



PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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Pediatric Blood and Marrow Transplant Inpatient Unit Nursing Acuity Tool

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PBMT-GEN-008
PEDIATRIC BLOOD AND MARROW TRANSPLANT
INPATIENT UNIT NURSING ACUITY TOOL

1 PURPOSE

- 1.1 To outline the process used to determine nursing to the acuity level of the pediatric blood and marrow transplant (PBMT) patient on the inpatient unit.

2 INTRODUCTION

- 2.1 The Pediatric Blood and Marrow Transplant (PBMT) Unit nursing staff consists of a team of registered nurses (RNs), nursing care assistants and health unit coordinators (HUCs).
- 2.2 All patients are evaluated by the charge nurse and medical team every 12 hours, at a minimum, and as needed to determine the patients' acuity level and required nursing care.
- 2.3 All support services required by patient needs are available on a 24-hour basis.
- 2.4 The direct Nursing Hours per Patient Day is 15.6. The average nurse to patient ratio is 1:1.7.

3 SCOPE AND RESPONSIBILITIES

- 3.1 The charge nurse alone or in conjunction with the attending physician will determine the acuity level of each patient.

4 DEFINITIONS/ACRONYMS

- 4.1 GVHD Graft Versus Host Disease
- 4.2 HUC Health Unit Coordinator
- 4.3 MICU Medical Intensive Care Unit
- 4.4 PBMT Pediatric Blood and Marrow Transplant
- 4.5 PICU Pediatric Intensive Care Unit
- 4.6 RN Registered Nurse
- 4.7 SOS Sinusoidal Obstruction Syndrome
- 4.8 VOD Veno-Occlusive Disease

5 MATERIALS

- 5.1 N/A

6 EQUIPMENT

- 6.1 N/A

7 SAFETY

7.1 N/A

8 PROCEDURE

8.1 Typically, patients are staffed in a 2:1 nurse to patient ratio.

8.2 Patients may require 1:1 nursing care based on objective criteria listed below. Subjective criteria may also be used when making this determination.

8.2.1 A 1:1 Nurse to Patient Ratio is indicated if the patient exhibits:

- 8.2.1.1 Unstable neurological status such as uncontrolled seizure activity, acute changes in mental status, chronic neurological changes (i.e. combative patients who require 1:1 care for safety reasons).
- 8.2.1.2 Unstable respiratory status requiring increased oxygen support.
- 8.2.1.3 Vigorous pulmonary care requiring greater than (>) every 2 hour suctioning and assessment.
- 8.2.1.4 Apnea and/or significant desaturation episodes requiring intervention.
- 8.2.1.5 Clinical signs of respiratory distress.
- 8.2.1.6 Increased work of breathing.
- 8.2.1.7 Wheezing.
- 8.2.1.8 Grunting, nasal flaring, retractions.
- 8.2.1.9 Tachypnea.
- 8.2.1.10 Use of accessory muscles for breathing.
- 8.2.1.11 Pending transfers to the pediatric intensive care unit (PICU): A PBMT nurse will assist with transport to the PICU.
- 8.2.1.12 Hematological Instability: Patients who continue to have active bleeding despite frequent blood or medication administration.
- 8.2.1.13 Septic shock with hemodynamic instability.
- 8.2.1.14 Grade IV graft versus host disease (GVHD) requiring frequent assessment and monitoring (more frequently than every 2 hours)
- 8.2.1.15 Patients requiring frequent changes in pharmacologic/ inotropic support.
- 8.2.1.16 Severe veno-occlusive disease (VOD) / Sinusoidal Obstruction Syndrome (SOS) requiring frequent assessments, multiple medications and drips

- 8.2.1.17 Lab draws more frequent than every 2 hours
- 8.2.1.18 Acute hypersensitivity reaction during hematopoietic stem cell transplant infusion
- 8.2.1.19 Patient on palliative care.

8.2.2 Patients requiring mechanical ventilation and additional support will be transferred to the PICU or Medical Intensive Care Unit (MICU) as dictated by age and bed availability.

9 RELATED DOCUMENTS/FORMS

9.1 N/A

10 REFERENCES

10.1 N/A

11 REVISION HISTORY

Revision No.	Author	Description of Change(s)
06	S. McCollum	<ul style="list-style-type: none"> - Formatting updated to include section headers - Acronyms defined throughout - Section 8: the 1:1 nursing ratio section updated for the following: <ul style="list-style-type: none"> -Hematologic instability section updated to read: "active bleeding despite frequent blood or medication administration." -Inotropic support section updated to read: "patients requiring frequent changes in" (removing vital signs more frequently than every 2 hours) -Added patients on Palliative Care. -“Sinusoidal Obstruction Syndrome (SOS)” added where VOD is listed to update terminology.

Signature Manifest**Document Number:** PBMT-GEN-008**Revision:** 06**Title:** Pediatric Blood and Marrow Transplant Inpatient Unit Nursing Acuity Tool

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