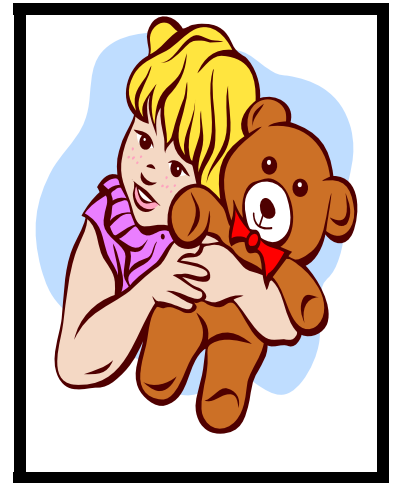


**CHKD
Transitional
Care Unit
TCU
FACT SHEET**



Welcome to the Transitional Care Unit (TCU)! The following information is provided to help prepare you for clinical practice in this unit. You are encouraged to become familiar with the diagnoses, medications, procedures, and pediatric concepts identified on this sheet. Though you will receive much of the information during your orientation, you may wish to pursue these topics independently in order to feel more comfortable during your time here. Reference materials are available on the unit or the Health Science Library at Sentara Norfolk General Hospital.

SCOPE OF PRACTICE

The TCU is a fourteen-bed unit specializing in the care of patients from birth to 21 years of age with chronic respiratory compromise who require prolonged airway management interventions such as tracheostomies, ventilator support, and/or oxygen therapy. The TCU also provides care to the medical/surgical overflow patient populations, including S/P tonsillectomy/adenoidectomy (T&A), S/P craniofacial patients, and other general medical/surgical patients. A multidisciplinary approach is utilized to provide quality patient care to meet the physical, emotional, social, developmental, and educational needs of the patients and their families. Nursing care is delivered by registered nurses (RN's) with support from Clinician II's (LPN's), Clinician I's, and an office coordinator.

MOST COMMON DIAGNOSES

- Bronchopulmonary Dysplasia (BPD)
- Chronic Lung Disease / Airway Obstruction
- Tracheal / Bronchial Malacia
- Werdnig-Hoffman Syndrome
- Spinal-Muscle Atrophy (SMA)
- Muscular Dystrophy
- Myasthenia Gravis
- Gastroesophageal Reflux (GER)
- Seizure Disorders
- S/P T & A
- S/P Craniofacial Surgery

UNIT ROUTINES

- 1st Monday of the Month: height, weight and FOC on either shift.
- Feeds: 0900, 1700, 0100
- VS: 1000, 1400, & 2200; or 1000 and 2200
- Weights: A shift
- Baths: Primarily A shift (depending on census, check with Charge Nurse)
- Assessments: Every 4 hours
- Trach ties changed daily
- Trach tubes changed weekly; Pods A & B – Tuesdays, Pod C - Wednesday

MOST COMMON DIAGNOSTIC PROCEDURES

- Hand-held Nebulizer Therapy (HHN)
- Chest Physiotherapy (CPT)
- Oxygen Therapy
- Tracheostomy Care
- Tracheostomy Changes
- Suctioning (Oral/Nasal/Tracheal)
- Enteric Feedings
- Gastrostomy Care

PEDIATRIC CONCEPTS

- Pediatric Growth & Development
- Pediatric Assessment
- Pediatric Med Administration
- Pediatric Rehabilitation Concepts
- Pain Assessment/Management
- Patient/Family Teaching--Adult Learning Principles

MOST COMMON PROCEDURES

- Chest X-ray (CXR)
- Basal Auditory Evoked Response (BAER)
- Visual Evoked Response (VER)
- Electroencephalogram (EEG)
- Upper GI Series / Barium Swallow
- Bronchoscopy
- MRI

MOST COMMON MEDICATIONS

- Acetamenophen (Tylenol®)
- Albuterol® Nebulizer
- Theophylline
- Chloral Hydrate
- Methadone
- Lorazepam (Ativan®)
- Phenobarbitol
- Ranitidine (Zantac®)
- Cisapride (Propulsid®)
- Gentamicin (HHN)
- Tobramycin (HHN)
- Co-Trimoxazole (Septra/Bactrim®)
- Amoxicillin (Augmentin®)
- Carafate (Sucralfate®)
- Belladonna-Phenobarbital (Donnatal®)
- Furosemide (Lasix®)
- Potassium Chloride
- Baclofen
- Ceftriaxone (Rocephine®)

MOST COMMON EQUIPMENT

- Nellcor® Pulse Oximeters
- Patrol® Feeding Pumps
- IVION® IV Infusion Pumps
- Medfusion® Syringe Pump
- Datascope® BP Devices
- Oxygen Delivery Devices
- Self-inflating Ambu Bags
- Cardiac/Respiratory Monitor
- Capnograph
- Ventilators (LTV-1000® & Infant Star®)
- Hoyer Lift