Form 20-Healthcare Team Leader

To Be Completed By:

- **Licensed Healthcare Provider-Team Leader**
- **Collegiate Healthcare Program Faculty that participate with students**

***This form needs to be completed by the sponsoring organization's Healthcare Team Leader/s and returned to Baptists on Mission prior to the clinic.*
*FAX: 919-460-6329***

Reserving Organization: _____
Clinic Date: _____

The Healthcare Team Leader is responsible for oversight of all blood testing, and ensuring that only currently licensed personnel (*minimum* of a Registered Nurse in the state of NC) review the assessment data and adhere to the screening values and disposition policy (attached)

Responsibility of patient care will only be assumed by the volunteer healthcare providers while the patient is in direct contact with the provider. No responsibility will be assumed by collegiate programs or healthcare providers past the date and time of direct care. Collegiate programs will be working with this ministry as a clinical training site and community volunteering opportunity for students.

If the Team Leader is a RN, you agree to adhere to the standing orders associated with the mobile unit, falling under the direction of our Medical Director. Standards of care are listed under the Client Disposition Policy. (attached)

Healthcare Team Leader Information

Name _____Credentials **MD DO NP PA RN**
Phone _____Email_____
Professional License #_____
Liability Insurance Provider if Available: _____

I certify that I am actively and duly licensed in the state of North Carolina, and that I have current BLS certification. I also certify that I do not have any enforceable legal actions against my licensure at this time. Collegiate Healthcare Program Faculty will be present and oversee their students at all times when working with this ministry.

_____ _____
Signature Date

Baptists on Mission
Screening Values and Client Disposition (ADULTS) Policy

Policy Approval Date: July 2023

Medical Director Approval: Dr Dem Ward

Purpose: Provide a plan of care for medical treatment if subjective and objective findings listed below are present

Personnel/Skill Level: Registered Nurse with active licensure in the state of North Carolina with current Basic Life Support Certification, *at minimum.* Assessments will be based on the criteria below, and follow up care offered to each patient through a referral network.

Applies to: Adult patients only

1. **Blood Pressure** (60+ referral ranges assume person being screened does not have diabetes or heart/kidney disease):

Acceptable Range	Out of Range Referral	Urgent Referral
≤120/80 mm Hg	Age <60: >130/85 mm Hg Ages 60+: >140/85 mm Hg	>190/110 mm Hg
≥90/60 mm Hg	<90/60 mm Hg (Refer to primary care physician for follow up)	<80/50 mm Hg (or anyone that is symptomatic) Call the patient's primary care physician for referral instructions or send patient to urgent care/ER depending on symptoms

2. **Pulse:**

Acceptable Range	Out of Range Referral	Urgent Referral
60-100 bpm	>100 bpm resting pulse <50 bpm resting pulse	(anyone symptomatic; ie weak or thready pulse, dizziness, lightheadedness, clammy skin, blurred vision, chest pain, palpitations, etc- Send to urgent care/ER)

3. **Blood Glucose:**

Acceptable Range	Out of Range Referral	Urgent Referral
Fasting 60-100 mg/dl *Non-fasting* 70-140 mg/dl	≤60, ≥100 mg/dl ≤70, ≥140 mg/dl (Refer to primary care physician for follow up)	<40mg/dl, >350 mg/dl (Call primary care physician for referral instructions or send patient to urgent care/ER depending on symptoms)

4. **A1C:**

Acceptable Range	Out of Range Referral	Urgent Referral
≤5.6	5.7-6.4 *Pre-Diabetic* (see physician within 3 months) 6.5-10 *Diabetic* (see physician within 1 month) >10-14 *Diabetic (see physician within 1 week)*	>14 (Send to ER)

5. **Total Cholesterol/HDL** levels are used for ASCVD Risk Assessment. None are urgent.
6. **Depression Screening Positive:** Assess situation and refer to primary care/ER

Call 911 for ALL EMERGENCIES!! State the following, "This is a mobile Health Screening Unit, and we have a _____ (type of emergency, ie stroke, heart attack, seizure). We need help immediately."

Begin Basic Life Support/First Aid and attach AED as necessary

Demaray W. Ward III

July 17, 2023