

Non-Children's of Alabama Staff Information Handbook

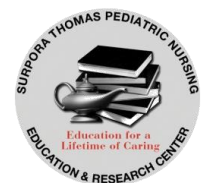


CHILDREN'S OF ALABAMA

*TRUST INNOVATION TEAMWORK
COMMITMENT TO CHILDREN*

COMPASSION FOR EMPLOYEES, PATIENTS AND FAMILIES

Developed by: The Surpora Thomas Pediatric Nursing Education & Research Center



* All starred items must be discussed with students by instructors during orientation.

MISSION*

To provide the finest pediatric health services to all children in an environment that fosters excellence in research and medical education. *Children's of Alabama* will be an advocate for all children and work to educate the public about issues affecting children's health and well-being.

VISION*

...A better childhood for all children. We envision a community where all children have access to healthcare, live in safe neighborhoods, grow up in economically-stable families and attend functional schools within communities that value each child as a unique human being.

VALUES*

Compassion, commitment, innovation, trust and teamwork

QUEST FOR ZERO - SOLUTIONS FOR PATIENT SAFETY COLLABORATIVE



Children's of Alabama continues to integrate its existing patient safety initiatives to match the national goals of the Solutions for Patient Safety (SPS) Collaborative.

A key component of the SPS process is the development and use of evidence-based process "bundles" (similar to a checklist) to standardize and improve care. Over the past several months Children's Quality Improvement Committee (QIC)

has approved bundles for eight of the Hospital Acquired Conditions. Training videos are being developed for each as the organization continues its "Quest For Zero." Children's is actively sharing and receiving feedback from the collaborative group and the QIC is actively reviewing options to provide ongoing updates to the Board and employees about Children's results.

The "Quest" is to work with the 70-plus other Solutions for Patient Safety hospitals to focus attention, expertise and effort toward the goal of eliminating medical harm to our patients – until we can guarantee zero harm to our patients our work continues. There are nine areas of emphasis. These nine Hospital Acquired Conditions (HACs; see sidebar), along with decreasing readmissions, are the nationwide focal point for this initiative.

CoA 2013 strategic Plan includes the 2 major goals of SPS along our 2013 objectives.

- Reduce preventable Hospital-acquired conditions by 20%
- Reduce hospital re-admission by 10%

Using SPS format focusing on 9 specific Hospital Acquired Conditions (HACS)

The Hospital Acquired Conditions, not including readmissions are:

1. Catheter associated urinary tract infections. (CAUTI)
2. Surgical site infections (SSI)
3. Central line associated blood stream infections (CLABSI)
4. Ventilator associated pneumonia (VAP)
5. Venous thromboembolism (VTE)
6. Pressure ulcers
7. Adverse drug events (ADE)
8. Serious safety events (SSE)
9. Falls

These conditions or areas of potential error or harm were chosen by the SPS Collaborative in coordination with patient safety goals set by the several entities including the Federal Centers for Medicare and Medicaid Services.

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GENERAL HOSPITAL INFORMATION*

Identification

All Non-Children's of Alabama (COA) nurses must wear their appropriate ID badge during the time they are on COA campus.

Smoking

This is a Smoke Free Facility so No smoking is allowed in any Children's of Alabama buildings or parking lot.

Fire Safety

If you discover or suspect a fire, remember the acronym "RACE"

- R** Rescue anyone in immediate danger
- A** Activate fire alarm, call the **operator at 638-9288**, call **911**
- C** Contain the fire (close patient rooms and corridor doors)
- E** Extinguish or Escape, Extinguish the fire with a fire extinguisher if possible, or Escape/leave the area if the fire is too big to extinguish

If the fire is small use a fire extinguisher using the PASS method:

- P** Pull the pin
- A** Aim the nozzle at the base of the fire
- S** Squeeze the handle
- S** Sweep the nozzle from side to side

Fire Drills are conducted regularly at COA. A wooden Redbird is used to simulate a fire. If you see the Redbird, please use RACE as you would for an actual fire. Do not discharge a fire extinguisher during a drill.

Do not ride an elevator during a fire.

Hazardous Chemicals

Safety Data Sheets Location: Desktop COA Resources icon on computers then the SDS info link. All Safety Data Sheets information can be accessed through this site.

Firearms

No firearms are allowed in a COA building. The only exceptions are COA security officers or City, County, State or Federal enforcement officers.

Severe Weather

Tornado warnings are announced over the paging system. Close the windows/blinds, move away from the windows and follow instructions from staff.

The overhead paging related to Tornados are being replaced with "plain language" codes

Previous

Prepare Code T (Possible Tornado)
Code T (Tornado sited)

New

SEVERE WEATHER WATCH
SEVERE WEATHER WARNING

Telephone

Emergency number: 89288

Security: 84444

Outside call—press 9 then the number

CAP "City Action Partnership" (for minor car trouble only on COA Parking lots – such as flat tire, keys locked in car, dead battery etc.): 251-0111

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Pager Codes

Resident Physician Patient Code WILL STAY THE SAME

Previous color codes are being replaced with “plain language” codes.

Previous

Dr. Redbird (Fire)
Dr. Amber (Fire / Alarm All Clear)
Pink (Infant Abduction)
Purple (Patient Elopement)
Yellow (Internal or External Disaster)
Yellow Clear (Disaster Clear)
Orange (See below)
Orange Clear

New

FIRE ALARM
FIRE ALARM CLEAR
MISSING PERSON ALERT
MISSING PERSON ALERT
DISASTER, PREPARE FOR SURGE
DISASTER SURGE CLEAR
LOCKDOWN IN EFFECT
LOCKDOWN CLEAR

Lockdown In Effect

Depending on the nature of the threat it may be necessary to lockdown in area, defend (take shelter) –in-place, or evacuate an area. Examples included:

- a. Unauthorized person in the hospital
- b. Missing person
- c. Armed threat in the hospital
- d. Bomb threat
- e. Fire
- f. Biologic or Pandemic

Staff may use the acronym “RACE” in the event of a lockdown.

- a. Remove patients from immediate danger
- b. Alarm, notify security at 638-4444**
- c. Contain the threat (close and lock doors)
- d. Enhance your position, turn off lights, establish communication, and erect additional barriers

Paging Beepers

In-House: Dial 8-9999 inside the hospital or 638-9999 outside the hospital
Wait for the recorded voice to tell you to enter ID number
Key in the 4 digit number of the pager you want to page and press #
You will then hear whether the caller is in the hospital on pager or out of hospital. At this time you enter the number to which you want the person to call.

7 Digit: Dial 9
Dial pager number
Wait for ring and series of beeps
Dial extension you want person to call
Hang up

Smart Web Phone Book: Located on Desk Top of CoA computers

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CODE OF CONDUCT*

You are expected to conduct yourself in a manner favorable to the Children's of Alabama at all times. Your conduct reflects on our organization and influences how patients, parents, visitors, physicians, and the community perceive Children's. The Code directs you to conduct your duties in an honest, professional, and proper manner. Failure to comply with the Code or other compliance requirements is a serious matter that can negatively impact our reputation and lead to disciplinary action or termination of services. It is your responsibility to learn, understand, and obey the rules.

