unit commander. **(T-1).**

2.2.1.4. The CN will participate in executive-level committees and meetings, which subject matter includes, but is not limited to Strategic planning, guidance development, resource management (personnel, materiel, and budget), human resource development, management and utilization, quality, patient safety and performance improvement, education and training and inspection compliance (i.e. The Joint Commission, AAAHC, UEI (Unit Effectiveness Inspection)). **(T-0)**.

2.2.1.5. The CN will:

2.2.1.5.1. Approve nursing-related guidance and procedures and standards of nursing practice. **(T-0)**. As the functional advisor/senior corps representative, the CN complies with the duties outlined in AFI 44-119, *Medical Quality Operations*, to execute actions for non-privileged healthcare professionals when there is an adverse personnel action, an adverse action involving standard of care or when patient safety is breached. **(T-0).**

2.2.1.5.2. Review Nurse Corps Officer Performance Reports, Promotion Recommendation Forms, Awards, and GS performance evaluations for all nurses assigned to their facility. **(T-1).**

2.2.1.5.3. Provide for and promote the professional development of all Nursing Services personnel through: Orientation, job rotation, competency assessment, skills verification and sustainment, in-service education and training, continuing education, force development (to include career counseling and mentoring for military and civilian nurses), communication and novice nurse transitional year oversight. **(T-0).**

2.2.1.5.4. Meet with all Nurse Corps officers to establish and/or maintain the individual nurse career development plan. **(T-1).** Documentation will be placed in the individual nurse's mentoring folder. **(T-1)**. The CN may delegate this function to a trained senior nurse but must review, co-sign and maintain these plans.

2.2.1.5.5. Ensure enlisted nursing personnel practice within the scope and to the full extent of their respective Career Field Education and Training Plan (CFETP). **(T-1).**

2.2.1.5.6. Promote and support active nursing research in areas such as, but not limited to, nursing practice, health promotion, complementary and alternative medicine, care of the caregiver, delivery of care, staffing effectiveness, education, leadership, management, policy, recruitment and retention of military nursing personnel, development and sustainment of military nursing competencies, nurse-sensitive outcomes, and deployment health. **(T-0)**. In addition, the CN adopts strategies to endorse evidence-based practice, disseminate research findings, and translate research findings into clinical practice, education, process improvement, leadership, management, and policy as it applies to nursing practice in a military context. **(T-0).**

2.2.1.5.7. Establish a liaison with local AD and ARC MTF/medical units to enhance camaraderie and collaboration within the Total Nursing Force, community groups, civilian professional nursing organizations, and educational agencies, as appropriate. **(T-3).**

2.2.1.6. The CN, or a senior nurse designated by the CN, will:

2.2.1.6.1. Promote force development (see AFPD 36-26, *Total Force Development* and AFI 36-2640, *Executing Total Force Development*). **(T-2).**

2.2.1.6.2. Meet with each nurse (military and GS) in the organization at least annually to discuss career development, goals, strengths and opportunities to improve performance. **(T-2)**. For AD, AFR and ANG nurses the respective NC Career Path Guide will be used. **(T-2).** Documentation will be placed in the individual nurse's mentoring folder. **(T-2)**. The CN will encourage each nurse to pursue appropriate force development and advance practice goals in accordance with published CN guidance. The CN will co-sign documentation for counseling delegated to another senior nurse to show concurrence. **(T-2).**

2.2.1.7. CNs in MTFs will:

2.2.1.7.1. Ensure allocation of nursing resources, orientation and training; and support the development and use of support staff protocols in the execution of the ambulatory care "medical home" model IAW AFI 44-171, *Patient Centered Medical Home and Family Health Operations.* **(T-1).**

2.2.1.7.2. Support the implementation of population health management initiatives and the development and execution of Clinical Practice Guidelines (CPGs) and support staff protocols IAW AFI 44-173, *Population Health Management.* **(T-1).**

2.2.1.7.3. Support the execution of the clinical Medical Management roles of Case Management, Discharge Planning, Disease Management and Utilization Management IAW DoD and AF guidance, and AFI 44-175, *Clinical Medical Management* in collaboration with MTF executive staff. **(T-0).**

2.2.1.8. Air Reserve Component Nurse Corps officers are required to actively practice nursing IAW AFI 36-2115, *Assignments within the Reserve Components*. Active engagement in nursing is defined as a nurse who is employed or working voluntarily in a position that requires a registered nurse (RN). The minimum requirement for active engagement in nursing is 180 hours per calendar year. Additional requirements and

documented verification of active engagement is outlined in AFI 36-2115. The CN is required to actively monitor compliance with this requirement and report status to the medical unit executive team annually. **(T-2).**

2.2.1.9. Establish a process to advance the culture of inquiry, to ensure continuing competency of nursing personnel and to systematically evaluate the outcomes of care and to ensure these advanced practice nurses are used to their optimum capability.

2.2.2. 4N Functional Manager (FM). Each CN will appoint a 4N FM in writing. **(T-1).** This 4N FM will have primary functional oversight for all enlisted Nursing Services personnel. **(T-1)**. In addition, they will collaborate with the CN as a full partner of the executive nursing team, in monitoring standards of nursing care and practice and in determining aerospace medical service technician assignments, to include readiness and disaster team assignments. **(T-1)**. The 4N FM will:

2.2.2.1. Ensure enlisted, contract and GS Nursing Service personnel maintain clinical currency and competency to perform assigned responsibilities. **(T-1).**

2.2.2.2. Provide for and promote the professional development of all enlisted Nursing Services personnel through: Orientation, competency assessment, skills verification and sustainment, in-service education, continuing education, career counseling and mentoring.

