

PARISH NURSE *POSITION STATEMENT*

(CLERIFICATION/REVISION OF POSITION/POLICIES)

I completed the basic Parish Nurse Training Program and received *certification at the pinning ceremony 10/29/06.*

From learning(s) during this educational program I am clarifying my service plan as follows:

Please note changes as of 3-1-2012:

- 1) Office hours will be Tuesday, Wednesday, and Thursday from 10AM to 4:30 PM
- 2) Appointments are necessary (as I also am out on visits, meetings etc.)
- 3) IF out of the office Tues-----Thursday; or on OFF hours; please leave a message on my cell 505-6966; or office phone the # is 687-0310
- 4) **For emergencies *** PLEASE** call my cell phone # 505-6966 if you are unable to speak to me at the office, this is especially important on NON-office hours/days.
- 5) My NEW e-mail at the church is:
sttimothysparishnurse@hotmail.com Please delete my personal e-mail address *for parish nurse or church business.*
- 6) Attached is my *mission statement and updated long-term goals; roles.*

***Emergency examples: *immediate hospital or ER admissions

*Sudden illness or injury **AFTER**

MAKING A 911 CALL (if indicated), OR if not able to reach family member, OR where Healing Touch is indicated for health promotion & prevention of complications

* *For emotional, spiritual, mental, or physical crisis* in your or your family's life when **YOU** need support or counsel NOW.

Liz Macris, BS, RN, Parish Nurse, CHTP