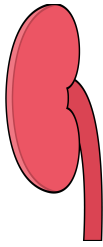


SENIOR HANDBOOK

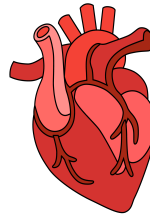
RONALD REAGAN (+ SANTA MONICA)

BLUE TEAM



+ HOSPITALIST

YELLOW TEAM



+ HOSPITALIST

BLUE TEAM → Nephrology is a consult service, round with only the hospitalist attending

YELLOW TEAM → Cardiology is a primary service, round separately with both cardiology and hospitalist attendings

Contents

Daily schedule and workflow

<u>Schedule</u>	2
<u>Senior responsibilities</u>	2
<u>Case manager calls</u>	2
<u>Pre-rounding</u>	3
<u>Responding to a rapid</u>	3

Admissions

<u>Adding a patient to the list</u>	4
<u>Completing an admission med rec</u>	4
<u>Admission order set</u>	5

Discharge

<u>Discharge medications</u>	8
<u>Changing a pharmacy</u>	9
<u>Preview AVS</u>	10
<u>“No Print” discharge med option</u>	11
<u>DC meds tip sheet</u>	12
<u>Discharge order set</u>	16
<u>Return precautions</u>	17
<u>Follow up appointments</u>	18
<u>MedHome Referrals</u>	19
<u>Asthma action plan</u>	22

<u>Discharge labs</u>	20
<u>Adding patient instructions</u>	21

DME / home health orders

<u>Home health order set</u>	24
<u>Examples of home health orders</u>	24
<u>DME orders</u>	25
<u>Viewing/editing DME orders</u>	28

Transfers

<u>Transfer orders</u>	29
<u>PICC placement orders</u>	30
<u>NJ/ND/NJ</u>	30
<u>LPs in the OR</u>	31

Nutrition

<u>Types of TPN orders</u>	32
<u>Lipid orders</u>	32
<u>TPN orders</u>	33
<u>Nutrient guide</u>	35
<u>Calorie and total fluids calculations</u>	36

SANTA MONICA

Screenshots are direct from RR EPIC, but SMH will be similar

<u>Specific SMH info</u>	37
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DAILY SCHEDULE AND WORKFLOW

Team structure: Each team is composed of 1 senior and 2 interns. Team cap is 16 (8 per intern).

0600: AM sign out

0700 – 0730: Case management will call for updates (see below)

0730 – 0745: Interpreter calls to see which rooms require an interpreter and what time to meet

0745: Check in with rounding attending about start time and where you would like to start (typically discharges / sickest first)

0800: Start rounding

1030/11: Finish rounding, page consults, make sure TPN orders are in before 12, run the list

12 - 1300: Noon conference (protected time, forward pager to attendings)

1300 → : Check all orders from rounds, consults etc, run the list with attending and interns PRN, see new admits and PICU downgrades

- Update handoffs throughout the day, go over contingency plans for the night team

1700 - 1830: PM sign out

Rotating team order for sign out (Yellow, Blue, GI), daily schedule posted in work room

Senior signs out

Interns can leave when: 1. Tasks are done / patients tucked in

2. Notes completed

3. Families updated + Qs answered

Senior Responsibilities

- o Pre-round on all patients. See in person any unstable / watcher patients before rounds.
- o Res-intern for the interns on their day off
- o Go over plans with interns prior to rounds as needed
- o Ensure orders are in/correct and plans are carried through
- o Discharge planning / orders
- o Facilitating medical student teaching
- o Help interns with responsibilities to make sure they get to leave by sign out
- o If possible, pend orders and start H&Ps for pending admits that will come during night shift
- o Stay for sign out
- o Yellow and Blue seniors should sign into the code pagers during the day!

Yellow: 30071

Blue: 30072

Case management calls [0700 – 0730]:

You will typically get called by multiple case managers. They will tell you which patients they cover.

They want to know:

Very brief one liner

Anticipated discharge date

Any needs for discharge you foresee like home O2, TPN, GT supplies, central line care, equipment (walker, wheelchair, commode), nebulizers, IV antibiotics

Pre-rounding:

Prioritize sick vs stable

Find an organizational style for use on rounds that works best for you, options include:

- Print entire handoff

- Annotate the patient list

- Write sticky notes in the chart and print with patient list

Focus on the big picture:

- Major problems, what's keeping them admitted, discharge needs, your plan

Note major meds / doses / timing

Abnormal vitals

Renew expiring orders / meds (if necessary)

Pend TPN

Prep DC med rec, orders and instructions

You won't know everything about your patients on the first day !!! (and this is ok)

Responding to a rapid:

Typically nurses will call the rapid and you will be paged or called

Yellow and Blue seniors should sign into the code pagers during the day!

Yellow: 30071

Blue: 30072

Inform attending of rapid if not already aware

PICU arrives quickly

When intern is comfortable they should present to PICU when they arrive

PICU presentation:

- Identify who called the rapid and why it was called.

- Some reasons to call a rapid

- Neurological changes: AMS/concern for stroke, seizure

- Respiratory: increased WOB, maxed out respiratory support, hypoxic/desats

- Cardiac: tachycardic, bradycardic, hypertensive, hypotensive, arrhythmia

- Bad Feeling

- Proceed with patient one-liner, say what XYZ interventions have been done or are in process. If decompensation was so rapid that no interventions have been possible, communicate that.

- Need to write transfer note, put in transfer order, update the DC summary and give verbal sign out to PICU resident

ADMISSION PROCESS

Adding a patient to the Blue or Yellow team list:

- o Need to assign teams for a patient to be visible to all viewing the list. If you add a patient to the list and don't assign teams the patient will only show up on your list in EPIC
→ right click on patient, choose "assign teams" and choose either "pediatric – blue", "pediatric – yellow" or "pediatric – cardiology". If they are transferred off the service (ie to PICU) you can choose "remove teams" after right clicking on the patient. They will then fall off the list.

To start the admission process click on the admission tab then on the left menu bar choose "admission orders." This will bring you to the admission med rec.

The screenshot displays the EPIC Admission process interface. The top navigation bar includes tabs for Summary, Orders, Chart, Notes, Results, I/O, and Admission. The Admission tab is selected. The left sidebar contains a list of options: Admission Documentation, History, Problem List, Allergies, H & P Notes, Care Teams, Expected Discharge, Place Admission Orders, Cosign Orders, Med Rec Status, Verify Rx Benefits, Outside Meds, Held Orders Report, Release Orders, Pended Orders, and Admission Orders. The Admission Orders option is highlighted with a red box and an arrow. The main content area shows the Admission History section with sub-sections: Birth History (Birth Comments: Mom was GBS +), Medical History (Seizure (HCC/RAF) on 9/15/2022), Surgical History (PEG TUBE PLACEMENT on 2/27/2024), Family History (No known problems for Mother), and Tobacco Use (Never smoked or used smokeless tobacco). A 'Mark as Reviewed' button is visible at the bottom of the main content area.

Click review home medications on the top. It will show all their home medications that appear in the system. Go over each one with the patient and choose when they last took the medication. You can remove a medication the patient is no longer taking by choosing the little red "x" on the far right.

Summary Orders Chart Notes Results I/O Admission

Admission

1. Review Current Orders 2. Review Home Medications 3. Reconcile Home Medications 4. Order Sets

Review Prior to Admission Medications

Medications from outside sources need attention. [Go Reconcile](#)

This is a list of the patient's home medications. Please verify the list and add new medications as needed.

Add Prior to Admission Med [+ Add](#) [Check Interactions](#) [Informants](#) [Find Medications Needing Review](#)

Sort by: Alphabetical [Mark Unselected Today](#) [Mark Unselected Yesterday](#)

UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784) 310-267-8524

Alphabetical	Last Dose	Time	Taking?
acetaminophen 32 mg/mL liquid 5.5 mLs (176 mg total) by Per O Tube route every six (6) hours as needed., Starting Fri 5/3/2024, No Print, Last Dose: Not Recorded	Today Yesterday Past Week Past Month More Than A Month Unknown	Last Dose at	☒ ☐ ☐ ☐ ☐
baclofen 5 mg/mL suspension 5 mLs (25 mg total) by Per G Tube route three (3) times daily. Last Dose: Not Recorded	Today Yesterday Past Week Past Month More Than A Month Unknown	Last Dose at	☒ ☐ ☐ ☐ ☐
budesonide 0.5 mg/2 mL nebulizer solution Take 2 mLs (0.5 mg total) by nebulization two (2) times daily. Last Dose: Not Recorded	Today Yesterday Past Week Past Month More Than A Month Unknown	Last Dose at	☒ ☐ ☐ ☐ ☐

Next choose “reconcile home medications.” This will allow you to order their home medications.

Admission Summary Orders Chart Notes Results I/O View Flo...

Admission

1. Review Current Orders 2. Review Home Medications 3. Reconcile Home Medications 4. Order Sets

Reorder or Review the patient's prior to admission medications.

Med List Status: [+ Add Status Comment](#)

Sort by: Alphabetical [Order Unselected](#) [Don't Order Unselected](#) [Find Unreviewed](#)

Alphabetical

acetaminophen 650 mg CR tablet Take 1 tablet (650 mg total) by mouth every eight (8) hours as needed for Pain., Starting Sat 4/27/2024, Until Fri 5/17/2024 at 2359, Normal, Last Dose: Not Recorded	Order Don't Order Substitute	Refills: 1 ordered Pharmacy: CVS/pharmacy #9567 - SANTA BARBARA, CA - 1835 CLIFF DR
baclofen 5 mg tablet Take 0.5 tablets (2.5 mg total) by mouth every eight (8) hours as needed (muscle spasms), Starting Thu 11/9/2023, Normal Patient not taking. Reported on 1/8/2024, Last Dose: Not Recorded	Order Don't Order Substitute	Refills: 1 ordered Pharmacy: CVS/pharmacy #9567 - SANTA BARBARA, CA - 1835 CLIFF DR
CABOMETYX 60 MG TABS Take 60 mg by mouth daily., Starting Fri 3/1/2024, Historical Med Patient not taking. Reported on 4/1/2024, Last Dose: Not Recorded	Order Don't Order Substitute	
citalopram 10 mg tablet Take 1 tablet (10 mg total) by mouth daily., Starting Mon 4/1/2024, Normal, Last Dose: Not Recorded	Order Don't Order Substitute	Refills: 2 ordered Pharmacy: CVS/pharmacy #9567 - SANTA BARBARA, CA - 1835 CLIFF DR
clobetasol 0.05% cream Apply topically two (2) times daily Apply twice daily over the affected areas of the left leg on damp skin and follow with moisturizer., Starting Tue 9/5/2023, Normal, Last Dose: Not Recorded	Order Don't Order Substitute	Refills: 1 ordered Pharmacy: CVS/pharmacy #9567 - SANTA BARBARA, CA - 1835 CLIFF DR

The admission order set will automatically populate once you click on “order sets.” Click on “admit to inpatient.” You can also choose to admit to observation if you know they will only be inpatient for <2 midnights.

Admission

1. Review Current Orders 2. Review Home Medications 3. Reconcile Home Medications 4. Order Sets

Place New Orders

Order Sets and Pathways

PED General Admission IP Manage User Versions Remove Order Sets

General

Admission

All patients need an *Admit to Inpatient, Place in Observation or Overnight Recovery Order.*

☐ Place in Medical Observation Status
☐ Place in Overnight Recovery in RR/SM
☐ Place in Overnight Recovery in 200MP/SMSC
☐ Admit to PTU
☒ **Admit to Inpatient**

Admission of Adolescents to the Pediatric unit

This patient is over the age of 13, admission to the Pediatric Unit is required due to this patient's acute need for specialized care from Pediatric Nurses, Housestaff and Attending MD's and other pediatric-competent disciplines such as Child Life Services.

☐ Admission of Adolescents to the Pediatric unit

Orders from Order Sets

- PED General Admission IP**
- Notify physician (specify parameters)**
Routine, Until discontinued, Starting today
Temperature less than *** or greater than ***
***, systolic blood pressure less than *** or less than *** or greater than ***
***, respiratory rate less than *** or greater than ***
- Notify physician (specify SpO2 less than...)**
Routine, Until discontinued, Starting today
Pulse oximeter oxygen saturation less than ***
- Notify physician (urine output less than... hours)**
Routine, Until discontinued, Starting today
urine output less than 1mL/kg/hr in 12 hours
- Diet pediatric**
Diet effective now, Starting today at 1940
- Weigh patient daily**
Routine, Daily at 6am, First occurrence tomorrow
- Perform and document RN sepsis screening**
Routine, Once, today at 1940, For 1 occurrence
- Strict intake and output**

The admit to inpatient window will pop-up. The “service” and “provider team” is the hospitalist team. The level of care can be “monitored” if you plan to have them on continuous cardiac or pulse ox, otherwise choose “non-monitored.”

Admit to Inpatient (Non-Attending) Accept Cancel

Process Instructions:

"Transfer Service" is the service ADMITTING the patient, not the ED. Please select the service the patient is being admitted to.

Admitting the patient to Inpatient status, reflects the expectation that the patient will be hospitalized for at least two midnights.

Surgery and post-procedure patients should be admitted to Inpatient status, if they have received prior authorization for admission, or if a change in clinical status requires an Inpatient level of care.

Service:

Admitting Diagnosis:

Level of Care: Non-Monitored Monitored SM only - Intermediate ICU

Isolation: ☐ Airborne ☐ Droplet ☐ Contact ☐ Protective ☐ Contact/Spore ☐ Enhanced Droplet and Contact ☒ **None**

Admitting attending:

Provider Team:

Hospital Area: RONALD REAGAN UCLA... RONALD REAGAN UCLA MEDICAL CENTER SANTA MONICA UCLA MEDICAL CENTER

Remove Existing Provider Teams? No Yes

Admission order: Yes

Bed request comments:

Comments: I have discussed the need for inpatient services for this patient with the Attending Physician who agrees that the stay is exp...

Additional Order Details

Next Required Accept Cancel

You can scroll through the remainder of the admission order-set and order what's appropriate. For the vital sign parameters you can use the dot phrase [.pedsvs] and choose the correct age range for the patient.

