

Ward Tips & Tricks



* You can press **Ctrl** key to display the clicking hand  , then click at the content to jump to that section!

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Ward Specific:

WARD A: General Pediatrics

Suggested Timeline:

6:00 AM: Signout.

- Get signout from the night team in p1106.
- *Interns:* You must decide among the interns who will be short call for the day. They should take the "HMC Peds Inpt Intern On-Call" role. Ideally, it will be someone who will not be leaving for clinic.
- *Seniors:* Take the "HMC Peds Inpt Consult/Senior On-Call", alternate with co-senior.

*Pro tip: If you have a patient in the ED or ED obs, it may be easiest to see them right after signout since you are closer to those areas than you would be in the fishbowl!

6:30 – 8:30AM: Pre-rounding

- If you are concerned about a patient, you should see them immediately despite any workflow concerns. If you are unable to obtain all of the numbers/data for your patients in the allotted pre-rounding time because you were caring for a decompensating patient, nobody will scold you (simply explain the situation as to why you are less prepared than you otherwise would have been)
 - If somebody does scold you for this reason, contact your Chiefs
- As soon as you reach a computer, change the Primary Contact assignment on top of the chart for new patients. This will be your name and your role. Ensure that the overnight coverage pager is also reflected in the banner ("HMC Peds Inpt Blue Intern" or "HMC Peds Inpt White Intern").
- See your patients and review chart. Also talk to your night nurse if there is time.
- Try not to disturb nurses between 7-7:30AM as this is their signout time!
- Open notes

8:30 AM: Neurology rounds – meet in p1100 (unless otherwise directed) to discuss updates about neuro patients and new neurology consults

~9:00 AM: Rounds!

- Plan to round on discharges first, if possible. (You should have already started DC instruction, see general tips below.)
- Rounds are family centered and nursing led- you should call the RN before starting!
- Presentation: 1 liner, 24hr events, Pertinent VS, Ins&Outs, PE, Assessment (is your patient better/worse/working diagnosis and why you think that), and plan by problem

*Intern Pro tip: If it is not your patient, enter as many orders for your co-intern as possible while the plan is being presented. May also call consults if there is time. This is a great way to learn about each other's patients without having to be primary on them.

Pro tip: If your patient is being discharged today or tomorrow, try to start the med rec on rounds. Ask families if they need refills on anything. This is especially important for complex care patients, as some medicines may take some time to make through the formulary pharmacy.

11:00 – 11:45AM: Review/place orders and call consults first, then work on notes.

Follow OCD format for post-rounds workflow:

- Orders: Review all orders placed by your peers during rounds. Place any new orders.
- Consults: Place orders for all new consults.
 - Communicating with consults:
 - Find the service you wish to consult on TigerConnect app. For most pediatric subspecialty services, you will be talking to the attending directly. For most surgical subspecialties, you will be talking to a resident.
 - TigerConnect is PHI protected and you can provide a SHORT summary of the patient and your question. Please make sure to provide: the consulting service, the patient’s name and/or MRN, and the clinical question.
- Do: Any miscellaneous to-dos should be completed.
- Complete notes

11:45 – 1:00PM: Get food and go to noon conference.

- On Thursdays you have protected Didactic time from 12:30pm- 3:30pm. Please sign out to the covering APP and forward all TigerText roles to the APP.

1:00 – 6:00PM: Discharges, review orders, update signouts for the night team, new admissions, and notes.

1:30- 2:00PM: Discharge Huddle. Please see end of doc for full info.

- Blue Team: 1:30- 1:45PM
- White Team: 1:45- 2:00PM
- Third Team: 2:00- 2:15PM

6:00 PM: Signout to night team. (PICU Rounding Reports used, ask your senior how to access this).

*Pro tip: Use SAFETIPS to write your signout!

If holding the “HMC Peds Inpt Intern On-Call” Role: Usually there are no texts until sign out time. Contact a senior with any questions regarding patients not on your team. It is helpful to have the other Ward lists on Powerchart or ask the person paging who the attending/intern is to identify how to direct the call. Ensure that your night team has taken coverage of the role and that you have TigerConnect on “Do Not Disturb” so you do not get contacted when not in house.

