

# INPATIENT DAY/NIGHT FLOAT

## Description:

The resident will gain experience, knowledge, and skills related to the care of children in the inpatient setting. Patients will be admitted from the Marshall Pediatrics outpatient departments, CHH ED, PICU transfer, private office settings, and transports from referring hospitals.

As the night float resident, you are responsible for receiving an adequate and systematic check-out on each individual patient. You are responsible for supervising all PL-1 work-ups on all new admissions to the floor as well as any new admissions to the PICU. All assessments and plans should be discussed with the general floor attending or pediatric intensivist.

## Note:

The goals and objectives described in detail below are not meant to be completed in a single one month block rotation but are meant to be cumulative, culminating in a thorough and complete inpatient experience at the end of residency.

## **Primary Goals for this Rotation**

### **GOAL: Common Signs and Symptoms. Evaluate and manage common signs and symptoms associated with acute illness and hospitalization.**

Evaluate and manage, with consultation of indicated, patients with signs and symptoms that commonly present to the Inpatient Unit (examples below).

1. General: acute life-threatening event (ALTE), constitutional symptoms, hypothermia, excessive crying, failure to thrive, fatigue, fever without localizing signs, hypothermia, weight loss
2. Cardiorespiratory: apnea, chest pain, cough, cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, hypotension, inadequate respiratory effort, rhythm disturbance, shock, shortness of breath, stridor, syncope, tachypnea, respiratory failure, wheezing
3. Dermatologic: ecchymoses, edema, petechiae, purpura, rashes, urticaria
4. EENT: acute visual changes, conjunctival injection, edema, epistaxis, hoarseness, nasal discharge, stridor, trauma
5. Endocrine: heat/cold intolerance, polydipsia, polyuria
6. GI/Nutrition/Fluids: abdominal masses or distention, abdominal pain, ascites, dehydration, diarrhea, dysphagia, hematemesis, inadequate intake, jaundice, melena, rectal bleeding, regurgitation, vomiting
7. Genitourinary/Renal: change in urine color, dysuria, edema, hematuria, oliguria, scrotal mass or edema
8. GYN: abnormal vaginal bleeding, pelvic pain, vaginal discharge
9. Hematologic/Oncologic: abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor
10. Musculoskeletal: arthritis/arthralgia, bone and soft tissue trauma, limb pain, limp
11. Neurologic: ataxia, coma, delirium, diplopia, headache, hypotonia, head trauma, lethargy, seizure, vertigo, weakness
12. Psychiatric/Psychosocial: acute psychosis, child abuse or neglect, conversion symptoms, depression, suicide attempt

### **GOAL: Common Conditions. Recognize and manage common childhood conditions presenting to the Inpatient Unit.**

Evaluate and manage, with consultation as indicated, patients with conditions that

commonly present to the Inpatient Unit (examples below).