Admission

1. Review Current Orders 2. Review Home Medications 3. Reconcile Home Medications 4. Order Sets

▼ Vital Signs

- ☐ Vital signs
Every 2 hours
- ☐ Vital signs
Every 4 hours

▼ Notify Physician

- ☒ Notify physician (specify parameters)
 - Routine, Until discontinued, Starting today at 1940, Until Specified
 - Temperature less than *** or greater than ***, heart rate less than *** or greater than ***, systolic blood pressure less than *** or greater than ***, diastolic blood pressure less than *** or greater than ***, respiratory rate less than *** or greater than ***
- ☒ Notify physician (specify SpO2 less than ***)
 - Routine, Until discontinued, Starting today at 1940, Until Specified
 - Pulse oximeter oxygen saturation less than ***
- ☒ Notify physician (urine output less than 1mL/kg/hr in 12 hours)
 - Routine, Until discontinued, Starting today at 1940, Until Specified
 - urine output less than 1mL/kg/hr in 12 hours

▼ Activity

- Suggestions for Activities

- ☐ Activity per BMAT level for every patient admitted to PICU or PED CTU
Routine, Until discontinued, <https://forms.mednet.ucla.edu/vfc/getPopulatedForm?fac=RR&formNo=16909>
- ☐ Activity as tolerated
- ☐ Ambulate with assistance
- ☐ Out of bed to chair with assistance
- ☐ Patient may shower
- ☐ Strict bed rest
- ☐ Bed rest with bedside commode
- ☐ Bed rest with bathroom privileges
- ☐ Off unit privileges (Patio privileges)
- ☐ Off unit privileges

► Diet/Nutrition Click for mo

- ☒ Diet pediatric
Diet effective now, Starting today at 1940, Until Specified

For vital sign parameters can start typing in the dot phrase [.pedsvs] then choose the appropriate age range for the dot phrases that show up

The order for pediatric central line care is at the bottom of the admission order set. You can also search for it separately. Make sure to order appropriate line care for anyone being admitted with a central line. The orders for alteplase for a clotted line is also in this order set.

Order and Order Set Search

LINE CARE

Order Sets, Panels, & Pathways

	Name	User Version Name
	PED Central Line Care IP	
	ADULT - MIDLINE POST-INSERTION CARE ORDER PANEL (aka Line)	
	ADULT CVC - NON-TUNNELED POST-INSERTION CARE ORDER PA...	
	ADULT CVC - PICC POST-INSERTION CARE ORDER PANEL (aka Line)	
	ADULT CVC - SUBCUTANEOUS INFUSION PORT POST-INSERTION C...	
	ADULT CVC - TUNNELED POST-INSERTION CARE ORDER PANEL (ak...	

Port A Cath Left Chest

- Central Venous Catheter Care, Nur-HS 104

▼ NICU

▶ Heparin flush to maintain a central line for the neonatal ICU

▶ Alteplase (1 mg/1 mL) for occluded/clotted central line for the neonatal ICU

▼ Pediatric Floor, PICU

▼ Heparin flush to maintain a central line for pediatric floor and pediatric ICU

☒ ! Tunneled CVC (Hickman or Broviac)

☐ For patients ≤ 3 kg

☐ For patients 3-12 kg

☐ For patients > 12 kg

☒ ! Non-tunneled CVC (Subclavian/Jugular/Femoral Lines)/PICC/Midline

☐ For neoPICC maintenance infusion and flush

☐ For Subclavian/Jugular/Femoral Lines/pedi-PICC/Midline

☒ ! Subcutaneous Port-a-Cath

☐ For patients ≤ 12 kg

☐ For patients > 12 kg

▼ Alteplase (1 mg/1 mL) for occluded/clotted central line for pediatric floor and pediatric ICU

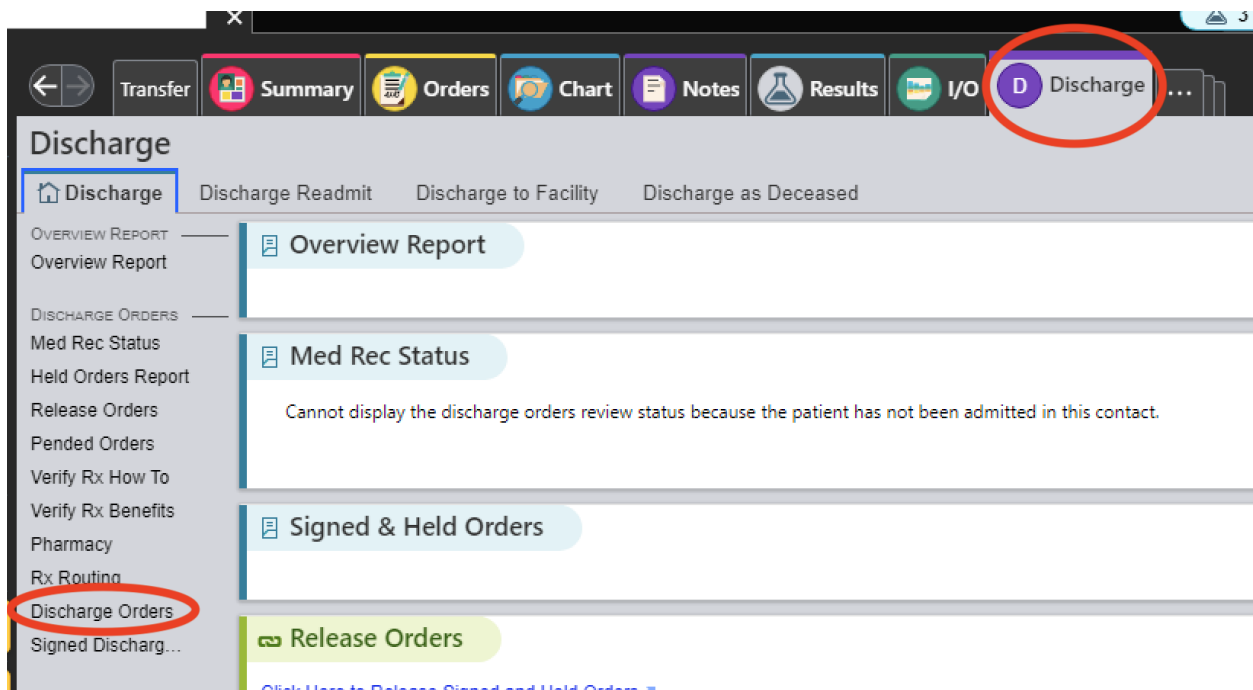
☐ Tunneled CVC (Hickman or Broviac)

☐ Non-tunneled CVC (Subclavian/Jugular/Femoral Lines/UVC/neoPICC/Pedi-PICC)

☐ Subcutaneous Port-a-Cath

DISCHARGE PROCESS

To discharge a patient, start with the discharge tab and then click on “discharge orders” on the left sided menu. **Of note if a patient is being discharged, who was “admitted to inpatient”, and was only admitted for <2 midnights you must order “place in medical observation status” PRIOR to signing the discharge order.**



Once you click discharge orders it will take you to the discharge medications page. Here you can continue/stop home meds and prescribe inpatient meds to their outpatient pharmacy. You can click the pharmacy to change it.

Discharge

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

Sort by: Discharge Outpatient and Inpatient

Home Medications

acetaminophen 32 mg/mL liquid 5.5 mLs (176 mg total) by Per G Tube route every six (6) hours as needed, Starting Fri 5/3/2024, No Print Continued

baclofen 5 mg/mL suspension 5 mLs (25 mg total) by Per G Tube route three (3) times daily, Historical Med Continued

budesonide 0.5 mg/2 mL nebulizer solution Take 2 mLs (0.5 mg total) by nebulization two (2) times daily, Historical Med Continued

cloBAZam 2.5 mg/mL suspension 4 mLs (10 mg total) by Per G Tube route two (2) times daily, Max Daily Amount: 20 mg, Starting Sat 4/27/2024, Normal Refills: 1 of 1 remaining Last dispense: 4/30/2024 at UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784) Continued

cloNIDine 0.3 mg/24 hr patch Place 2 patches (0.6 mg total) onto the skin once a week, Historical Med Note written 5/2/2024 0930: Last placed 4/26/2024 at RR-UCLA, due 5/3/2024 (Edit Note) (Remove Note) Continued

cloNIDine 20 mcg/mL suspension Give 1 mL (20 mcg total) by G Tube route every six (6) hours as needed (neurotorming/agitation), Starting Fri 5/3/2024, Print Refills: 1 ordered Pharmacy: CVS 17415 IN TARGET - PALMDALE, CA - 38019 47TH ST E Continued

diazepam 10 mg rectal gel Place 1 mL (5 mg total) rectally Once as needed, may repeat 1 extra dose for Seizures (seizures > 5 mins or 3 seizures in 20 mins), Starting Sat 4/27/2024, Normal Refills: 1 of 1 remaining Last dispense: 4/30/2024 at UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784) Continued

docosate 10 mg/mL liquid 5 mLs (50 mg total) by Per G Tube route three (3) times daily, Starting Sat 4/27/2024, Normal Prescribed

Inpatient Medications

acetaminophen 32 mg/mL liquid 5.5 mLs (176 mg total) by Per J Tube route every six (6) hours as needed, Starting Wed 5/15/2024, Normal Created from: acetaminophen 32 mg/mL liquid 185.6 mg Prescribed

baclofen 5 mg/mL suspension 5 mLs (25 mg total) by Per J Tube route three (3) times daily, Starting Wed 5/15/2024, Normal Created from: baclofen 5 mg/mL susp 25 mg Prescribed

budesonide 0.5 mg/2 mL nebu soln 0.5 mg 0.5 mg (0.0382 mg/kg), Nebulization, 2 times daily, 34 doses, First dose (after last modification) on Wed 5/8/24 at 0000, Last dose on Fri 5/24/24 at 1200 Protect From Light. Instructions are different. Not Prescribed

cloBAZam 2.5 mg/mL suspension 4 mLs (10 mg total) by Per J Tube route two (2) times daily, Max Daily Amount: 20 mg, Starting Wed 5/15/2024, No Print Created from: cloBAZam susp 10 mg Prescribed

levalbuterol 1.25 mg/0.5 mL nebu soln 1.25 mg 1.25 mg, Nebulization, Every 6 hours, 28 doses, First dose on Wed 5/15/24 at 0030, Last dose on Tue 5/21/24 at 1800 Prescribed

cloNIDine 20 mcg/mL suspension 1 mL (20 mcg total) by Per J Tube route every six (6) hours as needed (neurotorming/agitation), Starting Wed 5/15/2024, Normal Created from: cloNIDine 20 mcg/mL susp 20 mcg Prescribed

Continued for Admission

docosate 10 mg/mL liquid 5 mLs (50 mg total) by Per J Tube route three (3) times daily, Starting Wed 5/15/2024, Normal Prescribed

Discharge Order Rec Order Sets

Edit Multiple \$ Estimates

Place discharge orders or order sets + New

Discharge reconciliation is complete.

After Visit Summary Preview Show All Orders

TAKE these medications

acetaminophen 32 mg/mL liquid 5.5 mLs (176 mg total) by Per G Tube route every six (6) hours as needed, Starting Fri 5/3/2024, No Print

acetaminophen 32 mg/mL liquid 5.5 mLs (176 mg total) by Per J Tube route every six (6) hours as needed, Starting Wed 5/15/2024, Normal

baclofen 5 mg/mL suspension 5 mLs (25 mg total) by Per J Tube route three (3) times daily, Starting Wed 5/15/2024, Normal

cloBAZam 2.5 mg/mL suspension 4 mLs (10 mg total) by Per G Tube route two (2) times daily, Max Daily Amount: 20 mg, Starting Sat 4/27/2024, Normal

cloBAZam 2.5 mg/mL suspension 4 mLs (10 mg total) by Per J Tube route two (2) times daily, Max Daily Amount: 20 mg, Starting Sat 4/27/2024, Normal

cloNIDine 0.3 mg/24 hr patch Place 2 patches (0.6 mg total) onto the skin once a week, Historical Med

cloNIDine 20 mcg/mL suspension Give 1 mL (20 mcg total) by G Tube route every six (6) hours as needed (neurotorming/agitation), Starting Fri 5/3/2024, Print

cloNIDine 20 mcg/mL suspension 1 mL (20 mcg total) by Per J Tube route every six (6) hours as needed (neurotorming/agitation), Starting Wed 5/15/2024, Normal

lactulose 10 g/100 mL suspension Give 10 mLs (10 g total) by G Tube route every six (6) hours as needed (neurotorming/agitation), Starting Fri 5/3/2024, Print

diazepam 10 mg rectal gel Place 1 mL (5 mg total) rectally Once as needed, may repeat 1 extra dose for Seizures (seizures > 5 mins or 3 seizures in 20 mins), Starting Sat 4/27/2024, Normal

UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784) 310-267-8524

Remove All Save Work Sign

If you click on the patient's pharmacy, this window pops up. You can choose another pharmacy from their favorites list or search for a new pharmacy.

Pharmacy Search Either choose from their favorites or search a new pharmacy

Name

Address

City

State ZIP

Phone/Fax

☐ Patient's and clinic's nearby ZIP codes (931xx, 900xx)

Filter Search Results

- ☒ All
- ☐ Mail order
- ☐ 24-hour
- ☐ My organization
- ☐ Retail
- ☐ Specialty
- ☐ Long-Term care
- ☐ DME
- ☐ Compounding

Name	Store No.	E-Rx?	Type	Mail Ord...	Phone	Fax
★ RITE AID #05790 - SANTA BARBARA, CA - 1976 CLIFF DRIVE	05790	Yes	External		805-564-6599	805-899-
★ CVS/pharmacy #9567 - SANTA BARBARA, CA - 1835 CLIFF DR	09567	Yes	External		805-962-8709	805-962-
★ CVS/pharmacy #9612 - Carmel, CA - 6096 THE CROSSROADS	09612	Yes	External		831-624-0148	831-625-
★ CarePlus (CVS Specialty) #2801 - West Hollywood, CA - 8607 Santa Monica Blvd	02801	Yes	External		800-300-1199	310-659-
★ UCLA 16TH STREET PHARMACY (MOB) (310-206-3784)		Yes	Integrated		424-259-8520	424-259-
★ CVS Caremark MAILSERVICE Pharmacy - Wilkes-Barre, PA - One		Yes	External		877-864-7744	800-378-

UCLA 16TH STREET PHARMACY (MOB) (310-206-3784)

P: 424-2
F: 424-2

Address 1223 16th Street
Room 1202
Santa Monica CA 90404

Operation
Hours: Mon-Fri 8AM-6PM, Saturdays & Hc 8AM-5PM (Closed 1PM-2PM for lunch); Cl Sundays
E-Prescribing
E-Prescribing controlled substances

If you want to change the pharmacy the meds are sent to, but already signed the discharge meds:
Click on the meds and edit them ☐ click the pencil icon for each med you want re-routed then close the window (you don't actually have to make any changes to meds). This makes the system think the med has been changed and a new script needs to be sent. Then re-sign the discharge med orders and it should re-route the meds. You should then contact the previous pharmacy and let them know the meds have been re-routed so they can stop the prescriptions from being sent to the patient's insurance. If you don't do this the medications can be denied by insurance at the new pharmacy since it looks like they have already been filled.