Weekend differences:

- Saturdays shifts are 6a-4p and Sundays 6a-6p
- There will be:
 - o Total: 3 attendings, 1-2 senior, 2 interns, 1 APP
 - o There will continue to be three teams on the weekend. Ask the senior on over the weekend on how they would like for the teams to be divided.
- No neuro rounds
- Rounding time will be determined by each attending. (Usual range from 7am to 830am)
- Rounds usually are “discovery rounds”- preround as normal without seeing your patients (unless your patient is acutely decompensating/acutely ill); otherwise you will present your data and will examine patients on rounds
- If you need to call any consults or contact any services (CC, SW) try to get this done first thing in the morning because not all of these providers are in-house all day
- The Saturday night covering residents DO NOT know these patients so please offer any extra pertinent information about patients during sign-out
- The night coverage teams change every two weeks, with each new team starting on Sunday night. If this falls on your Sunday night be patient and give a more thorough sign-out

Ward A contact numbers:

- Senior Roles:
 - HMC Peds Inpt Consult/Senior On-Call
 - HMC Peds Inpt Blue Senior
 - HMC Peds Inpt White Senior
- Intern Roles:
 - HMC Peds Inpt Intern On-Call
 - HMC Peds Inpt Blue Intern 1
 - HMC Peds Inpt Blue Intern 2
 - HMC Peds Inpt White Intern 1
 - HMC Peds Inpt White Intern 2
- APP role name:
 - HMC Peds Inpatient 3rd Team APP 1
 - HMC Peds Inpatient 3rd Team APP 2
- Third team resident role name
 - HMC Peds Inpt 3rd Team Resident

WARD C: Pediatric Subspecialties (GI, Nephro, Cards)

Suggested Timeline:

6:30 AM: Sign out in p1100

- Get signout from the night team.
- *Intern:*
- Take the "HMC Peds Subspec Intern" role
- You must decide who will take the "HMC Subspec Intern On-Call" role between the Ward C and Ward P intern. See more below in regards to this.
- *Senior:* Take the "HMC Subspec Senior On-Call" role.

6:45 – 8:30AM: Pre-rounding

- If you are concerned about a patient, you should see them immediately despite any workflow concerns. If you are unable to obtain all of the numbers/data for your patients in the allotted pre-rounding time because you were caring for a decompensating patient, nobody will scold you (simply explain the situation as to why you are less prepared than you otherwise would have been)
 - If somebody does scold you for this reason, contact your Chiefs
- As soon as you reach a computer, change the Primary Resident assignment on top of chart for new patients. This will be your role name. Ensure that the overnight covering role is listed as well (HMC Subspec Intern On-Call)
- See your patients and review chart. Also talk to your night nurse if there is time.
- Try not to disturb nurses between 7-7:30AM as this is their signout time!
- Open notes (there are different types for each service!)

8:30 AM: GI Rounds.

- The GI attending should tell the senior whether to meet at a patient room or in the fishbowl.
- Rounds are family centered, and you should call the RN before starting.
- Presentation: 1 liner, 24hr events, Pertinent VS, Ins&Outs, PE, Assessment (is your patient better/worse/working diagnosis and why you think that), and plan by problem

Pro tip: GI Rounds is often the best time for GI attendings to teach, so even if you only have one patient, expect that you will be with them until Nephrology rounds start (so you should try to see all of your Ward C patients and pre-round on everyone before 8:30AM).

Pro tip: If your patient is being discharged today or tomorrow, try to start the med rec on rounds. Ask families if they need refills on anything. This is especially important for complex care patients, as some medicines may take some time to make through the formulary pharmacy.

10:00 AM: Nephrology Rounds.

- You will always meet the attending in the fishbowl unless told otherwise.

*Pro tip: Nephrology Rounds always lasts until 11AM. If you get paged, the senior resident should answer so that the intern can be more engaged in teaching.

11:00 AM: Cardiology Rounds.

- You will always meet the attending and fellow/APP outside a patient room on the PIMCU unless told otherwise.

*Pro tip: If you don't understand something, it's never wrong to ask the fellow or APP! They are very approachable and want you to learn.

