

	#ORG2401 <u>NURSING SERVICES STAFFING PLAN</u>							
Last Review Date: 06/2015 Origination Date: 06/2007 Submitted By: ACNO	<table border="0"> <tr> <td>Policy Council</td> <td style="text-align: right;">08/2013</td> </tr> <tr> <td>Medical Executive Committee</td> <td style="text-align: right;">09/2013</td> </tr> <tr> <td>Board of Trustees</td> <td style="text-align: right;">09/2013</td> </tr> </table>	Policy Council	08/2013	Medical Executive Committee	09/2013	Board of Trustees	09/2013	Page 1 of 24
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PURPOSE:

Description of the Nursing Services staffing guidelines for each service provided at Sunrise Hospital and Medical Center, and Sunrise Children's Hospital.

SCOPE:

All nursing services departments in Sunrise Hospital and Medical Center, and Sunrise Children's Hospital.

POLICY:

The following statements of services are provided and staffing guidelines by department and cost center.

NURSING ADMINISTRATION (600)
A. Nursing Administration:

1. The Chief Nursing Officer (CNO)
2. The Assistant CNO of Adult Services
3. The Assistant CNO of Women and Children's Services House Supervisors

B. Functional Relationships and Support of Patient Care:

The Division of Nursing supports the patient care provided in this facility by integrating nursing with all other departments within the hospital in order to fulfill the Mission and ethical beliefs involving patients, physicians, and staff.

C. Special Services:

All nursing departments report through the Division of Nursing. The division supports the integral needs of Directors, Managers, supervisory personnel and general staff personnel. The division acts as the organizer for hospital wide programs and committees which include all disciplines (other than medical staff committees).

ALL NURSING UNITS

Patient care is delivered using a mixture of primary care and team nursing. For a detailed explanation of our methods, refer to the Plan for the Provision of Patient Care policy (#ORG2400A) under the following sections: Budget Review Process, Staffing Variances Process, Staffing Plans, Patient Acuity Classification System and Assignment of Nursing Care. Each unit has a designated Nurse Director.

All adult Medical Surgical, Critical Care and Emergency Department nursing unit Directors report to the Assistant Chief Nursing Officer – Adult Services. All Pediatric services Directors and Maternal Infant services Directors report to the Assistant Chief Nursing Officer – Sunrise Children's Hospital.

Surgical Services, Physical Medicine and Rehabilitation, and all nursing management report ultimately to the Chief Nursing Officer.

For each nursing unit, the budgeted hours per patient day and skill mix of the staff are based on the usual type and acuity of patients admitted to the unit. The budgeted hours are predetermined for the purposes of advance planning, but are re-evaluated continuously and revised as necessary based on patient needs and available resources. Assignments of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), CNA/Health Unit Coordinators (HUCs), Nurse Apprentice (NAPs), and HUCs are made based on patient acuity, census, nurse and support personnel skills. The nursing units will be staffed with a minimum of two RNs. Support staff (LPNs, CNAs, CNA/HUCs, NAPs and HUCs) are not required on any unit, but may be used as part of the staffing plan on any given nursing unit.

Licensed nursing staffing guidelines are re-evaluated on an ongoing basis and are revised as necessary based on patient needs and available resources.

Licensed nursing staffing guidelines are as follows for Medical/Surgical acute care services units:

Number of Patients	Number of Nurses
0 – 10	2
11 – 20	2 – 3
21 – 30	3– 5
31 – 40	5– 6
41 – 50	6 – 8
51 – 60	8 – 10
61 – 72	10– 12

Licensed nursing staffing guidelines are as follows for intermediate care, emergency care and specialty care services units:

Number of Patients	Number of Nurses
0 – 10	2 – 3
11 – 20	3 – 5
21 – 30	5 – 8
31 – 40	8 – 10
41 – 50	10 – 13
51 – 60	13 – 15
61 – 70	15 – 18
71 – 80	18 – 20

Licensed nursing staffing guidelines are as follows for critical care services units:

Number of Patients	Number of Nurses
0 – 4	2
5 – 9	2 – 5
10 – 14	5 – 7
15 – 19	7 – 10
20 – 24	10 – 12
25 – 29	12 – 15
30 – 34	15 – 17
35 – 39	17 – 20
40 – 44	20 – 22
45 – 49	22 – 25
50 – 54	25 – 27
55 – 59	27 – 30
60 – 64	30 – 32
65 – 69	32 – 35
70 – 74	35 – 37

NURSING UNITS

The Sunrise Hospital and Medical Center, Sunrise Children's Hospital staffing plan provides a description of the activities in each nursing unit.

- The activities in each unit and the size and geography of each unit are summarized below.
- The activities in each unit, include without limitation, provisions to admit, transfer, and discharge patients.

ADULT ONCOLOGY (611) (Rooms 4101-4122)

A. Location, Type of Unit, Bed Capacity:

Adult Oncology Services (AOS) located in Tower II on the fourth with a bed capacity of 22 and provides acute and specialty care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 18 to geriatric
2. Lung Cancer
3. Colon cancer
4. Leukemia
5. Lymphomas
6. Metastatic carcinomas
7. Prostate Cancer
8. Cancer of the liver/pancreas
9. Neutropenic sepsis
10. Sickle Cell Crisis

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

- a. Administration of blood/blood products
- a. Pain management
- b. Bone marrow aspiration/biopsy
- c. Intravenous therapy
- d. Chemotherapy administration
Care of radiation patients
- e. Care of post operative patients
- f. Cardiac monitoring

EAST 300 - ORTHO/NEURO/TRAUMA (615) (Rooms E337-E376)
3100 – ORTHO/NEURO/TRAUMA (614) (Rooms 3101-3123)

A. Location, Type of Unit, Bed Capacity:

East 300 is an adult Orthopedic/Neurological Unit (ONTS 1) located on the third floor of the North Tower with a bed capacity of 38 and provides acute and specialty care services 24 hours per day.