2.2.2.3. The 4N FM, or designated senior 4N, will meet with each enlisted Nursing Services staff member, at least annually, to discuss career development and goals, strengths and opportunities to improve performance. Documentation will be made on an AF Form 623a, *On-The-Job Training Record-Continuation Sheet* in the individual's electronic record. Career counseling conducted by the senior 4N for the member does not negate, and should not be considered the same as, the member's supervisor responsibility to provide performance feedbacks IAW AFI 36-2406, *Officer and Enlisted Evaluation System.* Other senior 4N entries that are required to be entered into the electronic record include: member's assignment to Unit Type Code (UTC) and deployment band, review of member's electronic record by the senior 4N or designee, Career Development Course (CDC) electronic record documentation review/member interview prior to CDC End-Of-Course (EOC) testing, and pre-deployment review of the member's electronic record to ensure member meets all requirements prior to deployment. **(T-2).**

2.2.2.4. Review performance reports and awards of enlisted Nursing Services personnel. **(T-3).**

2.2.2.5. Encourage and facilitate research in the areas of nursing, health, and deployment health. The 4N FM supports application of research as it applies to nursing practice in a military context, recruitment and retention of military nursing personnel, and developing/ sustaining military nursing competencies. **(T-3).**

2.2.2.6. The 4N Functional Manager is the advisor for the career field education and training requirements and ensures: **(T-1).**

2.2.2.6.1. The 4NXXX practices to the achieved skill level IAW the CFETP. **(T-1).**

2.2.2.6.2. The 4N0X1C practices IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program.*

2.2.3. **Senior Nurses and Senior Enlisted Nursing Leadership**. Senior nurses and senior enlisted nursing personnel will:

2.2.3.1. Provide clinical and administrative leadership and expertise.

2.2.3.2. Supervise, direct, and manage nursing activities within their work setting and are accountable to the CN and Senior 4N FM for nursing care and practice. **(T-2).**

2.2.3.3. Serve as the link between nursing services personnel and other health care disciplines throughout the organization. **(T-2).**

2.2.3.4. Senior nurses and senior enlisted personnel, in collaboration with others, will:

2.2.3.4.1. Communicate organizational vision, mission, plans, and standards. Promote strategic communication at all levels within the organization. **(T-2).**

2.2.3.4.2. Implement the organizational vision, mission, plans, and standards within their defined area of responsibility. **(T-2).**

2.2.3.4.3. Participate, and facilitate participation of staff, in guidance and decision-making. **(T-2).**

2.2.3.4.4. Identify and request required resources, and allocate available manpower, budget, materiel, and space appropriately. **(T-2).**

2.2.3.4.5. Maintain a safe environment for staff and patients. **(T-2).**

2.2.3.4.6. Ensure sufficient numbers and mix of qualified, competent nursing staff are available to meet mission requirements and patient care needs. **(T-2).**

2.2.3.4.7. Assign patient care based on the caregiver's knowledge and skills, as well as the needs and condition of the patient and his/her significant other(s). **(T-2).**

2.2.3.4.8. Advocate on behalf of the patient and his/her significant other(s). **(T-2).**

2.2.3.4.9. Assess the staff's learning needs and provide for orientation, training, in-service, and continuing education to maintain and improve staff competence. **(T-2).**

2.2.3.4.10. Ensure training is documented in the electronic training record. **(T-2).**

2.2.3.4.11. Evaluate performance of assigned personnel, reinforce desired performance through recognition and positive feedback and initiate appropriate administrative action when necessary. **(T-2).**

Chapter 3

NURSING FUNCTIONS AND PRACTICE ROLES

3.1. Nursing Functions. Nursing functions include, but are not limited to:

3.1.1. Implementing the nursing process, a systematic method for initiating independent nursing actions. Steps in the nursing process are applied within the individual's defined scope of practice and include: assessing the patient, determining the nursing diagnosis (es), identifying expected patient outcomes, creating a plan of care to achieve expected outcomes, implementing appropriate interventions, and evaluating the effectiveness of interventions for possible modification.

3.1.2. Providing oversight for patient care activities in a variety of inpatient and outpatient settings.

3.1.2.1. Inpatient care oversight will be guided by DoD, AF, The Joint Commission standards as well as the ANA and other appropriate professional nursing standards; and applicable state practice acts. **(T-0).**

3.1.2.2. Ambulatory care oversight will be guided by DoD, AF, and AAAHC standards as well as the ANA and other appropriate professional nursing standards. State practice acts will also be applicable for ambulatory care oversight; leadership will need to familiarize themselves with the practice acts relating to the state in which they are working. **(T-0).**

3.1.3. Addressing age-specific and cultural distinctions, pain management, and other matters relevant to the appropriate and comprehensive care of patients.

3.1.4. Executing the prescribed therapeutic medical regimen.

3.1.5. Planning and coordinating care in a collaborative, interdisciplinary team approach.

3.1.6. Acting as the patient's and/or family's advocate.

3.1.7. Educating and counseling the patient and/or family/significant other.

3.1.8. Applying population health concepts to promote healthy lifestyles, to prevent disease and injury, to maximize force enhancement and protection, and to prevent and minimize disease impact on those with chronic illnesses and conditions.

3.1.9. Promoting and supporting the utilization of appropriate templates, overprints, clinical support staff protocols (CSSPs), CPGs, processes and tools to provide efficient, cost-effective, coordinated care.

