

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

**Scope of Service
Neonatal Intensive Care Unit (NICU)**

Unit Description	:	Neonatal Intensive Care Unit (NICU)
No. of Beds	:	37 NICU 19 Main NICU (8 beds Isolation) 10 NICU II
Nurse Patient Ratio	:	1:1, 2:1, 3:1 dependent on acuity

Scope of Service

The Neonatal Intensive Care Unit (NICU) is a Level III referral center providing comprehensive service to premature infants and their families 24 hours a day. We provide this service to Hospitals Kingdom-wide.

Frequent Procedures/Services/Functions

- Endo tracheal intubation
- Umbilical line placement
- Chest tube placement
- Percutaneous (PICC) line placement
- Thermoregulation
- Intravenous access and maintenance
- Peritoneal dialysis
- Exchange transfusion
- Hemodynamic monitoring
- Oxygen saturation monitoring
- Total parenteral nutrition
- Surfactant therapy
- Ventilator support including high frequency ventilation + nitric-oxide treatment
- Promotion of breast feeding and lactation assistance/advice
- PO/Gavage feeding
- Developmental interventions - Environmental and Developmental Care of Infants
- Education of Families/Parents

Hours of Operation

24 hours a day, 7 days a week

CRITERIA FOR ADMISSION TO SERVICE

Most NICU patients are admitted directly from Labor and Delivery, the Newborn Nursery or from outside. Admission criteria include:

- Need for intensive care/specialized diagnosis or treatment.
- Less than 28 days (preferred), but up to 90 days

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- Up to 46 weeks post conceptual age

STAFFING PLAN

Number and Mix of Staff

Registered Nurses make up an integral part of the NICU multidisciplinary team. A total patient care model is used to deliver nursing care and support to our neonates and their families. Staff nurses are supported by a Charge Nurse on each shift, plus a Nurse Clinician and a Head Nurse. Patient/Staff ratios are 1:1, 2:1 and 3:1, depending on the following considerations:

- Care requirements of the patient.
- Patient census on the unit (total number and care requirements)
- Relevant infection control and safety issues.
- Expected admissions, transfers, transports, discharges, and surgeries/procedures.

Neonatal Intensive Care Unit nurses on the rare occasion may float to the following units:

- Newborn nursery
- Pediatric Intensive Care Unit
- Cardiac Surgery Intensive Care Unit
- Medical Surgical Intensive Care Unit (very rarely)

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

- Registration from country of origin and KSA Saudi Counsel Nursing Licensure
- Experience in NICU – 2 years experience and a NICU course is preferable
- Current BCLS
- Neonatal Resuscitation Certification (NRP)
- Completion of Hospital + NICU orientation
- Annual NICU specific unit competencies

How are inservices/continuing education programs provided to maintain staff competency?

Staff inservices are offered. These in-services provide continuing education and meet educational needs identified from a variety of resources such as the annual staff education survey. They are given by medical and nursing staff on the unit, as well as staff from support services.

Required Competencies (NICU specific)

- UAC/UVC line sampling
- Peripheral IV insertion
- Heelstick blood sampling

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- Endotracheal tube suctioning
- Medication administration
- Sure Step Flex Glucometer/urine sticks
- Chest tube management

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication

Communication to other departments is through the head nurse via committees, task forces, person-to-person meetings/phone calls and e-mail + memos.

As a department, the head nurse communicates to staff via staff meetings (daily morning report and minutes), bi-monthly newsletter, one-to-one oral and/or written communication and memos. A communication book is also available. Entries can be made by all staff and should be reviewed by all staff on a regular basis. Weekly the Medical Director and the head nurse meet briefly to discuss any problems or concerns identified from the previous week.

Describe Collaborative Relationships with Other Departments

NICU provides services to other units/departments as defined:

1. Attends high-risk deliveries as required in Labor & Delivery and Emergency Room.
2. Provides physician and nursing consultation assistance to other departments as required.
3. Weekly discharge planning meeting incorporating the case manager and social worker.
4. Weekly Peri-natal/Obstetrical meeting is held to discuss high-risk antenatal patients and update the obstetricians on babies who have just recently been born.

We also hold monthly collaborative practice meetings, amongst our own staff to aid communication, address problems and introduce new ideas.

GOALS OF DEPARTMENT

- High quality patient care with an aim to maximize the long term outcome of our neonates
- Family centered care and increased parent information/education.
- A safe and secure environment for patients, family and staff.
- Consistent delivery of cost-effective but high quality care.

PLAN TO IMPROVE QUALITY OF SERVICE

- Update protocols and standards to provide a continuing high level of care.
- Improve developmental care of all our babies.

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- Decrease nosocomial infection rate and continue our commitment to manage the containment of MRSA.
- Promote breast feeding/use of breast milk + family/parental education.
- Improve discharge planning and the follow up needs of our infants/families.