3100 is an Adult Orthopedic/Neurological Unit (ONTS 2) located on the third floor of Tower 2 with a bed capacity of 23 patients and provides acute and specialty care 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 18 to geriatric
2. Open reduction internal fixation (ORIF hip)
3. Total hip and knee replacements
4. Micro lumbar dissection
5. Internal fixation (arm)
6. Shoulder rotator cuff
7. Mandibular surgery
8. Craniotomy
9. Neurological disorders
10. Cerebral Vascular Accident (CVA)
11. Multiple traumas

C. Special Services:

Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

1. Intravenous (IV) therapy
2. Administration of blood/blood products
3. Pain management/ patient controlled analgesia (PCA) pumps
4. Surgical wound care
5. Continuous passive movement
6. Auto-transfusion
7. Traction devices
8. Epilepsy monitoring/seizures - 24 hour video monitoring
9. Epidural catheters
10. Telemetry monitoring

TELEMETRY CARE SERVICES (TCS) (618) (Rooms 5501-5554)**A. Location, Type of Unit, Bed Capacity:**

TCS is an adult Cardiac Medical/Telemetry unit located on the west end of the fifth floor in the North Tower, with a bed capacity of 54 and provides acute care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 18 to geriatric
2. Chest pain
3. Cardiac arrhythmia
4. Hypertension/syncope
5. Syncope
6. Chronic Obstructive Pulmonary Disease (COPD)
7. Heart Failure (HF)
8. Acute Myocardial Infarction (AMI)
9. Post Cath Lab procedures
10. Over-dose/ingestional error
11. Pneumonia
12. Diabetes Mellitus
13. Gastrointestinal bleed
14. 24 hour observation (OBS) patients

C. Special Services:

Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

1. IV Therapy
2. Administration of blood/blood products
3. Pain management, including PCA pumps
4. Telemetry monitoring
5. Capillary blood sugar monitoring
6. Pulse oximetry monitoring: intermittent and continuous
7. Thrombolytic therapy

Neuro Stroke Services (620)**A. Location, Type of Unit, Bed Capacity:**

Neuro Stroke Services is an Adult Stroke/ Medical/Surgical/Telemetry Unit located on the east end of the fifth floor in the North Tower, with a bed capacity of 53 and provides acute care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 18 to geriatric
2. Medically stable acute strokes
3. Seizures
4. Altered mental status
5. Renal failure
6. Dialysis
7. Abdominal pain
8. Hypertension

9. Pancreatitis
10. Rule out deep vein thrombosis (DVT)/cellulitis

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. IV Therapy
 - b. CVA Continuous ambulatory peritoneal dialysis (CAPD) catheter instillation
 - c. Telemetry monitoring
 - d. Pulse oximetry monitoring: intermittent
 - e. Insertion dialysis catheter
 - f. Insertion central venous catheter (CVC) lines
 - g. Capillary blood sugar monitoring
 - h. Chest tube insertion
 - i. Peritoneal dialysis
 - j. Seizure precautions
 - k. Epilepsy monitoring

EAST 400 (619) (Rooms C402-C432 C413- C439, E429-E464)

A. Location, Type of Unit, Bed Capacity:

East 400 is an adult respiratory, , and observation Medical Surgical /Telemetry Unit located on the fourth floor in the North Tower, with a bed capacity of 66 and provides acute care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 18 to geriatric
2. Respiratory diseases (COPD, pneumonia, asthma, tuberculosis (TB) and respiratory failure)
3. Tracheotomy
4. Diabetes
5. Attempted suicide
6. Acute and chronic confusion
7. Drug and ethyl alcohol (ETOH) abuse
8. Dysrhythmias
9. Electrolyte imbalances
10. Heart Failure (HF)
11. Observation Status
12. High risk for Fall
13. Chronic and Acute Renal Failure

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. IV Therapy
 - b. Administration of blood/blood products
 - c. Pain management
 - d. Telemetry monitoring
 - e. Pulse oximetry monitoring (intermittent and continuous)
 - f. Tracheotomy care

- g. Continuous positive airway pressure (CPAP) / bilevel positive airway pressure (BIPAP) monitoring
- h. Capillary blood sugar monitoring
- i. 18 camera beds for close observation and monitoring

PATIENT SERVICE UNIT (PSU) (625) (Rooms West 407-411, odd, odd rooms only)

A. Location, Type of Unit, Bed Capacity:

PSU is an adult discharge and admit unit located on the fourth floor in the North Tower, with a bed capacity of 6 and provides acute care services 12 hours per day.

