Welcome to Inpatient Peds!!

General Structure

1. Daily schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>6am</td>
<td>Pre-rounding</td>
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<tr>
<td>6:30-6:45</td>
<td>Senior resident Peds Surg Huddle</td>
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<tr>
<td>7-8a</td>
<td>Early rounds with NF intern</td>
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<tr>
<td>8-9a</td>
<td>Morning report or Grand Rounds</td>
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<tr>
<td>9-11a</td>
<td>Team work rounds</td>
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<tr>
<td>11a-1p</td>
<td>Monday resident conference</td>
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<tr>
<td>1Early afternoon</td>
<td>H/O rounds</td>
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<tr>
<td>1:30 (M, Th)</td>
<td>Discharge rounds (seniors)</td>
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<tr>
<td>4p</td>
<td>Early intern sign-out</td>
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<tr>
<td>6p or 8p</td>
<td>Late intern sign-out</td>
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</tbody>
</table>

- 6am start, 4 or 6pm sign-out/hand-off to Nightfloat team
- One intern from each team stays late
- Conference time—goal is for “protected” attendance with expectation that you will be on time
- “Early” AM sign-out rounds primarily for new admissions
- **Involve relevant services (SW, subspecialty consults, Child Life, etc.)** _early_ to expedite care and/or facilitate _early_ discharges

2. Teams
- Multi-disciplinary cooperation gives the best care
- Know your nurses--and try to bring them on rounds (think patient/family-centered care)
- **Your roles: caregiver, learner…and teacher!** 2-3 MS3’s +/- 1 MS4 need your attention!

3. Evaluations
- Solicit feedback from your attending
- Observed (2) H&P’s--each intern is responsible for contacting an attending to supervise and complete checklist

4. Surgery patients
- **All** pediatric surgical patients will be assigned to interns on their respective teams
- Interns and their senior resident will encounter these patients _daily_ as they would with general medical patients
  - Be aware of reason/indication for hospitalization, active hospital problems, ongoing management plan, medications list, daily labs or radiology, etc.
  - Provide a brief report on admission, daily updates, discussion of concerns if they arise with your service attending
  - With additional focus given to: appropriate medication use and dosing, fluid and nutrition management, pain management, general pediatric medical and social needs
  - Communicating with the surgical services if/when concerns arise
  - Service attending involvement at the bedside and EPIC documentation will be reserved for formal consultation only, or at the discretion of the team based on circumstance

Admissions

Updated 11/27/12
1. Outside transfer requests – facilitated through LUMC Transfer Center (x65862)
   - General rule: if an outside MD is requesting critical care, surgical or specific specialty care, involve that service with the discussion, especially if there are questions regarding coverage availability, or need for urgent service or request
   - Conference in the on-call Ward attending and relevant specialists at your discretion
   - Unique examples: Peds GI makes the call (primary vs. consult) and requests that they are contacted prior to AM rounds, Orthopedic surgery does not accept patients < age 12 at night

2. LUMC clinic calls, also through Transfer Center
   - Emphasize patient safety (level of care, transportation from clinic, etc.)

3. Unit to unit transfers (use Transfer Navigator in EPIC)
   - Detailed transfer note is the responsibility of the transferring service (including H/O pts!)
   - All transfers from floor/IMC to PICU, regardless of primary service, should use RRT
   - Contact PICU resident at the time of PICU to floor/IMC transfer if they don’t contact you first

4. Morning direct admits must be seen within 30 minutes of arrival (even during rounds)

5. Attending notification
   - Minimum one call per night for staffing; text-paging is acceptable form of communication
   - All IMC or otherwise monitored patients within 4 hours of arrival
   - Change of patient status (*beware the 5am to 8am limbo period*)
   - Critical lab results or decision-making (i.e. positive blood cultures in H/O patient)
   - Update Provider in Epic to reflect accurate inpatient attending (patients follow INTERN)

6. “Social” admissions
   - Get your attending, floor manager, Social Work (ED and floor) involved as needed

7. PMD notification: the minimum
   - Morning after admission, significant changes in clinical course, day of discharge
   - Don’t hesitate to leave message in clinic or be connected with on-call partner
   - Re: Loyola resident patients—inbox the resident and supervising attending

8. Use your business cards
   - Fill in the gap in health care access between discharge and follow up

**Consults**

1. Calling consults
   - In general, call them early and with a purpose: formulate a specific clinical question
   - Be mindful of the situation and degree of urgency (e.g. Do we really need the neurologist to come by at 3am and see the sleeping child who seized 2 hours ago?)
   - Neurology consult rule: consults after 10pm only if an emergent need, or the specific request of your service attending

