**Job Description**

**Job Title:** Patient Care Technician

**Classification:** Non-Exempt

**Education Required:** High School Diploma/GED and Nursing Assistant Certification

**Reports to:** Director of Progressive Care

**Creation Date:** 01/14/2013

**Revised Date:** 03/08/2018

**Job Summary**

The Patient Care Technician is a vital member of the patient care team. The Patient Care Technician, under the direction of a Registered Nurse, collects patient information and provides direct patient care. The Patient Care Technician is responsible for complete and accurate data collection and recording, completion of routine and delegated direct care activities, and communicating and collaborating with the Registered Nurse to prioritize workload so that patient care outcomes are achieved.

**Essential Duties and Responsibilities**

* Assist with patient’s assessment and care planning
  + Check and record vital signs; measure intake and output; collect specimens.
* Assist patients in meeting nutrition needs
  + Pass food trays; check food trays; assist in feeding patients
* Assist patients with mobility
  + Turn and position patients
  + Transfer patients to wheelchair/bed
* Assist patients with personal hygiene
* Answer call signal promptly
* Change patient bedding
* Carry out isolation precautions as required.
* Protect patient privacy and maintain confidentiality

**Job Qualification Requirements:**   
  
**Education**: High School diploma or GED; completion of Nursing Assistant course required.

**Licensure/Certification:** Current Certification as a Nursing Assistant in the state of Indiana required.  
  
**Experience:** Two to three years' experience as a Patient Care Technician (CNA), in a hospital setting, is preferred. Work experience providing direct acute patient care is required.

**Physical Requirements:**  Frequent standing and walking. Periods of frequent heavy lifting.

I have received my job description and understand that I will be evaluated on the requirements as described therein.

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

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