

Children's Health Nurse Residency Program

The following are the nursing units that may be participating in the residency program currently open for applications. Positions vary based on unit staffing needs. Information included describes general patient populations and nursing workflow typically seen on the participating units.

Inpatient Acute Care

General Pediatrics Unit (B4)

B4 is a 33 bed General Pediatrics Unit with 3 sibling rooms. The patient population includes diagnoses such as bronchiolitis, flu, pneumonia, meningitis, cellulitis, etc. The unit also admits surgery overflow and has 8 beds allotted for cardiac patients if needed. B4 is a fast paced unit with great teamwork with high patient turnover. This unit has the nickname of the "Sunshine unit" due to the staff continuously having a positive attitude and smile on their faces.

Inpatient Surgery (C4)

C4 is an acute care unit with a patient population that includes inpatient surgery, trauma, and orthopedics. The unit is fast paced and most of our patients have a high turnover rate in which they stay for about 1-3 days. We have great teamwork which is important when juggling a busy assignment and having multiple discharges and admissions in one shift.

Renal/Transplant/General Pediatrics (C5)

C5 is a 24 bed acute care unit caring for renal population, renal transplant, peritoneal dialysis & hemodialysis (with outpatient hemodialysis performing hemodialysis on our unit) and general pediatrics (Musculoskeletal infection, snake-bite & high risk behavior patients). Our average length of stay is 3-4 days. The unit has a variety of diagnoses because of the chronic population vs general pediatric population. You will get to see many different patient populations and perform many different skills. Some diagnoses we see are nephrotic syndrome, r/o rejection (renal transplant), Lupus, ESRD, bronchiolitis and the list goes on. The general pediatric population can have a high turnover rate but you will be exposed to both chronic & acute care populations.

Inpatient Cardiology (C8)

The patient population for In-Patient Cardiology consists of infants to adults with congenital heart defects or acquired heart conditions. Patients are monitored on Telemetry in 22 private rooms on C8, 8 private rooms on B4 and with the ability to monitor 6 additional patients remotely at our Plano Campus. Typical modalities utilized for In-Patient Cardiology patients include respiratory support such as nasal canula oxygen, ventilators and tracheostomies, cardiovascular support including rhythm interpretation, VADs and pacemakers, as well as invasive lines such as Central Lines, Nasogastric tubes, Chest tubes, and Foley catheters. C8 relies heavily on a strong teamwork approach and a positive attitude ready to help your peers is highly valued.

Lung and Airway/General Pediatrics (C9)

C9 is a 22 bed acute care unit caring for general pediatric patients with a sub-specialty of Endocrine, Metabolic and Pulmonary disorders. The most common diseases seen are New Onset Diabetes, Diabetic Ketoacidosis that may need an insulin drip, Diabetes Insipidus, Congenital Adrenal Hyperplasia, and Thyroid Ablations. General Pediatric diseases include asthma, bronchiolitis, pneumonia, fever, and overflow pulmonary diagnosis. C9 is a fast paced unit with high patient turnover with an average length of stay of 2-3 days and provides opportunities for many diagnostic procedures related to endocrinology diseases.

Hematology and Oncology (D6)

Pediatric hematology and oncology is a 41 bed unit that sees a variety of ages ranging from birth to 30 years. The nurse to patient ratio is 3-4 patient to 1 nurse. The most common diseases seen on this unit are both chronically and acutely ill patients with oncologic diseases requiring chemotherapy/biotherapy

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and hematologic diseases like sickle cell anemia and hemophilia. The hem/onc nurse must be able to prioritize medication management of very ill patients, aware of subtle changes in a patient's condition and intervene quickly based on assessment findings. The hematology and oncology unit treats the family as a whole as we walk through what can be a difficult time in a family's life.

GI/Transplant (D8)

D8 is a 24 bed acute care unit caring for GI population including transplant for liver & small intestine. The unit has a variety of GI diagnoses: short bowel/intestinal failure, Inflammatory bowel disease (UC & Crohn's), r/o rejection for transplant population, liver diseases and the list goes on. Our average length of stay is 5 days. On occasion we will get the general pediatric overflow patients. The unit works closely with NPs for the liver service as well as the GI attendings to bring the best care & outcomes for our patients.

