

OPI NIAAA CLINIC SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	2 bed capacity outpatient clinic for screening NIAAA research subjects and normal volunteer candidates. 3 small, discrete patient care areas are located in 1C254; one is an exam area with table, a second is a tilt-table for research procedures (located in one of the bed bays), and a third is a patient bed, for conducting studies or for interim patient care, prior to inpatient admission (if same day as screening appointment). Also, a group therapy room is located in 1C369 (one of three research offices there) and a clinic nurse office is located in 1C251a. Diagnostic populations; alcohol abuse; alcohol dependence; impulse control disorder, children of alcoholics; normal volunteers.
AGE OF PATIENT POPULATION	Adolescents; Early, Middle and Late Adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Conformity with Federal regulations related to alcohol treatment, release of information; Advanced Directives.
ASSESSMENT OF PATIENTS	OPI outpatient assessment standards: alcohol abuse/alcohol dependence, offspring of alcoholics, impulse control, non-alcoholics (Normal Volunteers).
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Acute alcohol withdrawal assessment; suicide assessment; monitoring of normal volunteers during & after administration of IV or PO alcohol.
PLANNING AND PROVIDING CARE OF PATIENTS	Pre-admission telephone screening (NIAAA Social Worker); interdisciplinary review of assessment screening.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	MRI scans; EEG, eye tracking tests; cognitive testing; psychological screening; genetic testing; urine drug testing; administration of alcohol (normal volunteers/PO or IV).
REHABILITATION AND CARE SERVICES	Referral of patients to appropriate alcohol/mental health inpatient or outpatient services; patient/family conferences.
PATIENT AND FAMILY EDUCATION	Participation of family/patient in patient care planning; immunization education; community resources such as AA, A1-Anon, NA.
MAINTAINING A SAFE ENVIRONMENT	Management of alcohol withdrawal and aggressive behavior situations; lockable medication box (no medications in box at present).
MANAGEMENT OF HUMAN RESOURCES	The clinic is staffed with one full time clinical research nurse and one full time Clinical Nurse Specialist. Staff of 6West Inpatient unit oriented to clinic; written guidelines available on unit and in clinic; peer review; quarterly review of annual aggressive behavior competencies.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Periodic PI (QA/QI) monitoring of nursing interventions; ongoing review of protocol processes and methods; daily upkeep by CC Housekeeping staff.

3 WEST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	12 bed psychiatric inpatient and affective disorders research unit. Depressed and bipolar patients participate in NIMH pharmacological and brain scanning protocols. Length of stay ranges from a week to seven months.
AGE OF PATIENT POPULATION	18-65 years old.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Informed consent for all research participants. Psychiatric therapeutic milieu. Visiting hours and unit guidelines. Long distance Watts line for long distance calls. Family members participate in treatment and discharge planning. Twice-weekly patient support group, weekly community meeting, weekly art therapy, weekly occupational therapy program, weekly patient education group.
ASSESSMENT OF PATIENTS	Nursing Department and Mental Health Service admission assessment standards. Assessment of potential for self-harm. Daily nurse ratings and life charting of mood and behavior.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	All inpatients are assigned an observation status of no less than every 30 minute checks. Special precautions such as 1:1 observation, eye contact or every fifteen-minute checks instituted according to needs identified. Comprehensive suicidal risk assessment and suicide or elopement precautions instituted as needed.
PLANNING AND PROVIDING CARE OF PATIENTS	Weekly interdisciplinary rounds and treatment planning, weekly research rounds, nursing care planning and care conferences as indicated. Multidisciplinary family meeting at conclusion of admissions if needed.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	PET Scans, MRS, MRI escorts.
REHABILITATION AND CARE SERVICES	Full occupational therapy and Recreational Therapy assessment, Nutrition, Pharmacy and Bioethics consultation as indicated. Social Work and follow-up services.
PATIENT AND FAMILY EDUCATION	Comprehensive assessment and planning meetings with patients and family throughout stay and at conclusion of participation for blind breaking. Individualized education for all subjects. Weekly patient education group.
MAINTAINING A SAFE ENVIRONMENT	Locked unit, every 30-minute observation, radioactive waste precautions and disposal. Multi-unit alarm systems for psychiatric emergencies. Weekly room searching, sharps secured in office.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern. Department and Unit Nursing Competencies. Annual reassessment of skills for physical intervention and locked leather restraints.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Monthly epidemiology surveillance program.

4 EAST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	11-bed inpatient unit for patients with schizophrenia spectrum disorders for participation I NIMH Clinical Brain Disorders Branch protocols. Average length of stay, 6 months.
AGE OF PATIENT POPULATION	Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Access to Patient Advocate; Durable Power of Attorney; Informed Consent Protocol; Capacity Assessment; Weekly Research Rounds; clergy visits; chapel services; patient telephone with long distance access; visitor policy; family passes; Observation Status system; weekly community meetings; community outings; access to CNS/NM.
ASSESSMENT OF PATIENTS	4E inpatient assessment standards: Schizophrenia, schizoaffective; brain imaging, psychological testing; intensive diagnostic evaluation; positive and negative symptom assessment (PANSS); Mental Status Exam (MSE); Structured Clinical Interview (SCID); Abnormal Involuntary Movement Scale (AIMS); Suicide assessment; elopement risk factors; aggression potential; sleep logs.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Clinical consultation; Bioethical consultation; Pharmacist is a permanent member of the Interdisciplinary Team.
PLANNING AND PROVIDING CARE OF PATIENTS	Primary Nursing with continuity of alliance around patients' progress through protocols; Interdisciplinary care delivery; weekly Interdisciplinary Clinical/Research Care Review of all patients; clinically managed support groups; group therapy; weekly community meetings; 4 East Status System; QA/QI monitoring; community dining; 4 East Patient Handbook; structured patient schedule; patient research education group; community living group; nursing care conferences; discharge conferences; team planning of special events/celebrations; supervision by NM/CNS.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	SPECT; FMRI; MRI Spectroscopy; PET; EEG; Placebo phases, medication trials, eye tracking; psychological testing, genetic testing; use of seclusion and/or restraints as necessary for patient safety; symptom rating instruments, neuropsychological testing; pharmacological trials.
REHABILITATION AND CARE SERVICES	RT and OT permanent members of Interdisciplinary Treatment Team; Recreational Therapy; Occupational Therapy; Art Therapy; ongoing individual and group sessions; ongoing interdisciplinary discharge planning; focus on refining socialization skills, leisure skills and work skills.
PATIENT AND FAMILY EDUCATION	Family Education Program; unit based teaching, Patient Handbook; Weekly Research Education Group; discharge meetings, family meetings; individual discharge plans; social work support; medication teaching; individualized patient education; symptom recognition; community living group, educational video library.
MAINTAINING A SAFE ENVIRONMENT	Maintenance of therapeutic milieu; locked unit; patient checks every thirty minutes; special observation as indicated, i.e., 1:1 observation, q 15 minutes, arm's length; locked sharps; locked medication room; crisis intervention, suicide assessment, quiet/seclusion room; every shift safety rounds; every shift sharps count; weekly and as needed safety room searches; individual identification of safety needs; privilege status system; emergency call buttons; bed locks, breakaway shower and curtain rods, secured wall hangings.

MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; competency based CPI training for aggressive behavior management; restraint competency program; CVP modules for diseases and procedures; unit based competency validation program; some staff certification in Adult Psychiatric/Mental Health Nursing; Psychiatric Clinical Nurse Specialist; Nurse Manager.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	HIV and Hepatitis B testing required of all patients with their consent; tuberculosis testing.

4 WEST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	12 bed NIMH inpatient of care unit; study of human biorhythms having psychiatric significance/endocrine parameters, major depression, bipolar disorder, post traumatic stress disorder, anxiety and panic disorder, Alzheimer's disease and normal control subjects for the protocols. Average length of stay is 1-21 days, with some research subjects being followed longitudinally. Outpatients for the CNE, GPB and MAP are done on 4W.
AGE OF PATIENT POPULATION	18 years and older.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Patient teaching re: <u>Patient Bill of Rights</u> , <u>Advance Directives</u> , & informed consent related to the protocols. Maintain research subject privacy with regard to infrared video camera monitoring; door/room labeling with only first name. Collaboration with subjects related to plan of care.
ASSESSMENT OF PATIENTS	4 W inpatient & outpatient assessment standards: normal control volunteers and patients with depression, bipolar disorder, post traumatic stress disorder, anxiety or panic disorder, or dementia; phone screenings (initial assessment for protocol inclusion/exclusion) for several protocols; follow up phone interviews with subjects in protocol.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Structured Clinical Interview for Diagnosis (SCID), suicide assessment, Hamilton ratings, and cognitive and functional testing for AD. Assessment specific to changes in patient's status related to protocol medication or exacerbation of illness.
PLANNING AND PROVIDING CARE OF PATIENTS	Clinical interdisciplinary research meetings with continuity of alliance around clients' progress through protocol; development and revisions of protocol maps and guidelines by physicians and protocol nurses as indicated. Program specific Performance Improvement and Measurement Activities; track blood volume removal to ensure blood sampling does not exceed mandated amount, particularly with normal volunteers who are often involved in back to back studies with other Institutes. Pain, Nutrition and Falls assessment and documentation on every admitted subject.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES (unique competencies)	Serial blood draws every 30 to 60 minutes for 24 hours; bone density scans. Insulin challenge (glucose clamp) study with every 5-10 minute blood sampling to monitor glucose stability; cyclophosphamide infusions, TZTP PET scans and FC-Way PET scans with arterial line, MRIs, Lumbar Punctures, and Norepinephrine challenges. Monitoring of multiple IV infusions/sites. FMRI scans, PET scans with MAP program, Hydrocortisone and Yohimbine infusions.
REHABILITATION AND CARE SERVICES	Pet therapy for AD. Exercise tests for POWER study.
PATIENT AND FAMILY EDUCATION: STAFF EDUCATION:	Role of research subject and protocol participation requirements; specifics related to protocol in which subject is enrolled. Staff education related to protocols and psychiatric diagnoses.
MAINTAINING A SAFE ENVIRONMENT	Staffing=17 FTE; 13 full time and 4 part time RNs. Sharps and medication check in; shielded flash lights for use by subjects; highly simplified environment to maintain safety; infrared camera utilized for monitoring research subjects. Management of psychiatric emergencies and use of the emergency alarm system and locked unit doors.
MANAGEMENT OF HUMAN RESOURCES	Staffing pattern flexible; reassignment and details to other programs within the Behavioral Health Service; primarily Monday-Friday unit; compliance with CC and ND Mandatory Reviews; program of care competencies related to disease, procedures and aggressive behavior.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Use of VAMP (special discard blood re-infusion system) for serial blood draw protocols; IV tubing with VAMP set up changed with each bag of solution change; maintenance of 3 way and 5 way stopcocks used for insulin study; close supervision/monitoring during cytoxan infusions, with I&O and IV hydration; compliance with CC/ND infection control policies and procedures.

6 WEST SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	11 bed inpatient NIAAA research unit for patients with diagnosis of alcohol (ETOH) abuse, alcohol dependence, impulse control disorder and normal volunteers.
AGE OF PATIENT POPULATION	Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Patient handbook; conformity with Federal regulations r/t alcohol treatment, release of information, Advance Directives.
ASSESSMENT OF PATIENTS	6W inpatient assessment standards: Alcohol Abuse/Dependence; assessment of level/privilege status of patients.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Acute alcohol withdrawal assessment, suicidal assessment, dual diagnoses and personality disorders.
PLANNING AND PROVIDING CARE OF PATIENTS	Weekly Interdisciplinary research/clinical rounds; protocol maps; recreation therapy; art therapy, family conferences.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Lumbar punctures; 36 hour lumbar punctures; liver biopsy; MRI; eye tracking; EEG; infusion studies; cognitive testing; psychological testing and metabolic diets.
REHABILITATION AND CARE SERVICES	Referral to appropriate level of alcohol/mental health outpatient or inpatient program; structured or sober living arrangement; referral to AA, AL-ANON self help groups.
PATIENT AND FAMILY EDUCATION	Multi-week alcohol education program; weekly family education groups.
MAINTAINING A SAFE ENVIRONMENT	Belonging/sharps checks; experienced staff in management of acute ETOH withdrawals and aggressive behavior, locked medication room.
MANAGEMENT OF HUMAN RESOURCES	Unit staffed with CARN and PSYCH certified staff; peer review; yearly aggressive behavior & restraints competencies checks.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Energy TB panel testing of inpatients.