The Conduct Commitments are behaviors required of everyone representing Children's:

1. Obey the Law
2. Provide Quality Care
3. Maintain a Safe Environment
4. Respect Privacy and Confidentiality
5. Promote a Positive Work Environment
6. Avoid Conflicts of Interest
7. Use Company Assets Appropriately
8. Maintain Accurate Patient and Business Records
9. Ensure Accurate Coding & Billing Practices
10. Display Ethical Behavior
11. Conduct External Relations Appropriately
12. Cooperate with Government Authorities

If you become aware of a possible violation of this Code, a law, regulation, policy, or procedure, it is your responsibility to report the violation. Ways to report include:

1. Seek guidance from your supervisor. If you are not comfortable discussing a suspected violation with your supervisor or if you speak with your supervisor and are not satisfied with the resolution, you may:
2. Report the situation to the Corporate Compliance Officer, Cindy Rogers, **205-638-9006**, or
3. Call the Hotline **800-624-9775** (Reports can be made anonymously), or
4. Report the situation using the online reporting website (Reports can be made anonymously) at <https://www.integrity-helpline.com/childrensal.jsp>

Every effort will be made to protect your confidentiality to the extent allowed by law.

Reports of possible violations are communicated to authorized individuals on a need-to-know basis. You are protected by hospital policy and federal law from retaliation for making a truthful and accurate report.

Please read the entire Code of Conduct at <http://compliance.childrensal.org>

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INFECTION PREVENTION and CONTROL*

Three of the most effective personal behaviors for you to practice, while providing care, to prevent yourself from getting sick are:

1. Wash your hands frequently
 - a. Using soap and water
 - b. Alcohol based hand gel (if hands are not visibly soiled)
2. Keep your hands below your chin at all times. This will prevent you from touching your nose or eyes.
3. No consumption of food/beverages or applying makeup in any area where body fluids are handled.

COA follows two groups of precautions “Standard Precautions” and “TRANSMISSION BASED PRECAUTIONS” for the prevention of disease transmission. Transmission based precautions are divided into three categories: airborne, droplet, and contact. These precautions are work practices that help prevent the spread of certain contagious illnesses. These precautions are aimed only at the way that diseases are **KNOWN** to spread.

1. Standard Precautions

- a. Applies to the care of all patients whether or not they have a confirmed or suspected diagnosis.
- b. Use standard precautions during any procedure where there is a chance of exposure to blood, body fluids, secretions, and excretions (except sweat) and with contact with broken skin and mucous membranes
- c. Standard precautions consist of using gowns, gloves, masks, protective eye wear, etc when deemed necessary

2. Airborne Precautions (BLUE Isolation Sign)

- a. Applies to diseases which travel and stay suspended in the air
- b. Examples are Tuberculosis, Measles, Chicken-pox, and SARS
- c. Depending on illness, patients may be placed in a private room or negative pressure room, N95 mask may be worn
- d. Only persons immune to Chicken-pox and Measles may provide care to the patient

3. Droplet Precautions (YELLOW Isolation Sign)

- a. Applies to diseases that travel on large respiratory droplets from the nose or mouth and on objects in close range of the patient.
- b. Mask required for all patient contact. Always wear a mask upon entering the room of a patient on Droplet Precautions.
- c. Common examples where droplet precautions are used: Pertussis, Neisseria meningitidis, H. Flu, Rubella, Mumps, Strep, Mycoplasma pneumonia, Influenza

4. Contact Precautions (ORANGE Isolation Sign)

- a. Applies to diseases which are only transmitted by direct contact with intact skin or the patient’s environment
- b. Gown and gloves required for all contact with patient and patient’s environment
- c. Common examples where contact precautions are used: Rotavirus, RSV, MRSA, C. Difficile, Lice, Impetigo, Parainfluenza, Shigella, Salmonella, Herpes

If an exposure to blood or body fluids occurs, please contact Infection Control immediately at **205-638-2310 or beeper #3812** between the hours of 8:00-4:30, after hours, weekends, and/or holidays, please call the on-call Infection Prevention nurse. The on call nurse can be reached through the operator or via the intranet. Initial evaluation will be done through COA. Follow-up appointments will take place with your health care provider

For consultation, please call Infection Prevention and Control at **638-9265** or **638-6269** or **638-9763**; Beepers #6160, #6624 and #3812.

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PATIENT SAFETY GOALS*

Goal 1: Improve the accuracy of patient identification

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

NPSPG.01.01.01 Use at least two patient identifiers (neither to be room number or patient location) whenever administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures. Containers used for blood or other specimens must be labeled in the presence of the patient. **Each** time you enter your patient's room to perform **any** task, you must check your patient's armband for their name and medical record number (the two patient identifiers) and physically compare this to something specific to the intervention you are performing to confirm that you have the correct patient. For example, compare the name and medical record number on the armband to the name and medical record number on the blood or clinical specimen label, medication label, or doctor's order for the medication, treatment, or procedure. Note: For Outpatient CBH, PPS and patients with skin integrity issues verbal identification is acceptable. This may be done by asking the patient's name and date of birth as open ended questions for verification. Refer to ADM C-15 ADM-SG-00.

NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification. Utilize a 2 person verification process matching the blood or blood component to the order and the patient to the blood or blood component. The blood or blood component must be matched by comparing the patient's name and medical record number on their armband to the label on the blood or blood product. One of the 2 people performing the verification must be the qualified transfusionist who will be administering the blood or blood component. Refer to EBCPM 9.01)

Goal 2: Improve the effectiveness of communication among caregivers.

Please note that this is no longer a TJC NPSG but rather a TJC standard.

Abbreviation NOT to be used	Rationale	Use Instead
U (for unit)	Mistaken as zero, four or cc	Write "unit"
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten)	Write "international unit"
Q.D. QD, q.d. qd (Latin abbreviation for once daily)	Mistaken for Q.O.D. The period after the Q can be mistaken for an "I"	WRITE "DAILY"
Q.O.D., QOD, q.o.d., qod (Latin abbreviation for every other day)	Mistaken for Q.D. The "O" after the Q can be mistaken for an "I"	Write "every other day"
Trailing Zero* (X.0 mg)	Decimal point is missed	Never write a zero by itself after a decimal point (X mg)
Lack of Leading Zero (.X mg)	Decimal point is missed	Always use a zero before a decimal point (0.X mg)
MS	Confused for MSO ₄ or MgSO ₄ . Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" or "magnesium sulfate"
MSO ₄	Confused for MS or MgSO ₄ . Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MgSO ₄	Confused for MS or MSO ₄ . Can mean morphine sulfate or magnesium sulfate	Write "magnesium sulfate"

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NPSG.02.03.01 Report Critical results of tests and diagnostic procedures on a timely basis. Critical results of tests and diagnostic procedures fall significantly outside the normal range and may indicate a life threatening situation. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated.

**Trailing zeros may be used in non-medication-related documentation when there is a clear need to demonstrate level of precision, such as for laboratory values, imaging studies, measurement of lesion sizes, or catheter and therapeutic tube sizes.*

Goal 3: Improve the safety of using medications.

Please note that this is no longer a TJC NPSG but rather a TJC standard.

