

Critical Care Units



ECU Health Beaufort Hospital

[Intensive Care Unit \(ICU\)](#)

ECU Health Duplin Hospital

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Nurse Weekend!**

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Overview

Bed Count: 11 bed flex unit; Intensive and Intermediate Care

Staffing Ratios: RN ratio 1:2-3 for ICU patients; 1:4 for Intermediate patients; NA ratio 1:8

Shift Options: Day, Night, Rotating Day/Night

Scheduling: Self-scheduling

Primary Population: The population consists of the critical and/or acutely ill or injured adult and geriatric patient requiring medical or surgical intervention and monitoring.

Leadership: Rebecca Sanders, Interim Nurse Manager, Rebecca.Sanders@ecuhealth.org

Positions

- 0.9 FTE: (3) 12 hr. shifts/week
- Weekend shift requirements are dependent on position/shift hired (Days: 6 weekend shifts per 6-week schedule; Nights: 8 weekend shifts per 6-week schedule)

Orientation

- Orientation is individualized to meet the learning and experiential needs for each professional nurse.
- 12 weeks for new graduate nurses
- Will work “clinical coaches” schedule, may also have an alternate coach identified
- Structured week-by-week program based on ideal patient situations/diagnosis—shift assignments evaluated in accordance with orientation weeks/opportunities

Patient Care

The population consists of the critical and/or acutely ill or injured adult and geriatric patient requiring medical or surgical intervention and monitoring. Specialties include but are not limited to:

- Pulmonary disease process requiring increased oxygen requirements and mechanical ventilation
- Congestive heart failure and chronic cardiac processes requiring critical monitoring
- Chronic medical conditions requiring critical monitoring
- Surgical patients needing intensive monitoring

Skills utilized include but are not limited to continuous infusion medication management, pain management, wound care, continuous cardiac monitoring, arterial line maintenance, central line maintenance, and chest tube maintenance. Pulmonary arterial catheter management and mechanical ventilation management are included in the ICU setting.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient’s needs, the geographical location of the patients, and the resources available.

Nurses: BLS is required upon hire, NIHSS (National Institutes of Health Stroke Scale) is required within 30 days of hire and ACLS is required within 1 year of hire. These certifications must remain active. Crisis Prevention Training (CPI) is preferred.

Intensive Care Unit (ICU)

ECU Health Duplin Hospital



Overview

Bed Count: 9-Bed Unit

Staffing Ratios: 1:2-3 RN to Patient based on acuity (with Nurse Aide coverage)

Shift Options: Day, Night, Rotating Day/Night (Based on staff preference and unit needs)

Scheduling: Self-scheduling

Primary Population: Medical intensive care patients, as well as those requiring an intermediate level of care.

Leadership: Jenny Parnell, Nurse Manager, Jennifer.Parnell@ecuhealth.org

Positions

- 0.9 FTE: (3) 12-hr. shifts/week, every other weekend shift per 6-week schedule

Orientation

- Orientation is individualized to meet the learning and experiential needs for each professional nurse.
- A primary and one alternate clinical coach is assigned to the transition into nursing practice for new graduate and experienced nurses.
- The orientation process is designed to promote the development of competencies and capacities of professional nursing across the continuum of novice to expert and in accordance with the ECU Health Nursing Professional Practice Model.
- Nurses transitioning into practice are paired with a clinical coach, and are supported to gain experiential learning through shared learning, working the same shifts.

Patient Care

The population consists of medical intensive care patients, as well as those requiring an intermediate level of care.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does have a patient assignment. BLS is required upon hire.

Cardiac Intensive Care Unit (CICU)

ECU Health Medical Center



Overview

Bed Count: 24-Bed Unit

Staffing Ratios: 1:2 RN to Patient, 1:10 Nursing Assistant to Patient

Shift Options: Rotating Day/Night or Straight Night

Scheduling: Self-scheduling with adjustment by leadership

Primary Population: Acute myocardial infarction (STEMI), cardiogenic shock, decompensated heart failure, post-cardiac arrest, often with targeted temperature management, dysrhythmias, hemodynamic instability, extracorporeal membranous oxygenation (ECMO)

Leadership: Toni Holden, Nurse Manager, Toni.Holden@ecuhealth.org / Jacqueline Keesee, Assistant Nurse Manager, Jacqueline.Keesee@ecuhealth.org / Mendy Cordon, Assistant Nurse Manager, Mendy.Cordon@ecuhealth.org

