

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

**Scope of Service
Pediatric Intensive Care Unit (PICU)**

PATIENT CARE UNIT

Number of Beds: 15

Nurse Patient Ratio: 1:1-2

Scope of Service:

The Pediatric Intensive Care Unit (PICU) provides 24 hour intensive nursing care for patients aged neonate through adolescence.

The primary conditions and diagnoses treated are:

- Congenital heart disease, pre and post operative cardiac surgery
- Hematology/Oncology, Immunocompromized patients
- Metabolic disorders
- Pediatric General Surgery, Neurosurgery
- Vascular Surgery, ENT, Endocrinology
- All sick medical patients requiring intensive care

Frequent Procedures/Services/Functions:

The PICU utilizes numerous nursing diagnostic and therapeutic modalities to facilitate patient care, including the following:

- Use of nursing process, assessment, planning, interventions, and evaluation
- IV Therapy
- Thermo-regulation
- Hemodynamic monitoring
- Cardiac and neurologic monitoring
- Ventilatory support
- Psychosocial care
- Patient and family education
- Medication administration
- Trauma care
- Continuous renal replacement therapy (Prisma)
- Pain management

Hours of Operation:

24 hours a day, 7 days a week

CRITERIA FOR ADMISSION TO SERVICE

The PICU provides care to patients from newborn to 14 years. PICU patients may be admitted from the Emergency Department, other nursing units, surgery areas, OR, or from outlying

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

**Scope of Service
Pediatric Intensive Care Unit (PICU)**

hospitals via air and ground transport. These patients are critically ill and have at least one of the following requirements:

- Frequent observation and/or intervention
- Extensive life support measures and monitoring equipment
- High degree of sophistication of nursing care
- Respiratory support

STAFFING PLAN

Number and Mix of Staff:

Staffing is provided by registered nurses functioning in a total care nursing system. There is a charge nurse assigned for each shift. This person is responsible for monitoring of quality of care delivered by nursing personnel during the shift. Shift assignments are made by the charge nurse and based on the following criteria:

- 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 change.
- 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:

The charge nurse reassesses all patients for level of care required and determines if patients may be transferred to a less intensive level of care. Charge nurse may use temporarily reassigned nurses from other units or overtime is utilized to staff for variances in patient volume and acuity.

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

Registered Nurses:

- Registered Nurse License or registration from country of origin
- BCLS
- Pediatric Advanced Life Support certification
- Successful completion of orientation requirements
- Recent previous PICU experience.

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

**Scope of Service
Pediatric Intensive Care Unit (PICU)**

Ward Clerks:

- Saudi national
- English speaking
- High School Diploma required

Patient Care Assistant:

- Saudi national

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

Staff participate in ongoing inservices and update their competencies on a regular basis. Inservices are provided/arranged by the PICU nurse clinician. Learning needs are identified through feedback at staff meetings or informal discussions. In addition, as new policies and protocols are implemented, staff are required to complete self-study competency training and attendance of scheduled classes.

Required Competencies

- Annual equipment and clinical skills competencies relevant to PICU
- Annual lab competencies:
 - Sure-Step
 - Haemachron Jnr
 - Clinitek 50
- Annual general hospital competencies.

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication:

Internal communication is accomplished via staff meetings and head nurse meetings, unit collaborative meetings. Information is provided in both verbal and written format.

Externally, staff members attend a number of Hospital committees including:

- Nursing Management Council
- Practice Committee
- Leadership Committee
- Education Committee
- Quality Improvement Committee

Describe Collaborative Relationships with Other Departments

The head nurse participates in the following interdisciplinary meetings:

- Critical Care
- APP Committee
- Pediatric ICU Collaborative Practice

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

**Scope of Service
Pediatric Intensive Care Unit (PICU)**

- Leadership Committee
- Quality Improvement Committee

Collaborative/functional relationships are established through meetings with Medicine, Pharmacy, Respiratory Therapy, Central Service, Clinical Lab, Blood Bank, Dispatch, Telecommunications, among many others. The relationships are maintained through formal/informal meetings, phone calls, and written communication.

GOALS OF DEPARTMENT

- Ensure optimal flow of pediatric patients through the unit.
- To continue to function as the tertiary referral center for critically ill children in Saudi Arabia.
- Deliver high quality culturally sensitive care in a cost-effective manner
- Continue to develop quality improvement programs within the unit
- Improve quality care by reviewing and implementing evidence based practice
- To establish a family centered healing environment

DISCHARGE CRITERIA

All patients are to be assessed by the intensivist and recommended for transfer to the floor.

MEDICAL PATIENTS

A medical patient can be discharged from PICU if the patients underlying physical status has stabilized and the need for ICU monitoring and care is no longer necessary.

For discharge the following criteria must be fulfilled

- Hemodynamically stable for ≥ 12 hours and off inotropic support
- Oxygen requirement $\leq 40\%$ FIO₂ with O₂ saturations $\geq 92\%$ and acceptable pH except for patients with a cyanotic heart disorder or chronic lung disease where lower mean Sats are acceptable
- Extubated for a period ≥ 6 hours with good cough, gag and breathing easily. Has no excessive fluid lose or requirement
- Has no excessive fluid loss or requirements
- Not on prostaglandin or streptokinase

SURGICAL PATIENTS

A surgical patient can be discharged from PICU if the patient is stable and the need for ICU monitoring and care is no longer necessary

For discharge the following criteria must be fulfilled

- Hemodynamically stable for ≥ 12 hours and off inotropic support and has no active bleeding

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

**Scope of Service
Pediatric Intensive Care Unit (PICU)**

- Oxygen requirement $\leq 40\%$ FIO₂ with O₂ saturations $\geq 92\%$ and acceptable pH except for patients with a cyanotic heart disorder or chronic lung disease where lower mean Sats are acceptable
- Extubated for a period ≥ 6 hours with good cough, gag and breathing easily. Except for Neurosurgical patients who will be assessed separately for adequacy of these reflexes
- Patients made NO Code and are not ventilated
- Tracheostomy patients with fresh tracheostomy should stay in the unit for at least 2 days post operatively