These look-alike sound-alike drugs at COA are:

Look-A-Like	Pairs
Calcium gluconate	Calcium glubionate
Carboplatin	Cisplatin
Calciferol	Calcitriol
Celebrex	Cerebyx
Clonazepam	Clonidine
Cyclobenzaprine	Cyproheptadine
Daunorubicin	Doxoubicin
Depo-Provera	Depo-Medrol
Dopamine	Dobutamine
Ephedrine	Epinephrine
Fentanyl	Sufentanil
Insulin ALL	Insulins
Guaifenesin	Guanfacine
Heparin	Heparin
Hydralazine	Hydroxyzine
Indocin (indomethacin)	Adenocard (adenosine)

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Lamivudine	Lamotrigine
Levocarnitine	Levitracetam
Nadolol	Haloperidol
Pentobarbital	Phenobarbital
Prednisolone	Prednisone
Prilosec	Prozac
Renagel (sevelamar hydrochloride)	Renvala (sevelamer carbonate)
Retrovir	Ritonavir
Td	Tdap
Tdap	DTaP
Vinblastine	Vincristine
Wellbutrin SR	Wellbutrin XL
Zantac	Zyrtec

NPSG.03.04.01 Label all medication, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings. This practice is consistent with safe medication practices and addresses a recognized risk point in the safe administration of medication in perioperative settings.

1. The label must include
 1. Drug name
 2. Strength
 3. Amount (if not apparent from container)
 4. Expiration date when not used within 24 hours
 5. Expiration time when expiration occurs in less than 24 hours
 6. For IV admixtures and parenteral nutrition solutions the date prepared and diluent
1. The medication should be labeled even if there is only one medication being used.
2. Labeling must occur when any medication or solution is transferred from the original package to another container.
3. All labels are verified both verbally and visually by two qualified individuals when the person preparing the medication is not the person administering the medication.
4. No more than one medication is labeled at a time.
5. Any medication or solution found unlabeled is immediately discarded.
6. All original containers remain available for reference in the perioperative area until conclusion of the procedure. All labeled containers on sterile field are discarded following the procedure.
7. At shift change or break relief, all medication and/solutions both on and off sterile field are reviewed by entering and exiting personnel.

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NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. Anticoagulation therapy requires complex anticoagulation medication dosing, monitoring, and strict patient compliance with therapy. The use of standardized practices that include patient and family involvement and individualized care planning can reduce the risk associated with the use of anticoagulant medications. COA has developed standardized order sets for all anticoagulant medications. These standardized order sets are available in Easy ID and include dosing guidelines, as well as consults and laboratory tests to be ordered. Refer to policy ADM-SG-09

NPSG.03.06.01 Maintain and communicate accurate patient medication information. Information is obtained from the patient when admitted to the hospital or seen in an outpatient setting about current medications. This information is compared with medications ordered by the prescriber and discrepancies are resolved appropriately. Upon discharge, the patient is provided written information about current medications and is taught about the importance of managing medication information. See policyADM-SG-07.

Goal 4: Not applicable

Goal 5: Not applicable

Goal 6: Reduce the harm associated with clinical alarm systems.

NPSG.06.01.01 Improve the safety of clinical alarm systems, Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. This is a multifaceted problem. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarms signals resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow. COA has developed an alarm committee to address this patient safety goal.

Goal 7: Reduce the risk of health care associated infections.

Compliance with CDC hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of healthcare associated infection.

NPSG.07.01.01 Hand hygiene means following specific CDC guidelines to reduce overall infection rates. Hand hygiene includes the following:

1. hand washing before and after you touch a patient
2. hand washing with soap and water when hands are visibly soiled
3. using an alcohol based hand rub when hands are not visibly soiled
4. wearing gloves
5. eliminating artificial nails

NPSG.07.03.01 Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms. **The COA has developed policies and protocols to manage multi-drug resistant organisms such as Methicillin Resistant Staphylococcus Aureus, Vancomycin Resistant Enterococcus and Clostridium Difficile. Compliance to the CDC Hand Hygiene Guidelines, Isolation Precaution guidelines and Environmental Infection Prevention guidelines will help reduce transmission of these organisms. See the Infection Prevention and Control Policy and Procedure Manual, Section 2 Hand Hygiene Guidelines, Section 3 Isolation Precautions and Section 4 Environmental and Equipment Cleaning.**

NPSG.07.04.01 Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections. -COA has established a bundle for the insertion of and maintenance of any central line. These bundles include specific guidelines that are to be following when inserting and caring for a central line to prevent bloodstream infections. In addition, all lines are to be assessed daily for necessity and should be removed to reduce the risk of infection. See EBCPM 8.09 and 8.15.

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NPSG.07.05.01 Implement best practices for preventing surgical site infections. COA is focusing on components of surgical site infection prevention by the using prophylactic antibiotics, preventing hypothermia, and using clippers and depilatories instead of shaving. COA has developed an education program for staff and licensed independent practitioners involved in surgical procedures regarding surgical site infections. We have also developed an education program for patients and their families regarding surgical site infection and preoperative bathing and hair washing. COA is conducting periodic risk assessments for surgical site infections and we are also monitoring the surgical site infections rates. There is a toolkit on the COA Intranet site regarding Surgical Site Infection Prevention.

Goal 14: Not applicable.

Goal 15: The organization identifies safety risks inherent in its patient population.

NPSG.15.01.01 The organization identifies patients at risk for suicide. Currently, all patients admitted to who present with a primary complaint that is emotional or behavioral in nature are assessed for suicide at admission and daily. For outpatient settings, patients are assessed at their initial appointment and reassessed as needed. See policy ADM-SG-11

Universal Protocol

Wrong site, wrong procedure, wrong person surgery can be prevented. The universal protocol is intended to achieve that goal. The protocol is based on principles that include active involvement and effective communication among members of the team, consistent implementation of a standardized approach using a universal, consensus-based protocol, a requirement for site marking of cases involving right/left distinction, multiple structures or levels and a requirement that the universal protocol is applicable to all operative and other invasive procedures including procedures done in settings other than the operating room.

The following steps, taken together, comprise the Universal Protocol for eliminating wrong site, wrong procedure, wrong person surgery:

1. Pre-operative verification process to ensure all relevant documents and studies are available prior to the start of the procedure.
2. Marking the operative site to identify unambiguously the intended site of incision or insertion
3. "Time out" immediately before starting the procedure to ensure correct patient, procedure, site and, as applicable, implants.

(Source: "Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery"TM)

Verification procedures have been established for procedures performed in the operating room and in all non-OR settings. Refer to Surgical Services "Verification of the Operative Procedure" policy and ADM-SG-01.

For all invasive procedures performed in the operating room and non-OR settings, the following items must be verified:

1. Relevant documentation (i.e. history and physical, consent form, allergies, etc)
2. Labeled test results (i.e. radiology images, lab results, etc)
3. Any specific equipment, blood products, devices, prophylactic antibiotics, etc. that may be needed for the procedure

Site marking should be done for all procedures when there is more than one possible location for the procedure (i.e. laterality) and when performing the procedure in a different location would negatively affect the patient. Also, if multiple procedures are to be performed, each incision site must be marked. A final verification of the patient, site, procedure.

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Patient Safety

COA strives to continually improve the quality and safety of the care provided to our patients. In order to do this, errors, near misses, and concerns must be reported. COA has an online incident reporting system, Patient Safety Reporting System (PSR) which resides on all desktops within COA. The purpose of our online reporting system is to provide a way for staff to voice patient safety issues such as errors, near misses, safety concerns, and evaluation reports. Each report is incredibly important as it helps identify areas for improvement. In addition, it provides a method for identifying the great work that is going on in making good catches!

