

ECU Health Edgecombe Hospital



Unit Fact Sheets

Critical Care

Intensive Care Unit

Emergency

Adult Emergency Department

Medicine

Medical-Surgical (Med-Surg), Medical Intermediate

Peri-Operative

Same-Day Surgery, Post Anesthesia Care Unit

Surgical Services

MS3 Surgical

Women's & Children's

Labor & Delivery, Newborn Nursery

Intensive Care Unit

ECU Health Edgcombe Hospital



Overview

Bed Count: 8-bed medical critical care unit

Staffing Ratios: 1:2 RN-to-patient

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

Scheduling: Peer scheduling

Primary Population: Acute stroke management, sepsis, pulmonary disease, diabetes management, post cardiac arrest

Leadership: April Matthews, Nurse Manager, amatthew@ecuhealth.org

Patient Care

The population consists of those patients who are critically ill or seriously ill and require or will benefit from highly skilled nursing care, intensive monitoring and observation, and specialized medical procedures with the following subspecialties:

- Arterial pressures/arterial lines
- Pulse oximetry
- Intravenous anti-arrhythmic infusions
- Intravenous vaso-active infusions
- Intravenous insulin therapy
- Mechanical ventilator assistance/intubations
- Cardioversion
- Transthoracic echocardiogram
- Therapeutic hypothermia
- Central venous pressure monitoring

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs. The team lead nurse does have a patient assignment. ACLS required within the first year.

Commonly utilized skills include:

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

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Emergency Department

ECU Health Edgcombe Hospital



Overview

Bed Count: 19-bed unit

Staffing Ratios: 1:4 RN-to-patient

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

Scheduling: Self-scheduling

Primary Population: Pediatric and adult

Leadership: Kim Langston, Nurse Manager, kimberly.langston@ecuhealth.org / April Joyner, Assistant Nurse Manager, april.joyner@ecuhealth.org

Patient Care

The population consists of those patients who are critically ill or seriously injured and require or will benefit from highly skilled nursing care, patients with different level of acuities. We also provide health care to patients with limited access in our rural county. This department provides front line care to our community that includes, but is not limited to:

- Telemetry
- Pulse oximetry
- Intravenous anti-arrhythmic infusion
- Intravenous vaso-active infusions
- Intravenous insulin therapy
- Mechanical ventilator assistance/intubations
- Code strokes
- Code sepsis
- Mental health patients
- Lifesaving interventions
- STEMI stabilize and transport
- Trauma stabilize and transport
- Splints
- Laceration repair
- General health care

Patients in this setting may require frequent assessments and collaborative evaluations to manage emergent and intermediate care status. Continuity of care is facilitated in this unit through admission to inpatient or observation or transfer to outside facilities for optimization of clinical outcomes. Patient may be discharged to home, SNF, ALF or group home.

Registered nurses provide care in conjunction with the nursing assistant, paramedics 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 for all staff. CPI is required for all staff one year from hire. ACLS, PALS, NIHSS are required RNs, LPNs and Paramedics within one year. TNCC, ENPC are highly recommended.

Commonly utilized skills include:

- NIHSS
- Ventilator/tracheotomy patients
- Blood cultures
- IV start skills
- Peripheral lab draws
- Chest Tube Drainage
- 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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Med-Surg & Medical Intermediate

ECU Health Edgecombe Hospital



Overview

Bed Count: 35-bed unit (23 medical beds, 12 intermediate beds)

Staffing Ratios: 1:5 RN-to-patient (medical), 1:4 RN-to-patient (intermediate)

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

Scheduling: Self-scheduling

Primary Population: The population consists of adult patients requiring two levels of care, one being medical and the second being intermediate (IU).

Patient Care

Patients may require continuous non-invasive monitoring (telemetry) and are at risk for immediate interventions, which can include drips. Patients may also experience acute exacerbation of acute or chronic medical conditions. The frequent diagnoses are cardiac disease such as CAD, CHF, R/O MI, End Stage Renal and Liver Disease, compromised respiratory disease including asthma, COPD, pneumonia, fluid volume imbalance, Sepsis, CVA, DKA, and Dialysis.

Registered nurses provide care in conjunction with the care partner and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. BLS is required upon hire and ACLS is recommended after 1 year of experience. Basic EKG.