3.1.10. Creating and maintaining a safe physical and psychological patient care environment.

3.1.11. Reducing the risk of medical errors.

3.1.12. Identifying, advocating for, and optimizing resources to achieve desired outcomes.

3.1.13. Continuously assessing and improving performance in nursing care and practice.

3.1.14. Delivering evidenced-based care by applying research findings and other forms of evidence to nursing practice.

3.1.15. Conducting planned and systematic processes to assess, measure, evaluate and improve nursing care and practice.

3.2. Nursing Practice Roles

3.2.1. All nursing personnel will practice within their prescribed scope and practice for their respective specialties. **(T-0).**

3.2.2. Registered Nurses (RN). All registered nurses (military, GS, contract, and American Red Cross volunteers) will maintain current, valid, and unrestricted licenses to practice IAW AFI 44-119. **(T-0).**

3.2.3. Privileged and Non Privileged Advanced Practice Registered Nurses (APRNs). Education, licensure, certification requirements and scope of practice for Certified Registered Nurse Anesthetists, Certified Nurse Midwives and Nurse Practitioners (NP) are as defined in AFI 44-119.

3.2.3.1. Privileged Advanced Practice Registered Nurses (P-APRNs).

3.2.3.1.1. P-APRNs must be in an authorized APRN billets to function in a provider role. NPs will obtain appropriate privileges IAW AFI 44-119, prior to assuming provider responsibilities. **(T-0).**

3.2.3.1.2. P-APRNs who are in non-direct patient care billets (i.e. Chief Nurse, command billets, etc.) may function as providers to maintain currency. The Chief, Medical Staff and Chief, Nursing Services, IAW MTF procedures, will establish written guidance on the use of these providers. **(T-3).**

3.2.3.2. Non-Privileged Advanced Practice Registered Nurses (APRNs). The APRN as a Clinical Nurse Specialist must meet criteria as defined by their Specialty Experience Identifier and maintain national certification by an accredited agency for their specialty. **(T-0)**.

3.2.4. Independent Duty Medical Technicians (4N0X1C). 4N0X1Cs are non-licensed physician extenders who perform patient examinations and render medical/dental treatment and emergency care IAW AFI 44-103 and USAF Independent Duty Medical Technician Medical and Dental Treatment Protocols.

3.2.5. Aerospace Medical Service Technicians (4N0XXX). Aerospace medical service technicians practice IAW the 4N0X1/B/C/F CFETP under the direction of a registered nurse or privileged provider. Aerospace medical service technicians, E1-E8, must maintain, at a minimum, certification from the National Registry of Emergency Medical Technicians (NREMT) as an Emergency Medical Technician (EMT) (See the Air Force Enlisted Classification Directory on the AFPC website for further guidance). When filling a 4N091 UTC, CMSgt(s) will maintain current NREMT certification. **(T-0)**.

3.2.6. Surgical Service Technicians (4N1XXX). Surgical service technicians practice IAW the 4N1X1/B/C/D CFETP. NREMT certification is not a mandatory requirement for Surgical Services Technicians. **(T-0).**

3.2.7. Licensed Practical/Vocational Nurses (LP/VNs). LP/VNs (GS and Red Cross volunteers) will maintain current and unrestricted licenses to practice. **(T-0)**. Personal service contract LP/VNs who required a license to perform duties must maintain a license

from any US jurisdiction. Non-personal service contract personnel providing care within the MTF must be licensed in the jurisdiction in which the MTF is located unless they are residing in a Nurse Licensure Compact (NLC) state. Additional guidance on personal and non-personal service contracts can be found in AFI 44-119. **(T-0)**. ANG 4N0/4N1 who are licensed LP/VN in their civilian occupations will follow guidance for military AFSC. In the inpatient/outpatient clinical setting, the civilian equivalent to the clinical practice of a 4N0 is a LVN.

Chapter 4

STANDARDS OF NURSING CARE AND PRACTICE

4.1. Definition of Nursing Care. Definitions of nursing care are based on the nursing process. Every organization must define nursing care and identify areas in the facility/unit where nursing care is delivered. The following guidance will be considered when developing organization-specific definitions of nursing care:

4.1.1. The applicable state nurse practice act where applies. **(T-0).**

4.1.2. Department of Defense (DOD) guidelines, AF policies, directives and instructions. **(T-0).**

4.1.3. The standards of clinical nursing practice published by professional nursing organizations. **(T-0).**

4.1.4. Nursing Scope and Standards of Practice, current edition, American Nurses Association. **(T-0).**

4.2. Standards of Nursing Care. Standards of care are authoritative statements that describe a competent level of nursing care as demonstrated by the nursing process through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

4.2.1. The Standards of Care chapter in the "Standards of Clinical Nursing Practice" published by the ANA forms the basis for professional nursing care within AF Nursing Services.

4.2.2. The CN ensures written administrative and clinical guidance and procedures directing the provision of nursing care are current and available in all patient care areas. At a minimum, directives should address:

4.2.2.1. Standards published by professional nursing organizations adopted for use.

4.2.2.2. Specific nursing standards of care if required by regulatory agencies including the DoD, AFMS, The Joint Commission, and AAAHC.

4.2.2.3. Method(s) to measure, assess, and improve patient outcomes.

4.2.2.4. Method(s) to review and revise standards of care, including review by the CN.

4.3. Standards of Nursing Practice. Standards of practice are authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. The "Code for Nurses" and the Standards of Professional Performance Chapter in the "Standards of Clinical Nursing Practice" published by the ANA form the basis for a competent level of behavior expected of AF Nursing Services personnel.

4.4. Scope of Practice. Scope of practice refers to the range of responsibilities/activities registered nurses and/or other licensed nursing service personnel are educated, trained and authorized to perform. Enlisted practice is IAW skills per CFETP.

4.5. Authorization for Extended Scope of Practice. The Air Force may, for the purpose of its mission, utilize nurses for tasks that may be beyond those authorized by the state that issued the

individual's license. Similarly, aerospace medical service technicians may be asked to perform tasks beyond their normal training and standards of competency as outlined in their CFETP.

