

Rachelle Sims

Versatile, multi-specialty, infectious enthusiasm.

Cloverdale, IN 46120

rachellesimsrn@gmail.com

+1 765 720 3233

rachellesimsrn at gmail

ACLS & BLS, CPI, ELNEC

Will get PALS, TNSS, NIHSS

SC, IN standard and compact licenses. Unencumbered.

Willing to relocate to: Charleston, SC - Beaufort, SC - Destin, FL

Authorized to work in the US for any employer

Work Experience

Registered Nurse ICU

Infijini/Franciscan Health - Mooresville, IN

December 2021 to Present

General ICU.

All duties all levels

MICU, SICU, ICU, PCU, CICU, CVICU, CMO.

Level 2 ED coverage.

ICU RN/travel

SnapNurse/Willis-Knighton Bossier - Bossier City, LA

September 2021 to Present

SICU MICU

Covid ICU/Vent supported multiple oxygen delivery methods, cardiac, acute/chronic disease processes, all systems. Multiple lines types. etc.vents, alines, CL, STEMI, NSTEMI, MI, ARF, COPD, AKD, AKF, CVVH/CRRT, COVID/post COVID, trachs, ETT, etc

Surgical Trauma ICU RN

Grand Strand Medical Center - Myrtle Beach, SC

July 2021 to Present

Care of level 1 trauma patients direct admit fro ER or OR. Recover, manage care, daily routine management of various patients until discharge.

Vents, pumps, central lines, invasive line/drain, ostomy, wound vac, bolts, ICP, Neuro, cardiac, general, Ortho, thoracic, gyn,

Any or all services. Any or all levels of critical care.

Staff RN.

Covid Clinic Event Oversight Administrator and Clinical Professional

LHI/Optum Serve, All Medical Staffing contractor - Fort Wayne, IN

May 2020 to Present

Event Oversight Administrator/Coordinator & Clinical Professional Registered Nurse.

Clinic daily operations, productivity, team leader, motivation leader, quality control and consistency, safety in collection, administration/handling of specimens, patient and staff safety, PPE don/doff training, site supervision, customer service and resource/resolution. Administrative duties.

Conference calls/Zoom, Citrix, Duo, emails, text, computerized EMR clinic. Clinician and administrative assistant education and training, Systems Trouble shoot, assist administrative assistant with system and operational events. Ensure security of site, all electronic devices, test kits, PPE, and other property of LHI/Optum Serve. Opening clinic and closing. Staffing my clinic and assisting other EOA from nearby sites to staff their sites as well. Up to dated information regarding local community and state governments, current CDC guidelines, infectious disease management.

Balance and check all test kits/supplies daily. Be available to answer all phone calls per company policy and ability to provide correct information as parent company is a logistics company. Customer Service & resolutions expert on site. Ability to follow and interpret current CDC trends for COVID and explain these policies and reports to the general consumer. Ability to discern health care concerns and if needed, to appropriately advise general consumers to seek additional medical care when needed.

ICU RN

SnapNurse/Willis-Knighton Bossier - Bossier City, LA
September 2021 to October 2021

SICU, MICU

Vents, various O2 Delivery modes, many COVID pts,

General ICU, SICU, STICU/central, art, peripheral lines. Chest tube , NG, OG, PEG, all icu level Lines, meds, drips titrations, tubes. Crisis relief/one day orientation to floor.

Travel ICU RN

Ghost RX - Fort Wayne, IN
February 2021 to April 2021

General ICU RN, Covid patients. Geriatric and adult pts.

Admissions, hourly rounding, assessments. Acute knowledge of disease processes, side effects of treatments, efficacy of treatments.

IVF, IVPB, IM, po, vents, respiratory support.

Cardiac pts, RVR, drips, EKG 5 lead continuous monitoring.

Care with compassion and respect, encouragement. Ability to recognize when to call resident to confer over pt's status/response to current treatments/need for changes in treatments. Good communication skills and ability to act upon changes in pt statuses appropriately.

Worked weekends, nights. Short Contract.

