

What You Need to Know About – West 4

Surgical-Trauma/Medical Pediatric Critical Care- W4

Surgical-Medical Pediatric Critical Care Unit is a 24-bed multispecialty intensive care unit. Nurses here care for the immediate postoperative needs of patients requiring intensive airway management and physiologic monitoring such as those recovering from a traumatic injury or illness.

What makes a patient pairable on W4?

Stable VS, soon to be transferred or discharged

What does a 1:1 look like on W4?

Variable VS, post procedural cath for 4 hrs, intubated, on drips, needing freq sxn/sedation, fresh trauma/transplant

What does a 2:1 look like on W4?

Unstable VS, Pt requiring multiple blood products/fluid boluses/medication drips, CVVH bag changes & interventions/multiple simultaneous bedside procedures/active code until stabilized/complex trauma or TBI pt. Very situationally-dependent and re-evaluated every 4hrs.

Location	West tower, 4 th floor
Getting Assignment	ICU Report Room
Getting Report	General report for all patients on the floor then 1:1 at bedside
Vital Signs I&O IV checks	<ul style="list-style-type: none"> • Continuous monitoring, respiratory rate, HR & POX, Bp Q2 If stable, vitals on nights are q4hr • IV checks & I&O totals Q1
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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What you should know about floating to West 4

We are located in the West Tower on the 4th floor

Getting Assignment	Please come to the report room located near the B station desk if coming in at 0700 and 1900. If starting at other times please come to the B station desk and ask for the charge RN.
Getting Report	Report is done 1:1 at bedside
Vital Signs IV checks I&O	<ul style="list-style-type: none"> • Check Epic for patient specifics • VS vary – see patient orders • Clear pumps hourly and document in EPIC • All diapers are weighed and output recorded in the column diaper weight with urine • Stools are documented as an occurrence and described in the description section • TPN, IL and fluids changed after Pharmacy delivery - first half of PM shift. • Weights on Nights daily. Unless less frequent schedule is ordered. Heights and OFC on admission • PIV site assessed and documented hourly. Watch for infiltrates. If capped, flush every 8 hours with NS • CVAD dressing and site assessment q 4 or more frequently if needed. Know where the tip of your line is located • CVAD champions round on Tuesdays please check that your dressing, cap and tubing change dates are entered in epic • Capped second lumens of PICCs and CVL'S are hep-locked Q8hrs • Thermometers are docked on the wall
Feedings	<ul style="list-style-type: none"> • Babies who are fed orally have their feedings documented on the “Cue Based feeding” Doc flowsheet • Babies who are stable are held while gavaged (unless on pump for long duration) • Breast milk is scanned in Epic MAR per policy • Formula and Breast milk are kept in the nutrition room in the middle of the unit (near bed 5 & 6)
Labs	<ul style="list-style-type: none"> • RN draws all labs from arterial and central lines, peripheral sticks are done by lab. • Bedside glucose checks are referred to as “dexis”
Medication Administration	<ul style="list-style-type: none"> • Each patient room has a locked med drawer with individual patient medications. To open, flash badge your badge in front of badge reader located just above drawer. Be sure to close tightly. • Small volume medications: must dilute to a minimum volume of 1 ml to place on pump. • Pharmacy will bring all new “ drip trees” to bedside, however, the RN must order pumps.
Supplies	<ul style="list-style-type: none"> • Located in bedside cart in each patient’s room or in central supply room in center of the unit. • Some supplies are kept in ‘shopping carts’ on each pod.
Monitors	<p><u>Alarm Limits:</u></p> <ul style="list-style-type: none"> • GE carescape has multiple profiles. Chose the profile according to the patient. • All staff should attend to any and all alarms
Alert System	<ul style="list-style-type: none"> • Swipe card access only to unit: may obtain float badge from Charge Nurse • W4 has Raulands nurse call system. • If you already use vocera system please use that to contact physicans and other staff, IF you are not on the Vocera system please have another RN/Charge call for you. • Press code button in the room if patient needs immediate assistance. • PICU covers their own codes. • Dial 88 if you feel threatened in an emergency.
Family visitation and holding	<ul style="list-style-type: none"> • Parents and grandparents may visit 24/7, max of 2 in room overnight • Visitors under the age of 18 must be siblings and are allowed to visit 08-2000. • All other visitors 08-2000, max of 4 visitors at a time • Children with lines may be dressed if stable. • If families are comfortable, children may be held at MD/RN discretion. Please ask RN/charge if unsure. • Rn should ask family/patient “ What matters most to them” by 1500 daily and document on white board and in epic.
Other	<p>Medical coverage –</p> <ul style="list-style-type: none"> • There is usually someone in the unit at all times, if not, they are in-house and available on beeper and/or Vocera. • West 4 divides medical coverage into 2 teams. Please check tracking board for name of provider • Always call the Call resident/fellow or NP first.