PEDIATRIC UNIT STANDARD I - SAFETY

The patient can expect that a safe environment will be provided free from untoward events.

1. Each patient will have a name band.

2. The patient will be protected from infection and cross contamination according to Infection Control policies.

3. As the patient’s condition or nursing interventions warrant, the bed will be kept in the low position with the wheels locked and upper side rails in the up position and call light within reach of patient.
   3.1. Children will be placed in age appropriate bed per Nursing Department Policy #126.852 “Safety Precautions for Pediatrics Patients”.
   3.2. Suicidal patients will have a care attendant (sitter).
   3.3. Furniture and equipment are appropriate to the age, size, and developmental needs of the patient.

4. The Nursing staff will provide for the patient’s safety while using electrical equipment.

5. An allergy label will be placed on the front of each patient’s chart with “Allergies” or “No Known Allergies” listed as appropriate. Allergies will be added into Care Vision by the nurse caring for the patient.

6. If restraints are necessary for the patient’s safety, they will be applied according to hospital policy and nursing procedure.

7. Defibrillators and crash carts will be checked every shift according to Nursing Department Policy #126.185, “Maintenance of Emergency Equipment.”

8. Safety measures will be used by all personnel during transport.

9. All Point of Care testing procedures and quality control measures will be conducted according to the corresponding hospital policy.
   9.1. Inform Glucose Meters - Refer to Nursing Procedure (poc01) “Blood Glucose testing: Accucheck Inform”.
10. Medications will be administered per Nursing policies and procedures.

10.1. Medications will be administered per Nursing Department Policy #126.853 “Administration of Medications to the Pediatric Patient”.

10.2. Intravenous Therapy per Nursing Department Policies #126.867 and #126.868.

10.3. Administration of IV Gamma Globulin per Procedure med07.

11. Follow policy for verification of surgical site (policy #00.PAT.79) “Correct patient, procedure, and site verification”.

PEDIATRIC UNIT STANDARD II - NURSING CARE

The patient will receive nursing care based the principles of family-centered care and utilizing an assessment of the patient’s and family's needs by the registered nurse.

1. Patients will be admitted to patient care areas according to their physical and psychosocial needs, unit admission criteria, and bed availability.

1.1. Patients will be admitted according to Nursing Department Policy #126.850 “Admission Criteria for Pediatrics”.

2. The patient and family will be oriented to the department and to his/her assigned nurse upon arrival.

2.1. The nursing staff will question the accompanying adult regarding legal guardianship of the patient, who provides care at home, any cultural or religious needs and how it is provided per Nursing Department Policy #126.851 “Pediatric Admission and Nursing Assessment”.

3. Admission assessment and reassessments will be completed as stated in Corporate Policy #00.PAT.66 “Patient assessment/reassessment” and 126.851 (Peds) “Pediatric admission and nursing assessment”.

3.1. Pediatric admission and nursing assessment will be completed as stated in Nursing Department Policy #126.851 “Pediatric admission and nursing assessment”, Procedure doc12 “Pediatric Admission Assessment”, and Procedure doc13 “Pediatric reassessment, activity and hygiene, and nutrition flowsheets”.

4. The clinical manager (CC)/communicator will make patient assignments according to Nursing Department Policy #126.052 “Assignment of Nursing Care”.

4.1. All unusual patient/family responses or problems, both of a physical and psychosocial nature, will be reported to the Clinical Manager. He/she will determine if the problem needs to be directed to the Director or the Administrative Supervisor/Nurse.

5. Treatments, medications, and IV’s ordered by the physician will be instituted according to Nursing procedures.

6. Vital signs will be completed as per Corporate Policy #00.PAT.66, unit routine, physician order, or as patient condition warrants.
6.1. All children less than 2 years of age will be weighed every morning unless they are casted or there is physician’s order not to weigh.

7. Identified patient needs and subsequent nursing interventions will be evaluated and documented in the Pediatric Reassessment, based on the principles of family-centered care.

7.1. Patients will receive communication from nursing staff at their level of development.
- Speak with children at eye level.
- Speak directly to the child or adolescent.
- Be honest.
- Give child/adolescent choices.

7.2. The child and family will participate in the development of a personal patient profile that includes descriptions of their normal routines and their preferences and concern including any ethnic or cultural needs.

7.3. Patients will use the Safe Place Security system as outlined in Nursing Department Policy #126.854 “Infant/Pediatric Security”.

**PEDIATRIC UNIT STANDARD III - PLAN OF CARE**

The patient and/or family will be encouraged to participate in the planning of his/her care, according to the principles of family-centered care.

1. An interdisciplinary plan of care will be initiated on admission and coordinated by the RN that identifies interventions needed to achieve expected outcomes.

1.1. A plan of care will be developed for special needs children (including children with frequent admissions). This will be done in collaboration with families, physicians, agencies and any other appropriate personnel.

2. The interdisciplinary plan is individualized to the patient’s conditions or needs as identified.

2.1. Families/guardians will be directly involved in the care in a collaborative manner.

3. The plan is developed in collaboration with other health care providers and the patient/significant others as appropriate.

3.1. When developing the care plan, the nurse will seek patient/family input regarding problems and/or goals.

4. The plan will be reviewed every 12 hours to reassess patient needs and achieved outcomes.

5. Available resources will be utilized as needs are identified.

5.1. Patients/families will be referred to Integrated Case Management or other resource departments/personnel as appropriate.

