# Research Request for Spectrum Health Nursing Services

Office of Research and Education

*This request form should be used to request any nursing services related to the study that will not be provided by investigators.*

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| IRB Number (if available) | Click here to enter text. | |
| Protocol Title: | Click here to enter text. | |
| Principal Investigator (PI):  (First Name, Last Name, Degree) | Click here to enter text. | Fellow, Resident or Student |
| Primary Email: | Click here to enter text. | |
| Study Coordinator: | Click here to enter text. | |
| Primary Email: | Click here to enter text. | |
| Timeframe of Study (approx.): | Start Date: Click here to enter text. End Date:Click here to enter text. | |
| Number of subjects anticipated for this request (approx.): | Click here to enter text. | |

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| Check all locations and patient care services involved in this protocol. | |
| **Locations** | **Patient Care Areas** |
| Inpatient Areas  Blodgett campus  Butterworth campus  Gerber Memorial  Helen DeVos Children’s Hospital  Kelsey  Meijer Heart Center  Reed City  United  Zeeland  Lakeland  Other: Click here to enter text.  Outpatient Areas  Pre-procedure planning  Butterworth outpatient  Blodgett outpatient  Pediatric Hematology / Oncology clinic  Pediatric Sub-specialty clinic  Radiation oncology  Urgent care centers  South Health pavilion  East Paris Surgical Center  Lake Drive Surgical Center  Endoscopy  Lemmen Holton Cancer Pavilion | Please list specific units or areas of patient care. Click here to enter text. |

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| Check all specific nursing services and patient care resources required in this protocol | |
| ***Assessments***  Physical  Psychosocial/Behavioral/Spiritual  Other: Click here to enter text.  ***Planning***  Change from current standard of care  Other: Click here to enter text.  ***Interventions***  **Monitoring**  Vital signs  Post procedure  Device  Cardiac  ECG  Telemetry (continuous)  Fetal heart  Intraaortic Balloon Pump  Other: Click here to enter text.  Respiratory  Pulse Oximetry  Capnography  Ventilator  Other: Click here to enter text.  Other: Click here to enter text.  **Medications**  Preparation  Administration  Titrating  Monitoring  Medication new to system  New/experimental drug  New delivery system  Other: Click here to enter text.  **Specimen collection**  Blood  Urine  Other: Click here to enter text.  Other: Click here to enter text.  **Assistance with procedures** (specify): Click here to enter text. | ***Interventions (cont’d)***  **IV Access**  Starting  Maintaining  Discontinuing  Additional IV access  Keeping IV access in longer  Other: Click here to enter text.  **Tube(s):** Click here to enter text.  Placement  Maintenance  Removal  Additional tube  Keeping tube in longer  New to system  Other: Click here to enter text.  **Dressing(s):** Click here to enter text.  Placement  Maintenance  Removal  Additional dressing  Keeping dressing on longer  New to system  Other: Click here to enter text.  **Device(s)/Equipment**: Click here to enter text.  Placement  Maintenance  Removal  New to system  **Extra Time for Patient Care**  Specific timing of assessments  Specific timing of monitoring  Extra documentation / charting  Safety attendant  Restraints  Accompanying a patient off unit  Follow-up communication  (specify type and frequency): Click here to enter text.  Other: Click here to enter text.  **Teaching**: Click here to enter text.  Patient  Family member(s)  Group(s)  Other: Click here to enter text. |
| **Patient Care Area Resources** | |
| Use of supplies from unit stock (specify type and quantity): Click here to enter text.  Longer Critical Care stay (specify hours or days): Click here to enter text.  Longer Inpatient stay (specify hours or days): Click here to enter text.  Additional outpatient visits (specify number): Click here to enter text.  Other (specify): Click here to enter text. | |

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| *Please complete the next section in collaboration with an inpatient Clinical Nurse Specialist (CNS). If the appropriate CNS is not known, contact Jennifer Kaiser* [Jennifer.kaiser@spectrumhealth.org](mailto:Jennifer.kaiser@spectrumhealth.org) *to be connected to the right individual.* |
| **Patient Care Standards of Practice**   * **Consult with CNS** |
| Reviewed with Clinical Nurse Specialist (CNS).  Name of CNS: Click here to enter text.  Date of CNS consult: Click here to enter text.    Are any nursing services required that are not considered standard care?  No  Yes (specify): Click here to enter text.  Will interventions in this study represent a change from the current standard of practice?  No  Yes (specify)  Click here to enter text. |
| If this study expands beyond nursing – have the following forms / notifications been completed?   |  |  | | --- | --- | | Cardiovascular Imaging Services | N/A Yes | | Investigational Drug Services | N/A Yes | | Laboratory | N/A Yes | | Pulmonary / Respiratory Therapy | N/A Yes | | Radiology Services | N/A Yes | | Perioperative Services | N/A Yes | | Other (EEG, Rehab (PT/OT), etc.) | Click here to enter text. | |

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| ***Stop here, sign below, and send this form to: Jennifer Kaiser*** [*Jennifer.kaiser@spectrumhealth.org*](mailto:Jennifer.kaiser@spectrumhealth.org) ***and Ashley Perkins*** [*Ashley.perkins@spectrumhealth.org*](mailto:Ashley.perkins@spectrumhealth.org)***.***  *This form will then be routed to the appropriate unit/nursing leaders. Research staff will be cc’d on this email communication. This will serve as notification of an upcoming study to the patient care area. Research staff should then partner with nursing leaders to determine communication and training. Considerations to discuss include:*   * *How will staff be aware that their unit is participating in the research?* * *How will staff know if their patient is a study participant?* * *What study-related training needs to be provided?* * *Who will provide the training?* * *What is the best mechanism for training (flyer, inservice, etc.)?* * *How should the nurse leaders be kept updated until enrollment begins?* * *\*\*If a significant practice change is involved, a nurse educator should be included in the education process. A Request for Education (RFE) is required to assign a nurse educator. Please discuss whether this is indicated and who will complete the RFE.* |

By signing below, you have agreed to support this Research Request for Nursing Services in accordance with Spectrum Health’s research policies.

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| Principal Investigator or Designee | Date |