

# Stanford Pediatric Emergency Department 5 Minute Summary

## Contact Information:

**Rotation Director:** Brittany Boswell, MD

**Resident Rotation Liaison:** Claire Justin

## First Day Instructions:

**Meeting Location:** Pediatric Emergency Department, 1st floor Stanford University Hospital

- 900 Quarry Rd Ext, Palo Alto, CA 94304

**Dress Code:** Scrubs

## Preparation:

- Find your Stanford Hospital Epic User name ("S" number – ex: S0105536) and Password.
  - ◆ IF LOST, call Stanford IT Help Desk (650-723-3333, ext #1) before your first shift so they can tell you your username and reset your password (they can look you up with just your first and last name).
- Refer to [peds.stanford.edu](https://peds.stanford.edu) for educational material; you will also receive a welcome email with an orientation powerpoint
- Shift times will vary and you will receive your schedule in your welcome email  
<https://www.shiftadmin.com/schedule.php?cd=Bvp7fn%2BfrhGH%2BU5ZYbZiBqU5y09%2FJ6QVOV73hXZjA5KIOctPfyekFTle94V2YwOS>

## Rotation Information:

### **Team:**

- Medical Students (Sub-I, MS4, MS3)
- Co-Residents (Pediatric and Emergency medicine)
- Pediatric Emergency Medicine Fellows
- Pediatric Emergency Medicine Attendings

## **First Shift (please arrive early to ensure login works and you are ready for signout):**

- Team signout occurs at 7a, 3p, 11p. If your shift time has a different start, you will receive signout from the offgoing resident directly
- Prior to signout please:
  - ◆ Login to Epic using your SID, sign in as Emergency Medicine Resident
  - ◆ Obtain and login to a Voalte phone
  - ◆ Take a quick tour of the Peds ED
- After signout please review with the attending:
  - ◆ How to read the track board, review RN assignments
  - ◆ How to assign yourself to a new patient, review tabs (triage, workup, orders, dispo) in Epic, how to start and share a note, how to call consults, and how to admit or discharge a patient
  - ◆ Who you will be staffing with (PEM fellow, attending)
  - ◆ We are a different hospital from LPCH so there are nuances with admissions/certain workups so please feel free to ask any questions

## Expectations:

### → PATIENT CARE:

- ◆ **EFFICIENT, QUALITY CARE = FIRST PRIORITY:** The ED has a unique workflow different from inpatient and outpatient settings. You will be able to work on efficient recognition of sick/not sick and will be able to workup the undifferentiated patient while caring for multiple patients at once
- ◆ **ARRIVE = ASSIGN = SEEING NOW:** As soon as a new patient comes in and you aren't actively caring for another patient (writing notes does NOT count!) "Assign" yourself in Epic and then *immediately* see that patient. DON'T assign yourself to multiple new patients at the same time as another resident may be able to see your second new patient sooner
- ◆ **TRIAGE:** If there are multiple "new patients", prioritize seeing lower triage scores/higher acuity patients first
- ◆ **GET THE BALL ROLLING:** After seeing patients, staff with the PEM fellow or attending and put in orders and call consults immediately after discussion. Communicate the plan with the RN team as well as the family
- ◆ **NOTES = LAST PRIORITY:** Care for the patient first! (orders, consults, dispo, etc), DO open & SHARE note at each initial patient contact so attending can document for patient as well. Prioritize completing notes for admissions or transfers.



## Documentation:

### → In your ED note please document

- ◆ Use of interpreters as well as history obtained from patient/family member/etc
- ◆ Your initial physical exam (document this in real time so you don't forget who had what later on!)
- ◆ Any procedure notes
- ◆ Your medical decision making with a differential diagnosis. Please discuss what you think is most likely, "no miss" diagnoses and pertinent positive or negative to why or why not this is going on for that particular patient and how you plan to workup your thought process

### → As you progress care of the patient, please use the ED course to document

- ◆ The name(s) of consultant(s) spoken to and recommendations
- ◆ Labs/imaging reviewed and significance and next steps (ie WBC 23, US imaging with appendicitis and will consult surgery and provide antibiotics)
- ◆ Any change in patient status and workup plan
- ◆ That you received sign-out on a patient and are assuming care or that you have signed out the patient to the oncoming team

### → Always refresh your note prior to sharing it so that the vitals/results are included. Attendings will be the final sign on notes that you have shared

### → Once you have a disposition plan, please add a Clinical Impression (diagnosis) in the Epic dispo tab as well as discharge instructions, follow up plan and any referrals or prescriptions for the patient

## Teaching:

- Each patient provides teaching opportunities, there is something to be learned/taught for each acuity level and each chief complaint
- Fellows and Attendings will strive to teach pearls for each patient that you discuss together so that by the end of the shift you have accumulated many teaching points
- Learn from all patients in the PED, not just the ones that you are assigned to
- Please take ownership of your learning and ask questions of each patient as well!

## Feedback:

- As you progress through your rotation, ask for feedback from your attending post shift
- If you are working on a particular skill, let your attending know so we can provide specific feedback and coaching
- You will receive a SIMPL evaluation from attendings that you have worked with

### Professionalism:

- Please remember that we are all here for the same reason: to take care of our patients
- Please give each patient the compassion and attention regardless of chief complaint and perceived acuity
- Even if you do not plan to go into pediatric emergency medicine, please use this rotation to learn tools that you can apply to your future career. We are invested in your future success and want to optimize your experience
- Complete charts on time
- Log your procedures in Med-Hub! (This will help you get certified to perform them unsupervised someday!)

## LEARNING OBJECTIVES

### Procedures

- I&D Abscess  
<https://www.youtube.com/watch?v=MwgNdrA18fM>
- Lumbar Puncture  
[https://www.youtube.com/watch?v=weoY\\_9tOcJQ](https://www.youtube.com/watch?v=weoY_9tOcJQ)
- Dermabond, Suture & Staple Laceration  
<https://lacerationrepair.com/techniques/>
- Nursemaid Elbow reduction  
<https://www.orthobullets.com/pediatrics/4012/nursemaids-elbo>
- Foreign body removal (ears, nose)
- Fluorescein dye for corneal abrasion evaluations
- Suture removal, Staple removal
- Splinting
- Procedural sedation

### Topics

- |                        |                        |
|------------------------|------------------------|
| Acute Abdominal Pain   | Fractures              |
| Abdominal Trauma       | Gastroenteritis        |
| Adolescent Pregnancy / | GI bleeding            |
| STDs                   | Head Trauma            |
| ALTE                   | Hypertensive Crisis    |
| Altered Mental Status  | Ingestions             |
| Anaphylaxis            | Musculoskeletal Trauma |
| Asthma                 | Otitis Media           |
| Bronchiolitis          | Respiratory Distress   |
| Burns                  | Sedation               |
| Child Abuse            | Seizures/Status        |
| Croup                  | Epilepticus            |
| Dehydration            | Shock                  |
| DKA                    | Soft tissue infections |
| Drownings              | Syncope                |
| Eye problems           | URI                    |
| Fever                  | UTI                    |
| Foreign Body           | Wound care             |

Last Updated: June 2024