

DOWLING CLINIC AND 2J APHERESIS UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Dowling: 9 bed clinic located in the Department of Transfusion Medicine (room 1C710). Provides Apheresis services to all institutes Monday - Friday from 7:30 a.m. to 6:00 p.m. and on an emergency basis at all other times. 2J Apheresis: 3 bed unit located within 2J SICU, Room 2N324. Provides apheresis services to the NCI Surgery Branch Monday - Friday from 6:00 a.m. to 3:00 p.m. and on an emergency basis at all other times.
AGE OF PATIENT POPULATION	Dowling: Preschool; school age; adolescent; early, middle and late adult. 2J Apheresis: Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Dowling: Informed consent obtained for Apheresis either by protocol or Standard Consent Form 522. 2J Apheresis: Informed consent obtained for Apheresis either by protocol or Request for Administration of Anesthesia and for Performance of Other Procedures Form NIH 2626. Family members/visitors allowed to stay with patient.
ASSESSMENT OF PATIENTS	Apheresis SOP for assessment followed. All patients assessed for safe extracorporeal volume and reviewed by a physician as needed.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Translator provided for non-English speaking patients. Dowling: Pediatric patients always have two nurses available.
PLANNING AND PROVIDING CARE OF PATIENTS	Dowling: Responsible for care of patients requiring cellular collections, exchanges, and transfusions. 2J Apheresis: Responsible for care of patients and normal volunteers requiring cellular collections. Care provided by trained RN through out apheresis procedure; able to detect and treat any untoward effects of apheresis procedure if needed.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Line placements provided outside of the Department, on rare occasions assist with placement of femoral lines in the Clinic.
REHABILITATION AND CARE SERVICES	If further monitoring is required post-procedure, the patient is sent to an inpatient unit or clinic.
PATIENT AND FAMILY EDUCATION	"Preparing for Transfusion Therapy"; "Your Guide to Apheresis"; "Apheresis Patient Guide"
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions followed. Needle boxes of prescribed safety in use. Universal precautions/Infection Control training for all staff. Followed by monthly observation.
MANAGEMENT OF HUMAN RESOURCES	Dowling: DTM physician on duty at all times. 2J Apheresis: Surgery Branch Immunotherapy Fellow, MD on duty at all times. All RN staff performing apheresis; all complete the apheresis training competencies and checklists; all are CC Privileged for IV, medications, and administration of blood products; some staff certified as Hemapheresis Practitioner (ASCP).
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Apheresis kits are one-time use only and disposed of after use. Skin prep prior to phlebotomy and central line care using aseptic technique.

OPERATING ROOM SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	OR suite consists of 11 operating rooms: The operating room attends to patients enrolled on experimental protocols that require surgical interventions, diagnostic and invasive therapeutic procedures.
AGE OF PATIENT POPULATION	All ages.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Family waiting area with telephone and staffed by hospital volunteer for intra-operative progress reports; Social Worker and Chaplains available; outpatient waiting room accessible.
ASSESSMENT OF PATIENTS	Pre-operative visit and assessment; documentation in MIS and verbal morning staff report.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Special needs are noted in pre-op data assessment such as language barriers, learning deficits, metal implants, latex sensitivity, and positioning limitations.
PLANNING AND PROVIDING CARE OF PATIENTS	Prioritized perioperative care plan modified to individual age and patient needs; planning with PACU and SICU; weekly NCI surgery branch conference meeting.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	All CC surgery to include but not limited to biopsies, laparotomies, perfusions, and craniotomies.
REHABILITATION AND CARE SERVICES	Physical therapists consulted for specific surgeries with complex orthopedic needs.
PATIENT AND FAMILY EDUCATION	Pre-operative visits of patient for assessment teaching include four broad categories: 1) procedural, 2) sensory/temporal, 3) coping and 4) reassurance; reinforcement immediately post-op of care needs.
MAINTAINING A SAFE ENVIRONMENT	Compliance with AORN, AAMI, ASA, OSHA and JCAHO standards.
MANAGEMENT OF HUMAN RESOURCES	Staffing provided by Registered Nurses, Surgical Technologists and Anesthesia Technologists with professional staff and certified health technicians. Several nurses with service specialties, ACLS, PALS , OCN and CNOR certification; NCI Surgery Branch Perfusionist required for liver and limb perfusion protocols.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Nurse member of CC Infection Control Committee; collaboration and communication with Hospital Epidemiology Service about infection trends and care planning of patient and staff in dealing with infectious syndromes; ongoing monitoring of sterilization process adequacy.

POST ANESTHESIA CARE UNIT (PACU) SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	The PACU is located just outside of the Operating Rooms on the 2nd floor of the CC ACRF building. Provides care to inpatients and outpatients from all CC Institutes who receive sedation, monitored local, regional or general anesthesia in the OR or by Anesthesia Department staff. Expected LOS depends on patient's level of consciousness and hemodynamic stability in meeting the PACU discharge criteria and "street fitness" criteria.
AGE OF PATIENT POPULATION	All ages.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Family waiting area, "Pediatric Corner"; PACU Family Visitor Policy; translator services.
ASSESSMENT OF PATIENTS	PACU inpatient and outpatient assessment and documentation standards.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Translator services.
PLANNING AND PROVIDING CARE OF PATIENTS	Standard monitoring as indicated given patient age and clinical status; BBGM and Hemocue monitoring; Protocol Maps; post op nursing report; post op anesthesia report; QA/QI indicators.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Provide care for all surgical procedures, Special Procedures and Cardiology patients receiving anesthesia by Department personnel. Also provide care or assist with the following procedures: epidural insertions and epidural blood patches.
REHABILITATION AND CARE SERVICES	Physical therapists consulted for specific surgeries with complex orthopedic needs.
PATIENT AND FAMILY EDUCATION	Outpatient Surgery booklet; post op instruction sheets; medication sheets; stickers/toys for pediatric patients.
MAINTAINING A SAFE ENVIRONMENT	Side rails in upright position for all patients; Pyxis medication system; PEDS for all pediatric patients; radioactive waste precautions and disposal; card key security system.
MANAGEMENT OF HUMAN RESOURCES	RN staffing; all complete the PACU/Anesthesia Section competencies; all are ACLS certified and are CC Privileged for IV, medications, and administration of blood products.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Respirator masks, NB-95 and PAPR units; care and recovery of respiratory and strict isolation patients in OR rooms.