Commonly utilized skills include:

- Physical assessment
- Critical thinking
- Communication
- Organization
- Decision making

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Same Day Surgery & PACU

ECU Health Edgcombe Hospital



Overview

Bed Count: 10 ASU rooms; 2 procedure rooms, 4 PACU bays

Staffing Ratios: 1:4 RN-to-patient for ASU, 1:2 RN-to-patient for PACU

Shift Options: Days Only, Monday-Friday, on-call after hours

Primary Population: Provides pre-op and post-op care to patients undergoing procedures in the operating room. Also provides procedures under moderate sedation.

Leadership: Calvin Brown, Director, Perioperative Services, calvin.brown@ecuhealth.org / Amy Vause, Assistant Nurse Manager, amy.vause@ecuhealth.org

Patient Care

The population consists of patients undergoing procedures requiring anesthesia. This includes, but is not limited to:

- Orthopedics
- Neurology
- OB/GYN
- Urology
- General
- Pain clinic

Patients in this setting may require a variety of needs surrounding anesthesia and surgical outcomes.

Operating Room Only – Registered nurses provide care in conjunction with Surgical Technologists, Care Partners, and Anesthesia Providers. Assignments are based on the patient's needs, the skill competencies of the staff. BLS is required upon hire and ACLS within 6 months of hire date.

Commonly utilized skills include:

- IV start skills and peripheral lab draws
- Thorough Head to toe assessments pre- and post-op
- Acute post op patient monitoring
- Ventilator/tracheotomy patients
- Lumbar drains
- NGT placement and management
- Arterial lines and central lines management
- Various intravenous drips (e.g. cardiac, insulin, heparin, cardiac monitoring)
- Discharge Teaching post operatively

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MS3 Surgical Unit

ECU Health Edgcombe Hospital



Overview

Bed Count: 31-bed unit (27 general beds and 4 observation beds)

Staffing Ratios: 1:5 RN-to-patient

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

Scheduling: Self-scheduling

Leadership: Cynthia Mayo, VP of Patient Care Services / Michelle Bent, Nurse Manager, mbent@ecuhealth.org / Pamela Gibson, Assistant Nurse Manager, Pamela.Gibson@ecuhealth.org

Patient Care

The patient population consists of adolescents 13 years and older, adults, and geriatric patients. Patients admitted to the Surgical Unit include but are not limited to:

- Total hip fractures and joint replacements
- Laminectomies and w/fusion
- Cholecystectomy/hernia repairs/colectomies
- Hysterectomy (GYN procedures)
- Appendectomy (includes pediatric patients on a case-by-case basis)
- Other orthopedic (including pediatric patients on a case-by-case basis)
- General medical patients may be admitted to the Surgical Unit when necessary due to the unavailability of beds on the Medical Unit

Registered nurses provide care in conjunction with the care partner and medical team. Assignments are based on the patient's needs, the geographical location of the patient, and the resources available. BLS and NIHSS are required upon hire, and ACLS is encouraged. We promote staff development and partner with our education department for professional growth. Professional organization membership and certification are encouraged at the two-year mark of employment.

Commonly utilized skills include:

- NGT placement and management
- NIHSS
- Lumbar drains and braces
- Peripheral lab draws
- Physical assessment
- Excellent Communication skills
- Decision making
- Chest tube management
- Central lines management
- IV start skills
- Critical thinking
- Organization skills
- Detail oriented

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Women's Services

ECU Health Edgcombe Hospital



Overview

Bed Count: Maternity – 7 labor & delivery rooms, 11 postpartum rooms
Nursery – 10 Level 2 rooms, 17 nursery beds

Staffing Ratios: Varies based on acuity of mothers and infants

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

Scheduling: Self-scheduling

Primary Population: Pregnant patients and their infants

Leadership: Chris Schultz, Nurse Manager, christina.schultz@ecuhealth.org / Beth Lewis, Assistant Nurse Manager, BELewis@ecuhealth.org

Patient Care

The population consists of women who have complications of pregnancy, are here for labor and delivery, and postpartum mothers. We also care for newborns and infants who require Level 2 (Neonatal Intermediate Care). This includes:

- Triage and MSE for pregnancy related concerns
- Antepartum care
- Labor and delivery
- Postpartum
- Well newborn care
- Breastfeeding support
- Infants that require more intensive care

Registered nurses provide care in conjunction with the care partner 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:

- Interpretation of fetal monitor tracings
- Post-op recovery
- Caring for OB/GYN patients
- Well newborn care
- Assist other departments in care of this special population as needed
- Medical screening exam to rule out labor
- Labor support
- Preparing patient for C-Section
- Various intravenous drips (e.g. MgSO₄, Oxytocin, Insulin)
- CPAP, O₂, IV on infants
- Infant resuscitation at delivery

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