



NEWSLETTER

August 2021

Division updates:

Upcoming Symposium:



Rady Children's Health Center **4th Interprofessional Innovations Symposium: Transforming Healthcare**

Tuesday, October 26, 2021

Via Zoom

8:00 AM to 12:00 PM

Interested in submitting your work?

Email Interprofessionalinnovations@rchsd.org
or call (858) 966-8339 for more information

Microsoft Teams

- Teams will soon be replacing Slack for our division updates. We'll notify you of this transition soon.
 - If you login, you'll see you've been added to a division Team for updates with channels similar to Slack



 Microsoft

Clinical Director Update

Scott Herskovitz, MD

• Schedule

- October schedule will be released by September 8th
- Schedule guidelines now available to view in Slack, email, QGenda
- Please place all requests (recurring meetings, lectures, vacation, days off, etc.) in QGenda for October and going forward
 - If you need changes to your shifts after the schedule is published, please make your shifts "available" in QGenda and try to get coverage via swap.

• Staffing

- November start date for PEM US fellow with dedicated faculty clinical FTE
- 1 faculty offer pending for possible December start and others for January and February
- 1 faculty interested in January start
- Working with hospital administration to add coverage physicians 5p-9p as triage physicians in the coming weeks

• Migrant Hotels

- No special workup needed
- Working with UCSD/Jewish Family Services/Catholic Charities/SD County to prevent unnecessary ED transfers
- Please send cases to Dr. Saleh including MRNs and names



• Urgent Care Update

- South bay (Chula Vista) Mid-city, Escondido, and Oceanside have increased staffing
- Murrieta and La Mesa still currently closed
- Executive leadership is working actively to increase overall UC staffing



Kristy Schwartz, MD

"Dr. Kristy Schwartz strongly advocated to keep a patient with autism out of restraints. This forced the clinical care team to rely on their behavioral strategies to better support this patient. The team worked together, and the patient did not require restraint. This not only helped the patient, but also helped the team to feel successful using the strategies they have been learning as part of the Autism Friendly Hospital Initiative. In addition, Dr. Schwartz advocated for the patient to receive the consult they needed without going to another unit. Limiting these transitions and the duration of stay for children with autism is so important. Thank you, Dr. Schwartz!"



QUALITY Improvement

Updates

Amy Bryl, MD

QI Course (for fellows and faculty)

- 3rd Fridays 0830-1030 am (Next October 15)

New Rady E-QUAL process for QI IRB submission

- <https://redcap.rchsd.org/surveys/?s=MALEN98YXM>

COVID Testing → New POCT Rapid COVID Test

- For situations where 30 minutes will make a difference (TAT is 30-min)
- Rapid lab test still preferred (TAT 1-hour)

Slowest →



Fastest →

Microbiology

- COVID-19 RNA, QUALITATIVE RT-PCR*RCHSD - AN
Dry for pt with anticipated discharge
- COVID-19 RNA, QUALITATIVE RT-PCR*RCHSD- AN
Wet for pt w/o fever or resp sxs w/ possible
admit/OR/anesthesia/sedation/ENT/BH
- COVID-19 RNA, QUALITATIVE RT-PCR*RCHSD - NP
Wet for pt w/ fever or resp sxs w/ possible admit or
high-risk DC
- Rapid COVID/Flu (preferred rapid test) - pending
admit/OR/anesthesia/sedation/ENT/BH
- POCT SARS-CoV-2 & Influenza A/B, Rapid PCR*LIAT
- pending admit/OR/anesthesia/sedation/ENT/BH

CCB Tips

- CCB Channel now on Slack with Tip Sheet! All positive COVID test results go to the COVID phone line pool
- Any test that results after clicking "Ready to Go" goes to the In Basket currently
- If you order additional work-up after clicking "Ready to Go", check the In Basket
- It's okay to click "Reviewed" or write "treating team aware" for results that the treating team was already aware of

- ECHOs, EEGs, peripheral smears, and send out lab tests
- If non-urgent and requested by a specialist, can be forwarded to the specialist following-up the patient
- When possible, defer ordering of outpatient ECHOs and EEGs to the PMD
- Remember to interpret your X-Rays overnight
- Consider whether you really need that RPP2
- Eye cultures don't report sensitivities
- Consider whether you would want to follow-up something as part of CCB when ordering ☺

