**PICU Buffer Fellow**

The PICU Buffer Fellow is a senior (2nd or 3rd year) fellow rotation with clinical education focused on management of external and in-hospital ICU referrals, PICU bed occupancy and bed flow, urgent/emergent PICU patient management including procedural sedation administration and procedure performance. In addition, the buffer fellow will assist in supervision and education of junior fellows and NPs and provide formal education to residents.

1. Manage external ICU referrals:
   1. Objectives:
      * Distinguish between emergent and elective transfer requests
      * Understand EMTALA policies
      * Understand when to decline, defer or refer transfer requests
      * Understand clinical capabilities of various level referring institutions
      * Understand clinical capabilities of LPCH transport team
      * Weigh risks and benefits of patient stabilization vs. “scoop & run” transfer with consideration to travel distance and patient condition
      * Anticipate and proactively manage patient deterioration
   2. Responsibilities:
      * Discuss transfer requests with referring provider
      * Provide recommendations to outside provider
      * Determine mode of transport
      * Manage patient transport including initial assessment and management upon arrival of transport team at referring facility
      * Accompany transport team for transfers where active pre-arrest interventions are anticipated
      * Prepare for ICU admission, ensure seamless transfer of care to primary PICU team
2. Manage internal ICU referrals:
   1. Objectives:
      * Distinguish between emergent and elective transfer requests
      * Evaluate safety of continued acute care management vs. ICU transfer
      * Understand clinical capabilities of inpatient ward
      * Weigh risks and benefits of off-unit patient stabilization, off-unit patient evaluation (imaging) and immediate ICU transfer
      * Anticipate and proactively manage patient deterioration
   2. Responsibilities:
      * Respond to RRTs, codes, level 1 pediatric traumas and any other inpatient requests during morning rounds and afternoon signout
      * Develop plan of care and disposition for referred patient
      * For stable ICU transfers requiring imaging and ICU transfers requiring active intervention, accompany and manage patient until transfer of care to primary PICU team
3. Manage PICU bed occupancy and bed flow
   1. Objectives:
      * Understand hospital-wide bed availability and occupancy guidelines
      * Distinguish between elective and non-elective ICU admissions
      * Learn to anticipate and allocate bedspace for incoming admissions
      * Identify criteria for ICU vs. acute level of care
      * Understand ICU and acute care staffing requirements
      * Understand hospital chain of command and effectively utilize charge/buffer nurse, RNTS, lead RT, nursing supervisor, AOC, CMO roles
      * Understand implications of acute care and CVICU overflow into PICU
      * Optimally allocate PICU overflow to CVICU and transfers to NICU
   2. Responsibilities:
      * Identify acute care level patients, appropriate PEC transfers and discharges
      * Coordinate transitions of care with charge nurse
      * Identify contingency plans for inpatient emergencies, urgent admissions, trauma and transplant admissions
      * Coordinate with CVICU for PICU overflow and NICU for transfer of care when needed
4. Manage urgent/emergent clinical care for PICU patients and provide protected rounds and signout for primary team
   1. Objectives
      * Distinguish between urgent and non-urgent requests
      * Gain expertise in managing acute events at bedside without reliance on primary team
      * Hone procedural sedation and procedure skills
   2. Responsibilities:
      * Maintain awareness of overall ICU acuity and high-risk patients
      * Provide procedural sedation and perform procedures in ICU as needed
   * Participate in transport and management of off-ICU procedural sedation for ICU patients
   * Supervise and assist service fellows
   * Triage resident and fellow phone calls during morning round and afternoon signout
   * Liaison with medical and surgical services for minor requests during rounds and afternoon signout
5. Educate medical students, residents, nurse practitioners and junior fellows
   1. Provide afternoon bedside and morning didactic education for medical students and residents as able
   2. Supervise and train service fellow in procedural sedation and procedure performance
   3. Supervise and train buffer NP in fellow-level responsibilities when buffer fellow and NP overlap

**Schedule:**

* 7:00-8:15am: **Pre-rounds**

1. Fellow huddle with post-call and service fellows to discuss new admissions, high-acuity patients and outstanding issues
2. Assume responsibility of incoming transfers from attending
3. Examine high-acuity patients and address outstanding tasks
4. Review OR schedule and pending admits

* 8:15-8:30am: **Morning huddle**
* 8:30-11am: **Morning rounds**

1. Manage internal and external referral requests
2. Carry code/trauma pager and respond and manage events
3. Carry and answer resident and fellow phones
4. Monitor and manage high-acuity patients
5. Liaison with medical and surgical services for minor requests
6. Admit patients
7. Perform procedural sedation and procedures on and off-unit

* 11am-4:30pm: **Daily work**

1. Transition of care back to primary care teams including assigning new admits
2. Continue to admit new patients as needed to support primary teams
3. Respond to RRT, codes, traumas
4. Continue to manage internal and external referral requests
5. Perform procedural sedation and procedures on and off-unit
6. Supervise and/or assist service fellow as needed
7. Provide medical student and resident education as time allows

* 4:30-6pm: **Resident/NP signout**

1. Manage the PICU to allow NP and residents protected sign-out

* 7pm: **Fellow signout**

1. Transition responsibility of incoming transfers to attending on call
2. Carry code/trauma pager and respond and manage events
3. Carry and answer fellow phones to allow protected fellow signout
4. Monitor and manage high-acuity patients
5. Liaison with medical and surgical services for minor requests
6. Admit patients
7. Perform procedural sedation and procedures on and off-unit
8. Perform closing signout to on-call fellow