

**LAC+USC MEDICAL CENTER  
PEDIATRIC INTENSIVE CARE UNIT INPATIENT TOWER 8D  
SCOPE OF SERVICES**

**Department Purpose**

The Pediatric Intensive Care Unit is an important component of the continuum of care for Los Angeles County providing intensive medical and nursing care to critically ill pediatric patients.

**Types and Ages of Patients Served**

The Pediatric Intensive Care Unit provides nursing care to critically ill pediatric patients with ages ranging from newborn to 20 years, with an undetermined percentage mixture of boys and girls. The majority of patients are of low socioeconomic status with their primary language being Spanish. Most acute patients have achieved normal growth and development. Many chronic patients are delayed in both growth and development. Common pediatric diagnoses include but are not limited to acute respiratory distress/failure, status epilepticus, meningitis, shock, congenital heart disease, diabetic ketoacidosis, status asthmaticus, oncology/hematological disorders, trauma, and renal failure.

**Method Used to Access Patient Needs**

An interdisciplinary and family centered care approach is utilized in patient care management to provide family members the educational requirements needed to make informed decisions regarding their child's care. The family is an essential element of a child's support system. Every effort is made to include the family in their child's plan of care. Under the direction of the Pediatric Attending Physician, pediatric house staff physicians work collaboratively with nursing, social services, pastoral care, respiratory therapy, dietician, occupational therapy, and child life to develop an appropriate plan of care for the child. A registered nurse modifies care of the child based on assessment findings to include intervention techniques appropriate for the patient's age, developmental stage and diagnosis. An essential component for normal growth and development is play activity. There are many factors that affect a child's comprehension of and response to a critical illness. They include but are not limited to emotional and cognitive immaturity and unrefined communication skills. It is imperative for nursing staff to assess and to be sensitive to the child's ability to communicate. Anticipation of the child's needs and concerns can be discerned through verbal and non-verbal cues.

**Scope of Services & Complexity of Care**

The Pediatric Intensive Care Unit is a tertiary level CCS approved ten-bed medical/surgical intensive care area located on the eighth floor of LAC+USC Medical Center's Inpatient Tower capable of advanced life support therapies for children of all ages and sizes. All beds are single room. Four of the ten beds may be designated for negative pressure isolation. The staff of the Pediatric Intensive Care Unit provides intensive care to neonates, infants, toddlers; school aged children, adolescents, and young adults taking developmental stage, chronological age, and mental capabilities into account for each assessment. They provide an environment, which is conducive to healing or death with dignity through detecting and coping with emergency situations and preventing complications associated with various disease states (pathologic and iatrogenic). The staff provides necessary instrumentation for comfort, pain control, diagnostic and/or therapeutic interventions, including invasive and non- invasive vital organ support.

**Volume & Quality Control Indicators**

- Patient transports
- Patients requiring CPR or intubation
- Inpatient Nursing Process
- Blood Administration

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

*Approved: August 2020*

*8D – Pediatric ICU – Scope of Services*

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**Volume & Quality Control Indicators conti.**

- Patient/ Family Education
- Restraints
- Pain Management
- Infection Control (CLABSI & CAUTI)
- Environmental Safety Rounds
- Clinical Alarms
- Medication Administration Record
- Patient Experience
- Readmissions
- Unintentional equipment failure

**Performance Improvement Indicators**

- Communication Boards
- Completion of White Boards
- Improve Patient Experience
- Patient/Parent/Guardian Involvement in Plan of Care
- Pneumococcal/Influenza administration/documentation
- Improve assessment compliance
- Improve documentation

**Recognized Standards**

Services and functions are developed and implemented in a manner consistent with applicable regulatory and advisory agency standards. The staff ascribes to the philosophy of the Department of Nursing of the Northeast Cluster. The nursing objectives exist to direct the overall operation and meet the requirements as delineated by The Joint Commission, DHS, Title 22, California Children Services, FDA, American Association of Critical-Care Nurses, American Nurses Association, American Academy of Pediatrics, and OSHA.

**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, daily census, and patient acuity. She/he is responsible for the quality of nursing care provided and for the performance of assigned staff. Registered Nurses who provide care in this unit have critical care training and/or possess a CCRN. Staff assigned to the PICU has demonstrated specific competency assessment requirements for their professional level/job description. Patient care is provided by Registered Nurses. Clerical Staff and Nursing Attendants provide ancillary support for the PICU.

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