

# ECU Health Medical Center



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1W Mother/Baby, Labor & Delivery, Neonatal Intensive Care, Pediatric Intensive Care, 2W Pediatrics, Children's Float Pool

# 2CC Palliative Care (PCU)

## ECU Health Medical Center



### Overview

**Bed Count:** 16-bed palliative/general medicine/surgery unit

**Staffing Ratios:** 1:5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Symptom management and/or end of life care for patients with conditions like cancer, heart disease, kidney disease, pulmonary disease or neurological disease

**Leadership:** Kathy Gilbert, Nurse Manager, [KGilbert@ecuhealth.org](mailto:KGilbert@ecuhealth.org) / April Meeks, Assistant Nurse Manager, [April.Meeks@ecuhealth.org](mailto:April.Meeks@ecuhealth.org)

### Patient Care

Patients in this setting may require frequent neurological assessments and collaborative evaluations to manage intermediate care status. Continuity of care is facilitated in this unit through ICU transition for optimization of clinical outcomes.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

PCU provides short-term care for acute care needs. The team strives to provide a quiet, peaceful environment where the patient and the family can focus on quality of life.

#### Commonly utilized skills include:

- PCAs
- Central Line Management
- Tracheotomy patients
- Ostomy management
- Wound Vac care
- Foleys
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Dubhoff/NGT placement and management
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# 2 CC Surgical Oncology

## ECU Health Medical Center



### Overview

**Bed Count:** 32-bed flex unit (intermediate and general)

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Oncology patients needing a surgical intervention and benign surgical patients. Population consists of ear, nose and throat, colorectal, OB/GYN, urology, gastrointestinal, genitourinary and thoracic. Also have patients under plastic surgeon management

**Leadership:** Kathy Gilbert, Nurse Manager, [KGilbert@ecuhealth.org](mailto:KGilbert@ecuhealth.org) / Britney Beeker, Assistant Nurse Manager, [Britney.Beeker@ecuhealth.org](mailto:Britney.Beeker@ecuhealth.org)

### Patient Care

The population consists of surgical oncology patients, urology, gynecological and colorectal. This includes, but is not limited to:

- ENT surgeries (radical neck, oral reconstruction total laryngectomy, etc.)
- Pancreatic/liver surgeries (Whipple surgery)
- Colon surgery (colectomy, ileostomy, colostomy, wound vac and wound manager)
- Gynecological surgery/procedures
- Urology procedures

Patients in this setting may require frequent neurological assessments and collaborative evaluations to manage intermediate care status. Continuity of care is facilitated in this unit through ICU transition for optimization of clinical outcomes.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

### Commonly utilized skills include:

- PCAs/Epidurals
- Tracheotomy patients
- Ostomy management
- Wound Vac care
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Arterial lines and central lines management
- Dubhoff/NGT placement and management
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# Medical Oncology (MONC)

## ECU Health Medical Center



### Overview

**Bed Count:** 48-bed unit

**Staffing Ratios:** 1:4 RN to Patient, 1:8 Nursing Assistant to Patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Primarily adult patients with hematologic or oncologic concerns, immunocompromised, radiation complications, cardiac arrhythmia, complex fluid and medication management, and single and/or multi-system complications.

**Leadership:** Christine Smith, Nurse Manager, [cmmclaug@ecuhealth.org](mailto:cmmclaug@ecuhealth.org) / Allie Boykin, Assistant Nurse Manager, [Allie.Boykin@ecuhealth.org](mailto:Allie.Boykin@ecuhealth.org) / Meagan Flint, Assistant Nurse Manager, [Meagan.Flint@ecuhealth.org](mailto:Meagan.Flint@ecuhealth.org)

### Patient Care

The Medical Oncology unit receives overflow of populations such as surgery and medical patients at times. Nursing staff analyze cardiac rhythms on their patients; we are not monitored by monitor techs. BLS is required upon hire; ACLS (Advanced Cardiac Life Support) is recommended to be obtained within one year.

Skills that will be utilized are administering chemotherapy, continuous infusion medication management, pain management, wound vac dressing changes, wound drains, central lines, tracheotomy patients, chest tubes, IV start skills, peripheral lab draws, arterial blood draws, various intravenous drips i.e. cardiac, insulin, heparin, and cardiac monitoring.

Work collaboratively with other disciplines such as Physical Therapy, Respiratory Therapy, Recreational Therapy, Unit based Dietitian, Pharmacist, Case Management, and Social Work.

Services also include patient education related to chemotherapy, radiation, associated procedures, disease processes, management, diagnostic procedures, and trach care.

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# 4CV Cardiovascular Intermediate (CVIU)

## ECU Health Medical Center



### Overview

**Bed Count:** 24-bed monitored flex unit (intermediate and general)

**Staffing Ratios:** 1:4 or 1:5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Primarily consists of post-operative cardiac, thoracic and vascular patients.

**Leadership:** Nakeyshia Barr, Nurse Manager, [Nakeyshia.Barr@ecuhealth.org](mailto:Nakeyshia.Barr@ecuhealth.org) / Minerva Romero, Assistant Nurse Manager, [Minerva.romero@ecuhealth.org](mailto:Minerva.romero@ecuhealth.org) / April Bracy, Assistant Nurse Manager, [April.bracy@ecuhealth.org](mailto:April.bracy@ecuhealth.org)

### Patient Care

The patient population includes, but is not limited to the following:

#### Cardiac surgery patients

- CABG
- Valve replacement

#### Cardiac medicine patients

- NSTEMI
- CHF

#### Thoracic patients

- Video-assisted thoracoscopic surgeries: lobectomy, wedge resection, pleurodesis
- Pneumonectomy
- Para esophageal hernia repairs
- Esophagectomy

#### Vascular patients

- Abdominal/Thoracic Aortic Aneurysm Repairs
- Carotid Endarterectomy
- Revascularizations
- Peripheral Artery Bypasses
- Amputations

#### Commonly utilized skills include:

- Arterial lines and central lines management
- Dubhoff/NGT placement and management
- J-tube/PEG/chest tube management
- Pacemakers
- PCAs and Epidurals
- IV start skills
- Peripheral and arterial lab draws
- Various intravenous drips (e.g. cardiac, Lasix, insulin, heparin, and anti-hypertensive drips)
- Bedside procedures: TEE, Cardioversions, chest tube placements, thoracentesis

Registered nurses provide care in conjunction with the interdisciplinary team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire; ACLS (Advanced Cardiac Life Support) is required within one year.

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# 5/6CV Cardiac Intermediate Unit

## ECU Health Medical Center



### Overview

**Bed Count:** 64-bed flex unit (intermediate and general)

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** NSTEMI, acute coronary syndrome, cath lab with coronary intervention, chest pain, pacemakers, implantable cardiac defibrillators (ICD), bedside procedures such as cardioversions and transesophageal echocardiograms (TEE), congestive heart failure. Many cardiac drips and experience with titration of drips. Overflow medicine patients such as diabetes, hypertension, pneumonia, sepsis, and GI bleeds.

**Leadership:** Tammy Payne, Nurse Manager, [TMPayne@ecuhealth.org](mailto:TMPayne@ecuhealth.org) / Kristy Griffin, Assistant Nurse Manager (Days), [Kbgriffi@ecuhealth.org](mailto:Kbgriffi@ecuhealth.org) / Ashley Caswell, Assistant Nurse Manager (Nights), [Ashley.Caswell@ecuhealth.org](mailto:Ashley.Caswell@ecuhealth.org)

### Patient Care:

The population consists of cardiac medicine and cardiovascular subspecialties. This includes, but is not limited to:

- Myocardial infarction (S/P STEMI, NSTEMI)
- S/P cardiac arrest
- High risk cardiac OB
- Cardiac arrhythmia management (medication and device)
- Coronary artery disease management (pre/post-cardiac cath with/without intervention, pre-cardiac surgery)
- Acute heart failure management (medication and device including left ventricular assist device (LVAD))

Patients in this setting may require frequent cardiac assessments and collaborative evaluations to manage intermediate care status. Continuity of care is facilitated in this unit through ICU transition for optimization of clinical outcomes.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire. ACLS (Advanced Cardiac Life Support) is required will be obtained while on orientation.