PACU Registered Nurse

Medical Staffing Agency/Unity Medical Surgical Center - Mishawaka, IN
April 2020 to May 2020

Short notice short term contract.

Post surgery/post anesthesia recovery nurse.

Administering any ordered medications post-operatively.

Monitoring and assessing patients as recovered.

Any necessary contact with surgeon or anesthesia.

Discharging patients, patient education, verifying prescription narcotics and providing to patient.

Delivering pt to family/car for transport home or to their continued care acute care room. Report to receiving nursing staff.

Travel Nurse, Prolink HC

Bluffton Regional Medical Center - Bluffton, IN
February 2020 to April 2020

RN

Bluffton Regional Medical Center - Bluffton, IN
February 2020 to April 2020

Providing complete care to Med Sur/Progressive Care/telemetry/step care/ICU, infant through geriatric patients. Assisting pt's to achieve goals set by physicians and practitioners to achieve their discharge goals. Pts may be preoperative pts, post-operative pts, medical pts, pediatric, infant, geriatric, child, teen, or adult.

Monitor not only pt's progressive, continuous bipap, cpap, suction, maintenance of airways, initial covid patients, establishing labs, blood sugars, diets, activities, medication administration and effects of also . Communication with pt, pt's family, off-site practitioner or physician. Receipt of orders; as written, telephone with read back , or verbal with read back.

Communicate with other team members. Communication with pt frequently to be certain it is understood why they are here with us tonight, how they are understanding as well as are they accepting of the situation. What are their realistic outcome expectations and what are their fears.

Assisting pt's through these questions if any.

Admission and Discharge of pt's as necessary

Being part of a team, putting emphasis on making each other's night more fun, easier, confident.

House Supervisor

St Joseph Hospital - Fort Wayne, IN
September 2019 to January 2020

Weekend House administrator/supervisor. Responsible for entire hospital. Participate as a member of ER team as a trained responder/code team/all medical alerts, codes, rapid responses, complete and file all ERS, lone IV team for weekends, responsible for management of family in code and survival but recovery unlikely patients transferred to ICU. Responsible to sign off on determination in all INTELA rights for pts, Hold in ER waiting for discharges or internal transfers to accommodate patients vs transfers out.

In the events of transferring pts or staffing related unit closures or transferring pt's due to staffing a call or text was mandatory to AOC for information prior to determination to transfer pts. All catastrophic events or injury incidents also required a text or call to AOC immediate upon occurrence.

Staffed with intake for locked Psychiatric unit admits, mandatory 3 day holds, voluntary admits, ER direct admits, transfers due to age or level of care in accordance with EMTELA.

Staffing/for every unit current shift and future shifts, out for the next week. In the case of shift following, calls to unit Charge

Nurses to adjust pt staffing by deferring nurses or calling in additional staff or calling their unit managers for assistance in staffing units. Motives day shift managers 0300 of significant deficiencies.

Notification to unit managers 4 hours in advance to inform of current census and staffing scheduled.

Notification again in the event of call-ins and need for additional staffing or calling unit managers in to cover staffing deficits.

Dealing with various personnel personalities in staffing especially in the need for floating staff as we all know to be the most difficult issue in staffing.

Responsible for calling in/activating or ensuring this system is activated for all STEMI or emergency surgeries. Responsible to ensure that the team is there in 30 minutes. Assisting in calling cardiologists for consulting in ER cases also otherspecialties.

Responsible to attempting IV's if unable to attain by ER staff I was responsible for all difficult sticks.

Responsibility to respond to and participate hands on, all codes until team arrival. Then responsible for training and backup.

Assist in any role in medical alert (ambulance underway with code in progress) whether this would be compressions, assisting in setting up equipment, monitoring pulses, scribing, assisting with family to find somewhere to stand or to their preference wait in private waiting room, assist physician in communication, stepping in to assist MD or team captain (ER Charge RN) to continue code procedures while ER team worked to get systems set up, all to continue algorithm of code.

Anything the team needed we all worked together to make it seamless.

Responsible to assisting with and placing foley or other catheters as ordered by ER MD prior to notifying Urologist that even a Coude' has failed to insert.