B. Patient Population and Most Frequent Diagnoses:

- 1. Patients ages 18 to geriatric
- 2. Chest pain
- 3. Cardiac arrhythmia
- 4. Hypertension/syncope
- 5. Syncope
- 6. COPD
- 7. CHF
- 8. AMI
- 9. Post Cath Lab procedures
- 10. Over-dose/ingestional error
- 11. Pneumonia
- 12. Diabetes Mellitus
- 13. Gastrointestinal bleed

C. Special Services:

Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

- 1. Primary focus on the discharge process and education
- 2. IV Therapy (antibiotics)
- 3. Pain management (no IV analgesics)
- 4. Capillary blood sugar monitoring
- 5. Pulse oximetry monitoring: intermittent and continuous

GENERAL MEDICAL UNIT (GMU) (610) (Rooms West 414-448, W431-47)

A. Location, Type of Unit, Bed Capacity:

GMU is an Adult Medical Unit located on the fourth floor in the North Tower, with a bed capacity of 27 and provides medical care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

- 1. Patients ages 18 to geriatric
- 2. Stable Airway (NO tracheostomy)
- 3. Requires simple wound care (require 1 RN)
- 4. Wound Vacuum Management by Wound Care team
- 5. Requires medication every 4 hours or greater
- 6. Waiting for placement

7. Pneumonia
8. IV Antibiotic Therapy
9. No Psych or Legal 2000
10. No Telemetry
11. Social Admits
12. Uncomplicated patients

C. Special Services:

Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

1. Primary focus on the discharge process and education
2. IV Therapy (antibiotics)
3. Pain management (no IV analgesics)
4. Capillary blood sugar monitoring

CHRONIC VENTILATOR UNIT (CVU) (610) (Rooms West 407-411, odd, odd rooms only)

A. Location, Type of Unit, Bed Capacity:

Chronic Vent Unit is an Adult Medical/Surgical/Telemetry/Chronic Vent Unit located on the fourth floor in the North Tower, with a bed capacity of 12 and provides acute care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 18 to geriatric
2. Chest pain
3. Cardiac arrhythmia
4. Hypertension/syncope
5. Syncope
6. COPD
7. CHF
8. AMI
9. Post Cath Lab procedures
10. Over-dose/ingestional error
11. Pneumonia
12. Diabetes Mellitus
13. Gastrointestinal bleed
14. Chronically Vented

C. Special Services:

Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

1. Primary focus on the discharge process and education
2. IV Therapy (antibiotics)
3. Pain management (no IV analgesics)
4. Capillary blood sugar monitoring
5. Pulse oximetry monitoring: intermittent and continuous

ADULT COMPREHENSIVE MEDICAL UNIT (CMU) (630) (Rooms 215 to 249)**A. Location, Type of Unit, Bed Capacity:**

The Comprehensive Medical Unit (CMU) is an adult comprehensive care unit located on the second floor of the North Tower, with a bed capacity of 35 and provides intermediate and acute care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 18 to geriatric
2. Sepsis patients not requiring intensive care unit ICU level of care
3. Post-op vascular surgery
4. Chest pain/myocardial infarction,
5. Acute renal failure
6. Tracheostomy with or without mechanical ventilation
7. Gastrointestinal (GI) bleed
8. Abdominal surgery
9. Post-operative neuro and craniotomy surgery
10. Trauma
11. Post CVA

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to assisting with the delivery of:
 - a. IV Therapy including set rate vasoactive drugs (Dopamine, Dobutamine and Nitroglycerin)
 - b. Continuous IV cardiac medications (limited)
 - c. Telemetry (bedside electrocardiography ECG) monitoring
 - d. Pulse oximetry monitoring: intermittent/continuous
 - e. Wound Care
 - f. Tracheotomy care
 - g. Chest tubes
 - h. Temporary pacemakers
 - i. Cardioversion
 - j. Ventilator management

PEDIATRICS (640) (Beds 4010-4025, 4001-4009, 4026-4032)**A. Location, Type of Unit, Bed Capacity:**

Pediatric Care Unit located on the fourth floor of Children's Towers I and the fifth floor of Children's Tower II with a total bed capacity of 46 and provides acute, specialty and intermediate care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Neonate to 17 years old
2. Orthopedic surgery
3. Seizure disorders
4. Dehydration
5. Croup

6. Bronchitis
7. Pneumonia
8. Asthma
9. Childhood cancers
10. Sickle cell anemia
11. Accidental ingestion
12. Gastroenteritis

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. IV Therapy
 - b. Antibiotic therapy
 - c. Oxygen therapy, including croup tents
 - d. Pulse oximetry
 - e. Pre and post operative care
 - f. Bili light therapy
 - g. Continuous nebulizer

PEDIATRIC INTENSIVE CARE UNIT (PICU) (645) (Rooms 5001-5024)

A. Location, Type of Unit, Bed Capacity:

PICU is a pediatric intensive care unit located on the fifth floor of Children's Tower I with a bed capacity of 24 and provides critical care and intermediate care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Neonate to young adult
2. Post-op open heart
3. Mechanical ventilation
4. Drowning
5. Severe respiratory problems
6. Head injury
7. Renal failure/hemodialysis
8. Non-accidental Trauma
9. Trauma

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. Cardiac monitoring
 - b. Assisted ventilation
 - c. Continuous pulse oximetry monitoring
 - d. IV therapy including vasopressor agents
 - e. Hemodialysis
 - f. Peritoneal dialysis
 - g. Continuous Renal Replacement Therapy (CRRT)

TRAUMA /SURGICAL INTENSIVE CARE UNIT (648) (TSICU 6201-6220)**A. Location, Type of Unit, Bed Capacity:**

TSICU is an adult Critical Care Unit located in the South Tower on the second floor above the Emergency Department with a bed capacity of 20 providing critical care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patient ages 16 to geriatric (and selected younger patients weighing 90 pounds or more as approved by trauma surgeon)
2. Post acute traumatic injury except for major burn injuries or digital/extremity amputations capable of re-implantation:
 - a. Class 1 - unstable vital signs or airway, severe head injury, penetrating injury to head, neck, torso and extremities proximal to elbow and knee, flail chest, open and depressed skull fractures, traumatic paralysis, amputation proximal to wrist and ankle.
 - b. Class 2 - significant trauma, but stable vital signs and airway if intensive care/monitoring are needed, including pelvic fracture.
 - c. Other patients requiring intensive care may be admitted to Trauma ICU on a space-available basis from other adult care areas and services including:
 - 1) Other adult intensive care unit over flow
 - 2) General surgery patients
 - 3) Other surgical specialty patients
 - 4) Medical patients
 - 5) PACU patients requiring critical care level of service post-operatively
 - 6) Labor and delivery patients
 - 7) Other patients with Trauma ICU Medical Director's approval