4.5.1. Utilization of nurses and aerospace medical service technicians (4NXXX) for extended scope of practice must meet three criteria:

4.5.1.1. The expanded scope of the task or procedure must be mission essential. **(T-1).**

4.5.1.2. The member must be trained for the expanded scope by a competent trainer and that training must be documented**. (T-1).**

4.5.1.3. The expanded role is restricted solely to military mission performance.

4.5.2. When the medical leadership or health care team decides an RN needs to perform clinical tasks outside his/her scope of care, or a 4NXXX needs to perform tasks not in the CFETP, the organization must request a Scope of Practice Waiver along with a copy of the lesson plan for waiver approval. Such requests will be accomplished IAW AFI 44-119, Chapter 7. **(T-1)**. For ANG, Scope of practice waivers must be routed and approved by the respective Air National Guard Readiness Center/Command Surgeons Office (ANGRC/SG) 4N0X1 MFM and then forwarded to the AF 4N0X1/4N1X1 Career Field Manager for approval/concurrence. Annual review and approval is required. **(T-1).**

4.6. Nursing Responsibilities. Include but are not limited to the following high risk problem prone areas:

4.6.1. Telehealth Nursing.

4.6.1.1. Telehealth nursing, as defined by the American Academy of Ambulatory Care Nursing (AAACN), is the delivery, management, and coordination of care and services provided via telecommunications technology within the domain of nursing. It includes any encounter that results in assessment and management of acute and episodic health care concerns, health maintenance and promotion, disease prevention and management, patient education and counseling, patient advocacy, case management, and coordination of care for patients throughout the health care system. Telehealth nursing includes such components as nursing triage, home care advice which might be considered part of the triage process, providing health care information, and care coordination.

4.6.1.2. Telehealth nurses are licensed registered nurses with at least three years of clinical experience in various settings who have demonstrated appropriate knowledge and skills necessary to provide safe and effective telehealth nursing care and service. **(T-0).** This requirement for a minimum of 3 years of "demonstrated competence in all aspects of nursing care and independent decision making" comes from AAACN's "A Guide to Ambulatory Care Nursing Orientation and Competency Assessment" (2005). **(T-0)**. The years of experience can be waived on a case-by-case basis as assessed and recommended by the local CN to the Air Force Medical Operations Agency (AFMOA) CN. **(T-2).** Clinical experience in pediatrics, obstetrics and medical-surgical nursing is highly desirable.

4.6.1.2.1. Telehealth nursing practice requiring patient triage, home care advice and involving symptom-based decision-making will be guided by the use of clinical decision support tools that are verified and documented according to nursing practice standards. **(T-0).**

4.6.1.2.2. Nursing service personnel use of nationally recognized nursing triage protocols, algorithms, or guidelines will be coordinated between the CN and Chief of Medical Staff, and approved and reviewed initially and at least annually by the Executive Committee of Medical Staff (ECOMS). **(T-1).**

4.6.1.3. All telehealth calls involving *nursing* decision-making will be documented as telecons in the electronic health record (eHR) and coded appropriately. **(T-1).** Symptom-based calls requiring decision-making will be signed by the nurse providing care and reviewed and co-signed by a privileged provider within 24 hours. **(T-1).**

4.6.1.4. Telehealth nursing is not meant to be the primary function of the ambulatory care nurse. Process improvement efforts should be carried out locally to channel calls to the appropriate office, such as calls that might be more appropriately handled by Referral Management, TRICARE, Disease Management, or Case Management. Additionally, internal processes should be evaluated and managed to maximize effectiveness of each clinic's telehealth nursing practice, such as MTF procedures for medication renewals.

4.6.1.5. The CN is responsible for ensuring local guidance and procedures for telehealth nursing practice are written to include such parameters as: the clinical decision support tools, protocols, guidelines and the documentation requirements; appropriate staff training and competencies documentation; clinical chain of command; deviation from protocol guidance; and a peer review process. **(T-0).**

4.6.1.6. MTF guidance and procedures for telehealth nursing practice should mirror AAACN's *Telehealth Nursing Practice Administration and Practice Standards*, current edition.

4.6.2. Medication Practice. Patient safety is paramount. The CN must ensure medication administration is conducted IAW DoD and Air Force guidance and accepted standards of practice as defined by The Joint Commission and National Patient Safety Standards. **(T-0).** Nursing Services personnel must comply with The Joint Commission "Do Not Use" terminology, the National Patient Safety Goals, as well as the following basic principles of medication practice. **(T-0).**

4.6.2.1. MTFs must develop a local computational pharmacy and medication administration test to validate competency before allowing Licensed Registered and Vocational nurses to administer medications IAW their scope of practice. Upon meeting local requirements, competency is validated and documented in the member's Competency Assessment Folder (CAF) or electronic equivalent.

4.6.2.2. 4N0s may administer medications after completion of: 5-Level CFETP training and a computational pharmacology and medication administration test. Competency will be validated and documented in the member's CFETP.

4.6.2.2.1. Section-specific medication administration lists will be coordinated with the CN and Chief, Medical Staff, and approved by the Executive Committee of the Medical Staff (ECOMS). **(T-1)**. Aeromedical Evacuation Squadrons, RMUs and GMUs will coordinate medication administration lists with the senior physician and the Executive Management Committee (EMC) (or equivalent). **(T-1).**

4.6.2.2.2. 4N0s will not accept verbal orders for medication administration. (Exception: IDMTs in a remote geographically separated area or paramedics on field response will follow published protocols.) (T-1) Verbal orders taken by a Registered Nurse is addressed in section 6.2.

4.6.2.2.3. IDMTs/Paramedics/4N0 7-9 levels may administer intravenous medications IAW with their CFETP or published protocols and with appropriate training, validation and documentation.