### Commonly utilized skills include:

- Arterial lines and central lines management
- Conscious sedation management
- LVAD management
- Sheath pulling (arterial & venous)
- BiPap and cardiac monitoring
- IV start skills, peripheral lab draws, arterial blood draws
- Interpretation of complex cardiac rhythms and 12 lead EKG change recognition
- Various intravenous drips with titration (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# Central Staffing Pool

## ECU Health Medical Center



### Overview

**Units:** Intermediate RNs float between 22 units (including IU and general assignments); Intensive Care RNs float between 27 units (including ICU, IU, and general assignments)

**Staffing Ratios:** 1:1 and 1:2 RN-to-patient for ICU, 1:4-5 RN-to-patient for IU depending on acuity, 1:5 RN-to-patient for general assignments

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** We serve all populations from Women/Children's to Adult Stepdown and ICUs

**Leadership:** Kevin Dixon, Nurse Manager, [Kevin.Dixon@ecuhealth.org](mailto:Kevin.Dixon@ecuhealth.org) / Tanisia Hodges, Assistant Nurse Manager, [Tania.Hodges@ecuhealth.org](mailto:Tania.Hodges@ecuhealth.org)

### Patient Care

CSO RNs are like the blood of the organization, we float giving support to all the divisions. The population we serve consists of Medicine, Surgery, Oncology, Cardiac, Women's/Children, Rehab, Behavioral and the ED Short Stay.

Registered nurses provide care in conjunction with the nursing assistant and medical team in all divisions. Assignments are based on the hospital needs, the resources available and are assigned by the Medical Center Labor Resource Office.

Our team enjoys schedule flexibility, unit variety, and CSO shift differential (extra \$5/hour). Our team is looking for RNs that are self-motivated and want to learn a more global view of ECU Health. CSO RNs gain a greater sense of confidence, and competence as their nursing skills and knowledge improve, due to learning multiple population rather than a specific one. This makes CSO RNs more marketable when seeking professional development opportunities.

### Required Certifications:

- NVC (Nonviolent Crisis Intervention)
- NIHSS (National Institute of Health Stroke Scale)
- ACLS (Advanced Cardiac Life Support)
- BLS (Basic Life Support)
- PALS (Pediatric Advanced Life Support) – only for those working in pediatric areas

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# Cardiac Intensive Care Unit (CICU)

## ECU Health Medical Center



### Overview

**Bed Count:** 24-bed unit

**Staffing Ratios:** 1:2 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling with adjustment by leadership

**Primary Population:** Acute myocardial infarction (STEMI), cardiogenic shock, decompensated heart failure, post-cardiac arrest, often with targeted temperature management, dysrhythmias, hemodynamic instability, extracorporeal membranous oxygenation (ECMO)

**Leadership:** Toni Holden, Nurse Manager, [Toni.Holden@ecuhealth.org](mailto:Toni.Holden@ecuhealth.org) / Jacqueline Keesee, Assistant Nurse Manager, [Jacqueline.Keesee@ecuhealth.org](mailto:Jacqueline.Keesee@ecuhealth.org) / Mendy Cordon, Assistant Nurse Manager, [Mendy.Cordon@ecuhealth.org](mailto:Mendy.Cordon@ecuhealth.org)

### Patient Care

The population consists of critically ill cardiac medicine patients. This includes, but is not limited to:

- Dysrhythmias and hemodynamic instability
- ECMO
- Acute myocardial infarction (STEMI)
- Cardiogenic shock and decompensated heart failure
- Post-cardiac arrest patients, often treated with targeted temperature management

Patients in this setting require frequent assessments and interventions. Nurses provide continuous monitoring and frequent titration of vasoactive medications, device support and collaboration with the healthcare team.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire. Advanced life support training and NIHSS are required during orientation.

#### Commonly utilized skills include:

- Continuous cardiac monitoring
- Ventilator/tracheotomy patients
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- NIHSS
- Invasive hemodynamic monitoring through arterial lines, pulmonary artery and central venous catheter
- Titration and maintenance of multiple intravenous drips, including vasoactive, opioid, insulin, heparin, sedatives
- Operation and adjustment of devices used for support or therapy – Arctic Sun, Thermogard, Impella, intra-aortic balloon pump, NxStage

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# Cardiovascular Intensive Care Unit (CVICU)

## ECU Health Medical Center



### Overview

**Bed Count:** 24-bed unit

**Staffing Ratios:** 1:2 RN-to-patient (critical care), 1:4 RN-to-patient (intermediate)

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling with balancing by leadership

**Primary Population:** Cardiac surgery (CABG, MVR, TVR, AVR, TAVR, Mitral Clip, VA ECMO, LVAD)

**Leadership:** Lisa Garner, Nurse Manager, [lisa.garner@ecuhealth.org](mailto:lisa.garner@ecuhealth.org) / Carrie Elks, Assistant Nurse Manager, [carrie.elks@ecuhealth.org](mailto:carrie.elks@ecuhealth.org) / Lina Jones, Assistant Nurse Manager, [lina.jones@ecuhealth.org](mailto:lina.jones@ecuhealth.org)

### Patient Care

The population consists of critically ill intensive care and intermediate level of care cardiac surgery patients. This includes, but is not limited to:

- CABG (coronary artery bypass graft)
- MVR (mitral valve repair/replacement)
- TVR (tricuspid valve repair/replacement)
- AVR (aortic valve repair/replacement)
- TAVR (transcatheter aortic valve replacement)
- Mitral clips
- VA ECMO (venoarterial extracorporeal membrane oxygenation)
- LVAD (left ventricular assist device) destination or bridge to transplant
- Vascular surgeries needing ICU/IU level of care

Patients in this setting require frequent assessments and interventions. Nurses provide continuous monitoring and utilize critical thinking skills. Nurses use frequent drip titration, device management, and collaboration with the healthcare team to manage patient care.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire. ACLS and NIHSS are required before the end of orientation.

### Commonly utilized skills include:

- Exceptional and continuous patient assessments
- Continuous cardiac monitoring
- Titration and maintenance of multiple vasoactive IV drips and other critical drips
- Arterial and central line management
- Operation and adjustment of devices used for hemodynamic support and therapies
  - Continuous renal replacement therapy
  - Intra-aortic balloon pump
  - Impella
  - Venoarterial extracorporeal membrane oxygenation
- LVAD (left ventricular assist device)
- Ventilator/tracheotomy patients
- Lumbar drains
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- NIHSS

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# 2N Medical Intensive Care Unit (MICU)

## ECU Health Medical Center



### Overview

**Bed Count:** 24-bed unit

**Staffing Ratios:** 1:2 or 1:1 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Critically ill medical and/or pulmonary patient (acute respiratory failure, septic shock, esophageal varices, renal failure, ARDS)

**Leadership:** Myra Thompson, Nurse Manager, [Myra.Thompson@ecuhealth.org](mailto:Myra.Thompson@ecuhealth.org) / Jarvis Campbell, Assistant Nurse Manager, [Jcampbe@ecuhealth.org](mailto:Jcampbe@ecuhealth.org) / Patrice Thompson, Assistant Nurse Manager, [Youlander.Thompson@ecuhealth.org](mailto:Youlander.Thompson@ecuhealth.org) / Casey White, Unit Education, [Casey.Anne.White@ecuhealth.org](mailto:Casey.Anne.White@ecuhealth.org)

### Patient Care

The population consists of pulmonary critical care. This includes, but is not limited to:

- Respiratory failure requiring intubation, advanced airway management, acute respiratory distress syndrome, septic shock
- Post cardiac arrest care, targeted temperature management, pulmonary embolism, pulmonary hypertension
- Esophageal varices requiring Blakemore tube placement, GI bleed, infectious disease management, including the care and management of COVID-19
- Multisystem organ failure, acute & chronic renal failure, continuous renal replacement therapy
- Organ donor patients including brain death donation and donation after cardiac death

We staff with a charge nurse, float nurse and 12 bedside nurses on both day and night shift.

### Commonly utilized skills include:

- Emergency event management/ACLS
- Arterial line/central venous line management
- Continuous renal replacement therapy (CRRT)
- Invasive and non-invasive hemodynamic monitoring
- Targeted temperature management (TTM)
- Pronation therapy
- Neuromuscular blocking agents/nerve stimulation
- Management of multiple continuous intravenous drips (high dose vasopressors, sedatives, paralytics, etc.)

