UNIT RESOURCES
CLINICAL COORD- Ronnie Downer #76312
ENC- DeAnn VanSickle #76331
CNS- Clara Hergert #76367
CNIII’s- 
Noel Baldwin #2542
Holly Berndt-Hilu #76305
Kelly Noonan #30376
Danielle Rogosch #76326
Melinda Thacker #2105
Sam Walsh #2106

ABOUT THE UNIT
This is a 32 bed unit, there are two respiratory isolation rooms, and the nurse to patient ratio is 1:4 or 1:2 for MPV patients. ICU techs are utilized here as assistive personnel. There are patient locator boards in both halls indicating patient, room, nurse and the nurses’ pager numbers.

There are 2 long—distance phones in the clerk’s station and a fax machine.

Patient services based here include MP, MPV, MS and MF.

Patients transferred from CCMU, or any other service must have new orders written. Any patients needing to be transferred to CCMU must be approved by the pulmonary fellow on 6D, all other ICU transfers are done by the consult team.

*If you write “NOW” or “STAT” orders please flag them appropriately and tell the nurse as well as the clerk to facilitate the process.

Patient populations which are medically necessary to be on 6C include: cystic fibrosis, COPD, lung transplant and SARS.

DISCHARGES/ ANTICIPATED DISCHARGES
When possible, write for anticipated discharges the evening before so that patient education needs can be addressed and so that prescriptions and supplies can be ready.

Patient discharge surveys are being used to obtain satisfaction rates.

GIFT OF LIFE
For any and all deaths the Gift of Life must be notified even if the patient will not be a donor.

Learn to approach the families regarding organ donation. We currently achieve less than 50% compliance with this.

*Our compliance rates can affect Medicaid reimbursement.
ADMISSIONS

If you are too busy to do a complete admit assessment and orders right away, please come see patient briefly to write a few initial orders (pain meds, IVF, diet, etc.).

Orders that will save you from being paged and which will optimize initial patient care include; IV fluids, diet, pain meds, and antibiotics.

*We need to cut down the time it takes from point of admission to the hospital to first dose administration of antibiotics.

RESTRAINTS

Nurses can initiate restraint after other alternatives fail. The initial order must be signed by the physician and needs to be renewed every 24 hours.

*Failure to comply with the above rules will result in a JCAHO type I citation.

BRONCHODILATOR THERAPY

Not more frequent than Q2 hours here on the floor. If ordered Q4 hours, the patient will only receive while awake. If the patient needs treatments during the night then write Q4 hours ATC. Writing orders for Q3 hour treatments will also result in ATC administration.

BIPAP POLICY

Bipaps are used here only for OSA and neuromuscular disorders. If a bipap is needed for acute respiratory distress, hypercarbia, etc. or if the oxygen requirement is >50%; it can be initiated here on 6C but the patient must be transferred to the ICU.

Full face mask Bipaps can be accepted if the patient is alert and oriented x 3 and can remove the mask themselves if in trouble.

ELDER LIFE PROGRAM

This program is a new service which is provided by a specialized Geriatric team to improve the hospital experience of the older patient.

Services they provide include: daily visitor program, feeding assistance program, early mobilization program, therapeutic activities program and sleep enhancement program.

*See inclusion and exclusion criteria.

OTHER TIDBITS OF INFORMATION

- Patient with PNA diagnosis will automatically be screened for pneumovax.

- IV conscious sedation must be monitored by SWAT nurses.

- Clarify NPO vs. NPO except meds

- There is a SARS info book available

- Please notify appropriate nurse if you change the patient’s oxygen level or D/C a chest tube, etc, so that the patient can be monitored more closely.

- If your patient needs a sleep study please order ASAP, as they take a long time to get scheduled. Insurance won’t pay for a patient to get home Bipap/Cpap unless study is done

- Only RN’s can accept verbal orders, and then only in urgent situations. Verbal orders cannot be taken for transfusion of blood products, DNR status or discharge.

- Pulmonary kardex rounds are every Tuesday from 1130-1230.

Thank you and welcome to the 6C team!