

# Pediatric Hematology-Oncology Resident Rotation Manual

Welcome to 1 North! We are so excited to have you on our service. We hope this will be a very valuable rotation during your residency. You are a tremendous part of our team.

## Contact Information

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**Resident Rotation Liaison:** Kaoru Takasaki ([takasaki@stanford.edu](mailto:takasaki@stanford.edu))

**Administrator:** Gretchen Shawver ([gshawver@stanford.edu](mailto:gshawver@stanford.edu))

## First Day Instructions

Residents should receive sign-out from the current inpatient team prior to their first day so that they can begin direct patient care on the first day of their rotation. You will receive an orientation from Dr. Kamdar or Dr. Kreimer on your first day.

**Meeting Location:** LPCH 1st floor, PCU 160 (1 North) Physician Workroom

**Time to Meet:** 630 AM (Days), 5 PM (Nights)

**Dress Code:** Professional Dress (Days), Scrubs (Nights)

**Meals:** Breakfast/Lunch are provided at weekday conferences

**Resources:** Please review the rotation manual and critical reading available online at <http://med.stanford.edu/peds/rotations/core/heme-onc-educational-tools.html>

There are currently two inpatient pediatric hematology oncology teams: Team A and Team B.

## Team A

- Team consists of
  - Attending (changes each Friday)
  - Fellow (changes each month)
  - Residents
  - Hospitalist: Dr. Fritz Tan (manages patients in ICUs)
  - Nursing
  - Inpatient Pharmacist, Sean Green
  - Case Managers: Deborah Ray and Katrina Lee (schedule procedures/scans, discharge planning)
  - Nutritionist: Tope Pedro
- Residents have a cap of 9 patients/resident
- In situations in which the Team A census exceeds 18 patients (excluding ICU patients), the attending, the fellow, Dr. Tan, and team B will collaborate to cover patients

## Team B

- Team consists of
  - Attending (changes each Friday)
  - Jennifer Owens, NP
  - Nursing
- Manages patients admitted for scheduled uncomplicated chemotherapy, uncomplicated fever and neutropenia, and also acts as pop-off valve for Team A in extenuating circumstances when there is an elevated census

## Resident Expectations

- You **WILL be expected to**
  - Be the point of primary patient care for the team
  - **Examine all of your patients before rounds** paying special attention to
    - Heart/lungs
    - Mouth/bum
    - Peripheral IV and/or central line sites
    - Abdomen
  - Participate in consent and care conferences
  - Participate in psychosocial rounds
  - Seek out procedures (lumbar punctures and bone marrow biopsies) if interested
  - Receive feedback at the end of the week from the attending and month from the fellow
  - **Call the fellow or attending if fellow is unavailable with any questions 24/7**
  
- You **WILL NOT be expected to**
  - **Write or answer any questions about chemotherapy (including steroids or IVF related to chemotherapy plans); please re-direct those questions to the fellow or attending**
    - You can find your patients chemotherapy plan in their purple chart (hard copy available in the 1N workroom or charge nurse office with chemotherapy roadmap)
  - Tell a family about a new diagnosis
  - Lead a consent or care conference independently

**Team schedule is at the discretion of the fellow and attending. We have provided some tentative guidelines below.**

### **Tentative Weekday Schedule**

- Resident morning sign-out at **6:30 AM**
- Resident teaching will take place in the 1N workroom **8:30 AM-9 AM (Tu-Th)**
- Sit-down rounds in 1N workroom are **9 AM-11 AM**
- Overnight resident ideally presents patients first then enters orders for other residents and stays through the end of sit-down rounds
- Walk rounds on patients who are the **sickest** and/or **provide educational opportunities** at the **discretion of the attending and fellow 11 AM- ?** [break for noon conference/lunch]
- Post-rounds the attending and fellow will continue walk rounding on remaining patients
- **Join the team to review histology with pathology or review imaging with radiology**
- **Please go with the attending and fellow pending your availability to update families and observe consent or care conferences**
- Residents evening sign-out at **5 PM**
  - Residents will also receive cross-cover sign-out from **Jennifer Owens, NP, on active Team B patients**
- Overnight resident will conduct safety rounds at **11 PM** with charge nurse and hospitalist to discuss active patients or 'watchers'

