

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

**Scope of Service  
Pediatric Medical (B-1)**

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**PATIENT CARE UNIT/AREA**

<b>Unit Description</b>	:	<b>Pediatric Medical (B-1)</b>
<b>No. Of Beds</b>	:	<b>28</b>
<b>Nurse Patient Ratio</b>	:	<b>1:3-4 Days</b> <b>1:5-6 Nights</b>
<b>NHPPD</b>	:	<b>7.2</b>

**Scope of Service**

B-1 is a pediatric acute-care nursing unit providing 24- hour care to pediatric patients: neonates through age 14 years.

**Specialties include:**

- Endocrinology
- Gastroenterology
- General Pediatrics
- Genetics
- Allergy/Immunology
- Infectious Disease
- Metabolic Disease
- Nephrology
- Neurology
- Pulmonology
- Rheumatology

**Frequent Procedures/Services/Functions**

- Use of nursing process: assessment, planning, interventions, and evaluation
- Medication administration
- Pain management
- Plan of Care - Clinical Pathway/Protocols
- Biopsy - muscle, liver, skin, nerve
- Bone marrow aspirate
- Conscious sedation
- Discharge planning process
- Enteral/Parenteral feedings
- Intravenous fluid administration
- Investigation: seizure disorders, metabolic screening, endocrine, etc.
- Lumbar puncture
- Metabolic screening

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- Parent/Caregiver education
- Peripheral IV insertion
- Peritoneal dialysis
- Pre-/Post-operative care
- Psychosocial support

**Hours of Operation:** 24 hours per day, 7 days a week

**CRITERIA FOR ADMISSION TO SERVICE**

Pediatric patients less than 14 years old who are hemodynamically stable and require nursing care for medical diagnoses.

**STAFFING PLAN**

**Number and Mix of Staff:**

Staffing is calculated using 7.2 NHPPD. Registered nurses provide staffing in a total care nursing system. The team consists of the head nurse, clinical nurse coordinator (07:00H-17:00H, Saturday-Wednesday), charge nurse, and SN1s. All team members share responsibility for 24-hour Unit supervision and the quality of care delivered. Shift assignments are made each shift by the charge nurse/team leader and are based on the following criteria and patient classification:

- Complexity of patient condition and required nursing care
- Dynamics of patient's status including the frequency with which the need for specific nursing care activities change.
- Complexity of assessment required by the patient.
- Type of technology employed in providing nursing care.
- Degree of supervision required by each nursing staff member based on her/his previously assessed level of competence.
- 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 are needed for the shift than has been scheduled, the staffing office and Head Nurse are notified of the additional staff required. Staff are then temporarily assigned from other areas or called in from home.

If the Unit has an excess number of staff even after considering the above items, the staffing office is notified. These nurses are then utilized in other areas or rescheduled.

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**Pediatric Medical nurses generally float to the following units:**

- B3-2, Pediatric Stem Cell Transplant Unit
- B3-1, Pediatric Hematology/Oncology/Medical
- A-2, Pediatric Surgery
- King Fahad National Centre for Children's Cancer & Research

**QUALIFICATIONS OF STAFF**

**Qualifications/Licenses/Certifications Required of Staff**

- Current Registered Nurse Licensure or registration from country of origin
- Minimum 2 years current pediatric experience
- BCLS
- Complete Unit Orientation

**Ward Clerk/PCA**

Bilingual: English & Arabic

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

In-services are organized by Unit Clinical Instructor, Head Nurse, Clinical Nurse Coordinator, and SN-1s, and occur monthly or as needed.

**Topics for in-services are chosen in the following ways:**

- Physician request
- Management request
- Head Nurse or Clinical Instructor evaluation
- Staff request
- Result of needs identified via the performance improvement process

**Required Competencies:**

- Blood glucose monitoring – Point of Care Test
- Blood and blood products
- CAPD (workshop and check-off)
- Central line care and blood draw (workshop and check-off)
- Conscious sedation (exam and check-off)
- Neonatal physical assessment
- Pharmacology exam (GNO)
- Pediatric physical assessment (course and check-off)
- Tracheotomy Care (check-off)
- Chest Tube Management

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**METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS**

**Internal and External Methods of Communication:**

Staff meetings are held monthly or as need arises. Written information is communicated via memos; newsletter is sent out at least quarterly, and is displayed on Unit communication boards.

**PLAN TO IMPROVE QUALITY OF SERVICE**

- Continue to identify areas, which need improvement.
- Provide a positive educational/learning experience for our children and their families.
- Review patient comments and follow-up as necessary.
- Review event notification forms and follow-up as necessary.
- Offer educational programs to increase staff's knowledge and skills.
- Staff participation in staff performance improvement teams.
- Expand patient teaching programs and materials.