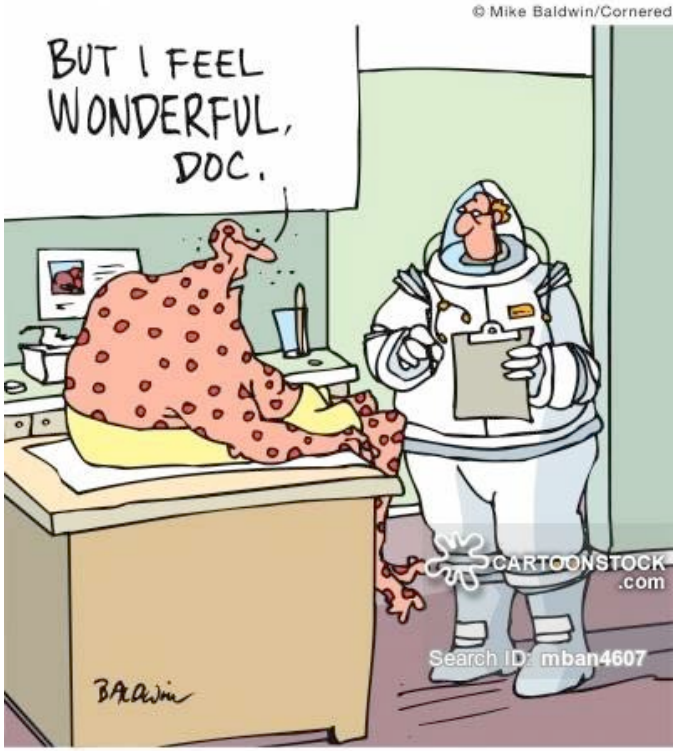
Pediatric Wards

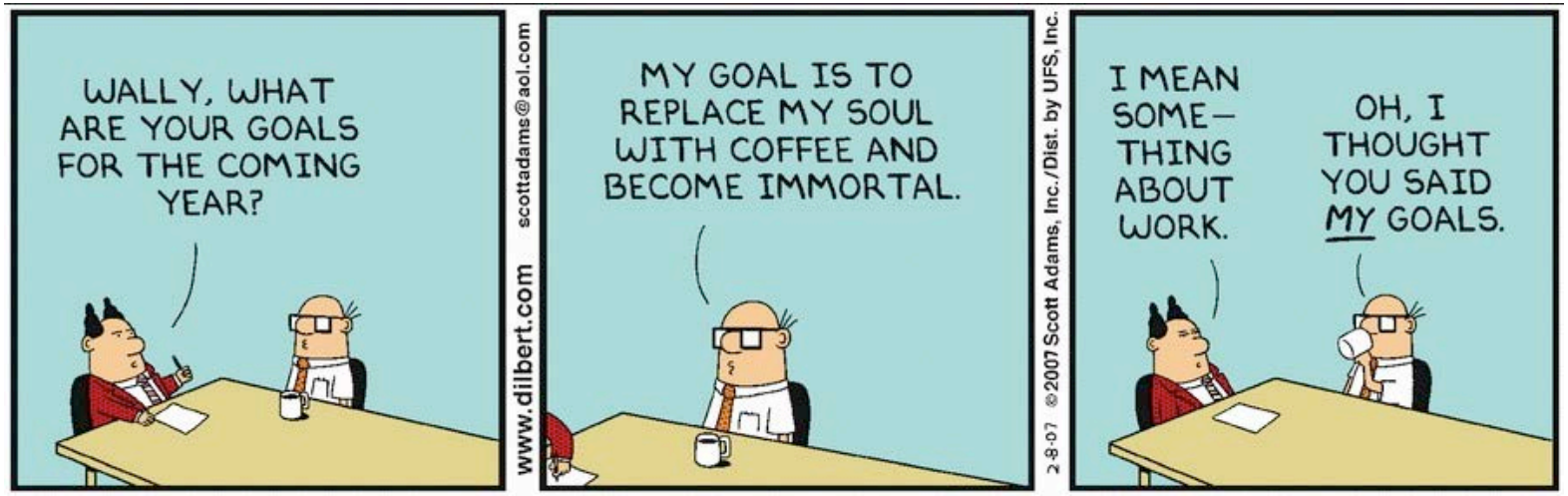


Optimism is extremely contagious.