2. Performing General Pediatrics consults
   - See attached for protocol regarding Pediatric Surgery patients
   - Use “Consult-Initial” or “Consult-F/U” note types
   - Consult patients in need of early discharge should be seen at the beginning of rounds

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**Epic Tricks and Tips**

Updated 11/27/12
1. Medication Reconciliation (admission AND discharge)
   - Missy (our PharmD) is available for assistance, will also be auditing intern charting
   - Non-formulary meds: attending entry prior to 1:30pm
   - Direct your patient-provided medication questions to the Peds Pharmacy
   - Peds Satellite Pharmacy, 7a-11p, can be reached at x60142
   - Review Meds daily!!
2. Order entry and review
3. Order sets
   - Generic Admission, Glucagon and Clonidine Stim Tests, Simple Pneumonia, Neutropenic Fever, vascular access
4. Note templates, discharge summaries
   - NO cutting and pasting (full HPIs do not belong in D/C summaries)
   - H&Ps and daily notes must be completed prior to leaving the hospital
   - Use the templates (H&P, Progress Note, and Discharge Summary)
     - **UPDATE DISCHARGE SUMMARY MED LIST AT DISCHARGE!!**
   - Asthma Action Plan should be entered as “Letter” format
     - Include ALL required data (i.e. PCP name and phone number)
   - **Please use the bronchiolitis H&P and Progress Note templates as appropriate**

**Discharge Planning**
- Start planning on the day of admission
- Anticipate patient needs – such as compounded meds, involve relevant services early (eg. SW)
- Discharge rounds Mon and Thurs

**Quality and Safety Initiatives**
1. Children’s Asthma Care
2. Vaccine screening/administration (influenza A/B, PPSV23)
3. Simple pneumonia
4. Neutropenic fever
5. Bronchiolitis
6. Sickle cell disease

**Protocols**
1. IMC parameters: available through “Policies” section on intranet
   - evaluate need for continuous cardiorespiratory/pulse oximetry monitoring on daily basis
   - MRSA decontamination (the Bonwit document)
3. Sedations: see attachment
   - Try to anticipate timing, NPO needs, etc., and consider non-pharm methods (i.e. Child Life)
   - Inform parents of sedation needs/expectations to initiate consent process
   - Attending-to-Attending discussion for off-hours procedures
4. Obtaining a medical interpreter: see attachment
   - Try to anticipate needs (rounds, etc.)
5. Questions regarding floor policies and protocols – contact Cindi LaPorte at pager 12900

Updated 11/27/12
PARTNERS (Rapid Response Team): pager 11023
1. Purpose: urgent multidisciplinary evaluation, facilitate timely transfers
   - Can be called by any staff member
   - NOT a substitute for non-urgent PICU consultation, NOT a substitute for codes
   - Set up telemedicine prior to entering patient room; prepare SBAR statement
2. Team composition
   a. Floor and PICU charge nurses
   b. Respiratory therapist (pager 19813)
   c. PICU attending
   d. Floor senior
3. Documentation

Codes (Pediatric Code Blue)
1. Purpose: restore life
2. Team composition
3. Documentation

Patient Safety Reporting (Incident Reports)
1. When logged onto Epic, click the “Web” link
2. Click “Patient Safety Information and Reporting” under the Links column
3. Log on with your Portal user ID and password
**Pediatric Procedural Sedation**

Effective Jan 1, 2009 the following procedures will be in effect for pediatric sedation:

**Block anesthesia time** is anticipated to be scheduled, but will not start until Feb 2009.

The PICU service may be consulted for **deep sedation**. These cases will need to be discussed with the PICU attending on service, outside of rounding time (i.e. before 9 am or after noon). This will only apply to patients who are to be sedated on the pediatric unit.

**Certified residents may perform moderate sedation** if a sedation attending is available to evaluate the patient and review the sedation plan prior to the case. A certified ward or hem-onc attending may supervise, or a PICU attending may be available to staff/supervise. PICU attending availability will no longer be block time. To determine if a PICU attending is available to supervise or staff a sedation, please contact the PICU attending on service, outside of rounding time, and she will direct you to appropriate personnel, if available.

For **all other cases**, sedation should be scheduled with anesthesia.

**Patients for whom there is a delay** of >24 hours from desired sedation time should be noted in the sedation log book, located at the pediatric ward service coordinator’s desk. This information will be used to determine the success of this program and identify any additional sedation needs.