~11:40AM: Place orders and consults. *Senior will try to place as many orders, discharges, consults as possible during rounds.*

Follow OCD format for post-rounds workflow:

- Orders: Review all orders placed by your peers during rounds. Place any new orders.
- Consults: Place orders for all new consults.
 - Communicating with consults:
 - Find the service you wish to consult on TigerConnect app. For most pediatric subspecialty services, you will be talking to the attending directly. For most surgical subspecialties, you will be talking to a resident.
 - TigerConnect is PHI protected and you can provide a SHORT summary of the patient and your question. Please make sure to provide: the consulting service, the patient's name and/or MRN, and the clinical question.
- Do: Any miscellaneous to-dos should be completed.
- Complete notes

11:45 – 1:00PM: Get food and go to noon conference

- On Thursdays you have protected Didactic time from 12:30pm- 3:30pm. Please sign out to the covering APP/attending and forward all TigerText roles to them.

1:00 – 6:00PM Discharges, review orders, update signouts for the night team, new admissions, and notes.

6:00 PM: Signout to night team. (PICU Rounding Reports used, ask your seniors how to get to this for printing purposes).

*Pro tip: Use SAFETIPS to write your signout!

Ward C contact numbers:

- Senior Role
 - HMC Peds Subspec Senior On-Call
- Intern Roles
 - HMC Subspec Intern On-Call
- Attending/APP/Fellow Roles

- HMC Peds Cardiology Fellow or APP
- HMMC Peds Cardiology Attending
- HMC Peds GI Attending On-Call
- HMC Peds Nephrology and Transplant Nephrology Attending

Weekend differences:

- See below "Ward P" info as these services are combined on weekends.

WARD P: Pediatric Pulmonary

Suggested Timeline:

6:30 AM: Sign out

- Get signout from the night team.
- *Intern:*
 - Take the HMC Peds Pulm Intern 1 or 2
 - You must decide who will take the "HMC Subspec Intern On-Call" role between the Ward C and Ward P intern. See more below in regards to this.
- *Senior:* Take the "HMC Peds Pulm Senior On-Call" role.

6:45 – 8:30AM: Pre-rounding

- If you are concerned about a patient, you should see them immediately despite any workflow concerns. If you are unable to obtain all the numbers/data for your patients in the allotted pre-rounding time because you were caring for a decompensating patient, nobody will scold you (simply explain the situation as to why you are less prepared than you otherwise would have been)
 - If somebody does scold you for this reason, contact your Chiefs
- As soon as you reach a computer, change the Primary Resident assignment on top of chart for new patients. This will be your role name. Ensure that the overnight covering role is listed as well (HMC Subspec Intern On-Call)
- See your patients and review chart. Also talk to your night nurse if there is time.
- Try not to disturb nurses between 7-7:30AM as this is their signout time!
- Open notes

9:00 AM: Pulmonology Rounds.

- You should plan to meet in the PIMCU outside the first ventilator patient room.
- Rounds are family centered, and nurse led, so call your RN before starting!
- Presentation:
 1. Please start with the following:
 - a. 1-liner: Patient's underlying medical issues and why the patient was admitted (i.e. trach vent dependent, chronic lung disease, BPD, etc)
 - b. Clinically important changes/events from the last 24 hours (i.e. fever, desaturations, tachycardia, etc).
 2. Vitals with *trends*
 3. Physical Exam (pertinent findings and changes)
 4. Recent Lab Results / Studies / Cultures
 5. Systems-Based Presentation (use signout sheet as guide, but you can change order of systems based on importance to patient)
 - a. Interactions with consults, recommendations received pertaining to that system
 - b. Medications pertaining to that system
 - c. Assessment and plan for the system

- i. IE – neuro weaning methadone, replacing electrolytes, ID: starting abx for positive cultures, respiratory increasing frequency of treatments, etc.
- 6. Discussion with all members of Team, including RN's, Home Vent coordinator, Pulmonary PA, Hummingbird Program staff, RT's, Pharmacist, Discharge Coordinator, Social Worker, etc who should be providing input at this time.
- 7. A summary of the assessment and plan for the patient should be shared to include all the changes that were made and orders that are being placed or need to be placed (i.e. consulting ID for fevers, rechecking BMP in the AM, ect)

Pro tip: If your patient is being discharged today or tomorrow, try to start the med rec on rounds. Ask families if they need refills on anything. This is especially important for complex care patients, as some medicines may take some time to make through the formulary pharmacy.

