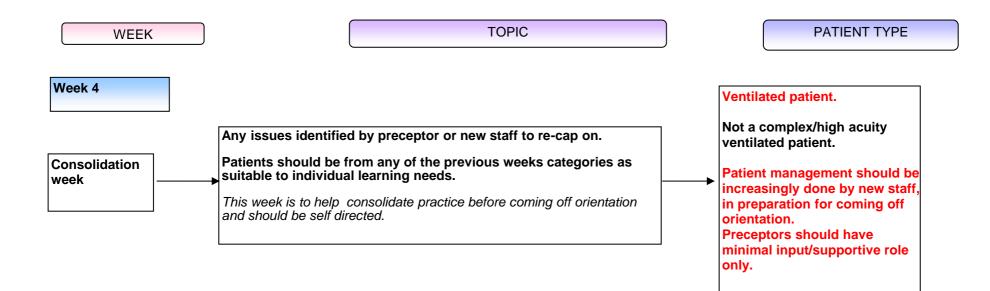
## PICU 4 Week Experienced in Similar Speciality Orientation Flowchart

WEEK		ТОРІС	P	ATIENT TYPE
Week 1 Safety & familiarisation to PICU Airway management & APLS	<ul> <li>Bedspace checks; space</li> <li>Paediatric patient assess</li> <li>Orientation to Documentation</li> <li>PICU flowchart, A to D F</li> <li>MAPS/SBS, GCS, VAP, G</li> <li>CLAB documentation</li> <li>PICU clinical guidelines</li> <li>IV Fluid management &amp; E</li> <li>IV Types, composition,</li> <li>Feed types, storage/use</li> <li>Bolus vs continuous, NO</li> <li>Patient handling - Safe h</li> <li>Hoist, sliding sheets, log</li> <li>Airway management -</li> <li>Emergent management -</li> <li>Emergent management -</li> <li>Principles of invasive ve</li> <li>Principles of non-invasive</li> <li>Paediatric intubation &amp; G</li> <li>Recognition of a deterior</li> <li>Basic Resuscitation</li> <li>Equipment (Defibrillator</li> <li>Chest opening flow cha</li> <li>Essential resuscitation of</li> <li>Paediatric arrest algorith</li> <li>Family Centred Care - Ma</li> <li>Concerto &amp; Eclair - Blood</li> <li>POCT training - Training of</li> <li>Acceptable standards of</li> </ul>	Planner, care plans lamorgan scoring (& care bundle) (via Starship Clinical Guidelines) <b>nteral feeding</b> restrictions & link to blood results of milk or EBM dietician role GT vs NJ tubes (inc equipment). Feeding pumps andling for patient and staff rolling etc nual hand bagging - assessed rediatric respiratory conditions ntilation & ventilator types (Paediatric modes - children re ventilation (Bubble CPAP, HFNC, BIPAP) extubation rating paediatric respiratory pattern - need for reintuba Chest opening, Resus Trolleys)	ed timeframes	HDU or Low grade ventilated patient These can be extubated, Bubble CPAP, HFNC or a stable ventilated patient. Absolutely no critical/complex HDU/ICU patients or cardiac takebacks. This time is to gain familiarity to the PICU environment.

Week 2       Embryology (not in-dept - a basic overview!)         Foetal circulation - an overview         Paediatric congenital cardiac defects         • Defects & surgical interventions         Cardiac patient assessment         Assessing cardiac output         • Fluids (maintenance & resuscitation)         • Common cardiac drugs         • O2 therapy         Pre-op care - Bypass bloods, consent, prostin therapy         Taking a 12 lead & atrial ECG         • on monitor & on ECG machine         Discharging cardiac patients         • Removing chest drains & peritoneal catheters         • Neonatal cares         • Discharging to the ward         The neonate         • Neonatal cares         • Thermoregulation maintenance (Cold Stress, radiant warmer or incubator)         • Positioning         Specific cardiac inotropes & vasodilators         • actions & interactions         • changing inotropes & vasodilators         • PiCU inotrope guideline         Ventilation         • Overview of Drager Ventilators & Modes         • Non-invasive ventilation in PICU (BCPAP, HFNC)         Tracheostomy management         • Care of child with tracheostomy         • Care of child with tracheostomy         • Care of child with t	Low grade cardiac patient at week start Cardiac Takeback during week

WEEK		TOPIC	PATIENT TYPE
Week 3			
Congenital Cardiac patients/Patient focus/Neonates	<ul> <li>Pacing &amp; paediatric rh</li> <li>Emergent chest open</li> </ul>	t <b>management</b> ack protocol (nursing roles) & PICU Guidelines hythm/arrhythmia recognition ing procedure chest/chest closure (theory not practical) t op	Cardiac Takeback Ideally a neonatal cardiac patient (simple non complex condition)
epsis/ he high acuity eneral patient leuro	Common causes of sepa Recognition of deteriora Management of shock ( SIRS & DIC basic princip ARDS in children Neuro focus • Seizure management • Care of child post neur • TBI protocol	nting child compensated/decompensated) bles	<ul> <li>Ventilated patient</li> <li>Moderate ventilated patient - can be cardiac or general patient type. Ideally with 1- 2 inotropes in situ.</li> <li>Patient with Sepsis ideal but not a complex/high acuity ventilated patient on multiple inotropes. Patient with TBI - not acute</li> </ul>



Some Suggestions for other topics...

EVD's - safety and management The importance of fluid restrictions Care of the dying child Patient transfers - CT / MRI Scanning/transfers SIADH & Diabetes insipidus

"Little people" - Request neonates and children for adult ICU nurses new to PICU "Big people" - request the older patient (ie not a neonate) for nurses from NICU

PICU Nurse Educators June 2018