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. Ventilator monitoring
 - b. Hemodynamic Monitoring - Pulmonary Artery, Intracranial Pressure (ICP), Arterial etc.
 - c. Intra abdominal pressure monitoring
 - d. Cardiac monitoring
 - e. Intravenous therapy - continuous cardiac medications
 - f. Blood pressure monitoring, invasive and non-invasive
 - g. Continuous Renal Replacement Therapy (CRRT)
 - h. Chemotherapy
2. The TICU Medical Director will be responsible to the Special Care Committee and the Medical Executive Committee for the quality of care provided to patients within the TICU.
3. Care within the TICU will be provided in a collaborative, multi-disciplinary manner observing Medical Staff regulations, and State/Federal Laws/regulations.
4. Qualified members of the Trauma Service will provide intensive care for Trauma Service patients.
5. Trauma Service Intensivists may consult other medical specialists for specific management problems. It is expected that those consultants will focus upon the areas for which consultation was requested. Consultants will not directly request consultation from additional consultants without approval of the Trauma Service Intensivist. Patient orders written by those consultants must be approved by the Trauma Intensivist prior to implementation unless the minimal delay may adversely affect patient safety and well-

- being.
6. Trauma Service Intensivists will provide intensive care, when requested, by other surgical specialists who may have patients in the TICU. If this care is provided, the guidelines regarding consultation (number 5 above) will apply.

MEDICAL INTENSIVE CARE UNIT (MICU) (650), I254-I275)

A. Location, Type of Unit, Bed Capacity:

MICU is an adult intensive care unit located on the west end of the second floor of the North Tower with a bed capacity of 26 and provides critical care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patient ages 18 to geriatric
2. Sepsis
3. Respiratory failure
4. Multi organ dysfunction syndrome
5. Asthma
6. Acute respiratory distress syndrome
7. High risk post partum
8. Renal failure
9. Emergent intubation - equipment and resource
10. Cardiac dysrhythmia
11. Pulmonary edema
12. Ingestinal errors
13. Pulmonary embolism
14. Post cardiac arrest with medical management

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. Mechanical ventilation monitoring
 - b. Hemodynamic monitoring
 - c. Cardiac monitoring
 - d. Intravenous therapy, including continuous vasoactive and antiarrhythmic medications
 - e. Blood pressure monitoring, invasive and non-invasive
 - f. CRRT
 - g. Code Blue/ Critical care rapid Response team resource
2. Care within the MICU will be provided in a collaborative, multidisciplinary manner, observed by the Medical Director in accordance with Medical Staff regulations, and State/Federal Laws/regulations.
3. The MICU Medical Director will be responsible to the Special Care Committee and the Medical Executive Committee for the quality of care provided to patients within the MICU.

CARDIOVASCULAR THORACIC UNIT (652) (CVTU 1-22)

A. Location, Type of Unit, Bed Capacity:

The Cardiovascular Thoracic Unit is an adult intensive care unit located on the second floor of the South Tower above the Emergency Department with a bed capacity of 22. This unit

provides critical care, intermediate and acute care services to patients who experience cardiovascular or thoracic surgery 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patient ages 18 to geriatric
2. Post-op open heart surgery, graft and valve replacement, defect repair
3. Post thoracic surgery
4. Aneurysms, thoracic and ascending aorta
5. Post percutaneous transluminal coronary angioplasty (PTCA), coronary stent and cardiac catheterization if unstable
6. Medical overflow treatment of unstable angina, ST segment elevation myocardial infarction (STEMI), non-STEMI (NSTEMI), or cardiac dysrhythmia

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. Mechanical Ventilation monitoring
 - b. Hemodynamic Monitoring- pulmonary artery, arterial, etc.
 - c. Cardiac monitoring
 - d. Intravenous therapy including continuous vasoactive and antiarrhythmic medications
 - e. Intra aortic balloon pumping
 - f. Blood pressure monitoring, invasive and non-invasive
 - g.
 - h. Post invasive procedure monitoring
 - i. External/temporary and internal pacing
 - j. CRRT

NEUROSCIENCE INTENSIVE CARE UNIT (655) (NSICU I201 – I214)

A. Location, Type of Unit, Bed Capacity:

NSICU is an adult critical care unit located on the east end of the second floor of the North Tower with a bed capacity of 14 and providing critical care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patient ages 18 to geriatric
2. Post-operative craniotomy
3. Brain tumors, both surgical and medical treatment modalities
4. Intracranial bleeds including subarachnoid hemorrhage and subdural hematoma
5. Stroke patients, whether receiving tissue plasminogen activator (tPA) or not
6. Medical Neurological patients including Guillian Barre, Myasthenia Gravis, seizure disorders
7. Post-operative care of the patient having spinal surgery

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. Intracranial pressure (ICP) monitoring
 - b. Ventriculostomy drains
 - c. Continuous electroencephalography (EEG) monitoring

- d. Hemodynamic monitoring, including pulmonary artery, arterial, etc.
- e. Cardiac monitoring
- f. Ventilator monitoring

MATERNAL INFANT CARE UNIT (660) (Rooms 3001-3042)

A. Location, Type of Unit, Bed Capacity:

Mother Infant Unit is located on the third floor of Tower I with a capacity for 42 mother/baby couplets, providing acute care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Childbearing women ages 11 to 55
2. Newborns
3. Post-partum vaginal delivery
4. Post-operative C-section deliveries
5. Post-operative uncomplicated female surgical cases

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. IV Therapy
 - b. Administration of blood and blood products
 - c. Glucose monitoring
 - d. Oxygen Saturation
2. Triage protocols, flow charts, or clinical algorithms provide a guideline for care; however, the physician directs individualized medical care.