Acute awareness of the tight budget for end of calendar year, and staffing restrictions. Continual communication with Director and AOC with all transfers, incidents/pts or employee, and in event of catastrophic event.

Productivity reports done every 4 hours and sent to administration prior to end of every shift.

Initiated talks with Director to empower ICU/Burn ICU, ER, Med Surg RNs to be "Champions" for EOL (End of Life) cases.

This was to resolve communication and policy issues that improved pt/family satisfaction and would improve nursing satisfaction. Discussions were had with many ER and ICU RNs regarding this topic and this was found to be a positive proposition that each department welcomed. The Reception position for ER had employees that requested to be part of this and were able to identify the areas they could be of help such as with family placement in private room or someone to stand by physically with family if they preferred to stand in unit during a code of their family member. They also felt they could assemble and or retrieve a cart of drinks, snacks, tissues, and other comfort items for theses families in ER as well as Med-Surg or ICU/Burn ICU. With the early communication and implementation of comfort measures for EOL families are more likely to have enhanced experiences/improved outcomes, and the possibility of false hope is decreased. The expectation of outcome in EOL is more clear to families. With ER, ICU, even Med Surg RNs having the ability and permission to communicate with the family and explain each step in the care of/decline of and all physical outcomes for their loved one empowers the family to make informed decisions and have informed/anticipated outcomes without surprises or unknown causes of changes/perceived changes in their loved one. The Nurses would either call for or retrieve a comfort cart and find the correct accommodation for family whether that be chairs at bedside, waiting room, or talking with House Supervisor to find a Burn family sleeping room for these families.

These actions would allow for and should reduce cost of hospital to fund a pt in sustained codes, reliance on life support sustaining for days, these would provide reduction in resources spent/cost reduction. The other positive outcome is that the family will have an improved outcome.

Post Anesthesia Care Unit Registered Nurse

Parkview Regional Medical Center - Fort Wayne, IN

November 2018 to September 2019

1. ACLS BLS certified.
2. Nightshift and weekend shift work primarily.
3. Days and evenings whenever needed.

Recovery from general OR

Including mix of ortho, GI, orthodontics requiring general anesthesia, broken jaw, some plastics, some Orthodontic combination with plastics, Thoracic, Pulmonology, GYN & Urology variety of cases admitted thru ER, Foreign Object

Removal, any age group, various locations. Endoscopy recoveries..

Patients generally arrived extubated but some required ambu or t-piece until they met criteria to pull their ETT, LMA, or OT.

May need placement or replacement of NG/OG, a few needed airway assistance with nasal airway placement, jaw thrust hold, &/or maintaining OT to allow for criteria to be met to progress airways.

Nasal canulas, nonrebreather masks, and occasional trach management.

Surgical incision management, various drains, drain/collection(Penrose, JP, Blake, stents, Foley and foley-like catheters.

Parameters for minimum drainage were verified met.

Pain and symptom management per surgeon or anesthesia orders. All symptoms unmanaged by parameters given are called to anesthesia for update and additional orders.

Patients may go to a unit for inpatient care, return to unit floor beds, prep-recovery for discharge, or on my shift generally patients discharged home.

For home discharge, discharge paperwork was generated from charts, physician orders entry verified or added, verification of any Rx e-scribe or written and verified accessible to patient.

Patient and family education provided when discharge criteria met. Responsible adult available to receive orders and remain with patient for first 24 hours.

For admission to hospital post-operatively, when case was entered, admission orders verified, bed control notified and bed/ room assignment provided. When criteria met to transfer patient to room, RN receiving notified, patient delivered to room, attached to monitors, and and equipment ordered set up, introduction to receiving team made, bedside report and skin checks done.

Internal codes within OR/periop area would be responded to with all available staffing.

High volume of pts through OR/PACU/Peri-op but ratio is 2:1 as much as possible, through the weekend with greatly reduced number of staff available, rations remained goal of 2:1, however could be 3:1 at any time through the night or especially night weekends. It depended on the ER flow/load.

Nurse Manager

The Water's Greencastle - Greencastle, IN

February 2017 to June 2017

Authorized drug refills and provided detailed prescription information to pharmacies.

