

NICU.11.2.8 ECG monitor, pulse oximetry, and vital signs monitor.

NICU.11.2.9 Automated blood pressure monitoring machine.

NICU.11.2.10 Intravenous infusion and blood transfusion pumps.

NICU.11.3 The availability and functionality of all tools and equipment are checked daily.

NICU.11.4 Equipment are cleaned and disinfected daily and as needed.

NICU.11.5 Portable equipment for safe patient transports are available.

NICU.11.6 Laboratory and imaging services are available to meet the needs of patients receiving neonatal intensive care.

Standard Intent:

Risks in clinical care processes are significantly reduced when appropriate and well-functioning equipment is used to provide the planned services. Adequate supplies and medications are also available and appropriate for planned use and emergent situations (substandard NICU.11.2.1 through NICU.11.2.10). Each organization understands the required or recommended equipment, supplies, laboratory and imaging services as well as the medications necessary to provide the planned services to its patient population. The equipment should have a process of daily checking to ensure availability and adequate functionality and should be disinfected regularly after and before use.

NICU.12 Policies and procedures are available to guide the work in the neonatal intensive care unit.

NICU.12.1 There are policies and procedures for medical and nursing initial assessment and re-assessment requirements, including time frames for completion of initial assessments and frequency of re-assessments.

NICU.12.2 There are policies and procedures for monitoring of patient circulation, respiration, and oxygenation.

NICU.12.3 There are evidence-based criteria for intubation, weaning off ventilator and extubating.

NICU.12.4 There are policies and procedures for handover procedure between staff in between shifts and at discharge to a lower acuity of care.

NICU.12.5 There are policies and procedures for infection control practices including isolation.

NICU.12.6 There are policies and procedures for the use of neonatal Total Parenteral Nutrition (TPN) for more sick patients.

NICU.12.7 There are policies and procedures for dealing with ethical issues (e.g., No Code policy, end of life issues, and organ donation).

NICU.12.8 Policies are collaboratively developed by the appropriate staff.

Standard Intent:

Policies and procedures are important tools for staff to understand the population served and services, and to respond in a thorough, competent, and uniform manner. Policies and procedures must be tailored to the particular ICU population to be appropriate and effective in reducing the related risk. Substandard NICU.11.2 through NICU.11.6 constitute the essential required policies.

NICU.13 Infection control standards are strictly implemented and supervised in the neonatal intensive care unit.

NICU.13.1 The neonatal intensive care unit environment is maintained clean and neat at all times.

NICU.13.2 Infection control standards are strictly applied in the neonatal intensive care unit (e.g., hand hygiene and use of personal protective equipment).

NICU.13.3 Neonatal intensive care unit staff members adopt and implement care bundle for prevention of epidemiologically significant healthcare associated infections.

Standard Intent:

All infection control standards must be implemented in NICU such as care of the patient in isolation room, handling body fluid. Those standards should be supervised and evaluated, for example (Infection control rounds, infection control report, and head nurse rounds).

Coronary Care Unit Standard Intents

CCU.1 Qualified physician is responsible for managing the coronary care unit.

CCU.1.1 The department head is a physician qualified by appropriate education, training, and experience in managing intensive cardiac care patients/units.

CCU.1.2 The department head takes overall responsibility for the operation of the unit.

Standard Intent:

The Physician managing Coronary care unit is responsible for ensuring that the measurement activities provide the opportunity for the evaluation of staff as well as the processes of care. The department's head must be qualified by appropriate education, training, and experience in managing CCU care patients/units.

CCU.2 The coronary care unit nurse manager is a qualified registered nurse.

CCU.2.1 The nurse manager is qualified by education, training, and experience in coronary care units.

CCU.2.2 The nurse manager develops policies and procedures for the unit and collaborates with other departments as needed (e.g., policies and practices related to infection control).
