PEDIATRIC SURGERY

Children’s
Contact: Senior resident (pager # 888-8330)
When to contact: Two weeks prior
Preceptors: Stephen Raynor, M.D., Mark Saxton, M.D., Robert Cusick, M.D.
Where to meet: Children’s Hospital

Purpose:
The service will, at most times, consist of a third and first year surgery resident and students from either UNMC or Creighton. It is our expectation that the third year surgery resident will function as supervisor and coordinator of the service. The third year resident will be ultimately responsible for all work on the service. Since you will be responsible for coverage of both the Children’s and NHS University Services, cooperation will be required between all the residents.

Objectives:
By the end of the rotation, Pediatric house officers should be able to demonstrate knowledge of common diagnoses meriting surgical intervention. House officers will be able to understand the etiology and pathogenesis of presentations whose treatment may or may not require surgical intervention.

Methods:
The pediatric house officers are expected to integrate into the surgical residency team. They will be responsible for the following:
1. All patients must be seen in the morning before attending rounds and/or the start of the OR schedule.
2. Preoperative H&P’s: Most patients are admitted through outpatient surgery and will require an H&P at that time. These H&P’s should be done by a resident or supervised student on the service.
3. Discharge summaries of inpatients (not same day surgery patients)
4. Daily progress notes (SOAP FORMAT)
5. All inpatients require a post op check. Also, all critically ill patients require an evening visit. If the operation concluded in the afternoon, the post op check should be done later in the evening, not as you are leaving the hospital after the OR.
6. Presentation of patients on rounds, their daily care and preoperative preparation.
7. Clinic at Durham Outpatient Center – Friday at 1:30 p.m.

Attending Rounds
• At Children’s – generally start at 8:00 a.m. on 6th floor
• At NHS University Hospital – variable start time depending on schedule
• You will present your patients including:
  • Brief H&P of all new admits
  • Post op day #
  • Intake and Output (intake: cc/ig/day & Kcal/kg/day; urine -cc/kg/hr)
  • Pertinent physical findings
  • Tests – results & pending
  • Plan
• Both residents should be at rounds unless otherwise detained.

Operating Room
• Cases will be assigned by supervising resident
• Know the case history, x-rays and pertinent exam prior to scrubbing. X-rays should be available in the OR.
• Operative notes and orders after case
• Operative dictation
  • At CMH: Attendings are required to do these
  • At NHS University Hospital: Ask attending; if it is you, do so immediately

Postoperative Check
• All inpatients require a brief note postoperatively in chart. Include results of any available tests (post op x-ray, b&h, etc.) in note.

Consults
• Should be seen as promptly as possible – preferably initially by a resident and then quickly passed on to an attending
• At Children’s – to attending on call or specific attending requested
• At NHS University Hospital – to attending on call that week

Conferences
• All regular UNMC surgery conferences are mandatory
• Children's Grand Rounds – 8:00 a.m. on Fridays except July and August

Pearls
• Fluids
  • Maintenance: 100 cc/kg/day for first 10 kg
    50 cc/kg/day for second 10 kg
    20 cc/kg/day for each kg>20
  • Bolus – 10/20 cc kg NS over 1 hour
  • Children generally do not require straight catheterization as they do not have obstructive uropathies
  • Adequate urine output is 2 cc/kg/hr
• Morphine 0.05 – 0.1 mg/kg/day
  • Newborns and infants – after 4 hours
  • Older children – after 2 hours

Nutrition
• Newborns require approximately 100 Kcal/kg/day to achieve adequate weight gain (20-30 gms/d)
• Standard infant formula – 20 cal 1 oz. = 0.55 cal/cc

Bowel prep
• Go-lytely – via NG or feeding tube
• Sometimes the bowel prep includes antibiotics, please ask
• 25 cc/kg/hr for 4-6 hours

NOTE: Remember the first rules of residency, NO SURPRISES. Do not hesitate to contact the attending physician with questions or problems.
- Any patient less than 50 weeks gestational age (pre-and postnatal) requires admission with apnea and bradycardia monitor for 24 hours after a general anesthesia.
- No newborn on floor or post op pyloric should have narcotics written as a standing order.
- All trauma in E.R. will be seen by third year resident.
- When writing medication dosages, make sure you check both the patient’s weight and proper dosage. Medicines are given on a per kilogram basis.
- Maintain series sterile technique for TPN dressing changes. Also, use a sterile scissors for suture removal.
- Be sure to wash hands between patient contacts.

**Implementation:**
The house officer will receive reading assignments pertinent to case mix. Independent research and reading regarding pediatric surgery patient problems and procedures will be expected.

**Evaluation:**
Evaluation will be based on demonstration of exceptional knowledge of pediatric surgery through discussions during rounds, clinics, and operating room procedures. Attendance and participation in rounds, clinics, consultations, and operations is mandatory unless absence is excused.