Santa Clara Valley Medical Center

Resident and Medical Student Orientation

2021-2022

JUNIOR Responsibilities

TEAM LEADER!

- PICU and Ward Rounds
- Set expectations regarding rounds, presentations, division of tasks, etc

ED and Burn unit consultant

"There's something about our new team leader that is really energizing."

JUNIOR Responsibilities

Burn Unit - Located on 4th floor above ED

- Co-follow all pediatric burn patients
- Examine/consult note day of admission then progress note at least every 3 days
- Consult note should be a complete H&P with your *own* documented historical intake and a systems based plan.

Pay attention to:

- Pain management and dosing
- Medical history and outpatient medications
- Immunization status
- Possibility of NAT

Discuss all NEW burn patients with day PICU attending and **cosign all notes to the Day PICU attending.**

JUNIOR Responsibilities

ED - Located on the 1st floor

- Serve as Pediatric Consultant
- Decision-maker for admissions
  - Discuss cases with senior/attending
  - Place "Admit to Inpatient" order as soon as decision to admit is made.
  - You are expected to place admit orders within 60 minutes once decision to admit is made.
  - Consult note needed for all patients (if admitted can simply be "See H&P")
- Once admitted, you are the PRIMARY responsible for the patient, even if patient is still in the ED. Acutely ill pediatric patients in the ED are expected to be *closely* monitored by the junior/senior.

JUNIOR Responsibilities

Pediatric **Major Trauma**:

- Peds team **MUST** be present
- Announce your presence! Put on your gloves so you can help!
- Talk to the family and update them as able.
- Junior or Senior should stay with the patient if going to CT scanner.

Pediatric **Minor Trauma**:

- Peds team not required to be present
- Attend if time permits

SENIOR Responsibilities

SENIOR Responsibilities

- **Educator!**
  - Feedback and Evaluation-->Primary Contact for Med Students!
  - Morning Report 8-8:30 AM Tuesday and Thursday
  - Provide teaching points during rounds
  - Help identify cases for medical student presentation
    - Every Tuesday at noon conference

SENIOR Responsibilities

Help oversee & care for ALL pediatric patients.

Help with note writing

- Interns cap at writing 10 patient notes but are allowed to present up to 15 patients; it is the senior responsibility to write overflow notes.
- Review/edit ALL TRANSFER SUMMARIES for patients going to other facilities.
- Assure that interns complete an off-service note and/or updated shared d/c summary on all patients that have been hospitalized for ≥ 2 weeks or complicated patients.

SENIOR Responsibilities

Help streamline overall workflow

- Prioritize conference times for the team
- Assist with pre-rounding and notes if large census
- Hold pagers for interns to aid in note completion
- **Directly supervise medical students when they communicate with Consultants.**
- Discuss Early AM ward discharges
- **Review/edit discharge summaries for patients admitted for > 2 weeks.**

INTERN Responsibilities

Be The DOCTOR!

INTERN Responsibilities

- Every morning at 6am, assign yourself to Treatment Team for your patients
- “Cap” at 10 patients (except weekends, can present up to 15 on weekends)
- On weekends o/n intern pre-rounds and preps notes on new admits; daytime intern pre-rounds and presents up to 15 (only writes 10 notes though)

INTERN Responsibilities

Notes

- Per Hospital-wide policy, medical student notes are not part of the legal medical chart and the intern/resident must document a separate note for attending to co-sign.
- H&P
- Daily progress note (except on day of discharge)
  - **Try to complete by 2pm - especially PICU notes!**

Interim Summaries -- very important!

