**NURSING CAREER PATHWAY GUIDELINES**  
*(PICU Professional Development Program)*

**ORIENTATION / FAMILIARISATION**
- Corporate orientation day
- ADHB nursing orientation day
- Orientation time as supernumerary
- Orientation competencies completed

**LEVEL II**
- Completion of PICU Orientation Study Days I-V (for orientees without PICU background)
- Level II Competencies completed
- Specific study days: Respiratory/Cardiac/Neurological/Renal
- Specific Workbooks e.g. Cardiac, Neuro, ECG, CVVH, Pacing, Organ donation/transplantation

**LEVEL III**
Need to have completed Level II workbooks and specific workbooks. Specific study days to be attended individualised according to previous PICU education.
- Advanced Resp/Vent Study Day
- Pacing Study Day / (with associated Pacing workbook)
- Study day to support project involvement
- Clinical leadership (see over)

**LEVEL IV**
- Study Days to support projects/clinical advancement
- Clinical Leadership (see over)
- Conference Attendance

**RECRUITMENT**
- No PICU Course
- PICU Course

---

### LEVEL II - RESPIRATORY
- Nasal Cannulae/Oxygen Mask
- Mask BiPAP/CPAP
- Bubble CPAP
- Nasopharyngeal CPAP
- Bag/mask Ventilation
- Basic Ventilation
- Assist with intubation
- Hand ventilation with T-piece physically
- stable patient requiring minimal alterations to
- ventilation
- Weaning ventilation as directed

### LEVEL II - NEUROLOGICAL
- GCS 13-15
- Seizures
- EVD Management
- Post-op neurosurgical patient

### LEVEL II - CARDIOVASCULAR
- Pre-op patient
- PGEI
- Post-op - non bypass
- ASD/simple cardiac defect
- Stable bypass
- Stable patient with 1-2
- inotropes

### LEVEL II - RENAL
- PD
- Renal Transplant

### LEVEL II - TRANSPORTS
- Physiologically stable patient to CT scan

### LEVEL II - COMPLIANCE
- Annual
  - CRP update
  - On-line EMS update
  - ABG update

---

### LEVEL III - RESPIRATORY
- Nitric Oxide
- Oscillation HFOV
- Care of physiologically
- unstable patient requiring
- frequent changes to
- ventilation

### LEVEL III - NEUROLOGICAL
- ICP Management
- Moderate head injury
- (8-15 GCS)

### LEVEL III - CARDIOVASCULAR
- Stable Pacing with underlying
- rhythm
- Post-op complex congenital
- heart
- Unstable patient inotrope
- dependent

### LEVEL III - RENAL
- CVVH
- CVV
- CVVHDF

### LEVEL III - TRANSPORTS
- Code Pink call
- Paed Blue 100 call

### LEVEL III - COMPLIANCE
- Annual
  - CPR
  - EMS
  - ABG
  - Biannual
    - APLS

---

### LEVEL IV - RESPIRATORY
- Complex ventilation
- Wean Ventilation

### LEVEL IV - NEUROLOGICAL
- Complex unstable head
- injury (<5GCS)

### LEVEL IV - CARDIOVASCULAR
- Complex pacing
- Unstable patient requiring
- continuous renal replacement therapy

### LEVEL IV - RENAL
- Code Pink call
- Paed Blue 100 call

### LEVEL IV - TRANSPORTS
- Frequently unstable
  - transports including
    - inotrope dependent,
    - complex head injury,
    - national transports,
    - international transports

---
Clinical Leadership is defined BROADLY within PICU in order to allow individuals to define their own direction. Philosophically the senior team believes that clinical leadership can be demonstrated within four areas and along a continuum. The four areas are: Research, Quality, Education, Clinical Leadership (*)

* Shift co-ordination alone is not sufficient demonstration of clinical leadership at level IV but activity in one of the other three areas above can be used to complement shift co-ordination.

**Guide Principles for levelling process**

For levels three and four there are certain skills/roles in each category that are an expectation for that level. It is recognized that not every skill/role will be necessarily preferred by nursing staff and that they may not undertake them often, however the expectation is that nursing staff are prepared to undertake them in exceptional circumstances e.g. shift co-ordination/CRRT.

Individuals are not constrained to undertake skills/roles prior to entering a level e.g. a level three nurse may choose to do shift co-ordination or ECMO.

The ECMO and Transport programs are not a required part of the levelling program in PICU but are available to staff who choose to develop these skills and have the necessary experience and skill set.

Self direction is an essential component of the levelling process. The senior nursing team is wholeheartedly committed to supporting staff who choose to develop these skills and have the necessary experience and skill set. Progression through the levels is a negotiated process by the staff nurse and his/her team leader. Ultimately the decision around progression within the PDP rests with the senior nursing team.