

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

**Scope of Service  
OTOLARYNGOLOGY/OPHTHALMOLOGY/ MAXILLO FACIAL (D3-1)**

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**PATIENT CARE UNIT:**

**Scope of Service:**

Services covered in this unit include 24 beds, which belong to Otolaryngology, Head & Neck, Ophthalmology and Maxillo facial. D3-1 provides nursing care primarily to adult patients and a selected group of hemodynamically stable pediatric patients (see Criteria for Admission) with malignant and/or congenitally related diseases who have malignant disease requiring complex diagnostic work-up, major complex surgery or treatment follow-up. The Unit performs endoscopic examinations and minor surgeries such as myringotomies on occasion in the D-3(I) treatment room. The examination room also has a tonometer used by the Ophthalmologists both pre and postoperatively.

The Unit also provides clinical rotation to Nursing Interns, Interim Staff Nurses, Graduates and Students.

**Frequent Procedures/Services/Functions:**

**A. Management and care of patients with Airway Obstructions:**

1. Emergency tracheostomies
2. Subglottic, glottic, trachea repair and anastomosis
3. Stent removal
4. Rib graft
5. Changing tracheostomy tube

**B. Management and care of patients with head and neck surgery cancer patients:**

1. Total laryngectomy
2. Mandibulectomy with AO plate
3. Maxillectomy
4. Exenteration
5. Laryngo-pharyngo esophagectomy with stomach pull up
6. Radical & modified neck dissection

**C. Management and care of adult patients with tube feeding and drain:**

1. NGT
2. GT
3. Jejunostomy
4. Transesophageal tube

**D. Management and care of post ORL surgery:**

1. Tonsillectomy
2. Tympanoplasty or tympanomastoid
3. FESS (Functional Endoscopic Sinus Surgery)
4. Removal of nasal packing and splint
5. Cochlear Implantation

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- E. Oxygen therapy**
- F. Central line management**
- G. Continues and intermittent pain management: (PCA and epidural)**
- H. Management of patients requiring hyperbaric oxygen therapy**
- I. Post-maxillofacial reconstructions:**
  - 1. Leforte I
  - 2. Fracture mandible
  - 3. Amenoblastoma of mandible.
- J. Management and combine care of patients (ORL/plastic)**
  - 1. Free flap
  - 2. Rectus abdominal flap
  - 3. Pectoralis major flap
  - 4. Skin graft with skin thickness
  - 5. Nasolabial flap
  - 6. Tram flap

**Hours of operations:**

24 hours daily, 7 days a week

**CRITERIA FOR ADMISSION TO THE SERVICE**

The main criteria for admission into the Unit includes adult patients and hemodynamically stable pediatric patients (BP 96+/-30, HR 120, WGT >10 kg, RR 22-36, Age >1 year) having had respiratory distress requiring the performance of an emergency tracheostomy particularly as a result of obstructive, upper airway disease. The admission criteria includes adult and hemodynamically stable pediatric patients seen in the ORL, Head and Neck Clinic and assessed as requiring admission for a work-up and probable surgery for a malignant tumor. Adult patients and a group of hemodynamically stable pediatric patients admitted for dental and ophthalmology patients requiring surgical intervention.

**STAFFING PLAN**

**Number and Mix of Staff**

Staffing of D3-1 shall be provided by registered nurses functioning in a total care nursing system. The Head Nurse has overall responsibility for the unit, and a Charge Nurse/Team Leader is designated for each shift and responsible for assessing patient acuity, enabling them to plan shift assignments for the incoming shift. This is based on the following criteria:

**Shift assignments are made by the charge nurse and based on the following:**

- 1. Complexity of patient's condition and required nursing care

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2. Dynamics of patient's status, including the frequency with which the needs for specific nursing care activities changes
3. Complexity of assignments required by the patient
4. Type of technology employed in providing nursing care
5. Degree of supervision required by each nursing staff member based on her/his previously assessed level of competence

**Method of adjusting to staffing variances:**

When more staff is needed for the shift than have been scheduled, the staffing office is notified of the additional numbers of staff required. Staff are then temporarily reassigned from other areas or called in from home. If the Unit has an excess number of staff the staffing office is notified. These nurses are then utilized in other medical/surgical areas or rescheduled.

**QUALIFICATIONS OF STAFF:** Qualifications/Licenses/Certifications Required

**Registered Nurses:**

1. Registered Nurse License or registration from country of origin
2. Current BCLS
3. Recent acute care experience ideally in Head& Neck, Skull Base or Facial Maxillo, Ophthalmology
4. Bilingual nurses who meet the criteria are encouraged

**Ward Clerks:**

1. Saudi national
2. English speaking
3. High school diploma required

**Patient Care Assistants:**

1. Saudi national

**HOW ARE INSERVICES/CONTINUING EDUCATION PROGRAMS PROVIDED TO MAINTAIN STAFF COMPETENCY?**

Continuing education is offered through NER and at the Unit level coordinated by the Head Nurse and Clinical Instructor. Education needs are identified through needs assessment tools, treatment protocols, performance improvement activities, regulatory agencies, new technology, new equipment, new products and individual input and surveys. Topics other than those which are based upon mandates and updated protocols, are also arranged. These may be issues of interest raised by the Unit staff, topics selected from the departments needs assessment or information of interest or relevance from other departments.

Also refer to Educational Plan.

**Required Competencies:**

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1. Initial competencies – orientation checklist
2. Organization competencies – BCLS
3. Adult Physical Assessment
4. Pediatric Physical Assessment
5. Patient Controlled Analgesia
6. Tracheostomy Suctioning
7. Tracheostomy Care
8. Customer Service for Health Care Provider
9. Computer Use
10. **Annual review of education includes:**
  - Point of Care Testing
  - Performance Improvement (P.I.)
  - Age Specific
  - Pre-sedation
  - Fire and Electrical Safety
  - Infection Control
  - Wound Care and Pressure Ulcer Prevention
  - Tracheostomy Care and Management

**METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS:**

**Internal and External Methods of Communication:**

Internally and externally, communication is accomplished via direct verbal communication, telephone, fax, intranet and written memos. Staff meetings are held on a monthly basis, or more frequently if required. Collaborative practice meetings are scheduled on a quarterly basis with ORL Department. The meetings for the other services are scheduled as required.

**Describe Collaborative Relationships With Other Departments:**

The Head Nurse and staff participate on many multidisciplinary committees, as well as on Hospital wide performance improvement groups and committees involving many other departments. Representatives from other departments are invited to attend staff meetings when new programs are introduced or if complicated issues arise, to facilitate a mutually desirable resolution. The unit has assigned Patient Relations Officer, Social Worker, Dietitian and other health disciplines to assist the patients with social issues, dietary requirements and health education.

**DISCHARGE CRITERIA:**

Staff members liaise with other health disciplines to implement discharge planning which include the following:

1. Equipment
2. Transportation
3. Home care
4. Dietary needs

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5. Social problems
6. Special teaching needs, i.e., tracheostomy, NGT/GT feeding
7. Therapy, e.g., radiation
8. Access to additional care
9. Home supply
10. Medication