8 WEST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	23 bed inpatient care unit that supports biomedical research for multiple institutes: NICHD, NIDDK, NIDCR, NIHGR. The unit provides medical surgical care to patients with Cushing's disease, Pheochromocytoma, MEN, Turner's syndrome, Carney's complex, Hyperparathyroidism, Thyroid disorders, Head/neck cancer, Insulin resistance, Lipodystrophy, Insulinoma, Alkaptonuria, Cystinosis, Hermansky-pudlak syndrome, premature ovarian failure, and McCune Albright Syndrome/PFD. The length of stay can range from 3 days to several months.
AGE OF PATIENT POPULATION	Early, middle, and late adults.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Genetic counseling, ethics consult, patient care conferences.
ASSESSMENT OF PATIENTS	8W inpatient assessment standards are population specific: Multiple Endocrine Neoplasia, Zollinger Ellison, Cushing's, Premature ovarian failure, Hyperparathyroidism, Insulinoma, Thyroid Cancer, Pituitary tumors, Polycystic Fibrous Dysplasia, Hermansky-pudlak Syndrome, Insulin resistance, Head/neck cancer, Alkaptonuria, Turner's, and Cystinosis.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Radiation isolation; continuous observation camera, physically handicapped room; routine counseling for Cranio-facial disorders and Premature Ovarian Failure.
PLANNING AND PROVIDING CARE OF PATIENTS	Pre-admission form, pre-admit rounds; calendar of scheduled tests for patients; patient care conferences; Combined weekly Endocrine Rounds; Weekly Genetic and GI rounds.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Pre and Post care for endocrine surgery/special procedures; pre and post care endoscopy; BBGM; gastric analysis; PCA; epidural; tracheostomy; chest tubes; CPAP.
REHABILITATION AND CARE SERVICES	Consultative support to McCune Albright/PFD, Alkaptonuria, Cystinosis, and Cushing's disease.
PATIENT AND FAMILY EDUCATION	Patient admission and information literature about the unit; diabetes education; pamphlet on Transphenoidal surgery, Adrenal Insufficiency, Thyroid cancer, I-131 and radiation safety, Hyperparathyroidism, ZES, MEN1, medication schedule; use of CC patient education website and internet for current health/disease information.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions and disposal; lead lined room for I-131 dosing; radiation film badges for all staff; remote bedside video camera monitoring; isolation room.
MANAGEMENT OF HUMAN RESOURCES	Unit care staffing pattern; nurses competent in radiation isolation; unit competency program for diseases and procedures; BBGM certification; cross trained to Endoscopy and 8E.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Monitoring of post operative infections, immuno-suppressed patients placed in planned room assignments; identified infectious patient placed on isolation; universal precautions.

9 WEST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	11 bed pediatric research inpatient unit serving patients from multiple institutes focusing on chronic conditions and integumental disorders of children. Diverse protocols cover the following disorders: autoimmune, neuropsychiatric, endocrine, genetic, metabolic, neuromuscular, and conditions of the eye, heart, and brain.
AGE OF PATIENT POPULATION	Infant; toddler; preschool; school age; adolescent; young adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Parents rooming in; family use of Children's Inn; unit play rooms; school; pediatric recreation therapy; each patient and family assigned a patient representative; AT&T language line and translators assurance of informed consent/ assent.
ASSESSMENT OF PATIENTS	9W inpatient assessment standards: Short Stature, Precocious Puberty; Congenital Adrenal Hyperplasia, Normal Volunteer, McCune Albright Syndrome, Osteogenesis Imperfecta., Cushing Syndrome. Lipid disorders, Smith-Lemli-Opitz, PFD, ML4, Obesity. and Insulin Resistance.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Provide age appropriate activities; follow Pediatric Care Safety guidelines; Pre Admission Interdisciplinary Planning Rounds.
PLANNING AND PROVIDING CARE OF PATIENTS	Interdisciplinary rounds to create plan of care attended by social worker, Spiritual Ministry, nurse, teacher, Recreation Therapist, Head Nurse, physician and nutritionist; children's menu; QA/QI indicators; family systems approach to provide care; assessment of cultural needs; Protocol Maps; safe blood limits.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Skin punch biopsies; provocative and nonprovocative serial testing; BBGM; pre and post procedure care for bone biopsy, transphenoidal surgery, and petrosal sinus sampling, and central line placement.
REHABILITATION AND CARE SERVICES	Weekly Art Therapy and daily Recreation Therapy PT/ OT consults.
PATIENT AND FAMILY EDUCATION	Tour of 10D and 5W as appropriate; use patient education handouts; self injection teaching using inject pad; reward and behavior modification programs; age appropriate play and demonstrations; use of patient calendar with explanations of tests and procedures; discharge planning education.
MAINTAINING A SAFE ENVIRONMENT	Child safe physical environment; bed safety measures; PEDS (Pediatric Emergency Drug Sheets); locked medication room; wall mounted needle boxes; railguards; procedures done in treatment room; handicapped-accessible room. Unit rules for children's safety; provide extra safety measures for visually impaired patients.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; unit resource books and manuals for diseases, procedures and protocols. Cross-training for Pediatric Program of Care.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Maintaining Isolation Policy for identified patients; assessment of immunization status; assessment of recent communicable disease exposure for patients and visitors; consult with epidemiology.