- Submit prior to going off service **for all patients admitted > 2 weeks or complicated patients**
- Note type: Significant event
- No template other than following Hospital Course by Systems

INTERN Responsibilities

Discharge Summaries

- must be done for ALL patients
  - immediately for patients who will follow-up next day
  - within 48 hours for everyone else
- always include D/C weight (esp. for newborns)
- include pending labs and f/u appointments
- **assure discharge medications and doses are ACCURATE**

INTERN Responsibilities

Call Consults in a timely manner (before noon is best)

- **Be sure to batch your calls / secure chat messages for each consulting service, including social work; junior and senior help make a list of all consultants to call.**
- Great to discuss consults and call them before rounds IF junior/senior/attending approve
- This includes Social Work!
- Be mindful of using Secure Chat vs direct communication with the consultant

- Do NOT use your personal TY or Stanford pager

Transitional Year (TY) Intern

When possible, the team will identify 2 afternoons per month that the TY can have off for independent study time. This may not always be possible, but the team will attempt to identify 2 afternoons per month that will work for this.

A Note on Census Numbers

Please don't hesitate to call the chiefs for backup when:

- The combined PICU / Ward census is more than 30 or each intern is carrying more than 10-12 patients
- The combined PICU / Ward census is more than 25 plus there is an acutely ill PICU patient
- There’s a bad death in the Unit and team is having a tough time caring for other patients
- Anytime Junior/Senior resident feel the team is overwhelmed

On days when there are >2 post-rounds admissions per intern, the senior resident is expected to admit patients (including writing the H&P, etc).

PICU ROUNDS

PICU rounds start at 8:30am every day (including Fridays with Pancake Friday).

- Rounds are multi-disciplinary and scheduled to start to 8:30am

All PICU patients needs to be examined *prior* to rounds.

TEAM Responsibilities

Good communication is critical!

- Directly notify nurses of changes in plan or new orders placed, **especially for STAT orders**
- Be accessible (By secure chat!-- stay logged in and have your phone with you. Return messages **within 15 minutes)**

Junior / Senior lead overnight management of PICU patients and should immediately notify overnight hospitalist / PICU attending with concerns.

Notify attending with:

- Any change in patient status
- Altered mental status
- Respiratory distress
- **Any escalation of respiratory support, such as increased high flow settings, increased O2 requirement, etc**
- Admission to PICU

TEAM Responsibilities

Special circumstances:

- Please write a significant event note if a member of the team talks to an outside agency, such as public health department, skilled nursing facility, etc.

- Scheduling an MRI
  - Any questions should go through the charge nurse
  - Do NOT call MRI yourself

- Become familiar with where Radiology is!

- Expect feedback on Thursday or Friday - ask if you haven't gotten it

Primary vs. Co-following

Pediatrics is the Primary Team for:

- Pediatric Surgery patients
  - Appendicitis patients <13 yo are on Peds Surgery; teenagers are on General Surgery
- Orthopedic Surgery patients ages 0-23 months
- Neurosurgery patients on the Ward
- Rehab patients
- Any patient that a surgical team wants Pediatrics to be primary on must be approved/ accepted by Pedi Attending.

As the primary team, you are responsible for writing orders and the discharge summary.

Primary vs. Co-following

- Pediatric team is primary for all PICU patients EXCEPT:
  - Trauma
  - +/- Urology and ENT

In the PICU, *all* patients need a PICU admission note, not a consult note, with your own documented historical intake and a systems-based treatment plan.

The Pediatric Consult

- Pediatric team consults on ALL subspecialty surgery patients (ENT, orthopedics, trauma, urology, etc)
- **<u>Your consult is valuable! Make it count!</u>**
- Please write your own HPI.

  Inappropriate to write “Agree with history documented by Dr. X.”

USING THE TEMPLATE WITHOUT EDITING IS NOT APPROPRIATE. RECOMMENDING GENERIC MAX DOSES IS NOT APPROPRIATE. **Provide the max dose based on the weight and age of the patient. <u>Pay close attention to opioid dosing recommendations.</u>**

The Pediatric Consult

- Focus on fluids, med dosing, chronic medical conditions, psychosocial issues, and the possibility of NAT.

