

## Organising a Registered Nurse (RN) 'Special'

### Statement

Many hospital patients have a high acuity and require intensive nursing for some periods of their care. This care can be provided by:

- Intensive Care Unit – where the nurse to patient ratio is one RN to one patient
- Special Care Units – located within speciality areas of the hospital (CCU, Orthopaedic Trauma Unit, Neurosciences Progressive Care Unit, Surgical Progressive Care Unit, Paediatric High Dependency Unit, and the Acute Medical Assessment Unit).
- Registered Nurse Special in the ward

### Purpose

This document is to guide clinical staff to take appropriate steps to organise an RN special.

### Scope

- CNM/Nurse in Charge
- Registered Nurse
- Duty Office

### Definitions

***RN Special*** – A Registered Nurse (RN) Special will be provided when the Clinical condition of the patient requires them to be continuously assessed by an appropriate RN so that the patient is appropriately observed, receives prompt intervention by nursing and medical staff as necessary and treatment as required.

***Special Care Units*** – are environments throughout the hospital where the nurse to patient ratio is higher, and the nursing staff have the advanced skills required to care for these patients

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### **Who determines RN Special is required?**

The Registered Nurse caring for the patient in conjunction with CNM/Nurse in Charge.

The need for an RN Special is assessed every four hours with the RN, by the CNM/NIC.

### **Criteria for determining RN Special**

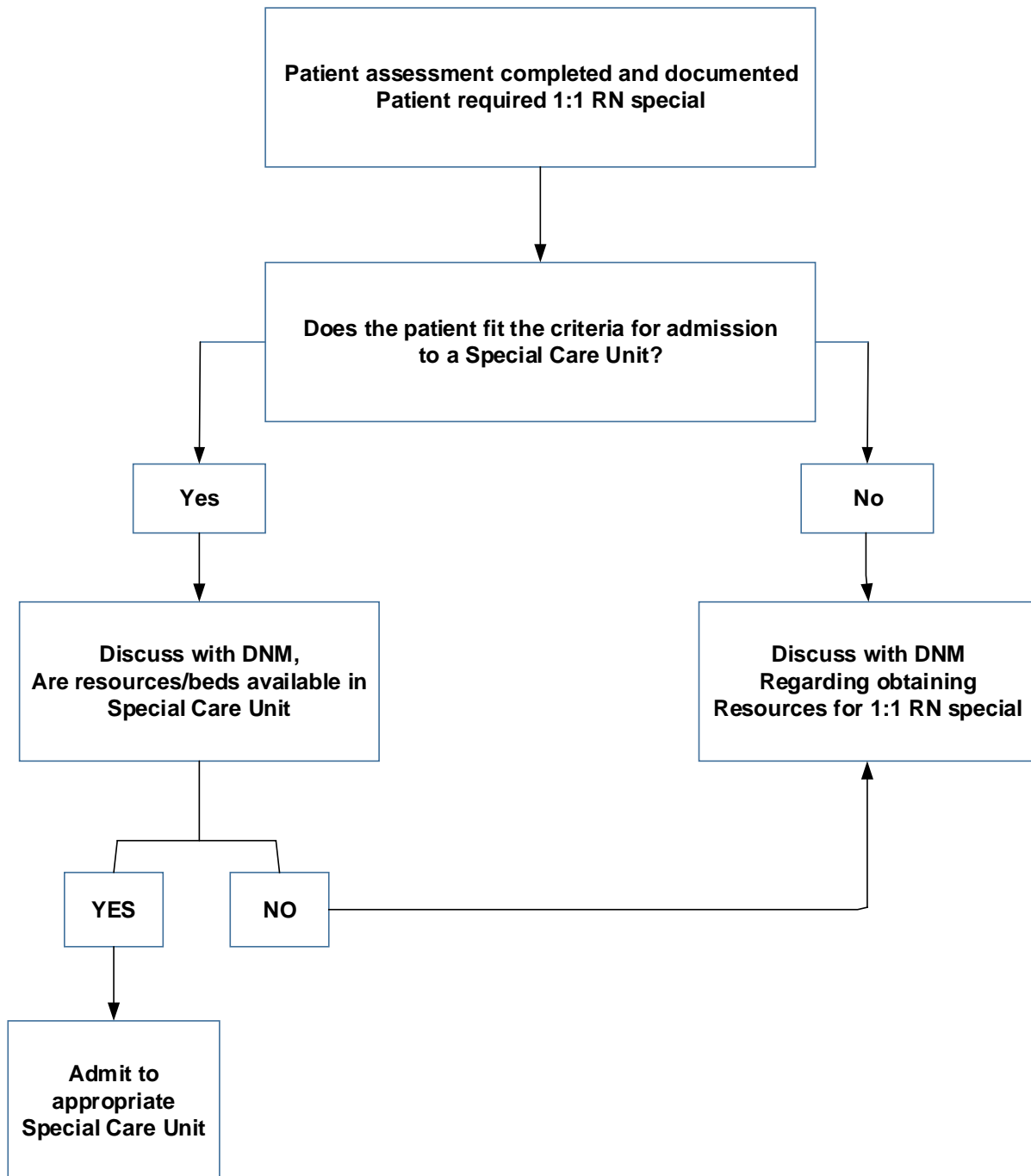
On occasion Patients who meet the criteria for admission to Special Care Units are unable to be accepted, these instances should be discussed with the Duty Manager/CNM/NIC as per the flow chart below

### **Care of RN Special**

RN Special is included within the model of care practiced on the Ward.

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**When to Organise an RN Special Flowchart**



<b>Policy Owner</b>	SPCU Nurse Specialist
<b>Policy Authoriser</b>	Acting Nursing Director
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