


Kingdom of Cambodia
Nation Religion King


Ministry of Health
No.: Prakas No. 022 ABS-MP

PRAKAS
on
The Roles and Responsibilities of Nurses
* * * * *

Senior Minister and Minister of Health

- Having seen Constitution of the Kingdom of Cambodia
- Having seen the Royal decree No. NS-RKT/1198/72 dated 30th November, 1998 on the nomination of the Royal Government of Cambodia
- Having seen the Royal Kram No 02/NS/94 dated 20th July 1994 declared on the use of the law on the organization and functioning the Council of Ministers.
- Having seen the Royal Kram No NS-RKM/196/06 dated 24th January 1996 declared on the establishment of the Ministry of Health
- Having seen the Sub-decree No 67 ANK-BK dated 22nd October 1997 declared on the organization and functioning of the Ministry of Health.
- Refer to the needs of the Ministry of Health

Declares

Clause 1:

Roles and responsibility of nurses includes analysis, organization, implementation, evaluation of activities and participation in clinical and epidemiological data collection, disease prevention, research, training and health education. All of these activities described, nurses must respect professional morals and ethical codes especially professional confidential. Nurses must perform their jobs in collaboration with other non health professionals such as social affairs, social science, sociologist, educational professionals.

Clause 2:

Care, prevention and treatment, must include technical quality and quality of communication with patients. The performances of Nurses must be based on the evolution of sciences and techniques. All activities described above, are based on the respect of individual rights, individual health education needs and different individual

personal characteristics needs such as physiological, psychological, economic, social and cultural aspects.

- Protect, care, and encourage patients for better physical and mental health status or better physiological and psychological functioning autonomy in order to make patients to be able to re-participate in their family and social life.
- Organize, prepare documents and collect important information from other professional groups especially physicians, in order to make diagnosis of patients and evaluate the effectiveness of doctor prescription.
- Participate in assessing the degree of patient's disability.
- Collaborate in treatment through the surveillance clinique (follow-up of clinical signs) and strictly follow subsequent prescriptions if available, prescribed by the physician.
- Participate in prevention and assessment of the process of pain relief, and physical and mental individual fear especially those who are nearly die, by providing various means of treatment and care available, including care from their relatives.

Clause 3:

Based on their roles, nurses have duty to provide care and help patients as needed, in order to sustain partially or totally patient life while facing problems of loss or reduction of individual or group autonomy. Nurses must be able to take initiatives in order to apply care of patients as described in Clause 5 below. Nurses must identify patient needs and make nursing diagnosis based on appropriate health care formula.

Nurses can make protocol on health care based on participation from nursing team members by their own initiatives, and are responsible on these initiatives. Nurses are responsible in the implementation and the management of their own nursing care documents.

Clause 4:

If nursing care is a type of hygienic care or socio-medical care, and is under responsibility of nurses, either hospital based or home based, nurses can ensure nursing care under his/her responsibility in collaboration with primary nurses, assistant nurses and qualified and officially recognized medico-psychological assistants. The four types of personnel above can develop protocol of care as stated in Clause 3.

Clause 5:

Nurses must perform health care by identifying risks, ensuring patient's comfort and individual and surrounding environmental security and providing information to patients and their neighboring as described below:

- Provide health care to ensure hygiene to patients and their neighboring
- Control hygiene and appropriate food
- Monitor and assess risks related to incorrect treatment procedures
- Advise and monitor on oral medication and its effectiveness and educate patients.
- Insert and change naso-gastric tubes under condition as stated in Clause 6 below.
- Take care and monitor patients under enteral or parenteral nutrition (nutritive entérale ou parentérale)
- Monitor urine and stool output and change urine catheter (Sondes vésicales).
- Take care and monitor patients under peritoneal or renal dialysis
- Take care and monitor patients under aseptic place (milieu sterile)
- Place patients based on pathological situations or their disability
- Take care and monitor patients' sleep and rest
- Hold and assist patient to walk without rehabilitated technicians
- Aspirate secretion of patients with or without intubation or tracheotomie.
- Manual or instrumental ventilation by masks
- Use semi-autonomous defibrillator and monitor patients under this machine.
- Apply non drug substance nebulization,
- Collect all necessary notes to assess individual health status and key diagnosis parameters for patients monitoring such as temperatures, pulse, blood pressure, respiratory rate, urine output, weight, pupil reflex, skin reflex, conscience and assess degree of pain.
- Non medical drug dressing and redressing. Monitor dressing. For other types of dressings, they are stated in Clause 6 of this Prakas.
- Prevent and take care bedsores.
- Prevent vein thrombosis.
- Take care and monitor chronic skin ulcer
- Clean perineum.
- Prepare pre-operative patients especially cleaning skins
- Search for eventual complications for patients under immobilization equipment/procedure.
- Clean mouth by using non pharmaceutical substances
- Clean eyes and apply eye drops.

