

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
Pediatric Surgery (A-2)**

PATIENT CARE UNIT/AREA

Unit Description	:	Pediatric Surgery (A-2)
No. Of Beds	:	29
Nurse Patient Ratio	:	DAY 1:3 - 4 NIGHT 1:4 - 5
NHPPD	:	6.7

Scope of Service

The Pediatric Surgery Unit provides patients and their families with the best possible care during admission, and to prepare them for discharge following complex and extensive surgical procedures. Most of our patients have multiple and complex medical conditions requiring multi-disciplinary approach in their management. This pediatric patient population requires diagnostic work-up, medical-surgical management, nursing assessment, intervention, and education.

The majority of the children admitted are infants, toddlers, and of pre-school age, although we do admit up to age of 14 and have on rare occasion taken an older child who is still under the care of the pediatricians. One sitter or parent is encouraged to stay with the patient to reduce trauma of hospitalization.

Frequent Procedures/Services/Functions

- Pre and Post-operative surgical management
- Medical delivery including simple chemotherapy, administration and management
- Patient/family education
- Patient assessment and evaluation
- Nutritional support (enteral feeding, TPN, weights, caloric counts)
- Blood product's administration
- Management of artificial airways, tracheotomy management
- Chest tube management
- Oxygen therapy and pulse oximetry
- Continuous and intermittent pain management including epidural pain management/PCA
- Central and peripheral IV line management
- Maintenance of skin integrity
- Bereavement care
- Emotional support
- Wound care and management
- Osteomy care and management
- Bowel preparation prior to surgery

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
Pediatric Surgery (A-2)**

- Lumbar puncture
- Continuous intermittent catheterization (metrofanoff or urethral)

Hours of Operation

24 hours a day, 7 days a week

CRITERIA FOR ADMISSION TO SERVICE

The main criteria for entry into the unit is any pediatric patient:

- Who is physiologically and neurologically stable, not in acute respiratory distress, not intubated or ventilated over 8 hours post-extubation with no respiratory difficulties.
- Must not require vasopressive agents, prostaglandins, streptokinase, and other such monitored drugs.
- Must be hemodynamically stable. Must not require cardiac or invasive monitoring or cardiac pacing or FI02 of over 40%.
- Patients who are highly infectious. Units must be notified prior to taking patient to Unit.
- Patients admitted by referral to ICU units are not admitted to A-2 Unit.
- Unit must be notified of patients transferred in incubators so that appropriate equipment prior to patients' arrival on Unit can be obtained.
- Bed assignments must be validated through Admission Office.
- Sitter to accompany patient or Unit notified prior to admission if sitter is unavailable.
- No CAPD patient to be admitted in A-2 (patient should go to C-1).

STAFFING PLAN

Number and Mix of Staff:

Staffing is calculated using 6.7 NHPPD. There shall be a Charge Nurse delegated for each shift. The day shift Charge Nurse does not have a patient assignment. On the night shift, charge nurses take an assignment.

The Charge Nurse based upon patient acuity and skills mix determines patient assignments. The following factors are utilized in making patient assignments:

- 7 Staff Nurses on Days, 5 Staff Nurses on Nights
- 1 Patient Care Assistant on Days
- 2 Ward Clerks on days, No Ward Clerk after 21:30H
- Complexity of patient's condition and required nursing care
- Dynamics of patient's status, including the frequency with which the needs for specific nursing care activities change
- Complexity of assessment required by patient
- Type of technology employed in providing nursing care
- Degree of supervision required by each nursing staff member based on her previously assessed level of competence

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
Pediatric Surgery (A-2)**

- Availability of supervision appropriate to the assessed and current competence of nursing staff member
- Relevant infection control and safety issues

Method of Adjusting to Staffing Variances:

When more staff is needed for the shift than has been scheduled, the Head Nurse or the Nursing Supervisor is notified of the additional numbers of staff required. Staff are then temporarily reassigned from other areas or called in from home for overtime.

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

Registered Nurse:

- License or registration from country of origin
- Current BCLS
- Recent pediatric surgical experience ideally

Ward Clerk:

- Saudi National
- English speaking
- High school diploma required

Patient Care Assistants:

- Saudi National
- English speaking

How are In-Services/Continuing Education Programs provided to maintain staff competency?

All registered nurses are required to complete Unit-specific competencies through pediatric skills marathon. Continuing education is offered through NER, staff development, and training program, and at the Unit level coordinated by the Unit Educator. Educational needs are identified through mandates, treatment protocols, performance improvement activities, regulatory agencies, new technology, new equipment, new products and individual input and surveys.

Required Competencies

- Initial Competencies – Orientation Checklist
- Organization Competencies – BCLS

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
Pediatric Surgery (A-2)**

- Annual Competencies:
 - Electrical/Fire and Safety and Infection Control
 - Point of Care Testing
 - Age Specific
 - On line modules
 - Any newly implemented process or procedure

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication

Internally and externally, communication is accomplished via direct verbal communication, telephone, cc-mail, fax and written memos, communication book, communication board.

Describe Collaborative Relationships with Other Departments

The Head Nurse, Clinician, and Staff participate on many multidisciplinary committees, as well as on Hospital-wide performance improvement groups and other committees involving many other departments.

PLAN TO IMPROVE QUALITY OF SERVICE

- Review patient comments and follow-up as necessary.
- Review AORS regularly.
- Offer educational programs to increase staff's knowledge and skills.
- Staff participation in staff performance improvement teams.
- Expand patient teaching programs and materials.