- **Please go through each order and write "Agree with the orders. Recommend [x dosage] for [x medication]."**

- Make sure you **edit** the consult template note and do not include medications that your patient is not on. **(.pedsortho2020, .pedsconsult2020).**
  Do not use these templates for PICU and Burn consult notes

- The surgical team is primary and does orders, discharges, etc

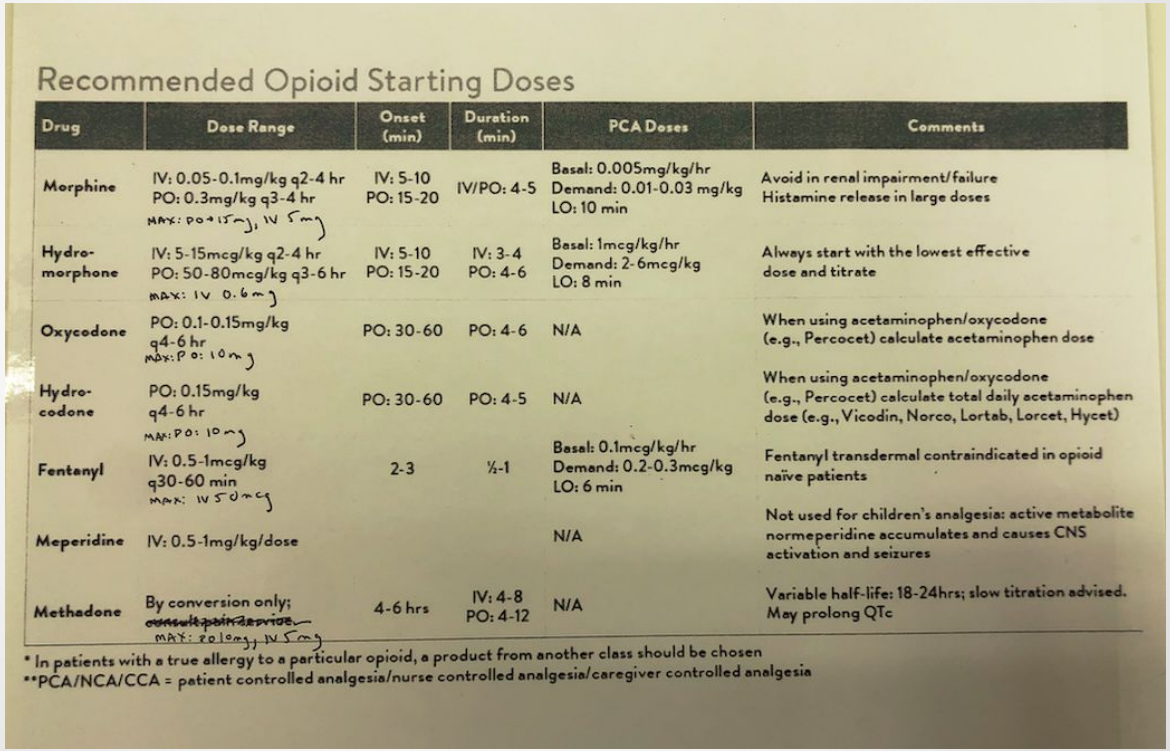
- Do NOT page Ortho with recommendations; they will read the consult note. Okay to message ortho via Secure Chat

Smart Phrases and Smart Templates

If you create a **new** smart phrase or template, please add Dr. Lee Trope and/or Dr. Ashna Khurana as editors, and notify them via email.

Opiate dosing

- Please use the cheat sheet at the workstation to assist with correct Opiate dosing!