- Monitor scarification, injection, perfusion, as stated in Clauses 6 and 8 of this Prakas.
- Monitor patients under puncture for analysis diagnosis or for treatment
- Apply tuberculin test and read results.
- Identify and take care skin mycosis of the patient.
- Monitor and maintain vital signs without applying medical substances
- Monitor catheters, tubes, and drains.
- Participate in diagnosis exploration except only cases as stated in Clause 9.
- Participate in sterilization of all re-used medical materials/equipments.
- Collect biological data through instant reading techniques.
- Urine: glucose, acetone, protein, hemoglobin, and pH etc...
- Blood: glucose, acetone, etc...
- Provide psychological support
- Monitor behavioral perturbation.

Clause 6:

In addition to activities stated in Clauses 12 and 13, nurses can follow written prescription orders or written protocols dated and signed by physician as below except only in emergency cases:

- Scarification, injection, IVF insertion as stated in bullet No. 1 of Clause 8
- Instillation and nebulization
- Scarification, vaccination, tuberculin test,
- Put catheter or scalp vein or short needles into peripheral or cephalic veins.
- Monitor central venous catheter that is correctly placed by physician
- Injection, insert catheter into central vein and inject:
 - . Substances except those that are stated in the first bullet in Clause 8.
 - . Products that are not in anesthesia as stated in Clause 11
- Drug injection and IVF insertion, must be done with clear written notes that are dated and signed by nurses and are included in the nursing file.
- Provide simple medication as stated in Clause 5.
- Stick dispositif on skin and monitor its effectiveness
- Change dressing materials.
- Apply and monitor special dressings
- Ablation of materials of skin repair/sutures
- Bandage for immobilization
- Ablation of immobilization materials, change and take out the dressing except pleural and mediastinal drains.
- Insert gastric tube into the stomach for aspiration, washing or feeding.
- Insert bladder catheter for urine collection, washing, instillation, irrigation and/or drainage of bladder except only cases as stated in bullet No.2 of Clause 9.

- Urethral instillation.
- Vaginal injection
- Insert catheter/tube into rectum for enema, extraction of fecalome and monitor amount of liquid dropped.
- Prepare materials for wound cleaning, monitor wound or colostomie, or bladderstomie, and skin transplant.
- Participate in techniques of dilatation of scar or stomie.
- Take care and monitor patients with intubation/tracheotomie and make changes of canula. The first tracheotomie must be done by physician.
- Participate in correction (treatment) of hypothermia and hyperthermia.
- Provide drug substance nebulization
- Take care of patient's mouths using drug and necessary equipments.
- Wash sinus through catheter that is inserted by physician.
- Wash patient ears and apply ear drops.
- Written record in register of normal EKG, normal EEG, except only cases as stated in Clause 9.
- Measure the central venous pressure.
- Verify, install or monitor the ventilation apparatus, control the process of the machine and monitor patients under this machine.
- Insert oxygen tube, take care of patients under normobar oxygen ventilation
- Connect, monitor, and remove equipment/materials for peritoneal renal dialysis, or plasma exchange circuit.
- Inject vein for blood removal.
- Take blood sample for analysis through insertion of catheter in veins, capillaries and arteries.
- Collect artery blood sample for gazometry.
- Take non bloody samples such as skin, mucus, ...
- Collect fluid secretion samples such as sputum, saliva, tear, stool, urine, sweat etc...
- Collect or aspirate aseptic urine
- Transfer or demonstrate knowledge/techniques on how to collect sample for biological and medical analysis.
- Monitor and take care patients during transfers/referral from one hospital to another.

Clause 7:

Nurses must be able to initiate pain management according to treatment protocols written in prior that are dated and signed by the physician. The treatment protocol must be included in nursing note or nursing files.

Clause 8:

Nurses must follow the written prescription orders with names and amounts of medicines, which are dated and signed by the physician. The following activities can be done only with permission from physician:

- Inject any human substances (blood, platelet, plasma, etc...) that necessarily require nurses to control identity and compatibility of these substances with laboratory.
- Inject pain killers through peridural and intra-thecal catheters after the first demonstration is done by physician,
- Remove central and intra-thecal catheter,
- Apply pneumatic tourniquet during surgical intervention,
- Immobilization,
- Use manual defibrillator,
- Monitor post-operative patients except only the cases as stated in Clause 11

Clause 9:

Nurses must participate in performing techniques as following under physician order:

- First injection of allergen drugs,
- First insertion of bladder catheter for male patient with urinary retention,
- Record into register on EKG, EEG, under effort or medication,
- Take blood pressure, using other simple techniques as stated in Clause 6,
- Take action urgently in emergency situation,
- Explore patho-physiological process, including study of pharmaco-dynamic effect, effort or stimulation,
- Immobilization after ablation,
- Participate in activities done by specialized physicians such as organ transfer, organ/skin transplant,
- Accompany patients during referrals:
 - a. From one hospital to another must be done by mobile and urgent unit (SAMU),
 - b. From dangerous place to hospital must be done by mobile and urgent unit,