Pediatric Hospitalist Group
Edited October 2020

Goals & Objectives

- Getting the most out of your time on the wards
- Logistics of the rotation
- Important reminders



Day 1: Set aside time to review goals and expectations

- Each team member should have received checkout from a counterpart going off service before coming on service
- Sit down as a team
  - Personal goals for the month
  - Educational topics for the month
  - Plans for weekly individual feedback
    - Feedback helps us grow
      - Attending -> residents
      - Resident -> resident
      - Resident -> attending

"ODD, I CAN'T FIND ROBIN ANYWHERE. I WANTED TO GIVE HER SOME FEEDBACK."

Wards teams Work Flow (Summer months)!

- A team:
  - 3 interns
  - 1 NP
  - 1 senior
  - 1 attending
    - This attending is fielding admit phone calls with senior listening
    - New pts will be divided up after rounds evenly among the interns/NP

Wards teams Work Flow (Winter months)!

- A team:
  - 2 interns
  - 1 senior
  - 1 attending
- C team:
  - 1 intern
  - 1 NP
  - 1 attending

Wards Nights expectations

- Round on and see every child at night too
- Any kid on supplemental oxygen or with a respiratory illness needs to be checked multiple times per night
- Prep discharges (DC instructions/Med Rec/DC summaries) over progress notes if time allows

Wards Weekends (Summer)

- Seniors cross-cover in the PICU
  - Should be checking on intern throughout the day
  - Should help with discharges and admissions, particularly once the attending has left for the day
  - If not busy in the PICU senior should join on wards rounding
  - Should get checkout from rounding attending prior to he/she leaving for the day
  - **DO NOT HESITATE TO CALL BACK UP IF THE PICU IS SLAMMED AND YOU CANNOT OVERSEE YOUR INTERN APPROPRIATELY**
- 1 intern on each day with an Attending
  - Should never “worry alone”
    - your senior is a few steps away in the PICU and the attending is 1 phone call/text away
  - Ask the attending how they would like to weekend round and let them know your preference as well
- Each NP will cover 1 weekend per month

Wards Weekends

(Winter = more hands on deck!)

- Dedicated senior on each weekend day
  - No PICU cross-cover
- Attending in house until 10pm
- 1 intern each day
- Each NP will cover 1 weekend per month
- Everything else is the same

What to do when Residents have Clinic?!

- If senior is gone:
  - Attending will act as senior
- If intern is gone:
  - First half of year, senior cross-covers intern's pts and presents on rounds
  - Second half of year, begin to have interns cross-cover other intern pts
- If both a senior and an intern are gone:
  - Interns need to help cross-cover and present on rounds
  - Med students can help with taking on more presentations
  - Attendings will be seniors

RISE & SHINE 

(goal: checkout done by 7am, conference begins at 8am)

- Take advantage of this time
  - Interns start daily progress note for each patient
  - Everyone **Review the chart**
    - Vitals, meds, labs, cultures, imaging, consult/transfer notes
    - You should know your patients better than anyone!
  - Seniors can Prep discharges
    - Scripts
    - Follow up information
  - Interns and Seniors See all “sick” patients
    - Goal is to see as many patients as possible prior to rounds
  - Seniors/Interns/med students call any consults that are known after checkout
  - Can consider “discharge rounds” but this is attending dependent

Board rounds 7:45am

- Goal: improve team communication, especially around discharge
- Attended by charge nurse, attending, and child life
- Seniors are encouraged to come so they know the global plan for the day on every patient
  - If seniors are unable to come, senior is to make sure in Epic that the correct intern is listed on the care team

Of course the doctor is male and the nurse is female in this cartoon….

