

What You Need to Know About – PICU

Pediatric Critical Care- W4 / W5 (W4 & C4S starting April 2024)

Pediatric Critical Care Unit is a 48-bed multispecialty intensive care unit. Nurses here care for the immediate postoperative needs of patients requiring intensive airway management and physiologic monitoring, diagnosis of sepsis, respiratory illness/failure, cancer/bone marrow transplant, traumatic injury or other problems requiring intensive level medical management.

What makes a patient a 1:1:

Patient in the acute phase of illness requiring multiple interventions. Recent trauma, kidney or liver transplant, respiratory failure requiring ventilator support, newly transplanted BMT, sepsis stabilization post resuscitation, DKA for at least the first 24 hrs after admission unless corrected sooner, CRRT, Manual PD, toxic exposure without a sitter, asthmatic threatening intubation.

What makes a patient a 2:1

Patient in multi system organ failure that requires frequent interventions, requiring multiple blood products/fluid boluses/medication drips, CRRT or requiring active resuscitation.

What makes a patient 1:2:

A patient that has passed the acute phase of illness and is improving; stable trach and or trach vent, asthmatic not threatening intubation, a patient who is ready for transfer or discharge, respiratory distress weaning off of HFNC, BIPAP, CPAP

Location	West tower, 4 th and 5 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, Q1 hour VS from monitor, per provider order may be Q2 BP/temp if stable or Q4 overnight to promote sleep • IV checks & I&O totals hourly
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 • 0700-1700, pharmacist on unit (most of the time) • 1700-0700, resource pharmacist
Supplies	Bedside carts, pharmacy, supply rooms
Monitors	Bedside & central monitors, NIRS
Alert System	<ul style="list-style-type: none"> • Unit intercom • Voalte phones • Security passcard system
Other	Every RN, as well as other members of the multidisciplinary team, carries a Voalte phone assigned for the shift

Director	Email	Extension
Heather Nelson RN BSN,CCRN	hnelson@childrenswi.org	64941
CNS		
Wendi Redfern, MSN, RN, ACNS-BC, CCRN, APNP	wredfern@childrenswi.org	62118

What you should know about floating to the PICU

We are located in the West Tower on the 4th and 5th 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. 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 gaviged (unless on pump for long duration) • We use the Timeless system for breastmilk prep. and documentation • 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 PIV, arterial and central lines, unless ordered to be peripheral 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. • On tubing change day, if the patient has a central line, pharmacy will bring the continuous infusions to the bedside. The RN must order pumps. RN's are responsible for PIV tubing changes.
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' located at each nurses station.
Monitors	<u>Alarm Limits:</u> <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 a Voalte phone please use that to contact physicians and other staff, IF you are not on a Voalte phone please have another RN/Charge call for you. • Press code button in the room if patient needs immediate assistance from a provider • Press Staff assist if you need . • PICU covers their own codes. • Dial 88 if you feel threatened in an emergency.
Family visitation and holding	<ul style="list-style-type: none"> • Visitation: follow current hospital guidelines • 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"> • PICU provider coverage varies. An attending level provider is always available. Please check tracking board for name of 1st call provider • Always contact the Call resident/fellow or NP first via Voalte.