Monitored patient reactions to drugs and carefully documented progress of individuals participating in clinical trials.

Responsible for primary care, case management, and medication management.

Experience with various medical conditions including Parkinson's, Dementia, Diabetes, Cancer, Alzheimer's and Paget's disease.

Provided behavioral/emotional support and supervision for those with dementia and Alzheimer's.

Assessed need for, ordered, obtained and interpreted appropriate lab tests.

Ordered and read lab tests, x-rays, MRIs, Ultrasounds, and EKGs.

Achieved high staff morale and retention through effective communication, prompt problem resolution, proactive supervisory practices and facilitating a proactive work environment.

Scheduled patient admissions and discharges.

Contract Staff Travel Nurse

Republic Travel Nursing - Indianapolis, IN

April 2016 to June 2016

Effective counseling in health maintenance and disease management
Chronic patient care in med-surg unit, adeptly handling all aspects of treatment from medication to wound care to monitoring for five patients per shift.
Administered medication to patients according to facility protocols.
Quickly administered IVs and took patient records. Instructed patients and family members on proper discharge care.
Followed infection control procedures.
Performed lab tests and communicated results.
Monitored patient reactions to drugs and carefully documented progress of individuals participating in clinical trials.

Palliative Care Consultant/Educator

Roudebush VA Medical Center - Indianapolis, IN
November 2008 to August 2014

Identified pt's appropriate for consult to palliative or hospice services. Educated staff on benefits of adding the addition of palliative or hospice services including the area between curative and comfort management. Education provided to pt's and families on benefits of bringing in these service which may include financial benefit to the facility and to the family Benefits may include additional specialized staff to address symptom management and or equipment management. Therapies that target and facilitate conversations to allow pt's and families to assist in coping with terminal and or chronic disease processes. Holistic as well as traditional therapies may be introduced when appropriate and the benefits introduced. Pt's may then choose to continue to be managed by their specialist or convert to primary management by the new hospice and palliative care services in their home, long term care facility, or even as a compliment in their local facility.

Education provided on acute disease processes that have failed to respond to treatment for curative purposes, long term projections of disease processes discussed with medical teams and then with family and pt to allow for realistic expectations. Transitions from curative to comfort did not always include abrupt stopping of all treatments currently pursued. Education provided to allow for choices to continue hope and increase pt comfort.

Daily rounds on inpts. Scheduled calls to outpt's seen through clinic.

Clinic established for outpt's to see Palliative Care MD. Symptom management and ability to investigate fully whether speaking directly to patient and caregiver or via phone in order to report correctly all information from pt to physician. Ability to triage pt's prior to physician rounding in clinic. Ability to explain all medications, therapies, devices both implanted or external to explain how the device should work, trouble shoot, and gauge effectiveness. Ability to recognize the important information in consult visits to relay to practitioners and medical team with appropriate treatment options as well as recommendations for more effective treatment options.

Knowledge of a wide range of oncology treatments as well as Palliative treatments and then Hospice treatments. Difficult conversations were expected, the ability to handle them was also expected.

Monitored pt's for desired outcomes of medications and treatments, knowledge of this. Knowledge of treatments to recommend when the ordered treatments were not effective to recommend changes appropriate. Authorized drug refills and provided detailed prescription information to pharmacies.

Performed monthly inventory and maintained office and medical supply counts.

Assisted in managed care for post-operative patients through discharge.

Strong leader for nursing personnel assigned to the unit/shift. Cooperated and communicated effectively with physicians to ensure client satisfaction and compliance with set standards.

Trained all staff in all areas to identify pt's both for putting on radar and initiating conversations for future conversations regarding moving into Palliative Care. This could include family meetings with their

specialty and Palliative team to gauge readiness and their wishes. No one is denied continuation of curative treatments in this phase. Inpatients such as ICU pt's who have suddenly had acute events or deteriorated into such a condition that makes treatment or continued treatment for curative measures futile. Difficult conversations are then held by primary, specialty, and Palliative with pt, family, those involved to allow for the greatest amount and most up to date information to now become the current conversation.

