INSTRUCTIONS FOR COMPLETING PC TOOLS:
1. After reading the following patient descriptions, complete the attached patient classification tools. Be sure your responses for each example are recorded on the corresponding tool, i.e. Patient Example #1 is recorded on the tool marked #1, Patient Example #2 is recorded on the tool marked #2, and so on.
2. Use only the facts provided, do not read additional information into the examples.
3. Refer to the PC Tool Instruction Guide whenever necessary.
4. Sign your name on the top of this page and return by ___________________

Patient Example #1:
This patient is a 30 day old BB born at 37 ½ wks gestation with Apgars of 8 and 9, plus a BW of 1870 gms. His diagnosis is complex CHD. He is s/p Norwood stage one. He currently weights 2.3 kg and is receiving VS and PB q 1 hour. He is ventilated, with two chest tubes, six separate IV’s including a broviac and a femoral line. He is NPO and is receiving 10 medications in a 12 hour period including two inotropic agents. The infant’s oxygen saturation fluctuates dangerously even while infant is undisturbed. Parents visit daily for extended periods of time. Ask many questions and are highly anxious.
(Check one):  __Level 2 (1:2 staffing)       ___Level 3 (1:1 Staffing)      ___Level 4 (2:1 staffing)

Patient Example #2:
This patient is a 24 hour old BG, with a BW 600 gms and a gestational age of 26 wks. Her diagnosis is extreme prematurity, RDS, R/O sepsis, and R/O PDA. The infant is on a radiant warmer with a UAC and UVC in place, on oscillator and double phototherapy. Care includes VS q 1 hour which includes B/P and chemstrips. The blood pressure is labile; ABGs are monitored about every 1-2 hours and constant readjustment of FiO2 is required. All urine and stools are tested. She has received albumin and PRBC’s x2 (in 12 hours period). She is on and insulin drip which is being titrated with dextrose; the blood sugar levels fluctuate significantly and are requires frequent monitoring and adjustment of the dextrose. She is also receiving dopamine and antibiotics and is NPO. Mother is hospitalized on postpartum and visits for short periods of time with difficulty. She is Spanish Speaking only.
(Check one):  __Level 2 (1:2 staffing)       ___Level 3 (1:1 Staffing)      ___Level 4 (2:1 staffing)

Patient Example #3:
This patient is a three day old BG with a BW of 2151, Apgars 6-7, at 34 wks gestations with Dx of RDS vs. Pneumonia, PDA. Care includes VS q 2 hrs, a conventional ventilator at a rate of 21, FiO2 30%. She is being slowly weaned based on frequent ABGs and continuous TCOM readings. She is NPO and all urine and stools are being tested and gastric PH is tested q 6 hours. She is receiving TPN via UVC and is on antibiotics, Phenobarbital, Ranitidine (5 meds in 12 hours periods). Parent and extended family members visit daily and ask many questions.
(Check one):  __Level 2 (1:2 staffing)       ___Level 3 (1:1 Staffing)      ___Level 1 (1:3 staffing)

Patient Example #4:
This patient is a two month old infant, born at 30 wks gestation with a BW of 1.3kg. Current weight is 3.4kg. Care includes VS q 3 hours, cardiac and pulse oxymetry monitoring. She is on RA with adequate oxygen saturation. She is receiving feeds continuously via N/G tube for 2 hours on and 1 hour off, and is tolerating these well. She is receiving 5 PO medications in a 12 hour period. Parents visit 3 times a wk and are beginning to learn her care.
(Check one):  __Level 2 (1:2 staffing)       ___Level 3 (1:1 Staffing)      ___Level 1 (1:3 staffing)