

Part B - Health Facility Briefing and Planning

400 INTENSIVE CARE - PAEDIATRIC

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INTRODUCTION

General

400 .2.00	Critically ill paediatric patients, from neonates to adolescents, have unique physical and psychological needs.
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PLANNING

Planning Models

400 .3.00	In addition to the standards previously listed for Intensive Care Units, each Paediatric Intensive Care Unit shall include space at each bedside for parents, and sleeping space for parents who may be required to spend long hours with the patient. If the sleeping area is separate from the patient area, it must be in communication with the Intensive Care Unit staff.
400 .4.00	The Paediatric ICU may be open-plan or may have all Single Patient Bedrooms or a mix of both. Where open-plan is provided, at least one in five beds must be located in a private room or cubicle for psychological needs, in addition to the medical isolation requirement.

Functional Areas

400 .5.00	The Intensive Care - Paediatric will consist of the following Functional Areas: <ul style="list-style-type: none">- Patient Treatment Areas including Patient Beds, Isolation Rooms as appropriate, Treatment Rooms- Support Areas including Formula Room, Linen bays, Utility Rooms, Store rooms, Cleaner's Room, Disposal- Staff Areas including Staff Station, Offices and access to Meeting Rooms and Staff Amenities- Visitors and Parents' Facilities which may include access to Lounge areas or Waiting Rooms, Public Amenities and Overnight Accommodation as appropriate.
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Functional Areas

400 .6.00 STORAGE

Each Paediatric Intensive Care Unit shall include separate storage cabinets or closets for toys and games for use by the paediatric patients.

Functional Relationships

- 400 .7.00 The Intensive Care - Paediatric Unit should have ready access to the Emergency Unit, Operating Unit, Medical Imaging Units, Pathology Unit and Pharmacy Unit. It should be located to avoid the need for through traffic.

DESIGN

Space Standards and Components

- 400 .8.00 The bassinets, incubators and warmers used for neonatal infants will need the same clearances as for adult beds.

COMPONENTS OF THE UNIT

Introduction

- 400 .9.00 The Paediatric Intensive Care Unit will consist of a combination of Standard Components and Non-Standard Components.

Standard Components must comply with details in Standard Components described in these Guidelines. Refer also to Standard Components Room Data Sheets.

Standard Components

- 400 .10.00 Provide the Standard Components as identified in the Schedule of Accommodation.

Non-Standard Components

- 400 .11.00 Provide the Non-Standard Components as identified in the Schedule of Accommodation, according to the Operational Policy and Functional Brief.

APPENDICES

ICU-Paediatric Generic Schedule of Accommodation

- 400 .12.00 Schedule of Accommodation for Intensive Care Unit - Paediatric:

In addition to the schedule identified for Intensive Care - General the following additional requirements will apply:

ROOM / SPACE	Standard Component					Level 6 Qty x m2	Remarks
STORE - GENERAL	yes					2 x 9	Including storage for cots and toys
TREATMENT ROOM	yes					1 x 15	With provisions for Paediatric patients
CIRCULATION %						40	

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ICU-Paediatric Generic Schedule of Accommodation

400.13.00 SHARED AREAS

ROOM / SPACE	Standard Component			Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2	Remarks
BAY - BEVERAGE	yes					1 x 3	C-located with Lounge - Parent's
FORMULA ROOM	yes					1 x 15	
LOUNGE - PARENT'S						1 x 20	
OVERNIGHT STAY - BEDROOM	yes					1 x 10	For parents; may be located within the Unit or nearby
OVERNIGHT STAY - ENSUITE	yes					1 x 4	

References and Further Reading

- 400.14.00
- American Institute of Architects, Guidelines for Design & Construction of Hospital & Healthcare Facilities, 1997.
 - Health Department Western Australia, Private Hospital Guidelines, 1998.

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FUNCTIONAL RELATIONSHIPS DIAGRAM - INTENSIVE CARE (PAEDIATRIC)

