

MSU					
Total Patients	RN's	(RN only, No LPN)	LPN's	CNA/Tech	
<8		2		0	1
9-11 patients		2		0	2
<12		2		0	2
	13	2	3	1	2
	14	2	3	1	2
	15	2	3	2	2
	16	2	3	2	2
	17	3		0	3
	18	3		0	3
	19	3	4	1	3
	20	3	4	1	3
	21	3	4	2	3
	22	3	4	2	3
	23	3	4	3	3
	24	4		0	3
	25	4	5	1	4
	26	4	5	1	4
	27	4	5	2	4
	28	4	5	2	4

*RN's run at a 1:6 patient ratio. LPN's are used as supportive staff and can run as a team of 1:1:8 (1RN, 1LPN to 8 patients)

Unit: MSU/Tele

Patient Acuity System

Level	Criteria	# of Patients	Hours of Care
MSU/Tele			
Level 1:	Needs minimum assistance with ADLs, ambulation, nutrition, or toileting. Standard vital monitoring per the unit May have a Heplock. Is a candidate for discharge within 24-48 hours. Understands medical condition, medications, and home care. Daily assessments		0
Level 2:	Needs standby assistance with ADLs, ambulation, nutrition, or toileting. May have a foley catheter and/or other drain. Hospice; anticipated expiration. Is expected to be discharged within 48-72 hours. May have simple continuous tube feedings with a few medications May have one IV line to maintain Patient has calorie counts, daily weights and/or I&O every shift Daily assessments		0
Level 3:	Needs partial assistance with ADLs, ambulation, nutrition or toileting. Glucose monitoring by Nursing at least QID. May have a foley catheter and/or other drain to manage. Scheduled for at least one invasive procedure, and/or is 12 hours post-op. Has one or two IV lines to manage. Minor wound management, skin precautions. May be slightly confused needing frequent checks. Patient could be on fall precautions. All total joints Tube feeders/meds per tube with poly pharmacy and/or bolus feedings Continuous bladder irrigations (CBI) Polypharmacy Incontinence with polyuria or diarrhea		0
Level 4:	Needs more than partial assistance with ADLs, ambulation, nutrition, or toileting. May need more than one person to assist in managing mobility. Two or more IV lines to manage and/or central line. May be receiving blood or blood products. Cardiac/vascular surgeries Extensive wound care including multiple sites Confused, requires room close to desk Cardiac drips Requires 2-4hr assessments		0
Level 5:	Patient requires one to one care (physician ordered)		0
Total Number of Patient hours =			0
Total Staff Needed/Shift =			0
Actual Staff =			

ICU

Total Census	RN	Monitor Tech
1-4 ICU	2	1
5-6 ICU	3	1
7-8 ICU	4	1
9-10 ICU	5	1
11-12 ICU	6	1

Overflow ICU	RN	Monitor Tech
0 ICU + 1-4 OF	2	1
1 ICU + 1-4 OF	2	1
2 ICU + 1-4 OF	2	1
3 ICU + 1-4 OF	2	1
4 ICU + 1-4 OF	3	1
5 ICU + 1-3 OF	3	1
6 ICU + 1-4 OF	4	1
7 ICU + 1-3 OF	4	1

*ICU patients are staffed at a 1:2 ratio. When patient's are "overflowed" from Medical-Surgical, the ratio increases since they do not require as much care.

DAY			
Level	Criteria	# of Patients	Hours of Care
CCU			
Level 3	AMCU Overflow Pt.; Those pts that do not meet CCU admission criteria		0
	This type of patient requires a step down level of care. Nurse to patient ratio is 1:3-4		
Level 4	Usual and customary ICU patient with more than one peripheral access line, hemodynamically monitored, vital signs more frequently than Q4H, ventilator possible, and with ICU order sets. A 1:2 nurse to patient ratio.		0
	All new post op patients within the first 24 hours with hourly VS, hourly neurovascular checks, and hourly voids X8.		
	Patient receiving 5 or less medication drips.		
	Patient is receiving in-line suctioning.		
Level 5	This is a patient requiring a 1:1--critically ill with monitoring required at least Q1H, a patient on suicide precautions, an out of control patient deemed a behavioral risk.		0
	Patient in prone position.		
	Patient receiving 6 or more medication drips		
	Patient receiving paralytic drip		
	Targeted temperature management		
	Total Number of Patient Hours=		0
	Total Staff Needed/Shift =		0
	2 RN minimum		

BHS Adult

Census	RN	LPN	MH Tech	
8-15 patients		1	1	1
16-21 patients		1	1	2
22-26 patients		1	1	3

*The LPN can be interchanged with a second RN.