Positions

- 1.05 FTE: (3) 12-hr shifts/week and (4) 12-hr shifts/week, (6) weekend shifts per 6-week schedule
- 0.9 FTE: (3) 12-hr shifts/week, (6) weekend shifts per 6-week schedule

Orientation

- 18 weeks for new graduate RNs
- Work clinical coach's schedule, may also have an alternate coach identified; scheduled on day and night shift
- Structured week-by-week program based on ideal patient situations/diagnosis—shift assignments evaluated in accordance with orientation weeks/opportunities

Patient Care

The population consists of critically ill cardiac medicine patients. This includes, but is not limited to:

- Dysrhythmias and hemodynamic instability
- ECMO
- Acute myocardial infarction (STEMI)
- Cardiogenic shock and decompensated heart failure
- Post-cardiac arrest patients, often treated with targeted temperature management

Patients in this setting require frequent assessments and interventions. Nurses provide continuous monitoring and frequent titration of vasoactive medications, device support and collaboration with the healthcare team.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire. Advanced life support training and NIHSS are required during orientation.

Commonly utilized skills include:

- Continuous cardiac monitoring
- Ventilator/tracheotomy patients
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- NIHSS
- Invasive hemodynamic monitoring through arterial lines, pulmonary artery and central venous catheter
- Titration and maintenance of multiple intravenous drips, including vasoactive, opioid, insulin, heparin, sedatives
- Operation and adjustment of devices used for support or therapy – Arctic Sun, Thermogard, Impella, Intra-aortic balloon pump, NxStage

Cardiovascular Intensive Care Unit (CVICU)

ECU Health Medical Center



Overview

Bed Count: 24-bed

Staffing Ratios: 1:2 RN to ICU patient, 1:4 RN to IU patient, 1:12 NA to patient

Shift Options: Rotating to start, then can be added to shift preference wait list

Scheduling: Self-scheduling with balancing by leadership

Primary Population: Cardiac Surgery (CABG, MVR, TVR, AVR, TAVR, Mitral Clip, VA ECMO, LVAD)

Leadership: Lisa Garner, Nurse Manager, lisa.garner@ecuhealth.org / Carrie Elks, Assistant Nurse Manager, carrie.elks@ecuhealth.org / Lina Jones, Assistant Nurse Manager, lina.jones@ecuhealth.org

Positions

- 0.9 FTE: (3) 12-hr shifts/week, every other weekend
- CVICU RN's can be hired into the Intensive Care (ICU) level and/or into the Intermediate (IU) level of care. RNs hired into the IU level of care are eligible to transfer to the ICU level of care one year post-orientation.

Orientation

- 18 weeks for new graduate RNs hired into the ICU, 12 weeks for new graduate RN's hired into the IU
- Work "clinical coaches" schedule, may also have an alternate coach identified; scheduled on day and/or night shift
- Structured week-by-week program based on ideal patient situations/diagnosis—shift assignments evaluated in accordance with orientation weeks/opportunities

Patient Care

The population consists of critically ill intensive care and intermediate level of care cardiac surgery patients. This includes, but is not limited to:

- CABG (Coronary Artery Bypass Graft)
- MVR (Mitral Valve Repair/Replacement)
- TVR (Tricuspid Valve Repair/Replacement)
- AVR (Aortic Valve Repair/Replacement)
- TAVR (Transcatheter Aortic Valve Replacement)
- Mitral Clips
- VA ECMO (Venoarterial extracorporeal membrane oxygenation)
- LVAD (Left Ventricular Assist Device) destination or bridge to transplant
- Vascular surgeries needing ICU/IU level of care

Patients in this setting require frequent assessments and interventions. Nurses provide continuous monitoring and utilize critical thinking skills. Nurses use frequent drip titration, device management, and collaboration with the healthcare team to manage patient care.

Registered nurses provide care in conjunction with the nursing assistant and medical team. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment. BLS is required upon hire. ACLS and NIHSS are required before the end of orientation.

Commonly utilized skills include:

- Exceptional and continuous patient assessments
- Continuous cardiac monitoring
- Titration and maintenance of multiple vasoactive intravenous drips as well as other critical drips
- Arterial lines and central lines management
- Operation and adjustment of devices used for hemodynamic support and therapies (CRRT
 - CRRT (continuous renal replacement therapy)
 - IABP (Intra-aortic balloon pump)

- Impella
 - VA ECMO (Venoarterial extracorporeal membrane oxygenation)
 - LVAD (Left Ventricular Assist Device)
- Ventilator/tracheotomy patients
- Lumbar drains
- Dubhoff/NGT placement and management
- IV start skills
- Peripheral lab draws
- Arterial blood draws
- NIHSS

