

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-to-discharge care for children with known cardiac anomalies requiring surgical or medical management.

What makes a patient pairable on W3?

It has to do with stability. Limited invasive lines, decent cardiac output and reserves, relatively easy to calm. Sometimes we leave a pairable patient alone if a parent is coming in for extensive teaching, or if this pairable 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 gtt's, CVVH, open chest, heartlines, frequent order changes, labs, new admits, extra monitoring due to pheresis. Sometimes a patient looks pairable, 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 I&O IV checks	<ul style="list-style-type: none"> • Continuous monitoring, at <u>least</u> respiratory rate, HR & POX, If stable vitals on noc are q4hr • IV checks & I&O totals
Labs (RN draws)	RN draws off arterial/central lines
Medication Administration & Classification	<ul style="list-style-type: none"> • Each patient room has a locked med drawer with individual patient medication • 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 Excellence system in place for obtaining supplies
Monitors	Bedside & central monitors
Alert System	<ul style="list-style-type: none"> • Unit intercom • Voceras • Security passcard system
Other	Every RN, as well as other members of the multidisciplinary team, carries a Vocera communication monitor

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