To ensure you sent the medications to the right pharmacy you can choose “preview AVS” from the discharge tab and it will list the medications and the pharmacy they have been sent to.

The screenshot shows the 'Discharge' module interface. At the top, there is a navigation bar with icons for Transfer, Summary, Orders, Chart, Notes, Results, I/O, and Discharge (highlighted with a 'D' icon). Below this, the 'Discharge' section is active, showing sub-tabs: Discharge Readmit, Discharge to Facility, and Discharge as Deceased. The left sidebar lists various options: Overview Report, Discharge Orders, Med Rec Status, Held Orders Report, Release Orders, Pended Orders, Verify Rx How To, Verify Rx Benefits, Pharmacy, Rx Routing, Discharge Orders, Signed Discharg..., ONCOLOGY, Synopsis, Perf Status, Episodes, DISCHARGE DOCUMENTATION, Add Med Details, Pt Instructions, Problem List, AFTER VISIT SUMMARY, Preview AVS (circled in red), and DISCHARGE SUMMARY. The main content area displays several sections: 'Overview Report', 'Med Rec Status' (with a message: 'Cannot display the discharge orders review status because the patient has not been admitted in this contact.'), 'Signed & Held Orders', 'Release Orders' (with a link: 'Click Here to Release Signed and Held Orders'), 'Pended Orders' (with explanatory text and a 'View pended orders' link), and 'Verify Rx How To' (with a link: 'How to Use the "\$ Estimates" Button for Real Time Prescription Ben'). At the bottom right, there is a status for 'All Pended Orders' showing 'None'.

After Visit Summary

Selected Documents

IP After Visit Summary

Meducation

Available Documents

Interfacility Report

COVID Lab Result Verifica...

COVID Immunization Verifi...

Resolve these issues before printing

Please enter and sign the patient discharge order before attempting to print the AVS/Interfacility Report.

Problem list reconciliation is not complete for this admission.

IP After Visit Summary

Selected to print

Edit AVS

What changed: You were already taking a medication with the same name, and this prescription was added. Make sure you understand how and when to take each.

* This list has 28 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.

Where to pick up your medications



Pick up these medications at **UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784)**
 acetaminophen • baclofen • docusate • levalbuterol • levETIRAcetam • metoclopramide • ondansetron ODT • pediatric multivitamin (2 prescriptions) • Rufinamide • sennosides • simethicone

Address: 662 Gayley Avenue Room B-140B, Los Angeles CA 90095
 Hours: Mon-Fri 8AM-9PM, Sat 8AM-7PM, Sun/Holidays 8AM-5PM (Closed 1PM-2PM for lunch)
 Phone: 310-267-8524

Change Font Size

Also helpful: Have the "DC Rx Status" as a column on your patient list. If the medications are sent to our outpatient pharmacy you can see whether or not they are ready for pickup.

Silver 16 Patients										Refreshed just now			Search All Admitted P...		
Room/Bec	Unit	Patient Name	Age/Sex	MRN	Attending	Primary Intern	DC Order Written	Discharge Med Rec Complete?	Code Status Text	Problem	Bed Requi Status	My Sticky Note Text	DC Rx Status	Expirin Rslt Orders Flag	New
3513/A	RR 3F		11 y.o. / F				—	✓	FULL	Guillain Barré syndrome (HCC/RAF)...	—	—	—	—	!!
3515/A	RR 3F		10 y.o. / M				—	⚠	FULL	Coccidioido...	—	—	—	!	!
3521/A	RR 3F		2 m.o. / F										—	—	!!
3525/A	RR 3F		14 y.o. / M										—	!	!!
3531/A	RR 3F		13 m.o. / M										—	!	!!
3539/A	RR 3F		14 y.o. / M										—	!	!
3539/B	RR 3F		14 y.o. / M										—	!	—
5313/A	RR 5W		17 y.o. / M										—	—	!!
5317/A	RR 5W		4 y.o. / F										—	—	!
5319/A	RR 5W		15 y.o. / M										—	!	!
5321/A	RR 5W		11 y.o. / F										—	!	!!
5329/A	RR 5W		6 m.o. / M										—	—	!!
5339/A	RR 5W		4 y.o. / F										—	—	!
5347/A	RR 5W		12 y.o. / M										—	—	!
5351/A	RR 5W		12 m.o. / F										—	—	!
5355/A	RR 5W		11 m.o. / F										—	—	!

Discharge Prescriptions

UCLA MEDICAL PLAZA LEVEL 4 PHARMACY (310-206-3784) (Mailout) 310-794-7452

Status: Medication

Ready to Dispense: cloNIDine 20 mcg/mL suspension
Rx #: Z0368822

Ready to Dispense: pantoprazole 2 mg/mL suspension
Rx #: Z0368823

UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784) 310-267-8524

Status: Medication

Ready to Dispense: Pediatric Multiple Vitamins (PEDIATRIC MULTIVITAMIN) solution
Rx #: R1193502

Ready to Dispense: acetaminophen 32 mg/mL liquid
Rx #: R1198395

Ready to Dispense: ondansetron ODT 4 mg disintegrating tablet
Rx #: R1198402

Ready to Dispense: sennosides 8.8 mg/5 mL syrup
Rx #: R1198405

In Progress: baclofen 5 mg/mL suspension
Rx #: R1198396

In Progress: docusate 10 mg/mL liquid
Rx #: R1198398

In Progress: levalbuterol 0.63 mg/3 mL nebulizer solution
Rx #: R1198399

In Progress: levETIRAcetam 100 mg/mL solution
Rx #: R1198400

In Progress: metoclopramide 1 mg/mL solution
Rx #: R1198401

In Progress: Rufinamide 40 mg/mL suspension
Rx #: R1198404

In Progress: simethicone 40 mg/0.6 mL susp
Rx #: R1198406

In Progress: Pediatric Multiple Vitamins (PEDIATRIC MULTIVITAMIN) solution
Rx #: R1198407

If a patient is being transferred to an outside facility and you don't want to send their medications to a pharmacy, you can choose the "no print" option. This will allow their medication list to be printed, but no meds will be routed to a pharmacy when you sign the discharge med orders.

Discharge

Discharge ReadmitDischarge to Facility

OVERVIEW REPORT

Overview Report

DISCHARGE ORDERS

Med Rec Status

Held Orders Report

Release Orders

Pended Orders

Verify Rx How To

Verify Rx Benefits

Pharmacy

Rx Routing

Discharge Orders

Signed Discharge...

Med Reconciliation

Go to Medication Reconciliation

Signed Discharge Orders

Notify Provider Orders

(From admission, onward)

> Call doctor for: temperature over 1

> Call doctor for: persistent vomiting

> Call doctor for: low urine output (l

> Call doctor for: inability to obtain

Discharge

Discharge ReadmitDischarge to FacilityDischarge as Deceased

OVERVIEW REPORT

Overview Report

DISCHARGE ORDERS

Med Rec Status

Held Orders Report

Release Orders

Pended Orders

Verify Rx How To

Verify Rx Benefits

Pharmacy

Rx Routing

Discharge Orders

Prescription Routing - MUST SELECT A ROUTING OPTION

Time taken: 5/17/20241128MoreShow Last Filed Valu

Default Order Class

For Discharge Rx

0=ePrescribe (Normal)12=Print10=No Print

RestoreCloseCancel

Med Reconciliation

Discharge Medication Overview

This document describes the discharge medication workflow and provides tips and best practices to help patients receive their medications on time.



For questions call the UCLA RONALD REAGAON OUTPATIENT PHARMACY (RR) prescriber line at **78531**.
For time sensitive questions call the Meds-to-Beds/Discharge pharmacist at **79990**.

Workflow

Provider orders discharge medication(s) in CareConnect

- Select med with house icon 
- Choose/confirm UCLA RONALD REAGAN OUTPATIENT PHARMACY



UCLA RONALD REAGAN OUTPATIENT PHARMACY receives prescription

Runs eligibility claim with insurance. Notified immediately if Prior Authorization (PA) required. If PA is required:

- Pharmacy staff submit PA documentation to the insurance company.
- Pharmacy staff notify provider and send MyChart message to patient.

Check to make sure they have the medication in stock. If medication out of stock:

- Pharmacy staff order medication.
- Pharmacy staff notify provider and send MyChart message to patient.

If no PA required, and medication in stock, pharmacy fill prescription. DC Rx Status updates in CareConnect

Viewing Prescription Fill Status in CareConnect

Use the **DC Rx Status** column in Patient Lists to view fill status, cost, and the receiving pharmacy. Hover over the icon for details, or double-click the icon to open a report with additional information, including prior authorization (PA) status.

The screenshot shows the careCONNECT interface. On the left, the 'Patient Lists' panel shows 'My Lists' with '5W' selected. The main area displays 'Discharge Prescriptions' for 'UCLA MED PLAZA LEVEL 1 AND SPECIALTY PHARMACY (310-206-3784) (Mailout)'. The list includes medications like 'interferon gamma-1b (ACTIMMUNE) 2000000 unit/0.5mL injection' and 'insulin syringe needle U-100 31G X 5/16" 1 mL syringe'. A sidebar on the right contains icons for 'DC Rx Stat', 'Mortar and pestle', 'Carry bag', 'Checkmark', and 'Lock icon'.

Icon meanings:

- (Mortar and pestle) — Fill in progress
- (Carry bag) — Ready for pickup
- Checkmark — Filled and picked up
- Lock icon — Controlled medications present

Double-click the icon to open Discharge Meds report.
Click the date to see the PA status.

The screenshot shows the 'Discharge Meds for' window. It includes a 'Prescription Fills Report (Key/Legend)' section with definitions for 'Pending Fill Status', 'Ready to Fill, Fill Initiated, Filled, or Ready to Verify Status', and 'Ready to Dispense Status'. Below this, a table lists prescription fills from 1/3/2026 to 2/2/2026. The table has columns for Date, Rx #, Medication, Authorizing Provider, Quantity, and Patient Price. A red arrow points to the 'Date' column header.

Date	Rx #	Medication	Authorizing Provider	Quantity	Patient Price
1/30/2026	UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784)	CRESEMBA 186 MG capsule NDC: 0469-0520-02 ASTELLAS		112 capsules Day Supply: 28	\$0.00
1/29/2026	UCLA MED PLAZA LEVEL 1 AND SPECIALTY PHARMACY (310-206-3784) (Mailout)	ACTIMMUNE 100 MCG/0.5ML injection NDC: 75987-111-11 AMGEN		6 mLs Day Supply: 21	\$0.00

Discharge Meds for

Fill Report

Rx #: chlorothiazide 250 mg/5 mL suspension [831398316]

Product
 DIURIL 250 MG/5ML suspension
 NDC: 65649-311-12 (237 mL Bottle)
 Discard after: 1/18/2027
 Start taking: --
 Day supply: 99
 Quantity: 237 mLs

Fill Information
 Patient:
 Fill status: Fill Initiated
 Fill Type: First Fill
 Requested from: Discharge

Dispensed by
 UCLA RONALD REAGAN OUTPATIENT PHARM (310-206-3784)
 757 Westwood Plaza Suite 8140, Los Angeles CA 90095
 Phone: 310-267-8524 Fax: 310-267-3661
 DEA #: FR0714940

Billing Information
 Patient charge: \$0.00
 Prior Authorization: Approved
 Cash price: \$103.92
 Covered Amount: \$85.82
 Plan Price: \$103.92
 Relationship to Patient: Mother
 Service Area: UCLA HEALTH SYSTEM

Billed Remainder To:

Best Practices

- Send new prescriptions at least **2 days before** the expected discharge date to RR pharmacy.
- Send previous (not-new) prescriptions to the patient's preferred pharmacy, or RR pharmacy if none is listed.
- Hazardous compounds (e.g., tacrolimus suspension) must be routed to **Walgreens Specialty Pharmacy** at 1399 S Roxbury Dr #200, Los Angeles, CA 90035.
- For urgent issues on discharge day, call the Meds-to-Beds pharmacist at **79990**.
- PA-required medications (e.g., **Neulasta**, **Cresembe**) often cause delays—send prescription as early as possible.
- The day before discharge, call the RR prescriber line (**78531**) to check prescription status. You may also call the Meds-to-Beds/Discharge pharmacist (**79990**) for help troubleshooting.
- Use the Discharge/Outpatient orders tab to order prescriptions that require PA.

Orders > Discharge/Outpatient tab.

Summary Chart Results Synopsis I/O Problems History Notes Rounding Orders

Orders

Active Signed & Held Pending Cosign Order History **Discharge/Outpatient** Recurring Treatment

Description

The "Discharge/Outpatient" orders tab is meant to help plan for discharge by sending prescriptions, referrals, and procedures that require more time to coordinate, approve, or schedule.

Please use this to place outpatient orders for:

1. Prescriptions that require prior authorizations or additional insurance approval
2. Referrals to primary or subspecialty clinics (particularly if the patient needs to be seen within 1 week of discharge, or if the clinic has a long waiting line)
3. Procedures that require early schedule or have a long wait time

Please use the link below for Discharge medication reconciliation.

[Complete Discharge Medication Reconciliation](#)

Tips

- PA status can be viewed in the Discharge meds report.