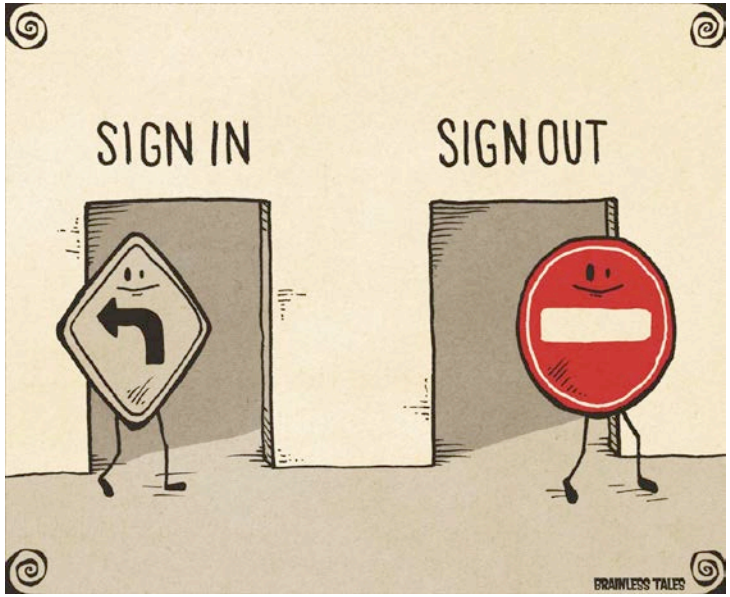
Tips to keep rounds moving – *Seniors, this is for you!* (Goal 9am -11am)

- **Assign roles**
  - Med students can be in charge of finding nurses to update, handing out gowns for precaution rooms
- **Beware of transit time! Between rooms…**
  - Gown and glove quickly and appropriately
  - Presenter (med student/intern): first one to the room, check in with family and ask if team is welcome
  - Senior: second in the room, you are second to speak
  - Attending: only speaks if something is missed or needs clarifying
  - If patient is being discharged, please give discharge recs in the room!
- **Delegate to intern not presenting. Every resident should know enough about every pt on the floor to do basic tasks such as:**
  - Discharges, consults, orders, phone calls, etc.
  - If consult recommendations come in, intern not occupied by rounds at that moment should break off to talk with consultant, not senior!

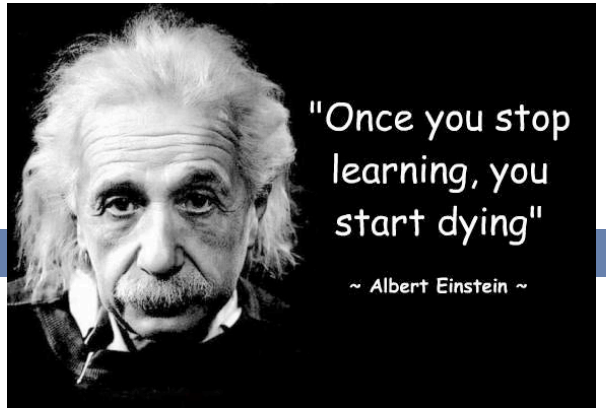
EXAMPLE:	FORMAT:	YOUR PATIENT:
Jon Smith is a 6mo infant admitted with RSV bronchiolitis	One liner:	
Overnight he did well and his HiFlo was weaned from 4L to 2L. Mom feels he is eating back at his baseline and energy level has improved.	Subjective: - Overnight events from signout - How the parents feel the child is doing this morning	
Vitals: Tmax 38.2, Tc 37, HR 110-140, sats 95-97% on FiO2 of 21%, BP 95/50, RR 30-50. , wt is 8kg **UOP 2.3cc/kg/hr, all PO intake, no IVF.** **Exam as of this morning: Jon was interactive, NAD, breathing comfortably on 2L HiFlo w/ diffuse rhonchi/wheezes but equal bilaterally, minimal subcostal retractions, no crackles. He had MMM and rest of exam was wnl.** **Labs: Urine culture NGTD** **NKDA** **Meds: nasal saline spray, Tylenol 10mg/kg q4h prn fever**	Objective: (data is reviewed prior to entering the room and summarized for the family in the room) : - Vital signs(range), weight, I/Os - Exam (stated out loud whether performed on rounds or during pre-rounds) - New lab data/culture data - Allergies - Medications (if antibiotic or steroid say what day was started)	
In summary, Jon is a 6mo M w/ RSV bronchiolitis on day 5 of illness who has improved since admission, now weaning off HiFlo	Assessment: How is the patient doing? Are they improving or worsening?	
Plan for the day: - **With regard to his bronchiolitis we can trial him off his HiFlo now and observe his respiratory status** - **In terms of his hydration, he is doing well with oral intake and no changes needed** - **For discharge, he will need to prove that he can be without HiFlo support overnight, hopefully he will be ready to go home tomorrow** - **Any questions?**	Plan by Problem: - Only active problems need to be discussed - Dispo planning – what needs to happen in order for them to go home, if they are going home what should they watch for at home. - Ask parents whether they have any questions	
Read back: - **Orders placed: d/c HiFlo NC** - **Change O2 monitoring to spot checks** - **Nursing aware of changes**	Read back: (maybe done outside of the room) - Any new orders placed during rounds should be read aloud to the group - If nurse is not present on rounds, she should be updated at nursing station while moving on to the next patient or by Doc Halo	