Including introduction of abrupt transitions to comfort management following acute events.

Demonstrated ability to lead and motivate outstanding healthcare teams, providing knowledge and guidance as well as support.

Responded to Code pages, participation in code through family management, followed through on disposition of patients.

Education on appropriate medications and assisted in forming new treatment plans based on new Palliative Care Order sets created and instilled by Palliative care team based on those previously constructed by City of Hope and national recommendations..

Assisting medical teams to order and interpreted appropriate lab tests to identify the specific needs of Palliative Care pt's and their current status as well as viability. Accurately review daily and discuss test results according to established procedures with each medical service team daily.

Initiation of new benefits such as Valor Blankets, by receiving quilts and afgans created by clubs and individuals who wished to donate a blanket to remind pt's of being home while in hospital which also served to identify pt's immediately by placing them on the beds of pts. This allowed for a visual cue to anyone responding to the room to stop and verify with the RN and or team assigned to the advanced directives of the pt before acting.

Registered Nurse/Staff Nurse II/SICU and Float

Roudebush VA Medical Center - Indianapolis, IN

August 2004 to November 2008

Provided care to pt's post op in ICU level care, SICU. Pt population primarily all cardiac surgery including open heart,

CABG, valve, and other as required. All major ENT, Plastics, including dissection, flaps, mandible, oral resections and others as required. All major vascular such as carotids, fem-pop, graft harvest, aortic anomylies, AAA, and others as required. Major GI such as resection possibly as result of tumor burden or vascular oriented death of portion of GI, modifications including addition of stomas both colon and ileostomy, pancreatic resections, gall bladder, stomach/gastric, esophageal, and others as arise. Major thoracic possibly involving lung wedge, resection, and other as arise. Liver resections. GU procedures, kidney, ureter, urethral, bladder, turps, procedures may include continuous bladder irrigations.

ICP drains, bedside bolts, flap maintenance. (Trauma and major Neuro surgery done at IU.)

Any type of surgical drain, penrose, JP, Blake, appliances, Chest tubes, both with bubbler systems and gravity drain. Trach post op, ETT, both on ventilators, and the process of weaning off. Tpiece, blowby, tents, masks both veni/equivalent O2 percentages, NRB, NC, bi pap cpap and other oxygenation and wein to RA as ordered. SubQ edema, and other potential complications of respiratory systems.

Multiple and various dressings and wounds, from surgical to pressure ulcer. Need for fasciotomy occasionally. Open wounds to closed and drained wounds, elevation, and other variables.

Open heart/CABG and others, recovered direct from OR, no PACU due to the multiple drips/pumps necessary, multiple drains, and other urgent conditions that necessitated immediate coordination and initiation.

Hearts and many other major procedures were progressed through SICU stages and discharged to home from ICU.

All nurses were trained to cover all 3 levels of SICU; II, I, and telemetry. Ratios were 1:1 or 1:2 highest level SICU II. 1:3 in progressive SICU I, and 1:4 in telemetry.

All SICU nurses were cross-trained in every unit in the hospital as the float team along with many of the MICU RNs. SICU and MICU were the IV team for years in the facility.

Student Nurse

SICU/Roudebush VAMC - Indianapolis, IN

June 2003 to June 2004

Managed patient care, including checking vital signs and administering medication.

Changed out and cared for bandages, catheters and IVs.

Worked alongside experienced nursing professionals to learn new procedures.

Assisted doctors with surgeries and non-invasive procedures.

Accurately recorded and reported test results according to established procedures.

Skillfully performed suture removals for patients of all ages.

Treated patients with strokes, head traumas, comas, and intracranial hematomas.

Transported patients to and from different departments.

Created and maintained computerized record management systems to record and process data and generate reports.