NEWBORN NURSERY-LEVEL I (670)

A. Location, Type of Unit, Bed Capacity:

Care of the newborn may be provided in the Nursery or in the Mother's room. The Nursery is located on the third floor of Tower I adjacent to and in conjunction with the Maternal Infant Care Unit. The Newborn Nursery has a capacity for 16 babies, providing acute care services 24 hours per day.

B. Patient population and most frequent diagnoses:

1. Newborn to 28 days
2. Newborn admission and stabilization
3. Hyperbilirubinemia
4. Rule out sepsis (clinically asymptomatic, see limitations to admission)
5. Extended care to promote feeding capabilities and growth

C. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

1. Phototherapy
2. Oxygen therapy (limited)
3. Car seat safety studies
4. Triage protocols, flow charts, or clinical algorithms provide a guideline for care; however,

the physician directs individualized medical care.

NEONATAL INTENSIVE CARE LEVEL (NICU)III (675)

A. Location, Type of Unit, Bed Capacity:

Level III Nursery is a Neonatal Intensive Care Unit located on the second floor of Towers I and II with a bed capacity of 72 providing critical care and acute care services 24 hours per day. The NICU is an integral part of the Women's Center and services, and strives to collaborate with the Perinatologists and Obstetricians in order to meet the needs of our patients and families. The NICU will maintain a high-risk bed open for admissions. There are six isolation rooms within the confines of the NICU. Any bed may be used- for an admission and for any level of acuity.

B. Patient Population and Most Frequent Diagnoses:

Any neonate or infant less than 30 days of age who presents with a real or potential life-threatening medical conditions may be admitted. The diagnoses of infants admitted to our NICU are classified into three categories: surgical, medical, and very low birth weight infants. This unit accepts infant's transferred/transported from outlying facilities. Neonates with the following diagnoses may be transported in to receive a higher level of care:

1. Infants in respiratory failure
2. Shock/hypotension not responding to volume and/or vasopressor therapy
3. Necrotizing enterocolitis with perforation
4. Recurrent seizures not responding to medical treatment
5. Any surgical problem requiring intervention
6. Suspected cyanotic cardiac disease and/or defect with symptoms
7. Infants requiring specialty procedure not available elsewhere, such as laser surgery for Retinopathy of Prematurity (ROP)
8. Transfers from the NICU may be necessary due to the following:
 - a. Services not available such as extensive Extra Corporeal Membrane Oxygenation (ECMO) or complex cardiac.
 - b. Capacity - Census beyond our current licensed beds.
9. Physicians and nursing staff make triage decisions jointly. Criteria to consider are as follows: Acuity of the infant, potential length of stay of mother and baby, family access/location. Special care must be taken to properly prepare a family. Social service should be involved to ease family concerns and to communicate any social service needs with the accepting facility.

C. Special Services:

Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:

1. Airway care and management, including: mechanical ventilation including HiFi ventilation, oxygen therapy, continuous positive airway pressure, inhaled bronchodilators, administration of surfactant, Nitric Oxide
2. Neuro –protective program (Body Cooling)
3. Nutritional support: parental, enteral and lactation
4. Thermal regulation: radiant warmers, double walled isolettes and humidity control
5. Phototherapy: blanket and overhead lights
6. Medication administration
7. Management of central catheters: Umbilical catheters (UAC/UVC),

8. Peripheral arterial lines, percutaneous catheters (PICC)
9. Hygiene: oral care, skin care and incision care
10. Vasoactive drugs
11. Isolation: respiratory, contact, protective and modified contact
12. Developmental care: low birth weight, term, restraint free environment, developmental evaluations and plan
13. Monitoring includes (as applicable): cardio-respiratory, pulse oximetry, continuous temperature (skin, control, ambient), hemodynamic monitoring, ventilator settings and dynamics, transcutaneous monitoring, arterial blood gas analysis, fluid and electrolyte levels, intake and output, therapeutic drug levels, patient safety, growth trends: weight, length and FOC, pain assessment
14. Family centered care: families as partners, sibling support
15. Discharge planning: referral for follow-up, CPR education for families, infant care seat safety, hearing screening
16. Social services: screening, referral services, support group
17. Resuscitation and stabilization per NRP guidelines. Specialty team for attendance at high risk deliveries.
18. Triage protocols, flow charts, or clinical algorithms provide a guideline for care; however, the physician directs individualized medical care.
19. Services provided within the NICU: lactation support and education, transport between perinatal units and the NICU, consultation services to perinatal unit, echocardiology, ultrasonography, electroencephalography, translation, genetics counseling, developmental, wound care assessments, OT/PT/ST, dietary, Laboratory/pathology, respiratory therapy, ethical consults, bereavement, Pharmacy, Radiology, pulmonary and ROP support and evaluation including laser surgery if necessary.

PHYSICAL MEDICINE AND REHABILITATION SERVICES (693/735/759/762/766/777)

Under the direction of a qualified Medical Director, the physical medicine and rehabilitation services department includes; the inpatient rehabilitation program, the acute hospital program, the Advanced Wound Care Program for acute hospital patients, pediatric outpatient rehabilitation program, and ostomy services.