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# Neurosciences Intensive Care Unit

## ECU Health Medical Center



### Overview

**Bed Count:** 24-bed unit

**Staffing Ratios:** 1:2 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Acute stroke management, subarachnoid hemorrhage, post-neurosurgical and endovascular management, seizure and status epilepticus management, guillain barre, myasthenia gravis, any other critically ill neuroscience patient

**Leadership:** Natasha Drake, Nurse Manager, [Natasha.Drake@ecuhealth.org](mailto:Natasha.Drake@ecuhealth.org) / Sarah James, Assistant Nurse Manager, [Sarah.Edwards@ecuhealth.org](mailto:Sarah.Edwards@ecuhealth.org)

### Patient Care

The population consists of neuro-medicine and neurosurgical subspecialties. This includes, but is not limited to:

- Acute stroke management (ischemic, s/p thrombolytics, hemorrhagic, SAH, etc.)
- Post-neurosurgical management (craniotomy, lumbar drains, ventriculostomies, complex neuro-spine, aneurysm clippings, burr holes, craniectomy)
- Post-endovascular management (thrombectomy, carotid stent, aneurysm coiling, MMA embolization)
- Seizure management (epilepsy, post-ictal and pseudo-seizures)
- Demyelinating diseases of the brain (Multiple Sclerosis)
- Demyelinating polyneuropathies (Guillain-Barre)
- Respiratory failure

The NSICU RN must demonstrate expertise in advanced hemodynamic monitoring, ICP monitoring, and ventilator management. Nursing staff analyze all hemodynamics and respiratory care practitioners assist with mechanical ventilator management. BLS is required upon hire, ACLS is required within 6 months of hire and NIHSS (National Institutes of Health Stroke Scale) certification completion is required prior to end of orientation. These certifications must remain active. Eight hours of continuing stroke education are required annually.

The NSICU RN manages ventriculostomies, lumbar drains, arterial lines and central lines. Essential skills are advanced hemodynamic monitoring via the Hemosphere device as well as pulmonary artery catheters. Various intravenous drips are utilized in the NSICU and include medications for pain and sedation and well as vasopressors and vasodilators. NSICU uses targeted temperature management and continuous renal replacement therapy.

Registered nurses provide care in conjunction with the nursing assistant and our team of neurointensivists and advanced practice providers. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment.

NSICU was the recipient of the Patient Choice Award for inpatient units at ECU Health in 2022 and 2023 for our patient satisfaction scores.

**Commonly utilized skills include:**

- NIHSS
- Arterial lines and central lines management
- Ventilator patients
- Lumbar drains
- Ventriculostomies (traditional and Irraflow technology)
- ICP management
- Cerebral oximetry
- Pupillometry
- Hemodynamic monitoring
- Continuous renal replacement therapy (CRRT)
- Targeted temperature management
- Cardiac monitoring/rhythm interpretation
- Titration of vasoactive drips
- Titration of sedatives and paralytics
- Dubhoff/NGT placement and management
- Foley catheter insertion/in and out catheterization
- IV start skills
- Peripheral lab draws
- Arterial blood draws

# Surgical Intensive Care Unit (SICU)

## ECU Health Medical Center



### Overview

**Bed Count:** 24-bed unit

**Staffing Ratios:** 1:2 or 1:1 RN-to-patient based on acuity; Charge Nurse does not have a patient assignment. Depending upon census and acuity, an additional Charge Nurse will be added without a patient assignment.

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Flexible scheduling options with self-scheduling; Six week scheduling period

**Leadership:** Lindsey B. House, Nurse Manager, [lindsey.house@ecuhealth.org](mailto:lindsey.house@ecuhealth.org) / Pamela Worthington, Assistant Nurse Manager, [pamela.worthington@ecuhealth.org](mailto:pamela.worthington@ecuhealth.org)

### Patient Care

The Surgical Intensive Care Unit (SICU) provides support for the critically ill surgical and/or trauma patient; this ICU is a crucial part of our Level I Trauma Center. SICU is a closed ICU, where all admissions require consult of the Trauma Critical Care Attending. The critically ill trauma patient includes approximately 85% of the patients admitted to the SICU. The population within SICU includes, but is not limited to:

- Critically ill and injured multi-system trauma
- Critically injured neuro trauma
- Transplant recipient patients including: Kidney and Pancreas
- Additional critically ill surgical patient populations include: Surgical oncology, general surgery, orthopedic surgery, OB/GYN, organ donor patients including brain death donation and donation after cardiac death

BLS is required upon hire, ACLS and NIHSS (National Institutes of Health Stroke Scale) certification completion are required prior to end of orientation. These certifications must remain active. Eight hours of continuing neuro education are required annually. TNCC (Trauma Nursing Core Course) is recommended to be obtained within one year of hire and FCCS (Fundamentals of Critical Care Support) is recommended within 2 years of hire.

### Commonly utilized skills include:

- Lumbar, ventriculostomy and ICP management
- Procedure assistance for bedside surgeries including but not limited to tracheostomies, PEG insertions, exploratory laparotomies and fasciotomies
- Management of arterial line, central line, Swan Ganz catheters, epidurals, and mechanical ventilation management are also essential nursing skills
- Various drains including chest tubes, extensive wound vacs, Abramson drains, and multiple others
- Intravenous drips concurrent with the ICU setting including pain, sedation, paralytics, vasopressors drips
- Temperature management with hypo and hyperthermia protocols
- Continuous renal replacement therapy (CRRT)
- Extracorporeal membrane oxygenation (ECMO)

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# 1 South Observation

## ECU Health Medical Center



### Overview

**Bed Count:** 20-bed unit

**Staffing Ratios:** 1:5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** The population consists of adult patients with medical problems. The unit was designed to facilitate throughput in the Emergency Department.

**Leadership:** Belinda St. Clair, MSN, RN Nurse Manager, [Belinda.StClair@ecuhealth.org](mailto:Belinda.StClair@ecuhealth.org) / Tosha Britton, BSN Assistant Nurse Manager, [Tosha.Britton@ecuhealth.org](mailto:Tosha.Britton@ecuhealth.org)

### Patient Care

The population consists of adult patients with medical problems and with the following subspecialties: This includes, but is not limited to:

- Recent surgical procedure
- GI disturbances
- Chronic kidney disease
- Pulmonary disease processes
- Pre & post-procedure monitoring
- Antibiotic therapy
- Outpatient treatments
- Transient ischemic attack
- Congestive heart failure
- Diabetes
- General cardiac monitoring

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire. ACLS is required for charge nurses.

### Commonly utilized skills include:

- IV start skills
- NIHSS
- Peripheral lab draws
- Heparin drips
- Wound management
- Central lines management
- Tracheotomy patients
- Lumbar drains
- Dubhoff/NGT placement and management

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# Emergency Department

## ECU Health Medical Center



### Overview

**Bed Count:** 92-bed unit

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Acute stroke management, seizure management, congestive heart failure, sepsis, acute MI management, trauma management, diabetes management

**Leadership:** Alex Baylis, Nurse Manager, [alexandra.baylis2@ecuhealth.org](mailto:alexandra.baylis2@ecuhealth.org)

### Patient Care

The population consists of neuro-medicine and neurosurgical subspecialties. This includes, but is not limited to:

- Seizure management
- Congestive heart failure
- Sepsis
- Acute MI management
- Acute stroke management (ischemic, hemorrhagic, SAH, etc.)
- Trauma management (MVC, falls, GSW, etc.)
- Diabetes management

Patients in this setting require a variety of assessments and collaborative evaluations to manage care status.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

### Commonly utilized skills include:

- NIHSS
- Ventilator/tracheotomy patients
- IV start skills
- Splinting skills
- Arterial blood draws
- Foley insertion and management
- NG tube insertion
- Peripheral lab draws
- Arterial lines and central lines management
- Various intravenous drips (e.g. cardiac, insulin, heparin)

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# Children's Emergency Department

## ECU Health Medical Center



### Overview

**Bed Count:** 16-bed unit (14 centralized monitored beds with 2 resuscitation rooms)

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Patients age 0-18 in need of emergency care.

**Leadership:** Ashley Hood, Nurse Manager, [Ashley.Hood@ecuhealth.org](mailto:Ashley.Hood@ecuhealth.org), 252-847-6400

### Patient Care

The population consists of pediatric patients with various subspecialties. This includes, but is not limited to:

- Hem/Onc (sickle cell, cancer)
- Diabetes
- Seizure management (epilepsy, post-ictal and pseudo-seizures)
- Sports-related injuries
- Cardiac
- Behavioral health

Patients in this setting may require frequent assessments and collaborative evaluations to manage care status.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire. PALS is required for sedations.