9 WEST DAY HOSPITAL UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Outpatient care area, serving patients from multi-institutes focusing on acute and chronic conditions; normal volunteers are also seen. The Day Hospital is open 7 a.m. to 7 p.m. Monday through Friday and 7 a.m. to 3 p.m. weekends and holidays.
AGE OF PATIENT POPULATION	Infant; toddler; preschool; adolescent; young adults.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Family participation, family use of the Children's Inn; playroom, Recreation Therapy staff, schooling, genetic counseling for parents.
ASSESSMENT OF PATIENTS	Outpatient assessment standards on various patient populations in the Day Hospital.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Age appropriate activities, practice pediatric care safety guidelines, provide quiet area when available for patient or family member. Wheel chair accessible and other special needs assessed and addressed prior to admission.
PLANNING AND PROVIDING CARE OF PATIENTS	Use of pre-admission forms, Interdisciplinary and Protocol Rounds, Clinical Research Maps. Utilize pediatric menus, curtained area available for minor procedures and physicals, family systems approach to provide care.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Multiple body measurement. Provocative/non provocative serial testing, pharmacokinetics,, skin punch biopsies, lumbar puncture, sedation for procedures, pre & post sedation monitoring, BBGM.
REHABILITATION AND CARE SERVICES	Creation and maintenance of normal life routine, patient schooling, Children's Inn, Support groups, Recreation therapy.
PATIENT AND FAMILY EDUCATION	Age appropriate teaching (stickers for encouragement/motivation). Individualized teaching plans aimed at target age group, play and demonstration. Use of patient calendars.
MAINTAINING A SAFE ENVIRONMENT	Provide extra safety measures for physically impaired patients, locked medication, treatment and utility room, wall mounted needle boxes, Pediatric Emergency Drug Sheet for each patient, socket covers, established pediatric clinic safety rules.
MANAGEMENT OF HUMAN RESOURCES	Unit resource books and manuals for diseases and procedures, cross-training for Pediatric Program of Care.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Use of Universal Precautions. Assessment of immunization status and exposure to communicable and infectious diseases. Provide isolation as needed & follow appropriate precautions & guidelines.

11 EAST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	7-bed monitored unit providing step down care to individuals requiring organ and tissue transplantation due to diseases effecting the kidney and pancreas. This unit also provides care to living kidney donors. Phase I and II drug trials from NIDDK are implemented in this unit.
AGE OF PATIENT POPULATION	Adults. School age, adolescents and early adults are planned.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	<ol style="list-style-type: none"> 1. Each patient has private accommodations which decreases the potential for the spread of infection and allows for individualized patient and family teaching. 2. Children and visitors are screened for possible infections prior to visits on unit. 3. Families are encouraged to participate in the patient's plan of care. 4. AT&T Language Line. 5. Liberal visiting hours. 6. Collaboration with the Clinical Center's Ethics Department.
ASSESSMENT OF PATIENTS	<ol style="list-style-type: none"> 1. Preadmission Screening for protocols. 2. Educational needs assessment. 3. Age appropriate assessments. 4. Admission Assessment, Continuous Assessment, Discharge Planning.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	<ol style="list-style-type: none"> 1. Hemodialysis/ peritoneal dialysis. 2. Nutrition assessment and dietary education with dietician. 3. Blood Glucose Monitoring for diabetics.
PLANNING AND PROVIDING CARE OF PATIENTS	<ol style="list-style-type: none"> 1. Multidisciplinary rounds are done twice a day on this unit. 2. Patient care conferences and patient listing conferences are held every Friday with attendance from physicians, transplant coordinators, outpatient nurses, staff nurses, nurse manager, dietitian, clinical nurse specialist, pharmacy, social work, spiritual ministry and recreation therapy. 3. QA/QI Chart Reviews. 4. Day hospital and OP9 services for follow-up care.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Renal Biopsies; Conscious Sedation; Preparation for Surgery; Ultrasound Insulin Pumps; Blood products transfusion, Hemodynamic Monitoring, EKG monitoring, Blood Glucose Monitoring, Epidural and PCA pain management.
REHABILITATION AND CARE SERVICES	<ol style="list-style-type: none"> 1. Recreation therapy, Social work, Respiratory care, Spiritual Ministry services are provided to this patient population. 2. Discharge planning with home assessment. 3. Outpatient follow up with transplant coordinators, physicians and OP9 staff. 4. Day hospital on unit for labs, intravenous medication. 5. Ethics consults are available upon request.

<p>PATIENT AND FAMILY EDUCATION</p>	<ol style="list-style-type: none"> 1. Patient and family education is coordinated with transplant coordinators, staff nurses, pharmacy and nutrition services. 2. A specialized patient education book on transplantation is provided to each patient. 3. Self medication program with pre-discharge education on medications. 4. Living donors are given special instructions on discharge.
<p>MAINTAINING A SAFE ENVIRONMENT</p>	<ol style="list-style-type: none"> 1. Rooming in for family members of children and young adults. 2. Pediatric Safety guidelines. 3. Wheelchair accessible bathrooms.
<p>MANAGEMENT OF HUMAN RESOURCES</p>	<ol style="list-style-type: none"> 1. Unit is staffed with a minimum of 2 nurses on nights, three nurses on days during the week and 2 nurses on evenings. 2. One nurse is assigned to our day hospital. 3. Competencies for hemodynamic monitoring, blood products, VADs, EKG monitoring, Blood glucose monitoring. 4. Staff education. 5. Protocol Inservices. 6. Product Inservices. 7. Point of Care testing of blood glucose monitoring.
<p>SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION</p>	<ol style="list-style-type: none"> 1. Immunization assessment for each transplant candidate. 2. Screening of children and visitors of immunocompromised patients. 3. Reverse airflow room on unit. 4. Infectious disease consults. 5. Universal precaution.

