
assessment should be undertaken for the procedures mentioned in substandard PICU 10.1.1 through PICU.10.1.17

PICU.11 The pediatric intensive care unit has adequate equipment and supplies.

PICU.11.1 There are isolation rooms with at least one negative pressure room.

PICU.11.2 The following equipment are available:

PICU.11.2.1 Ventilators.

PICU.11.2.2 Suction apparatus.

PICU.11.2.3 Airway sets.

PICU.11.2.4 Crash cart that includes defibrillator and all emergency supplies and medications.

PICU.11.2.5 ECG monitor, pulse oximetry, and vital signs monitor.

PICU.11.2.6 Automated blood pressure monitoring machine.

PICU.11.2.7 Intravenous infusion and blood transfusion pumps.

PICU.11.2.8 Portable monitoring equipment for patient transfer.

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

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

PICU.11.5 Laboratory and imaging services are available to meet the needs of patients receiving pediatric intensive care.

Standard Intent:

Qualified nursing staff members are hired by the hospital through a process that matches the requirements of the position with the qualifications of the prospective staff member. This process also ensures that nursing staff member's skills are initially and over time consistent with the needs of patients. Ongoing evaluation and competency assessment ensures that training occurs when needed and that the staff member is able to assume new or changed responsibilities. Training and competency assessment should be undertaken for the procedures mentioned in substandard PICU 10.1.1 through PICU.10.1.17

PICU.12 Policies and procedures are available to guide the work in the pediatric intensive care unit.

PICU.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.

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

PICU.12.3 There are evidence-based criteria for intubation, weaning off ventilator and extubation.

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

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

PICU.12.6 There are policies and procedures for dealing with ethical issues (e.g., end of life issues and organ donation).

PICU.12.7 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 PICU.11.2 through PICU.11.6 constitute the essential required policies.

PICU.13 The pediatric intensive care unit has a process for detection and notification of potential deceased organ donors.

PICU.13.1 The pediatric intensive care unit establishes an effective communication and works collaboratively with the Saudi Center for Organ Transplantation (SCOT).

PICU.13.2 The pediatric intensive care unit uses criteria to identify, notify, document, and manage potential donors based on the registry of organ donation and transplantation in Saudi Arabia.

PICU.13.3 The pediatric intensive care unit reports all cases of potential deceased Donors after Brain Death (DBD) to SCOT on a timely manner.

PICU.13.4 The pediatric intensive care unit reports all cases of potential deceased Donors after Circulatory Death (DCD) to SCOT on a timely manner.

PICU.13.5 The hospital establishes and uses criteria that support the effectiveness of the donation process (e.g., patient factors, time since perfusion of the tissue stopped, maintenance of viability by appropriate care of the body between death and donation).

Standard Intent:

Pediatric Intensive care unit should have a process to detect and notify involved individuals and departments of potential deceased organ donors. This process should write as policy or guideline to direct health care providers what to do if they have potential deceased organ donor. The faster you report have potential deceased organ donor the better prognosis you have in the transplant program.

PICU.14 Infection control standards are strictly implemented and supervised in the pediatric intensive care unit.

PICU.14.1 The pediatric intensive care unit environment is maintained clean and neat at all times.

PICU.14.2 Infection control standards are strictly applied in the pediatric intensive care unit (e.g., hand hygiene and use of personal protective equipment).