Ward P Intern Survival Guide Notes

Ward P is not like most services you've been on before! It's a combination of stable chronically ill children waiting for nursing or facility placement, sick kids with trachs/vents (who may be sick with respiratory issues or other things like UTIs), and then pulmonology problems like asthma exacerbations and CF.

1. Pre-rounding: you should check the following
    a. Interdisciplinary narrative (i.e. "nurse twitter") – will tell you qualitative things nurses have noted, if they got therapies/child life, anything weird that happens overnight
    b. Vitals – lots of ways you can view these:
        i. IVIEW- I/O under Vital Signs (hint: double click on the boxes if your kid is on cardiac monitoring and you can see the real-time value)
        ii. Results review tab – click the checkboxes and then the graph icon and you can graph VS trends over time
    c. Trach/Vent information (important to be familiar with, not always important to present if your kid is on stable vent settings)
        i. Make sure you have the mechanical ventilation tab and respiratory therapy tab in your I/O viewer to view vent settings (these are also printed on the signouts under Resp section)
            1. In IVIEW- I/O > View > Layout > Navigator Bands
                a. Then select desired navigator bands and click the arrows to move them from "Available Document Types" to "Current Document Types"
        ii. Note trach type/size (i.e. Peds Bivona 3.5 40 mm cuffed with 3 mL in cuff)
        iii. End-tidal CO2 ranges – important on Sick kids or on kids where we're weaning/adjusting vent settings
    d. Ins & Outs – the I&O viewer
        i. Report intake, noting routes and any emesis
        ii. Report output, both as total and for urine or drains in mL/kg/hr
    e. Labs/Imaging
        i. Some get daily/weekly labs, some don't!
2. Rounds
    a. Rounds will include the attending, pharmacy, Care coordination, Hummingbird (Palliative care - helps manage sedation weans, advanced care planning)
        i. Danielle and Brianna are APPs who round with the team. They will often prep discharge instructions for the patients and often help put orders in on rounds
        ii. Robin is a NP with the Home Vent program who helps manage vent changes on the inpatient kiddos.
    b. Don't be afraid to ask the attending what they'd like! Some prefer short and sweet presentations, some it depends on how much they know/trust you in what they'd like to hear, and others want longer, more structured presentations.

    c. As a general convention for most wards services, the intern who is not presenting should try to put in orders to help out the intern who is presenting.
3. Paperwork
    a. Notes
        i. Use the “Pediatric Pulmonary Inpt Progress Note” type
        ii. Try to get notes done early and sign them. Progress notes are a snapshot in time, they do not need to include every update throughout the day. You can always document big changes as an addendum or in the interdisciplinary narrative.
    b. Signouts
        i. We use the FETIPS signouts, make sure these are updated by the end of the day
            1. In the menu bar: > Ad hoc > Physician Documentation > Physician Handoff Communication Form
        ii. It’s nice for the night team to have the trach type/size, vent settings, and patient’s access noted at the bottom
4. The Desatting Trach/Vent Patient
    a. Go to the bedside! Talk to the nurse. Please call your senior for help!
    b. Check the other vitals.
    c. Listen to the lungs! Are they moving air? Is the vent connected or alarming? Do they sound really mucousy?
    d. Suction!
    e. Reposition the patient
    f. Call RT for additional respiratory treatment
    g. Check if any respiratory settings (i.e PEEP) were weaned during the day and consider changing back
    h. If not moving air, or other interventions don’t work: **CHANGE THE TRACH!**
    i. If you still can’t get the sats up after trach change, or something goes wrong with the trach change, you can bag/mask ventilate or call a rapid/code