

# Guide for Starting PEDS at Kern Medical

## 1. Getting Oriented: Know Your Units

All pediatric-related units are located on the **4th floor**, but the naming can be confusing:

- **4DB** = 4th floor, *D* section, *Baby* (typically postpartum rooms for mom and baby)
- **4BB** = 4th floor, *B* section, *Baby* ( postpartum) (overflow or transition space for mother-baby care)
- **NICU** = Neonatal Intensive Care Unit (for unstable or high-risk newborns)
- **PEDS** = Pediatric ward (for stable infants and older pediatric patients)

✓ **Tip:** Create a **Cerner patient list** that includes **PEDS, NICU, 4BB, and 4DB** so you can easily track your patients.

## 2. Patient Flow & Unit Transitions

- After delivery in **OB room 4BB** , mom is typically moved to **4DB**, where both mom and baby have beds.
- If **mom is not stable**, OB may keep her in **postpartum**, and the baby stays with her there.
- If the **baby is not stable**:
  - Baby will be moved to **NICU** for any signs of **instability**.
  - Stable but sick newborns (under 30 days) may be transferred to **PEDS**.
  - Kern **does not have a PICU** — unstable babies over 30 days old will be transferred to another facility.

✓ **PEDS offers a crib and a chair** for moms who want to room-in with their baby after discharge from postpartum.

## 3. Call Sources & Responsibilities

You will receive calls from:

- **4DB, 4BB, NICU, and PEDS**
- **Lab** (e.g., bilirubin levels)

- **ED** (new pediatric admissions)

#### 4. Sign-Out Process & First Day Instructions

- **Morning Sign-Out:**  
You will **receive sign-out from the Family Medicine team** in the **rounding room on the 2nd floor** between **6:15 – 6:30 AM**.
- **Evening Sign-Out:**  
You will **sign out to the night team** at **6:30 PM**, in the **same 2nd floor rounding room**.

If you get a call from ER after 6 am or after 6 pm, new team will take over but please sign off for the new team.

#### 5. Daily Workflow & Expectations

- See your patients **before the attending arrives**. Review progress notes, check orders, examine the baby, and be ready to present. Always have a clear plan.
- The attending (e.g., Dr. Raj) may round alone or with learners, usually writes notes and places orders, then updates nurses. (that will be only for newborns in 4DB).
- Official pediatric rounds happen in the **PEDS department** with the whole team. Take notes and be prepared to enter orders and write progress notes afterward.
- Progress notes are required **every 24 hours**. Use free text notes for updates and send them to the attending.
- Complete **discharge summaries promptly** after each patient is discharged.
- Write **daily notes** and place/follow orders and labs for your assigned patients.
- We care for pediatric patients primarily on the:
  - **4th floor (4200)** — up to age 13
  - **3rd floor** — ages 13 to 17
  - **ED** — patients waiting for admission or new notifications.
- We are **not responsible for the postpartum floor (4400)** unless the attending has left and a newborn needs assessment. In that case, the nurse will notify you, and you will write the appropriate note (progress, event, discharge).
- Postpartum nurses often have questions for the attending; do your research before contacting the attending.

- The lab will often contact you, especially on weekends, to manage **bilirubin levels**. Check the level using Biltools, then call the lab to discuss results and plan with the family. **Document everything**.
- For **echocardiograms**, place the order and text the Echo tech (number saved in the phone).

## 6 .Admissions

- For all admissions, ensure you document **vitals, weight, diet, and activity**, along with other relevant information.
- Discharges from medical floors require a **med discharge summary**, including diet and activity details.
- When admitting from the **ED**, place an **admission med order** and adjust orders as needed. Use available **order sets** based on the diagnosis.
- When admitting from **postpartum or NICU**, just place a **PSO order** since other orders carry over from the previous unit

## 7. Patient Transfers & Orders

### *Moving Patients Between Units:*

- Use a "**Change Accommodation**" order when transferring between internal units (e.g., from 4DB to PEDS).