COA also has a Patient Safety Hotline and Email Address for both staff and patients/families to report great catches or patient safety concerns. The hotline and email are checked every morning (M-F) and if a name is left, the reporter will be contacted with follow up to the report.

Patient Safety Hotline: 638- 9876

Email: Patientsafety@childrensal.org

Privacy

The privacy of a patient's medical information is important to us. We are dedicated to keeping our patients' health information private and secure. COA is required to comply with the federal law, Health Insurance Portability and Accountability Act of 1996, which addresses the privacy and security of confidential health information.

Ethics

COA adheres to the COA Code of Business Conduct as well as the American Nurses' Association Code of Ethics for Nurses. When a concern arises regarding what action is best for a patient, resolution should occur through communication and discussion. When a resolution cannot be reached, issues may be brought to the attention of the Medical Staff and Administration via the Medical Staff Hotline at 205-939-9876. Should an issue need immediate attention, contact the Ethics Committee Chair or the Administrator on Call at 205-939-9100.

COMMUNICATION TECHNIQUES BETWEEN STAFF MEMBERS *

IPASS: STANDARDIZED HANDOFF

SBAR: FOR EFFECTIVE COMMUNICATION BETWEEN STAFF

* All starred items must be discussed with students by instructors during orientation.

IPASS: STANDARDIZED HANDOFF – *

For transferring of professional responsibility for patients from one care giver to another

- I – Illness severity
- P – Patient summary
- A – Action list for the next team
- S – Situation awareness and contingency plan
- S – Synthesis and “read back” of the information

<h1>Sample Verbal Handoff</h1>		
I	Illness Severity	OK, this is our sickest patient, and he’s full code.
P	Patient Summary	AJ is a 4-year-old boy with a history of ex 26-week gestation admitted with hypoxia and respiratory distress secondary to a left lower lobe pneumonia. He presented with cough and high fevers for 2 days before admission, and on the day he presented to the emergency department he had worsening respiratory distress. In the emergency department, he was found to have an Na of 130, likely secondary to volume depletion versus syndrome of inappropriate secretion of antidiuretic hormone. He received a fluid bolus and was started on O ₂ at 2.5 L. He is on Ceftriaxone.
A	Action List	Please look in on him at approximately midnight and make sure his vitals are unchanged and his oxygen saturation is stable. Check to determine if his blood culture is positive tonight.
S	Situation Awareness and Contingency Planning	If his respiratory status worsens, please get another chest radiograph to determine if he is developing an effusion.
S	Synthesis by Receiver	OK, so AJ is a 4-year-old ex-premie admitted with hypoxia and respiratory distress secondary to a left lower lobe pneumonia on Ceftriaxone, O ₂ , and fluids. You want me to check on him at midnight to make sure he’s stable and check his blood culture. If his respiratory status worsens, I will repeat a radiograph to look for an effusion. I think I have it.

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SBAR: FOR EFFECTIVE COMMUNICATION BETWEEN STAFF *

- A Structured Communication Process
- A Shared Structure for Team Communication
- Effective Communication Improving Patient Safety
- A Communication Tool for Safer Health Care

S – Situation
 B – Background
 A – Assessment
 R – Recommendation

<h1 style="font-size: 4em; margin: 0;">S</h1> <p style="margin: 0;">Describe SITUATION</p>	<p>My name is and I work (your service).</p> <p>I need to talk to you about:</p> <ul style="list-style-type: none"> <input type="checkbox"/> an urgent safety issue regarding (name of client) <input type="checkbox"/> a quality of care issue regarding (name of client) <p>I need about (minutes) to talk to you, if not now, when can we talk?</p> <p>I need you to know about:</p> <ul style="list-style-type: none"> <input type="checkbox"/> changes to a patient status <input type="checkbox"/> changes to treatment plan, procedures or protocols <input type="checkbox"/> environmental/organizational issues related to patient care 		
<h1 style="font-size: 4em; margin: 0;">B</h1> <p style="margin: 0;">Provide BACKGROUND</p>	<p>Are you aware of (specific problem)</p> <p>The patient is (age) and has a diagnosis of (diagnosis) as well as (diagnosis)</p> <p>He/She was admitted on (date) and is scheduled for discharge on (date)</p> <p>His/Her treatment plans related to this issue to date include (treatment)</p> <p>He/She is being monitored by (specialist) and has appointments for (procedures)</p> <p>This patient/family/staff are requesting that (requests)</p>		
<h1 style="font-size: 4em; margin: 0;">A</h1> <p style="margin: 0;">Provide client ASSESSMENT</p>	<p>I think the key underlying problem/concern is (describe)</p> <p>The key changes since the last assessment related to the specific concern are:</p> <table style="width: 100%; border: none;"> <tbody> <tr> <td style="vertical-align: top;"> <p>Person Level Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vital Signs/GI/ Cardio-Respiratory <input type="checkbox"/> Neurological <input type="checkbox"/> Musculoskeletal/Skin <input type="checkbox"/> Pain <input type="checkbox"/> Medications <input type="checkbox"/> Psychosocial/Spiritual <input type="checkbox"/> Sleep <input type="checkbox"/> Cognitive/Mental Status/ Behavioural <input type="checkbox"/> Nutrition/Hydration </td> <td style="vertical-align: top;"> <p>Activity/Participation/Functional Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADL <input type="checkbox"/> Transfers <input type="checkbox"/> Home/Community Safety <p>Environmental Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organizational/Unit Protocols/ Processes <input type="checkbox"/> Discharge Destination <input type="checkbox"/> Social/Family Supports </td> </tr> </tbody> </table>	<p>Person Level Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vital Signs/GI/ Cardio-Respiratory <input type="checkbox"/> Neurological <input type="checkbox"/> Musculoskeletal/Skin <input type="checkbox"/> Pain <input type="checkbox"/> Medications <input type="checkbox"/> Psychosocial/Spiritual <input type="checkbox"/> Sleep <input type="checkbox"/> Cognitive/Mental Status/ Behavioural <input type="checkbox"/> Nutrition/Hydration 	<p>Activity/Participation/Functional Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADL <input type="checkbox"/> Transfers <input type="checkbox"/> Home/Community Safety <p>Environmental Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organizational/Unit Protocols/ Processes <input type="checkbox"/> Discharge Destination <input type="checkbox"/> Social/Family Supports
<p>Person Level Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vital Signs/GI/ Cardio-Respiratory <input type="checkbox"/> Neurological <input type="checkbox"/> Musculoskeletal/Skin <input type="checkbox"/> Pain <input type="checkbox"/> Medications <input type="checkbox"/> Psychosocial/Spiritual <input type="checkbox"/> Sleep <input type="checkbox"/> Cognitive/Mental Status/ Behavioural <input type="checkbox"/> Nutrition/Hydration 	<p>Activity/Participation/Functional Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADL <input type="checkbox"/> Transfers <input type="checkbox"/> Home/Community Safety <p>Environmental Changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organizational/Unit Protocols/ Processes <input type="checkbox"/> Discharge Destination <input type="checkbox"/> Social/Family Supports 		
<h1 style="font-size: 4em; margin: 0;">R</h1> <p style="margin: 0;">Make RECOMMENDATION</p>	<p>Based on this assessment, I request that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> we discontinue/continue with <input type="checkbox"/> we prepare for discharge OR extend discharge date <input type="checkbox"/> you approve recommended changes to treatment plan/goals including <input type="checkbox"/> you reassess the patient's <input type="checkbox"/> the following tests/assessments be completed by <input type="checkbox"/> the patient be transferred out to.../ be moved to <input type="checkbox"/> you inform other team members/family/patients about change in plans <input type="checkbox"/> I recommend that we modify team protocols in the following ways <p>To be clear, we have agreed to... Are you ok with this plan?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I would like to hear back from you by <input type="checkbox"/> I will be in contact with you about this issue by 		

* All starred items must be discussed with students by instructors during orientation.