Recommended Opioid Starting Doses

Drug	Dose Range	Onset (min)	Duration (min)	PCA Doses	Comments
Morphine	IV: 0.05-0.1mg/kg q2-4 hr PO: 0.3mg/kg q3-4 hr MAX: PO 15mg, IV 5mg	IV: 5-10 PO: 15-20	IV/PO: 4-5	Basal: 0.005mg/kg/hr Demand: 0.01-0.03 mg/kg LO: 10 min	Avoid in renal impairment/failure Histamine release in large doses
Hydro-morphone	IV: 5-15mcg/kg q2-4 hr PO: 50-80mcg/kg q3-6 hr MAX: IV 0.6mg	IV: 5-10 PO: 15-20	IV: 3-4 PO: 4-6	Basal: 1mcg/kg/hr Demand: 2-6mcg/kg LO: 8 min	Always start with the lowest effective dose and titrate
Oxycodone	PO: 0.1-0.15mg/kg q4-6 hr MAX: PO: 10mg	PO: 30-60	PO: 4-6	N/A	When using acetaminophen/oxycodone (e.g., Percocet) calculate acetaminophen dose
Hydro-codone	PO: 0.15mg/kg q4-6 hr MAX: PO: 10mg	PO: 30-60	PO: 4-5	N/A	When using acetaminophen/oxycodone (e.g., Percocet) calculate total daily acetaminophen dose (e.g., Vicodin, Norco, Lortab, Lorcet, Hycet)
Fentanyl	IV: 0.5-1mcg/kg q30-60 min MAX: IV 50mcg	2-3	½-1	Basal: 0.1mcg/kg/hr Demand: 0.2-0.3mcg/kg LO: 6 min	Fentanyl transdermal contraindicated in opioid naïve patients
Meperidine	IV: 0.5-1mg/kg/dose			N/A	Not used for children's analgesia: active metabolite normeperidine accumulates and causes CNS activation and seizures
Methadone	By conversion only; ~~consult pain service~~ MAX: PO 10mg, IV 5mg	4-6 hrs	IV: 4-8 PO: 4-12	N/A	Variable half-life: 18-24hrs; slow titration advised. May prolong QTc

* In patients with a true allergy to a particular opioid, a product from another class should be chosen
**PCA/NCA/CCA = patient controlled analgesia/nurse controlled analgesia/caregiver controlled analgesia

TPN

- TPN orders are now due at 10 am

Contacting Surgical Services

Page surgery/surgical subspecialties for new consults, urgent questions and transfer requests.

Secure chat for all other non-urgent issues.

Trauma in the PICU

Any pediatric trauma patient requiring admission should be admitted to the Trauma service with a pediatric consult. Admission orders should be written by Trauma

- Remember to write a complete PICU admission note with a systems based plan.

Trauma team responsibilities:

- *Admission orders*
- Orders for fluids/ transfusions
- Initial pain management orders
- Specialty consultations – writes orders and calls consultants
- Determines timing of feedings, timing for all operations and procedures
- Manages tubes, drains, and wounds

Trauma in the PICU

Pediatrics Team responsibilities:

- **Ventilator management orders**
- **Sedation orders**
- **Pain management**
- Fluid recs: may write fluid orders in an emergency but notify trauma team simultaneously
- Evaluates for abuse/ neglect, directs workup for NAT (writes orders, calls consults as needed)
- Coordinates family meetings
- Pediatrics team may write for necessary therapy orders once cleared by trauma team.

The trauma team must be contacted regarding:

- Any hemodynamic instability or emergent change in course
- Any decision to transfuse
- Any feeding decisions
- Any major management decisions (extubation, surgeries, etc)

Sign-out Guidelines

Intern AM Sign-Out:

- 6am
- Go through overnight events, assessment, plan, and any pertinent discharge needs
- Overnight Intern must absolutely leave by 7:30 am
- On weekend days pre-round and start notes on 1/2 the patients

Junior and Senior AM Sign-Out:

- Morning sign-out at 6:30am

Afternoon team sign out at 5:00pm

- Admits after 4:30pm: Day team sees patient, writes initial orders, and starts preliminary H&P. At sign out, SHARE H&P and sign out remaining orders to night team. **DO NOT STAY after sign out if at all possible**