Plan to run the list around 3pm

- After the A/C teams sign out to the B team
  - If senior is available to sit in this checkout it is recommended such that they are aware of and up to date on all patients on the floor
- All morning tasks should have been attempted to be completed by 3pm and if unable to complete, the attending will step in and trouble-shoot

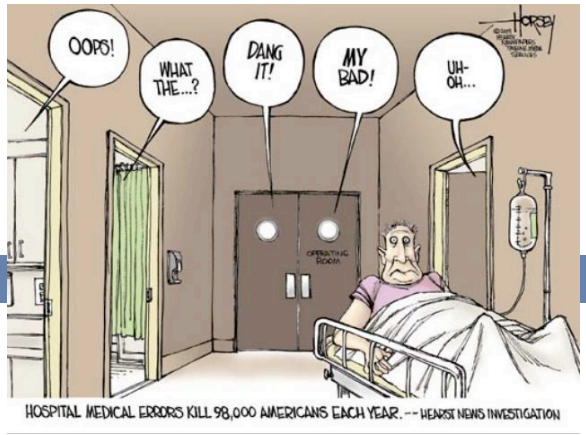


Learning points



- Rounds are busy
- Let's come up with a couple questions each day on rounds
- Med students should then try to look up answers to those questions
- At 3pm run the list, let's take 5 minutes to go over the questions and try to learn something!
- If census is light, senior should come up with a topic to discuss at 3pm