### **Tentative Weekend Schedule**

- Resident morning sign-out at **6:30 AM**
- Sit-down rounds in 1N workroom are **8:30 AM-11 AM**
- Overnight resident ideally presents patients first then enters orders for other residents and stays through the end of sit-down rounds
- Walk rounds on patients who are the **sickest** and/or **provide educational opportunities** at the **discretion of the attending and fellow 11 AM- ?** [break for lunch]
- Post-rounds the attending and fellow will continue walk rounding on remaining patients
- **Please go with the attending and fellow pending your availability to update families and observe consent or care conferences**
- Residents evening sign-out at **5 PM**
  - Residents will also receive cross-cover sign-out from the **Team B attending on active Team B patients**
- Overnight resident will conduct safety rounds at **11 PM** with charge nurse and hospitalist to discuss active patients or 'watchers'

### **Additional Optional Conferences**

- Monday: Protocol Meeting (800 Welch) 8 AM-9 AM
- Tuesday: Tumor Board (1000 Welch) 8 AM-9 AM, Interesting Patient Conference (LPCH Auditorium) 12 PM-1 PM
- Wednesday: Faculty Teaching Series (1000 Welch) 8 AM-9 AM
- Thursday: Bass Center Grand Rounds (Lokey G1002) 8 AM-9 AM

### Tentative Weekday Schedule (Table Format)

| Time        | Monday          | Tuesday                                       | Wednesday       | Thursday        | Friday          |
|-------------|-----------------|---|-----------------|-----------------|-----------------|
| 0630        | Sign Out        | Sign Out                                      | Sign Out        | Sign Out        | Sign Out        |
| 0630 - 0800 | Pre-Round       | Pre-Round                                     | Pre-Round       | Pre-Round       | Pre-Round       |
| 0800 - 0830 | Morning Report  | Tumor Board<br>(1000 Welch Rd, Basement)      | Morning Report  | Morning Report  | Grand Rounds    |
| 0830 - 0900 |                 | Onc Teaching                                  | Onc Teaching    | Onc Teaching    |                 |
| 0900 - 1100 | Sit-Down Rounds | Sit-Down Rounds                               | Sit-Down Rounds | Sit-Down Rounds | Sit-Down Rounds |
| 1100-1200   | Walk Rounds     | Walk Rounds                                   | Walk Rounds     | Walk Rounds     | Walk Rounds     |
| 1200 - 1300 | Noon Conference | Interesting Patient Conf<br>(LPCH Auditorium) | Noon Conference | Noon Conference | Noon Conference |
| 1300 - 1700 | Patient Care    | Patient Care                                  | Patient Care    | Patient Care    | Patient Care    |
| 1700        | Sign Out        | Sign Out                                      | Sign Out        | Sign Out        | Sign Out        |
| 2300        | Safety Rounds   | Safety Rounds                                 | Safety Rounds   | Safety Rounds   | Safety Rounds   |

## Sample Presentations

- Start with 1-liner that includes **age, diagnosis, risk stratification (if leukemia) or group/stage (if solid tumor), as per or on treatment plan, phase of treatment, and reason for admission**
  - 1) For leukemia, Joey is a 4 year old M with standard risk B-ALL, CNS 1, being treated on/as per study AALL0932, currently in Delayed Intensification Day 53, admitted for fever and neutropenia
  - 2) For solid tumors, Joey is a 4 year old M with Stage II, Group 3, intermediate risk embryonal rhabdomyosarcoma, being treated as per ARST0531, currently in Week 32, admitted for fever and abdominal pain
  - 3) For CNS tumors, Joey is a 4 YO M with Group 3, M2, medulloblastoma s/p gross total resection being treated on SJYC07, currently in Consolidation, complicated by posterior fossa syndrome, admitted for radiation therapy
- Present overnight events, **pertinent vital signs, I/Os, and physical examination findings, and abnormal labs**
  - 1) Joey had a fever to 102.6 F overnight with associated tachycardia but otherwise no vital sign changes. Blood cultures were drawn from his Port. On physical examination this morning, he is non-toxic appearing, tachycardic to 110s, mouth with no ulcers, line with no erythema, with soft abdomen, and good capillary refill. Labs notable for ANC 130 up from 0 and hypokalemia with K 3.2 that was replaced.
- Assessment and plan should be **problem-based if possible**
- **Be bold! Read about appropriate management of your patient's problems and propose them to the team!**

## Sample Assessment and Plan in Progress Note

**If you copy forward notes from the previous day, please make the appropriate changes to the interval history, physical examination, assessment, and plan.**

### Assessment

Joey is an **4 year old M** with **standard risk B-ALL, CNS 1**, being treated **on study AALL0932**, currently in **Induction Day 8**, admitted for induction chemotherapy, requiring inpatient monitoring due to risk for tumor lysis and chemotherapy induced myelosuppression

