

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

Nursing Policy

23 July 2005

Scope of Patient Care and Service

- 1. UNIT TITLE:** Pediatric Sedation Unit, Ward 52, SE Quadrant, Building 2, WRAMC
- 2. DESCRIPTION:** The Pediatric Sedation Unit is a 5 bed Short Stay Ambulatory Procedure Unit. The average length of stay is 5 hours, which allows an average of 4-5 cases daily.
- 3. PATIENT POPULATION SERVED:** The Pediatric Sedation Unit serves patients ranging in age from neonate through young adulthood. The sedation unit receives referrals from the civilian and Tri-Care provider base for children with beneficiary status. These children are eligible for care as designated by the Defense Eligibility and Enrollment Reporting System (DEERS) and the Patient Administration Department. The children come from all over the world via Medical Evacuation, the North Atlantic Regional Medical Command (NARMC), or the Walter Reed Health Care System. The Sedation Unit provides nursing support for sedated procedures from the Pediatric Inpatient Unit and nursing support to the Anesthesia Department for ASA III category patients and/or deep sedation on an individually approved basis.
- 4. CONDITIONS AND DIAGNOSES TREATED:** The Pediatric Sedation Unit is a multi-service ambulatory procedure unit that provides planned sedation for category ASA I and II children and developmentally delayed adults. ASA category III children are sedated only after consultation with Pediatric Critical Care or Anesthesia Services. The primary sedation level planned is moderate. This level allows the child to remain safe, still, and unafraid during potentially fearful procedures i.e. MRI, CT. Children are provided analgesics with sedation for painful procedures. The Pediatric Sedation Unit will provide nursing support for deep sedation only after special collaboration with the Pediatric Critical Care Team or Anesthesia. The Sedation Unit performs non-sedated pediatric nursing procedures when needed to support various hospital ambulatory care services. Both sedated and non-sedated children range from completely healthy with a rule-out problem diagnosis to chronically, including terminally, ill children and developmentally delayed adults needing diagnostic or health promotion procedures.
 - a. High Volume:
 - 1) MRI evaluations
 - 2) EEG evaluations
 - 3) Endoscopies
 - 4) CT Scans

- b. High Risk:
 - 1) Moderate Sedation of ASA II-III children
 - 2) Deep Sedation
- c. Problem Prone:
 - 1) Autistic children
 - 2) Developmentally delayed children
- d. High Cost: Children requiring admission
- e. Excluded Patients/Services
 - 1) Anesthesia level sedation
 - 2) Healthy adult populations
 - 3) Emergency cases
 - 4) Overnight, weekend, or holiday support

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Polices
- e. Unit level standard operating procedures
- f. American Nurses Association, Scope and Standards of Practice, 2004.
- g. American Academy of Pediatrics Redbook, 25th ed. 2000
- h. Bartelmo, Joanne. Best Practices: A Guide To Excellence in Nursing Care. Lippincott, 2003.
- i. Behrman, Kliegman, Jenson. Nelson Textbook of Pediatrics, 16th Edition, 2000.
- j. Barone, The Harriet Lane Handbook, 14th ed. Mosby, 1996
- k. Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E., Wong's Nursing Care of Infants and Children, 7th Ed., Elsevier, 2003.
- l. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- m. Nursing Care of Infants and Children, 7th Ed., Elsevier, 2003.

6. TREATMENTS AND ACTIVITIES PERFORMED: The primary mission is to induce mild to moderate sedation in children for the supported services and procedures. The Anesthesia Department guidelines and Medical Director of the Pediatric Sedation Unit direct all medical practice. All nursing activities are performed in accordance with the Scope of Nursing Practice and Competency Based Orientation. Common clinical activities include: admission and discharge assessments, patient and family teaching, venipunctures, peripheral intravenous therapy, monitoring, medication administration, urinary catheterization, naso-gastric tube insertion, oral or naso-gastric suctioning, oxygen therapy, vital signs monitoring, pain management, and ongoing patient assessments and documentation of nursing and medical intervention.

7. PERSONNEL PROVIDING CARE:

a. Nursing:

- 1) Registered nurses
- 2) Licensed practical nurses
- 3) Nursing Assistants

b. Other Personnel:

- 1) Pediatric Nurse Practitioner
- 2) Physicians
- 3) Medical Records Technician

c. Staffing Management:

1) Minimum patient care requires: 1) A sedation-trained Licensed Independent Practitioner (LIP) to provide medical oversight for all children who receive sedation. 2) A sedation-trained Registered Nurse assisted by a Licensed Practical Nurse. Patients are scheduled using a scheduling template that allows for scheduling patients appropriate to the planned available staffing.

2) Unit core staffing plan

	ASAM Authorization 0202	Staffing Matrix (Ex LIP)
RN	3	3
LPN	2	1

8. HOURS OF SERVICE: 0630 to 1630 hours Monday through Friday