13 WEST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	18 bed pediatric inpatient unit serving patients from multi-institutes focusing on chronic and acute illnesses in children. Diverse protocols cover the following: immune disorders, genetic disorders, various cancers, and hematological disorders. Phase I, II, and III protocols from NCI, NHLB, NIAID and other institutes.
AGE OF PATIENT POPULATION	Toddlers; preschool; school age; adolescents; and young adults.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Family centered care including rooming in; unit guidelines; recreational activities; day and overnight passes; flexible visiting hours; school; children assent for interventions; bioethical consult.
ASSESSMENT OF PATIENTS	13W inpatient assessment standards: screening & diagnosis, treatment, acute processes, child abuse and End -of -life care. Nursing Department Age Appropriate Guidelines. Documentation per Nursing Department guidelines.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Pediatric Safety Guidelines, age appropriate activities; immune compromised/neutropenic guidelines; interpreter support for non-English speaking patients; handicap accessible bathroom.
PLANNING AND PROVIDING CARE OF PATIENTS	Daily Institute Rounds on and off unit, weekly interdisciplinary rounds, patient care conferences, family meetings, (delete protocol mapping) coordinated patient care planning with outpatient settings and team, patient calendars, and Look Good- Feel Better Program for Teens and Adults.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Prep and recover patients for bone marrow biopsy; lumbar puncture; support (delete conscious) sedation for procedures; Ommaya taps; chemotherapy, blood administration, antifungal and ATG administration, bone marrow transplants, biotherapy administration, BBGM, nasopharyngeal washes, CT guided biopsy, bronchoscopy, PCAs, line care, pharmacokinetics studies, and pediatric pain management for procedures.
REHABILITATION AND CARE SERVICES	Creation and maintenance of normal life routine; patient schooling; hospice care coordination; Children's Inn; playroom, medical play, planned recreational activities and art therapy coordinated by Recreational Therapists; unit assigned Social Worker and Dietitian; support groups; Occupational and Physical Therapy, Epidemiology, and Spiritual Care Ministry.
PATIENT AND FAMILY EDUCATION	Individualized patient and family teaching; teaching provided for protocols, diseases and medications using various tools and materials; patient/ family information on rules/ safety measures.
MAINTAINING A SAFE ENVIRONMENT	Safe handling of chemotherapy and radioactive waste; rooming-in; Volunteer Program; above-reach wall mounted needle boxes; PEDS sheet; safety protected outlets; locked medications; entrance doors to unit locked overnight; Pediatric Safety Guidelines; bed safety measures.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern with staff cross-trained to clinic and other pediatric areas; Competency Based Orientation focusing on special needs of unit population; staff support group; ongoing education and staff development including protocol and product in services and updates; CPR; Code Blue certification and annual procedure revalidation.

**SURVEILLANCE, PREVENTION,
AND CONTROL OF INFECTION**

Infectious disease screening; TB surveillance, immunization assessment; monthly epidemiology reports, and epidemiology nurse assigned to unit for consult; resistant bacteria monitoring; neutropenic assessments; maintaining and enforcing Isolation Policy for identified patients; monitoring of infections; negative and positive flow rooms.

3 EC UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	A locked 6 bed inpatient child and adolescent psychiatric research unit. Multiple NIMH branches implement protocols, including Child Psychiatry, Pediatric Developmental Neurology, and Affective Disorders. Childhood onset Schizophrenia spectrum disorders, Psychosis NOS, and Bipolar Disorders are of current interest. Length of stay ranges from a few days to 6 months.
AGE OF PATIENT POPULATION	School age and adolescent children. Possible, infrequent young adult follow-up.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Unit specific: Clergy Visiting Policy, Telephone Policy, Visiting Policy; school on unit.
ASSESSMENT OF PATIENTS	3 EC Inpatient assessment standards: Childhood Onset Schizophrenia. Behavioral rating scales (Bunney-Hamburg and BPRS scales); medication side effect scales; potential for elopement, aggression and suicide; Pediatric Developmental Neurology rating scales for aggression and mood state.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Assessment of individual level of development, functional status, degree of disturbance in thought or mood, and education needs (special education or language assessment); Occupational Therapy assessment for ability to manage ADLs and assessment of visual motor coordination; unit specific Pass/Privilege Policy. Assessment and management of common medication side effects, including weight gain and sedation.
PLANNING AND PROVIDING CARE OF PATIENTS	Weekly Interdisciplinary treatment planning meetings; daily community meetings; weekly research planning meetings; periodic family meetings attended by interdisciplinary staff; telephone contact with family by Primary Nurse 1-5 times per week; community meals; unit specific QA/QI indicators.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	EEG; eye tracking; spectroscopy MRI; pharmacokinetic studies; genetic testing; psychophis; FMRI; neuropsychological testing.
REHABILITATION AND CARE SERVICES	Maintenance of therapeutic milieu; coordination of individual recreational therapy; individual occupational therapy; individual art therapy; special education in unit based school; individual and group therapies.
PATIENT AND FAMILY EDUCATION	Health and illness teaching/information; interdisciplinary family meetings; referral to NAMI (national support group); family educational materials on unit; Primary Nurse accessible to family via telephone.
MAINTAINING A SAFE ENVIRONMENT	Locked unit; safety towel racks in bathrooms; motion detectors in patient bathrooms; breakaway shower rods; bed locks; secured, stationary pictures; plexiglass windows; seclusion room; sharp count every shift; random room searches; camera in seclusion room and hallways; routine every 30 minute patient checks; locked medication room; safety outlets.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; competency based CPI training for aggressive behavior management; restraint competency program; patients assigned to primary nursing team; CVP for diseases and procedures; unit based competency validation program.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Admission assessments for TB, candida, mumps; HIV, hepatitis B testing with consent. Compliance with Clinical Center Infection Control policies and procedures.