Inpatient Rehabilitation

A. Location:

The 42 bed unit is located on the center and west end of the third floor in the North Tower W300.

B. Patient Population:

The inpatient rehabilitation program provides comprehensive interdisciplinary assessment, goal directed treatment and educational services for adolescent to geriatric patients. The major diagnoses seen are orthopedic, neurologic, and physical impairments or disabilities. The unit serves up to 42 patients.

C. Special Services:

Services are provided by nurses, Physical Therapists, Occupational Therapists, Speech Language Pathologists, Social Workers and Therapeutic Recreational Specialists who are goal directed and functionally based. The Rehabilitation unit provides therapy for 180 minutes per day, 5 out of 7 days per week, minimally.

Recreational therapy is provided on weekends and some holidays. Rehabilitation nursing services are provided 24 hours per day to support medical stability and to reinforce interdisciplinary goal to regain functional independence. Activities of the rehabilitation nurse include medication management and education, bowel and bladder management, and activities of daily living.

Ostomy Services:

A. Location:

Inpatient treatments are provided on the patient care units.

B. Patient Population:

The patient population includes neonatal to adult geriatric acute hospital patients who have a consult for Ostomy Therapy Services initiated due to identified needs including complex wound care, new ostomy management and education, or existing ostomies with complications.

C. Special Services:

1. Ostomy Therapy Services including patient education and ostomy care and management for new ostomy patients or those experiencing complications related to ostomy function are provided 2:00pm to 10:30pm, Monday through Friday, with flexible hours based on patient need and on call support as needed besides the treatment provided by nursing staff routinely.

D. Personnel:

Ostomy Services are provided by a Enterostomal Therapist RN.

SURGERY/ANESTHESIA SERVICES (701/704/785)

A. Location, Type of Unit, Bed Capacity:

The Department of Surgical Services is located on the first floor of the North Tower. The average case load is 50 to 80 per day. It consists of 29 pre-operative beds, 24 surgical suites, 4 endoscopy suites, 42 post-surgical beds in addition to a sterile processing department located adjacent to the surgical department. Providing specialty services 24 hours per day.

B. Patient Population:

Surgical/Anesthesia Services include the care of all inpatients and outpatients from neonates to geriatrics throughout the entire perioperative phase. The patients served range from healthy people for elective procedures, to those with multi system failure. These procedures can be provided as inpatient and outpatient ambulatory services. Additionally, services include 24 hour care of Class II trauma patients of all ages arriving through the Emergency Department that require surgical intervention.

C. Special Services:

The Department of Surgical Services works interdepartmentally with all nursing units and with all interdisciplinary services. The department is responsible for elective, emergent, and Trauma Level II emergency surgical treatment that may include multiple specialties, i.e., orthopedic, gynecology, otolaryngology, neurology, cardiovascular/thoracic, ophthalmology,

urology, general and plastic services. State of the art equipment including the DaVinci Laparoscopic Assist Robot is available for specialty procedures as well as the StealthStation Surgical Navigation System and automated PACS x-ray delivery system. These are all maintained by GE and the Clinical Engineering and Plant Operations Departments according to manufacturer's guidelines. All anesthesia services are available on a 24 hour basis in addition to Trauma Call anesthesiologists, all capable of providing general, regional, IV moderate/deep sedation, epidural, spinal and local standby services with complete monitoring including the BIS anesthesia monitoring system.

D. Personnel:

The department is staffed with Advanced Practice Nurses, Registered Nurses, Certified Surgical Technicians, Certified Scrub First Assistants, Surgical Technicians, Certified Nursing Assistants, Environmental Services Aides and Secretaries/Schedulers. A Cardio-Perfusionist is present for all cardiovascular surgeries as well as Bio-Med/Anesthesia personnel being available 24 hours a day based on patient need. Additionally, skilled Trauma staff is available around the clock as needed. On-call teams and trauma teams are available for any emergency procedures on a 24 hour basis.

LABOR and DELIVERY (L&D) and CENTER FOR PERINATAL HEALTH (708/721)

A. Location, Type of Unit, Bed Capacity:

Labor and Delivery is a female adult Obstetrical Unit located on the first floor of Tower I with a bed capacity as follows: 15 triage beds including 4 perinatal testing beds, 12 Labor and Delivery rooms, 10 labor rooms, 3 surgical delivery rooms and 5 recovery beds. Providing specialty and acute care services 24 hours per day.

B. Patient Population and Most Frequent Diagnoses:

1. Patients ages 11 to 55 and their neonates
2. Patients ages 11 to 55 who are pregnant and in need of antenatal assessments referred by private obstetricians or perinatologists
3. Pregnant women of 20 or more weeks of gestational age with physician referral for delivery or pregnancy related complications

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. Fetal monitoring (internal and external)
 - b. Application of fetal scalp electrode
 - c. Insertion of intrauterine pressure catheters
 - d. Amnio-infusion
 - e. Amniocentesis
 - f. Cord Ph collection
 - g. External cephalic versions
 - h. Assisting with ultrasound
 - i. Medication
 - j. IV and blood/blood products administration
 - k. Vaginal exams
 - l. Coaching through labor and delivery
 - m. Patient and family education
 - n. Management of high risk ante-partum patients

- o. Apgar scoring of newborns
- p. Initiating maternal-infant identification at time of delivery
2. Inpatient services
3. Outpatient assessment and evaluation
 - a. Non-stress tests
 - b. Amniotic fluid index
 - c. Biophysical profile
 - d. Tests designed to identify fetal compromise earlier and provide information and consultation to the physician.
4. Operative procedures include, but are not limited to:
 - a. C-Section
 - b. Hysterectomy/hysterotomy at time of C-section or any life threatening situation.
 - c. Evacuation of vulvar hematoma
 - d. Bilateral tubal ligation
 - e. D & C for delivery complications Cerclages
5. Magnesium Sulfate therapy for management of toxemia
6. Non-laboring patients requiring care in the Adult ICU for needs such as mechanical ventilation or hemodynamic monitoring by pulmonary artery catheter are transferred to the ICU and care is jointly managed by both L&D and ICU specialty nurses.
7. Off unit monitoring for non-laboring patients in Emergency Department, Cath Lab, PACU and other nursing units where care is jointly managed by the L&D and area specific specialty RN.

