

**King Fahad National Center for Children's Cancer & Research**  
**Nursing Affairs**  
**Pediatric Oncology Intensive Care Unit (POICU)**  
**SCOPE OF SERVICE**

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**PATIENT CARE UNIT/AREA**

Unit Description	:	Pediatric Hematology/Oncology (POICU)
No. Of Beds	:	4
Nurse Patient Ratio	:	1:1 - 2(days & nights)
NHPPD	:	20

**Scope of Service**

Due to staff shortage unit is not functionally opened. Our goal is to continue aggressive recruitment for this area to enable two (2) beds to open in the second quarter of 1426. Once the unit is fully staffed (ten (10) FTE's) it is planned that the staff will be assigned at KFSH&RC PICU till POICU is fully staffed and in order to maintain their critical care skills.

Unit Description	:	Pediatric Hematology & Oncology
Anticipated Monthly	:	Patient Volume: 1-2 patients per month

The Oncology Intensive Care Unit (POICU) at the KFNBCC&R is a four bed unit which provides 24 hour intensive care, when required, to critically ill children with cancer. Currently only one (1) bed is being allocated for Oncology Intensive Care service, which has been utilized only to stabilize critically ill patient that requires immediate transfer to PICU at KFSHRC or another oncology unit at main hospital (example: B1).

The primary conditions treated are:

- Tumor Lysis Syndrome
- Seizures
- Fluid and electrolytes imbalance
- Septic Shock
- Respiratory Distress (as a result of disease process)

**Frequent Procedures/Services/Functions**

The Health Care Team incorporates various diagnostic and treatment modalities when planning patient care. These may include:

- Ongoing assessment, planning, intervention and evaluation by nursing and medical staff
- Ventilator support
- Hemodynamic monitoring
- Pharmacological support

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- Medication delivery including chemotherapy administration and management
- Pain management
- Blood product administration
- Central and peripheral intravenous line management
- Patient/family education
- Oxygen therapy and pulse oximetry
- Nutritional support (TPN, NGT, weight assessment, dietary instruction)
- Psychosocial support

**Hours of Operation**

24 hours per day, 7 days a week (whenever needed)

**CRITERIA FOR ADMISSION TO SERVICE**

The POICU provides critical care support to children with Hematology/Oncology disorders who requires:

- Life support, either mechanical or pharmacological
- Invasive monitoring
- Airway support and management
- Intensive monitoring and nursing care with a potential for further investigation

**STAFFING PLAN**

**Number and Mix of Staff**

- RN Staff, all SN1's.
- Nurse Patient Ratio: 1:1 or 1:2 (depending on patient acuity)
- CWA Charge Nurse who works 07:00 to 17:00 Saturday-Tuesday and 07:00-16:00 on Wednesday, CWA Patient Care Assistant (PCA) on dayshift (07:00-19:00), and CWA Ward Clerk coverage until 24:00, all will assist and help when PPOICU is opened.

The Care Ward A (CWA) Head Nurse is responsible for the unit. She/he is able to delegate daily shift management to a designated CWA Charge Nurse who will coordinate shift assignments and act as a resource person for the other staff on the unit. Shift assignments are based on the following criteria:

- Patient census
- Complexity of patient's condition and required nursing care.
- Dynamics of patient's status, including the frequency with which the need for specific nursing care activities changes - referenced by Unit Acuity Data.
- Complexity of assessment required by patient.
- Type of technology employed in providing nursing care.
- Experience level of staff
- Relevant infection control and safety issues.

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**Method of Adjusting to Staffing Variances**

The Head Nurse works closely with the Charge Nurse/Team Leader in determining appropriate staffing levels. Assessment of staffing requirements according to patient acuity is ongoing throughout each shift. Use of suitably qualified staff from other Intensive Care Units (Example: PICU at KFSH&RC) will be utilized if necessary.

The POICU staff nurses will work in POICU when there are patients. When POICU is closed, these nurses will care for the patients on CWA unit or will be floated to PICU at KFSH&RC to keep and maintain their critical care skills as per individual staff request. Staff nurses requesting to stay in CWA unit while POICU is closed must rotate to PICU at KFSHRC for four (4) weeks every six (6) months in order to maintain their critical care skills.