### Commonly utilized skills include:

- Start IVs/blood draws
- Sedations
- Trauma assessments
- Cardiac monitoring
- Various IV drips

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# 1 South Hybrid Complex Medical Unit

## ECU Health Medical Center



### Overview

**Bed Count:** 8-bed unit (general and intermediate)

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Admission or transfer to HCMU requires active or unstable medical condition necessitating hospitalization and active or unstable psychiatric condition necessitating hospitalization.

**Leadership:** Belinda St. Clair, MSN, RN Nurse Manager, [Belinda.StClair@ecuhealth.org](mailto:Belinda.StClair@ecuhealth.org)/ Lauren Mezzacapo-Tanner, RN Assistant Nurse Manager, [Lauren.Mezzacapo-Tanner@ecuhealth.org](mailto:Lauren.Mezzacapo-Tanner@ecuhealth.org)

### Patient Care

The population consists of adult patients with medical problems and with the following subspecialties: This includes, but is not limited to:

- Catatonia secondary to a medical cause
- Delirium that is refractory to standard delirium treatment
- Alcohol withdrawal in active DTs or seizures or a high risk for DT or seizure (i.e. history of previous DT or seizure, consistently significantly elevated Clinical Institute Withdrawal Assessment for Alcohol Scale)
- Medically complex patients requiring electroconvulsive therapy
- Medical sequela of suicide attempts
- Medically decompensated behavioral health patients
- COVID positive patients with active psychiatric condition who are either symptomatic from COVID or have comorbid medical conditions placing them at high risk for decompensation related to COVID.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse is assigned to the unit when there is at least seven patients on the unit, and does not have a patient assignment. BLS is required upon hire. ACLS is required within one year of hire date.

### Commonly utilized skills include:

- De-escalation techniques
- Physical violent restraint
- Electroconvulsive therapy prep
- NIHSS
- Non-violent crisis intervention
- Central lines management
- Safety monitoring and observation
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Various intravenous drips (insulin, heparin, nitroglycerin)
- Dressing changes

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# 2 East Medicine

## ECU Health Medical Center



### Overview

**Bed Count:** 36-Bed general/intermediate mixed medicine unit

**Staffing Ratios:** 1:4-5 RN-to-patient

**Shift Options:** Day, Night

**Scheduling:** Self-scheduling

**Primary Population:** Adults requiring general or intermediate medical care

**Leadership:** Harold Puerto, Manager, [Harold.Puerto@ecuhealth.org](mailto:Harold.Puerto@ecuhealth.org) / Nancy Richmond, Assistant Nurse Manager, [NRichmo@ecuhealth.org](mailto:NRichmo@ecuhealth.org) / Deboria Holley, Assistant Nurse Manager, [Deboria.Holley@ecuhealth.org](mailto:Deboria.Holley@ecuhealth.org)

### Patient Care

The population consists of adult patients with general medical problems and with the following subspecialties:

- Chronic and acute renal failure
- Pulmonary disease processes
- General cardiac monitoring
- Congestive heart failure
- GI disturbances
- Hypertension
- Infectious disease processes
- Diabetes
- Chronic cardiac processes

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

We are committed to growing our staff professionally and our team is committed to making staff successful with this endeavor. Professional organization membership and certification are encouraged at the two-year mark of employment. 2 East takes pride in our performance quality indicators. Our team is looking for staff that sees the medical population as their passion and places quality/safe patient care at the forefront of their practice.

### Commonly utilized skills include:

- NIHSS
- Arterial lines and central lines management
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# 2N Medicine

## ECU Health Medical Center



### Overview

**Bed Count:** 32-bed stepdown unit

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Primary location for medicine patients requiring stepdown level of care.

**Leadership:** Georgia Perry, Nurse Manager, [Georgia.Perry@ecuhealth.org](mailto:Georgia.Perry@ecuhealth.org) / Kierra Bays, Assistant Nurse Manager, [Kierra.Bays@ecuhealth.org](mailto:Kierra.Bays@ecuhealth.org) / Kristin Hoffer, Assistant Nurse Manager, [Kristin.Hoffer@ecuhealth.org](mailto:Kristin.Hoffer@ecuhealth.org)

### Patient Care

The population consists of adult patients with general medical problems and with the following subspecialties:

- Chronic and acute renal failure
- Pulmonary disease processes
- General cardiac monitoring
- Congestive heart failure
- GI disturbances
- Hypertension
- Infectious disease processes
- Diabetes
- Chronic cardiac processes

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

#### Commonly utilized skills include:

- Central line management
- Respiratory management
- Tracheotomy patients
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# 2N Progressive Care

## ECU Health Medical Center



### Overview

**Bed Count:** 18-bed progressive care unit

**Staffing Ratios:** 1:3-4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Primary location for medicine patients requiring stepdown level of care.

**Leadership:** Georgia Perry, Nurse Manager, [Georgia.Perry@ecuhealth.org](mailto:Georgia.Perry@ecuhealth.org)

### Patient Care

The population consists of adult patients with acute medical problems and with the following subspecialties:

- GI disturbances
- Hypertension
- Infectious disease processes
- Diabetes
- Chronic cardiac processes
- Chronic and acute renal failure
- Pulmonary disease processes (vent management/weaning)
- General cardiac monitoring
- Congestive heart failure

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

### Commonly utilized skills include:

- Central line management
- Respiratory management
- Ventilator/tracheotomy patients
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# 2 South Medicine

## ECU Health Medical Center



### Overview

**Bed Count:** 36-bed general/intermediate mixed medicine unit

**Staffing Ratios:** 1:4-5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Primary floor for the internal medicine teaching service. The population of patients seen consist of adults requiring general or intermediate medical care.

**Leadership:** Eva Clayton, Manager [Eva.clayton@ecuhealth.org](mailto:Eva.clayton@ecuhealth.org) / Kelli Gill, Assistant Nurse Manager, [Kelli.gill@ecuhealth.org](mailto:Kelli.gill@ecuhealth.org) / Erica Wells, Assistant Nurse Manager, [Erica.wells@ecuhealth.org](mailto:Erica.wells@ecuhealth.org)

### Patient Care

The population consists of adult patients with general medical problems and with the following subspecialties:

- Chronic and acute renal failure
- Pulmonary disease processes
- General cardiac monitoring
- Congestive Heart Failure
- GI Disturbances
- Hypertension
- Infectious disease processes
- Diabetes
- Chronic cardiac Processes

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

#### Commonly utilized skills include:

- NIHSS
- Central line management
- Tracheotomy patients
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Dubhoff/NGT placement and management
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# 3 East Medicine

## ECU Health Medical Center



### Overview

**Bed Count:** 36-bed general/intermediate mixed medicine unit

**Staffing Ratios:** 1:4-5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Primary floor for the hospitalist service. The population of patients seen consist of adults requiring general or intermediate medical care.

**Leadership:** Christy Harding, Manager, [charding@ecuhealth.org](mailto:charding@ecuhealth.org) / Tracy Hobbs, Assistant Nurse Manager, [Tracy.Hobbs@ecuhealth.org](mailto:Tracy.Hobbs@ecuhealth.org) / Jennifer Batton, Assistant Nurse Manager, [Jennifer.Batton@ecuhealth.org](mailto:Jennifer.Batton@ecuhealth.org)

### Patient Care

The population consists of adult patients with general medical problems and with the following subspecialties:

- Chronic and acute liver or renal failure
- Pulmonary disease processes
- Trach management
- Congestive heart failure
- GI disturbances including GI bleed
- Infectious disease processes
- Diabetes including DKA
- Acute and chronic cardiac processes
- Drug use disorder
- Acute and chronic wound management

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

### Commonly utilized skills include:

- Telemetry
- NIHSS
- Central lines management
- Chest tube maintenance
- Tracheostomy maintenance
- Dubhoff/NGT placement and management
- IV start and maintenance skills
- Peripheral lab draws
- Arterial blood draws
- Various intravenous drips (e.g. cardiac, insulin, heparin)

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# Adult Special Care Unit (ASCU)

## ECU Health Medical Center



### Overview

**Bed Count:** 30-bed general medicine unit

**Staffing Ratios:** 1:6 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Pulmonary disease process, congestive heart failure, GI disturbances, hypertension, infectious disease processes, diabetes, chronic cardiac processes, medical/behavioral patients