D. Mode of Care Delivery:

1. Medical care is provided by private physicians, 24 hour on call anesthesia coverage and a neonatology group which is on staff and available in-house 24 hours a day.
2. Patients presenting to the Emergency Department with no prenatal care or private physician will have care directed by the Emergency Department physician and OB Hospitalist.
3. Triage protocols, flow charts, or clinical algorithms provide a guideline for care; however, individualized medical care is directed by the physician.
4. The patient's physician will review the results of the test within 24 hours, or he/she may request a perinatology consult for test interpretation and discussion of management options of the pregnancy for the optimization of the health of the mother and fetus.

CARDIAC CATHETERIZATION LABORATORY (746)

A. Location:

The Cardiac Catheterization Laboratories are located on the first floor near the Surgery suites. (There are six Cardiac Cath Labs.)

B. Patient Population:

The staff is trained to service inpatients and outpatients ranging in age from neonatal to geriatric. Outpatients are scheduled Monday through Friday between the hours of 7:30am to 5:00pm.

C. Special Services:

Under the direction of a Cardiologist, the Cardiac Catheterization Department provides services for scheduled and emergent diagnostic and interventional procedures utilizing local,

general, or moderate/deep sedation or anesthesia. Procedures include, but are not limited to, inpatient and outpatient diagnostic heart catheterization, insertion of venous and arterial monitoring lines, insertions of intra-aortic balloon pumps, insertion of temporary and permanent implantable devices, percutaneous transluminal coronary angioplasty, atherectomy, angiojet, insertion of coronary stents, rotoblator, laser, renal and peripheral angiograms, PTAs, valvuloplasty, pediatric/neonatal diagnostic/interventional procedures, electrophysiology studies and ablations. Services for scheduled procedures are provided from 7:30am to 5:00pm, Monday through Friday. Emergency Services are available on an on-call basis after normal operating hours.

D. Personnel:

In order to perform procedures, a minimum of three staff members are required, an RN and two Cardiovascular/Radiologic Technologists. Additional staff is added based on patient acuity and type of procedure performed. An emergency on-call team consisting of two RNs and two Cardiovascular/Radiologic Technologists is available after regular hours and on weekends and holidays.

INFUSION THERAPY (775)

A. Location:

Located on the first floor of the Children's Tower I. Complete range of outpatient services.

B. Patient Population: Ambulatory adults.

C. Services provided include:

1. Infusion therapy
2. Blood transfusion
3. Chemotherapy
4. Dec clotting catheters/ injections

D. The Infusion Therapy Suite operates from:

1. 8:00am to 5:30pm Monday through Friday
2. 8:00am to 12 noon on Saturday

E. Personnel:

The department is staffed with two RNs at a minimum.

ADULT EMERGENCY CARE SERVICES (780)

A. Location, Type of Unit, and Bed Capacity:

Adult Emergency care is located on the first floor of the Tower II with a bed capacity of 42 bays, 20 vertical treatment locations, and 12 chairs for low acute patients. The Trauma Center, which consists of 6 beds, and provides emergency care services 24 hours per day. Average number of patients treated yearly is approximately 110,000.

B. Patient Population and Most Frequent Diagnoses:

1. Patients 18 year of age through geriatrics (Trauma Center cares for ages 0 through geriatrics)

2. Immediate treatment and stabilization of any medical emergency
3. Initiate lifesaving procedures in all types of emergency situations
4. Chronic and minor medical problems and illnesses
5. Chest pain
6. Urinary tract infections
7. Abrasions
8. Sprains
9. Shortness of breath
10. Seizures
11. Severe or prolonged headaches
12. Alleged sexual assaults
13. OB/GYN disorders
14. Suicide Ideation
15. Drug ingestion
16. Trauma
17. CVA

C. Special Services:

1. Major diagnostic and therapeutic modalities include, but are not limited to, assisting with the delivery of:
 - a. Trauma resuscitation
 - b. Cardiac Alert response
 - c. Code White stroke response
 - d. Code Sepsis response
 - e. Starting intravenous lines
 - f. Splinting
 - g. Skin closures
 - h. Foley catheter placements
 - i. Monitoring e.g. cardiac, blood pressure, pulse oximetry
 - j. Gastric lavage
 - k. Advanced cardiac life support (ACLS) protocols
 - l. Patient education
- D. Patients with the following conditions may need to be transferred to another acute care facility after initial evaluation and treatment is provided:
 - a. Acute psychosis/psychiatric consultations
 - b. Full thickness/third degree burns involving more than 5% of the body
 - c. Digital or extremity amputations capable of re-implantation
- E. The hospital is integrated with other area hospitals into a community emergency medical services system.
- F. Participates in Nevada's 911 system and maintains a state of disaster preparedness.
- G. Physicians:
 - a. Contracted group of experienced emergency physicians
 - b. Includes Medical Director for Emergency Services
 - c. The Adult Emergency Department is covered by on-duty physicians. All Emergency Department physicians are required to be available, by pager, two hours prior to the scheduled start time of their shift. They are also required, if needed, to remain up to two hours after the scheduled end of their shift.
 - d. Trauma Surgeons and related services (see Trauma Services).