4.6.2.3. Nursing Services personnel must have thoroughly written, dated, signed orders for medication administration to include the name of the drug, dosage of the drug, route of the drug, and frequency or time of administration. **(T-1)**. *In the AD MTF outpatient setting, a prescription placed in the eHR to the pharmacy does not constitute an order for medication administration purposes*. **(T-1).**

4.6.2.4. Registered Nurses and IDMTs <u>cannot</u> renew controlled substances, corticosteroids, psychotropics and antibiotics. **(T-1).**

4.6.2.5. All registered nurses inputting medication in CHCS/eHR must have documented training in order entry, computational pharmacology and medication administration. **(T-1).**

4.6.2.6. In MTFs, Primary Care Managers (PCMs) or competent trainers must train the registered nurse on the use of the protocols and document the training in the nurse's CAF or electronic equivalent. **(T-1).**

4.6.2.7. In MTFs, PCMs or a competent trainer will review registered nurse protocol utilization competency annually. **(T-1)**. If at any time a registered nurse is found to be deficient in the use of protocols they will have the medication ordering protocol/function removed from their scope of practice. **(T-1).**

4.6.2.8. Prescriptions to Outside Pharmacies: AF nursing personnel may not call in prescriptions to pharmacies (this does not apply to credentialed nurse providers). In the event a patient is unable to pick up a written prescription, nursing service personnel may fax the prescription to the designated pharmacy <u>if</u> the pharmacy and the patient's provider concur with this practice, and with permission of the patient. **(T-1).**

4.6.3. Clinical Support Staff Protocols (CSSPs). For Use in MTFs. Clinical Support Staff Protocols can be used in the ambulatory care setting for providing coordinated care for high volume, low or high risk symptoms and/ or diagnoses. Examples: sore throat/strep culture protocol (high volume/low risk); depression screen protocol (high volume/high risk) and chest pain protocol (low volume/high risk). CSSPs are intended to increase patient access to care, reduce variations in clinical practice and increase the support staff's clinical competency and currency. Protocols are intended to augment, but never substitute, for a provider or nursing assessment of a patient. The privileged provider is ultimately responsible for the assessment and care of the patient.

4.6.3.1. CSSPs will be coordinated between the MTF SGN and SGH. **(T-1).**

4.6.3.2. CSSPs will include the following elements:

4.6.3.2.1. Evidence-based practice. Evidence-based practice is a problem solving approach to the delivery of health care that integrates the best evidence from clinical

inquiry and combines it with patient preferences and values and nursing personnel expertise. **(T-2).**

4.6.3.2.2. Flow chart which outlines patient flow through a given process and includes exclusionary criteria that identifies when the encounter is no longer within the scope of practice for support staff (i.e., "If temp of 102 degrees, must be seen by provider"). **(T-2).**

4.6.3.2.3. Training Plan that identifies resources and/or references for the evidence-based practice that the clinical support staff protocol is based upon. **(T-2).**

4.6.3.2.4. Training of clinical support staff protocols should be documented in training record for aerospace medical service technicians and RNs. **(T-2).**

4.6.3.2.5. Standardized documentation of encounter using eHR template or questionnaire. **(T-2).**

4.6.3.2.6. Periodic peer review, both an initial and annual review. **(T-2).**

4.6.3.3. Completed CSSPs will be co-signed by the PCM. **(T-1).**

4.6.4. Clinical Inquiry. Clinical inquiry is the ongoing process of questioning and evaluating nursing practice, providing research informed patient care, and creating practice changes through evidence-based practice, research utilization and experiential knowledge (American Association of Critical Care Nurses, *The AACN Synergy Model for Patient Care*). Key principles of a culture of inquiry include the inextricable link between research/evidence-based knowledge, clinical practice and professional development and the link between these activities and the strategic goals and vision of the organization. The performance of evidence-based practice initiatives through the translation of scholarship or research into practice has the ultimate goal of improved care outcomes.

4.6.4.1. Nursing Services personnel will promote the best patient outcomes through participation in clinical inquiry at multiple levels of expertise, ranging from knowledge of research evidence to conducting research. **(T-0).**

4.6.4.2. Doctorally prepared nurses (PhD or DNP) who are assigned to a MTF or research cell are responsible, consistent with their professional education and role, to promote a culture of inquiry, conduct and facilitate safe, ethical, and efficient research; translate evidence into practice, education, leadership, management, and policy; mentor nurses regarding research activities; and advise CNs about research-related topics. Additional informational resources and documents can be found on the Nursing Research consultant's website located on the Kx site.

Chapter 5

VERIFICATION OF NURSING COMPETENCY

5.1. Definition of Competency Assessment. The Chief Nurse's role is to ensure there is a process to advance the culture of inquiry, to ensure continuing competency of nursing personnel and to systematically evaluate the outcomes of care and to ensure these advanced practice nurses are used to their optimum capability. Competency assessment is a continuous process that includes but is not limited to orientation, license verification, certification maintenance, in-service training, continuing education and skills/task performance. The right skill mix, job knowledge, and appropriate competency levels of staff are critical factors in providing quality patient care and customer service. Competence is the ability of a staff member to apply decision-making, psychomotor, and interpersonal skills at the level of knowledge expected for the current duty position. Competency is demonstrated by performance in a designated setting, consistent with established standards of performance determined by the work setting and the individual's role in that setting.

5.2. Competency Assessment. As a profession, it is incumbent upon nursing to examine and define not only how we prepare new nurses for practice, but how we continue to advance our practice as a profession. In 2006, the National Council of State Boards of Nursing defined continuing competency as "the ongoing ability of a nurse to integrate knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. IAW The Joint Commission and AAAHC standards, the CN and the 4N FM are responsible for ensuring the competence of all nursing staff members is assessed, maintained, demonstrated, and improved.

