

**LAC+USC MEDICAL CENTER
PEDIATRIC ACUTE CARE UNIT (8C)
SCOPE OF SERVICES**

Department Purpose

The Pediatric Acute Care Unit (8C) is an important component of the continuum of care for Los Angeles County providing nursing care to pediatric and young adult medical/surgical patients who are acutely ill or injured and are in varying stages of recuperation from diagnosis and therapeutic interventions.

Type and Ages of Patients Served

Consistent with the demographics of the area, the majority of patients are Hispanic with ages ranging from newborn to 14 years, with an undetermined percentage mixture of males and females. Most patients have achieved developmental milestones based on chronological age. Common diagnosis include, but not limited to: appendectomy, respiratory distress/pneumonia, orthopedic related problems, pediatric cancers, sickle cell anemia, failure to thrive, newborn and pediatric sepsis, childhood communicable disease, and psychiatric conditions with medical conditions. Parent/guardian involvement includes activities of daily living, collaboration in setting goals, planning care and interventions and participation in the discharge process.

Methods Used to Access Patient Needs

Admission and discharge criteria exist to guide the patient care team in determining the extent to which level of care meets the patient needs. Physicians and nurses collaboratively assess patients daily to measure response to therapeutic interventions and progress toward meeting established goals. Assessment technique is based on and modified according to the patient's age, diagnosis, and developmental stage. The parent/patient's communicative skills and cognitive level are assessed, and special considerations are made to achieve effective communication. Play activities and interaction are essential components for promoting growth and development in the plan of care. Patient satisfaction surveys are obtained via mail after discharge. The appropriate referrals to Dietary, Chaplain Services, Medical Social Worker, School Teachers, Child Life, Respiratory Services, Occupational/Physical Therapy and other services are made as indicated and/or as requested by the patient/family.

A multi-disciplinary approach to patient/family education will be adopted. An assessment of educational needs will be done on all patients discussed during the Interdisciplinary Discharge and Care Conference. Teaching materials, i.e., videos, pamphlets, handouts and teaching protocols will be available to facilitate learning process.

Scope of Services & Complexity of Care

The Pediatric Inpatient Complex is a medical/surgical care unit located on the eighth floor of the Inpatient Tower. It is comprised of a bed capacity of 25 patients on 8C. There are a total of two separate rooms with negative-flow air exchange. The health care team provides a high level of medical and nursing management with a focus on a collaborative multidisciplinary approach, with the goal of minimizing negative physical and psychological effects of disease process and hospitalization. Measures for assessment of pain are incorporated in the plan of care. The plan of care includes patient/family education and restoring the patient to an optimal level of self-care based on developmental stage, chronological age, mental capacity, and family support. Educational considerations include the child's length of stay, community resources, cultural and religious practices, emotional and language barriers, desire, and physical/cognitive motivation. Educational content includes treatments and procedures, medications (reasons, method of administration, food and drug interactions) nutrition and home health care including use of equipment and specific treatments and procedures.

Reviewed/Refreshed: January 2011; November 2012; January 2016; June 2020

Approved: August 2020

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Scope of Services & Complexity of Care conti.

The Child Life Program assists physicians and nurses with education of patients/families with regard to preparation for procedures, coping with illness, and distraction therapy for noxious interventions. Patients eligible for school will be enrolled in the Carlson Hospital School. Death and dying: Support and assistance are provided to patient and family in the event of death, with understanding that each individual grieves in his/her own way. Consideration is taken for different religious and cultural groups.

Volume and Quality Control Indicators

- Inpatient Nursing Process, Documentation: Assessment, Plan of Care, Patient Education
- Implementation, and Evaluation
- Patient/Family Teaching
- Pain Monitoring Tools
- Blood Product Record Monitoring Tool
- Central Line Associated Blood Stream Infection
- Catheter Associated Urinary Tract Infection
- Patient experience

Performance Improvement Indicators

- IV Therapy
- Monitoring patient identification practice
- Parent/family participation
- Standard precaution
- Patient Experience-White Board (Patient/Family Communication)
- Pneumococcal/Influenza administration/documentation

Recognized Standards

Services and functions are developed and implemented in a manner consistent with applicable regulatory and advisory agency standards inclusive of The Joint Commission, DHS, Title 22, FDA, American Nurses Association, American Academy of Pediatrics, OSHA, and CCS.

Availability of Necessary Staff

The unit operates 24 hours a day, 7 days a week. The nursing staff reports to a Nurse Manager who works collaboratively with the service chief of Pediatrics. The Nurse Manager is responsible for staffing according to standards appropriate to the patient population and the care that is required for those patients. She/he is responsible for the quality of nursing care provided and to assure competencies of assigned staff. Nursing and support ancillary staff have specific competency assessments for their specific job descriptions. Registered Nurses and Nursing Attendants provide patient care. Clerical staff provides ancillary support for the Pediatric Acute Care Unit.

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