

Title: Assessment and Plan for Care Policy

Policy Owner: PICU	Policy Code: C-PC-02
Effective Date: 1/8/2022	Revision Date: 1/8/2024
Applies to:	
PICU, general pediatrics, pediatric ER, Nursing staff and respiratory therapist, other hospitals and ICUs	
Approved by:	
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**ADAN Hospital
Pediatric Department
PICU**

Operational Policy Pediatric Intensive Care Unit

2- Assessment and plan for care

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Assess and plan for Care

Purpose:

The policy provides guidelines needed to construct proper care plan to patients admitted to the PICU.

Policy statement:

The PICU staff, nurses, respiratory therapists and others (physiotherapist, pharmacist, dietitian, microbiologist etc..) should follow the provided guidelines after patient admission to the PICU in order to assure adequacy of care.

2.1. Assessment of the patient condition:

2.1.1. PICU registrar assesses patient immediately after admission:

- Primary survey:
 - Ensuring adequate airway, breathing.
 - Checking circulation and venous access.
- Secondary survey: full examination of the patient.

2.1.2. Notification of the on call intensivist.

2.1.3. The patient's needs are assessed, the assessment may include information on the following:

- Present illness, in a system by system approach
- Parent's understanding of illness, and the current baby status, and when the parents were last counselled.
- Symptoms including level of pain
- Nutritional needs
- Functional status
- Mental status including cognitive functioning.
- Emotional and behavioral functioning.
- Allergies (past and new)
- Medication therapies with special regard to cases with renal impairment for dosage adjustment
- Cultural and religious preferences if applicable.
- Learning needs, including ongoing education for children.
(Some Children with prolonged admission to be assessed by the team to pursue ongoing education after discussion with the family and education providers if their conditions allow.)

2.2. Appropriate diagnostic tests (laboratory and imaging) as indicated:

Tests may include the following as directed by the patient condition:

- i. Routine biochemistry, blood picture and coagulation studies
- ii. Blood group and screen.
- iii. Septic screen / microbiology.
- iv. Arterial/Venous/Capillary blood gas
- v. Ammonia / Lactate
- vi. ECG
- vii. CXR (after placement of appropriate lines)
- viii. Advanced investigations: CT, angiography, MRI, etc

2.3. Appropriate clinical information accompanies the request for a diagnostic procedure. The patient's details should be documented clearly in the request (Blood, urine, X-rays etc.) including patient data and summary of the case.

2.4. Laboratory and Radiology protocols explain patient preparation for various diagnostic tests and imaging studies (according to the radiology and lab policy).

2.5. The time needed to release results is defined according to the test/imaging study status (urgent or routine), The responsibility of laboratory/radiology department is to provide the results in a timely manner to the PICU team. Results should be informed to PICU on call and to be signed.

2.6. Results of investigations are documented in the patient's record according to defined hospital practice. The results are explained to the patients/caregivers in timely manner by the team.

2.7. Plan of care should be determined and includes:

- I. patient identification data (name, age, and gender)
- II. patient medical history, drug allergies
- III. Admission or preliminary diagnosis and potential complicating conditions, and expected goals (outcomes).
- IV. Documentation of essential orders and plan of care after discussion with the consultant on call including:
 - Oxygen requirement and need for ventilatory support
 - Secure appropriate basic monitoring/procedures:

- Nasogastric tube
- SpO2
- ECG
- BP
- Sedation and analgesia:
 - Sedated protocol exists with sedative drug doses, method of administration, sedation monitoring with SBS sedation score.
 - Conscious patients will be assessed for the level of pain according to FLACC scale (0-7 years) and Wong-Baker FACES pain rating scale (> 7years).
- Drugs/ infusions: drug names and doses are written clearly without confusion or abbreviations.
- Nutritional needs:
 - Nutrition plan instituted according to PICU feeding protocol.
 - Dietitian is involved in nutritional management of the cases.
- Specific interventions or procedures are individualized according to patient needs and their benefits and risks should be discussed with the family and consents taken as needed & noted by the responsible care giver like:
 - CVC
 - Arterial line if needed.
 - CVP
 - EEG
 - USCOM
 - Bronchoscopy

2.8. Documentation of the clinical notes:

- ✓ The plan of care is documented in patient clinical notes.
- ✓ The care plan from all interdisciplinary providers is integrated into a single plan and documented

2.9. The care plan is clearly communicated:

- The plan of care should be known to all PICU team (doctors, nurses, and RT) involved in the patient management. Other professionals (physiotherapists, pharmacist, and dietitians, etc) should be aware about the plan of care and understand their role in the care given to the patient.

- Physiotherapy: The doctor should fill the form for the physiotherapist and put it in the allocated place for them.
- Pharmacist: The doctor has to fill the prescription form for any medication. The doctor has to write clearly the doses and the plan of how many days to continue the medicine. Do not forget to cancel the medication from the prescription form in case of stopping any medicine
- Nurses: The doctor's instructions should be documented clearly in the patient's record. No abbreviations should be used. Any change for the plan for care should be explained to nurses and documented clearly in the patient's record

2.10. Information and counselling the family:

- Patient's clinical condition.
- Patient's plan of care.
- The family is provided by the staff with information about the PICU service including:
 - Orientation to the service.
 - Orientation to the physical environment of the service
 - Visitation protocols for inpatients
 - Routines and rules of the service
 - Information about patient and family rights and responsibilities
- An informed consent is taken from the Father/guardian on admission to PICU for possible interventions and procedures needed for delivering care at the PICU. These include:
 - CVC insertion
 - Bronchoscopy
 - Endoscopy
 - Tracheostomy
 - Any surgical procedures.