- Typical turnaround time for urgent prior authorizations is **24 business hours**.
- Usual turnaround time for medications that need to be ordered is **24 hours Monday–Thursday**. Friday orders are received on Monday.
- The RR pharmacists can internally transfer any prescriptions (e.g. compounded Pharm Tech lab (PTL) items to Med Plaza Level 4 or specialty prescriptions to Med Plaza Level 1. **Exception: Tacrolimus suspension and other hazardous compounds** must be sent directly to Walgreens Specialty on Roxbury.
- The RR staff will notify the RN/CSW for any insurance or funding issues.
- Add the **DC Rx Status** column to your patient lists.

The screenshot shows the 'Patient Lists' interface. On the left, there's a sidebar with 'My Lists' and 'Available Lists'. The main area is titled 'My List Editor [771269]'. It has tabs for 'General', 'Criteria', 'Advanced', and 'Epic Monitor'. The 'General' tab is active. It shows fields for 'Name' (5W) and 'Owner' (AYNBINDER, BORIS). Below these, there's a section 'Available Columns' with a search bar containing 'dc rx status' and a result showing 'DC Rx Status' with a description. At the bottom, there's a 'Selected Columns' section which is currently empty.

Six locations

- CHS Pharmacy
- Specialty Pharmacy
- 200 Medical Plaza Pharmacy, 4th floor
- Santa Monica 16th Street Pharmacy
- Ronald Reagan UCLA Medical Center Outpatient Pharmacy
- West Valley Outpatient Pharmacy (*Opening April 2026*)

More [About UCLA pharmacies](#)

Prior Authorization

Prior authorization (PA) is when your health insurance requires additional documentation before they will pay for a prescription. It's essentially the insurer asking: "Is this medication really necessary, and does it meet our coverage criteria?"

Common reasons a medication requires PA:

- High cost
- Brand-name ordered when a lower-cost generic is available
- Safety risks
- Commonly mis prescribed

Find the discharge order set by clicking the order set tab or searching “ped discharge” in the DC orders. This is where you will find the actual “discharge to home” order along with patient return precautions and the order for follow up appointments.

Discharge

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

Place New Orders

Order Sets and Pathways

Suggestions

- ☐ Adult Discharge to Facility IP
- ☐ Adult Discharge To Home
- ☐ Home Health
- ☐ PED Acute Pain IP
- ☐ PED Discharge to Home or Facility IP
- ☐ PED Discharge to Home or Facility IP - Spanish

Favorites

- ☐ Electrolyte Replacement Protocol
- ☐ PED Acute Pain IP
- ☐ PED Asthma Admission
- ☐ PED Bronchiolitis Admission
- ☐ PED Diabetic Ketoacidosis (DKA) Admission IP
- ☐ PED Discharge to Home or Facility IP
- ☐ PED Eating Disorder Admission Order Set
- ☐ PED General Admission IP
- ☐ PED Hyperbilirubinemia Admission IP
- ☐ PED Intravenous Immune Globulin (IVIG) (Gamunex) Infusion for Pediatric Indication Focused IP
- ☐ PED LVR TXP Admission
- ☐ PED NEU Epilepsy Floor Admission IP
- ☐ PED NICU Admission IP
- ☐ Peds Electrolyte Replacement Protocol (Non-ICU)

Previous Next

Discharge

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

PED Discharge to Home or Facility IP

Manage User Versions Remove Order Sets

Before placing discharge orders, ensure that the medication reconciliation and discharge diagnoses/problem list are accurate and updated

General

Discharge

- ☐ Discharge to home/self-care
S, Home or Self Care
- ☐ Discharge with home health
S, Home Health Service
- ☐ Discharge to home hospice
S, Hospice Care at Home
- ☐ Discharge to inpatient rehab facility
S, Inpatient Rehab Facility or Unit (not UCLA)
- ☐ Discharge to residential care facility
S, Residential Care Facility
- ☐ Discharge to other
S

Activity/Care/Return to Work and School Instructions Click for more

Diet Click for more

Nursing/ Inpatient Orders Click for more

Return Precautions

Please select the return precautions that apply specifically to the patient

- ☐ Call doctor for: temperature over 100.4 F (38 C)
- ☐ Call doctor for: inability to eat or drink
- ☐ Call doctor for: bloody or black stools
- ☐ Call doctor for: persistent vomiting or bloody, black, or green vomiting
- ☐ Call doctor for: extreme fatigue, not waking to feed, or difficult to arouse
- ☐ Call doctor for: low urine output (less than 4 wet diapers in 24 hours, no urine for more than 8 hours, or significant change in urination pattern)
- ☐ Call doctor for: redness, swelling, tenderness, or drainage from surgical site
- ☐ Call doctor for: inability to obtain medications
- ☐ Call doctor for: worsening seizures

In the discharge to home order you can write instructions to make it a conditional discharge, if applicable. Example below.

Discharge Patient Pending last dose of antibiotics ✓ Accept ✗ Cancel

Disposition: Home or Self Care Home or Self Care Hospice Inpatient Care Facility AMA - Left Against Medical Advice

Discharge Date & Time: 5/16/2024 Today Tomorrow

Before Noon Noon-2pm NPH After 2pm RR/SM 2-5pm RR/SM After 5pm

Comments: Insert SmartText 100%

If going to rehab or some other inpatient facility can find description in this drop down

Pending last dose of antibiotics

You can always add a conditional discharge order with instructions here

Next Required ✓ Accept ✗ Cancel

The return precautions you choose will show up on the patient's AVS

Discharge ? □

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

▼ Return Precautions

Please select the return precautions that apply specifically to the patient

☐ Call doctor for: temperature over 100.4 F (38 C)

☐ Call doctor for: inability to eat or drink

☐ Call doctor for: bloody or black stools

☐ Call doctor for: persistent vomiting or bloody, black, or green vomiting

☐ Call doctor for: extreme fatigue, not waking to feed, or difficult to arouse

☐ Call doctor for: low urine output (less than 4 wet diapers in 24 hours, no urine for more than 8 hours, or significant change in urination pattern)

☐ Call doctor for: redness, swelling, tenderness, or drainage from surgical site

☐ Call doctor for: inability to obtain medications

☐ Call doctor for: worsening seizures

☐ Call doctor for: difficulty breathing

☐ Call doctor for general newborn concerns: fever of 100.4 F (38 C) or higher, extreme fatigue/not waking for multiple feeds, increased fussiness/inconsolable crying, worsening jaundice/yellowness of skin, projectile or persistent vomiting, bloody or bright green vomiting, bloody or black stools, less than 4 wet diapers per 24 hours, difficulty breathing, redness or signs of infection around umbilical cord, significant change in behavior, or any other concerns

Check any of the boxes that apply to your patient

To schedule a patient a follow up appointment:

Discharge

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

☐ Call doctor for emergency breathing

☐ Call doctor for general newborn concerns: fever of 100.4 F (38 C) or higher, extreme fatigue/not waking for mu fussiness/inconsolable crying, worsening jaundice/yellowness of skin, projectile or persistent vomiting, bloody or bloody or black stools, less than 4 wet diapers per 24 hours, difficulty breathing, redness or signs of infection aro significant change in behavior, or any other concerns

☐ Call your specialist for any of these symptoms

☐ Call doctor for:

☐ Call your primary care doctor or go to nearest emergency room for any of these symptoms

► Durable Medical Equipment

▼ Follow-up Appt

☒ We will schedule and contact you with follow up appointment(s)

☐ Ped - We will schedule your follow-up appointment

☐ Ped - We will schedule your follow-up appointment

☐ Ped - We will schedule your follow-up appointment

☐ Ped - We will schedule your follow-up appointment

☐ Follow-up appointment(s) already scheduled

☐ Call to schedule follow-up appointment with primary care provider

Reason: post-hospitalization follow-up Time Frame: {Ped Follow-Up Time Frame:36726}

Check a "Ped - we will schedule...." box for every follow-up appointment needed (ie one for cards, one for GI, one for ID etc)

The discharge coordinator will call the patient to schedule these follow up appointments

Ped - We will schedule your follow-up appointment - Accept Cancel

Active Follow-Up Appointment Requests from Current Admission (From admission, onward)
None

Scheduled Follow-Up Appointments (Next 5)
This patient does not currently have any appointments scheduled.

Priority: Routine Routine STAT

Process Instructions: Choose STAT priority if appointment needs to occur < 7 days post-discharge. Do NOT use this order if the requested Clinic Visit is associated with an Infusion Center Appointment for the same specialty on the same day.

Pediatric Specialty:

Appt Time Frame: Within 24 hours 1-3 days <1 week 1 month 3 months 6 months 1 year

Preferred Physician: First available Resident/Fellow clinic Specific physician(s), please specify

Appt Type: In-Person Video visit Family/patient preference

Reason for Appt: Post-hospitalization follow-up Diagnosis/other, please specify

Comments: Insert SmartText 100%

Scheduling Instructions: [+ Add Scheduling Instructions](#)

Additional Order Details

Next Required Accept Cancel

After filling in the appropriate information and signing this order the DC coordinator will call the patient to schedule the appointment



Does your patient qualify for the Medical Home Program at UCLA?

ENROLLMENT ELIGIBILITY CRITERIA

- Willingness to transfer primary care to UCLA Children's Health Center (200 Med Plaza)
- Medi-Cal insurance accepted at UCLA Children's Health Center for primary care
- Condition for which patient receives [CCS](#)
- At least one other chronic condition requiring subspecialty services
- If heme/onc patient: off chemo at least 6 months
- If transplant patient: post-transplant at least 12 months
-

HOW TO REFER A PATIENT TO MEDICAL HOME PROGRAM

- Send email (pedsmedicalhome@mednet.ucla.edu) or CareConnect Staff message (*Peds Medical Home Pool*) with pt name/MRN and diagnoses
- Please note that until the patient is enrolled by us in clinic, we can't do care coordination (i.e. we can't do discharge planning)

If your patient is already enrolled in the Medical Home

WHEN A MEDICAL HOME PATIENT IS ADMITTED

- Anyone from inpatient team contact Siem by e-mail, Careconnect staff message, or phone
- Agree on plan for further communication during hospitalization and how we can help

WHEN A MEDICAL HOME PATIENT IS READY FOR DISCHARGE (24-48 HOURS PRIOR)

- Brief handoff - hospital course, status changes, pending issues, follow-up plan

MEDICAL HOME CONTACT INFO

Office Phone: 310-825-0867 ext 171924

Program E-mail: pedsmedicalhome@mednet.ucla.edu

Program Website: www.uclahealth.org/medicalhome

Program Clinical Structure: **Attendings** (Anderson, Lee, Lerner, Peralta, Yazdani), **PCC Residents**

Nurse Practitioner (Siem Ia), **Family Coordinators** (Danika Pineda, Ana Morales, Mityza Duran, Vanessa Alvarado)

All patients are assigned to a primary Medical Home Attending and primary Medical Home Family Coordinator

Medical Director

Carlos Lerner, M.D., M.Phil.

Medical Home Attending Doctors

Martin Anderson, M.D., M.P.H.

James Lee, M.D.

Jennifer Peralta, M.D.

Shahram Yazdani, M.D.

Nurse Practitioner

Siem Ia, MS, RN, CPNP-PC

Social Worker

Lilia Castillo, MSW

Family Coordinators

Vanessa Alvarado

Mityza Duran

Ana Morales

Danika Pineda

200 Medical Plaza Ste 265, Los Angeles, California 90095-1743

Office: (310) 825-0867 Ext. 171924 • Fax: (310) 267-0261

If your patient will be getting outpatient labs after discharge you can order them through the discharge orders tab. An example for a CBC is below. This will allow them to go to any UCLA lab to get them drawn and the lab requisition will already be in the system. You can also order these labs through the home health order set.

Discharge

*Fix Prior to Admission Meds

1. Review Orders for Discharge

2. Order Sets

Sort by: Discharge Outpatient and Inpatient

Find Unreviewed

Home Medications

Inpatient Medications

acetaminophen 650 mg CR tablet

Take 1 tablet (650 mg total) by mouth every eight (8) hours as needed for Pain. Starting Sat 4/27/2024. Until Fri 5/3/2024. Take 1 tablet (650 mg total) by mouth

Discharge Order Rec

Order Sets

Edit Multiple

Estimates

cbd

After Visit

CBC & Auto Differential - type: Lab, code: LAB293

During Visit

CBC & Auto Differential - type: Lab, code: LAB293

CBC & Auto Differential

Accept Cancel

Reference Links:

UCLA Test Directory Information

Add-on:

No add-on specimen found

Status:

Normal

Standing

Future

Expected Date:

Today

Tomorrow

1 Week

2 Weeks

1 Month

3 Months

6 Months

Approx.

Expires:

5/16/2025

1 Month

2 Months

3 Months

4 Months

6 Months

1 Year

Class:

Lab Collect

Lab Collect

Clinic Collect - Today

Clinic Collect - Future Appt

Priority:

Routine

Routine

STAT

Resulting Agency:

RONALD REAGAN UCLA...

Provider #1 to CC on Lab Results

Provider #2 to CC on Lab Results

Provider #3 to CC on Lab Results

Comments:

Insert SmartText

100%

Modifiers:

Additional Order Details

Next Required

Accept

Cancel

Remove All

Say

Future Labs / Studies

Accept

Cancel

Status:

Normal

Standing

Future

Priority:

Routine

Routine

STAT

Class:

Clinic Performed

Hospital Performed

Comments:

(Use this option to let patients know what labs or imaging they need after discharge. FYI this cannot be used to order labs or imaging, you still need to place these orders separately.)

The Comments field contains unfilled variables (****) or SmartLists.

Scheduling Instructions:

Add Scheduling Instructions

Additional Order Details

Next Required

Accept

Cancel

will not likely affect patient management can be removed.

Pending Labs

Pending Labs: The following tests have been collected, but not yet resulted at the time of discharge. *** The following labs have a preliminary result at the time of discharge. Please check back if the final results have changed. @LABSPRELIM@

Future Labs / Studies

Clinic Performed, *** (Use this option to let patients know what labs or imaging they need after discharge. FYI this cannot be used to order labs or imaging, you still need to place these orders separately.)

