

## **DIVISION SCOPE OF SERVICE**

<b>Division: CENTRAL WEST TEXAS</b>
<b>Classification: WOUND CARE LVN</b>
<b>Applicant Name:</b>

  

<p><b>Wound Care (LVN):</b> The Wound Care LVN must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.</p>
<p><b>Definition of Care or Service:</b></p> <ul style="list-style-type: none"> <li>The Wound Care LVN demonstrates advanced knowledge and skills in the care of patients requiring Wound Care. Scope of Service may include:</li> <li>Management and healing of chronic wounds</li> <li>Conducting comprehensive patient assessments and thorough wound analyses</li> <li>Effectively communicate and document patient assessment findings</li> <li>Classify wound stages</li> <li>Calculate wound measurements</li> <li>Document care plans and outcome goals</li> <li>Apply wound care dressings and compression wraps</li> <li>Placement of negative pressure wound therapies</li> <li>Assist with total contact casting, and provide proper wound care education to patient, family members, and caregivers.</li> <li>Demonstrates Clinical and Service excellence behaviors to include HCA code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>Healthcare facilities including but not limited to hospitals, and outpatient treatment facilities.</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>Indirect supervision by Department Director or designee</li> </ul> <p><b>Evaluator:</b> Department Director or designee</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>Graduate of Vocational Nursing school or higher</li> <li>BLS Certification</li> </ul> <p style="color: red;">NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>Current LVN License for practicing state Texas</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>&lt; 1 year applicable experience (<b>preferred</b>)</li> </ul>
<p><b>Competencies:</b> The Wound Care LVN will demonstrate:</p> <ul style="list-style-type: none"> <li>Ability to work well with others with proficient interpersonal listening and communication skills.</li> </ul>

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- Ability to organize oneself, multi-task in a fast-paced environment, and complete tasks efficiently.
- Ability to maintain confidentiality.
- Ability to problem solve and analyze diverse data inputs.
- Upon completion of an accredited hyperbaric medicine safety course, may perform hyperbaric oxygen therapy related responsibilities.
- Adheres to commonly accepted protocols and established standards that promote a safe and productive work environment
- Request Supplies as needed
- Adheres to supply par levels and contracted supplies when possible
- Collaborates with the hyperbaric medicine technicians to ensure safe patient outcomes
- Performs all job duties in accordance with hospital policies and nursing practice standards;
- Performs initial nursing assessments;
- Correctly classifies wound stages and calculates wound measurements;
- Documents care plans and patient goals;
- Applies wound care dressings and compression wraps as directed;
- Places negative pressure wound therapies;
- Assists with total contact casting;
- Provides wound care education to patient, family members, and caregivers;
- Assists patients having ambulatory difficulties.
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per Division requirements
  - Complies with Isolation precautions

**References:**

- Texas Board of Nursing: <https://txbn.boardsfnursing.org/licenselookup>

**Document Control:**

- Created 1/28/2025

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_