11 WEST UNIT SCOPE OF SERVICE 11 WEST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	18 bed inpatient unit that provides care for newly diagnosed and chronically ill patients with infectious diseases and immune disorders of the NIAID/NIAMS/NIEHS. The environment includes 2 private negative pressure rooms for patients on multi-drug resistant tuberculosis protocols and Special Respiratory Isolation. Staff triage care after hours for the outpatient areas of 11 E Day Hospital.
AGE OF PATIENT POPULATION	Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Consultation from both the CC patient representative and the Bioethics department.
ASSESSMENT OF PATIENTS	11 W inpatient assessment standards: HIV positive, Wegeners Granulomatosis, Mastocytosis, Crohns, CGD/JOBS, Mycobacterium Avium Intracellular, Common Variable Immuno-deficiency, Asthma, SLE, Myocitis, RA, FMF-TRAPS, Parasitic Disease, West Nile.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Patients experiencing long term isolation receive special assessments and interventions for spirituality, exercise, recreation and stress reduction.
PLANNING AND PROVIDING CARE OF PATIENTS	Monday, Wednesday and Friday 2 hour Interdisciplinary rounds for NIAID, weekly one hour interdisciplinary rounds for NIEHS and NIAMS.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Tracheostomy; thoracotomy; multiple types of wound and drain procedures; thoracentesis, lung, liver, kidney and bone marrow biopsies; gene therapy for CGD & HIV; NIVS such as BiPAP; PCA; administration of IVIG, WBCs, monoclonal antibodies, cytotoxic agents, antibiotics, phase I and II drug studies and pharmacokinetic studies.
REHABILITATION AND CARE SERVICES	Community referrals to public health departments.
PATIENT AND FAMILY EDUCATION	Patients and families receive teaching for: self injection of alpha or gamma interferon, IL-2, tracheostomy care, central line care, IV antibiotic therapy, ambulatory pump therapy for PCA and complex wound care.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions and disposal; mask training for respiratory isolation.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; all staff are cross trained to the 11E DH; unit modules for diseases and procedures. Core role and POC competencies for new staff orientation. Annual competency verification based on high risk, low volume and/or educational needs of the staff. Code Blue annual training and Clinical Center Competencies. Contract agency orientation and competency verification and evaluation.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Strategic planning is done for room placement of infectious and immunosuppressed patients; negative pressure room; consults and collaborates with HES for prevention and control of infections such as TB; OMS coordinates staff TB surveillance, hepatitis immunizations and optional HIV testing.

ENDOSCOPY UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Special procedure suite serving patients throughout the CC and patients on NIDDK protocols for Zollinger Ellison Syndrome (ZES and MEN), NCI, NIAID; focus on gastroenterological procedures including gastric analysis and endoscopy.
AGE OF PATIENT POPULATION	Childhood; early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Consents for procedures; pre-procedure teaching and counseling; privacy during procedures.
ASSESSMENT OF PATIENTS	Assessment and documentation standards of the Society of Gastroenterology Nurses and Associates (SGNA); conscious sedation assessment.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Anesthesia consult if special needs identified; procedures done in OR if additional support needed.
PLANNING AND PROVIDING CARE OF PATIENTS	Pre-admit meetings; GI rounds, QA/QI indicator, Conscious sedation policy, Correct site/verification policy; patient schedule.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Gastric analysis; endoscopic procedures, biopsies, fine needle aspiration, gastrostomy tube placement, endoscopic ultrasound.
REHABILITATION AND CARE SERVICES	
PATEINT AND FAMILY EDUCATION	Pamphlets on gastric analysis, EGD, ERCP; pre/post procedure visit.
MAINTAINING A SAFE ENVIRONMENT	Reversal medication available; oxygen and suction available, basic code cart; waste disposal; follows high risk drug procedures.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; unit modules for diseases and procedures; specialty training.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	High level disinfection through CHS; universal precautions; QA/QI; ORYX data.

B3 Radiation Oncology Clinic SCOPE OF CARE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Open M-F, the Radiation Oncology Clinic treats patients of the NCI Radiation Oncology Branch, and serves as a consult clinic to all Clinical Center patients requiring radiation therapy. The clinic has four examination rooms, and sees an average of 400 outpatient visits per month.
AGE OF PATIENT POPULATION	Infant, toddler , preschool age, school age, adolescents, early, middle and late adult
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Comprehensive holistic family centered care. Social Work, and Recreation Therapy. Advanced Directive/DPA with Bioethics Consult available. Patient Waiting Room. AT&T language line and translators available.
ASSESSMENT OF PATIENTS	B3 Radiation Oncology Outpatient assessment standards: Screening & Diagnosis, Treatment, Acute Processes and End of Life, Nursing Department Age Appropriate Care Guidelines; Documentation per Nursing Department guidelines.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Pediatric Safety Guidelines; Age Appropriate Care Guidelines; Foreign Language Interpreter Support; Handicapped-accessible rooms; specific guidelines for care of patients who are immunocompromised/neutropenic. Teaching sheets & patient education pamphlets in Spanish.
PLANNING AND PROVIDING CARE OF PATIENTS	Daily interdisciplinary team meetings; Weekly Chart rounds; Primary Nursing / Case Management; Telephone triage.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Conscious Sedation.
REHABILITATION AND CARE SERVICES	Occupational and Physical Therapy; Recreation Therapy.
PATIENT AND FAMILY EDUCATION	Patient education pamphlets; Living with Cancer Series resource pages; VAD education.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions and disposal; wall mounted needle buckets, Yellow hazardous waste disposal buckets. Adherence to Epidemiology isolation guidelines.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; Level I - III certification for chemotherapy administration; Inservices related to new protocols and devices.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Staff surveillance for TB; routine screening/assessments to include TB, Zoster and respiratory illnesses. Updates from Hospital Epidemiology on outpatients on isolation.

8 EAST SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	23 bed patient care unit, supporting Phase I and II biomedical research for the Pulmonary and Molecular Disease Branches of the NHLBI and the Liver Disease Branch of the NIDDK. Research studies focus on: Asthma, Osteoporosis in pts with lung disease, Idiopathic Pulmonary Fibrosis pts with Rheumatoid arthritis, Alpha antitripsin deficiency pts, Sarcoidosis, Cystic Fibrosis, Interstitial lung diseases, Lymphangiioleiomyomatosis, Lipid diseases, Hepatitis B and C, and primary biliary Cirrhosis and NASH. Clinical Research Volunteers are also recruited to participate in various clinical trials. The length of stay can range from one day to several months. The unit also supports a Bronchoscopy Suite located off the unit.
AGE OF PATIENT POPULATION	Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Student Clinical Research Volunteer orientation packet; Clinical Research Volunteer Log In/Out Book; Multidisciplinary Orientation meetings for new volunteers; weekly lunch meeting with staff and SRV's; exercise bicycle for patient use in Solarium.
ASSESSMENT OF PATIENTS	8E Inpatient Assessment Standards for the following disorders: (assessment forms are pt population specific), Lipid, Pulmonary, and Liver. Assessment standards for clinical research volunteers for the following: Bronchoscopy and Metabolic Studies.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Abeta-lipo proteinemia environmental safety assessment; LAM pts. (chest tube equipment on standby); Safety screening of Liver Bx pts (for compliance with med restrictions/pt teaching for post Bx. Bleeding); Safety screening for visitors and under 12 yrs. (for protection of susceptible immune suppression, pre and post kidney and lung transplant patients.
PLANNING AND PROVIDING CARE OF PATIENTS	Weekly Interdisciplinary Planning Rounds for patients with Liver; Pulmonary and Lipid Disorders; Metabolic diets for patients with lipid disorders and for Clinical Research Volunteers on protocol. Patients with LAM, and Reference book for detailed care of PCOS and Insulin resistant patients and Multidiscipline Care Rounds.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Bronchoscopies; Liver Biopsies; Pulmonary Function Tests; Methacholine challenge and broncho-provocation for Asthma.
REHABILITATION AND CARE SERVICES	
PATIENT AND FAMILY EDUCATION	Patient Education pamphlets related to diseases and/or diagnostic procedures; Videotapes for Alpha Interferon Self Injection.
MAINTAINING A SAFE ENVIRONMENT	Locked medication room; Special Needs patient room with architectural modifications that includes wheelchair accessibility, "walk-in" shower, special hand rails in bathroom, lower placement of shelving; maintaining consistent room arrangement for vision impaired pts.
MANAGEMENT OF HUMAN RESOURCES	8E unit staffing pattern; CVP for diseases; Bronchoscopy Nurse competencies.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Respirator masks for use in Bronchoscopy suite. Screening of visitors under 12 years of age for recent/current infections, separation of pts with known diseases from susceptible pts. Keyed lockers in pts' rooms for safekeeping of personal items. Use of universal precautions in all areas.

