

EMERGENCY MEDICINE

Childrens

Contact: Emergency Department (955-5150)

When to contact: One month prior

Preceptors: Corey Joekel, M.D.

Where to meet: Children's ED

Creighton

Contact: Pat Progreba (449-4597)

When to contact: One month prior

Preceptors: Wes Grigsby, M.D.

Where to meet: St. Joseph ED

Purpose:

The purpose of the Emergency Medicine/Critical Care rotation for pediatrics and medicine/pediatrics residents is as follows:

1. Understand the basic principles of emergency medical services for children, including the role of the primary care provider, pre-hospital care systems, and regional trauma systems;
2. Understand how to rapidly assess, resuscitate, and stabilize a critically ill or injured child in the emergency room setting;
3. Develop a logical and efficient approach to the care of emergency patients, applying principles of decision-making and problem-solving; and
4. Understand how to provide sensitive support acutely to patients and families of children and adolescents in acute illness and injury, and arrange for on-going support and/or preventive services if needed.

Objectives:

1. Develop a systematic approach to the evaluation of pediatric emergency/trauma patients.
2. Prioritize and maximize the aspects of medical intervention for the pediatric emergency/trauma patient.
3. Demonstrate communication skills and use of appropriate pain management involving the injured child and his/her parent(s).
4. Demonstrate basic skills in the area of cardiopulmonary arrest and resuscitation.
5. Diagnose and manage the following categories of pediatric emergencies/trauma:
 - Acute respiratory problems, including status asthmalike, acute asthma, croup, epiglottitis, foreign body aspiration, pneumonia/infections, apnea, anaphylaxis
 - Dehydration/shock from any cause
 - The child with altered level of consciousness including coma, blunt and penetrating head injuries
 - Seizures, including status epilepticus and febrile convulsions
 - The "poisoned patient" (to include general management, utilization of the "Poison Center," and specific aspects of common poisonings (acetaminophen, salicylate, narcotic, caustics, antihistamines, TCA's, hydrocarbons, alcohols, lead and iron)
 - Victims of major/multiple trauma, including initial assessment, triage and stabilization/intervention
 - Lacerations, including foreign body management and recognition of tendon, joint and neurovascular injuries and appropriate utilization of specialists
 - Partial and full thickness burns, electrical burns, including fluid management and referral
 - Sepsis/meningitis with respect to age differences (neonate, infant, child, adolescent), including antibiotic therapy
 - The child with fever without obvious foci of infection with respect to various ages (neonate, infant, child, adolescent)

- The child with abdominal pain or an acute abdomen, in newborn, infant, child and adolescent ages, including pelvic inflammatory disease/STD's
- Strains/sprains of extremities, including "Nursemaids Elbow"
- Fractures of long bones, extremities, skull and facial/nasal bones. Dislocations and emergent reductions. Splinting techniques and referral.
- Dental, maxilla/mandible injuries
- Eye injuries including foreign body, corneal abrasion, infections and penetrating trauma
- Child/sexual abuse, rape, including proper legal documentation and reporting
- Animal/insect bites, including rabies, tickborne infections, spiders and snakes
- Common skin rashes, including infections, erythema multiforme and drug reactions
- Common febrile illness in infants, children and adolescents
- The child with a foreign body (orifice)
- The child with scrotal pain or swelling (including labial swelling)
- The child with a limp
- The acutely ill diabetic (hypo/hyperglycemia and DKA)
- The child with chest pain
- The child with a headache

Methods:

With Dr. Joekel's assistance, residents should prepare a schedule about one week in advance of the rotation. You should work a minimum of 20 shifts during the month. Fifteen shifts in the emergency department, and five shifts at Children's Urgicare. You are expected to work one half of the Saturday's and Sunday's during the month, and these shifts will be in the emergency departments of Children's or CUMC only. If you are working at the Children's ED for the month, you will also go to the Children's Urgicare on Dupont Circle for 5 shifts. If you are working at the CUMC ED, you will go to the Children's Urgicare on West Maple Street for 5 shifts. When working in the CUMC ED, half of your shifts should occur on trauma nights. Hours:

Children's or CUMC ED Weekday shifts: 4 PM-Midnight
 Children's or CUMC ED Weekend shifts: noon to midnight
 Urgicare: 6-10 PM Monday through Friday

You may be asked to come in early for some of your shifts for lectures, case reviews or independent study. Some flexibility is allowed on the specific hours of work to allow for outside clinics, etc. Individual variations in the schedule are at the discretion of the attending staff and are not guaranteed.

When reporting to the Children's ED, report to Dr. Joekel. When reporting to St. Joseph's ED, report to Pat Pogreba, Dr. Grigsby's secretary.

You are expected to dress and conduct yourself in a professional manor. No scrubs or "on call" clothing PLEASE. You represent the Joint Residency Program, therefore we ask that you use good judgement. ON those same lines, please treat the ancillary staff as you wish yourself to be treated, that is, WITH RESPECT. And, please identify yourself as Dr. _____, the pediatric resident working with Dr. so and so. This will help patients and families identify who their attending physician is. Some patients or families may ask to see the staff physician only; politely say okay and do not take it personally.