Intensive Pediatric Hematology/Oncology nurses rarely float to other units, but may be required to assist:

- Pediatric Intensive Care Unit (PICU)
- Medical Surgical ICU (MSICU-W)
- Medical Surgical ICU (MSICU-EW)

**QUALIFICATIONS OF STAFF**

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

- Current Registered Nurse License or registration from country of origin- previous experience in Pediatrics &/or oncology preferred.
- Integrated Clinical Information System (ICIS)
- Successful completion of hospital orientation & 90 day probationary period.
- Current Basic Life Support (BLS) and Advanced Life Support certification (PALS).
- Chemotherapy Certification within the first contract year, preferably within the first six months.
- Venous Access Device (VAD) certification within the first six months.
- Demonstration of competency in pediatric physical assessment and/or certification course within the first 3 months.
- All nurse to attend P.I.V. and central line management workshops, with a core group as IV certified nurses.
- Completed the critical Care Orientation days (90 days in PICU at KFSHRC).
- Successfully completed Critical Care competency based check off requirements
- Yearly skills marathon with check-offs in appropriate areas to ensure all staff keep their skills updated. These include POCT, Fire & Safety, Age Specific competency and chemotherapy administration, spill & extravasation management and blood product reaction.

**How are in-services/continuing education programs provided to maintain staff competency?**

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All registered nurses are required to complete identified unit-based competencies yearly. Continuing education is offered through Nursing Education and Research. Unit based staff inservices and journal articles are provided monthly based on identified educational needs. Educational needs are identified through needs surveys, new equipment, products & treatments, staff requests and performance improvement initiatives. Relevant pediatric, oncology and critical care workshops are offered on site. Additionally local/national symposiums, teleconferences, workshops are all posted for staff information.

**Required Competencies**

- |                                          |                                      |
|------------------------------------------|--------------------------------------|
| • Initial Competencies:                  | Competency Based Summary             |
| • Annual Competencies:                   | Fire and Safety                      |
|                                          | Infection Control                    |
|                                          | Performance Improvement              |
|                                          | Skin Integrity (Pressure Ulcer)      |
|                                          | Wound Care                           |
|                                          | POCT (urinalysis and blood glucose)  |
|                                          | Age Specific                         |
| • Unit specific competency based skills: | Reviewed annually at skills marathon |
| • BCLS & PALS:                           | Renewed every two years              |

**METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS**

**Internal and External Methods of Communication**

Communication is driven by the Nursing Executive Committee. There are five other Nursing committees: Management, Practice, Education, Informatics and Performance Improvement. Communication is accomplished via direct verbal communication, telephone, email, fax, written memos, the intranet and meeting minutes.

Communication within the Department is Head Nurse-to-staff via staff meetings and meeting minutes, person-to-person meetings, and memos.

Externally, staff members attend a number of Hospital committees other than those noted above, including:

- Internal Policy & Procedure Committee.
- Nursing Recruitment and Retention Committee.
- Nurse Advisory Committee.
- Patient Family Education Committee.
- Safety Committee.

**Describe Collaborative Relationships with Other Departments**

The following meetings are held to facilitate the collaborative process:

- Department of Pediatric Hematology/Oncology Collaborative Practice Meeting every month.

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- Daily walking rounds with physicians.
- Monthly collaborative meeting between the Head Nurses from CWA, CWB & OPD and the Supervisors for KFNCCC&R Pharmacy, Laboratory and Radiology.
- Weekly inpatient unit walking rounds, which include physicians, nurses, pharmacist, social services, dietician and other staff members of the healthcare team.
- Meetings are organized with appropriate departments as needed.
- Nursing management meetings are held weekly with participation from the education team, Head Nurses & Assistant Chief.
- Unit-based nursing committees include practice, staff education & patient/family education.

A close working relationship is also maintained with the PICU Head Nurse at main hospital via the telephone, e-mail, ongoing education, meetings and by POICU staff rotating to PICU at KFSHRC. Interdisciplinary relationships are maintained through multidisciplinary rounds, meetings, telephone calls, written notices and memos.

**Goals of Department**

- To support the mission and goals of KFSH&RC and KFNCCC&R.
- To promote and provide respectful, family centered care to the families and patients at KFNCCC&R.
- To promote collaboration within the multidisciplinary team to provide optimal care for the patients and families of children with cancer.
- Maintain up to date practice and technology within the POICU
- Ensure optimal use of POICU beds, and function effectively as a critical care units within this Oncology Facility.
- Provide a clinically challenging and safe working environment for all members of the health care team.

**Plan to Improve Quality of Service**

- Improvement of service & performance is ongoing and will be attained by identifying areas of need through team input, incident reports (Adverse Occurrence Reporting System [AORS]; now online), patient complaints, satisfaction surveys and an ongoing education.
- Inform staff of Unit practice changes that impact teamwork and patient outcomes.
- Listen and utilize patient, family, and staff input and suggestions for improvement.
- Increase nurses' knowledge of care requirement.
- Nursing takes a leading role in improving performance, which is demonstrated by KFNCCC&R Nursing Departments implementation of Performance Improvement initiatives utilizing FOCUS/PDCA methodology. Currently nursing documentation is being focused on.