High risk orders

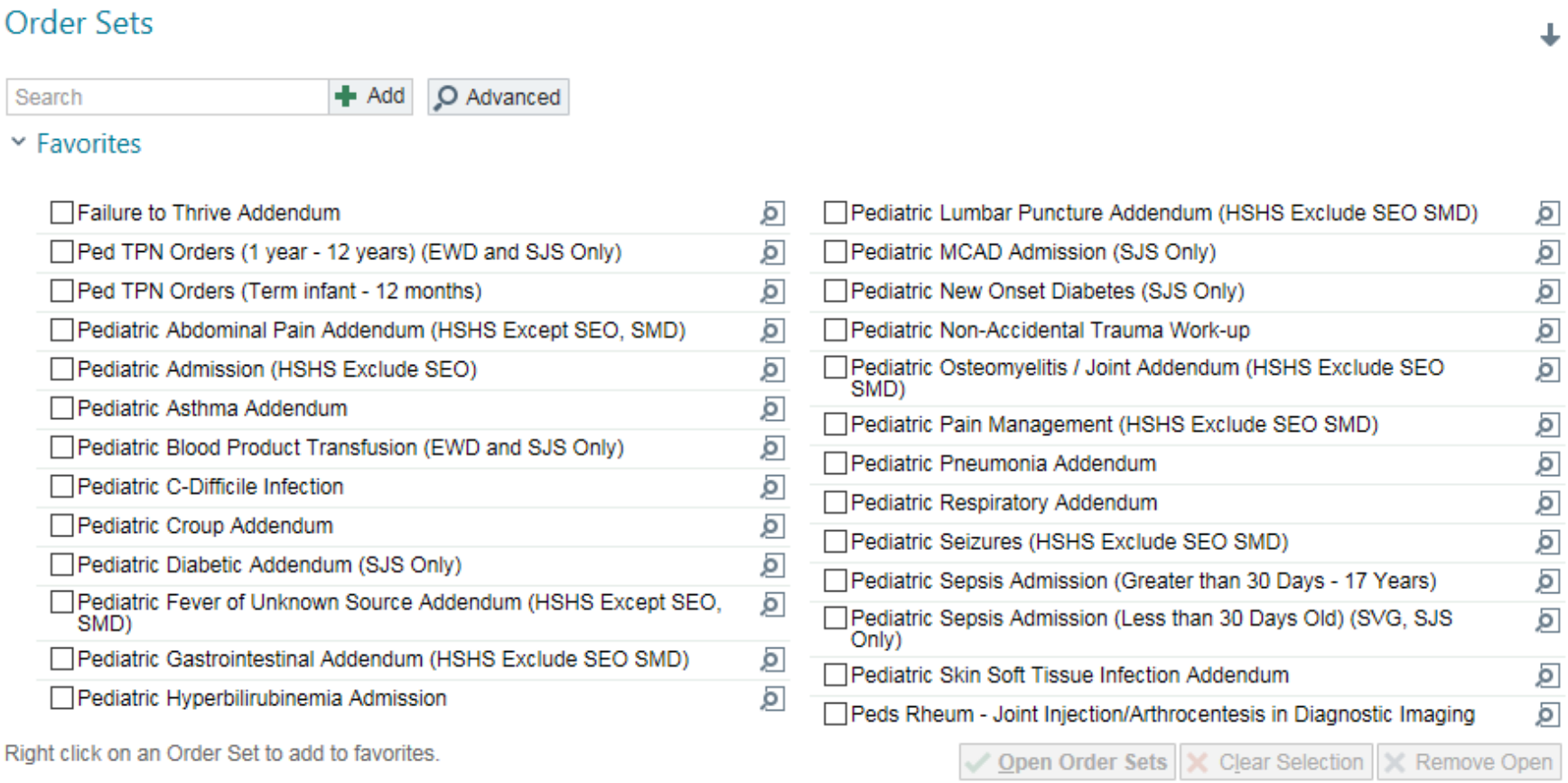


- **Team effort**: intern/senior write order together
- **MUST** be reviewed with the attending who is recommending the order
- **MUST** have documented recommendations in chart or have your senior/attending be present when verbal recommendations are made
  - **Insulin**
  - **Minimal sedation medications given prior to procedures**
- **Discharge medications**: So many meds are not covered by Medicaid, if you are prescribing an atypical medication please call pharmacy prior to discharge of pt to ensure it will be available and not cost the family $$$$
  - E.g. Cefdinir, Levaquin, certain anti-seizure meds
- Discharge equipment
  - Neb machines/spacers – reminder must include a diagnosis code!
  - Home health orders

Diet Orders

- If younger than 36 months need an age modifier in the diet order
- Look for “Modifier” in the diet order; then enter the age in months of the infant/toddler

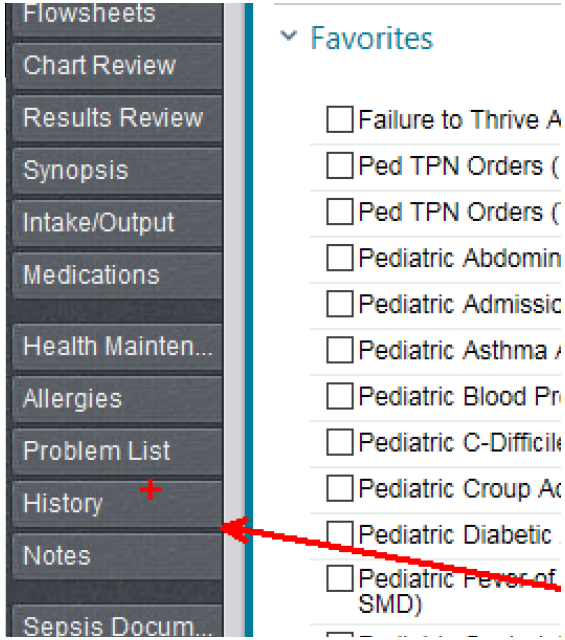
Epic Order Sets



Other Order sets are available, such as Heme/Onc sets, to find them go to Order Sets then Advanced, and search “Pediatric” to find them.