5.2.1. To meet The Joint Commission and AAAHC intent for a periodic competency assessment, the CN and 4N FM should ensure that: **(T-0).**

5.2.1.1. IAW AFI 44-119 (section 8A), there is a job description, performance standards, a complete job specific orientation, and a tracking system is in place to ensure competency assessments are conducted on schedule.

5.2.1.2. Nursing Services competencies will be reported semi-annually (annually for ARC) to the Nurse Executive Function (EMC for ANG). The report will be defined by the SGN/4N FN and may include but not limited to relevant patterns and training needs and competence maintenance activities.

5.2.2. Enlisted Nursing Personnel. Competency requirements for aerospace medical service technicians and surgical service technicians are outlined in their respective CFETP, Part II, Section F, and Documentation of Training. Reference AFI 36-2201, *Developing, Managing, and Conducting Training*, for use of the CFETP to plan, conduct, evaluate, and document enlisted training. Core competencies for aerospace medical service technicians are found in the CFETP, Part II.

5.2.3. Privileged Advanced Practice Registered Nurses (P-APRNs). Skills assessment and competency evaluation of P-APRNs who are privileged providers is accomplished through the credentials and privileging functions described in AFI 44-119. **(T-1).**

5.2.4. AF Nursing Services Competency Assessment Checklists. The CN, in collaboration with other nursing leaders, will determine which competency assessment checklists will be applied. For some examples of standard basic clinical nursing references and systems used for Nurse Corps competencies, individuals can refer to AFMOA/SGNE or virtual library on the Kx. **(T-2).**

5.3. Readiness Skills Verification (RSV) Program. It is the responsibility of the CN and 4N FM to ensure Nursing Services personnel are clinically current and prepared to meet medical readiness requirements during home station, humanitarian assistance, homeland security/defense, disaster response and global medical operations. **(T-2)**. They will coordinate efforts in matching Nursing Services personnel to UTC assignments and taskings. **(T-2)**. All Nursing Services personnel will comply with AFI 41-106, *Unit Level Management of Medical Readiness Programs*. **(T-1).**

5.4. Operational Clinical Skills Sustainment. The direct care health care system does not always provide adequate opportunity for nursing personnel to maintain operational clinical skill currency. Therefore multiple avenues, such as training affiliation agreements, formal course training, etc., should be considered when the member's practice setting does not provide the opportunities to maintain clinical currency.

5.4.1. Air Force Reserve Command and Air National Guard nurses and aerospace medical service technicians, operational clinical sustainment opportunities exist in various venues. AFR and ANG will dictate through their respective chains the specific venues to accomplish sustainment opportunities available to Reservists and Guardsmen during Unit Training Assemblies and Annual Tours. AFR rotations will be coordinated with AFRC SGX.

5.5. Air Force Specialty Codes (AFSCs) and Special Experience Identifiers (SEIs). It is imperative that key AF organizations are able to correctly identify current clinical and administrative capabilities/AFSCs Nursing Services personnel possess (i.e., Air Force Personnel Center, Air Reserve Personnel Center, Air National Guard Bureau, Air Force Reserve Command, and the Air Expeditionary Forces Center).

5.5.1. To ensure maintenance of all mission-relevant AFSCs, the CN, or equivalent, will review their NC officers' military and civilian credentials, education, and experience to determine if the officers meet the criteria for the award of additional AFSCs, IAW the on-line Air Force Officer Classification Directory (AFOCD). **(T-3)**. The CN will identify the primary, secondary, and/or tertiary entry or fully qualified AFSCs on an AF Form 2096, *Classification/On-The-Job Training Action*, and forward the form with supporting documentation to the appropriate Commander's Support Staff (CSS)/Military Personnel Flight for processing. **(T-3).**

5.5.1.1. For officers possessing more AFSCs than the Single Unit Retrieval Formal (SURF) can accommodate, the 46N3E (Critical Care Nurse), 46N3J (ED/Trauma Nurse), and 46F3 (Flight Nurse) will have priority. The 46F3 will only be the primary AFSC while the NC officer holds a 46F3 authorization while on active flying status. CNs should contact AFMOA or MAJCOM nurses for further guidance on AFSC prioritization.

5.5.1.2. To improve force management, the primary AFSC will be determined based on selected criteria outlined in AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted).* (T-3)

5.5.1.2.1. 46AX and 46FX AFSCs will only be used as a duty AFSC or awarded as a secondary or tertiary AFSC and not as a primary AFSC (except as noted in 5.5.1.1 above and 5.5.1.2.3 below). **(T-3).**

5.5.1.2.2. Air National Guard Nurse Corps officer's duty AFSC, including prefixes, suffixes, and skill levels, must match the authorized unit manpower document position. **(T-2).**

5.5.1.2.3. Air Force Reserve Command Nurse Corps officers are authorized 46FX as a primary AFSC only when assigned to a 46F UMD position.

5.5.1.3. Only Nurse Corps officers who meet the following mandatory criteria will be awarded the 46A3 as a secondary or tertiary AFSC:

5.5.1.3.1. Minimum of 12 months experience as a CN, squadron commander or group commander.

5.5.1.3.2. Completion of the Air Force Medical Service Intermediate Executive Skills (IES) course. (IES can be waived for AFR Nurse Corps Officers by AFRC IES Waiver requests to AFRC/SGN). IES attendance is encouraged but not mandatory for ANG CNs.

5.5.2. To ensure maintenance of all mission-relevant SEIs, 4N FMs will ensure all assigned enlisted personnel have the correct SEI listed in the Military Personnel Data System. **(T-3).**

5.6. Award of 46YX for Non-AF sponsored APNs. Use the following process for Non-AF sponsored APNs or clinical nurses who have achieved an advanced academic degree and want to be considered for privileging and utilization in an APN billet (applies to AD APNs only).

