

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

**Scope of Service
D2/Royal Intensive Care Unit**

PATIENT CARE UNIT/AREA	D2/Royal Intensive Care Unit
Number of Beds:	2 Suites/2 ICU beds
Nurse Patient Ratio:	2:1

Scope of Service

This unit provides acute and intensive care for medical and surgical VIP patients aged 14 years and above. Medical conditions requiring intensive care include patients who respond to cardio-respiratory arrest resuscitation, patients with one or more system failure who need observation and/or active management such as patients with circulatory failure requiring massive volume expansion and/or vasoactive medications and invasive monitoring, patients with respiratory failure who require supportive measures such as endotracheal intubation with mechanical ventilation. Patients with CNS instability such as status epilepticus/increased ICP who require active management.

Frequent Procedures/Services/Functions

The following diagnostic and therapeutic modalities are utilized to facilitate patient care:

- Nursing process (ongoing multi-system physical and psychosocial assessment, planning, intervention, education, and evaluation)
- Invasive hemodynamic monitoring
- Mechanical Ventilation
- Cardiac Monitoring
- Hemodialysis
- Continuous Renal Replacement Therapy
- IV Therapy
- Fluid and electrolyte balance and replacement
- Blood and blood component administration
- Airway management
- Skin and respiratory care
- Pain management, Patient Controlled Analgesia, Epidural Analgesia
- Administration of pharmacological agents
- Emergency resuscitation procedures
- Management of post operative drains and wound care
- Safety management
- Infection Control
- Chemotherapy
- Psychosocial care
- Plasmapheresis
- Tracheostomy care

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- Nutritional care – TPN / Enteral Feeds
- Bedside bronchoscopy / endoscopy
- Bedside percutaneous tracheostomy
- Spiritual care
- ICP / EVD monitoring
- Patient / significant other education

Hours of Operation

24 hours per day

CRITERIA FOR ADMISSION TO SERVICE

Eligibility criteria that reflect the need for active intensive treatment are used for admission.

STAFFING PLAN

Number and Mix of Staff

Unit staffing is assessed on a shift-by-shift basis

Staff is assigned by the RN charge nurse according to patient needs and staff competency based on the following criteria

- Complexity of patient's condition/needs and corresponding required nursing care.
- Dynamics of patients status, including the frequency with which the need for specific nursing care activities change
- Complexity of assessment required by the patients condition
- Technology required to provide patient care
- Degree of supervision required by each nursing staff member based on his/her 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
- Age of patient/experience and competence of nursing staff
- Continuity of care

Method of Adjusting to Staffing Variances

When scheduled staff are more than what is needed for adequate coverage on the unit, personnel may be temporarily reassigned to other areas they are qualified to work within critical care.

When more staff are needed than what was scheduled the head nurse/charge nurse collaborates with the supervisor and if no one is available in-house to temporarily reassign into the unit, the head nurse/charge nurse calls off duty nurses to determine if they are available to work overtime.

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QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

- Current Registered Nurse License or Registration from country of origin
- Critical Care Certification Preferred
- Successful Completion of Nursing Orientation
- Minimal 2 years previous Critical Care experience preferred

REQUIRED COMPETENCIES

General Hospital Competencies

	Frequency	Assessment
Infection Control	Annual	Online Module
Fire and Safety	Annual	Online Module
Performance Improvement	Annual	Online Module
Age Specific Parameters	Annual	Worksheet
KCL Crossword	Annual	Worksheet
Restraint Policy	Annual	Review and Sign
Job description	Annual	Review and Sign
Code Of Ethics	Annual	Review and Sign
Confidentiality	Annual	Review and Sign
Deliver 2 inservices	Annual	Education Records
Attend 6 inservices	Annual	Education Records
Wound Care	Annual	Online Module

D2/RICU Competencies

	Frequency	Assessment
Cardio version / Defibrillation	Annual	Skills Check off
Chest Tubes	Annual	Skills Check off
External Ventricular Drainage	Annual	Skills Check off
Ventilation	Annual	Skills Check off
Hemodynamic Monitoring	Annual	Skills Check off
Chemotherapy Safe Handling	Annual	Skills Check off
Chemotherapy Certification	Once	Workshop/Exam/Check-off
Basic Dysrhythmia Interpretation	Annual	CD ROM Review
Medication Review	Annual	Worksheet
Critically Ill Adult Assessment	90day/once	Check off and/Workshop
IV Cannulation	Once	Check-off and or Workshop
Continuous Renal Replacement Therapy	Once/Annual	Workshop/Check-off
Epidural	Once	
PCA	Once	

Point of Care Testing

	Frequency	Assessment
Sure Step Glucometer,Urine dipstick	Annual	Exam & Check off

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<u>Family Medicine</u>	<u>Frequency</u>	<u>Assessment</u>
TB Skin test	Annual	Medical Certificate

HOW ARE IN SERVICES/CONTINUING EDUCATION PROGRAMS PROVIDED TO MAINTAIN STAFF COMPETENCY?

Mechanisms in place to provide in services / continuing education are as follows:

- FYI (News Letter)
- Staff Meetings
- Educational Boards
- Unit In services by Clinician and other Disciplines
- Classes / Workshops offered by NE&R (nursing Education and Research)
- Articles posted
- Daily Physician Rounds
- Physician / Nurse Communication about specific patients
- Nurse to Nurse informal sessions at the bedside
- Daily Physicians / Nurse patient care plan meetings from 4 - 5 pm Sat - Tues
- Outreach Program
- Nursing Grand Rounds

Methods to determine needs for education and training include, but are not limited to identification of opportunity to improve through Performance monitoring, patient care events, staff requests, physician input, patient outcome monitoring, new equipment introduced to the unit, and unusual diagnosis admitted.

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication

Internal department communication generally occurs through one of the following methods:

- Face to face conversations
- Staff Meetings
- Collaborative Practice Meetings
- Bulletin Boards
- FYI
- Meeting Minutes
- Shift Reports
- Telephone and telephone voice mail
- E- Mail / Fax
- Mailings
- InterCommittee Communication

Departmental Managers and staff communicate directly with other departments through the following methods:

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- Face to face conversations
- Telephone and telephone voice mail
- E - Mail / Fax
- Requisitions
- Interdisciplinary committees
- Memos
- Collaborative Meetings

Describe Collaborative Relationships with Other Departments

The registered nurse co-ordinates patient care with all disciplines. Collaborative team meetings are held with other disciplines on a regular basis. Communication of orders generally occurs through the medical records, but also Fax machines and telephone system are used on occasion for specific needs. Person-to-person communication is frequently used for interdepartmental problem solving. Daily Ward rounds are attended by all disciplines involved in direct patient care such as the Pharmacist and Respiratory Therapist, Neuro Surgery, Acute Pain Service, Dietician, and Physiotherapy. X ray rounds are done daily.

Weekly Rounds are done by Infectious Diseases, Social Worker, Physiotherapy and Dietician. Patient/Family Conferences held as necessary.

GOALS OF THE DEPARTMENT

- Deliver high quality culturally sensitive care in a cost-effective manner
- Increase staff participation in educational programs
- Maintain and improve collaborative approach to patient care
- Continue to develop quality improvement programs within the unit
- Develop Clinical Pathways to reduce variation in the processes and outcomes of care
- Improve quality of care by reviewing and implementing research , evidence-based practice and best practice approaches.