S • B • A • R

Before you call, be prepared! Be clear, concise, focus on the problem & only report what is relevant to the current situation!

Be sure you do the following:

- Assess the patient.
- Review appropriate parts of the medical record (eg, flow sheet, MAR, physician notes/orders, labs).
- Determine the appropriate person to call.
- Have the medical record available when you call.
- Use the following form to organize your conversation.

Situation: 5-10 second "punch line" – What is happening now? What are the chief complaints or acute changes?

This is _____ *I'm calling about* _____

Background: What factors led up to this event? Pertinent history (eg, admitting diagnosis) & objective data (eg, vital signs, labs) that support how patient got here.

The patient has _____

Assessment: What do you see? What do you think is going on? A diagnosis is not necessary; include the severity of the problem.

I think the problem is _____

Recommendation: What action do you propose? State what the patient needs (get a time frame).

I request that you _____

CHILD ABUSE AND NEGLECT* (Policy ADM-PC 13)

Red Flags for Suspected Child Abuse and Neglect

Behaviors/Risk Factors for PARENT/CAREGIVER

- Abuses alcohol and drugs
- Isolated from family, friends, communities, and other sources of support
- Difficulty controlling their anger
- Aggressive, hostile, or evasive
- Lacks interest in the care, nourishment, or safety of their children
- Apathetic or unresponsive
- Overly concerned about the child
- Has serious economic, housing, or personal problems
- Overwhelmed by problems of life
- History of being involved in domestic violence
- Alleged perpetrator has immediate access to the child
- Inappropriate expectations of the child based on developmental age

Behaviors/Risk factors for CHILD

- Nervousness around adults
- Fearful of parents
- Shy, withdrawn or provocative
- Aggressions toward adults and other children
- Inability to stay awake or concentrate for extended periods of time
- Sudden dramatic changes in personality or activities
- Acting out sexually or showing interest in sex that is inappropriate for his or her age
- Frequent or unexplained bruises or injuries
- Indiscriminant attachments
- Low self-esteem
- Poor hygiene
- Speech, sleep, eating disorders
- Fearful of divulging “family secrets”
- Previous diagnosis of abuse or neglect

Physical Indicators Associated with Suspected Child Abuse and Neglect

HEAD INJURY

Evidence of shaken infant syndrome

- Altered level of consciousness
- Closed head injury
- CNS hemorrhage
- Retinal hemorrhages
- Cerebral edema

SKELETAL INJURIES

- Rib fracture
- Metaphyseal avulsion fracture
- \geq two fractures, different stages of healing
- Skull fractures
- Long bone fracture in non-ambulating child
- Dislocation

WOUNDS/TRAUMA

- Blunt trauma to chest/abdomen
- Intrauterine abuse
- Alcohol or drug dependent newborn
- Gunshot wound
- Stab wound
- Bites
- Lacerations

BRUISES

- Bilateral periorbital ecchymosis
- Skin bruises/lacerations in shapes
- Circumferential injuries of extremities, neck
- Bruises in varying stages of healing
- Injury resulting from discipline

* All starred items must be discussed with students by instructors during orientation.

THERMAL BURNS

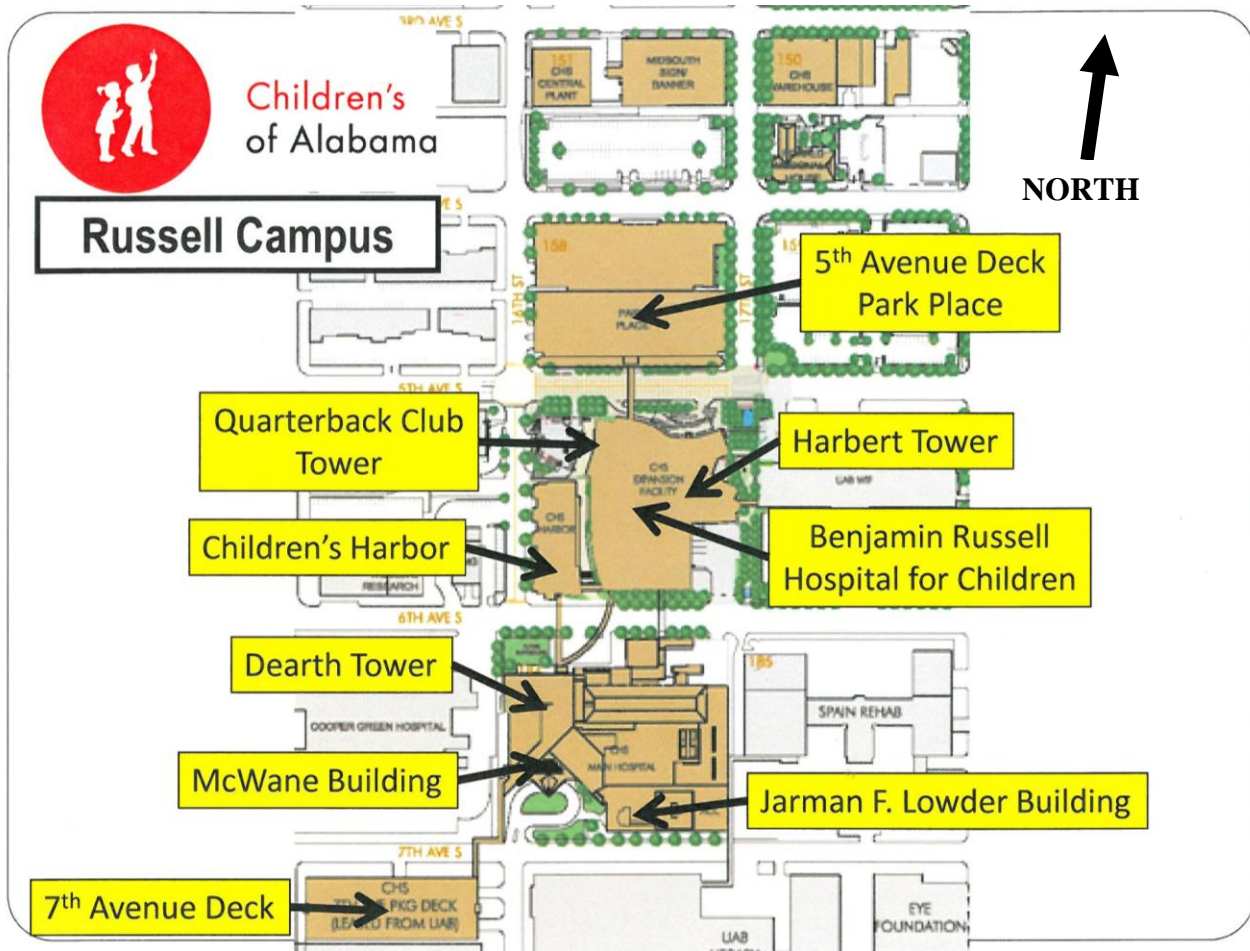
- Cigarette burns
- Glove/sock patterned liquid burn
- Iron burns
- Diaper area, doughnut-shaped burns
- Burns to back of hand/sole of foot
- Bilateral burns of injuries to hands