### Plan

- 1) SR B-ALL, CNS 1, on AALL0932, currently in Induction Day 8 (Day 1 = June 22)**
  - Day 1-14: Decadron
  - Day 4: PEG-asparaginase
  - Day 1, 8, 15, 22: **Vincristine due today**
  - Day 8 and 29: **LP IT MTX due today**
  - Day 8 peripheral blood for MRD being sent to Univ of Washington
  - Plan for Day 29 MRD on July 20
  
- 2) Risk of tumor lysis syndrome: stable TLS labs**
  - Discontinue Allopurinol
  - Continue maintenance IVF (1xM = IV + PO)
  - Daily CHEM 10, uric acid
  
- 3) Chemotherapy induced cytopenia: Hgb 8.7, platelets 42K**
  - Daily CBCd
  - Transfuse for platelets <10K or Hgb < 7 or symptomatic
  
- 4) Chemotherapy induced immunosuppression: ANC 120**
  - Septra Fri, Sa, Su
  - If T>100.4 F x 2 or T>101 or ill-appearing, send culture from Port, and start Abx
  
- 5) Chemotherapy induced nausea, vomiting, constipation: well-controlled**
  - Miralax PRN
  - Zofran PRN

**Labs:** Daily CBCd, daily CHEM 10/uric acid, MTh HFP

**Access:** Port

**Social:** Parents at bedside daily, updated with plan, and receiving new diagnosis teaching

**Discharge:** Anticipate D/C on July 30 after completion of new diagnosis teaching; will follow-up twice weekly in Bass Center clinic for PE/labs on July 2 and 5

## **Important Numbers**

### **1N Numbers**

|  |                    |
|--|--------------------|
| <b>Resident Phone</b>                  | 721-9574 or 1-0167 |
| <b>Fellow Phone</b>                    | 721-9572           |
| <b>Fritz Phone</b>                     | 721-9575           |
| <b>1N Charge Nurse</b>                 | 721-9557           |
| <b>1N Pharmacy</b>                     | 497-8776           |
| <b>Inpatient Pharmacist Sean Green</b> |                    |
| <b>Outpatient Pharmacy</b>             | 724-5124           |
| <b>1N Fax</b>                          | 497-8036           |

### **Case Management**

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b>Case Manager – Deborah Ray</b> | Voalte 10179, Cell (650) 339-1502 |
| <b>Case Manager – Katrina Lee</b> | Voalte 10822, Cell (415) 517-7408 |
| <b>Case Management</b>            | 18402                             |
| <b>Weekend Case Manager</b>       | 721-0175                          |

### **Clinical Research Associate (CRA) On Call**

|  |          |
|--|----------|
|  | 521-6739 |
|--|----------|

### **Bass Center Infusion Center or Day Hospital (BCDH) and Bass Center Clinic**

|   |          |
|---|----------|
| <b>Procedure NP</b>                         | 721-9880 |
| <b>NP of the Day</b>                        | 721-9879 |
| <b>BCDH Charge Nurse</b>                    | 721-9545 |
| <b>Clinic</b>                               | 497-8953 |
| <b>Nurse Coordinators</b>                   | 721-1331 |
| <b>OPT Procedure or Infusion Schedulers</b> | 497-8502 |

### **Nutrition**

|                   |                                  |
|-------------------|----------------------------------|
| <b>Tope Pedro</b> | Pager 18047, Cell (440) 315-4435 |
|-------------------|----------------------------------|

### **Labs**

|                           |                   |
|---------------------------|-------------------|
| <b>Surgical Pathology</b> | 723-7211          |
| <b>Heme Pathology</b>     | 723-8847          |
| <b>Lab - Main</b>         | 497-8614          |
| <b>Lab – Heme</b>         | 724-2246 or -2249 |
| <b>Flow Cytometry</b>     | 724-2250          |
| <b>Cytogenetics</b>       | 725-7476          |

|                               |          |
|-------------------------------|----------|
| <b>Coagulation</b>            | 723-4813 |
| <b>Red Blood Cell Studies</b> | 723-5235 |
| <b>Outpatient Pharmacy</b>    | 724-5124 |

**Radiology**

|                                     |          |
|-------------------------------------|----------|
| <b>CT/MRI Reading Room</b>          | 724-2727 |
| <b>XR/US Reading Room Pathology</b> | 497-8758 |