11 OPD CLINIC AND 11 EAST DAY HOSPITAL SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Outpatient areas, which serve patients who are acutely, chronically and newly diagnosed with various medical diseases involving the immune system and infectious diseases in healthy adults plus children serve as normal volunteers to various studies.
AGE OF PATIENT POPULATION	Early, middle and late adults.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Bioethics consultation, interpreting services, Recreation Therapy, Patient Representative, Spiritual Ministry.
ASSESSMENT OF PATIENTS	11 EDH/OPD outpatient assessment standards: HIV positive, Wegeners Granulomatosis, Mastocytosis, CGD/JOBS/LAD, Mycobacterium Avium Intracellular, Common Variable Immuno-deficiency, Asthma, Mastocytosis, Parasitic Disease, Inflammatory Bowel Disease, Hyper IgM Syndrome. Telephone assessments as needed; use of CRIMSON documentation system; joint assessment by Social Worker
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Provide communication services for hearing impaired and language interpreter as needed.
PLANNING AND PROVIDING CARE OF PATIENTS	Patients come to outpatient settings for protocol screening, initial and follow up care; patients receiving IV medications are monitored closely for tolerance and reactions; interdisciplinary rounds.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Lumbar punctures; bone marrow aspirations; GYN exams; skin testing; transfuse RBCs and WBCs; infuse IVIG and antibiotics; facilitate Phase I & II drug studies and pharmacokinetic studies including vaccinations and skin blister fluid protocols.
REHABILITATION AND CARE SERVICES	Continuity of care is provided by making the appropriate referrals
PATIENT AND FAMILY EDUCATION	Disease information; pre and post procedural teaching on lumbar puncture, bone marrow aspirations, GYN exams and CVAD; patient information standards.
MAINTAINING A SAFE ENVIRONMENT	Wall mounted needle boxes; negative flow room.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; staff cross-trained to OP11/11EDH for program care competencies.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	11 OPD negative flow room for patients with multi-drug resistance TB (MDRTB); nurses follow TB surveillance guidelines with OMS; follow isolation guidelines for patients with MDRTB and TB.

11 EAST DAY HOSPITAL SCOPE OF CARE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Outpatient area, which serve patients who are acutely, chronically and newly diagnosed with various medical diseases involving the immune system and infectious diseases in healthy adults plus children serve as normal volunteers to various studies.
AGE OF PATIENT POPULATION	Early, middle and late adults.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Bioethics consultation, interpreting services, Recreation Therapy, Patient Representative, Spiritual Ministry.
ASSESSMENT OF PATIENTS	11 EDH outpatient assessment standards: HIV positive, Wegeners Granulomatosis, Mastocytosis, CGD/JOBS/LAD, Mycobacterium Avium Intracellular, Common Variable Immuno-deficiency, Asthma, Mastocytosis, Parasitic Disease, Inflammatory Bowel Disease, Hyper IgM Syndrome. Telephone assessments as needed; use of CRIMSON documentation system; joint assessment by Social Worker
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Support pediatric patient schooling and growth and development; provide communication services for hearing impaired and language interpreter as needed.
PLANNING AND PROVIDING CARE OF PATIENTS	Patients come to outpatient setting for protocol screening, initial and follow up care; patients receiving IV medications are monitored closely for tolerance and reactions; interdisciplinary rounds.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Lumbar punctures; bone marrow aspirations; GYN exams; skin testing; transfuse RBCs and WBCs; infuse IVIG and antibiotics; facilitate Phase I & II drug studies and pharmacokinetic studies including vaccinations and skin blister fluid protocols.
REHABILITATION AND CARE SERVICES	Continuity of care is provided by making the appropriate referrals Children's Inn for patient/family lodging.
PATIENT AND FAMILY EDUCATION	Disease information; pre and post procedural teaching on lumbar puncture, bone marrow aspirations, GYN exams and CVAD; patient information standards.
MAINTAINING A SAFE ENVIRONMENT	Wall mounted needle boxes; PEDS on code cart; negative flow room.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; staff cross-trained to OP11/11EDH for program care competencies.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Nurses follow TB surveillance guidelines with OMS; follow isolation guidelines for patients with MDRTB and TB.

