Welcome to the NICU!

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ORIENTATION:
- Residents pre-round on their patients on the first day
- Fellow will orient residents to the NICU between 7:30 AM on Day 1
- Delivery room orientation will occur with PICN hospitalist on resident’s first night call
- An NNP or hospitalist will give you an introduction to the daily routines on the first Tuesday of your rotation.
- Residents sign out to covering co-resident prior to CAPE.

TEAM STRUCTURE:
- Three teams (Red, Blue and Purple), each composed of two primary providers. – Resident team will have two residents and on some blocks an additional PL-1 or PL-2. The red team will be the resident team for blocks 1-7. The blue team will be the resident team for blocks 8-13. The non resident team will consist of NNP’s and or hospitalists. There could also be an OB Anesthesia fellow or an ED fellow assigned to that team. The Purple team has cardiology patients and will be covered by NNP’s; residents are generally not assigned to the Purple team but may admit patients overnight who will be assigned to the Purple team.
- RED team is assigned newborns <29 weeks GA
- BLUE team has ECMO patients. Fellows are primary providers for ECMO patients.
- Typically, there will be 1 fellow and 1 attending for each team. When there is only 1 fellow scheduled, an NP or Hospitalist will serve as an additional resource for the Red team residents
- Fellows, Attendings, NNP’s and Hospitalists are available to help with questions and procedures
- ALL NICU staff from clerks to social work to case management are integral to the NICU team. Nurses can be very protective of their patients since they often care for them over their several-month hospitalizations, so please check with the nurse before examining your patients (i.e. coordinating exams around “touch times” for extremely premature infants).

PATIENT DISTRIBUTION:
- Fellow determines patient assignment based on volume, complexity, acuity.

Residents are expected to each carry up to 7 primary patients. Depending on unit census, and number of residents, the number of patients per resident can vary from 3-7.

All attempts will be made for residents to keep patients they admit, but it’s possible that you admit a patient that may be later assigned to the other team
- On the weekend, on-call and post-call residents are expected to pre-round on their own primary patients. Depending on unit census they may be asked to help round on patients on the other team.
- Any resident who feels overwhelmed or in need of more challenges should discuss with fellow or attending

CROSS-COVERING:
- The co resident with fellow supervision will cover resident patients during clinic hours. The fellow will also cover during resident education sessions such as morning report, Tuesday didactic sessions, and noon conference.
- Please let the team know during morning rounds that you have clinic
- If both residents are gone (at clinic or at CAPE), the residency program will send a cross-covering resident

WEEKDAY SCHEDULE:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>~0700-730</td>
<td>Sign-out</td>
</tr>
<tr>
<td>0900</td>
<td>X-ray Rounds (2nd floor reading room)</td>
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<tr>
<td></td>
<td>*Give brief one-liner about your patients</td>
</tr>
<tr>
<td>0915</td>
<td>NICU Rounds</td>
</tr>
<tr>
<td>1100</td>
<td>Neuro NICU rounds on active neuro consults</td>
</tr>
<tr>
<td>1200-1300</td>
<td>Resident Conference</td>
</tr>
<tr>
<td>1600</td>
<td>Sign-out</td>
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</tbody>
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- Arrive early enough to round on new patients assigned to you
- Rounds start after X-ray rounds at 9:00 AM
NICU – 5 Min Curriculum

EDUCATION:

- NICU Resident lectures on **TUESDAYS at 2 PM**
- NICU Small group session **Thursday at 12 noon**.
- Cardiology “chalk talk” outside of Room 4 **WEDNESDAYS or THURSDAYS ~11:15 AM**
- Neuro NICU “5-minute’ teaching outside of Room 4 **FRIDAYS at 10:50 AM**
- Perinatal Conference **FRIDAYS at 12 PM**. Residents are expected to attend and present cases if their patient is chosen for discussion (discuss with fellow if your patient is to be presented).
- Attendings and Fellows will be teaching on rounds daily as well as during your overnight call nights.

NICU resident Education Calendar will be emailed to you and is also available on house staff website under NICU rotation. [http://med.stanford.edu/peds/rotations/core/nicu.html](http://med.stanford.edu/peds/rotations/core/nicu.html)

There are also additional education resources available on the website including the NICU guide and NICU Resident handbook as well as access to Neonatology textbooks and articles. There are also cases for you to review. Please leave the NICU resident handbook for the next block residents.