- H. Specialty consultation is provided on a 24 hour basis by credentialed members of the medical staff.
- I. All patients from other hospitals' Emergency Departments in need of specialized services available at Sunrise Hospital and Medical Center will be accepted. An Emergency Department physician may not refuse to accept a patient in transfer who requires specialized services available at Sunrise Hospital and Medical Center. The administrator-on-call will be contacted if any questions arise.

PEDIATRIC EMERGENCY CARE SERVICES (781)

A. Location, Type of Unit, and Bed Capacity:

Pediatric Emergency Services is located on the first floor of Tower II with a bed capacity of 21 and provides emergency care services 24 hours per day. Average number of patients treated yearly is approximately 31,000.

B. Patient Population and Most Frequent Diagnoses:

1. Neonates to seventeen years of age
2. Immediate treatment and stabilization of any medical emergency
3. Initiate lifesaving procedures in all types of emergency situations
4. Chronic and minor medical problems and illnesses
5. Asthma/pneumonia
6. Urinary tract infections
7. Fever/sepsis
8. Sprains
9. Croup
10. Seizures
11. Severe or prolonged headaches
12. Alleged sexual assaults
13. OB/GYN disorders
14. Suicide gestures
15. Drug ingestion
16. Trauma

C. Special Services:

1. Major Diagnostic and therapeutic modalities provided include, but are not limited to:
 - a. Trauma Resuscitation
 - b. Starting intravenous lines
 - c. Splinting/Casting
 - d. Skin closures
 - e. Foley catheter placements
 - f. Monitoring e.g. cardiac, blood pressure, pulse oximetry
 - g. Gastric lavage
 - h. PALS protocols
 - i. Patient education
 - j. Educational preparation for procedures
 - k. Child Abuse Medical Assessment program 24 hours per day (SCAN- Suspected Child Abuse and Neglect)
2. Patients with the following conditions may need to be transferred to another acute care facility after initial evaluation and treatment is provided:

- a. Acute psychosis/psychiatric consultations
- b. Full thickness/third degree burns involving more than 5% of the body/burns of the hands, face or perineum
- c. Digital or extremity amputations capable of re-implantation
3. The hospital is integrated with other area hospitals into a community emergency medical services system.
4. The hospital participates in Nevada's 911 systems and maintains a state of disaster preparedness.
5. Physicians:
 - a. Contracted group of experienced pediatric emergency physicians
 - b. Includes Medical Director for Emergency Services
 - c. Staffing coverage is on a rotation schedule allowing for one to two physicians on duty at all times.
 - d. Trauma Surgeons and related services (see Trauma Services)
6. Specialty consultation is provided on a 24 hour basis by credentialed members of the medical staff.
7. All patients from other hospitals' Emergency Departments in need of specialized services available at Sunrise Hospital and Medical Center will be accepted. An Emergency Department physician may not refuse to accept a patient in transfer who requires specialized services available at Sunrise Hospital and Medical Center. The administrator-on-call will be contacted if any questions arise.

TRAUMA SERVICES (782)

A. Location:

The Trauma Services Office is located at 3196 S. Maryland Pkwy Suite 101.

B. Patient Population:

Patients served range from newborn to geriatric.

C. Special Services:

1. The primary purpose of Trauma Services is to organize and maintain the Trauma Program/Center at Sunrise Hospital. The Trauma Center, in turn, is established to provide 24 hour readiness and care for severely injured and potentially severely injured patients. This delivery of care begins with education and training of pre-hospital, hospital and medical personnel, includes public programs for trauma education, injury prevention, and concludes with trauma rehabilitation.
2. Trauma Services delivers tertiary level care to severely injured patients by established regional, state and national standards. It is the responsibility of the Trauma Program Director, in conjunction with the Trauma Medical Director and Trauma Performance Improvement RN to maintain the overall standard of care delivered to trauma patients through oversight and study of internal and external audits. These standards include but are not limited to, the American College of Surgeons verification criteria, The Joint Commission, State and local quality of care standards.
3. The Sunrise Hospital Trauma Program also has fully committed its extensive resources in emergency medicine, diagnostic imaging support, pharmacy, laboratory and blood bank capable of supporting massive blood transfusion needs for trauma patients, 24 hour in-house surgical team, a dedicated Trauma ICU, a PICU with trauma-trained staff, further medical staff support for orthopedic, anesthesiology, and neurosurgery patient needs.

BEHAVIORAL HEALTH HOLDING (BHH) (776)A. Location, Type of Unit, Bed Capacity:

Behavioral Health Holding (BHH) is located on the first floor of Tower I adjacent to MRI with a bed capacity for 33 patients. BHH provides a safe environment for behavioral patients prior to psychiatric placement or discharge. BHH services are provided 24/7/365.

B. Patient Populations and Most Frequent Diagnoses:

1. Patients range in age from 18 years to geriatric
2. Patients requiring observation prior to safe discharge
3. Patients awaiting transfer to specialty facilities for psychiatric and/or substance abuse treatment

C. Special Services:

To provide a safe environment for patients requiring ongoing observation for substance abuse and/or behavioral needs. This patient population is monitored every 15 minutes for safety a staff member. The unit is also continuously monitored by cameras.

D. Personnel:

The department is staffed with Registered Nurses, Certified Nursing Assistants, and two Public Safety Officers.