1. General: failure to thrive, fever of unknown origin
2. Allergy/Immunology: acute drug allergies/reactions, anaphylaxis, immunodeficiencies, including graft vs. host disease, recurrent pneumonia, serum sickness, severe angioedema
3. Cardiovascular: bacterial endocarditis, cardiomyopathy, congenital heart disease, congestive heart failure, Kawasaki disease, myocarditis, rheumatic fever
4. Endocrine: diabetes (including diabetic ketoacidosis), electrolyte disturbances secondary to underlying endocrine disease
5. GI/Nutrition: appendicitis, bleeding, cholangitis, complications of inflammatory bowel disease, complications of liver transplantation, cystic fibrosis, gastroenteritis (with/without dehydration), gastroesophageal reflux, hepatic dysfunction (including alpha-1-antitrypsin disease), bowel obstruction, pancreatitis, severe malnutrition
6. GU/Renal: electrolyte and acid-base disturbances, glomerulonephritis, hemolytic-uremic syndrome, nephrotic syndrome, urinary tract infection/pyelonephritis
7. Gynecologic: genital trauma, pelvic inflammatory disease, sexual assault
8. Hematologic/Oncologic: abdominal and mediastinal mass, common malignancies, fever and neutropenia, thrombocytopenia, severe anemia, tumor lysis syndrome, vaso-occlusive crises and other complications of sickle cell disease
9. Infectious Disease: cellulitis (including periorbital and orbital), cervical adenitis, dental abscess with complications, encephalitis, HIV, infections in immunocompromised hosts, laryngotracheobronchitis, late presentation of congenital infections (CMV, syphilis, tuberculosis, abscesses), line infection, meningitis (bacterial or viral), osteomyelitis, pneumonia (viral or bacterial), sepsis/bacteremia (including newborns), septic arthritis, tuberculosis
10. Pharmacology/Toxicology: common drug poisoning or overdose, dose adjustment for special conditions or serum drug levels
11. Neurology: acute neurologic conditions (acute cerebellar ataxia, Guillain Barre syndrome, movement disorders), developmental delay with acute medical conditions, seizures, shunt infections
12. Respiratory: airway obstruction, asthma exacerbation, bacterial tracheitis, bronchiolitis, croup, cystic fibrosis, epiglottitis
13. Rheumatologic: Henoch Schonlein purpura (HSP), juvenile rheumatoid arthritis (JRA), systemic lupus erythematosus (SLE)
14. Surgery: pre- and post-op consultation and evaluation of surgical patients (general, ENT, orthopedics, urology, neurosurgical, etc.), special needs of technology-dependent children (blocked trachea, gastric tube dysfunction)

**GOAL: Diagnostic and Screening Procedures. Utilize common diagnostic tests and imaging studies appropriately in the inpatient setting.**

Demonstrate an understanding of the common diagnostic tests and imaging studies used in the inpatient setting, by being able to:

1. Explain the indications for and limitations of each study.

2. Know or be able to locate age-appropriate normal ranges (lab studies).

3. Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, false-positive and negative results, likelihood ratios, and receiver

operating characteristic curves, to assess the utility of tests in various clinical settings.
4. Recognize cost and utilization issues.
5. Interpret test results in the context of the specific patient.
6. Discuss therapeutic options for correction of abnormalities.
<p>Use common laboratory studies when indicated for patients in the inpatient setting.</p> <ol style="list-style-type: none"> <li>1. CBC with differential, platelet count, RBC indices</li> <li>2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate</li> <li>3. Renal function tests</li> <li>4. Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin)</li> <li>5. Serologic tests for infection (e.g., hepatitis, HIV)</li> <li>6. C-reactive protein, erythrocyte sedimentation rate</li> <li>7. Therapeutic drug concentrations</li> <li>8. Coagulation studies</li> <li>9. Arterial, capillary, and venous blood gases</li> <li>10. Detection of bacterial, viral, and fungal pathogens</li> <li>11. Urinalysis</li> <li>12. Cerebrospinal fluid analysis</li> <li>13. Gram stain</li> <li>14. Stool studies</li> <li>15. Other fluid studies (e.g. pleural fluid, joint fluid)</li> <li>16. Electrocardiogram</li> </ol>
<p>Use common imaging or radiographic studies when indicated for patients on the inpatient unit.</p> <ol style="list-style-type: none"> <li>1. Plain radiographs of the chest, extremities, abdomen, skull, sinuses</li> <li>2. Other imaging techniques such as CT, MRI, angiography, ultrasound, nuclear scans, contrast studies (interpretation not expected)</li> <li>3. Echocardiogram</li> </ol>
<p><b>GOAL: Monitoring and Therapeutic Modalities. Understand how to use physiologic monitoring and special technology in the general inpatient setting, including issues specific to care of the chronically ill child.</b></p>
<p>Demonstrate understanding of the monitoring techniques and special treatments commonly used in the inpatient setting, by being able to:</p> <ol style="list-style-type: none"> <li>1. Discuss indications, contraindications and complications.</li> <li>2. Demonstrate proper use of technique for children of varying ages.</li> <li>3. Determine which patients need continuous monitoring or special monitoring (e.g., neurological checks).</li> <li>4. Interpret and respond appropriately to results of monitoring based on method used, age and clinical situation.</li> </ol>
<p>Use appropriate monitoring techniques in the inpatient setting.</p> <ol style="list-style-type: none"> <li>1. Monitoring of temperature, blood pressure, heart rate, respirations</li> </ol>

2. Cardiac monitoring
3. Pulse oximetry

Use appropriately the treatments and techniques used in the inpatient setting.