~11:30AM: Place orders and consults. *Other interns or should try to place as many orders, discharges, consults as possible during rounds.*

Follow OCD format for post-rounds workflow:

- Orders: Review all orders placed by your peers during rounds. Place any new orders.
- Consults: Place orders for all new consults.
 - Communicating with consults:
 - Find the service you wish to consult on TigerConnect app. For most pediatric subspecialty services, you will be talking to the attending directly. For most surgical subspecialties, you will be talking to a resident.
 - TigerConnect is PHI protected and you can provide a SHORT summary of the patient and your question. Please make sure to provide: the consulting service, the patient's name and/or MRN, and the clinical question.
- Do: Any miscellaneous to-dos should be completed.
- Complete notes

11:45 – 1:00PM: Get food and go to noon conference

- On Thursdays you have protected Didactic time from 12:30pm- 3:30pm. Please sign out to the covering APP and forward all TigerText roles to them.

1:00 – 6:00PM: Discharges, review orders, update signouts for the night team, new admissions, and notes.

6:00 PM: Signout to night team. (PICU Rounding Reports used).

Pro tip: Use SAFETIPS to write your signout!

Ward P contact numbers:

- Senior Role

- HMC Peds Pulm Senior On-Call
- Intern Roles
 - HMC Peds Pulm Intern 1
 - HMC Peds Pulm Intern 2
- Attending/APP/Fellow Roles
 - HMC Peds Pulmonary Attending On-Call
 - HMC Peds Pulmonary Inpatient APP

Weekend differences:

- **Wards C and P combine into one super-subspecialty team on weekends.**
- Saturdays shifts are 6:30a-4p and Sundays 6:30a-6p
- There will be:
 - o Total: 1 attending per subspecialty, 1 senior, 2+ interns, maybe 1 APP for pulm
 - o Patient load to be split by senior
- **Rounding times will be determined by the seniors communicating with each attending on the Friday before the weekend.**
- If you need to call any consults or contact any services (CC, SW) try to get this done first thing in the morning because not all of these providers are in-house all day
- The Saturday night covering residents DO NOT know these patients so please offer any extra pertinent information about patients during sign-out
- The night coverage teams change every two weeks, with each new team starting on Sunday night. If this falls on your Sunday night be patient and give a more thorough sign-out

WARD B: Pediatric Hematology/ Oncology

Suggested Timeline:

6:45 AM: Get signout from the night team. Take the HMC Peds HemOnc Resident 1 & HMC Peds HemOnc Resident 2 roles. One senior should take the HMC Peds HemOnc Resident On-Call role pager now.

7:00 – 8:30AM: Pre-rounding time. Don't forget to change banners to your TT role.

8:30 AM: BMT Rounds. Terry Shapiro or the fellow always carries these patients. You do not have to go in the rooms but should put in orders and do the handoffs for these patients.

~9:00 AM: Heme/Onc Rounds.

- This is multidisciplinary and includes the attending, fellow, pharmacist, nutritionist, chaplain, and may include Hummingbird or Child Life as well.
- Residents should split tasks of doing Orders and doing Handoffs *during* rounds. This is especially important for handoffs on patients being carried by the APPs.

Presentation:

1. Please start with the following:
 - a. Patient's underlying diagnosis and why the patient was admitted (i.e. ALL – if on chemo, identify what stage and cycle)
 - b. Clinically important changes updates from the last 24 hours (i.e. fever, desaturations, intake, etc).
2. Vitals with *trends*
3. Physical Exam (pertinent findings and changes)
4. Recent Lab Results / Studies / Cultures
5. Problem Based Presentations
 - a. Interactions with consults, recommendations received pertaining to that system
 - b. Medications pertaining to that system
 - c. Assessment and plan for the problem
6. Discussion with all members of Team.
7. A summary of the assessment and plan for the patient should be shared to include all the changes that were made and orders that are being placed or need to be placed (i.e. consulting ID for fevers, rechecking BMP in the AM, ect)

~11:30AM: Place orders and consults. Do notes.