**Leadership:** Tamatha Williams, Nurse Manager, [tamatha.williams@ecuhealth.org](mailto:tamatha.williams@ecuhealth.org) / Chelsie Camper, Assistant Nurse Manager, [chelsie.camper@ecuhealth.org](mailto:chelsie.camper@ecuhealth.org) / Ashley Clemmons, Assistant Nurse Manager, [ashley.clemmons@ecuhealth.org](mailto:ashley.clemmons@ecuhealth.org)

### Patient Care

Registered nurses and licensed practical nurses provide care in conjunction with the Behavioral Health Associate and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

#### Commonly utilized skills include:

- Tracheostomy patients
- Foley insertion and management
- IV start skills
- Peripheral lab draws
- Wound vac dressing change and management
- Dubhoff/NGT placement and management
- Intravenous drips (e.g. maintenance fluids and heparin drips)

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# Behavioral Health

## ECU Health Medical Center



### Overview

**Bed Count:** 52-bed department (23 Adult, 14 Psych Med, 10 Mental Illness/Intellectual Disability, 5 Acute)

**Staffing Ratios:** 1:5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling and track scheduling options

**Primary Population:** Adults over the age of 18, behavioral health patients admitted in acute psychiatric crisis

**Leadership:** Lori Henry, Nurse Manager, [Lori.Smith@ecuhealth.org](mailto:Lori.Smith@ecuhealth.org) / Kenya Wright-Nicholson, Assistant Nurse Manager, [Kenya.WrightNicholson@ecuhealth.org](mailto:Kenya.WrightNicholson@ecuhealth.org) / Stefanie Davis, Assistant Nurse Manager, [Stefanie.Davis@ecuhealth.org](mailto:Stefanie.Davis@ecuhealth.org) / Aimee Baker, Assistant Nurse Manager, [Aimee.Baker@ecuhealth.org](mailto:Aimee.Baker@ecuhealth.org) / Sara Williams, Assistant Nurse Manager, [SaEWilli@ecuhealth.org](mailto:SaEWilli@ecuhealth.org)

### Patient Care

Patient bed placement determined by physician and related to the subspecialties of individual units within department. This includes:

- General Adult – can perform their own ADLs and participate in milieu)
- Psychiatric Medicine/Geriatric – may need assistance with ADLs, may have comorbid medical problems being addressed as secondary to psychiatric needs
- Acute – require reduced stimulation, not appropriate for general milieu environment or involvement in group activities. May be sexually inappropriate, attempting to elope from unit, or actively attempting to harm self or others.
- Mental Illness/Intellectual Disability – co-occurring mental illness with prior testing indicating intellectual disability with specialized programming determined on functional and developmental level of patients

#### Common diagnosis treated in behavioral health include:

- Depressive disorders
- Anxiety disorders
- PTSD
- Unspecified mood disorders
- Schizoaffective disorders
- Schizophrenia and other psychotic disorders including substance induced
- Bipolar disorder (type I and II)
- Co-occurring intellectual disability

Patients in this setting may require frequent safety monitoring and environmental checks to maintain a safe environment for patients and team members. CPR and non-violent crisis intervention training are required to be completed during orientation.

Registered nurses provide care in conjunction with LPN, behavioral health associates, and other members of the medical team in a team nursing model. Assignments are delegated by a charge RN based on the patient's needs. The unit charge nurse does have a patient assignment. A float charge nurse for the department does not have a patient assignment.

#### Commonly utilized skills include:

- De-escalation techniques
- Rapport building
- Safety monitoring and observation



- Non-violent crisis intervention
- Physical violent restraint
- IV start skills
- Peripheral lab draws
- Dressing changes
- Medication administration (IV, IM, PO)
- Appropriate task delegation
- Time management
- Leading therapeutic group activities
- Administering evidenced-based practice assessment tools (QIDS, SLUMS, MoCa, C-SSRS, AUDIT, etc).
- Active listening
- Therapeutic communication (patient and interdisciplinary team)
- Electroconvulsive therapy preparation

# Hemodialysis Unit (HDU)

## ECU Health Medical Center



### Overview

**Bed Count:** 20 bays on 1 East

**Staffing Ratios:** 1:2 RN-to-patient on unit, 1:1 off unit

**Shift Options:** Day, night, rotating day/night, rotating weekends; flexible hours

**Scheduling:** Self-scheduling

**Primary Population:** Procedural area for hemodialysis, apheresis, and peritoneal dialysis under the guidance of our nephrology teams

**Leadership:** Laura Respess, MSN, RN, NE-BC, Nurse Manager, [Laura.Respess@ecuhealth.org](mailto:Laura.Respess@ecuhealth.org) / Audrey Kearney, BSN, RN, Assistant Nurse Manager, [Audrey.Kearney@ecuhealth.org](mailto:Audrey.Kearney@ecuhealth.org)

### Patient Care

The renal dialysis unit cares for patients experiencing the following disease processes (but not limited to):

- End stage renal disease/transplant rejection
- Chronic kidney disease
- Acute kidney injury
- Congestive heart failure/pulmonary edema
- Sepsis
- Auto-immune/neurological disorders
- Blood disorders
- Respiratory/metabolic acidosis

Registered nurses provide care to patients requiring dialysis and/or plasmapheresis with complex diagnosis. Care is provided across the continuum, from infants to adults. Nurses are trained to perform hemodialysis treatments, peritoneal dialysis treatments, and apheresis treatments. ICU and vented patients are 1:1 care at bedside. BLS is required at onset of employment. ACLS is required within 1 year of hire date.

### Commonly utilized skills include:

- Telemetry
- NIHSS
- ACLS
- Central line management
- Fistula & graft cannulation
- Accessing/de-accessing ports
- PD catheter management
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)

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# Operating Room - ECHI

## ECU Health Medical Center



### Overview

**Bed Count:** 7 CVOR suites

**Staffing Ratios:** 1:1 RN-to-patient

**Shift Options:** Monday-Friday, 8-hour shifts, plus call for nights/weekends/holidays

**Scheduling:** Self-scheduling

**Primary Population:** Cardiac, vascular, thoracic surgery

**Leadership:** Emily Whitehead, Nurse Manager, [Emily.Whitehead@ecuhealth.org](mailto:Emily.Whitehead@ecuhealth.org)

### Patient Care

The population consists of Cardiac, Vascular, and Thoracic patients. This includes, but is not limited to:

- Cardiac surgery:
  - Coronary artery bypass grafting (CABG), valve repair and replacement, minimal invasive and robotic valves, transcatheter aortic valve replacement (TAVR), left ventricular assist device (LVAD placement)
- Vascular surgery:
  - Open endovascular abdominal aneurysm repair, peripheral vascular, carotid stenting, angioplasty procedures, and amputations
- Thoracic surgery:
  - Open thoracotomy, video assisted thoracoscopy (VATS), esophageal/hernia repairs, bronchoscopy, esophagoscopy, robotics

### Roles in the OR

- Circulating Nurse – Manages the overall nursing care in the operating room and helps maintain a safe, comfortable environment.
- Surgical Technologist (ST) / Scrub Nurse – Prepare the operating room, including the sterile field, setting up surgical equipment, supplies and solutions. During surgery, STs pass instruments, fluids and supplies to the surgeon and prepare and manage surgical equipment. STs simultaneously manage the sterile field and specimens.
- Together the ST and Circulating Nurse perform a count of sponges and supplies to prevent foreign retained objects.

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# Operating Room

## ECU Health Medical Center



### Overview

**Bed Count:** 23 OR suites

**Staffing Ratios:** 1:1 RN-to-patient

**Shift Options:** 10 or 12-hour shifts with weekday and weekend call

**Scheduling:** Self-scheduling

**Primary Population:** All age groups, elective and trauma patients

**Leadership:** Elke Jackson, OR Director, [emjackso@ecuhealth.org](mailto:emjackso@ecuhealth.org) / Michelle Vera Assistant Nurse Manager [Michelle.Vera@ecuhealth.org](mailto:Michelle.Vera@ecuhealth.org) / Jenny Williams Assistance Nurse Manager, [Jenny.L.Williams@ecuhealth.org](mailto:Jenny.L.Williams@ecuhealth.org)

### Patient Care

The population consists of surgical patients of all ages and medical specialties. This includes:

- Core services include gynecology, urology, robotics, ENT, neurology, dental, plastics, eyes, transplant, oncology, organ procurement, general, laparoscopic, pediatrics, orthopedics, and podiatry

The patient in this area trust us with their care while they are asleep and cannot speak for themselves. We are their advocates and their voice.