Additional SmartSet Orders

You can use this order to type in the lab information / instructions so it shows up on the patient's AVS

22

Add specific instructions for the patient under the “Pt instructions” tab.

The screenshot shows the 'Discharge' module interface. At the top, there is a navigation bar with tabs: Transfer, Summary, Orders, Chart, Notes, Results, I/O, and Discharge (selected). Below this, the 'Discharge' section is active, showing sub-tabs: Discharge Readmit, Discharge to Facility, and Discharge as Deceased. The left sidebar contains a list of navigation items: Overview Report, Discharge Orders, Med Rec Status, Held Orders Report, Release Orders, Pended Orders, Verify Rx How To, Verify Rx Benefits, Pharmacy, Rx Routing, Discharge Orders, Signed Discharge..., Oncology, Synopsis, Perf Status, Episodes, Discharge Documentation, Add Med Details, Pt Instructions (circled in red), and Problem List. The main content area displays the following sections:

- Overview Report**: A section with a refresh icon.
- Med Rec Status**: A section with a refresh icon. Below the title, it states: "Cannot display the discharge orders review status because the patient has not been admitted in this contact."
- Signed & Held Orders**: A section with a refresh icon.
- Release Orders**: A section with a refresh icon. Below the title, it contains a link: "Click Here to Release Signed and Held Orders".
- Pended Orders**: A section with a refresh icon. Below the title, it contains the text: "What are pended orders? Pended orders have not been signed and are in a 'draft' status. Nurses and other clinicians cannot see these orders until a provider reviews and signs the orders. View pended orders".

At the bottom right of the Pended Orders section, there is a summary: "All Pended Orders: None".

You can add free text instructions and/or use the dot phrase [.pedsresdcinstruc], there is a Spanish version of this dot phrase as well.

Discharge

Discharge

Discharge Readmit

Discharge to Facility

Discharge as Deceased

OVERVIEW REPORT
Overview Report

DISCHARGE ORDERS
Med Rec Status
Held Orders Report
Release Orders
Pended Orders
Verify Rx How To
Verify Rx Benefits
Pharmacy
Rx Routing
Discharge Orders
Signed Discharge...

ONCOLOGY
Synopsis
Perf Status
Episodes

DISCHARGE DOCUMENTATION
Add Med Details
Pt Instructions
Asthma Action Plan
Problem List

AFTER VISIT SUMMARY

Patient Instructions (F3 to enlarge)

+ Add

Clinical References

+ Acid Reflux, Medicines for (English)

+ Affects Your Throat, How Acid Reflux (English)

+ CHEST PAIN, UNCERTAIN CAUSE (TODDLER) (ENGLISH)

+ Acid Reflux, Tips to Control (English)

+ CHEST PAIN, NONCARDIAC (TODDLER) (ENGLISH)

+ Digestive System, Anatomy of the Pediatric



B



abc



Pediatric Discharge Instructions

PLEASE BRING THIS DOCUMENT TO YOUR PEDIATRICIAN APPOINTMENT

Thank you for allowing us to participate in Olivia's care.

Diagnosis:

Patient Active Problem List

Diagnosis

- Failure to thrive (child)
- Gastroesophageal reflux disease with hiatal hernia
- Failure to thrive (0-17)
- Seizure (HCC/RAF)

You can free text instructions into this area and can also use the following dot phrase: [.PEDSRESDCINSTRUC]
There is also a spanish version

Last Modified by

Restore

Close

Asthma Action Plan Workflow for Providers

The following Tip Sheet details where and when providers will see the dynamic Asthma Action Plan link in the Admission and Discharge Navigators.

Asthma Action Plan upon Admission

If an existing Asthma Action Plan exists for a patient, providers will see the Asthma Action Plan link in the Admission navigator. Providers should review / update / complete documentation as needed at this time.

Admission

ADMISSION DOCUMENTATION

History

SOGI Smartform

Foreign Travel

Problem List

Asthma Action Plan

Allergies

Care Teams

Expected Discha...

Immunizations

PLACE ADMISSION ORDERS

Cosign Orders

Med Rec Status

Verify Rx Benefits

Outside Meds

Held Orders Report

Release Orders

Pended Orders

Admission Orders

WRITE ADMISSION NOTE

H & P Notes

BESTPRACTICE ADVISORIES

BestPractice

CHARGES

Charge Capture

Asthma Action Plan

Signed by Kulkarni, Deepa D., MD on 9/5/2023 at 11:34 AM

This asthma action has been signed. Making changes to this plan will require it to be signed again.

Asthma Action Plan

☒ Viewable in reports

☐ Patient declines asthma action plan

Asthma severity:

intermittent

mild persistent

moderate persistent

severe persistent

exercise induced bronchospasm

Asthma triggers:

animal dander

dust mites

cockroaches

indoor mold

pollen

outdoor mold

tobacco smoke

smoke, odors, and sprays

vacuum cleaning

exercise

respiratory infection

Best peak flow:

50

Recalculate zone peak flow ranges

Green Zone

Peak flow: more than

40

No cough, wheeze, chest tightness, or shortness of breath during the day or night, and you can do usual activities

Inhaled Medication	Inhaled Medication Dose	Inhaled Medication Frequency
Beclomethasone (QVAR) [4]	2 Puffs [2]	Once daily [1]

Other Medication	Other Medication Dose	Other Medication Frequency
Montelukast (Singulair) [1]	5mg [4]	Once daily [3]

Pre-Exercise Medication	Pre-Exercise Medication Dose	Pre-Exercise Medication Frequency
Albuterol (ProAir, Ventolin, Proventil) [1]	2 Puffs [2]	Prior to exercise [1]

Other instructions:

Test green section

Asthma Action Plan Upon Discharge

The Asthma Action Plan link will also show up in the Discharge Navigator if certain asthma medications were given during the patient's ED or admission encounter. These medications include: **Albuterol** or **Levalbuterol**.

Providers should once again update / complete documentation as needed at this time.

Once signed, the Asthma Action Plan will automatically appear in the After Visit Summary. The updated SmartForm will also be available for review / modification by future providers across encounters.

The screenshot displays the Epic EMR interface for patient Bardy, Testguy. The left sidebar shows patient information, including MRN, CSN, and a list of active medications. The main content area is titled 'Discharge' and features the 'Asthma Action Plan' form. A warning banner at the top states: 'Warning: this patient's asthma action plan has not been signed!'. The form includes sections for Asthma severity (intermittent, mild persistent, moderate persistent, severe persistent), Asthma triggers (animal dander, dust mites, cockroaches, indoor mold, pollen, outdoor mold, tobacco smoke, smoke, odors, and sprays, vacuum cleaning, exercise, respiratory infection), Best peak flow, and a 'Green Zone' section. The 'Green Zone' section includes a peak flow range and a statement: 'No cough, wheeze, chest tightness, or shortness of breath during the day or night, and you can do usual activities'. Below this, there are tables for medication frequency, including Inhaled Medication, Other Medication, and Pre-Exercise Medication. The form also includes a section for 'Other instructions' with a text area and a '100%' scale.

DME and HOME HEALTH orders: If you have a patient admitted that you anticipate will need home health orders / and or DME prior to discharge, order them AS SOON AS POSSIBLE. Often these orders need prior authorization from insurance and if ordered too late this process can hold up discharge.

You can find the Home Health order set under the order set tab or by searching in the discharge orders. This is where you will find most of the home health orders for discharge including PICC/CVC line care supplies, GT/NGT supplies, IV antibiotics, formula feeds, TPN, outpatient labs etc. Case managers can also help with these orders and their specifics.

Discharge

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

Place New Orders

Order Sets and Pathways

Suggestions

- ☐ Adult Discharge to Facility IP
- ☐ Adult Discharge To Home
- ☒ Home Health

Favorites

- ☐ Electrolyte Replacement Protocol
- ☐ PED Acute Pain IP
- ☐ PED Asthma Admission
- ☐ PED Bronchiolitis Admission
- ☐ PED Diabetic Ketoacidosis (DKA) Admission IP
- ☐ PED Discharge to Home or Facility IP
- ☐ PED Eating Disorder Admission Order Set
- ☐ PED Acute Pain IP
- ☐ PED Discharge to Home or Facility IP
- ☐ PED Discharge to Home or Facility IP - Spanish
- ☐ PED General Admission IP
- ☐ PED Hyperbilirubinemia Admission IP
- ☐ PED Intravenous Immune Globulin (IVIG) (Gamunex) Infusion for Pediatric Indication Focused IP
- ☐ PED LVR TXP Admission
- ☐ PED NEU Epilepsy Floor Admission IP
- ☐ PED NICU Admission IP
- ☐ Peds Electrolyte Replacement Protocol (Non-ICU)

Previous Next

Discharge Order Rec Order Sets

Edit Multiple Estimates

Place discharge orders or order sets

This patient has active treatment/therapy plan

The following are examples of various home health orders

General

Referral to Case Management

- ☒ Home Health Referral to Case Management

Reason: Home Health

Home Health Attestation

Complete Attestation Order for Medicare Patients Only.
- CMS information on Face to Face Encounter Date

- ☐ Home Health Physician Attestation for Home Health

Patient Name: @NAME@ Patient MRN: @MRN@ Attending Provider: @ATTPROV@ ATTESTATION OF FACE-TO-FACE PHYSICIAN-PATIENT ENCOUNTER (Face to Face encounter must occur 90 days prior to, or 30 days after the Start of Care date) Physician ordering/certifying Home Health services: @MECRED@ Date of Face-to-Face Encounter: @DATE@ I certify that this patient is under my care and that a face-to-face encounter visit was conducted with the patient as noted above. Attending Physician [NPI]: @HHATTNPI@ Ordering Provider: @MECRED@ Date: @DATE@ Time: @NOW@ (For non-physician providers, please send document for co-signature by the attending provider)

Skilled Nursing

Skilled Nursing

- ☐ Home Health Skilled Nursing

Medication Reconciliation, Adherence, and Education

- ☐ Home Health Medication Reconciliation, Adherence, and Education

-See Discharge Medication List for Dosage and Frequency

Labs

- ☐ Basic Home Health Labs
- ☐ Specialty or Other Labs
- ☐ Home Health MD to Follow Laboratory Orders

IV Infusion

Current home antibiotic plan from ID consult below:

- ☒ Home Health IV Antibiotics

Current Inpatient IV Antibiotic Orders (For Physician Reference Only): @RRMEDSIDIV@ =====

- ☐ Home Health IVIG

- ☐ Home Health Other IV Orders

Current Inpatient IV Orders (For Physician Reference Only): @RRSCHDIVMED@ =====

LDA Care (Lines, Drains, Access Care per UCLA Protocol)

Current lines, drains, airways will automatically be incorporated into the Home Health Report.
Unless specified by a provider, care for routine lines, tubes, and drains (e.g. PICC, CVC, PIV, Foley catheters) will be per UCLA Protocol or Home Health agency protocol if no UCLA protocol exists.

- ☐ Home Health Indwelling Catheter (CVC, PICC)

Normal Saline Flush per UCLA Protocol (Before and After Each Infusion), Heparin Flush per UCLA Protocol (Post Saline Flush Post Each Infusion, Heparin 100 Units per ml. Max Dose 50 unit/kg/day).

Place discharge orders or order sets

This patient has active treatment/therapy plan

Orders from Order Sets

Home Health

Home Health Referral to Case Management

Reason: Home Health

UCLA 16TH STREET PHARMACY (MOB) (310)

Remove All Save Work

Put in the med dose and frequency and end date. The provider to follow IV antibiotics is typically peds ID (if they've been following the patient) so you can put the ID attending on service.

Home Health IV Antibiotics

✓ Accept

✗ Cancel

Status:

Normal

Standing

Future

Priority:

Routine

Routine

STAT

Class:

Normal

ⓘ Medication (Include Dosage and Frequency):

ⓘ End Date:

+ Add

ⓘ UCLA Provider to Follow IV Medication Orders:

+ Add

Last Dose Received:

Comments:

⊕ abc

↶ ↷

ⓘ ⓘ

+

Insert SmartText

↶ ↷ ↻ ↻

100%

Current Inpatient IV Antibiotics Orders (For Physician Reference Only):

=====

Scheduling Instructions:

+ Add Scheduling Instructions

Modifiers:

⌵ Additional Order Details

ⓘ Next Required

✓ Accept

✗ Cancel

For patients who come in with long term GT, lines etc. Can write “resume home health” in the comments section of the specific home health order.

Discharge

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

▼ LDA Care (Lines, Drains, Access Care per UCLA Protocol)

Current lines, drains, airways will automatically be incorporated into the Home Health Report. Unless specified by a provider, care for routine lines, tubes, and drains (e.g. PICC, CVC, PIV, Foley catheters) will be per UCLA Protocol or Home Health agency protocol if no UCLA protocol exists.

☐ Home Health Indwelling Catheter (CVC, PICC)

Normal Saline Flush per UCLA Protocol (Before and After Each Infusion). Heparin Flush per UCLA Protocol (Post Saline Flush Post Each Infusion. Heparin 100 Units per ml. Max Dose 50 unit/kg/day).

☐ Home Health Indwelling Drain Care

☐ Home Health G Tube

☐ Home Health Ostomy Care

☐ Home Health Urinary Catheter Care

☐ Home Health Trach Care

☐ Home Health Other LDA Orders

▼ TPN/Enteral Nutrition

Current TPN will be automatically incorporated into the Home Health Report.

Nutrition plan from last nutrition consult note:

☐ Home Health TPN

☐ Home Health Enteral Nutrition

▼ Wound Care/ VAC Therapy

Place home health wound care orders below, if additional wound equipment or care is needed place in the respective orders comments section.

Last wound care plan from the wound care consult note:

☐ Home Health Wound #1

☐ Home Health Wound #2

The instructions in the box are auto-populated when you open the order. After choosing the type of line the case manager will reach out to you if they need any more specifics written in the comments.

Home Health Indwelling Catheter (CVC, PICC) [Accept] [Cancel]

Status: **Normal** Standing Future

Priority: Routine [Search] **Routine** STAT

Class: Normal [Search]

IV Access: **PIV** PICC CVC Other

Comments: [Icons] [Insert SmartText] [100%]

Normal Saline Flush per UCLA Protocol (Before and After Each Infusion).
Heparin Flush per UCLA Protocol (Post Saline Flush Post Each Infusion. Heparin 100 Units per ml. Max Dose 50 unit/kg/day).