Education

Bachelor of Science in Nursing in Nursing Licenses in Nursing in Nursing

Indiana University School of Nursing - Indianapolis, IN

2004

Nursing Licenses

RN

RN

State: SC

RN

Expires: October 2021

State: IN

RN

Expires: April 2022

State: SC

RN

Expires: October 2021

State: IN

Skills

- CASE MANAGEMENT (10+ years)
- COACHING (10+ years)
- PROGRAM MANAGEMENT (6 years)
- Operating Room (Less than 1 year)
- Med Surg (10+ years)
- BLS (10+ years)
- Emergency Department (10+ years)
- RN (10+ years)
- Autonomy and ability to communicate with Surgeons and Medical teams. (10+ years)
- Float (10+ years)
- Emergency Room (7 years)
- ER
- Critical Care
- Home Health
- Hospital (10+ years)
- Medical Surgical (5 years)
- Staff Nurse (10+ years)
- Public Speaking
- Sales Experience
- Supervising Experience
- Home Care
- Hospice Care
- House supervisor (Less than 1 year)
- Hospital staffing (Less than 1 year)
- ACLS (10+ years)
- Medical Activate Trauma (Less than 1 year)
- Nursing Skills: Clinical Judgment: Proficient (10+ years)
- Assessing a patient's condition and Electronic Medical Records: Highly Proficient (10+ years)
- Alzheimer's Care
- Dementia Care
- Dissection
- Epic
- ICU Experience
- Medication Administration
- Nurse Management
- Primary Care Experience
- Microsoft Word
- Microsoft Office

- Microsoft Outlook
- Employee Orientation
- Infection Control Training
- Clinical Trials
- Records Management
- Managed Care
- Vital Signs
- Leadership
- Marketing
- Administrative experience
- Nursing
- Cerner
- Recruiting
- Order Entry
- Epic (6 years)
- Quality Assurance
- Travel nursing
- Management
- Acute care
- Critical care experience
- Documentation review
- Caregiving
- Patient care
- Anatomy Knowledge
- Medical office experience
- English
- Triage
- Venipuncture
- Teaching
- Hospital experience
- Microsoft Excel
- Microsoft Powerpoint
- EHR systems
- Employee evaluation
- Management
- Profit & loss
- Strategic planning
- Expense management
- Experience Administering Injections
- Continuous improvement

- Infusion

Certifications and Licenses

ACLS Certification

BLS Certification

AHA Certification

Assessments

Direct Care — Proficient

January 2020

Showing sensitivity and enthusiasm while providing care to patients.

Full results: [Proficient](#)

Clinical Judgment — Highly Proficient

April 2020

Assessing a patient's condition and implementing the appropriate medical intervention.

Full results: [Highly Proficient](#)

Supervisory Skills: Motivating & Assessing Employees — Highly Proficient

August 2020

Motivating others to achieve objectives and identifying improvements or corrective actions.

Full results: [Highly Proficient](#)

Electronic Health Records: Best Practices — Highly Proficient

January 2020

Knowledge of EHR data, associated privacy regulations, and best practices for EHR use

Full results: [Highly Proficient](#)

Clinical judgment — Proficient

April 2021

Assessing a patient's condition and implementing the appropriate medical intervention

Full results: [Proficient](#)

Work style: Conscientiousness — Highly Proficient

April 2021

Tendency to be well-organized, rule-abiding, and hard-working

Full results: [Highly Proficient](#)

Management & leadership skills: Impact & influence — Highly Proficient

June 2021

Choosing the most effective strategy to inspire and influence others to meet business objectives

Full results: [Highly Proficient](#)

Patient-focused care — Highly Proficient

July 2021

Responding to patient concerns with sensitivity

Full results: [Highly Proficient](#)

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

Additional Information

My symptom management training has allowed me to discuss treatment options with post-surgical patients having pain control. Has allowed me to discuss other treatment options in LTC as well as Med-Surg, Progressive, ICU units.

I will always have compassion for patients who are suffering and their intense desire to just stop their pain, anxiety, breathlessness, fear. I will always be in the market to learn more and more current treatments. I have never stopped applying the techniques I have learned and continue to learn. I am in Heaven when I am able to discuss new treatment options, how to improve the lives of others who suffer, ability to provide any option to make their quality of life worth the miles they have just walked to come to you in need. How can you not desire with the entirety of the heart, to help alleviate their suffering real tangible or real intangible.