Pulmonology (D9)

D9 is a 24 bed unit caring for Pulmonary patients and general pediatric patients. The most common disorders are Cystic Fibrosis, Tracheostomy with and without Ventilator, neuromuscular diseases, and chronic lung disease. D9 also sees general pediatric patients with asthma, bronchiolitis, and pneumonia. There is a mix of chronic and acutely ill patients, with a longer average length of stay. D9 has great teamwork, with the opportunity to build rapport and care holistically for the pulmonary patient population.

Neurology (C10)

C10 provides care for neurological and general pediatric overflow patients. It is a 21-bed unit, 8 of which are used for our Epilepsy Monitoring Unit (EMU). The 8 EMU bed provide continuous video and electroencephalogram (EEG) monitoring for diagnostic and treatment of epilepsy. This unit specializes in treatment of neurological diagnoses such as: Epilepsy, seizures, encephalitis, transverse myelitis, Guillain-Barre, Myasthenia Gravis and much more! The patient ratio varies based on acuity, but the max ratio is 4:1. This unit is often praised for the stellar teamwork.

Neurosurgery (D10)

D10 is a 24-bed unit that provides care for neurological-surgical and general pediatric overflow patients. This unit specializes in post-operative care to Neurosurgical cases including Chiari, MoyaMoya, laminectomy, craniotomy, shunt placement, AVM, VP shunts and much more. The nursing staff have a great relationship with the Neurosurgeons that creates a collaborative treatment approach and produces exceptional patient care. The patient ratio varies based on acuity, but the max ratio is 4:1.

Hemodialysis

In hemodialysis we care for acute and chronic patients with kidney failure in the outpatient setting but also for patients who are admitted in inpatient areas, including intensive care units. We are looking for people who have great assessment skills. Small changes in the patient can lead to big concerns. Patient education is a large part of the dialysis nurse's role, which provides the opportunity to build relationships with patients. Hemodialysis is fast paced with a relaxed environment. Dialysis allows someone to not only take care of the patient but also the opportunity to work with the dialysis machine, an important technical skill.

Clinical Resource Team (ACS Track)

This is a float pool position that by the end of orientation allows the nurse to be able to float throughout the Acute Care Services units. The units have a variety of specialties and additional education to care for the various populations is provided. The units you will float to include: General Pediatrics, Surgical/Trauma, Renal, Hematology/Oncology, Cardiac, Endocrine, Pulmonary, Neuro/Neurosurgery and Gastrointestinal. Other specialty areas including Psychiatry, Our Children's House and Emergency

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Department are additional training after acute care orientation is completed and working independently. This unit requires a nurse that is adaptable and a constant learner to be able to excel in a variety of units.

Inpatient Critical Care

Cardiac Intensive Care Unit (D3)

The Cardiac ICU is a fast paced, high acuity unit where nurses who are adaptable and hardworking, as well as intelligent and dedicated are needed. The unit utilized a multidisciplinary team based approach, utilizing medical and surgical intervention to care for infants to adults with Congenital Heart Disease (CHD) and pediatric patients with acquired heart disease including heart failure. The patient ratio is generally 1:1 or 1:2.

PICU/TICU

The Pediatric/Trauma ICUs are fast paced units. Typically, 2 patients to 1 nurse staffing ratio. With more critical patients, the nurse to patient ratio increases to 1 nurse to 1 patient and even 2 nurses to 1 patient. We see a wide variety in patient diagnoses such as surgical post-op observation, bronchiolitis, trauma, solid organ transplants. Modalities include: trauma certification (C11), solid organ transplant certification (C12), SWAT RN (responsible for responding to emergencies/codes hospital wide), continuous renal replacement therapy, and extracorporeal membrane oxygenation. Nurses must be highly self-motivated, adaptive to change, optimistic and empathetic.

Neonatal Intensive Care Unit (NICU)

The NICU is a Level IV, 47 bed unit that provides care for premature and ill infants. It is a high acuity unit and the typical patient ratio is 2:1 or 1:1. Less critical patients can be in a 3:1 staffing assignment. We care for a wide variety of patient diagnoses including surgical patients and differ much from a traditional NICU. Nurses must be highly self-motivated, flexible, optimistic, and team oriented. Typical modalities utilized for patients include respiratory support such as CPAP, ventilators, and tracheostomies, invasive lines such as PICC lines, umbilical lines, nasogastric and gastrostomy tubes.