Indicators Associated With Suspected Sexual Abuse

Indicators/behaviors associated with **child sexual abuse:**

- Child or parent reports abuse
- Lack of trust
- Very withdrawn or depressed
- Self-destructive or suicidal
- Exhibits sexually aggressive or seductive behavior
- Inappropriate sexual play with peers, toys and themselves
- Sleep disturbances including bed wetting and nightmares
- Changes in attitude about school, church, and other social situations

Portions of the above information were taken from the publication, *What Everyone Can Do To Prevent Child Abuse*, U.S. Department of Health and Human Services.



GENERAL INFORMATION ABOUT UNITS/AREAS

The **BENJAMIN RUSSELL HOSPITAL FOR CHILDREN** Building has two towers starting on the 6th floor and up. The west tower is the **QUARTER BACK TOWER**. The patient rooms on each floor are numbered from X01 to X24. The east tower is the **HARBERT TOWER**. The patient rooms on each floor are numbered from X25 to X50.

The **MCWANE BUILDING** has the **DEARTH TOWER**. When the remodeling of the Dearth Tower is completed the patient rooms on each floor will range from X51 to X99.

BENJAMIN RUSSELL BUILDING

Emergency Department – 1st Floor

The Emergency Department has 53 beds (47 patient rooms, 4 resuscitation/trauma rooms, one minor procedure room and a pelvic examination room) to better serve the pediatric population. The patient census for the Emergency Department is 65,000 visits annually and provides 24-hour care for children presenting with illness or injury.

The Emergency Department serves a major role in Birmingham and the surrounding communities. The ED is a primary referral center for the pediatric population. The ED is an active participant with the Birmingham Regional Emergency Medical Services System and The Regional Poison Control Center is also located within the CoA.

The Emergency Department is staffed with qualified and highly trained Respiratory Therapists, Nurses, Nurse practitioners, and Physicians. All pediatric patients that present to the Emergency Department receive outstanding medical evaluation, stabilization and interventions by our trained staff.

The Emergency Department is an excellent advocate for patient education. Patient education starts at Triage and continues throughout the visit until discharge.

"Team Work" is the key word in working in the ED. The nurses and physicians work side by side in any given situation, from a child that comes in with a simple earache to a full arrest. The Emergency Department is a major teaching center for Nursing, EMT and Medical Students. All ED nurses are ENPC and PALS certified and actively participate as "preceptors" for both Nursing and EMT students in the Birmingham area and the surrounding communities during their Pediatric rotations.

The Emergency Department is recognized as a Level I Trauma Center in providing care for traumatically injured and burned pediatric patients. For those who enjoy working with pediatrics with acute or critical illness and injuries, the Children's Emergency Department is definitely the place to be.

Radiology – 1st Floor (West side)

Patient Health and Safety Information (formally The Check Center) – 2nd Floor Main Lobby

In patient Lab – 2nd Floor

In Patient Pharmacy – 2nd Floor

One Day Surgery – 3rd Floor

Post Anesthesia Care Unit – 3rd Floor

Cardiovascular Intensive Care Unit – 4th Floor

The Cardiovascular Intensive Care Unit (CVICU) provides state of the art care for neonatal and pediatric patients with acquired or congenital heart disease that requires intensive care management or close monitoring for conditions such as: co-morbidities of congenital heart disease, pre and post-operative cardiac surgery patients, dysrhythmias, cardiomyopathy, pre and post-operative care of heart transplants, and patients requiring Ventricular Assist Devices (VAD) or Extracorporeal Membrane Oxygenation. (ECMO)

CV Periop Unit – 4th Floor Benjamin Russell Hospital for Children

CV Periop is a blended unit providing pre and post-operative/post-procedure nursing care for the pediatric patient undergoing surgical and/or interventional procedures for congenital and acquired heart disease and interventional radiology procedures. This unit also provides limited clinic and urgent care services for cardiac and interventional radiology patients. The nurses in this unit specialize in all aspects of perianesthesia care: pre-admission testing, pre-operative/pre-procedure care and Phase I and II post-anesthesia recovery. All nurses rotate between the pre- and post-anesthesia areas of the unit. Nurse staffing schedules are flexible and adjusted to meet the needs of the patients and department, dependent on patient volume and acuity.

The CV Periop Unit has 10 pre/post operative beds and 6 PACU bays

CVOR – 4th Floor in the Benjamin Russell Hospital for Children

Children's Hospital of Alabama is the only hospital in the state providing surgical care for pediatric patients with complex congenital and acquired heart conditions. CVOR nurses are essential members of the interdisciplinary healthcare team specializing in the surgical care of the pediatric heart patient. Cardiac surgical services include procedures for congenital and acquired heart defects, cardiac transplants and placement of ventricular assist devices as a "bridge to transplant". In 2013 a total of 486 surgical cases were performed in the CVOR's two operating rooms and in outlier procedure areas (outlier areas include the CVICU, CV Hybrid Room, UAB Hospital CVOR and UAB Hospital RNICU). Staffing in the CVOR is decentralized and self-contained with the unit's nurses work in one of three roles:

- Circulating nurse: non-sterile team member, manages overall nursing care in the operating room including positioning and preparing the patient for surgery; establishing & maintaining the sterile field and nursing documentation
- Scrub nurse: sterile team member, prepares the sterile field and handles instruments and supplies during the procedure
- RN first assistant: sterile team member, directly assists the surgeon during the procedure, this includes providing exposure, hemostasis and suturing

Neonatal Intensive Care Unit – 6th Floor BRHC Quarter Back and Harbert Towers

The NICU is a Level III, 48 bed unit that includes 4 ECMO (Extra Corporeal Membrane Oxygenation) beds. These are the only neonatal ECMO beds in the state of Alabama. There are 24 beds in the Quarterback tower and 24 beds, including the 4 ECMO beds, in the Harbert tower. All patient rooms are private rooms allowing parents to stay overnight if desired.

Our patients are referred from other hospitals for subspecialty care, with diagnoses that include PPHN (Persistent Pulmonary Hypertension of the Newborn), gastroschisis, omphalocele, neural tube defects, other congenital anomalies, NEC (necrotizing enterocolitis), and management of BPD (bronchopulmonary dysplasia). These infants frequently require management of mechanical ventilation, continuous renal replacement therapy, peritoneal dialysis, multiple intravenous fluid and drug administration, monitoring of cardiovascular status, thermoregulation, and support of family structures including stress management, grief support, and enhancement of coping skills.

The RN staff is specifically skilled to assess and treat infants with complex, multi-system dysfunction. The nurse to patient ratio is usually 1:2, although occasionally, depending on the acuity of the patient, the ratio may be 1:1 or 1:3. The nursing staff, department director, nurse educator, and neonatal nurse practitioners, work closely with the NICU Interdisciplinary Team. The nursing staff is supported by Clinical Assistants and Unit Clerks on all shifts. The NICU Interdisciplinary Team includes neonatologists, surgeons, pharmacist, physical and occupational therapists, respiratory care personnel, chaplain, clinical nutritionist, and social worker.

