

SUBJECT: EDUCATION OF PATIENT AND FAMILY	REFERENCE #4001
DEPARTMENT: PEDIATRIC UNIT	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

- The patient and his/her parent/guardian are provided with appropriate education and training to increase knowledge of the patient's illness and treatment needs and to learn skills and behaviors that promote recovery and improve function.
 - The assessment considers cultural and religious practice, emotional barriers, drive and motivation to learn, physical and cognitive limitations, language barriers and the financial implications of care choices;
 - Instruction on patient rights and responsibilities;
 - When called for by the age of the patient and length of stay, the hospital assesses and provides for patients academic education needs;
 - The safe and effective use of medication in accordance with legal requirements and patient needs, when applicable;
 - The safe and effective use of medical equipment, when applicable;
 - Instruction on potential drug-food interactions and counseling on nutrition intervention and/or modified diets, as appropriate;
 - Instruction on maintaining oral health, as appropriate;
 - Instruction in rehabilitation techniques to facilitate adaptation to and/or functional independence in the environment, if needed;
 - Access to available community resources, if needed;
 - When and how to obtain further treatment, if needed.
- The patient and his/her parent/guardian are provided with the specific knowledge and/or skills required to meet the patient's ongoing healthcare needs. Such instruction is presented in ways understandable to the patient and his/her parent/guardian and includes, but is not limited to, the patient's and family's responsibilities in the patient's care.
- With due regard for privacy, the hospital teaches and helps patients maintain good standards for personal hygiene and grooming, including bathing, brushing teeth, caring for hair and nails and using the toilet.

UNACCEPTABLE ABBREVIATION A

Do Not Use any of the Following When Ordering or Prescribing

Unacceptable Abbreviation/Symbol	<u>Why</u> this is <u>not</u> to be used
Trailing or terminal zero after decimal point – example: 3.0 mg	Can be mistakenly read as multitudes of the intended amount without notice of the decimal point
Decimal point preceding dose <u>without</u> preceding zero - example .5 mg	Can be mistakenly read as multitudes of the intended amount without notice of the decimal
AU	Can be mistaken for OU
D/C	Can be interchanged to mean discontinue or discharge
µg	The "µ" can be mistaken for "m" and microgram then becomes mistaken for milligram
OD or o.d.	Can be mistakenly interchanged to mean right eye or once daily
TIW or tiw	Can be mistaken for three times per day
per os	The word "os" can be mistaken for left eye
q.d. or QD every day	Can be mistaken for q.i.d.
qn	Can be mistaken for every hour
qhs	Can be mistaken for every hour
q.o.d. or QOD every other day	Can be mistaken for daily or four times daily

SUBJECT: PEDIATRIC ASSESSMENT AND REASSESSMENT	REFERENCE #2003
	PAGE: 1 OF: 1
DEPARTMENT: PEDIATRIC UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of _____ Hospital that each patient admitted to the Pediatric Unit shall receive a complete head-to-toe assessment by a qualified individual so that a plan of care can be developed to best meet the needs of the patient. The assessment of the care or treatment needs of the patient will be ongoing throughout the patient's hospital stay.

SCOPE OF PRACTICE:

- All nursing personnel in the Pediatric Unit shall be qualified by level of licensure to perform a complete assessment and reassessment of the patient. A complete assessment shall include physical, psychological, social developmental and safety considerations, as well as educational needs specific to each age group.
 - Neonates
 - Infants
 - Toddlers
 - School Age
 - Adolescents

PROCEDURE:

- At the time of admission each patient shall have an initial physical/psychological assessment completed by a Registered Nurse or a Licensed Practical/Vocational Nurse under the direct supervision of a Registered Nurse.
- A pain assessment will also be completed at the time of admission.
- Immunization status will be assessed as soon as appropriate to the patient's condition and documented on the medical record.

Time of admission is considered to be within six (6) hours of arrival to the Pediatric Unit. Exception to this: if the patient's condition is such that a complete assessment cannot be performed, it shall be documented as such and every attempt will be made to complete the assessment at the earliest possible time.

PEDIATRIC ASSESSMENT (Newborn - 18 Months)

Admission Date: _____ Admission Time: _____

Vital Statistics

Height: _____ Weight: _____ Temp: _____

Pulse: _____ Resp: _____ BP: _____

Head Circumference: _____ NA

Mode of Transport: Ambulatory Gurney Wheelchair Carried

Guardian (Name and Relationship): _____

Home Phone: _____ Work Phone: _____

Language Spoken: Patient: _____ Family: _____ Child's Nickname: _____

Patient and Family Orientation to Unit

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> ID Band | <input type="checkbox"/> Bathrooms | <input type="checkbox"/> Bed Control | <input type="checkbox"/> Crib Mechanics |
| <input type="checkbox"/> Call Light | <input type="checkbox"/> Unit Phone No. | <input type="checkbox"/> Siderails | <input type="checkbox"/> Emergency Bell <input type="checkbox"/> Television |
| <input type="checkbox"/> Smoking Policy | <input type="checkbox"/> Visiting Hours | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Typical Day in Hospital |

Favorite Toy/Blanket: _____

Permission to Stay Overnight: No Yes Who: _____

Safety: Crib Rails/Bed Rails Up Caretaker staying with child Caretaker leaving unit

Diagnosis: _____

Patient States Presence of Pain: Yes No

If yes, list location of pain: _____

Non-verbal Patient Exhibiting Symptoms of Pain: Yes No

If yes, list symptoms and location: _____

(Comprehensive Pain Assessment to be completed as addendum for all patients presenting with pain)

Patient's/Family's Concept of Reason for Hospitalization: _____

Parent expectations of child's care discussed Yes No

Allergies to medications: None Yes Name and Reaction: _____

Allergies to food or environment: None Yes Food and Reaction: _____

Smoker(s) in home: Yes No Lead screening? Yes No

SUBJECT: BLOOD/BLOOD COMPONENTS - TRANSFUSION: FRESH FROZEN PLASMA (FFP)	REFERENCE #3218
	PAGE: 1
DEPARTMENT: PEDIATRIC UNIT	OF: 1
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of _____ Hospital to provide a safe and uniform method of administration of fresh frozen plasma (FFP).

PROCEDURE:

- A consent form shall be signed prior to infusion by the patient/parent/guardian.
- Fresh frozen plasma must infuse within 2 hours after thawing.
- Vital signs shall be taken prior to and after infusion.
- A transfusion reaction form shall be completed for any reaction observed.

PURPOSE:

Transfusion of fresh frozen plasma, which contains most clotting factors but no platelets, is ordered to treat an undetermined clotting deficiency, a specific factor deficiency when that factor alone isn't available and factor deficiencies resulting from hepatic disease or blood dilution. Transfusion of FFP is the only treatment for Factor V deficiency. It is also used as a blood volume expander, and is often used with packed red blood cells when whole blood is unavailable for whole blood replacement therapy.

ESSENTIAL STEPS:

- Obtain the FFP from the Laboratory, per Blood Bank protocol. Check the expiration date on the FFP bag, observe for abnormal color, extraneous material that may be obvious, and any cracking of the bag. Return the FFP to the Blood Bank if it is outdated or there are any breakage, leaking or other abnormalities present.
- Have the tag for the Blood Bank Technologist to fill in for the unit being taken from the Laboratory. After this is filled in, take it to the Laboratory to attach to the bag after it is thawed out. Be sure to sign out the FFP in the Blood Bank Logbook, filling in all appropriate information.

The FFP will be thawed in the Laboratory after instruction from nursing. The Laboratory will notify the department that the FFP is thawed and ready.