Follow OCD format for post-rounds workflow:

- Orders: Review all orders placed by your peers during rounds. Place any new orders.
- Consults: Place orders for all new consults.
 - Communicating with consults:

- Find the service you wish to consult on TigerConnect app. For most pediatric subspecialty services, you will be talking to the attending directly. For most surgical subspecialties, you will be talking to a resident.
- TigerConnect is PHI protected and you can provide a SHORT summary of the patient and your question. Please make sure to provide: the consulting service, the patient's name and/or MRN, and the clinical question.
- Do: Any miscellaneous to-dos should be completed.
- Complete notes

11:45 – 1:00PM: Get food and go to noon conference. On Thurs sign out to fellow, give pager/phone to Chiefs.

1:00 – 6:00PM: Do your work, then signout.

Short Call: No short call on Ward B... welcome to senior hood!

Contact numbers: HMC Peds HemOnc Resident 1 & HMC Peds HemOnc Resident 2 roles, HMC Peds HemOnc Resident On-Call role pager now.

General/Other Tips:

Interns:

- During rounds, as part of you plan, remember to discuss lab schedule, scheduled vs prn medications, IVFs, diet.
- Notes:
 - Daily progress notes should be finished by the end of the day and sent to your attending to SIGN. Once you finish and send, you do not need to go back and change the plan with changes that happen during the day. It is best to write your notes/plan as was discussed on rounds. Your plans will naturally change and evolve throughout the day and you will lose a lot of time updating the plans in your notes if you try to keep them updated throughout the day.
 - Discharge summaries should be completed within 24hrs of patient discharge.
- Discharging:
 - You should start talking about discharge criteria the day they're admitted!
 - Generate and start the d/c instructions as soon as you know the patient will be discharged, ideally they will be completed and ready for final signature on rounds!
 - *Pro tip- do NOT final sign instructions until they are about to walk out! (You will have to re-do it if there are changes.)
 - For patients who might stay with us for more than 2-3 days, start the hospital course in the "discharge" viewpoint as soon as you can, and update it every few

days. This will help you/other residents in case a patient has a surprise discharge, gets upgraded to the PICU, or transferred to another service.

- o Use the Rx2Go program- if you order this, a pharmacist will bring the medication to room and review it with family.
- o Talk to the team’s care coordinator for help with home supplies, feeding scripts, line scripts, etc. Try to do this as soon as you know a patient will require the aforementioned things at discharge. Sometimes insurance can be an issue obtaining these things and may be a barrier to discharge.
- Admissions/ Downgrades:
 - o Can receive direct admissions from outside (PCP, OSH, etc.), downgrades from PICU, transfers from NICU
 - o Will see patient and then staff (discuss) with ADMITTING attending (TigerConnect Role: “HMC Peds Hospitalist On-Call Admit Transfer Attending”)
- Ask your seniors/chiefs to help you find:
 - o Ward A: Asthma protocol, DKA protocol, eating disorder protocol
 - o Ward B: Survival Guide in Pediatric Oncology
 - o Ward P: The Respiratory Therapy tab under “IVIEW”
 - o Pro Tip: Lots of these are on the residency website!!
- Review the following PowerChart tips and tricks with your senior:
 - o Clipboarding, setting up lists, changing the patient banner to your pager number
 - o PreRounding: VS, I&O, interdisciplinary narrative, results/imaging/micro
 - o Notes, changing note types
 - o Admission orders
 - o Discharge instructions and summaries
 - o How to make and give sign out
 - How to complete hand-off/sign-out documentation:
 - In each patient’s chart go to “ad-hoc” à “physician documentation” à “physician handoff communication form”
 - In this form you need to complete the form in the following SAFETIPS format:

S = Stats	Name, age, sex, allergies, room number – this populates into the form
A = Assessment	In the “patient assessment” box at the top of the form. Brief assessment or Ddx
F = Focused plan	Include medications, IVF, specific diets, 1:1 precautions, etc
E = physical Exam	Pertinent findings
T = to do	Tasks to do such as: labs, I/O checks, medication adjustments or nothing to do (NTD)

I = If/then	Guidance for night team regarding change in patient status, lab results, etc
P = pearls or pitfalls	Anything special regarding pt – CYS following, visitor restrictions, etc
S = status	Describe pt as: unstable, watch, or stable – use your judgement, this is subjective.