Scheduling Instructions: + Add Scheduling Instructions

Modifiers: [Search]

Additional Order Details

[Next Required] [Accept] [Cancel]

In the comments section of the GT you can add which type of tube it is, french size, etc (this can typically be found in the procedure note from original placement). The case manager can tell you other details like types of flushes and other care items that need to be included in the comments. You can also use resident Young Bo Sim's dot phrase (.ystubesupplies). This dot phrase has a larger text of all the options that residents can copy and paste for DME when needed.

Home Health G Tube ✓ Accept ✗ Cancel

Status: **Normal** Standing Future

Priority: Routine ? **Routine** STAT

Class: Normal ?

Comments: abc ↶ ↷ ? ? + Insert SmartText ↶ ↷ ↵ ↶ ↷ 100%

Scheduling Instructions: + Add Scheduling Instructions

Modifiers: ?

[Additional Order Details](#)

⚠ Next Required ✓ Accept ✗ Cancel

The case manager will be able to see the current inpatient TPN recipe/order, which they can send to the vendor. You can choose the GI attending on service to follow the TPN orders if they will be following up with them outpatient.

Home Health TPN ✓ Accept ✗ Cancel

Status: **Normal** Standing Future

Priority: Routine ? **Routine** STAT

Class: Normal ?

⚠ UCLA Provider to Follow TPN Orders: ? + Add ?

Frequency/Duration: ? ?

Comments: abc ↶ ↷ ? ? + Insert SmartText ↶ ↷ ↵ ↶ ↷ 100%

Scheduling Instructions: + Add Scheduling Instructions

Modifiers: ?

[Additional Order Details](#)

⚠ Next Required ✓ Accept ✗ Cancel

You can copy all the info from the inpatient feeding orders here

Home Health Enteral Nutrition ✓ Accept ✗ Cancel

Status: **Normal** Standing Future

Priority: Routine ? **Routine** STAT

Class: Normal ?

Frequency: **Bolus** Continuous Compressed ?

Pediatric Enteral Feeding: ? + Add ?

Adult Enteral Feeding: ? + Add ?

Additives: ? + Add ?

Grams of Additives: ?

Frequency of Additives: **1x/day** 2x/day 3x/day 4x/day

Feeding Tube Flushing Instructions: **As Per Agency Protocol** Other ?

Comments: abc ↶ ↷ ? ? + Insert SmartText ↶ ↷ ↵ ↶ ↷ 100%

Scheduling Instructions: + Add Scheduling Instructions

Modifiers: ?

[Additional Order Details](#)

⚠ Next Required ✓ Accept ✗ Cancel

For DME items that aren't included in the Home Health order set such as an enteral feeding pump, walkers, wheelchairs, oxygen etc you can search for them in the discharge orders tab. Search "DME" and then the item you are looking for.

Order and Order Set Search
✕

DME
🔍
Browse
Preference List
Facility List

Order Sets, Panels, & Pathways (No results found)
Search order sets by user
🔍

After Visit Medications (No results found)

After Visit Procedures ⤴

Name	Frequ...	Type	Px Code	Pref List
DME Enteral feeding pump		Equipment	DME19	AMB SUPPLI...
DME Front wheel walker		Equipment	DME2	AMB SUPPLI...
DME Home oxygen		Equipment	DME24	AMB SUPPLI...
DME Alternating pressure & pump mattress		Equipment	DME15	AMB SUPPLI...
DME Apnea monitor		Equipment	DME55	AMB SUPPLI...
DME Atomizer		Equipment	DME45	AMB SUPPLI...
DME Bili bed		Equipment	DME21	AMB SUPPLI...
DME Bili blanket		Equipment	DME20	AMB SUPPLI...
DME BiPAP		Equipment	DME52	AMB SUPPLI...
DME Breast Pump		Equipment	DME150	AMB SUPPLI...
DME Breast Pump AMB		DME	DME151	AMB SUPPLI...
DME Bubble/bottle humidifier (home O2)		Equipment	DME31	AMB SUPPLI...
DME Cane single point		Equipment	DME4	AMB SUPPLI...
DME Commode (bedside 3 in 1)		Equipment	DME6	AMB SUPPLI...
DME Cool mist compressor (for trach collar)		Equipment	DME33	AMB SUPPLI...

During Visit Orders ⌵
Select And Stay
✓ Accept
✗ Cancel

Once you're done with your DME / Home Health orders you can see them all at the very bottom left of the discharge home medications section.

Discharge

*Fix Prior to Admission Meds 1. Review Orders for Discharge 2. Order Sets

Sort by: Discharge Outpatient and Inpatient



Home Medications



Not Taking At Home

Not Taking At Home

Signed Procedure Changes

Call doctor for: inability to obtain medications Routine, Normal	New at Discharge
Call doctor for: low urine output (less than 4 wet diapers in 24 hours, no urine for more than 8 hours, or significant change in urination pattern) Routine, Normal	New at Discharge
Call doctor for: persistent vomiting or bloody, black, or green vomiting Routine, Normal	New at Discharge
Call doctor for: temperature over 100.4 F (38 C) Routine, Normal	New at Discharge
DME Suction connect tubing Qty-1, Normal	New at Discharge
DME Suction pump Qty-1, Normal	New at Discharge
Home Health Skilled Nursing Routine, Normal, Assist with trach care, GJ tube care weekly.	New at Discharge
Ped - We will schedule your follow-up appointment - Hematology/Oncology; Appt Time Frame: 1 month Clinic Performed, Routine	New at Discharge
THE VEST airway clearance system Qty-1, Normal	



Inpatient Medications



Pediatric Multiple Vitamins (PEDIATRIC MULTIVITAMIN) solution
Take 1 mL by mouth daily, Starting Mon 5/6/2024, Normal
Created from: [pediatric multivitamin soln 1 mL](#)
The inpatient medication order that this prescription was created from has been modified.

Pediatric Multiple Vitamins (PEDIATRIC MULTIVITAMIN) solution
1 mL by Per J Tube route daily, Starting Wed 5/15/2024, Normal
Modified from: [pediatric multivitamin soln 1 mL](#) which was prescribed as [Pediatric Multiple Vitamins \(PEDIATRIC MULTIVITAMIN\) solution](#)
Created from: [pediatric multivitamin soln 1 mL](#)

Scroll to the bottom of the discharge medication section.
This is where any home health / DME orders will show up

Discharge Order

Edit Multiple

Place discharge

Discharge

After Visit Summary

TAKE THE

acetaminophen 500 mg (100 mg/mL) suspension
5.5 mLs (100 mg) Starting Fri 5/15/2024, Normal

acetaminophen 500 mg (100 mg/mL) suspension
5.5 mLs (100 mg) Starting Wed 5/15/2024, Normal

baclofen 50 mg (50 mg/mL) solution
5 mLs (250 mg) Starting Wed 5/15/2024, Normal

baclofen 50 mg (50 mg/mL) solution
5 mLs (250 mg) Starting Wed 5/15/2024, Normal

budesonide 4 mg (2 mg/mL) suspension
Take 2 mL Starting Wed 5/15/2024, Normal

cloBAZam 10 mg (10 mg/mL) tablets
4 mLs (100 mg) Amount: 20 mg Starting Wed 5/15/2024, Normal

cloBAZam 10 mg (10 mg/mL) tablets
4 mLs (100 mg) Amount: 20 mg Starting Wed 5/15/2024, Normal

cloNIDine 2 mg (2 mg/mL) tablets
Place 2 tablets Starting Wed 5/15/2024, Normal

cloNIDine 2 mg (2 mg/mL) tablets
Give 1 mL (neurostimulation) Starting Wed 5/15/2024, Normal

cloNIDine 2 mg (2 mg/mL) tablets
1 mL (20 mg) (neurostimulation) Starting Wed 5/15/2024, Normal

lactulose 10 g (10 g/mL) solution
10 mLs (60 g) Normal Starting Wed 5/15/2024, Normal

diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

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Place 1 tablet Starting Wed 5/15/2024, Normal

diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

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diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

diazepam 5 mg (5 mg/mL) tablets
Place 1 tablet Starting Wed 5/15/2024, Normal

TRANSFER ORDERS (To/from another service (ie PICU))

Place a “Transfer Patient” order, which looks very similar to the admission order. Once you place a transfer order bed control can start finding a room for the patient.

The screenshot shows the 'Orders' tab in a medical software interface. The 'Order Sets, Panels, & Pathways' section is expanded, displaying a list of order sets. The 'Transfer Patient' order set is highlighted with a red circle. Below this section, there are tabs for 'Medications' and 'Procedures', both showing 'No results found'.

Name	User Version Name	Type
Transfer Patient		Order Panel
CTS Adult Heart Transplant Transfer to Floor Focused IP		Order Set
NSURG Non-ICU Admission IP		Order Set
PLS SUR PED Admission/Transfer		Order Set
NSURG Non-ICU Post Op		Order Set
ORTHO Hand Surgery Admission/Transfer IP		Order Set
ORTHO Surgery General Admission/Transfer IP		Order Set
ORTHO Surgery Total Joint Service Admission/Transfer IP		Order Set

The screenshot shows the 'Transfer Patient' form. The 'Level of Care' section has four options: 'Non-Monitored', 'Monitored', 'SM only - Intermediate', and 'ICU'. An orange arrow points to the 'ICU' option with the text 'If going to PICU they will be "monitored"'. The 'Service' field is empty. The 'Hospital Area' dropdown is open, showing 'RONALD REAGAN UCLA MEDICAL CENTER', 'SANTA MONICA UCLA MEDICAL CENTER', and 'RESNICK NEUROPSYCHIATRIC HOSPITAL'. The 'Attending Physician (non-resident)' and 'Provider Team' fields are empty. The 'Remove Existing Provider Teams?' dropdown is set to 'No'. The 'Bed request comments' and 'Comments' fields are empty. The 'Additional Order Details' section is expanded, showing 'Patient Transfer (Notification to Pharmacy)-REQUIRED' and 'Patient transfer notification to pharmacy'. The 'Next Required' section is at the bottom.

Process Instructions: "Transfer Service" is the service ADMITTING the patient. Please select the service the patient is being admitted to.

Service:

Level of Care: ← If going to PICU they will be "monitored"

Isolation: ☐ Airborne ☐ Droplet ☐ Contact ☐ Protective ☐ Contact/Spore ☐ Enhanced Droplet and Contact ☒ None

Hospital Area:
RONALD REAGAN UCLA MEDICAL CENTER
SANTA MONICA UCLA MEDICAL CENTER
RESNICK NEUROPSYCHIATRIC HOSPITAL

Attending Physician (non-resident):

Provider Team:

Remove Existing Provider Teams?

Bed request comments:

Comments:

Additional Order Details

Patient Transfer (Notification to Pharmacy)-REQUIRED
Patient transfer notification to pharmacy

Next Required

PICC Line Placement

Most PICCs can be placed bedside by the PICC NP. Choose the order that says “portable.” If the insertion is deemed too complicated by the NP then IR can place. To be placed by IR choose one of the orders that say “IR FL guided.”

Procedures

Name	Type	Pref List	Px Code
IR picc cath placement less than 5y portable	Imaging	RR IP FACILIT...	IMG8242
IR picc cath placement age 5y or more portable	Imaging	RR IP FACILIT...	IMG8154
PICC line removal	Nursing	RR IP FACILIT...	NUR641
Ok to use central line (aka PICC)	Nursing	RR IP FACILIT...	NUR815
Adult pediatric CVC - PICC insertion orders (aka picc)		RR IP FACILIT...	O405196
CVP monitoring (aka PICC)	Nursing	RR IP FACILIT...	NUR449
Flush central line with normal saline (aka PICC)	Nursing	RR IP FACILIT...	NUR829
IR FL guided picc cath placement age 5y or more (aka PICC)	Imaging	RR IP FACILIT...	IMG1009
IR FL guided picc cath placement less than 5y (aka PICC)	Imaging	RR IP FACILIT...	IMG1008
IR FL guided picc catheter exchange (aka PICC)	Imaging	RR IP FACILIT...	IMG8263

NG or ND/NJ placement with rads

If your patient requires an NG or ND/NJ tube to be placed under sedation, it's completed by peds diagnostic radiology (NOT interventional radiology) using the 'FL nasogastric tube placement' order. You then call the anesthesia offsite / team captain and they will help coordinate with the radiology technicians. You do NOT need to call the IR NP since IR does not place NG tubes. It's the same order even if you need an ND or NJ placed, but you specify in the comments which tube you need.

FL nasogastric tube placement

Order Priority Details

Suggested Order Priority Options – All times reflected below are after exam completion

Routine

STAT

STAT with Routine Read

Urgent to Facilitate Discharge

Urgency of procedure/imaging

Blue - elective, will be scheduled first available by anesthesia staff

Business Hours 7am-4pm

Anesthesia: Offsite Coordinator - 76468

AND

IR Charge RN - 78754

Weekends/Holidays/After Hours Call

Anesthesia: Team Captain - 78714

AND

OR Front Desk - 78800

AND

IR Charge RN - 78754

Urgency of procedure/imaging

Green - emergency case, must go within 12 hours

Business Hours 7am-4pm

Anesthesia: Offsite Coordinator - 76468

AND

Team Captain for approval - 78714

Weekends/Holidays/After Hours Call

Anesthesia: Team Captain - 78714

AND

OR Front Desk - 78800

Urgency of procedure/imaging

Red - STAT case, must go within 1 hour

Business Hours 7am-4pm

Team Captain for approval - 78714

AND

IR Charge RN - 78754

Weekends/Holidays/After Hours Call

OR Front Desk - 78800

AND

IR Charge RN - 78754

Urgency of procedure/imaging

Purple - trauma, to be done within 6 hours

Business Hours 7am-4pm

IR Charge RN - 78754

Weekends/Holidays/After Hours Call

IR Charge RN - 78754

Priority:

Routine

STAT

STAT with Routine Read

Urgent to Facilitate Discharge

Frequency:

1 time imaging

At

5/24/2024

Today

Tomorrow

1850

Reference Links:

RRH Peds Sedation Request Form

SMH Peds Sedation Request Form

Reason for exam:

What is the patient's sedation requirement?

