

Welcome to Inpatient Peds!!

(available online at http://www.stitch.luc.edu/depts/peds/res_ed.htm)

General Structure

1. Daily schedule (7am start, ~4pm finish)
 - One intern from non-call team says until 5pm
2. Teams
 - Know your nurses (and keep them informed)
3. Overnight call
 - Cross-cover documentation... You're already doing the work, now just put it in the chart!
 - Telemedicine for all PICU transfers
4. Evaluations
 - Solicit feedback from your attendings

Lecture Schedule

1. Morning Report/Grand Rounds: 8am
 - See your patients before to prevent a delay in teaching rounds
2. Noon conference: 12pm
 - Keep your attendings on pace

Admissions

1. ER calls, LUMC clinic calls
 - Emphasize patient safety (level of care, transportation from clinic, etc.)
2. Outside transfers – OneCall
 - Now featuring the floor attending!!
3. Attending notification
 - Minimum one call per night for staffing
 - All IMC or otherwise monitored patients within 4 hours of arrival
 - Change of patient status
 - Beware the 5am to 8am limbo period
 - Update provider in Epic to reflect accurate inpatient attending
4. “Social” admissions
 - Avoid them, if possible
 - Get your attending, floor manager, Social Work involved as needed
5. **PMD notification: the minimum**
 - Morning after admission
 - Day of discharge
6. Use your business cards
 - Fill in the gap in health care access between discharge and follow up

Consults

1. Calling consults
 - Do it early
 - Formulate a specific clinical question
2. Performing General Pediatrics consults
 - Only when requested (but don't be afraid to solicit)
 - Use “Consult-Initial” or “Consult-F/U” note types

Epic Tricks and Tips

1. **Medication reconciliation (admission AND discharge)**
 - Non-formulary meds: attending entry needs to be prior to 1:30pm

2. Order entry and review
3. Order sets
 - Clinical protocols: <http://www.emr.lumc.edu/ClinicalProtocol/>
4. **Note templates, discharge summaries**
 - NO cutting and pasting (including HPIs into D/C summaries)
 - Make each day an entry for that point in time (each day's progress note is NOT a D/C summary)
 - Don't forget the Asthma Action Plan

Protocols

1. IMC parameters: available through "Policies" section on intranet
 - http://www.luhs.org/internal/policy/pediatric_policy/13.7601.6.pdf
2. Isolation precautions: http://lumendev/luhs_dev/internal/depts/infec_ctrl/index.htm
 - MRSA decontamination
3. Sedations: see attachment
 - Try to anticipate timing
4. Obtaining a medical interpreter: see attachment
 - Try to anticipate needs (rounds, etc.)

PARTNERS (Rapid Response Team): pager 11023

1. Purpose: rapid multidisciplinary evaluation, facilitate transfers
 - Quick means of getting a PICU bed
 - Can be called by anyone (family, nurse, Ronald McDonald)
 - Replaces walking to PICU to discuss patient of concern
 - NOT a substitute for non-urgent PICU consultation
2. Team composition
 - a. Floor and PICU charge nurses
 - b. Respiratory therapist (pager 19813)
 - c. Floor senior
 - d. PICU attending
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 on an emergent basis**. 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 consider 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.

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

For Clinics/Departments/Units on the Main Campus

Interpreter Services is open Monday through Friday, 8:00 AM to 6:00 PM, and 8:00 AM – 4:30 PM on weekends and holidays.

For Spanish: 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.

For languages other than Spanish, please indicate in the appointment scheduling system that an interpreter will be needed at the time the appointment is scheduled. (Please also indicate if a Spanish-speaking patient will need an interpreter when you schedule the appointment. This information is used to project Spanish interpreter staffing requirements.) If you are within two business days of the appointment at the time it is scheduled, please call Interpreter Services as soon as you become aware that the patient will need an on-site Medical Interpreter. If you did not indicate in advance that an interpreter would be needed, please be aware that there may sometimes already be an agency medical interpreter who speaks the requested language on site; if not, we will make the arrangements for an interpreter to come as quickly as possible. Please note that this may take 30 – 90 minutes for the interpreter to arrive. If it is impractical to wait, then use the telephone interpreter service. (See instructions at bottom of the page.)

For After Hours On-site Interpreters in ANY LANGUAGE, including ASL (American Sign Language)

Call the Interpreter Services Emergency Number: (773) 396-4950

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*.

For a Telephone Interpreter:

Dial 6-2600 from any campus phone

A customer service representative will answer, and will ask you for the following information:

- Access code **206032**.
- Language needed
- Your name and department name