1. Universal precautions
2. Nasogastric tube placement
3. Administration of nebulized medication
4. Injury, wound and burn care
5. Oxygen delivery systems
6. I.V. fluids
7. I.V. pharmacotherapy (antibiotics, antiepileptics, etc.)
8. Transfusion therapy

Describe key issues in the inpatient and home management of the technology-dependent child with the following care needs:

1. Tracheostomy
2. Chronic mechanical ventilation
3. Chronic parenteral nutrition (HAL)
4. Gastrostomy tube for feedings
5. Permanent central venous catheter

Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered.

Demonstrate the skills for assessing and managing pain.

1. Use age-appropriate pain scales in assessment.
2. Describe indications for use and side effects of common narcotic and non-narcotic analgesics.
3. Administer medications to control pain in appropriate dose, frequency and route.
4. Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control.

**GOAL: Pediatric Competencies: Demonstrate high standards of professional competence while working with patients on the Inpatient Service.**

**Competency 1: Patient Care.** Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Use a logical and appropriate clinical approach to the care of hospitalized patients, applying principles of evidence-based decision-making and problem-solving, demonstrating:
  1. Careful data collection and synthesis
  2. Appropriate orders for vital signs, I & Os, medications, nutrition, activity
  3. Well thought-out daily care plans
  4. Good clinical judgment and decision-making

5. Careful discharge plans (orders, patient education, followup)
2. Provide sensitive support to patients with acute and chronic illnesses and to their families, and arrange for ongoing support and preventive services at discharge.
<b>Competency 2: Medical Knowledge.</b> Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.
1. Demonstrate a commitment to acquiring the base of knowledge needed to care for children in the inpatient setting.
2. Know and/or access medical information efficiently, evaluate it critically, and apply it to inpatient care appropriately.
<b>Competency 3: Interpersonal Skills and Communication.</b> Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.
1. Provide effective patient education, including reassurance, for condition(s) commonly seen on the inpatient service.
2. Participate and communicate effectively as part of an interdisciplinary team, as both the primary provider and the consulting pediatrician (e.g., patient presentations, sign-out rounds, communication with consultants and primary care physicians of hospitalized patients).
3. Develop effective strategies for teaching students, colleagues, other professionals and laypersons.
4. Maintain accurate, legible, timely and legally appropriate medical records.
<b>Competency 4: Practice-based Learning and Improvement.</b> Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one's patient care practice.
1. Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the inpatient setting.
2. Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.
<b>Competency 5: Professionalism.</b> Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
1. Demonstrate personal accountability to the well being of patients (e.g., following-up on lab results, writing comprehensive notes, and seeking answers to patient care questions).
2. Demonstrate a commitment to professional behavior in interactions

with staff and professional colleagues.

3. Adhere to ethical and legal principles and sensitivity to diversity while providing care in the inpatient setting.

**Competency 6: Systems-Based Practice.** Understand how to practice high-quality health care and advocate for patients within the context of the health care system.

1. Identify key aspects of health care systems, cost control, billing and reimbursement in the hospital inpatient setting.

2. When providing care in the inpatient setting, consider cost and resource allocation without compromising quality of care.

3. Take steps to avoid medical errors by recognizing the limits of one's knowledge and expertise; work with the health care team to recognize and address systems errors.