Registered nurses provide care in conjunction with the surgical technologists, surgeon and anesthesia. Assignments are based on the patient and case needs. BLS is required upon hire.

#### Commonly utilized skills include:

- Foley insertion
- Monitor sterility
- Patient assessment
- Patient positioning
- Epic charting
- Assisting with intubation
- Preparing the OR for cases
- Verify medications, implants and specimens with surgical technologist and/or surgeon

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# Post Anesthesia Care Unit

## ECU Health Medical Center



### Overview

**Bed Count:** 33 beds in the main PACU, 6 in the West PACU and 13 in the East Carolina Heart Institute PACU

**Staffing Ratios:** 1:2 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends; holidays and nights as needed, call required

**Scheduling:** Self-scheduling

**Primary Population:** Adult & pediatric patients who have received anesthesia during surgery and procedural cases.

**Leadership:** Amy Sawyer, Nurse Manager, [Amy.Sawyer@ecuhealth.org](mailto:Amy.Sawyer@ecuhealth.org) / Sarah Massey, Assistant Nurse Manager, [Smassey@ecuhealth.org](mailto:Smassey@ecuhealth.org) and Tracy Montgomery, Assistant Nurse Manager, [Tracy.Montgomery@ecuhealth.org](mailto:Tracy.Montgomery@ecuhealth.org)

### Patient Care

Surgeries involve multiple disciplines such as trauma, bariatrics, plastics, general surgery, orthopedics, urology, neurology, pediatrics, transplant services, OB/GYN, and surgical oncology.

We also receive patients who have had procedures with anesthesia (few examples include GI, MRI, VIR, ECTs, hearing tests, dental procedures). Acuity can be high at times as we care for intubated patients and patients whose status can change quickly.

We perform stage I recovery, which is typically 30 minutes to 1 hour. Turnover is quick and the goal is to get our patients safely to their next destination, which is an inpatient bed or to our ambulatory surgical unit for discharge/23-hour care. To be transferred from the PACU, the patient should be awake or easily arouseable, hemodynamically stable, on room air and maintaining appropriate oxygen saturations, having minimal pain and nausea, and stable surgical site. We do occasionally have to hold patients when no inpatient bed is available. During those hold times, floor orders are released and followed by our PACU nurses.

Staffing and assignments are based on patient acuity. Staffing patterns are based on changing acuity and nursing requirements. ACLS is required and PALS certification must be obtained within 6 months.

#### Commonly utilized skills include:

- NIHSS
- Lumbar drains
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Ventilator/tracheotomy patients
- Airway management
- Dubhoff/NGT placement and management
- Arterial lines and central lines management
- Various intravenous drips (e.g. cardiac, insulin, heparin, cardiac monitoring)

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# Rehab – Medicine (IPR)

## ECU Health Medical Center



### Overview

**Bed Count:** 43-bed unit with an average daily census of 30+

**Staffing Ratios:** 1:5 RN-to-patient

**Shift Options:** 12-hour shifts on day, night, rotating day/night, rotating weekends

**Scheduling:** Flexible self-scheduling; must work some holidays (two major, two minor) and every other weekend

**Primary Population:** Specialized care for adults and geriatrics. Patients admitted to inpatient rehabilitation (IPR) have a medical, nursing, and two-therapy need. The average length of stay is 15 days and we admit more than 1,000 patients per year.

**Leadership:** Jim Cotie, BSN, RN, Nurse Manager, [James.Cotie@ecuhealth.org](mailto:James.Cotie@ecuhealth.org) / Fallon Joyner, BSN, RN, CRRN, Assistant Nurse Manager, [Fallon.Shaw@ecuhealth.org](mailto:Fallon.Shaw@ecuhealth.org) / Michelle Kelley, BSN, RN, CRRN, Assistant Nurse Manager, [MKelley@ecuhealth.org](mailto:MKelley@ecuhealth.org) / Jonell Warren, Program Assistant, [KJWarren@ecuhealth.org](mailto:KJWarren@ecuhealth.org)

### Patient Care

Patients are often admitted directly from Intensive Care to begin their rehabilitation program, which allows an early start to functional improvement to achieve the best outcomes. Common diagnoses include, but are not limited to:

- Orthopedics
- Amputations
- Cardiac
- Respiratory compromise
- Debility
- Multiple trauma
- Stroke
- Spinal cord injury
- Ventilator weaning or ventilator training in conjunction with respiratory therapy

Basic Life Support (BLS) and NIHSS (National Institutes of Health Stroke Scale) certification is required, and Advanced Cardiac Life Support (ACLS) is optional. Types of treatments that occur in IPR are heparin drips, inserting peripheral intravenous catheters, administering blood products, chest tube care, wound vacuums, tracheotomy, Left Ventricular Assisted Device (LVAD), and ventilator care.

- Patients are required to participate in 3 hours of therapy
- Registered nurses partner with physicians and therapists to provide medical management.
- Therapy is predominately provided by physical, occupational, and speech-language pathology, but orthotic, recreational, and audiology services are also offered.

#### New Horizon Square (NHS)

A simulated home and community environment designed to help patients gain independence to return to their communities.

#### Rehabilitation Pool

An 80,000-gallon pool with varying water depths that is kept at 92 degrees – a therapeutic thermo-neutral temperature.

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# Rehab – Neuroscience

## ECU Health Medical Center



### Overview

**Bed Count:** 20-bed rehab unit

**Staffing Ratios:** 1:4-5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Flexible self-scheduling; must work some holidays (two major, two minor)

**Primary Population:** Acute adult rehab patients with brain injuries (traumatic and non-traumatic), brain tumors, major multiple traumas, neurological conditions and stroke. Average length of stay is 13 days and we admit more than 500 patients per year.

**Leadership:** Brittany Coker, Nurse Manager, [Brittany.Coker@ecuhealth.org](mailto:Brittany.Coker@ecuhealth.org) / Hillary Corbett, Assistant Nurse Manager, [Hillary.Corbett@ecuhealth.org](mailto:Hillary.Corbett@ecuhealth.org)

### Patient Care

Registered nurses provide care in conjunction with the nursing assistant, therapy services and medical team.

Assignments are based on the patient's needs, the geographical location of the patients, and the resources available.

The charge nurse does not have a patient assignment. BLS and is required upon hire. You also be required to complete the NIHSS (National Institutes of Health Stroke Scale) annually.

- Patients are required to participate in 3 hours of therapy and have a medical need to remain in an acute inpatient rehabilitation hospital setting.
- Registered nurses partner with physicians and therapists to provide medical management.
- Therapy is predominately provided by physical, occupational, and speech-language pathology, although orthotic, recreational, and audiology services are also offered.
- Therapy and nursing services are designed to help patients gain independence to return to their communities.

#### New Horizon Square (NHS)

A simulated home and community environment designed to help patients gain independence to return to their communities.

#### Rehabilitation Pool

An 80,000-gallon pool with varying water depths that is kept at 92 degrees – a therapeutic thermo-neutral temperature.

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# Rehab – Pediatrics

## ECU Health Medical Center



### Overview

**Bed Count:** 8-bed unit

**Staffing Ratios:** 1:4-5 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends (based on staff preference and unit needs)

**Scheduling:** Flexible scheduling options with self-scheduling

**Primary Population:** Acute pediatric patients age 0-18, or up to 21 if still followed by a pediatrician. Average length of stay is approximately 17 days and we admit approximately 80 patients per year.

**Leadership:** Brittany Coker, Nurse Manager, [Brittany.Coker@ecuhealth.org](mailto:Brittany.Coker@ecuhealth.org) / Hillary Corbett, Assistant Nurse Manager, [Hillary.Corbett@ecuhealth.org](mailto:Hillary.Corbett@ecuhealth.org)

### Patient Care

The population consists of acute pediatric patients with brain injuries (traumatic and non-traumatic), debility, failure to thrive, major multiple trauma, neurological conditions, orthopedic conditions, and spinal cord injuries

- Patients are required to participate in 3 hours of therapy and have a medical need to remain in an acute inpatient rehabilitation hospital setting
- Registered nurses partner with physicians and therapists to provide medical management
- Therapy is predominately provided by physical, occupational, and speech-language pathology, although orthotic, recreational, and audiology services are also offered
- Therapy and nursing services are designed to help patients gain independence to return to their communities

Registered nurses provide care in conjunction with the nursing assistant, therapy services and medical team.

Assignments are based on the patient's needs, the geographical location of the patients, and the resources available.

The charge nurse does not have a patient assignment. BLS is required upon hire.

