

## PEDIATRIC SURGERY

**GOALS:** To learn how to treat children (they are not little adults) and the specifics of pediatric surgical disease, both for future patients and boards

-Do everything possible to maintain good relationships with all other teams in the hospital. We expect professional behavior at all times. Treat everyone respectfully.

-Dealing with parents can be a difficult skill to learn. If you get any sense that you are in over your head with any discussion or the discussion is deteriorating, don't hesitate to ask for help (fellow/NPs/attendings are all available to help). Also don't assume anything about a specific family. Respectfully ask how they are related (parents, foster parents, guardians, etc.)...it matters for consent. For those with guardians/foster parents, they need paper documentation or guardianship. This needs to be clarified before OR and if any questions, let attending/fellow know and consult social work.

-We operate as a team and this requires clear communication. You are each responsible for your specific patients (knowing vitals, labs, consultant opinions, nurses concerns, and writing the daily note) but every team member should know about all of the patient plans for attending rounds.

-Rounds (with fellow) typically begin at 6am. You are not required to wake up the patient for an exam before but are expected to get vitals, I/Os, labs, look at notes from consultants, and talk to nurses beforehand. You are expected to be here no earlier than 5am but are expected to know your patients. Notes can be started before rounds/pended and should be completed by 10am each day (with the plan for the day decided on rounds with fellow).

-Call is home call. You must live within 15 mins in order to get here in time for a trauma (levels A/B). We provide a call room to sleep if you live farther than this. Ward consults at night that are non-urgent can wait until the morning but should be seen before rounds (need to be seen before rounds with fellow). ED consults need to be seen within 30 mins (routine consults and trauma C). Note that the adult ACS team is available in house for all trauma activations (A/B) until the peds team arrives.

-If you order a test, check the result. All x-rays and studies should be looked at by you and reviewed with the radiologist. "The read" is not what should be reported. In particular, babies with pyloric stenosis will not go to the OR until an attending radiologist has read the ultrasound.

CVL placements: Clarify that the patient/family have been made aware of diagnosis. Ask consultant and double check with nurse before going into the room. All central line consults must have the consult, CBC, and consent on the chart. The consent should detail EXACTLY what type of line the team wants. Think about whether the coags need

checking and be sure the platelets and coags are corrected (liver disease and leukemia). Consider if duplex ultrasound or MRV is needed. All consults for broviac removal should be referred to Hanny/Rosemary asap...fill out paperwork and let them know so they can schedule a time with sedation.

MORPHINE: Dose is 0.05mg/kg/dose for children on the basic unit and 0.1mg/kg/dose for 5700/5800 but watch out for big kids (don't give them above what you would for an adult). Morphine drips are done for babies and is calculated as 0.01-0.03mg/kg/hr and is ordered as a continuous on a PCA pump for children on basic and a drip in NICU/PICU. No morphine should be given to babies post pyloromyotomy (just follow the postop order set for pain control).

TPN: Hanny/Rosemary are here to help, however you are expected to learn how to calculate TPN (please do sample TPN calculation and we will correct it)

MEDICATIONS: All meds are ordered mg/kg and need to be double-checked. Remember not to overdose big kids (adult dose is the max dose given) \*\*use our peds surg order sets and this will help with dosing questions, if you have more questions call pharmacy or ask fellow/NPs/attending

CONSENTS: Make sure the person signing is legally able to sign. The risks portion of the consent must be filled out. Always include "infection, bleeding, damage to surrounding structures, anesthesia-related risks" and any other specific risks to that surgery (anastomotic leak, bowel injury, need for more surgery etc.) Always fill out the blood consent portion if possibility of blood transfusion (i.e. the NICU consent doesn't replace ours)

OR: Cases for the day are assigned by the fellow. Please be on time for each case and prepared (know the patient's history, labs, etc.). Residents are invited to scrub in all cases scrubbed by fellow (especially the NICU babies that have unique anatomy). When assigned to Same Day Surgery (across the street) you must be there at 7 and will be excused from rounds (cases move much quicker there and you should do the paperwork asap for each case).

EPIC: We have a lot of smart phrases that are specific to peds surg. Please use them. Notes for the day are to be cosigned by the attending specific to each patient. If that attending is gone (day off or weekend), it will go to the attending on call for that day. Avoid using the phrase "no acute events" in the subjective. Ask the RN specifically about pain, diet, etc. If there are any questions, ask the fellow.

FILLMORE: [fillmore.llu.ad.lluahsc.org](http://fillmore.llu.ad.lluahsc.org)

This is a specific database for pediatric surgery patients. Every inpatient needs to be added to the list (name, room number, attending, date of consult/OR, plan). It is the job of the on-call resident to ensure that all of the patients are added and room numbers are

corrected. Make sure never to delete an old record or write over a previous entry...always make a new entry for each new consult or admission.

NICU: Handwashing is of utmost importance here to prevent infection in neonates. Before examining babies, you need to remove all rings/watches, roll up sleeves, and thoroughly wash your hands. Never touch baby with anything that has been used on another patient (each baby has a stethoscope at bedside to be used for exams).

READING: This may be your only opportunity to see pediatric surgical disease and you should direct your home learning towards this subject. It is strongly suggested that you read specific to each consult prior to calling attending with the patient's info. This will allow you to know the answers to the questions they will inevitably ask.