## Level Specific Competencies

### **SECOND YEAR (PL-2)**

#### **Patient Care:**

1. Understands and weighs alternatives for diagnosis and treatment
2. Elicits subtle findings on physical examination
3. Is able to manage multiple problems at once
4. Develops and carries out management plans
5. Competently understands/performs/interprets procedures:
  - \_\_\_\_\_ Physiologic Monitoring: Cardiac, Resp, and Oximetry
  - \_\_\_\_\_ Capillary Blood Collection
  - \_\_\_\_\_ Conjunctival Swab
  - \_\_\_\_\_ Lumbar Puncture (Mostly Successful)
  - \_\_\_\_\_ NG/OG tube placement
  - \_\_\_\_\_ Bladder Catheterization
  - \_\_\_\_\_ Intravenous Line Placement
  - \_\_\_\_\_ Medication Delivery: IV, Inhaled, rectal
  - \_\_\_\_\_ Skin Scraping
  - \_\_\_\_\_ Wound Care
  - \_\_\_\_\_ Radiology Interpretation: CXR, AXR, CT scans
  - \_\_\_\_\_ Abscess: Aspiration and I&D

#### **Medical Knowledge:**

1. Is aware of indications, contraindications, and risks of commonly used medications and procedures
2. Applies the basic science, clinical, epidemiologic, and social-behavioral knowledge to the care of the patient

#### **Interpersonal Skills and Communication:**

1. Creates and sustains therapeutic and ethically sound relationships with patients and families
2. Provides education and counseling to patients, families, and colleagues
3. Works effectively as a member of the health care team

**Practice-based Learning and Improvement:**

1. Undertakes self-evaluation with insight and initiative
2. Facilitates the learning of students and other health care professionals

**Professionalism:**

1. Displays initiative and leadership
2. Is able to delegate responsibility to others
3. Is responsive to needs of patients and society, which supersedes self-interest

**Systems Based Practice:**

1. Applies knowledge of how to partner with health care providers to assess, coordinate and improve patient care
2. Uses systematic approach to reduce errors

**Third Year (PL-3)**

**Patient Care:**

1. Makes informed decisions about diagnosis and therapy after analyzing clinical data
2. Includes the family when making medical decisions
3. Reasons well in ambiguous situations
4. Obtains a precise, logical, and efficient history
5. Spends time appropriate to the complexity of the problem
6. Competently understands/performs/interprets procedures:
  - \_\_\_\_\_ Physiologic Monitoring: Cardiac, Resp, and Oximetry
  - \_\_\_\_\_ Capillary Blood Collection
  - \_\_\_\_\_ Conjunctival Swab
  - \_\_\_\_\_ Lumbar Puncture (Mostly Successful)
  - \_\_\_\_\_ NG/OG tube placement
  - \_\_\_\_\_ Bladder Catheterization
  - \_\_\_\_\_ Intravenous Line Placement
  - \_\_\_\_\_ Medication Delivery: IV, Inhaled, rectal
  - \_\_\_\_\_ Skin Scraping
  - \_\_\_\_\_ Wound Care
  - \_\_\_\_\_ Radiology Interpretation: CXR, AXR, CT scans
  - \_\_\_\_\_ Abscess: Aspiration and I&D

**Medical Knowledge:**

1. Is aware of indications, contraindications, and risks of commonly used medications and procedures
2. Demonstrates an investigatory and analytic approach to clinical situations

**Interpersonal Skills and Communication:**

1. Creates and sustains therapeutic and ethically sound relationships with patients and families
2. Provides education and counseling to patients, families, and colleagues
3. Works effectively as a member of the health care team

**Practice-based Learning and Improvement:**

1. Analyzes personal practice patterns and looks to improve
2. Compares personal practice patterns to larger populations

3. Facilitates the learning of students and other health care professionals

**Professionalism:**

1. Demonstrates commitment to on-going professional development
2. Is effective as a consultant
3. Is responsive to needs of patients and society, which supersedes self-interest

**Systems Based Practice:**

1. Demonstrates ability to adapt to change
2. Provides cost effective care
3. Practices effective allocation of health care resources that does not compromise the quality of care

**References:**

1. American Board of Pediatrics, Content Specification, 2007
2. Ambulatory Pediatric Association
3. Association of Pediatric Program Directors
4. Pediatric RRC, January 2006

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