Pediatric Intensive Care Unit – 7th Floor Quarter Back Tower

The Pediatric Intensive Care Unit (PICU) is a 22 bed unit, located on 7th floor quarterback in the Russell Building. PICU provides care 24 hours a day, 7 days a week for patients age 1 month to 18 years or older. PICU admits children with frequent diagnosis such as Trauma, Respiratory Failure, Ingestion, and surgical diagnosis such as Spinal Fusion, Craniotomy and ENT surgery.

The staffing mix consist of RN's, Clinical Assistants, Unit Clerks and Waiting Room Assistants. Staff duties are assigned by the Charge Nurse.

- The nurse to patient ratio may be 1:1, 1:2, or in extremely high acuity, 2:1.
- The Waiting Room Assistant is based in the waiting area and provides support for family members and other visitors.

Special Care Unit – 7th Floor Harbert Tower

The Special Care Unit is a 26 bed unit located on the seventh floor of the Harbert side of the Benjamin Russell Hospital for Children. It is an intermediate care unit designed to provide care for medical and surgical patients of all ages. The patients receive care from medical and surgical specialty physicians and private pediatricians. A multidisciplinary team approach is utilized, including medical and nursing staff, respiratory therapy, occupational/physical therapy, nutritionists, social workers, and child-life services.

Hematology / Oncology - 8th Floor Quarter Back Tower

Children's of Alabama's pediatric Hematology / Oncology department proudly serves a diversity of patient populations throughout the Southeastern United States. Patients' ages typically range from birth through adolescence with a variety of hematological and oncological disorders. The Pediatric Hematology/Oncology Unit 24 beds and is located in the Quarterback Tower of the Benjamin Russell Hospital for Children in Birmingham, Alabama.

The Pediatric Hematology / Oncology Division prides itself in innovation, teamwork, commitment, compassion, understanding and clinical excellence. This very unique acute care department boasts a team of professionals dedicated to improving the lives of these incredible children who may be struggling with both health and developmental related issues. Children's of Alabama's pediatric Hematology / Oncology Division is recognized as a Center of Excellence in the delivery of progressive therapies to our children struggling with their battle against cancer.

The pediatric Hematology / Oncology department provides many professional opportunities for our nurses such as a comprehensive orientation program, continuing education opportunities, mentoring programs, preceptorships and many others. Our nurses are encouraged to grow positively both personally and professionally and mentored in that process.

Lowder Blood and Marrow Transplant Unit - 8th Floor Harbert Tower

The Lowder Pediatric Blood and Marrow Transplant Unit offers 8 Inpatient monitored beds and a 4 bed Outpatient Subspecialty Clinic. Providing care for patients with blood disorders, cancers, and immune dysfunctions or syndromes, the Pediatric Blood and Marrow Transplant Program at Children's of Alabama provides an entire range of blood and marrow transplant options for pediatric patients from Alabama and surrounding states. These options include self donor, matched and partially matched family member donor, unrelated donor, and cord donor for malignant and non-malignant diseases.

Patients range in age from birth-21 years. Transplants are performed for patients with malignant and non-malignant conditions for which high dose therapy is a treatment option. Several types of transplants: autologous, allogeneic and syngeneic utilizing related, unrelated and self donors are performed. The Lowder Pediatric Blood and Marrow Transplant Program at Children's of Alabama is fully accredited by the National Marrow Donor Program and the Foundation for Accreditation of Cellular Therapy.

The BMT Program is a multidisciplinary team using the "single staff model" for care developed by the UAB program provides for 24 hours per day, 7 days per week care for all of the inpatient (including critical care) and outpatient needs of BMT patients using a single team of expert nurses, physicians, pharmacists, nurse practitioners, program coordinators, transplant coordinators, dieticians, social workers, child life specialist, therapist, pastoral care and teachers. The BMT program consider parents and guardians full members and partners of the health care team.

Pediatric nursing is a rewarding career, being a pediatric Blood and Marrow Transplant nurse offers extraordinary opportunities and rewards. As one of the nurses wrote, "Each child holds a special place in all our hearts and with each day a new life lesson is learned."

Cardiovascular Step-down Unit – 8th Floor Harbert Tower

Burn Center - 9th Floor Quarter Back

The Burn Center is a 6 bed unit that provides acute, critical, ambulatory and rehabilitative care for pediatric burn patients. Trauma and surgery patients that do not present with an infection are also accepted. Intensive care can include invasive monitoring, 1:1 nursing care and ventilator support. This unit uses an interdisciplinary team approach to provide comprehensive care to burned and injured children ages birth to young adults.

The Burn Center is supported by a multidisciplinary team that consists of physicians, nurses, occupational and physical therapists, child life therapist, social worker, chaplain, nutritionist, and certified teacher. The team works together closely, to not only meet physical needs, but the emotional and social needs of the patient and their families. Burns can cause severe scarring which can alter the child's appearance and ability to move. The team provides extensive teaching with patients and parents concerning scar management, mobility and coping strategies. The Burn Team not only follows burn patients while hospitalized but also as outpatients in the burn clinic.

General Surgery - 9th Floor Quarter Back

9 Quarterback is an 18 bed unit that provides nursing care to pre-operative and post-operative pediatric patient's ages birth to young adults. This range in age creates a unit which offers exposure to great diversity in terms of age and developmental stages of patients, as well as diversity in surgical diagnosis and procedures. It is a challenging backdrop for those nurses with experience, as well as for those new graduates seeking to develop a strong and varied knowledge base in pediatric surgical nursing.

GI/Nephrology Transplant Unit – 9th Floor Harbert Tower

9 Harbert is a 24 bed unit. Our main patient population is nephrology and gastrointestinal, which includes the kidney and liver transplants. We also care for endocrinology and urology patients. These diseases affect all ages of children so we care for the neonate up to the adolescent child. We have a shared family kitchen area that has amenities to help make the parents and kids feel more at home. The staff on 9 Harbert has opportunities for advanced skills and education as related to our patient population. We pride ourselves in delivering expert care to our patients so that they may achieve the best outcome they deserve.

Pulmonary Care Unit – 10th Floor Quarter Back Tower

10 Quarterback is a 24 bed Medical/Surgical Unit specializing in the delivery of comprehensive pulmonary care to patients in both the acute and chronic phase of their illnesses. Care is provided using a multidisciplinary team approach including: medical staff, nursing staff, nurse practitioners, respiratory staff, occupational/physical therapy, child life, pastoral care, nutritional therapy, pharmacy, and social services. The ages of patients range from newborn to young adults.

The top diagnostic groups are Chronic Technology- dependent (Ventilators, BiPAP, CPAP), Respiratory Distress, Neuromuscular Disorders, Pneumonia, Cystic Fibrosis, Bronchiolitis, and Asthma.

Fourteen of the 24 beds are designated as close observation. Those room numbers are 1005-1018. They are utilized for patients requiring monitoring outside of the intensive care unit.