**Residents seeking certification in procedural sedation**, and who have completed the necessary pre-requisites for supervised sedations have the following options:

1) Contact Dr Lisa Gramlich, Pediatric Anesthesia, to arrange to be present during block times.
2) Arrange for supervised moderate sedation with a certified pediatric hem-onc or ED attending.
3) Arrange for supervised moderate sedation with PICU attending, if available.

The following steps should be followed by the resident seeking certification:

a. Notify ward team of availability
b. When contacted by ward team of potential sedation, identify sedation attending through steps above.
   c. Confirm availability for desired time with sedation attending, a minimum of 4 hours prior to the desired sedation time.
   d. Evaluate the patient and then present sedation focused H&P and sedation plan to sedation attending.
   e. Sedation attending will be present during sedation and complete competency checklist.
PEDIATRIC SEDATION PLAN as of 4/1/09

GOALS:
A. To provide more opportunities for scheduling for everyone versus pigeon-holing individuals to certain slots (blocks), thereby improving:
   1. Operative physician satisfaction
   2. Scheduling physician satisfaction
   3. Patient/ family satisfaction
B. By increasing anesthesia availability who can provide anything from mild sedation to general anesthesia, there will be less “failed sedations” which require rescheduling.
   1. Less wasted time and resources (open supplies) thus cost savings
   2. Increased patient/ family satisfaction at not being kept NPO a second time.
C. Outpatient procedures which require sedation, but which have portable components, ie ABRs, BM aspirates, etc. can be scheduled in ASC. Please page Dr. Julius Pawlowski, the medical director, to discuss arrangements.

PLAN:
A. All block time not routinely filled will cease to exist. This as of right now applies to everyone except out-patient MRI, GI, and EP lab.
B. Three days a week (Monday, Wed and Fridays) will become “Open Block Time”. Anyone outside of those with regular block times may book this time. GI lab and EP lab will NOT be allowed to book in these “Open Block” times since they already have ample allocated days.
C. Cases will be done between 0800 -1600 on Mondays and Fridays and 0900 – 1600 on Wednesdays. These are start times and the expectation is that the procedure itself will start at these times. As with the OR people found chronically late for their start times will lose first starts and routinely be scheduled as last cases of the day. This will be at the discretion of Drs. Gramlich, Belusko, and Jellish.
D. Cases should be called into the scheduling office 63999 by 0900 the preceding day (ie for a Wed case to make the schedule it must be booked by 0900 on Tues). They will, also, need to be booked in EPIC. If booked after that time, then the operating room front desk will need to be called 63890. They will put you in touch with the anesthesiologist doing sedations that day. That anesthesiologist must be called directly and if necessary an attending to attending conversation occur. All efforts will be made to do your case that day but if the schedule is full it will be treated as an OR add-on. (see H)
E. When booking your case book your operative time (to include prep time). Anesthetic times (turnover, induction, travel site to site, etc) will be added by the scheduler. Scheduling physicians should put optimum and available times on their requests. Schedules are then available in EPIC by 1600 the preceding day.
F. Off-site areas who are adequately equipped and can do their own recovery will greatly expedite the turnover process.
G. Cases which can travel may be asked to be done in the PACU. Individual rooms will be set aside on an as needed basis. Other sedation areas, such as the procedure room on the pediatric floor, may be considered at the discretion of the anesthesiologist.
H. When “Open Block Time” for a given day is filled, the requesting service will be notified and the case will be moved to the next available block time. If the case is deemed more urgent then it will be booked as an add-on case and the anesthesia operating room staff will do the case when they become available.
Hospital Units & Departments

How to Obtain a Medical Interpreter
Including ASL (American Sign Language) Interpreters

For On-Site Interpreters, Monday through Friday, 8:00 AM to 6:00 PM

Call Interpreter Services at 6-2300 or pager 1-1789 shortly before the medical interpreter is needed. The dispatcher will locate the most readily-available interpreter and will dispatch the interpreter to your location or will assist you in obtaining the appropriate resource.

After Hours/Weekends

An on-call interpreter is on duty after hours and on weekends/holidays. For after hours/weekends, page 1-1789 as soon as you know an interpreter is needed. An interpreter will be dispatched from home to arrive as soon as possible.

For 24 Hour Telephone Interpreter Service:

Dial 6-2600 from any campus phone
A customer service representative will answer, and will ask you for the following information:

- Patient’s Medical Record Number
- Language needed
- Your name and department name

Other Important Information

Interpreters will continue to be pre-arranged for Same Day Surgeries, Pre-Op Testing, and Outpatient Rehab. Please continue to call Interpreter Services at 6-2300, or the Interpreter Services Voice Mail Box 6-3636 to schedule these requests in advance.