5.6.1. The requesting nurse will submit an application including a letter of recommendation from the MTF CN, interview and recommendation by the AF/SG consultant for the specialty, and proof of licensure and certification as an APN to AFPC/DPAMN. **(T-3).**

5.6.1.1. AFPC/DPAMN will forward the application to the AF Nurse Corps Development Team (DT) for review. **(T-3).**

5.6.2. The DT will review the application to determine if the nurse meets the criteria for the award of 46YX and may award the 46YX if one of the following conditions can be met: **(T-3).**

5.6.2.1. A valid billet exists for the specialty 46YX at nurses' current duty location.

5.6.2.2. A valid billet exists for the specialty 46YX in another duty location and the nurse is eligible to move.

5.6.3. The Nurse Corps officer may only practice in the APN role if they are filling an authorized billet in one of the advanced practice specialties for the AFSC. P-APNs cannot practice if they are <u>not</u> in a P-APN billet. An exception applies to those who have been awarded and practiced in an authorized P-APN billet and need to maintain currency while assigned to a non-clinical position (e.g. Commander, Chief Nurse, Staff position). **(T-1).**

Chapter 6

NURSING STAFFING NEEDS IN ACTIVE DUTY MTFS

6.1. Medical Annual Planning and Programming/Resourcing. The planning, programming and resourcing process defines the number and type of personnel required to fulfill the organization's mission. The CN and 4N FM are required to participate in the development and execution of the current year Business Plan, next-year Financial Plan and Program Objective Memorandum (POM) distribution plan for the out years. The CN and 4N FM will review results of resourcing tools to ensure the appropriate placement and grading of manpower to provide safe patient care. **(T-2).**

6.2. Nurse Assignments and Staffing.

6.2.1. The CN will coordinate nursing assignment actions for 46XX personnel with squadron and flight commanders, and for 4NXXX personnel with the squadron and flight commanders and the MTF 4N Functional Manager. **(T-2)**.

6.2.2. Facility staffing priorities will be based on greatest needs to sustain both inpatient and outpatient missions and needs of the Air Force. ICUs, inpatient medical/surgical units, ORs, EDs and PACUs provide robust UTC clinical training opportunities and should be considered priority clinical platforms for currency sustainment.

6.2.2.1. Nurse Utilization Officers at AFPC in coordination with the MTF SGN will ensure staffing fill rates are based on currency sustainment and needs of the Air Force. AFPC will ensure highest priority areas are filled at levels equal to or above the staffing rate of lower priority areas.

6.2.2.2. The CN will make every effort to execute local staffing assignments to ensure highest priority areas are filled at levels equal to or above the staffing rate of lower priority areas.

6.2.3. In collaboration with the executive team, the CN coordinates Nursing Services personnel assignments to readiness (UTCs, deployment bands) and disaster teams. **(T-2).**

6.3. Staffing Effectiveness. Standards require the availability of an adequate number of competent staff to provide nursing care. Each MTF must have a process or mechanism in place to monitor nursing workload and procedure(s) to adjust staffing in response to workload fluctuation. As a minimum, the ANA recommends the following factors be considered in determining nursing staffing requirements: patient volume, levels of intensity of patients for whom care is being provided, contextual issues including architecture and geography of the environment and available technology, and level of preparation and experience of those providing care. Increased nursing workload could require use of on-call staff, contract staffing, or the diversion of patients to other units/agencies for care. **(T-0).**

Chapter 7

DOCUMENTATION OF NURSING CARE

7.1. Documenting Nursing Care. The CN is responsible for ensuring guidelines are in place for documenting direct nursing care and other patient encounters such as telephone contacts. The guidelines must be consistent with documentation standards. At a minimum, documentation should include: patient assessment, direct/indirect care provided, patient response to that care, and patient/family education and their understanding of the information provided. Additional guidelines on administration of medical records can be found in AFI 41-210, *Patient Administration Functions.* **(T-0).**

7.1.1. In-Patient Documentation. Nursing staff will comply with the use of approved and established Electronic Health Records, such as ESSENTRIS, when available. The documentation process used will be approved by the CN and the Nurse Executive Function in each MTF. **(T-1).**

7.1.2. Outpatient Documentation. Electronic documentation in CHCS/eHR is required. Face-to-face and telephonic encounters will be entered and coded IAW current coding guidelines. **(T-1)**. Use of computer-based templates, questionnaires and eHR COMPASS AIM forms are encouraged.

7.1.3. When electronic documentation is not possible, then nursing documentation will be accomplished on paper and will be made in reproducible black or blue-black ink. **(T-0).**

7.1.3.1. Errors will be corrected by lining through the incorrect entry (with blue or black ink only), annotating correct information next to the lined-through data if space permits and initialing and dating the corrective entry above the erroneous entry. Do not leave lines or blank spaces between entries. (See AFI 41-210, Attachment 4, *Correcting Health Records*). **(T-1)**.

7.1.3.2. Paper overprints, progress notes, forms, consents, flow sheets, etc. must comply with documentation guidelines for thorough completion, be dated, and contain legible initials, signature, rank and duty title. **(T-1).**

7.1.4. Development of forms, overprints, consents, questionnaires, flow sheets, etc., or use of commercial documents, whether paper or electronic, must be IAW AFI 33-360 and coordinated with the Chief Nurse and in AD MTFs with the Chief, Medical Staff and approved by ECOMS and the Medical Records function. In RMUs and GMUs, coordination will be made with the CN and senior physician, and approved by the Executive Management Committee. **(T-1)**.

7.1.5. Forms utilized by the organization's documentation system are maintained as a permanent part of the patient's health record with the exception of AF Form 3259, *Work Activity Sheet*.