### *Admissions:*

- From **ED**: Place a **PSO (Provider Service Order)** to admit.
- From **Lab**:
  - **Call the House Supervisor** to generate a **FIN number**.
  - Once FIN is ready, **call the PEDS charge nurse** and request activation.

### **!** Important:

- **Do not place any orders** until you receive confirmation from the **PEDS charge nurse** that the **FIN number is active**.
- **Double-check** that the FIN number is **new and correct** — do not use old FINs.

## 8. Transfer Baby to NICU

- Inform your attending physician about the need to transfer the baby to NICU.
- Contact the **NICU attending** to notify them of the transfer and provide relevant patient details.
- Update the NICU attending on any **pending plans or orders**, such as an echocardiogram or other scheduled tests.

## 9. Calls from Labs – Bilirubin Levels:

- Be prepared to receive calls from the lab regarding bilirubin results.
- Have a pen and paper ready to write down the **MRN**.
- **Pre-chart the baby**, run the **Bilitool**, and determine whether the baby needs admission or can be safely discharged.
- **Always call the lab back** with your decision. Parents are typically waiting nearby, and the lab will hand out the phone to them for you to explain the results.
- **Timing matters:** If you're delayed, parents may leave before you reach them. If you later decide to admit the baby, they may be upset about having to return.
- You need to document this call, billi level, and the plan in a free text note
- Lab number is 6613262185 to speak to the parents
- Lab number 6613262907 to call the lab.

## 10. Hand Hygiene:

- **Use hand sanitizer before and after every exam.**
- **Always see newborns first** during rounds—they are fragile and more vulnerable to infections. This helps prevent spreading germs from other patients.
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## 11. Gloves:

- Newborns are beautiful—but always **wear gloves before touching them.**

- **1 in 5 may have syphilis or other infections**, even if they appear healthy.
- Some parents may also be uncomfortable with ungloved contact.
- **Wearing gloves shows professionalism, respect, and protects everyone.**

## **12. Documentation Reminder:**

- **Document every call—day or night**, even if the concern seems minor (e.g., vomiting, spit-up, retractions, nasal flaring).
- Each call should be clearly recorded, and the baby **assessed as appropriate**.
- If a **translator** is involved, **document their name and ID**.
- Keep in mind: **nurses also document**, so your notes should be **thorough, accurate, and consistent**.
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## **13. Parents Declining Treatment:**

- If parents decline **vaccines, screenings, or other recommended care**, speak with them to explain the **risks and benefits**.
- If they continue to decline after discussion, have them **sign the Refusal of Medical Treatment form**.
- Be sure to **document the conversation** and their decision in a **free text note**, including details of what was discussed.

## **14. Parents Want to Leave (AMA):**

- If the parent decides to **leave Against Medical Advice (AMA)**, speak with them to explain the **risks of leaving** without recommended care.
- If they still choose to leave, have them **sign the AMA form**.
- **Document the discussion** and their decision in a **free text note**, including the specific risks reviewed and the parent's understanding

## **15. Glen Deficiency Notification:**

You may receive an email notifying you of a **Glen deficiency**, which usually means:

- You **did not complete a discharge summary**,
- A document is **incomplete**, or

- One of your notes was **not signed by the attending**.

A copy of this email is also sent to your attending. They will usually provide you with the **FIN number**—use it to look up the patient and identify what's miss

If you're unsure how to resolve the issue, don't hesitate to **contact IT** for assistance.

### **16. What You Should Review Before You Start:**

Newborn exam, hyperbilirubinemia, dehydration, pediatric vital signs, Sepsis, and common Kern diagnoses like RSV, croup, jaundice, and congenital syphilis (see Dr. Dr Raj's summary (PDF sent to everyone). Documents to read by Dr Muruguesan.

PEDS:

<https://drive.google.com/drive/folders/1d1HUu6l6mOgXd3fOiqQ6W6haYd-GflQJ?usp=sharing>

Who are the Attendings? Dr. Raj (Inpatient Hospitalist), Dr. Mandviwala, Dr. Muruguesan