

Children's Hospital & Research Center Oakland

Day Admit/Night Float

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.

Medical Knowledge.

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

- **Evaluate and initial management of common signs and symptoms associated with acute illness and hospitalization.**
- 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

- **Recognize and initially manage common childhood conditions presenting to the Inpatient Unit**

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)

Utilize common diagnostic tests and imaging studies appropriately when admitting to the inpatient setting.

1. Explain the indications for and limitations of each study. (ICS, PL)
2. Recognize cost and utilization issues. (SBP)
3. Use common laboratory studies when indicated for patients in the inpatient setting.
4. Use common imaging or radiographic studies when indicated for patients on the inpatient unit.

Interpersonal Skills and Communication.

Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

- Explain and communicate with family process of being admitted to the hospital
- Notify attending and, if applicable, subspecialists of patients admission and clearly communicate any question or concerns.
- Seek the help or opinion of in house intensivist if patient's acuity is escalating.
- Communicate with Nursing Supervisor, Bed Control, Charge Nurse and Bedside nurse to facilitate smooth admission process for patient

and family.

- Communicate concisely and effectively to team taking over patient care.

Practice-based Learning and Improvement.

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.

- Recognize the need for help in the care of a patient being admitted and seek in house attending (ED, PICU, NICU, Hospitalist)
- Use scientific methods and evidence to investigate, evaluate and improve one's patient care practice in the inpatient setting.
- Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Professionalism.

Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

- 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).
- Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.
- Adhere to ethical and legal principles, and sensitivity to diversity while providing care in the inpatient setting.

Systems-Based Practice.

Understand how to practice high-quality health care and advocate for patients within the context of the health care system.

- Communicate with Nursing Supervisor, Bed Control, Charge Nurse and Bedside nurse to facilitate smooth admission process for patient.
- 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.

Source

Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency.

Ambulatory Pediatric Association Website. Available online:
www.ambpeds.org/egweb. [Accessed 04/25/2008]. Project to develop this
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