9 WEST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	11 bed pediatric research inpatient unit serving patients from multiple institutes focusing on chronic conditions and integumental disorders of children. Diverse protocols cover the following disorders: autoimmune, neuropsychiatric, endocrine, genetic, metabolic, neuromuscular, and conditions of the eye, heart, and brain.
AGE OF PATIENT POPULATION	Infant; toddler; preschool; school age; adolescent; young adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Parents rooming in; family use of Children's Inn; unit play rooms; school; pediatric recreation therapy; each patient and family assigned a patient representative; AT&T language line and translators assurance of informed consent/ assent.
ASSESSMENT OF PATIENTS	9W inpatient assessment standards: Short Stature, Precocious Puberty; Congenital Adrenal Hyperplasia, Normal Volunteer, McCune Albright Syndrome, Osteogenesis Imperfecta., Cushing Syndrome. Lipid disorders, Smith-Lemli-Opitz, PFD, ML4, Obesity. and Insulin Resistance.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Provide age appropriate activities; follow Pediatric Care Safety guidelines; Pre Admission Interdisciplinary Planning Rounds.
PLANNING AND PROVIDING CARE OF PATIENTS	Interdisciplinary rounds to create plan of care attended by social worker, Spiritual Ministry, nurse, teacher, Recreation Therapist, Head Nurse, physician and nutritionist; children's menu; QA/QI indicators; family systems approach to provide care; assessment of cultural needs; Protocol Maps; safe blood limits.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Skin punch biopsies; provocative and nonprovocative serial testing; BBGM; pre and post procedure care for bone biopsy, transphenoidal surgery, and petrosal sinus sampling, and central line placement.
REHABILITATION AND CARE SERVICES	Weekly Art Therapy and daily Recreation Therapy PT/ OT consults.
PATIENT AND FAMILY EDUCATION	Tour of 10D and 5W as appropriate; use patient education handouts; self injection teaching using inject pad; reward and behavior modification programs; age appropriate play and demonstrations; use of patient calendar with explanations of tests and procedures; discharge planning education.
MAINTAINING A SAFE ENVIRONMENT	Child safe physical environment; bed safety measures; PEDS (Pediatric Emergency Drug Sheets); locked medication room; wall mounted needle boxes; railguards; procedures done in treatment room; handicapped-accessible room. Unit rules for children's safety; provide extra safety measures for visually impaired patients.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; unit resource books and manuals for diseases, procedures and protocols. Cross-training for Pediatric Program of Care.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Maintaining Isolation Policy for identified patients; assessment of immunization status; assessment of recent communicable disease exposure for patients and visitors; consult with epidemiology.

9 WEST DAY HOSPITAL UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Outpatient care area, serving patients from multi-institutes focusing on acute and chronic conditions; normal volunteers are also seen. The Day Hospital is open 7 a.m. to 7 p.m. Monday through Friday and 7 a.m. to 3 p.m. weekends and holidays.
AGE OF PATIENT POPULATION	Infant; toddler; preschool; adolescent; young adults.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Family participation, family use of the Children's Inn; playroom, Recreation Therapy staff, schooling, genetic counseling for parents.
ASSESSMENT OF PATIENTS	Outpatient assessment standards on various patient populations in the Day Hospital.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Age appropriate activities, practice pediatric care safety guidelines, provide quiet area when available for patient or family member. Wheel chair accessible and other special needs assessed and addressed prior to admission.
PLANNING AND PROVIDING CARE OF PATIENTS	Use of pre-admission forms, Interdisciplinary and Protocol Rounds, Clinical Research Maps. Utilize pediatric menus, curtained area available for minor procedures and physicals, family systems approach to provide care.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Multiple body measurement. Provocative/non provocative serial testing, pharmacokinetics,, skin punch biopsies, lumbar puncture, sedation for procedures, pre & post sedation monitoring, BBGM.
REHABILITATION AND CARE SERVICES	Creation and maintenance of normal life routine, patient schooling, Children's Inn, Support groups, Recreation therapy.
PATIENT AND FAMILY EDUCATION	Age appropriate teaching (stickers for encouragement/motivation). Individualized teaching plans aimed at target age group, play and demonstration. Use of patient calendars.
MAINTAINING A SAFE ENVIRONMENT	Provide extra safety measures for physically impaired patients, locked medication, treatment and utility room, wall mounted needle boxes, Pediatric Emergency Drug Sheet for each patient, socket covers, established pediatric clinic safety rules.
MANAGEMENT OF HUMAN RESOURCES	Unit resource books and manuals for diseases and procedures, cross-training for Pediatric Program of Care.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Use of Universal Precautions. Assessment of immunization status and exposure to communicable and infectious diseases. Provide isolation as needed & follow appropriate precautions & guidelines.

9 EAST DAY HOSPITAL UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Outpatient unit providing care to multi-institutes including: NIDDK, NIAMS, NIMH, NICHD's GYN clinic, NEI, NIDCD, NIGR, NIHLB. Patients seen with average length of stay of 3-8 hours, including pts with SLE, Arthritis, thyroid, endocrine problems, endometriosis, myositis.
AGE OF PATIENT POPULATION	Early, middle, late adulthood. Adult parents in family study.
ACTIVITIES THAT SUPPORT PATIENT RIGHTS	Protocol and consents for procedure/advance directive.
ASSESSMENT OF PATIENTS	9EDH assessment/standards: Endocrine, Rheumatology, Nephrology, Gynecology.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Arthritis/Dialysis patients. Estimated mobility.
PLANNING AND PROVIDING CARE OF PATIENTS	Protocol Maps: clinical indicators; teaching aids with questionnaire, telephone follow up post treatment; completion of medication orders post episode of care. Consults with special services/social work, nutrition.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Serial testing; monitoring of endoscopy and GYN surgical patients post sedation; endometrial, synovial and muscle biopsies, endoscopy recovery, monoclonal antibody infusions, administration of Cytotoxic agents. Performance of dialysis by a dialysis R.N.
REHABILITATION AND CARE SERVICES	Rehabilitation for Arthritis as consultative service.
PATEINT AND FAMILY EDUCATION	Arthritis teaching; audio tape; Ovulation teaching, self inject teaching, handouts and film. Nutrition/health maintenance. Patient education for immuno-compromised patients.
MAINTAINING A SAFE ENVIRONMENT	Safe handling of cytotoxic agents and low vision safety. Maintaining a clear environment from equipment and clutter.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; cross training of other staff members from inpatient units; unit competency modules for diseases and procedures; chemotherapy certification.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Neutropenia assessment; CHS sterilization of durable equipment. Adhering to CHS/CC policy on sterilization of equipment (GYN instruments).