You are encouraged to see any and all patients during the rotation. However, there will be times when it is busy and the attending staff may ask you to see certain patients to expedite the flow through the ED. Please realize that this is for everyone's benefit and not a reflection of your skills. At the St. Joseph's ED, you are expected to see all pediatric patients, all trauma patients, and selected adult patients with problems that are treated the same whether adult or pediatric (i.e., lacerations, sprains, simple fractures, STD's, earache, sore throat, etc.). Your priority for seeing patients should be pediatric and adult trauma, then other pediatric patients, then selected "other patients" as coordinated by the St. Joseph's attending staff. You are not expected to see "sick" adult patients with chest pain, strokes, headache, GI bleed, etc. that are beyond the scope of pediatric practice unless you have a special interest in those areas (and not at the expense of your pediatric experience).

There will be times when it is busy and the attending staff physician is ultimately responsible for your actions in the ED or Urgicare. Therefore NO question is too silly or trivial when it concerns patient care. Also, this means that we are responsible for your charting and we must edit and sign ALL your charts. Additionally, if a patient is to be admitted, or if the referring physician needs to be called for follow up, the RESIDENT physician should defer these calls to the STAFF ED physician. Resident to resident calls on patients/admission are allowed and encouraged.

Part of your first shift at each respective site should be as an observer. Watch how we interview patients, do exams, chart, discharge, etc. to get a feel of how the system works.

When seeing patients, it generally works best if you see the patient first, formulate a differential diagnosis and plan, then present it to the staff. Generally the staff will go along with your plan or occasionally will modify it. Most if not all of the staff adhere to the saying, "See one, Do one, Teach one" when it comes to procedures, etc.

All patients discharged need specific discharge instructions for follow up. Watch how we do it and you will get the hang of it. NEVER dismiss a patient without presenting/discussing with the attending staff first.

Implementation:

During the rotation, residents will be involved in formal and informal education sessions with the staff physicians utilizing cases seen and written "objectives" for the rotation. The success of these sessions will depend greatly upon the resident; our hope is that the house officer will participate eagerly in all of these activities and help make this an enjoyable month for all.

Most of these texts can be found in our office. PLEASE DON'T remove them from there (a surefire way to fail the rotation):

1. Textbook of Pediatric Emergency Medicine. Fleisher and Ludwig (eds.); W.B. Saunder, 3rd Ed.
2. Pediatric Emergency Medicine, Concepts and Clinical Practice. Roger M. Barkin (ed.); C.V. Mosby Company, 1st ed.
3. Emergency Pediatrics. . Roger M. Barkin (ed.); C.V. Mosby Company.
4. 2000 Red Book. Committee on Infectious Diseases, AAP.
5. Manual of Pediatric Therapeutics. John W. Graef (ed.); Little, Brown and Company.
6. Harriet Lane Handbook. Peter C. Rowe (ed.); Year Book Medical Publishers.
7. Clinical Pediatric Dermatology. Sidney Hurwitz (ed.); W.B. Saunders.
8. Childrens Fractures. Mercer Rang (ed.); J.B. Lippincott Company.

9. Emergency Radiology of the Acutely Ill or Injured Child. Leonard E. Swischuk (ed.); Williams and Wilkins.
10. Smith's The Critically Ill Child. Dickerman and Lucey (Eds.); W.B. Saunders Company.
11. Signs and Symptoms in Pediatrics. Walter W. Tunnessen, Jr. (ed.); J.B. Lippincott Company
12. Goldfrank's Toxicologic Emergencies. Lewis R. Goldfrank (ed.); Appleton-Centurey-Crofts.
13. Pediatric Advanced Life Support, Student Manual. American Heart Association.
14. Emergency Medical Services for Children: The Role of the Primary Care Provider. Jonathan Singer (ed.); American Academy of Pediatrics.

HINT 1: "Emergency Pediatrics" is probably the best compromise if you are going to buy a text for your library.

HINT 2: "Pediatric Notes" are also available in our office for your perusal during slow times.

HINT 3: A file of relevant Pediatric ED articles is kept in the Children's ED office for you to review or to copy.

Patient Log:

All patients seen in the ED and Urgicare need to be logged on the ED Log Sheet which is available on 80hours.com. You should include the date, med record number, age, and diagnosis.

Evaluation:

The attending staff will evaluate you individually, based on the standard evaluation forms that the residency program uses. You will be evaluated on your fund of medical knowledge, your clinical and diagnostic skills, procedures, and your ability to "get along" and be a valuable member of the ED "team". We are looking for improvement in all these areas as you gain experience while working in the ED and Urgicare centers. Additionally, you may be given a post-rotation test as a part of your evaluation. If during your rotation one or more of us feel you are having difficulty, we will attempt to alert you so you may take corrective action as soon as possible. Also, if you are having difficulty with the attending staff, or another member of the ancillary personnel, you are expected to bring this to the attention of Dr. Joekel (the Children's resident education coordinator), or Dr. Grigsby (the CUMC coordinator).