Clinical Resource Team (CCS Track)

This is a float pool position that by the end of orientation allows the nurse to be able to float throughout the Critical Care Service units. The units have a variety of specialties and additional education to care for the various populations is provided. The units you will float to include: Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), Trauma Intensive Care Unit (TICU) and Cardiovascular Intensive Care Unit (CVICU). There will be orientation to each of the units with worktime in each area prior to the next ICU in order to help solidify the knowledge gained for each unit. This unit requires a nurse that is adaptable and a constant learner to be able to excel in a variety of units.

Non-Inpatient

Emergency Department Dallas and Plano

These departments specialize in acute illness or injury using a multidisciplinary team all working together to reach a disposition in a timely manner. Each department sees a number of high and low acuity patients each day. Assignments range from 3-4 room assignments and you can be reassigned every 4 hours. Shift times are non-traditional such as 3a, 9a, 11a, or 3p. Development opportunities include critical care training and triage training once orientation is completed. No two shifts are the same in the Emergency Department.

Perianesthesia

The Perianesthesia department is an adaptive environment caring for a diverse pediatric population before and after surgery. Our primary focus is to provide nursing care to patients undergoing or recovery from

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general anesthesia. Perianesthesia nursing encompasses a diverse number of practice situations and skill sets that require prioritization of care in a fast-paced setting. Nurses are trained in the three phases of care: Preoperative, Phase 1 (immediately after surgery) and Phase 2 (preparing the patient for discharge). Nursing ratios differ in each phase of care. Preoperative and Phase 2 nurses have a ratio of 3-4 patients to 1 nurse. Phase 1 nurses deliver 1:1 nursing care. We are an evolving practice that promotes professionals that are energetic, motivated, flexible and team oriented.

Operating Room

The OR's patient population ranges from newborn to adults, healthy children getting ear tubes to emergency traumas. Nurses new to the OR work Monday through Friday, 0645-1515 and take call. Nurses have to be flexible and a team player as we have 17 ORs, approximately 10 services and work side by side with surgical techs, surgeons and anesthesiologists.

Ambulatory Float Pool

Ambulatory Float Pool provides clinical nurse support to over 25 different disciplines in outpatient specialty clinics across Children's Health. Float Pool nurses provide in-person and telenursing care to both healthy and medically complex patients across specialties. Patient education, coordination of care, tele-triage, simple procedures, and health maintenance are the most common duties of Ambulatory nurses. Orientation for new graduate nurses consists of a hybrid model including inpatient shifts, to provide the new graduate with a strong foundation of assessment skills. Float pool nurses are flexible, adaptable to a variety of workplace environments, and quick learners, as they are expected to float with ease between several clinics caring for a variety of disease processes. Work is primarily at our Dallas Specialty Center, but the team also services clinics at the Plano campus, Cityville Specialty Center, and Texas Health Resources (Presbyterian Dallas) multispecialty clinic. Hours for the new graduate nurse are 12-hour shifts 3x/week (day shift, may include weekends) during inpatient orientation; once outpatient orientation begins, work hours are M-F 0800-1630, no weekends or holidays.

Our Children's House

OCH is an independently licensed Acute Care Hospital that manages three primary patient populations, for safe transition to home. We are training caregivers how to care for their child with complicated home care needs, while also providing for coordination of care.

- Pulmonary: tracheostomy-ventilatory dependent patients due to varying fragile airway diagnosis that lead to Trach-Vent. These patients may also have cardiac disease and maybe cardiac transplant, and solid organ transplant patients.
- Rehabilitation patients: stroke and/or arteriovenous malformation rupture, trauma-multiple causes, non-accidental trauma.
- Feeding patients, with oral motor dysphagia, failure to thrive, EOE, behavioral eating/limited pallet.

Additionally, we except direct acute admission, overflow acute admission from Dallas and Plano ED as appropriate, and Acute Admit patients known to Children's Health for treatment of Status Migrainosus. Average length of stay in 2020 was 23 days. We have mixed acuity, but on occasion our acuity can be very high due to patient complexity. We have a broad multidisciplinary team and work together closely for the successful outcomes of our patients.