What You Need to Know About - West 3

Cardiac Pediatric Critical Care - W3

The Cardiac Pediatric Critical Care Unit is a 24-bed intensive care unit. Staff provides admission-todischarge care for children with known cardiac anomalies requiring surgical or medical management.

What makes a patient 1:2 on W3?

It has to do with stability. Limited invasive lines, decent cardiac output and reserves, relatively easy to calm. Sometimes, we leave a patient alone if a parent is coming in for extensive teaching, or if this patient is alone we assign this RN to be a helper for a patient who is really needs 1 ½ RNs to conserve our resources and avoid 2:1 if possible.

What does a 1:1 look like on W3?

Intubated, several drips, CVVH, open chest, heart lines, frequent order changes, labs, new admits, extra monitoring due to pheresis. Sometimes, a patient looks stable, however they have no reserve or cardiac output and cannot be paired do to their highly vulnerable state.

Location	West tower, 3 rd floor
Getting Assignment	ICU Report Room
Getting Report	General report for all patient on the floor then 1:1 at bedside
Vital Signs	Continuous monitoring, at <u>least</u> respiratory rate, HR & POX, If stable
I&O	vitals on noc are q4hr
IV checks	IV checks & I&O totals
Labs (RN draws)	RN draws off arterial/central lines
Medication	Each patient room has a locked med drawer with individual patient
Administration &	medication.
Classification	Unit specific-check with resource person prior to administering.
	0700-2300, pharmacist on unit (most of the time)
	2300-0700, resource pharmacist
Supplies	Bedside carts, pharmacy, supply rooms, PAR system in place for
	obtaining supplies
Monitors	Bedside & central monitors
Alert System	Unit intercom
	Voalte phones
	Security
Other	Every RN, as well as other members of the multidisciplinary team,
	carries a Voalte phone

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