Pediatric Intensive Care Unit Mini Rotation

STAFF:

Attendings:
Donald Vernon, medical director
J. Michael Dean, division chief
Elizabeth Allen
Chris Maloney
Anne Moon
Charles Pribble
Madolin Witte
Gitte Larsen
Kimberly Statler

Fellows:
Julie Haizlip
Mel Wright
Sena Jensen
Wyc Cheatham
Sherri Butler

Nurse Practitioners:
Mary Jo Grant
Holly Webster
Deb Templin

Residents:

Most months there are 3 residents in the PICU; these include one intern, one PL2 and one PL3. **Usually the student will be assigned the junior or senior resident as their mentor.** Most of the patients that the student picks up should be with their supervisory resident, although they may pick up particularly interesting patients with other residents. The resident will assist the student with their history and physical exams, oral presentations, and written progress notes and orders.
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GOALS:

1. To gain experience in performing succinct oral patient presentations during work rounds according to a system-approach organization.

2. To gain experience in recognizing the signs on physical examination of shock and respiratory failure in children.

3. To learn the physiologic differences between the various types of shock, ie hypovolemic, maldistributive and cardiogenic.

4. To be exposed to life-saving technical skills, such as intubation, tube thoracostomy and establishing venous access.

5. To be exposed to various monitoring techniques, and to develop an understanding of the criteria for utilizing invasive monitoring techniques.

6. To learn the psychosocial impact of critical illness on children and their families.

METHODS:

The student will achieve these goals by:

1. Attending daily morning and afternoon work rounds in the PICU, and presenting patients that they are following.

2. Managing several patients along with the pediatric residents in the PICU.

3. Reading selected materials.

4. Participating in discussions with pediatric intensivists and fellows.

5. Attending scheduled lectures Monday, Tuesday and Wednesday at 10:00-11:00 A.M. in the pediatric critical care conference room. These lectures will be given by the PICU attending staff and fellows.

6. Staying until 10 or 11 pm on the second night of the rotation to admit patients. The student can pick another evening during the rotation to stay late as well.
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ORGANIZATIONAL OUTLINE:

Rounds

1. Work rounds are conducted with the PICU attending, residents, charge nurse, nurse practitioner, nutritionist and respiratory therapist beginning at 7:30 A.M. daily. The purpose of these rounds is to inform the team on each patient’s progress and problems, and to formulate a management plan for the day. These rounds also provide an opportunity for bedside teaching by the PICU attending/fellow. The student is expected to have already rounded on his/her patients prior to work rounds, so that their presentations will be organized and succinct (see below for organizational suggestions).

2. At 9:30 A.M. radiology rounds are made daily in the PICU using the digitized radiography system.

3. Sign-out rounds are conducted at 5:00 P.M. by the PICU attending/fellow, the resident on call that night and students. The purpose of these rounds is to familiarize the resident on call with the problems of all the patients, and to clarify the management plans for overnight.

Presentation Format

The following suggestions should be using during morning rounds as a framework to succinctly present your patients in an organized, yet thorough, fashion.

1. A brief summary statement (1-2 sentences). Example: This is the 10th hospital day for this 15-year-old female S/P closed head injury, which occurred during a MVC.

2. Current problem list by systems (summary of pertinent progress and problems to date):
   
   - CNS
   - Respiratory
   - Cardiac
   - GI
   - FEN/Metabolic
   - Renal
   - Hematology
   - Infectious disease
   - Pharmacology
   - Psychosocial

3. Plan for the day (summarized list of therapeutic goals).
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Conferences

1. The PICU staff will provide a one-hour teaching conference for the residents and students on Mondays, Tuesdays and Wednesdays as mentioned above.

2. Attendance at general pediatric noon conferences is encouraged.

Patient Management

1. Students will be expected to follow 2-3 patients along with pediatric residents during their rotation in the PICU.

2. Students will be expected to write organized daily progress notes on their patients. They will also be expected to orally present their patients on morning and evening rounds.

3. Students will be expected to order appropriate diagnostic tests, interpret laboratory data and formulate therapeutic plans on these patients with the assistance of the pediatric residents, nurse practitioners, PICU fellows and attending. No opportunity to do procedures will be provided to the third year students.

4. All written orders by students will be co-signed by a pediatric resident, fellow or attending. No verbal orders from the students will be accepted by the nurses in the PICU.

5. Call responsibilities will be left to the discretion of the attending physician. The student should plan to stay until 11 PM at least one night or may take night call if so desired. This night call should be while the supervisory resident is on call. If the student stays all night, they will be allowed to go home the following day when their work is completed, as long as this does not conflict with other clerkship educational responsibilities.