7.1.6. Aeromedical Evacuation Documentation. Aeromedical Evacuation documentation will be accomplished IAW AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care.* **(T-1)**.

7.2. Verbal Orders. Verbal orders must be signed by the prescribing provider prior to the patient's release from an ambulatory care setting, or within 24 hours if the patient is hospitalized. The individual giving the order verifies the complete order by having the nurse receiving the information first record the information, and then "read-back" the complete order. **(T-0).**

7.2.1. Registered Nurses may accept verbal orders only in cases of emergency, IAW National Patient Safety Goal guidance.

7.2.2. Independent Duty Medical Technicians (IDMT) may accept verbal orders from their preceptors IAW AFI 44-103 and IAW National Patient Safety Goal guidance. Documentation must be accomplished on the patient care form and counter signed by their preceptor within 72 hours. The individual giving the order verifies the complete order by having the IDMT receiving the information first record the information, and then "read-back" the complete order. **(T-1).**

7.3. Telephone Orders. Registered Nurses may accept telephone orders when providers are geographically separated from the unit. Telephone orders must be transcribed and then read back to the provider, IAW National Patient Safety Goal guidance. **(T-0)**. The individual giving the order verifies the complete order by having the nurse receiving the information first record the information and then "read-back" the complete order. The entire order must be annotated as Read Back (RB) and verified with the provider prior to the nurse signing the order and proceeding. **(T-0)**. Telephone orders must be signed by the provider as soon as possible after the provider arrives to the unit. **(T-0).**

THOMAS W. TRAVIS, Lt General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Title 10, *United States Code Armed Forces,* 07 January 2011

AFPD 36-26, *Total Force Development*, 27 September 2011

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AFI 33-360, *Publications and Forms Management, 25 September 2013*

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AFI 36-2115, *Assignments Within the Reserve Components*, 8 April 2005

AFI 36-2201, *Air Force Training Program*, 15 September 2010

AFI 36-2406, *Officer and Enlisted Evaluation Systems*, 2 January 2013

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AFI 41-106, *Medical Readiness Program Management*, 22 April 2014

AFI 41-210, *TRICARE Operations and Patient Administration Functions*, 6 June 2012

AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*, 20 August 2003

AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 6 December 2013

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFI 44-171, *Patient Centered Medical Home and Family Health Operations*, 18 January 2011

AFI 44-173, *Population Health Management,* 19 July 2011

AFI 44-175, *Clinical Medical Management,* 10 November 2011

USAF Independent Duty Medical Technician Medical and Dental Treatment Protocols

AAACN *A Guide to Ambulatory Care Nursing Orientation and Competency Assessment*

AAACN *Telehealth Nursing Practice Administration and Practice Standards*

American Association of Critical Care Nurses, *The AACN Synergy Model for Patient Care*, **http://www.aacn.org/wd/certifications/content/synmodel.pcms?menu**=

American Nurses Association, **http://www.nursingworld.org**

American Nurses Association, *ANA Scope & Standards of Practice, Nursing Administration*

The Joint Commission Standards, **http://www.jointcommission.org**

Accreditation Association for Ambulatory Health Care, **http://www.aaahc.org**

Prescribed Forms

None

Adopted Forms

AF Form 623a, *On-The-Job Training Record-Continuation Sheet*

AF Form 847, Recommendation for Change of Publication

AF Form 2096, *Classification/On-The-Job Training Action*

AF Form 3259, *Work Activity Sheet*

Abbreviations and Acronyms

AAAHC—Associations for Ambulatory Health Care

AAACN—American Academy of Ambulatory Care Nursing

AACN—American Association of Critical Care Nurses

AD—Active Duty

AES—Aeromedical Evacuation Squadron

AFOCD—Air Force Officer Classification Directory AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AFR—Air Force Reserve

AFRC—Air Force Reserve Command

AFRIMS—Air Force Records Information Management System

AFSC—Air Force Specialty Code

ANA—American Nurses Association

ANG—Air National Guard

ANGRC/SG—Air National Guard Readiness Center/Command Surgeons Office

APRNs—Advanced Practice Registered Nurses

ARC—Air Reserve Component BOD – Board of Directors

CAF—Competency Assessment Folder CDC – Career Development Course

CHCS—Composite Health Care System

CFETP—Career Field Education and Training Plan

CN—Chief Nurse CPGs - Clinical Practice Guidelines

CSSPs—Clinical Support Staff Protocols

DoD—Department of Defense

DT—Development Team

EBOD—Enlisted Board of Directors

ECOMS—Executive Committee of the Medical Staff

e-HR—Electronic Health Record

EMC—Executive Management Committee

EMT—Emergency Medical Technician

EOC—End of Course

FM—Functional Manager

GMU—Guard Medical Unit

GS—Government Service

HQ USAF—Headquarters United States Air Force

IAW—In Accordance With IDMT – Independent Duty Medical Technician

IES—Intermediate Executive Skills

Kx—Knowledge Exchange

LPN—Licensed Practical Nurse

LVN—Licensed Vocational Nurse

MAJCOM—Major Command

MFM—MAJCOM Functional Manager

MTF—Military Treatment Facility

NC—Nurse Corps

NLC—Nurse Licensure Compact

NP—Nurse Practitioner

NREMT—National Registry of Emergency Medical Technicians

OPR—Office of Primary Responsibility

P-APRNs—Privileged Advanced Practice Registered Nurses

POM—Program Objective Memorandum

RDS—Records Disposition Schedule

RMU—Reserve Medical Unit

RN—Registered Nurse

RSV—Readiness Skills Verification

SG—Surgeon General

SGN—Nursing Services

SURF—Single Uniform Retrieval File

TNF—Total Nursing Force

UEI—Unit Effectiveness Inspection

USAF—United States Air Force

UTC—Unit Type Course