DEPARTMENT OF RADIOLOGY SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	The Department of Radiology and Diagnostics (DRD) provides services to all inpatient and outpatients participating in NIH clinical trials. Patients are of all ages, all conditions, and vary from normal volunteers to critical care patients. Hours of operation are 8a.m. to 5p.m., Monday through Friday. Staff is on-call for emergencies 24 hours a day, 7 days a week. The patient's length of stay in the DRD ranges from 15 minutes (normal chest x-ray) up to 8 hours (angiograms, etc.). There are 18 patient examination rooms in operation. On average, we perform 8,000 exams per month.
AGE OF PATIENT POPULATION	Infants, Toddler, Preschool, School Age, Adolescent, Early, Middle, and Late Adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	There are four (4) waiting rooms within the Radiology Department, General, CT, and MRI. A small private conference area is used for discussions with the patient and family.
ASSESSMENT OF PATIENT	Interdisciplinary documentation recorded in the medical record is reviewed prior to a procedure and a verbal report is obtained from nursing unit staff prior to transfer to the DRD.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Special needs are noted from MIS documents and from reports from the patient's unit nursing staff as positioning limitations, language barriers, age etc.
PLANNING AND PROVIDING CARE OF PATIENTS	Standardized care/procedure plans are modified to meet the unique care needs of the patient.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Direct nursing care is routinely provided to patients undergoing invasive procedures in CT (biopsy, drainage, etc.) and in Special Procedures (arteriography, venous sampling, interventional radiology procedures, etc.).
REHABILITATION AND CARE SERVICES	
PATIENT AND FAMILY EDUCATION	Patient and family receive applicable written and verbal instruction about the procedure to be performed. Reinforcement instruction is provided immediately post-procedure to facilitate self-care skills and coping.
MAINTAINING A SAFE ENVIRONMENT	Compliance with all ACR, NRC/FDA, OSA, AIUM, SMRA, SMRT, ARNA standards.
MANAGEMENT OF HUMAN RESOURCES	Staffing: CC/PHS app. 70 total staff Radiologist, Nurses, RT, and support staff. All nurses maintain BLS certification. Several nursing staff members maintain ACLS and PALS certification.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Routine surveillance of infection control procedures. Member on the CC Nursing Performance Improvement Committee, communicates with Hospital Epidemiology Service about infections trends and updates from OSA on MTB, and drug resistant bacteria. Microbiology monitors our sterilization process.

DIAGNOSTIC LABS: EXERCISE LAB, CATHERIZATION LAB SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	1 cardiac MRI catheterization lab; 1 electrophysiology lab, 1 exercise testing lab, 1 nuclear medicine room. Patient populations include patients with actual or potential cardiovascular diseases and normal volunteer's. Care is provided to patients needing diagnostic and research protocol studies.
AGE OF PATIENT POPULATION	School age; adolescent; early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Informed consent/assent for all procedures; family/significant other accompany patient to procedures as needed, Advance Directives, Partners in Research and Patients Rights Booklets.
ASSESSMENT OF PATIENTS	Cardiovascular assessment; noninvasive and invasive monitoring; pre-procedure screening and chart review; follow up of patients post studies.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Planning & providing for evoked unstable hemodynamic responses from testing; interpreter support.
PLANNING AND PROVIDING CARE OF PATIENTS	Interdisciplinary rounds; pediatric/adult program of care; protocol planning meetings; chart reviews, invasive monitoring; implementation of ACLS intervention; Protocol Maps.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Defibrillation, cardio version; cardiac catheterization; electrophysiology studies; IV conscious sedation; Thallium; pharmacological Thallium; exercise treadmill testing; M VO2 exercise testing, pharmacological stress testing; MRI; pacemaker implantation, skeletal & cardiac muscle biopsies; peripheral arterial interventions.
REHABILITATION AND CARE SERVICES	Referrals to patient support groups for coping with chronic diseases; referrals to social work.
PATIENT AND FAMILY EDUCATION	Protocol information flow-sheets; Protocol Maps; drug information handouts; procedure information handouts; teaching plans; pre-admission and discharge teaching.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions and disposal; sterile cath-labs with traffic controlled areas; locked medications; PEDS; maintenance of portable monitoring equipment; ACLS code carts; transport guidelines to outside facilities, MRI safety standards, maintenance of emergency equipment & supplies.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern is based on patient acuity and nursing skill; ACLS certification; annual defibrillation certification; cross-orientation; cardiac competencies.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Annual TB surveillance; Annual Flu shots, monitoring meds & supplies for expirations.