**PEDIATRIC UNIT STANDARD IV - EDUCATION**
The patient and/or family will receive education that will enhance his/her knowledge, skills, and behaviors related to their healthcare needs.

1. Patient/significant other teaching will begin during the admission process and will be ongoing. Documentation will include the teaching plan and patient/family response.
   1.1. On admission, each patient/family will have a unit orientation including monitoring, special unit procedures, visiting hours, telephone and tv usage and storage of valuables and medications brought from home.
   1.2. Patients and families will be treated in a non-judgmental manner in order to foster a positive environment.
   1.3. Patient/family teaching will be based on developmental level of understanding and validated by return verbalization and/or demonstration.

2. Interdisciplinary discharge planning will begin during the admission process and continue throughout hospitalization.

3. Written discharge instructions will be provided prior to discharge as per hospital policy.
   3.1. Parents/guardians (or designee) of pediatric patients will receive verbal instructions and a copy of discharge instruction sheet. Nurses will assess and document the level of understanding of the patient/family regarding discharge teaching and/or instructions.

PEDIATRIC UNIT STANDARD V - CONTINUUM OF CARE

The patient will receive care based on the collaborative efforts of Nursing and other health professionals to achieve a continuum of patient care across all settings.

1. Nursing staff will seek input from the patient and/or significant other and other health care professionals to plan and implement care.
   1.1. Families/guardians will be directly involved in the care.

2. Nursing staff will communicate pertinent information needed to provide continuity of patient care.
   2.1. The nursing staff will report to each other at shift change. Included in the report will be a physical/psychological assessment, family interaction, interdisciplinary involvement and patient’s response to teaching. Status of problems/goals as well as interventions will be discussed.

3. The nurse will utilize available resources to facilitate an optimal transition between health care settings.

PEDIATRIC UNIT STANDARD VI - SATISFACTION

The patient and/or significant other will receive the opportunity to communicate his/her responses to the hospital, illness, or care provided.
1. All staff will introduce themselves to the patient/family.

2. The Nursing staff will encourage input from the patient/family regarding his/her care.

3. The patient and/or family will be encouraged to complete the patient satisfaction questionnaire.

4. The nurse will serve as the patient's advocate when problems and/or complaints arise.

**PEDIATRIC UNIT STANDARD VII - COMFORT/PAIN MANAGEMENT**

The patient will have his/her comfort and pain needs effectively managed.

1. All patients will be provided with an environment conducive to rest/recovery.
   1.1. Provisions will be made for the comfort of parent/guardian by providing sleeper chairs to encourage and support rooming in.

2. The patient will have his/her needs for personal hygiene met appropriate to his/her condition.
   2.1. Caregiver will work together with the family in promoting patient’s personal hygiene.
   2.2. Activities of daily living will include promotion of normal growth and development, socialization and play.
   2.3. Hour of sleep care will include providing for hygienic needs of the patient according to developmental and assessed needs.

3. Patient’s comfort level will be assessed and comfort measures/pain management will be provided to meet patient needs.
   3.1. Wong’s Faces Scale, CHEOPS, N-PASS, and verbal numeric (1-10) scale are the tools used for pain assessment in children.
   3.2. Healthcare professionals will work with families in a collaborative manner in the continual assessment and comfort measures/pain management of children.
   3.3. Age-appropriate non-pharmacologic adjunctive therapies will be encouraged as appropriate, including distraction, music, art, deep breathing, guided imagery, etc.
PEDIATRIC UNIT STANDARD VIII - PATIENT RIGHTS/INFORMED CARE

The patient family will be provided with the information necessary to participate in decisions about his/her nursing care.

1. The nurse will assess the patient’s/family’s level of understanding and explain nursing treatments/procedures, allowing time for questions.

2. Consent for procedure and patient/family understanding will be verified prior to implementation. If further explanation is required, appropriate resources will be utilized.

   2.1. Consent for procedure and legal guardian understanding will be verified prior to implementation for patients under the age of 18 years.

3. Additional information regarding advance directives will be provided as requested by patient/significant other.

4. The nurse will respect the patient’s/parent/legal guardian’s right to refuse treatment or procedure and will notify physician.

PEDIATRIC UNIT STANDARD IX - CONFIDENTIALITY

The patient can expect that confidentiality of information regarding his/her care will be maintained.

1. The patient can expect that the Nursing staff will maintain confidentiality of information regarding his/her care according to hospital policy.

2. Authorized personnel caring for the patient will have access to the medical record.

3. Standards set by the Customer Service Program will be maintained.

PEDIATRIC UNIT STANDARD X - CULTURAL/SPIRITUAL VALUES

The patient will receive considerate and respectful care as demonstrated through our Customer Service Program consistent with his/her cultural and spiritual values.

1. Patient’s spiritual and cultural beliefs will be considered when planning and implementing care.

2. Patient and family interactions will be conducted in a caring, courteous, professional, and empathetic manner.

3. Available resources will be utilized to maximize patient/significant other support as needs are identified.

Reviewing Authors: Jennifer Rheingans, RN, MSN, Clinical Nurse Specialist, Pediatrics
Judith Thompson, RN, Clinical Manager, Pediatrics

References
of practice. Silver Spring, MD: nursebooks.org
APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy

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**Administrative/Director (if applicable):**

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Title: Jan Mauck, Vice President, Chief Nursing Officer