Epic Smart Phrases

- Please remember to acquire the new Epic Smart Phrases, as they all have been updated to work better.
- Don’t forget in your H&P’s to document Family, Social, Surgical history, as they can be inputted under the History Tab on the Sidebar then automatically they will flow into your note.



EPIC WOES

- Epic will automatically cancel a second culture order, the computer believes it is a duplicate entered in error
- Place “blood culture x2” Order
  - Not two separate blood culture orders
- Place wound/viral culture 20 minutes apart in time
- Urine output is reported out as a value, but does not account for unmeasured voids

COVID testing

- If want respiratory viral panel + COVID testing, order Biofire PCR
  - Lab 755 – Biofire PCR Upper Respiratory Profile

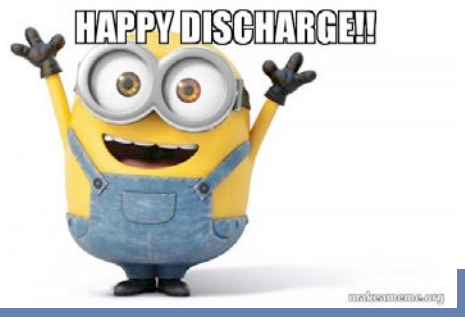
- If want just COVID, order Immunology BD Max COVID 19
  - Lab 549 – Coronavirus (COVID 19) PCR

Times you MUST Notify your attending:

ANYTIME – we are here for you. DO NOT worry about waking us up at night (Doc Halo or Call or Page)

- If a patient's care is escalating:
  - Need for HiFlo > 6L and/or FiO2 is greater than 50%
  - Starting a new Antibiotic for worsening clinical status/positive culture
  - Vital sign changes, Low BP, unexplained tachycardia
  - Seizure
    - If not a "typical seizure" for them in the setting of a known seizure disorder
    - If requires Ativan or Diastat to break it
  - Transfer from the general pediatric service to the PICU or vise versa – we need to know about this!
  - Changes in mental status
    - Abnormal neuro exam, confusion, non-responsive
  - Escalating PEWS score
- If a family is dissatisfied
  - Nursing request attending be called
  - Parent wants to leave AMA

Discharges:



- Please ask the family to make an appt with their PCP in 2-3 days while awaiting their discharge paperwork
  - If pt had a particularly complicated hospital stay, PCP should be called and given a verbal checkout, d/w attending who will do this.
- Occasionally if it is a family who really needs follow up with a specialist and has failed to follow up on several occasions, *Please make the appt for them*
  - Med students can help with this!
- You may complete a Med Rec prior to the discharge but please click to **"remove" the discharge order**
  - Do not put in for discharge in the "afternoon" or "after attending has seen" as this has lead to several pts being discharged prior to attending seeing them.

Checkout Format:

I-PASS
BETTER HANDOFFS. SAFER CARE.

I	Illness Severity	• Stable, "watcher," unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	• Know what's going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

Transferring Patients

- Who writes Transfer notes?
  - a) PICU to Floor: Resident (but if unable to then attending)
  - b) Floor to PICU: Senior Resident (or intern if senior resident unable to, but it is the senior resident's responsibility to make sure the note was completed)
- Accept notes?
  - Floor:
    - NO accept note needed if PICU has NOT rounded on the patient (floor progress note on the day will suffice)
    - Accept note NEEDED, if PICU HAS rounded on the patient (No floor progress note needed)
  - PICU
    - Always (functions as an H&P for billing purposes)
- Time frame to be done
  - AFTER verbal transfer
  - 6 hours or must be end of shift

Transferring Patients

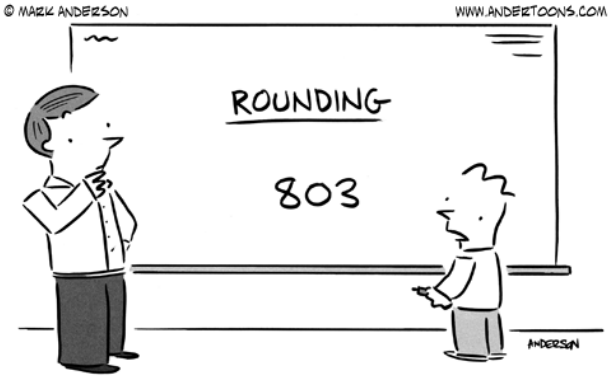
- Transfer Note content (free text prog note) – Please see template
  - For example: Admission date/diagnosis, transfer date, consultants, concise HPI (with current dx and pertinent outline of hospital course), PICU course by system (for PICU Floor), transfer PE with VS and condition at transfer, pertinent labs/imaging and disposition.
- On weekends senior covering both PICU/Floor do NOT need to write transfer & accept notes
- If the patient was admitted less than 24 hours prior to transfer, a transfer note is not needed. An addendum to the H&P describing reason for transfer and patient condition at transfer is needed.
- Transfer notes cannot be used for the daily progress note. The progress note is used for billing so it should have more details about the patient's daily progress. The transfer note should be a brief summary about the patient's entire stay.