### Rehabilitation Pool

- 80,000-gallon pool with varying water depths
- Kept at 92 degrees which is considered a therapeutic thermos-neutral temperature
- Five ways to enter/exit – zero-entry ramp, stairs with handrails, ladders, transfer wall and a hydraulic patient lift



# 3N Neurosciences

## ECU Health Medical Center



### Overview

**Bed Count:** 39-bed flex unit (intermediate and general)

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Acute stroke management, post-neurosurgical management, seizure management, demyelinating diseases of the brain, demyelinating polyneuropathies

**Leadership:** Amy Woolard, Nurse Manager, [Awoolard@ecuhealth.org](mailto:Awoolard@ecuhealth.org) / Lawrence Madubeze, Assistant Nurse Manager, [Lawrence.Madubeze@ecuhealth.org](mailto:Lawrence.Madubeze@ecuhealth.org)

### Patient Care

The population consists of neuro-medicine and neurosurgical subspecialties. This includes, but is not limited to:

- Acute stroke management (ischemic, hemorrhagic, SAH, etc.)
- Post-neurosurgical management (craniotomy, lumbar drains, complex neuro-spine)
- Seizure management (epilepsy, post-ictal and pseudo-seizures)
- Demyelinating diseases of the brain (Multiple Sclerosis)
- Demyelinating polyneuropathies (Guillain-Barre)

Patients in this setting may require frequent neurological assessments and collaborative evaluations to manage intermediate care status. Continuity of care is facilitated in this unit through ICU transition for optimization of clinical outcomes.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

#### Commonly utilized skills include:

- NIHSS
- Ventilator/tracheotomy patients
- Lumbar drains
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Dubhoff/NGT placement and management
- Arterial lines and central lines management
- Various intravenous drips (e.g. cardiac, insulin, heparin, cardiac monitoring)

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# 4N Surgery

## ECU Health Medical Center



### Overview

**Bed Count:** 40-bed flex unit (intermediate and general)

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Isolated and multisystem trauma secondary to motor vehicle crashes, falls, gunshot wounds, stabs, and animal/snake bites; traumatic brain injuries, spinal injuries, bone fractures, complex wounds, kidney and pancreas transplants, emergent laparoscopic cholecystectomy, splenectomy, and appendectomy, small bowel obstructions.

**Leadership:** Cindy Stilley, Nurse Manager, [Cindy.Stilley@ecuhealth.org](mailto:Cindy.Stilley@ecuhealth.org) / Rebecca Williamson, Assistant Nurse Manager, [Rebecca.Williamson@ecuhealth.org](mailto:Rebecca.Williamson@ecuhealth.org)

### Patient Care

The population consists of trauma and transplant subspecialties. This includes, but is not limited to:

- Isolated trauma from falls (bone fractures, SAH, SDH, etc.)
- Multisystem trauma (motor vehicle crashes, motorcycle crashes, gunshot wounds, stabs, animal/snake bites)
- Pre and post-surgical care (transplants, emergent general surgery, orthopedic)
- Complex pain/wound management

Patients in this setting may require frequent assessments and collaborative evaluations to manage intermediate care status. Continuity of care is facilitated in this unit through ICU transition for optimization of clinical outcomes.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

### Commonly utilized skills include:

- Arterial lines and central lines management
- Tracheotomy/ventilator patients
- Epidurals/patient controlled analgesia (PCAs)
- Dubhoff/NGT placement and management
- Chest tubes, JP drains, hemovac drains, ostomies
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)
- Wound Vacs
- Orthotic devices
- Conscious sedation

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# 6CV Surgery

## ECU Health Medical Center



### Overview

**Bed Count:** 32-bed flex unit (intermediate and general)

**Staffing Ratios:** 1:4 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Thoracotomies (lung surgeries), amputations, weight loss surgery, total joint replacement, spinal surgery, orthopedic trauma, abdominal surgeries, complicated appendix or gall bladder surgeries

**Leadership:** Telicia Keys, Nurse Manager, [Telicia.keys@ecuhealth.org](mailto:Telicia.keys@ecuhealth.org) / Roland Ennis, Assistant Nurse Manager, [roland.ennis@ecuhealth.org](mailto:roland.ennis@ecuhealth.org) / Nakiya Harris, Assistant Nurse Manager, [nakiya.harris@ecuhealth.org](mailto:nakiya.harris@ecuhealth.org)

### Patient Care:

6CV surgery receives overflow of populations such as trauma and medical patients at times. Nursing staff analyze cardiac rhythms on their patients; we are not monitored by monitor techs. BLS is required upon hire; ACLS (Advanced Cardiac Life Support) is required to be obtained within one year; in addition to TNCC (Trauma Nursing Core Course) as optional within the first two years.

Nursing skills that will be utilized are:

- Skeletal, bucks and cervical traction
- Arterial and central lines,
- IV start skills
- Peripheral and arterial lab draws
- Various intravenous drips, e.g. cardiac, insulin, heparin
- Cardiac monitoring
- Assessment of lumbar drains
- Wound vac dressing changes
- Extensive wound management
- Epidurals
- Tracheostomy patients
- Chest tubes
- Surgical wound drains

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment.

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# 1 West Mother-Baby & Antepartum

## ECU Health Medical Center



### Overview

**Bed Count:** 40-bed unit, 12 monitored antepartum rooms, 28 couplet rooms

**Staffing Ratios:** Mother/Baby RN ratio 1:6 (usually 3 couplets); Antepartum RN ratio 1:3-4 (depending on acuity and patient monitoring status); Crosstrain to Stork role – Baby’s nurse for immediate newborn care in Labor and Delivery and Neonatal Intensive Care Unit – appropriate lower acuity assignment

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Flexible scheduling options with self-scheduling

**Primary Population:** Antepartum (non-labor), newborn, postpartum

**Leadership:** Heike Nicks, Nurse Manager, [Heike.Nicks@ecuhealth.org](mailto:Heike.Nicks@ecuhealth.org) / Karen Hines, Assistant Nurse Manager (days), [Karen.Hines@ecuhealth.org](mailto:Karen.Hines@ecuhealth.org) / Ana Gaskill, Assistant Nurse Manger (nights), [Ana.Gaskill@ecuhealth.org](mailto:Ana.Gaskill@ecuhealth.org)

### Patient Care

The population includes antepartum requiring inpatient monitoring (non-labor), postpartum mothers and newborn as a couplet, and postpartum mothers of newborns requiring neonatal intensive care monitoring, readmission postpartum and gynecological patients.

- Patient population is high-risk and commonly have co-morbidities of hypertension and diabetes
- Antepartum patients are at risk for obstetric emergencies, and require monitoring for maternal/fetal complications during pregnancy including, but not limited to:
  - Pre-eclampsia/eclampsia; preterm labor; hyperemesis; premature rupture of membranes; placenta previa; multiple gestation; diabetes
- Postpartum care of mother to include monitoring for hemorrhage, post-surgical care for cesarean section, pain management, lactation support, education and follow up care, assisting physician with bedside procedures, and complications from hypertension and diabetes
- Newborn care includes assessment, assisting with breastfeeding, education of family, management of hypoglycemia, phototherapy, neonatal opioid withdrawal, newborn testing, and assisting physician with procedures such as circumcision

Practicing evidenced-based, family-centered maternity newborn care, we serve as the high-risk referral center for OB providers across the 29 counties of eastern North Carolina.

We are proud to support breastfeeding and parent feeding choice as a Baby Friendly designated facility.

### Commonly utilized skills include:

- Electronic Fetal Monitoring
- Central line management
- IV start skills/ Adult peripheral lab draws
- Newborn peripheral lab draws and heel sticks
- Wound vacuums and wound care
- Glucomander blood glucose management with IV insulin drip
- Pre and post-procedure patient monitoring
- Newborn admission and assessment

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# Labor & Delivery

## ECU Health Medical Center



### Overview

**Bed Count:** 23 labor beds, 4 OR suites, 2 PACU beds, 6 OB emergency department beds

**Staffing Ratios:** 1:1 or 1:2 RN-to-patient (depending on phase of care and acuity)

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Obstetrical patients through all stages of care

**Leadership:** Leslie Coggins, Nurse Manager, [Leslie.Coggins@ecuhealth.org](mailto:Leslie.Coggins@ecuhealth.org) / Brittany Walton, Assistant Nurse Manager, [Brittany.Walton@ecuhealth.org](mailto:Brittany.Walton@ecuhealth.org) / Holly Shearin, Assistant Nurse Manager, [Holly.Norton@ecuhealth.org](mailto:Holly.Norton@ecuhealth.org)

### Patient Care

The population consists of obstetrical patients including:

- Labor, spontaneous and induced
- C-sections
- Newborn transitional care
- High risk pregnancy management
- Obstetrical emergency department

Our team cares for patients during admissions while pregnant. From managing high-risk complications, to inductions, to operating room cases, to immediate post-partum care, it is our pleasure to care for the women of North Carolina and their families. We promote physiologic birth while also managing the high risk nature of medical problems during pregnancy. We adhere to AWHONN standards of practice and promote evidenced based care.