Clause 10:

For nurses that work in mental health service, must perform additional tasks as below:

- Take care and stay beside patients and relatives,

- Orientate activities to psychological and social treatment for individuals or groups,
- Monitor and take care patients under isolation room,
- Monitor and assess the therapeutic engagement from physicians, nurses and patients,
- Take care individually and use multidisciplinary team members by orientations to psychological treatment,
- Put in place the therapeutic engagement from physicians, nurses, and patients and isolation protocol,
- Participate in opium severance and treatment by tranquilizing,
- Participate in Sismotherapy,

Clause 11:

Nurses with Certificate in anesthesia (ISAR) must participate in interventions requested by physician anesthesia-reanimation. If no anesthesia-reanimation specialized physician available, nurses-anesthesia can cooperate with surgeon and only after the skilled anesthesia-reanimation physician examine patients and make treatment protocol; nurses must follow the techniques below:

- General anesthesia,
- Local-regional anesthesia and re-injection based on physician anesthesia reanimation order,
- Reanimation per-operation:
 - . Nurses must follow treatment order and protocol of physician anesthesia reanimation,
 - . In post-operative room, nurses must ensure that all activities of anesthesia techniques as stated above are well done, and must be responsible for postoperative patients by reducing pain according to techniques,
 - . Transport of patients as stated in Clause 9, must be done in priority by nurses with anesthesia certificate (ISAR),
 - . Nurses that are being trained in ISAR, can participate in this activity, with assistance from nurse ISAR,

Clause 12:

Child care from newborn to adolescence, particularly all the activities described below must be managed in priority by nurse or midwife with state diploma or nurse/midwife that are being trained for this diploma:

- Monitor child growth and their living condition,
- Monitor infant/newborn feeding practice,

- Prevent and monitor urgently their abnormality and disability,
- Take care newborns in the reanimation service,
- Prepare, monitor and remove children under incubator or under phototherapy,

Clause 13:

The following activities must be done in priority by nurses with state diploma on surgery and nurses are being trained for this diploma:

- Manage risks related to operational room activities/environment,
 - Prepare and put in place the nursing care process for patient in operation room,
 - Manage and coordinate nursing care in operational room,
 - Monitor activities in operational room and other rooms,
 - Participate in implementation of sterilization procedures of reused equipments/materials to prevent nosocomial infection in operational room and other rooms,
- During operation, nurses have roles in providing materials/equipments: assistance to surgeon. Nurses must be skillful in applying multi skilled tasks to make diagnosis, treatment or sterilization of surgical equipments and hygiene,

Clause 14:

In the absence of physician, nurses have rights to use the protocol of emergency care which is written with date and signature of the responsible physician. In this case, nurses must complete other necessary activities to take care patients until there is intervention from physician. These activities must be done with written reports dated and signed by nurses and must submit these reports with patient file to physician.

In urgent situation, nurses must make decision to perform all activities to save patients while waiting for intervention from physician. Nurses must make effort as much as they can be providing care to patients.

Clause 15:

Based on activities that are implementing in hospitals, health centers, private services, factories, schools, prisons, etc... and based on identified needs, nurses must participate in the following activities, when required:

- Basic and continuous training to secondary nurses, nurse assistants, or other health workers,
- Manage nursing students,
- Training, educations, prevention, surveillance especially for primary health care and community health,

- Research, prevention, education on hygiene, individual and public health and safety,
- Research on STD, occupational diseases, and endemic diseases,
- Sexual health education,
- Participate in public health activities
- Research in nursing care and participate in multidisciplinary research activities,

Nurses equally participate in activities related to disaster, humanity assistance, and other activities related to health and social professionals to share joint responsibility.

Clause 16:

Technical Directorate General of Health, Directorate General of Administration and Finance, Inspectorate, Provincial/Municipal Health Departments and nurses have duty to comply with this Prakas with the high effectiveness.

Clause 17:

All other circulations or provisions which are contrary to this Prakas shall be considered as invalid.

Clause 18:

This Prakas will come into effect from the date signed below.

Copied from Prakas No. 022 ABS-MP

Dated October 7, 2003

signed by

H.E Hong Sun Huot,

Senior Minister

CC to:

- Secretariat General of Senate
- Secretariat General of National Assembly
- Council of Ministers
- Ministry of Social Affairs
- Ministry of Justice
- Ministry of Interior
- Technical Directorate General of Health
- Directorate General of Administration and Finance
- Inspectorate of Ministry of Health
- Municipal/provincial authorities
- Municipal/provincial health departments.

Documentation-Archives