BHS		Total Census	Hours of Care
Adult	All patients are on a locked unit and require safety checks Q15m		
Low	<ul style="list-style-type: none"> No protocol monitoring or protocol monitoring and symptom management (CIWA, CNS-DP, COWS) History of aggression, self injury, suicidal or homicidal ideations Psychosis-history of delusions or bizarre behavior associated with psychotic disorder Some problems with impulsive or disruptive behavior Easily redirectable History of sexually acting out behavior Recent onset of defiant behaviors Inconsistent compliance with treatment regimen Large group of visitors or visitor groups including children Low fall score Blood Glucose checks Requires minimal prompting to attend group and unit activities Q15m rounding, but patient has heightened anxiety Nurse to perform simple dressing changes and wound care 		0
Moderate	<ul style="list-style-type: none"> On protocol scoring such as that requires more frequent monitoring (CIWA, CNS-DP, COWS) Self injurious Agitation Current delusions/hallucinations associated with psychotic disorders Concerns that the patient may have suicidal or homicidal intent or a plan to act within the hospital Behavior indicating intent toward sexually acting out or manipulation May require moderate prompting to attend group and unit activities Difficult to redirect Anxiety associated with frequent needs for reassurance and numerous demands Defiant behavior causing emotional harm to others Partial or complete resistance to taking medications Frequent requests to address symptom management, multiple prn medications Requires assist with some of the following: toileting, bathing, transfers, feeding, etc. 		0
High	<ul style="list-style-type: none"> On a protocol load (CIWA, CNS-DP) Impulsive behavior putting the patient at risk of physical harm to self or others Elopement risk Temper and lack of control resulting in physical harm or threatening to physically harm others Ineligible to participate in off unit activities Other patients are intimidated, threatened or incited by patient Active suicidality and or homicidality with intent and plan Delusions/hallucinations that place others at risk of harm Manipulation of others or sexually acting out/attempts to engage others in hospital Uncontrolled impulsive behavior such as exhibited with developmental delay Oppositional behavior involving threat of harm to self or others Consistent requests for symptom management and/or prn requests exceeding normal administrative parameters Anxiety associated with frequent needs for reassurance demands and impairs ability to function Redirectable only with consistent intervention Multiple wounds receiving frequent dressing changes Needs active assistance with ADLs: Requires gait belt or wheelchair for ambulation, requires feeding or feeding tube, requires diapers, frequently incontinent 		0
1 to 1	<ul style="list-style-type: none"> Restraints 1 to 1 at bedtime Line of sight Seclusion Therapeutic hold Provider order Requires staff escort off of unit Requires dedicated patient monitoring for medical assistive devices with potential ligature points (immobilizers, oxygen, Foley catheter, etc.) 		0
	Total number of patient hours		0
	Total staff needed/shift		0
	Minimum staffing per unit is 3: 1 RN, 1 LPN, 1 Tech. Minimum staffing is set to a threshold of 3.		3
	Sitter is an additional staff member as the Tech cannot be used as the Sitter.		
		RN	1 Default
		LPN 1	1 Default
		Tech 1	1 Default
		Tech 2	FALSE 16
		Tech 3	FALSE 22
		Sitters	0
		Total Staff:	3
	***This is a sample calculator for how many of each type of staff is needed based on census only and sitter needs. This is driven from Census box C2.		

BHS OAU

Census	RN	LPN	MHTech	
8-16 patients		1	1	2
17-20 patients		1	1	3
21-26 patients		1	1	4

*The LPN can be interchanged with a second RN.

OAU		Total Census	Hours of Care
Order Adult	All patients are on a locked unit and require safety checks Q15m		0
Low	<ul style="list-style-type: none"> No protocol monitoring or protocol monitoring and symptom management (CIWA, CNS-DP, COWS) History of aggression, self injury, suicidal or homicidal ideations Psychosis-history of delusions or bizarre behavior associated with psychotic disorder Some problems with impulsive or disruptive behavior Easily redirectable History of sexually acting out behavior Recent onset of defiant behaviors Inconsistent compliance with treatment regimen Large group of visitors or visitor groups including children Low fall score Blood Glucose checks Requires minimal prompting to attend group and unit activities Q15m rounding, but patient has heightened anxiety Nurse to perform simple dressing changes and wound care 		0
Moderate	<ul style="list-style-type: none"> On protocol scoring such as that requires more frequent monitoring (CIWA, CNS-DP, COWS) Self injurious Agitation Current delusions/hallucinations associated with psychotic disorders Concerns that the patient may have suicidal or homicidal intent or a plan to act within the hospital Behavior indicating intent toward sexually acting out or manipulation May require moderate prompting to attend group and unit activities Difficult to redirect Anxiety associated with frequent needs for reassurance and numerous demands Defiant behavior causing emotional harm to others Partial or complete resistance to taking medications Frequent requests to address symptom management, multiple prn medications Requires assist with some of the following: toileting, bathing, transfers, feeding, etc. 		0
High	<ul style="list-style-type: none"> On a protocol load (CIWA, CNS-DP) Impulsive behavior putting the patient at risk of physical harm to self or others Elopement risk Temper and lack of control resulting in physical harm or threatening to physically harm others Ineligible to participate in off unit activities Other patients are intimidated, threatened or incited by patient Active suicidality and or homicidality with intent and plan Delusions/hallucinations that place others at risk of harm Manipulation of others or sexually acting out/attempts to engage others in hospital Uncontrolled impulsive behavior such as exhibited with developmental delay Oppositional behavior involving threat of harm to self or others Consistent requests for symptom management and/or prn requests exceeding normal administrative parameters Anxiety associated with frequent needs for reassurance demands and impairs ability to function Redirectable only with consistent intervention Multiple wounds receiving frequent dressing changes Needs active assistance with ADLs: Requires gait belt or wheelchair for ambulation, requires feeding or feeding tube, requires diapers, frequently incontinent 		0
1 to 1	<ul style="list-style-type: none"> Restraints 1 to 1 at bedtime Line of sight Seclusion Therapeutic hold Provider order Requires staff escort off of unit Requires dedicated patient monitoring for medical assistive devices with potential ligature points (immobilizers, oxygen, foley catheter, etc.) 		0
	Total number of patient hours		0
	Total staff needed/shift		0
	Minimum staffing per unit is 3: 1 RN, 1 LPN, 2 Tech. Minimum staffing is set to a threshold of 4 for OAU.		4
	Sitter is an additional staff member as the Tech cannot be used as the Sitter.		
		RN	1 Default
		LPN 1	1 Default
		Tech 1	1 Default
		Tech 2	1 Default
		Tech 3	1 Default
		Sitters	0
		Total Staff:	4
			Threshold
			22
	** This is a sample calculator for how many of each type of staff is needed based on census only and sitter needs. This is driven from Census box C2.		