**TEENSY PICU NOTES**

**CODES**

Red Elevator rear door: 0607#
All stairwells: 03*
4th floor call room: 3/5 (at same time), 4

**GETTING THERE**

Children’s Hospital: 200 Henry Clay Ave

Parking: Anywhere along the west side of the hospital by the baseball field, except spots labeled “ER Parking”

PICU Access: Enter hospital thru ED entrance and take the RED elevators to 6th floor. Push 0607# on keypad then 6R. This will open directly into the PICU. If you can’t open rear door, you can get out on 6 and walk around the corner into the PICU.

Prior to your first day make sure to watch the PICU video:

http://www.youtube.com/watch?v=ltf49RhoGIA&feature=youtu.be

**DAILY SCHEDULE**

- 7:00 am- Turn over rounds and assignment of patients in PICU doctor’s workroom. (To right of Red elevators) No need to arrive prior to 7am, but don’t be late
- 7:30- 9:00 am- See your patients and write notes
- 9:00 am- rounds with day Staff
- Noon- Noon Conference in second floor conference room (by blue elevators). Grab lunch prior, make sure to sign in for asynchronous learning credit
- 1:00- 4:00pm- check on patients, help with To-Do list, participate in staff teaching, dismissed per staff/on call resident
- 4:00 pm- Day staff checks out to Night staff and round on all patients. The on call resident participates in these rounds. The other residents can round if interested but usually leave at this time or earlier.

**CALL**

Don’t forget your pager! Most EM residents will have 3 overnight calls. The first two you will be paired with another peds resident, the final call will be solo. Staff is very involved and has to be called or texted for almost anything you do. Nurses require confirmation of faculty approval for most orders so don’t take it personally when they ask to see your text messages. Usually at the 4:00pm rounds you make plans and goals for the night on each pt. Goals are pretty specific for each patient so that there are very clear expectations and understanding of how to handle situations. (Such as: our goals for the ABG’s are PCO2 <60, increase rate by x amount to wean to those parameters. If febrile start these antibiotics at these dosages) During the night if those things happen you don’t have to call staff but if there are any unexpected changes or a nurse suggests whatever you are doing should be cleared by staff it is best to let them know. Staff is contacted first [before you] regarding any admissions and transfers. PICU Staff will then call you about the patient. Staff will generally come in for all admissions (especially when you are on!) You are responsible for writing a full H&P on admits but transfers or “consults” (i.e. neurosurgery is the primary service) just get an acceptance note.

**CALL ROOMS**

4th floor by other call rooms. There is a PICU call room in the hallway of rooms. Bring earplugs and a blanket; it can be noisy and cold.

**POST CALL**
You will round on your patients first and then you break off to complete your duties, quickly check out to the on call resident, and leave, usually by 10:30.

**DOCUMENTATION / COMPUTER STUFF**

**Daily notes:** written on the PICU progress note page. Pre-printed you just fill in the details.

**Admits:** document the H&P on the preprinted sheet

**Consults:** when PICU isn’t primary or on the spine kids, just a blank consult note

**Transfer summaries:** should be written at time of transfer on kids that the PICU is primary. Should also be written when you are leaving service for your patients that have been in the unit for >3 days. This gives oncoming residents a better idea of what has been happening.

**Other primary services:** a lot of kids are surgery/neuro/ect primary. Those primary services are generally responsible for writing orders, transfers and discharges.

**Sorian:** available on all of the computers. Have a peds resident help you add the **Intensivist census** to your list. This will have labs, vitals, I&Os for your morning notes. It also links to Raypax, the radiology software.

**PICU list:** available on one computer in the resident room. Usually updated by the on call resident, just keep track of what should be changed for your patients

**FOOD**

The chief residents, Marci Houser and Emily Harrison, will get blue meal tickets to you on the 1st day. If not find them at conference or email them (addresses are in LSU webmail). Cafeteria is located on the 1st floor. There is Breakfast, Lunch, and dinner daily. The listed cafeteria prices are not the discounted resident price. The tickets are for up to $4.00. The actual cost of your food/amount of discount varies with the register lady so just be prepared with extra ticket or cash. Coffee is always free!

**NURSES/RESPIRATORY TECHS**

Most all are nice and very helpful. Inform them that you are one of the emergency medicine residents and they generally help out when you need anything. They are all aware of the daily plan and goals and work independently to help meet those goals

**TEACHING**

Some staff teaches more than others but all of their staff are very active in the residents’ education. It all depends on the number of patients on the unit, what needs done, and who staff is. The staff typically do all of the procedures and the peds residents don’t ask to do them. So if you see a procedure needs to be done, just step up and ask. I also would ask for the peds resident, “I can help Sarah put the central line in her patient” Because most of them haven’t done a central line or intubation.

**ORANGE BOOKLET**

The peds residents all have a handy laminated 8 card booklet. We will all share a book and this should be left in the workroom for the next EM resident on service.

**RANDOM PEDI ABBREVIATIONS**

- BPD= bronchopulmonary dysplasia
- AGE= acute gastroenteritis
- CP= cerebral palsy
- HDSORA= hemodynamically stable on room air
- CBG= capillary blood gas