- In PowerChart: Go to “Resources” for- Formulary (dosing), UpToDate, Policies/Procedures, Patient Safety Event Reports

Seniors:

- Try to keep your charts tidy! Make sure to clear your clipboards frequently.
- Update med dosing weights weekly for chronic patients. If you don’t do this, pharmacy might not approve your patient’s medications.
- Beware of Nasal cannula orders because this means O2 can be placed without you knowing.
 - Recommend put at least a comment that HO should be contacted if child placed on O2
- BP automatically defaults to only once a day unless specifically requested.
- Isolation- good to update with virus/C.Diff/MRSA once identified
- Discontinue levels of care that are not pertinent.
- Breastfeeding should be an actual Infant Formula feed diet order, not just the breast feed ad lib order. Note if ALOD, it needs to be PRN for increased appetite else the order falls off after first feed.
- If COWs are missing, let Chiefs know!
- Patient Room Lights: We are encouraged to go to staff assists or at least not ignore them. Also if a white call bell has been going off for a while, probably good to check in.
- Nurses can change orders from lab to collect and vice versa (look out to make sure labs are collected on time!), order diaper creams and sweet-ums.
- If adding on a lab order, please call the lab when the order is placed to close the loop.
- Don’t forget to chat with your team’s care coordinator daily, especially if they don’t join rounds!
- How to get a sedated MRI:
 - Place MRI order in Powerchart
 - Be sure to specify this is with sedation in the appropriate drop-down box
 - Call OR scheduler at **8240** and ask them to add on an MRI w/ sedation to the schedule for that day. (If it’s for another day, they transfer you to another person.)
 - Typically, the OR scheduler will ask if you want to be transferred to the CSA after you’re done speaking with them.

- o Call or be transferred to the Peds CSA (Anesthesia) and let them know you're scheduling an MRI with sedation. They'll want to know how long the patient has been NPO.
- o Call MRI at **1835**, press 1 for inpatient MRI scheduler and let them know that you are ordering an MRI w/ anesthesia.
 - This step isn't entirely necessary, but it's nice to communicate and give MRI a heads up.
- o If you've talked with 3 people and confirmed that you want an MRI w/ sedation, you should be done. However, if nursing hasn't heard anything in a few hours, you can call the 3 people back to double check.
- o If you are planning to do an LP after the MRI, let all of the above people know this information as well.
 - MRI will call you when the study is almost complete so you have time to go to the MRI suite for the procedure.
 - Gather your supplies ahead of time so you are prepared when MRI calls.

Multidisciplinary Huddle:

Physician-Resident Huddle Responsibilities

Time: 1:30 -2:15 pm, depending on team

Location: 6th floor conference room

Huddle Goals:

1. To enhance inter-disciplinary communication between physician providers and CC/SW.
2. To **anticipate patient, family and PCPs** discharge needs within 48 hrs of discharge.
3. To identify the providers needed for patient follow up and schedule follow up appointments

Pre-Huddle preparation.

- M-Th: be prepared to discuss patients who will be discharged within **48 hours**.
- At Friday huddle: be prepared to discuss patients who might be discharged **Sat, Sun and Monday**.

Huddle:

- The huddle will be run by Care Coordination/Case Managers.
- The tempo will be **approximately 2 minutes** per patient, can be less if patient has no needs.

Discuss the following:

- New medications (Do meds need to be formulary? Do they need help covering meds? Are there cheaper alternatives?)
- Follow up plans (PCP, specialty, ToC) and if appointment will be face to face, or virtual care.
- Transportation barriers (Can we give them a cab voucher?)
- Durable medical equipment