Special services provided on this unit are:

Chronic Ventilator Support

Ventilator and Oxygen weaning

Home Ventilator Program

Treatment of patients with TB

Tracheostomy Management- including caregiver education prior to discharge

Cystic Fibrosis comprehensive care and education

Asthma Education

Care of patients with acute and chronic pulmonary diseases, infections, and viruses

Neurology / Orthopedics / Rehabilitation – 10th Floor Harbert Tower

10 Harbert is a 24 bed medical-surgical unit with a focus on the following specialties: Neurology, Neurosurgery, Orthopedics, and Rehabilitation services. Eight beds are designated for the Epilepsy Monitoring Unit. We provide patient/family-focused, quality-driven nursing services for pediatric patients ranging from neonates to adolescents.

Our unit has a strong focus on patient and family education. This focus allows the nurses working on our unit the opportunity to grow personally and professionally. Our staff prides themselves on working as a team with our main goal being to provide not only quality patient care, but excellent customer service as well.

The Epilepsy Monitoring Unit (EMU) is an 8 bed mini unit located on 10H. The EMU is designated Level 4 by the National Association of Epilepsy Centers (NAEC). Level 4 is the highest level for units that specialize in the care of epilepsy patients including seizure evaluation through treatment plan. The unit has a centralized monitoring station where the EEG staff provide 24h monitoring for our epilepsy patients. The specialized nursing staff including our nurse practitioners ensure state-of-the-art patient care and attention to each patient and family.

Epileptic Monitoring Unit – 10th Floor Harbert Tower

The Epilepsy Monitoring Unit (EMU) is an 8 bed mini unit located on 10H rooms 1033-1040. The EMU is designated Level 4 by the National Association of Epilepsy Centers (NAEC). Level 4 is the highest level for units that specialize in the care of epilepsy patients including seizure evaluation through treatment plan. The unit has a centralized monitoring station where the EEG staff provides 24h monitoring for our epilepsy patients. The specialized nursing staff including our nurse practitioners ensures state-of-the-art patient care and attention to each patient and family.

MCWANE BUILDING

Social Services – 1st Floor Lobby

Outpatient Pharmacy “Peds Rx Pharmacy” 1st Floor Lobby

Specialty Care Services Division – (Outpatient Services and Clinics)

The Specialty Care Services Division (SCS) is comprised of 35 Subspecialty Clinic areas in which over 650,000 children are seen and treated each year. The Clinics cover a wide spectrum of disease management and subspecialty services. Multiple CoA Subspecialties below were ranked in the *US News & World Report Top 100 Hospitals 2012-13*. COA has one of the largest pediatric rheumatology programs in the nation and the only international adoption center to have a partnership with the Chinese government. The Specialty Care Services Division Outpatient Clinics are located in the Lowder Building, Park Place Building, and our Children’s South Campus.

Subspecialties represented in the SCS Division include:

Dialysis, General Surgery, Plastic Surgery, Neurosurgery, Urology, ENT, Neurology, Epilepsy, Autism, Infusion, Pulmonary Medicine, Nephrology, Solid Organ Transplant, Hematology/Oncology, Dental, Gastroenterology, Intestinal Rehabilitation, Infectious Disease, Orthopedics, Rehabilitation Medicine, Adolescent Medicine, Allergy, Immunology, Rheumatology, Endocrine, Diabetes, Gynecology, Weight Management, Children's Behavioral Health, Sports Medicine, Cardiology, Dermatology, and International Adoption.

Through Evidence Based Practice our Subspecialty clinics utilize cutting edge technology and provide outstanding service while continuing to ensure best practice. SCS strives to provide unique opportunities for the nurse seeking work in the ever evolving outpatient setting. Our Division offers the ability to specialize in your area of interest with the added benefit of flexible scheduling. We encourage our staff to pursue career advancement opportunities as well as developing their leadership skills through our leadership courses offered by Human Resources. There are many nursing opportunities in the SCS Division including but not limited to Clinic Staff Nurse, Clinic Coordinator, Case Manager, Clinician, Nurse Practitioner, Educator, and Director. Community involvement and outreach remain an important part of the Specialty Care Services Division. Staff is active in our school systems, community, as well as our state wide programs providing education and resources by hosting and participating in camps, health fairs, expos, and educational events. Come grow with us in the Specialty Care Services Division!

Outpatient Lab Services – 2nd Floor

Outpatient and Inpatient Radiology – 2nd Floor

Inpatient Psychiatry Department – 4th Floor

The Inpatient Psychiatry Department is a direct care, short term treatment unit located within Children's of Alabama. The Inpatient Psychiatry Department is a locked area designed to provide a therapeutic milieu for children ages 2 to 18 years. Children and their families are the focus of the inpatient psychiatry department. The staff's goal is to help patients and families find ways to understanding and handling the problems they are facing in their lives. The milieu provides the patient with practice in the kinds of behaviors that will be expected of them as participating members of society. An important component of the program is close contact and communication with the patient's family/legal guardian. When possible, a pre-admission tour of the unit is provided. Information is available on the unit philosophy, program description, patient's rights, and general rules. If a pre-admission tour was not possible, a tour will be conducted when the patient is admitted to the unit.

The unit is under the direction of attending psychiatrists who are also the leaders of the multidisciplinary team. Members of the team meet daily and the treatment plan is updated every seven days and as needed. The treatment team includes primary therapists, nursing staff, and occupational therapists. Clinical psychologists are available for consultation and testing. The Sunshine School teachers provide educational support and assistance with school assignments. Pastoral Care is also an integral part of the multidisciplinary care delivery team.

Routine unit activities schedules are posted on each unit and included in the Parent/Patient Information Handbook. The schedules are reviewed annually by the multidisciplinary team and updated as needed.

Medical / Surgical – 5th Floor Dearth Tower

5 DEARTH is a 15 bed General Pediatrics unit designed to meet the special needs of acute and chronic infant to young adult patients. The nursing staff provides skilled nursing assessment of patient and family needs, patient and family education, pre and post-operative nursing care utilizing a multidisciplinary team approach. Teams include physicians, nurses, nurse practitioners, respiratory therapist, social workers, pharmacist, nutritionist, physical and occupational therapist, and child life specialist.

Medical / Surgical - 6th Floor Dearth Tower

6 DEARTH is a 15 bed General Pediatrics unit designed to meet the special needs of acute and chronic patients of all ages, including general pediatric patients, Pulmonary patients and other specialties. The nursing staff provides skilled nursing assessment of patient and family needs, patient and family education, and pre and post-operative nursing care utilizing a multidisciplinary team approach. Teams include physicians, nurses, nurse practitioners, respiratory therapists, social workers, pharmacists, nutritionists, physical and occupational therapists, and child life specialists.

Medical / Surgical – 7th Floor Dearth Tower

7 DEARTH is a 15 bed General Pediatrics unit designed to meet the special needs of acute and chronic patients of all ages. In addition to caring for our general pediatric and private pediatrician patients, 7 Dearth cares for Pulmonary, Hematology and Oncology patients. The nursing staff provides skilled nursing assessment of patient and family needs, patient and family education, and pre and post-operative nursing care utilizing a multidisciplinary team approach. Teams include physicians, nurses, nurse practitioners, respiratory therapists, social workers, pharmacists, nutritionists, physical and occupational therapists, and child life specialists.

Developed by: The Surpora Thomas Pediatric Nursing Education & Research Center
Updated Annually