No Sedation

Moderate Sedation

Anesthesia

What type of tube?

NG Tube

Dobhoff Tube

Other (Enter in comments)

I authorize the Radiologist to modify the parameters of this test as medically necessary based on the indications for the study. This includes the administration of contrast.

Yes

No

Comments:

Last Resulted:

Lab Test Results

Component	Time Elapsed	Value	Range	Status
Creatinine	1 day (05/23/24 0331)	0.18	0.20 - 0.40 mg/dL	Final re
Bilirubin, Total	4 days (05/20/24 0609)	2.1	<0.7 mg/dL	Final re

Comments:

Pediatric Reference intervals are obtained from Caliper Project: <https://caliperproject.ca/>

34

LPs in the OR (sedated)

If you need to complete an LP in the OR / procedure room for a patient:

- Coordinate a time for a procedure room with the OR
- Patient needs an H&P in the last 30 days, and a SCIP note attesting that nothing has changed since that last H&P (SCIP note type)
- Patient needs a SURGICAL consent for OR procedures (different than normal LP consent). Form can be found in the forms portal. OR should also have physical copies.
- Consent needs to be obtained and go down with the patients so place in their physical chart.
- Order all CSF studies before going down to the procedure room and have nurses print labels for labs to be sent down with patient
- Bring to the OR: LP kit tray with extra needles / sizes
- Where to go if you can't find supplies - 5W/3F supply rooms -> central supply request -> PICU supply rooms (look in both sides) -> NICU
- Before you go into the procedure room you need to obtain a white "bunny suit" from the OR front desk or already be wearing the official UCLA light blue scrubs
- Procedure rooms are located on the 2nd floor (get to them via the interior elevators not the patient elevators)
- Once you are done with the procedure the labeled CSF specimens need to be walked and dropped off at the lab

Please see OR/Procedure Room Map →

<https://drive.google.com/file/d/1cUbtE4HiymPhQzRgoM1z20NCPFz7DUpi/view?usp=sharing>

TPN

If a patient is admitted with prior TPN (and followed by UCLA GI) you can call the TPN nurse (x79574) and they can email you the patients most updated formula for you to order.

There are 2 different TPN/Lipid orders, one for continuous (24 hours a day) and one for compressed (<24 hours a day)

Order and Order Set Search

TPN

[Browse](#) [P](#)

Order Sets, Panels, & Pathways (No results found)

Medications

	Name	Dose	Route	Freq
	Parenteral Nutrition - Pediatric (Continuous) + Fat (aka TPN)			
	Parenteral Nutrition - Pediatric (Cyclic/Compressed) + Fat (aka TPN)			
	Parenteral Nutrition - Adult (Continuous) + Fat (aka TPN)			
	Parenteral Nutrition - Adult (Cyclic/Compressed) + Fat (aka TPN)			

Choose this order if the TPN will not be run for 24 hours, for example they get a 6 hour break overnight

The first part of the order set is ordering lipids. To calculate the mL of lipid you need you can use the equation in the pink box. You typically start with 2gm/kg of lipid a day.

FAT:

- Lipid ml = $\text{gm/kg} \times \text{kg} \times 5$
- Lipid gm/kg = $(\text{total vol} \times 0.2) / \text{kg}$
- Lipid kcals: $\text{total vol} \times 2$

Intralipid (fat emulsion) infusion RTU (\$\$\$)

Accept

Cancel

Link Order

Remove

Dose:

!

mL

Route:

Intravenous

Priority:

Routine

Routine

STAT

Frequency:

Daily at 2200

Daily

Starting

5/16/2024

Today

Tomorrow

For

1

Doses

Hours

First Dose

Days

Include Now

As Scheduled

First Dose: Today 2200

Final Dose: Today 2200

Number of doses: 1

05/16 2200

Admin Duration:

12

Hours

12 Hours

18 Hours

20 Hours

24 Hours

Admin Instructions:

100%

Administer with 1.2 micron in-line filter and non-DEHP tubing.

Prod. Admin. Inst.:

Store at room temperature.

Note to Pharmacy:

+ Add Note to Pharmacy

Additional Order Details

Accept

Cancel

Link Order

Remove

To get the initial mL of TPN discuss with the team what fluid goals you have for the patient. They might not always be getting their full fluid needs with TPN. Below are screen shots of the TPN order to familiarize yourself with what it looks like. On the left you will see typical ranges for most of the nutrients and electrolytes that you can aim for (in yellow). At the end of this TPN section there are nutrient guidelines from ASPEN you can also refer to.

Parenteral Nutrition - Pediatric (Continuous) + Fat

Parenteral Nutrition Order Summary
The values shown are based on the patient receiving 1 bags over 24 hours.

Order Details

Infusion Rate (mL/hr)	31.3
Infusion Site	Central
Weight Used (kg)	--

Macronutrients

	Range	Total
Amino Acids (g/kg)	-- <=2.5	--
Dextrose (g/kg)	--	--
Dextrose Concentration (%)	--	--
Glucose Infusion Rate (mg/kg/min)	-- <=7	--

Energy Contribution

	kcal/kg	kcal	%
Protein	--	--	--
Dextrose	--	--	--
Lipids	--	--	--
Total	--	--	--

Trace Elements

	Amount	Range
Copper (mcg/day)	--	-- <=500
Selenium (mcg/day)	--	-- <=100
Zinc (mcg/day)	--	-- <=5,000

Electrolytes

Cations	Amount	Range	Total
Sodium (mEq/kg)	--	-- 2-5	--
Sodium (mEq/L)	--	--	--
Potassium (mEq/kg)	--	-- 1-2	--
Potassium (mEq/L)	--	--	--
Calcium (mEq/kg)	--	-- 0.25-1	--
Calcium (mEq)	--	--	--
Magnesium (mEq/kg)	--	-- 0.3-0.5	--
Anions			
Phosphate (mmol/kg)	--	-- 0.5-2	--
Chloride (mEq/L)	--	--	--
Acetate (mEq/L)	--	--	--
Chloride:Acetate Ratio	--	--	--

Mixture Compatibility

	Range
Cysteine (mg/g of amino acid)	-- <=40

Intralipid (fat emulsion) infusion RTU (\$\$\$)
Intravenous, Routine, Daily at 2200, 1 dose, today at 2200, Administer over 12 Hours
Administer with 1.2 micron in-line filter and non-DEHP tubing.
Store at room temperature.

Parenteral Nutrition - Pediatric (Continuous) (\$\$\$\$)

Summary Report
Order Instructions: NOTE: Parenteral Nutrition must be reordered/ordered before 1200 daily. Parenteral Nutrition (PN) will be changed daily at 2200. This order is intended for placing a continuous (24-hour) PN, if you wish to administer over a shorter duration - use the Cyclic/Compressed PN order.

Reference Links: • Micromedex • High Alert Medication Policy • CAPSLink

Priority: Routine

Frequency: Continuous (Parenteral Nutrition)

Starting: 5/16/2024 Today Tomorrow For 1 Hours Days
At 2200 Ending 5/17/2024 at 2159
Starting: Today 2200 Ending: Tomorrow 2159

Rate: 31.3 mL/hr

Volume: 750 mL 750 mL 1,000 mL 1,500 mL 2,000 mL

Admin Duration: 24 Hours 24 Hours

Infusion Site: Central

Weight: Recorded Weight Adjusted Weight Order-Specific Weight
Weight: Not recorded

Admin Instructions: 100%
Use a 0.2/0.22 micron in-line filter when administering this IV admixture.

Next Required

You can choose how you want to distribute your electrolytes via chloride/acetate/phosphate formulations by checking the boxes under the “electrolytes per day” header.

Parenteral Nutrition - Pediatric (Continuous) + Fat

Parenteral Nutrition Order Summary
The values shown are based on the patient receiving 1 bags over 24 hours.

Order Details

Infusion Rate (mL/hr)	31.3
Infusion Site	Central
Weight Used (kg)	--

Macronutrients

	Range	Total
Amino Acids (g/kg)	-- <=2.5	--
Dextrose (g/kg)	--	--
Dextrose Concentration (%)	--	--
Glucose Infusion Rate (mg/kg/min)	-- <=7	--

Energy Contribution

	kcal/kg	kcal	%
Protein	--	--	--
Dextrose	--	--	--
Lipids	--	--	--
Total	--	--	--

Trace Elements

	Amount	Range
Copper (mcg/day)	--	-- <=500
Selenium (mcg/day)	--	-- <=100
Zinc (mcg/day)	--	-- <=5,000

Electrolytes

Cations	Amount	Range	Total
Sodium (mEq/kg)	--	-- 2-5	--
Sodium (mEq/L)	--	--	--
Potassium (mEq/kg)	--	-- 1-2	--
Potassium (mEq/L)	--	--	--
Calcium (mEq/kg)	--	-- 0.25-1	--
Calcium (mEq)	--	--	--
Magnesium (mEq/kg)	--	-- 0.3-0.5	--
Anions			
Phosphate (mmol/kg)	--	-- 0.5-2	--
Chloride (mEq/L)	--	--	--
Acetate (mEq/L)	--	--	--
Chloride:Acetate Ratio	--	--	--

Mixture Compatibility

	Range
Cysteine (mg/g of amino acid)	-- <=40

Amino Acids (Selection Required)
• amino acids (Trophamine) 2% 2.5% 3% 3.5% 4% 5%
When used in conjunction with L-cysteine, TrophAmino...

• amino acids (Plenamine)

Dextrose (Selection Required)
• dextrose 10% 15% 20% 25% 30%
Recommended calorie requirements (by age) [Note ...]

QS Base (Selection Required)
• sterile water for inj 750 mL

Electrolytes PER DAY

☐ sodium chloride
☐ sodium acetate
☐ sodium phosphate
☐ potassium chloride
☐ potassium acetate
☐ potassium phosphate
☐ calcium gluconate
☐ magnesium sulfate

Medications/Additives PER DAY + Add
☐ cysteine (L-Cysteine)
☒ copper 0.05 mg 0.1 mg 0.2 mg 0.3 mg 0.4 mg
Suggested daily requirement for Cu: Term neonates (...)
Details
Missing Weight for dose checking
Override Reason/Comment: Override Reason...

Next Required

Once you’ve chosen your electrolyte distribution it’s a lot of trial and error in terms of mEq you type in the boxes on the right and the ranges they produce in the left pane. Keep adjusting the mEq until the numbers on the left fall in the desired yellow ranges.

Parenteral Nutrition Order Summary

The values shown are based on the patient receiving 1 bags over 24 hours.

Order Details

Infusion Rate (mL/hr)	31.3
Infusion Site	Central
Weight Used (kg)	--

Macronutrients

	Range	Total
Amino Acids (g/kg)	-- <=2.5	--
Dextrose (g/kg)	--	--
Dextrose Concentration (%)	--	--
Glucose Infusion Rate (mg/kg/min)	-- <=7	--

Energy Contribution

	kcal/kg	kcal	%
Protein	--	--	--
Dextrose	--	--	--
Lipids	--	--	--
Total	--	--	--

Trace Elements

	Amount	Range
Copper (mcg/day)	--	<=500
Selenium (mcg/day)	--	<=100
Zinc (mcg/day)	--	<=5,000

Electrolytes

Cations	Amount	Range	Total
Sodium (mEq/kg)	--	2-5	--
Sodium (mEq/L)	--	--	--
Potassium (mEq/kg)	--	1-2	--
Potassium (mEq/L)	--	--	--
Calcium (mEq/kg)	--	0.25-1	--
Calcium (mEq)	--	--	--
Magnesium (mEq/kg)	--	0.3-0.5	--
Anions			
Phosphate (mmol/kg)	--	0.5-2	--
Chloride (mEq/L)	--	--	--
Acetate (mEq/L)	--	--	--
Chloride: Acetate Ratio	--	--	--

Mixture Compatibility

	Range
Cysteine (mg/g of amino acid)	-- <=40

Next Required

Accept

Recommended calorie requirements (by age) [Note: ...]

QS Base (Selection Required)

sterile water for inj

750 mL

Electrolytes PER DAY

☒ sodium chloride

mEq 5 mEq 10 mEq 20 mEq 30 mEq 40 mEq

Suggested total Na from all sources: Infants/Children ...

☐ sodium acetate☒ sodium phosphate

mmol 5 mmol 10 mmol 15 mmol 20 mmol 30 mmol

[For NaPhos; 1mmol Phos = 1.33 mEq Na] Suggeste...

☒ potassium chloride

mEq 5 mEq 10 mEq 15 mEq 20 mEq 25 mEq

Suggested total K from all sources: Infants/Children =...

☐ potassium acetate☐ potassium phosphate☒ calcium gluconate

mEq 5 mEq 10 mEq 15 mEq 20 mEq 25 mEq

Suggested daily Ca requirement: Infants/Children = 0...

☒ magnesium sulfate

mEq 5 mEq 10 mEq 15 mEq 20 mEq 25 mEq

Suggested Mg requirement: Infants/Children = 0.3-0....

Medications/Additives PER DAY + Add

☐ cysteine (L-Cysteine)☒ copper

mg 0.05 mg 0.1 mg 0.2 mg 0.3 mg 0.4 mg

Suggested daily requirement for Cu: Term neonates (...)

copper Details

Missing Weight for dose checking

For the cysteine you need to add the number on the left (in this case 600) to the cysteine mg box on the right.

Anions			
Phosphate (mmol/kg)	--	0.5-2	--
Chloride (mEq/L)	26.67	--	20 mEq
Acetate (mEq/L)	19.2	--	14.4 mEq
Chloride: Acetate Ratio	1.39	--	--

Mixture Compatibility

	Range
Cysteine (mg/g of amino acid)	-- <=40
Total Cysteine (mg) needed for 40 mg/g of amino acid	600

magnesium sulfate

2!