Medical Intensive Care Unit (MICU)

ECU Health Medical Center



Overview

Bed Count: 24-Bed Unit

Staffing Ratios: 1:2 or 1:1 RN to Patient, 1:12 Nursing Assistant to Patient

Shift Options: Rotating Day/Night, Night, Day (All new graduates are hired into rotating day/night)

Scheduling: Self-scheduling

Primary Population: Critically ill medical and/or pulmonary patient (acute respiratory failure, septic shock, esophageal varices, renal failure, ARDS)

Leadership: Myra Thompson, Nurse Manager, Myra.Thompson@ecuhealth.org /Jarvis Campbell, Assistant Nurse Manager, Jcampbe@ecuhealth.org /Patrice Thompson, Assistant Nurse Manager, Youlander.Thompson@ecuhealth.org /Casey White, Unit Education, Casey.Anne.White@ecuhealth.org

Positions

- 0.9 FTE: (3) 12-hr shifts/week, (6) weekend shifts per 6-week schedule

Orientation

- New Graduates = 18 weeks
- Orientation is split between both day and night shifts
- Work “clinical coaches” schedule, may also have an alternate coach identified
- Structured week-by-week MICU curriculum based on ideal patient situations/diagnosis—shift assignments evaluated in accordance with orientation weeks/opportunities
- The Medical ICU leads our own unit-based orientation and partners with the organizations professional development specialists as needed

Patient Care

The population consists of pulmonary critical care. This includes, but is not limited to:

- Respiratory failure requiring intubation, advanced airway management, acute respiratory distress syndrome, septic shock
- Post cardiac arrest care, targeted temperature management, pulmonary embolism, pulmonary hypertension
- Esophageal varices requiring Blakemore tube placement, GI bleed, infectious disease management, including the care and management of COVID-19
- Multisystem organ failure, acute & chronic renal failure, continuous renal replacement therapy
- Organ donor patients including brain death donation and donation after cardiac death

We staff with a charge nurse, float nurse and 12 bedside nurses on both day and night shift.

Commonly utilized skills include:

- Emergency event management/ACLS
- Arterial line/central venous line management
- Continuous renal replacement therapy (CRRT)
- Invasive and non-invasive hemodynamic monitoring
- Targeted temperature management (TTM)
- Pronation therapy
- Neuromuscular blocking agents/nerve stimulation
- Management of multiple continuous intravenous drips (high dose vasopressors, sedatives, paralytics, etc.)

Neurosciences Intensive Care Unit

ECU Health Medical Center



Overview

Bed Count: 24-bed unit

Staffing Ratios: RN ratio 1:2; Nursing Assistant ratio 1:8-1:12

Shift Options: Day, Night, Rotating Day/Night positions offered based on unit need

Scheduling: Self-scheduling

Primary Population: Acute stroke management (ischemic and hemorrhagic), subarachnoid hemorrhage, post-neurosurgical and endovascular management (thrombectomy, aneurysm coiling/clipping, complex neuro-spine, craniotomy), seizure and status epilepticus management, guillain barre, myasthenia gravis, any other critically ill neuroscience patient

Leadership: Natasha Drake, Nurse Manager, Natasha.Drake@ecuhealth.org / Sarah James, Assistant Nurse Manager, Sarah.Edwards@ecuhealth.org

Positions

- 1.05 FTE: (3) 12-hr shifts/week and (4) 12-hr shifts/week, (6) weekend shifts per 6-week schedule
- 0.9 FTE: (3) 12-hr shifts/week, (6) weekend shifts per 6-week schedule

Orientation

- 18-20 weeks for new graduate RNs
- Work "clinical coaches" schedule, may also have an alternate coach identified; scheduled on day and/or night shift
- Structured week-by-week program based on ideal patient situations/diagnosis—shift assignments evaluated in accordance with orientation weeks/opportunities

Patient Care

The population consists of neuro-medicine and neurosurgical subspecialties. This includes, but is not limited to:

- Acute stroke management (ischemic, s/p thrombolytics, hemorrhagic, SAH, etc.)
- Post-neurosurgical management (craniotomy, lumbar drains, ventriculostomies, complex neuro-spine, aneurysm clippings, burr holes, craniectomy)
- Post-endovascular management (thrombectomy, carotid stent, aneurysm coiling, MMA embolization)
- Seizure management (epilepsy, post-ictal and pseudo-seizures)
- Demyelinating diseases of the brain (Multiple Sclerosis)
- Demyelinating polyneuropathies (Guillain-Barre)
- Respiratory Failure

The NSICU RN must demonstrate expertise in advanced hemodynamic monitoring, ICP monitoring, and ventilator management. Nursing staff analyze all hemodynamics and respiratory care practitioners assist with mechanical ventilator management. BLS is required upon hire, ACLS is required within 6 months of hire and NIHSS (National Institutes of Health Stroke Scale) certification completion is required prior to end of orientation. These certifications must remain active. Eight hours of continuing stroke education are required annually.