There are recurring NICU conferences that residents are encouraged but not required to attend (all occur in NICU Conference Room at noon unless otherwise noted). Division calendar can be found at www.neonatology.stanford.edu.
- Journal club (3rd Monday)
- Research club (1st Monday)
- Clinical consensus conference (4th Monday)
- NICU fellows’ lectures (Mondays at 1 pm)

TPN:

- Please meet with Yvonne Zorn (724-1949) after rounds to write TPN for the day.
- TPN is your first ordering priority after rounds since it must be in by the early afternoon!
- The NICU Transport specialists place PICC lines. If a PICC is needed, please place a PICC order

**WEEKEND SCHEDULE:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>~0800</td>
<td>Sign-out</td>
</tr>
<tr>
<td>0930</td>
<td>NICU Rounds</td>
</tr>
<tr>
<td>1400 or 1600</td>
<td>Sign-out (timing depends on whether new NP or hospitalist arrives at 4)</td>
</tr>
</tbody>
</table>

- Fellow will create a “rounding list” to assign patients to weekend providers. Residents will be assigned their own patients.
- There is only 1 fellow on the weekend who will round on the resident’s team
- Overnight fellow comes in at 2 PM and gets sign out from the day fellow. Resident/NNP sign-out will be at 4 PM.

**WHEN YOU ARE POST CALLÁ**

- Resident provides sign-out on overnight events to incoming providers
- The post-call resident may leave after rounds, but no later than 12pm.
- On the weekends, you will be expected to pre-round and present on up to 7 patients (your own, in addition to a few of your co-residents)
- Post call resident will present patients admitted overnight. This may entail juggling between teams.
- You are expected to do progress notes on patients you admitted the previous night.

**OVERNIGHT CALL:**

- Overnight, there is a fellow, resident and 2 NNPs/hospitalists. On some blocks, there may be two residents on call.
- Resident will cover all patients on their team and take first call for any problems. However, you are expected to stay involved and learn from all active patients in the unit.
- The on call Fellow will be your supervisor, but the on call NNP or Hospitalist is also available for questions.
**NICU – 5 Min Curriculum**

- Admissions will be split among resident and NNP/hospitalists. Residents will admit patients to their team when possible, but may have to help with admission for the other team depending on the number of admissions or acuity of the unit.
- Night rounds occur around 9-10 PM when possible; goal is to check-in with nurses and review plan for the night, orders for the morning.
- Attend all deliveries (including both standard and complex deliveries) unless you are involved in an acute situation or procedure in the NICU.
- **DO NOT HESITATE TO ASK FOR HELP** from NNP/hospitalist or fellow! Nurses may also suggest that you consult one of these providers - this is not uncommon for the NICU. It should not be interpreted to reflect badly on your judgment.

**EXPECTATIONS:**
- Carry a Voalte phone. Notify the front desk when you are covering your co-residents’ patients so the clerks can direct calls appropriately. We have ordered additional Voalte phones but if there is a shortage please let the fellow know.
- Update sign-out and problem list section daily.
- Supervise medical student covering your patients; review and co-sign their notes.
- Attend all care conferences and family meetings for your patients. Update families at bedside or by phone daily and document in your note.
- Attend complex deliveries during the day if the patient is being assigned to you or if you are on-call that day. Space restraints limit the number of people that can be accommodated in the delivery room, but all residents should be exposed to complex deliveries. There should be at least 1 resident at each complex delivery (more if the fellow or attending allow).
- Attend ALL deliveries overnight that requiring pediatric team attendance, unless during your protected time, nighttime rounds, or if taking care of a new admission or sick patient.
- At least one Resident is expected to wait until the end of sign-out to leave the unit so that the team’s patients and admissions are being cared for without interruption of rounds.

Complete Delivery Room Attendance log card after each delivery; review this with the hospitalists mid-way in rotation. Turn it in to Jadene Wong at rotation completion.

**DOCUMENTATION:** *NICU documentation is problem-based and utilizes the “Problem List” in EPIC. NNPs/hospitalists will review problem list documentation during first week; ask them for help for ongoing questions.

- **H&Ps:** required on all patients EXCEPT post-op patient admitted for observation (if the surgical H&P is already completed, a written post-op accept note with physical exam is sufficient) and ICN/Sequoia SCN transfers (require only transfer accept note)
  - Infants transferred from the Well Baby Nursery to the NICU require an H&P
- **Transfers and Discharges:** All patients leaving the NICU require a concise problem-based report that summarizes the events of their NICU hospitalization. Include items such as newborn screening, immunizations, hearing screening, or other health surveillance issues (There are dotphrases for these that auto-populate important info!)
  - Discharge summary should be sent to any transferring facility and to pediatricians. You are expected to call PCPs to give signout regarding discharges and document this discussion in the discharge navigator.
- Sign-outs and problem lists should be updated DAILY in the event that your patient has to be unexpectedly transferred overnight or on the weekend to the ICN or other service.

**FEEDBACK:**
- Written evaluations through Medhub from attendings, NNPs, hospitalists, fellows, peers on service.
- Residents are expected to solicit verbal feedback from attendings each week.
- Please let us know if there are problems you encounter during the rotation as soon as possible so we can make an effort to address them.