Calc. dose: 5 mEq

Suggested Mg require

Medications/Additives PER DAY + Add

☒ cysteine (L-Cysteine)

mg

L-cysteine is recomm

☒ copper

mg 0.0 0.4

Next Required

Components of PN - Macronutrient Guidelines

	A.A.P.		A.S.P.E.N.	
	Weight	Daily Recommendation	Weight / Age	Daily Recommendation
Protein	10-20 kg	1-2.5 g/kg	>10 kg or 1-10 yrs	1-2 g/kg
	>20 kg	0.8-2 g/kg	11-17 yrs	0.8-1.5 g/kg
Energy / Caloric	10-20 kg	60-90 kcal/kg	>1-7 yrs	75-90 kcal/kg
	>20 kg	30-75 kcal/kg	>7-12 yrs	50-75 kcal/kg
			>12-18 yrs	30-50 kcal/kg
Fluid	>10-20 kg = 1000 mL + 50 mL/kg >10 kg			
	>20 kg = 1500 mL + 20 mL/kg >20 kg			
Carbohydrates (Dextrose)	10-20 kg	8-28 g/kg	Carbohydrates should comprise 40% to 60% of total caloric intake.	
	>20 kg	5-20 g/kg		
IV Fat Emulsion	>10kg	1-3 g/kg	The minimum fat requirement is determined by essential fatty acid need, and the daily maximum is 50% to 60% of energy.	

Components of PN - Micronutrient Guidelines

Daily Electrolyte Requirements	A.A.P.		A.S.P.E.N	
	Infants & Toddlers / Children	Adolescents	Infants / Children	Adolescents & Children >50 kg
Sodium	2-4 mEq/kg	60-150 mEq	2-5 mEq/kg	1-2 mEq/kg
Potassium	2-4 mEq/kg	70-180 mEq	2-4 mEq/kg	1-2 mEq/kg
Calcium	0.45-4 mEq/kg (infants & toddlers)	10-40 mEq	0.5-4 mEq/kg	10-20 mEq/day
	0.45-3.15 mEq/kg (children)			
Phosphorus	0.5-2 mmol/kg	9-30 mmol/day	0.5-2 mmol/kg	10-40 mmol/day
Magnesium	0.25-1 mEq/kg	8-32 mEq	0.3-0.5 mEq/kg	10-30 mEq/day
Chloride	2-4 mEq/kg	60-150 mEq	Chloride / Acetate – As needed to maintain acid-base balance	

Components of PN - Trace Elements

Mineral	Multitrace®-4 (per mL)	Multitrace®-4 (per mL)	Multitrace®-5 Concentrate (per mL)
	Neonatal	Pediatric	(Adolescent/Adult)
Zinc (as Sulfate)	1.5 mg	1 mg	5 mg
Chromium (as Chloride)	0.85 mcg	1 mcg	10 mcg
Selenium (as Selenious Acid)	none	none	60 mcg
Copper (as Sulfate)	0.1 mg	0.1 mg	1 mg
Manganese (as Sulfate)	25 mcg	25 mcg	0.5 mg

Calculating calories and total fluids (with examples)

Trophic feeds are $< 20 \text{ cc/kg}$

↳ not included in total fluid (TF) calculations

MBM/EBM = 20 Kcal/oz

fortified MBM/EBM/formula = $22 - 24 \text{ Kcal/oz}$ (can be higher in some cases)

$1 \text{ oz} = 30 \text{ cc}$

Typically feed q3h = 8 feeds/day

① Calculate how many Kcal/kg (kkd) a baby is getting from feeds

Weight: 3.6 kg

Feeds: $60 \text{ cc q3h} = 480 \text{ cc total/day}$

Formula: Similac 20 Kcal

$$480 \text{ cc} \times \frac{1 \text{ oz}}{30 \text{ cc}} = 16 \text{ oz}$$

$$16 \text{ oz} \times \frac{20 \text{ Kcal}}{1 \text{ oz}} = 320 \text{ Kcal}$$

$$\frac{320 \text{ Kcal}}{3.6 \text{ kg}} = \boxed{89 \text{ kkd}}$$

② Calculate feed volume, q3h

TF goal = $120 \text{ cc/kg/day (ckd)}$

Weight: 3.6 kg

$$120 \text{ cc} \times 3.6 \text{ kg} = 432 \text{ cc/day}$$

$$\frac{432}{8 \text{ feeds}} = \boxed{54 \text{ cc q3h}}$$

③ Calculate TF / feed volume

Calorie goal 115 Kkd

Weight: 8 kg

Formula: Similac 20 Kcal

$$115 \text{ Kkd} \times 8 \text{ kg} = 920 \text{ Kcal}$$

$$920 \text{ Kcal} \times \frac{1 \text{ oz}}{20 \text{ Kcal}} \times \frac{30 \text{ cc}}{1 \text{ oz}} = 1380 \text{ cc}$$

$$\boxed{1380 \text{ cc} = 172.5 \text{ cc q3h}}$$

Santa Monica Hospital

Team structure: 2 seniors (one rounding and one teaching), 2-3 interns. Family medicine interns often rotate with us at Santa Monica. On the weekend there is only one senior.

0600: AM sign out

0745: Check in with rounding attending about start time and where you would like to start (typically discharges / sickest first)

0800: Start rounding

- Try to page all new consults during rounds since some services only come to SMH on certain days and they need to plan their schedules as early as possible in the day!

0900: Break for adolescent table rounds in the workroom (sometimes these go before floor rounds)

1130: Finish rounding

12 - 1300: Noon conference, chiefs will send an email to seniors with conference schedule

1300 □ : Check all orders from rounds, consults etc, run the list with attending and interns PRN, see new admits

- Update handoffs throughout the day, go over contingency plans for the night team

1700 - 1830: PM sign out

Senior signs out

- Interns rotate being “admit” and “non-admit” □ non-admit interns can help with admits, but shouldn’t see new admits that come into the later afternoon. Non-admit interns should aim to leave by 4pm (if not before). Admit interns should stay until sign out.
- Non-admit intern can leave and sign out to admit intern when:
 1. Tasks are done / patients tucked in
 2. Notes completed
 3. Families updated + Qs answered

Team cap: 18 (9 per intern). If the team census is 19+ the extra will go onto overflow and the teaching senior will see with the attending (you can discuss what timing works best to see these patients). Over the weekend the rounding senior will take these patients since there is no teaching senior. Patients that go on to the overflow list should be straight-forward patients and likely discharges (ie neuro EEG admits). No complex or long-term patients on the overflow list! Once the census dips back down to <19 these patients will move back onto the regular list.

Senior Responsibilities

Rounding senior:

- o Sign into senior pager: 35507 (this is how the ED will be able to contact you)
- o Pre-round on all patients
- o Go over plans with interns prior to rounds as needed
- o Ensure orders are in/correct and plans are carried through
- o Help interns with responsibilities to make sure they get to leave by sign out
- o If possible, pend orders and start H&Ps for pending admits that will come during night shift
- o Stay for sign out

Teaching senior:

- o Facilitating medical student teaching / assigning patients to follow
- o Take / round on patients on the overflow list
- o Helping with new admissions (typically outside transfers or neuro admits) and ED consults during rounds, putting in orders during rounds
- o Prep discharge planning / orders for patients leaving that day

- o Prep planned neuro admit orders for the week and if possible pend their H&Ps
- o If neuro admits or transfers hit the floor during rounds briefly go see patient for med rec and admit orders. Intern can see the patient after rounds to complete the H&P
- o If ED pages for a consult during rounds go see and complete the consult, can discuss the plan with attending after rounds / sign out the patient to the team if they end up being admitted.
- o Can leave after noon conference once new admits/consults are tucked in, discharge orders are complete for those being discharged, and the team is in a good place in terms of workload

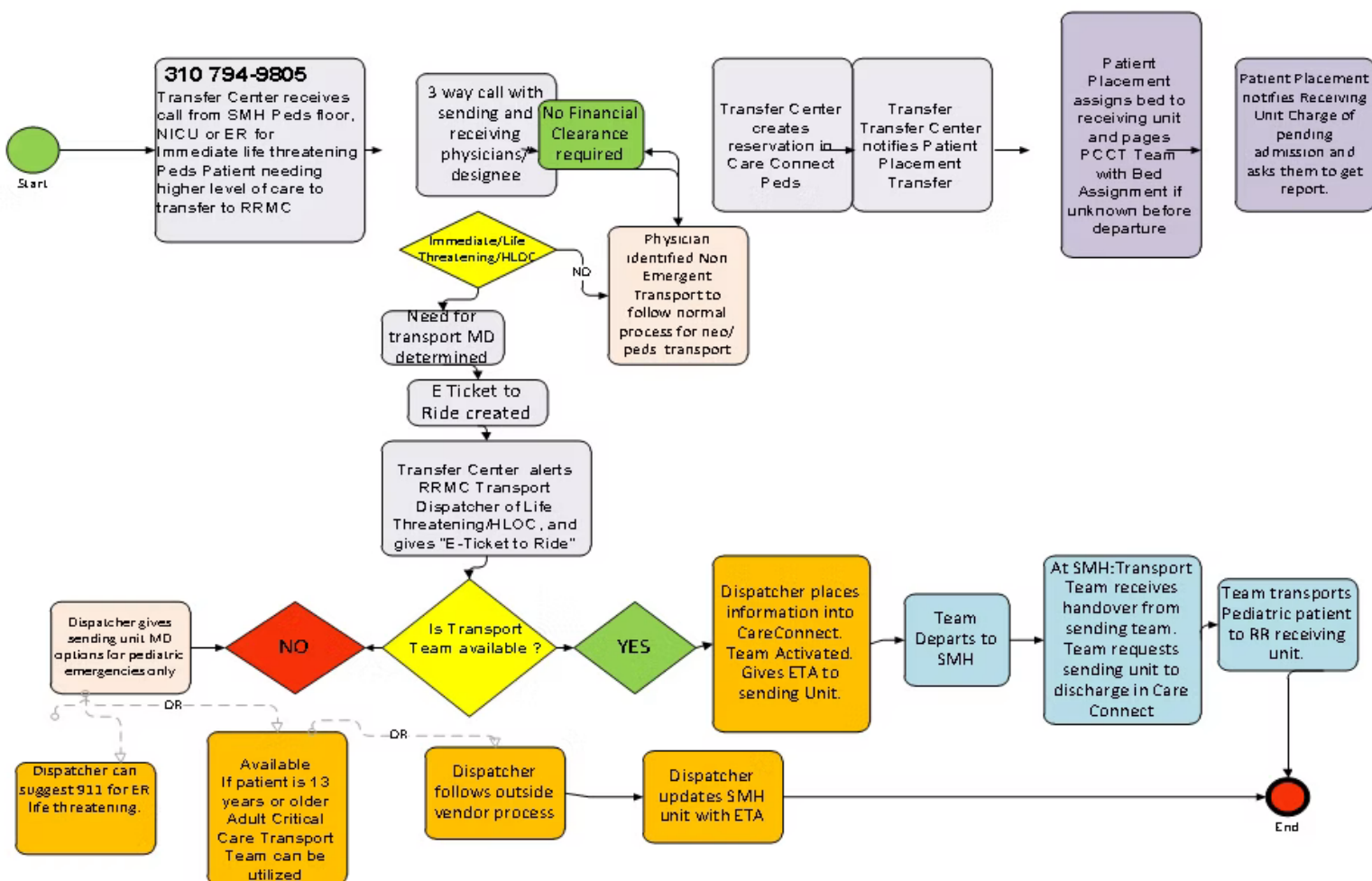
PICU Transfers to RR:

There is no PICU at Santa Monica!! Any patient who needs higher level of care will require a transfer to RR Hospital.

Transfer steps:

1. Notify charge nurse of need for transfer
2. Call transfer center 310-794-9805
3. This will generate an "E-ticket"
4. Transport center will get you in touch with PICU fellow and you will discuss the case with them and they will determine if the patient will be accepted. This is typically done with transfer center on the line via a 3 way call.
5. Transfer center will arrange for transport and call you with periodic updates.
6. Patient will need a discharge summary and DC order signed prior to transfer.
7. Give verbal signout to the PICU resident

Pediatric Immediate Life Threatening / HLOC Transfer From SMH to RRM C Transfer Center #: 310 794-9805



SM ED Consults

- The ED will page the senior (sign into pager 35507) at any time during the day for new peds consults / admissions. The senior is first page not the attending.
- FYI the attending that you will be seeing a consult and give MRN so they can also look into the patient. Attendings eventually need to see ALL ED consult patients whether or not they end up getting admitted.
- Based on your initial call in the ED you can ask them to add on additional lab/imaging orders or give additional treatments (ie for asthma exacerbations)
- Go down and see the patient as soon as possible
- If based on your initial call with the ED it seems like an admission is likely you can bring the intern with you so an H&P can also be done for efficiency. If the patient doesn't seem like a likely admission or if more workup needs to be completed first then just go down alone so the intern can complete other tasks they may have.
- Senior should write a brief consult note whether or not the patient is admitted and requires an H&P.

Eating Disorder / Adolescent Medicine Info:

- Always use the eating disorder note templates and admission order set, and always **UNSHARE** your notes.
 - o Admission order set: "PED Eating Disorder Admission Order Set"
 - o H&P: [.PESRESHPEATINGDISORDER]
 - o HEADS: [.PESRESHEADS]
 - o Progress Note: [.PESRESPNEATINGDISORDER]
- Table rounds typically start in the workroom at 0900 with the adolescent team (MD, psych, SW, dietician). Sometimes the adolescent team will ask to round first at 0800.
- Interns can take turns being in the workroom to present their patients. The interns not presenting can be outside working on other tasks and will be called in when it's their turn to present.
- You will not round in person on these patients with the adolescent team, they will round on their own
- In the DC summaries be sure to include dispo information from social work notes so their PCP will know
- There is info on the UCLA peds website on the eating disorder protocol and how to present on rounds / preround on these patients (<https://www.uclapeds.com/eating-disorder-info>)

Parent Calls

- SM takes "mommy calls" from PCC parents after hours (6pm-6am) and all day during the weekend. They will come in as pages from the operator to the night/admitting intern. FM interns DO NOT take parent calls so the senior will take and log these calls instead. Try to return mommy calls as soon as possible.
 - o There is a PCC section on the peds website for common parent call topics
 - o Create a telephone encounter in the patient's chart for all calls and sign the encounter over to a PCC attending (ideally the last attending to see the patient in clinic).