The NSICU RN manages ventriculostomies, lumbar drains, arterial lines and central lines. Essential skills are advanced hemodynamic monitoring via the Hemosphere device as well as pulmonary artery catheters. Various intravenous drips are utilized in the NSICU and include medications for pain and sedation and well as vasopressors and vasodilators. NSICU uses Targeted Temperature Management and Continuous Renal Replacement Therapy.

Registered nurses provide care in conjunction with the nursing assistant and our team of neurointensivists and advanced practice providers. Assignments are based on the patient's needs, the geographical location of the patients, and the resources available. The charge nurse does not have a patient assignment.

NSICU was the recipient of the Patients Choice Award for inpatient units in the ECU Health System for 2022 for our patient satisfaction scores.

Commonly utilized skills include:

- NIHSS
- Arterial lines and central lines management
- Ventilator patients
- Lumbar drains
- Ventriculostomies (traditional and Irraflow technology)
- ICP management
- Cerebral oximetry
- Pupillometry
- Hemodynamic monitoring
- Continuous Renal Replacement Therapy
- Targeted Temperature Management
- Cardiac monitoring/rhythm interpretation
- Titration of vasoactive drips
- Titration of sedatives and paralytics
- Dubhoff/NGT placement and management
- Foley catheter insertion/in and out catheterization
- IV start skills
- Peripheral lab draws
- Arterial blood draws

Surgical Intensive Care Unit (SICU)

ECU Health Medical Center



Overview

Bed Count: 24-Bed Unit

Staffing Ratios: 1:2 or 1:1 RN to Patient based on acuity; Charge Nurse does not have a patient assignment. Depending upon census and acuity, an additional Charge Nurse will be added without a patient assignment.

Shift Options: New Graduate RNs are offered rotating day/night positions; Experienced RNs straight night or rotating

Scheduling: Flexible scheduling options with self-scheduling; Six week scheduling period

Leadership: Lindsey B. House, Nurse Manager, lindsey.house@ecuhealth.org / Pamela Worthington, Assistant Nurse Manager, pamela.worthington@ecuhealth.org

Positions

- 1.05 FTE: (3) 12-hr shifts/week and (4) 12-hr shifts/week, (6) weekend shifts per 6-week schedule
- 0.9 FTE: (3) 12-hr shifts/week, (6) weekend shifts per 6-week schedule

Orientation

- 18-20 weeks for new graduate nurses

Patient Care

The Surgical Intensive Care Unit (SICU) provides support for the critically ill surgical and/or trauma patient; this ICU is a crucial part of our Level I Trauma Center. SICU is a closed ICU, where all admissions require consult of the Trauma Critical Care Attending. The critically ill trauma patient includes approximately 85% of the patients admitted to the SICU. The population within SICU includes, but is not limited to:

- Critically ill and injured multi-system trauma
- Critically injured neuro trauma
- Transplant recipient patients including: Kidney and Pancreas
- Additional critically ill surgical patient populations include: Surgical oncology, general surgery, orthopedic surgery, OB/GYN, organ donor patients including brain death donation and donation after cardiac death

BLS is required upon hire, ACLS and NIHSS (National Institutes of Health Stroke Scale) certification completion are required prior to end of orientation. These certifications must remain active. Eight hours of continuing neuro education are required annually. TNCC (Trauma Nursing Core Course) is recommended to be obtained within one year of hire and FCCS (Fundamentals of Critical Care Support) is recommended within 2 years of hire.

Skills that will be utilized are lumbar, ventriculostomy and ICP management, procedure assistance for bedside surgeries including but not limited to: Tracheostomies, PEG insertions, Exploratory Laparotomies and fasciotomies. Management of arterial line, central line, Swan Ganz catheters, epidurals, and mechanical ventilation management are also essential nursing skills. Various drains including chest tubes, extensive wound vacs, Abramson drains, and multiple others; Intravenous drips concurrent with the ICU setting including pain, sedation, paralytics, vasopressors drips; Temperature management with hypo and hyperthermia protocols; Continuous Renal Replacement Therapy (CRRT), Extracorporeal Membrane Oxygenation (ECMO) are also essential in care for the critically ill.