Pediatric Rapid Response

- Attend immediately!
  - Pediatric residents and attendings
  - PICU nurses
  - Respiratory therapy
  - NO anesthesia

CODE WHITE = Peds Code

- Pediatric residents and attendings
- PICU nurses
- Respiratory therapist
- Anesthesia
- At night - PICU nurse, RT, anesthesia, NICU hospitalist

Conferences

	MORNING REPORT	NOON CONFERENCE
MONDAY	Orientation by Chief or Attending on service	Subspecialty case*
TUESDAY	Senior presentation	Med student case*
WEDNESDAY	Grand Rounds from 8:15-9:30a EXCEPT for first Wednesday of each month	VOP case*
THURSDAY	Senior presentation	Journal club*
FRIDAY	Pancake Friday	FREE/Humanism/Case Watch*

- BE ON TIME to conferences, especially for Grand Rounds. Please do not leave Grand Rounds early unless there is a patient emergency.
- Food provided for Journal Club, some Case Watch, and Humanism days
- *Not happening during COVID, stay tuned...

FOOD!

- Can bring your own lunch or use your meal card
- Meal cards (paid for by limited county funds) - $100 per month per card (recycles q1st)
- Card "checked out" to valley residents at start of rotation
- Please leave them on the white board at the PICU desk at the end of call
- Lost card = $10 replacement fee
- Do NOT spend > $30 at a time per card (otherwise it wipes to $0 for the whole month). Spread the love!
- Please, no food or drinks at the PICU desk or on the WOWs. This is a Joint Commission violation.

- **PLEASE EAT OUTSIDE. IF EATING INSIDE, MUST EAT ALONE IN PRIVATE SPACE**
- **CLEAN UP AFTER YOURSELF IN THE PICU & NICU CONFERENCE ROOMS!**
- **Until hospital restrictions ease up, the VOP team cannot join the inpatient team for lunch on the 5th floor patio but Renova park in front of the hospital is an alternative.**

A note on professionalism...

- Please remember that while at the PICU front desk, families can see and hear what is being discussed by staff

- Remember that they are under stressful and difficult circumstances and may be offended if they hear staff laughing or not seeming professional.

- We completely understand that laughing and sharing stories at work is what helps to keep us all sane but try to do this in the PICU conference room, break room, or in a more private location.

A note on professionalism...

- Remember that outside clinics have admitting privileges so be respectful of their decisions when it comes to accepting their admissions.

- If you are having any difficult interactions with patients, families, nurses, or any other ancillary staff, please speak with the attending on service!

- **Please remember that patient care continues to progress at night. “Deferring to day team” is not an appropriate OR professional response to RN/staff questions unless otherwise SPECIFICALLY told so at sign-out.**
- There is an attending in house 24/7 for questions.

Nighttime: When to Call

Attending Notification

When to call the NICU hospitalist:

1. Safety Rounds (at 11:45pm)
2. Any ED consult
3. Any new PICU admission
4. When you transfer a patient from ward to PICU for worsening status
5. When a patient in the PICU worsens
6. Whenever you are worried about ANY patient

When to call the PICU attending (Call should be made by the Junior/Senior unless unable to do so due to patient care):

1. When there is a Code White
2. When a patient in the PICU worsens
3. Newly intubated patients and patients who will need intubation. Best to call *before* the intubation occurs.
4. Patients who require BiPAP or mechanical ventilation
5. Head trauma patients who are unconscious
6. Patients who may require vasoactive drugs
7. Patients with refractory status epilepticus (seizures persist despite treatment with two or more anticonvulsants)
8. Any time an intubated patient is leaving the PICU
9. Any time a patient is coming back to PICU from OR intubated or on vasoactive drugs (prefer notification 30 minutes prior to return from OR if possible)

Questions?

Please contact Dr. Khurana or Dr. Trope during your rotation if any problems or concerns arise.
Ashna Khurana - ashna.khurana@hhs.sccgov.org
Lee Trope - lee.trope@hhs.sccgov.org