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# Neonatal Intensive Care (NICU)

## ECU Health Medical Center



### Overview

**Bed Count:** 71-bed Level IV (intermediate and intensive)

**Staffing Ratios:** 1:1-4 RN-to-patient (RN ratio for intensive beds 1:1-2; intermediate beds 1:3-4)

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Unstable or stable premature and full-term infants requiring specialized medical care from birth until discharge.

**Leadership:** Allyson Yelverton, Director of Neonatal Services, [Allyson.Yelverton@ecuhealth.org](mailto:Allyson.Yelverton@ecuhealth.org) / Kayla Ausbon, Nurse Manager, [Kayla.Ausbon@ecuhealth.org](mailto:Kayla.Ausbon@ecuhealth.org) / Sharon Stroud, Lorie Williams, Leeza King, and Mandi Gray, Assistant Nurse Managers

### Patient Care

The population consists of variety of acute neonatal patients with multiple system issues that include the following:

- Prematurity
- PPHN
- CNS disorders
- GU disorders
- Genetic disorders
- Hematological disorders
- Metabolic disorders
- Skin disorders
- Surgical needs
- Infectious diseases
- Cardiac insufficiency and/or anomalies
- Respiratory insufficiency, including ventilator patients
- Complex fluid and medication management
- Single and/or Multisystem injury complications

Services also include patient education related to surgical procedures, disease processes, diagnostic procedures, trach care and home care post-discharge.

Work collaboratively with other disciplines such as physical therapy, respiratory therapy, lactation, unit-based case management and social work to facilitate transition to final destination.

NICU receives patients from internal as well as external sources. Nursing staff monitor their patients; we are not monitored by monitor techs. BLS is required upon hire; NRP (Neonatal Resuscitation Program) and PALS (Pediatric Advanced Life Support Course) are required to be obtained within one year.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment.

NICU takes pride in our performance on quality indicators and is a member of two programs for neonatal quality. We are part of the state quality collaborative (NC Perinatal Quality Collaborative) which works with NICUs across the state to ensure all infants receive the same quality care regardless of where they are born. The NICU is also a part of an international quality/research collaborative called Vermont Oxford which is utilized as a benchmark for improvement initiatives and care. Our team seeks nurses who have a passion/compassion for our neonatal population and our families. The team's passion places quality/safe patient care at the forefront of our mission every day.

**Commonly utilized skills include:**

- Pain management
- Tracheotomies
- IV start skills
- Chest tubes
- Gastrostomy tubes
- Venous and arterial blood draws
- Continuous infusion medication management
- Wound management and wound drains
- Maintenance and use of arterial lines, central lines, epidurals
- Titration of intravenous drips (i.e. inotropes, insulin, heparin, paralytics, and narcotics)

# Pediatrics

## ECU Health Medical Center



### Overview

**Bed Count:** 38-bed flex unit(s), 2 West/KISU (intermediate and general)

**Staffing Ratios:** 1:4 RN-to-patient (general), 1:3 RN-to-patient (intermediate)

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Acute viral respiratory, surgery, trauma, nephrology, hematology/oncology, endocrine, cardiac

**Leadership:** Michael Dunkerley, Nurse Manager, [Michael.Dunkerley@ecuhealth.org](mailto:Michael.Dunkerley@ecuhealth.org) / Jenny Wester, Assistant Nurse Manager, [Jenny.Wester@ecuhealth.org](mailto:Jenny.Wester@ecuhealth.org) / Laura Rhodes, Assistant Nurse Manager, [Laura.Rhodes@ecuhealth.org](mailto:Laura.Rhodes@ecuhealth.org)

### Patient Care

The population consists of pediatric diagnosis varying in acuity from general to intermediate level. This includes, but is not limited to:

- Complications of sickle cell anemia
- Post-operative pediatric surgery
- Acute viral respiratory illness
- New onset diabetes management
- Post-acute trauma care

Patients in this setting may require frequent neurological assessments and collaborative evaluations to manage intermediate care status.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire, with PALS and APHON provided during/following orientation.

#### Commonly utilized skills include:

- Pediatric Chemotherapy
- Central lines management
- Tracheotomy patients
- Epidurals
- Dubhoff/NGT placement and management
- Infant respiratory support
- IV start skills
- Peripheral lab draws
- Complex wound/dressing management
- Various intravenous drips

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# Pediatric Intensive Care Unit

## ECU Health Medical Center



### Overview

**Bed Count:** 12-bed unit

**Staffing Ratios:** 1:1 and 1:2 RN-to-patient

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** All pediatric patients outside of the immediate newborn period meeting criteria for intensive or intermediate level of care with common diagnoses of actual or threatened respiratory failure, severe or unstable cardiovascular disease, neurologic disorders, severe metabolic disturbances, hematologic or oncologic disease with actual life-threatening complications, sepsis, poisonings, critically injured pediatric trauma victims and patients needing ECMO or CRRT.

**Leadership:** Lesley Smith, Nurse Manager, [LSmith50@ECUHealth.org](mailto:LSmith50@ECUHealth.org) / Marlene Barcelona, Assistant Nurse Manager, [Marlene.Barcelona@ECUHealth.org](mailto:Marlene.Barcelona@ECUHealth.org) / Jessica Garris, Assistant Nurse Manager, [Jessica.Garris@ECUHealth.org](mailto:Jessica.Garris@ECUHealth.org)

### Patient Care

The population consists of pediatric patients requiring intensive or intermediate levels of care. This includes, but is not limited to:

- Actual or threatened respiratory failure
- Severe or unstable cardiovascular disease
- Neurologic disorders
- Severe metabolic disturbances
- Sepsis and poisonings
- Hematologic or oncologic disease with actual life-threatening complications
- Critically injured pediatric trauma victims
- Patients needing ECMO or CRRT

Patients in this setting require frequent assessments and collaborative evaluations to manage intensive care status.

Registered nurses provide care in conjunction with the medical team. Assignments are based on the patient's acuity level and frequency of interventions. The charge nurse does not have a patient assignment. BLS is required upon hire and PALS required in the first six months.

### Commonly utilized skills include:

- Arterial and central line management
- Ventilator/tracheotomy patients
- Ventriculostomy drains
- Dubhoff/NGT placement and management
- Vascular access skills
- Titration of intravenous drips (e.g. insulin, sedation, vasoactive)
- Foley insertions
- Targeted temperature management devices

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# Children's Operational Pool

## ECU Health Medical Center



### Overview

**Bed Count:** All of Children's Hospital – Pediatrics, PICU, NICU

**Staffing Ratios:** 1:4 RN-to-patient (pediatrics), 1:1-3 RN-to-patient depending on acuity(NICU, PICU)

**Shift Options:** Day, night, rotating day/night, rotating weekends

**Scheduling:** Self-scheduling

**Primary Population:** Pediatrics and neonatal

**Leadership:** Kathryn Jarvis, Nurse Manager, [Kathryn.jarvis@ecuhealth.org](mailto:Kathryn.jarvis@ecuhealth.org) / Ali Grimes, Assistant Nurse Manager, [Alice.Grimes@ecuhealth.org](mailto:Alice.Grimes@ecuhealth.org)

### Patient Care

The population consists neonatal and pediatric patients from observation status to intensive care status. This includes, but is not limited to:

- Respiratory illnesses including RSV, flu, etc.
- Traumas
- Chronic lung disease
- Complications of prematurity
- Surgical patients
- Diagnoses affecting any system of the body in pediatric patients including GI, GU, neuro, etc.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire.

### Commonly utilized skills include:

- PALS, NRP, BLS
- Arterial lines and central lines management
- Ventilator/tracheotomy patients
- Oxygen therapy
- NGT placement and management
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- Various intravenous drips (e.g. cardiac, insulin, heparin, and cardiac monitoring)