Night ED Consult Rotation

Required two week rotations during the nighttime for PGY-3 residents (and during the daytime for PGY-2 residents see "Daytime ED Consult Rotation" document). Residents may choose to have additional selective time of Night Rider.

Value of the Rotation

- Opportunity to practice triaging of emergency department patients requiring admission
- Opportunity to admit patients with different disease processes and acuities and be involved with development of initial management plans.
- Opportunity to be "first responder" to rapid responses and codes.
- Opportunity to practice communication skills with families and potentially delivering bad news.
- Opportunity to practice responding to overnight concerns from an outpatient practice
- Expansion of medical knowledge related to acute care pediatrics.

Broad Goal:

Residents completing PGY-3 level rotation on the Night Rider Rotation will be proficient in responding to admission and consult requests from pediatric emergency department providers; including triaging acuity and level of care required of these patients as well as developing initial management plans for patients with a wide variety of medical issues.

Objectives:

- Recognize acuity of individual patients and determine the level of care/service needed for patients.
- Recognize and act on clinical situations requiring further intervention and/or/admission.
- Develop initial management plans for a wide variety of patients in the ED requiring admission with guidance from the attending/fellow of the appropriate service line
- Effectively triage outpatient general pediatrics calls.
- Effectively communicate with the ER providers, attendings/fellows, patients, families, nurses, and respiratory staff.
- Effectively sign out new patients to the appropriate care team.
- Engage in self-directed learning related to clinical pathology of patients encountered during the rotation.

Rotation Description:

The Night Rider Rotation is required for Pediatric and Medicine/Pediatric residents. At least 2 weeks are completed during the 3rd year of residency, with the option to do additional selective time in 2-week increments.

Rotation Expectations:

- Assign the ED consult pager (#3977) to your pager no later than 6pm.
- ED coverage is expected from 6pm to 7am with in-house coverage from 8pm to sign out from 6-7am.
- Respond to all pages to the #3977 pager within 15 minutes.
- Arrive in ED within 30 minutes of page for all consult/admission calls.

- Staff all ED consults/admissions with the appropriate attendings/fellows (in house or over the phone) within 60 minutes.
- Document all ED consults/admissions.
- Give timely sign-out to Night Team or PICU regarding patients admitted to their services.
- Any unresolved issues in the ED (ex: a consult that you think can be discharged so you have written a consult note but are still awaiting labs for final dispo) should be signed out to the next ED consult resident in case there is a change in the care plan .
- Triage, respond to, and document all nurse triage calls from Penn State Hershey Outpatient Pediatrics
- Respond to all pediatric codes and pediatric rapid responses.
- NOT responsible for consults from other services' inpatients (ex: Peds Surgery consult to gen peds).

Reading & Resources:

. The following are useful resources that the resident can obtain information related to pathology and patient care/guidelines.

- *Pediatrics in Review Journal*
- *AAP Guidelines*
- *Red Book*
- Up to date
- Penn State guidelines/pathways (i.e. DKA, asthma pathway, etc.)
- CHOP pathways
- Board review using Pedialink, MedStudy flash cards, etc.
- Watch resident led noon conferences and Thursday didactics on Mediasite: https://publicmultimedia.hmc.psu.edu/Mediasite/Channel/prl
- To find the hospitalist on call: psupedshospitalists.qgenda.com

To find the Hope Drive / nursery physician on call: hmcgenpeds.QGenda.com

Individualized Curriculum:

Resident experiences on the Night Rider rotation can help each resident further his or her career in Hospital Medicine, Emergency Medicine, and Critical Care. However, professionals in all areas in Pediatrics will encounter ill patients and triage patient/family concerns. Residents interested in Medical Education can present topics to the team. This is also a good time to catch up on administrative work – logging patients/procedures/hours, completing online training (HIPAA, Child Abuse, Opioid, etc.), filling out evaluations, cleaning out the inbox, etc.

Feedback & Evaluation:

Residents can expect to seek and receive verbal feedback from any attending or fellow with whom they staff a patient. Formal written evaluation will be completed in New Innovations at the end of the rotation; complied mainly from hospitalist and ED provider evaluations. Evaluation parameters are:

- History Taking
- Assessment/Differential Diagnosis
- Management Plans

- Professional Conduct
- Help-Seeking Behaviors
- Trustworthiness
- Dealing with Uncertainty

First Day and Orientation:

- Brief phone or in person orientation with Dr. Abby Nelson prior to starting rotation
- Residents are expected to be available by pager by 6pm on the first day of the rotation.
- Night Rider can always page the Hope Drive attending with questions/concerns regarding "Nurse Triage Calls," the newborn nursery attending with questions/concerns, and the appropriate fellow/attending regarding a patient in the ED. The resident should know that they can also page the Pediatric Chief Resident on call at p3233 in times of uncertainty.
- ED consult residents should familiarize themselves with the most recent COVID-19 protocols and algorithms on the HMC Infonet.

Schedule:

This rotation lasts 2 weeks. The resident will start promptly at 6pm on the Sunday prior to Switch Day (Monday). The resident is expected to be in the hospital by 8pm. Shifts will end at 7am. Residents are expected to work nights 6pm-7am from Sunday-Friday nights. There are no Saturday night expectations for residents on the rotation.

Logistics:

<u>Services for Pediatric Patients</u>

- **General Pediatric (Ward A) Consults** – the pediatric consult resident should be paged (ID# 3977) for the work-up and will contact the pediatrician on call (admitting at pager 5006) to precept.
  - Seizure patients are often precepted with the hospitalist with Neuro closely involved as a consult
- **Not Established HMC Specialty Patients** – Patients who are not seen by an HMC specialist should be seen by the pediatric resident for the consult (3977). They will contact the appropriate specialist to see if they would like to accept the patient. If not, the hospitalist service should be called for admission.
- **ALL OTHER SPECIALISTS** – In most cases, the patient's history is extensive and the ER notifies the specialist directly. Ask the ER if they have contacted a specialist before seeing a patient as this can help the process go smoother.
    - Contact the on call fellow or attending directly after you have evaluated the patient.
    - Ensure that patients 18+ have not been transitioned to the adult side before accepting.
    - If a specialist has absolutely accepted a patient (without doubt and is aware of their status [IMC/Floor]), it is OK to put basic admission orders in to help start the bed management process.

- **PICU:**
    - All PICU admissions from the ED should be seen by the ED consult resident (except for those patients already intubated or on pressors – and even in these cases if the ED

consult resident is called, they should be willing to help for the best possible patient safety).

- ED consult resident should discuss the patient/plan with the PICU attending/fellow.
- The ED consult resident will put in admission orders.
- An H&P should be written by the ED consult resident.
- The PICU resident will add an addendum to the H&P after seeing the patient in the PICU and update orders accordingly.
- Both residents are expected to do a complete physical exam.

Questions & Concerns:
Please contact Dr. Abby Nelson with any questions, concerns or clarifications.

Email: anelson6@pennstatehealth.psu.edu; pager 4256