Parents Request

- For Medical Records
  - If parents want specific test results or other parts of their medical records: discuss with your attending and tell the family that you're discussing with the attending, and always they can call medical records and get their records at any time.
- FMLA – Anyone can fill papers out, but if have questions please ask the attending

Medications at Discharge

- Any discharge medication that requires a DEA, should be done by the attending, as not to cause delays when sent to the pharmacy.
- Round your doses to the nearest 0.5 or full digit if you can, to make it easier on families once discharged. (7.6 mg of prelone is hard to give better if it was 7.5 mg)
  - Also think about the dosing form you're sending home on prelone comes in 15 mg/5 mL so 7.5 mg is 2.5 mL



"I suppose I could try, but I don't think I can make them any rounder."

Ongoing Research Projects…

SIMULATION BASED LEARNING… AN ANSWER FOR HESITATION.

Introduction

- Most interns have never performed a lumbar puncture(LP) before starting residency and learn by observing their seniors based on the model of “see one, do one, teach one”.

- Lack of confidence and Inexperience --> increased patient discomfort--> multiple attempts--> increased complication rate.

- Simulation is an educational tool has shown to have a positive impact on procedural competency and improvement in the confidence level of residents.

QI Project

- Pediatric and family medicine residents that rotate through Pediatrics
- Setting: Inpatient, PICU and NICU
- Patient population: Infants <3 months of age and <5 kgs

Aims

- *To improve the success rate of LP performed by residents*
- *To increase the confidence level of the residents*

Intervention

- Prior to each LP, the residents will undergo **just in time training (JIT) -** practice performing LP on a simulator until a successful attempt has been achieved and they feel confident enough to proceed with performing the procedure on the patient

- All the steps of LP on the simulator will be supervised by the senior resident/attending physician

- Residents will be required to complete a pre and post JIT questionnaire

- Watching video demonstrating the procedure and going through the LP steps prior to each procedure will be optional
- Please contact Sarah Furqan MD for more information regarding this

Questions???


STYLES OF ATTENDING ROUNDS
DR. SPEEDY GONZALEZ
HOW ARE YOU TODAY, MR. SMITH?
WELL, I'M—
FANTASTIC! SEE YOU TOMORROW!
DR. COMPASSIONATE
YOUR MOTHER IS SUCH A BRAVE WOMAN. I KNOW SHE'LL PULL THROUGH
WELL, IT'S JUST A BLADDER INFECTION
LET'S HOLD HANDS AND PRAY...
DR. DETAILS
MRS. JONES HAD TROUBLE SLEEPING LAST NIGHT
WHAT TIME DID SHE GO TO BED?
10PM
AND WAKE UP?
3AM
AND EAT FOR DINNER?
UH...
NEXT TIME, PLEASE GET A THOROUGH HISTORY
DR.: ANAL
WHY ARE THE MARGINS ON YOUR PROGRESS NOTE DIFFERENT THAN THE OTHER NOTES IN THE CHART?
DR. PIMPSTER
WHAT ANTIPSYCHOTIC CAUSES ELEVATED PROLACTIN?
RISPERDAL
AND HOW MUCH DID RISPERDAL COST IN RUSSIA IN 2003?
I'D LIKE THAT ANSWER IN RUBLES.
DR. EVERYONE NEEDS TO POOP TODAY
MR. THOMAS, WHAT COLOR ARE YOUR EYES?
BLUE
THEY'RE BROWN NOW! YOU KNOW WHY?!
LACTULOSE