QuickActions | Done | Result Note | Reviewed | Encounter | Result Review | Chart

← | Result | More Info | ED Summary | Visits/Patient Info | 1 Call patient about abnormal result | More ▾

Outpatient Medications as of 7/30/2021

	Sig	Disp	Refills	Ord/Sold
Acetaminophen (TYLENOL PO)	Take by mouth.			3/4/2010 (O)
cephALEXin (KEFLEX) 250 MG/5ML oral suspension				12/7/2014 (O)
clindamycin (CLEOCIN) 300 MG Oral Capsule	Take 1 Capsule (300 mg) by mouth 3 times daily for 7 days.	21 Capsule	0	7/30/2021 (O)
End: 8/6/2021				
ibuprofen (IBU PO)	Take by mouth.			11/8/2009 (O)
ibuprofen (MOTRIN PO)	Take by mouth.			2/4/2010 (O)
ibuprofen (MOTRIN) 100 MG/5ML oral suspension	Take 6 mL by mouth every 6 hours as needed for Fever and Pain.	200 mL	0	9/14/2011 (O)
NEOMYCIN-POLYMYXIN-HC, OTIC, 1 % SOLN				12/7/2014 (O)
ondansetron (ZOFRAN-ODT) 4 MG oral disintegrating tablet	Take 1 Tab by mouth 3 times daily as needed for Nausea or Vomiting for up to 3 doses.	3 Tab	0	3/10/2015 (O)

Patient Demographics

Patient Name	Legal	DOB	SSN	Address	Phone
Avila, Emily	Sex	8/7/2008	xxx-5096	Saint Rita Pl	619-400-9906 (Home)
	Female		xxxx	SAN DIEGO CA 92113-2091	619-400-9906 (Mobile) *Preferred*

Safe Sleep Practices

Elise Zimmerman, MD

Every year more infants die from preventable, sleep-related deaths than in motor vehicle crashes. What is the cause? Unsafe sleep environments, such as sleeping in the same bed with an adult or sibling, sleeping on couches, car seats and other surfaces for a prolonged duration, and sleeping with too many pillows, blankets, and plush toys in a crib. Although the incidence of sudden infant death syndrome, or SIDS, is on the decline, mortality rates among infants from suffocation from co-sleeping are on the rise.

Rady Children's Hospital and the [Center for Healthier Communities](#) have launched Safe Sleep San Diego to increase awareness among parents and caregivers of safe and unsafe sleep environments. As part of this effort, the Center for Healthier Communities has partnered with Community Housing Works on a community outreach program.

Rady Children's Hospital has also established a policy on safe sleep practices based on best-practice guidelines from the National Institutes of Health, the American Academy of Pediatrics, and the Consumer Product Safety Commission.

Rady Children's has been designated a Bronze Safe Sleep Hospital by the National Safe Sleep Hospital Certification Program. [Learn more.](#)

ABCs of Safe Sleep

Parents and caregivers can help keep children safe by following the ABCs of safe safe sleep. This should be done every time a child sleeps, both at night and during nap times.

A) = Alone (not with other people, pillows, blankets, or stuffed animals)

B) = on my Back (not on my stomach or side)

C) = in my Crib (not on an adult bed, sofa, couch, or other soft surface)

More ways to keep your child safe:

- Remove your child from his/her infant car seat when not traveling in a vehicle or when not being carried between locations. Infant car seats are not replacements for cribs or PackNPlays for prolonged sleeping.
- Purchase a moveable play yard, such as a PackNPlay, to take with you when you travel and to ensure a safe sleep environment every night and day of the year.

Submersion Injury

The screenshot shows a medical software interface for 'Submersion Injury'. A red arrow points to the search bar containing 'Submersion Injury'. Below the search bar, there are sections for 'Clinical Impressions' with a list of suggested conditions like 'Cardiomegaly', 'Acute febrile illness in child', and 'Cough'. There is also a 'Disposition' section with buttons for 'Discharged', 'Transferred to Another Facility', and 'Admitted'. A 'Patient Instructions' section is visible on the right, with a note that it is currently not appearing.

Do you have a curious toddler?
 As your child grows, think about water safety around the house!

infant | crawler | toddler | child | teen

Young children are naturally curious – and they are quick to discover new things to explore.

After birth defects, drowning is the **No. 1** cause of death for children ages 1-4. Make sure your home and any home you visit are as safe as they can be.

Stay within **arm's reach** whenever your child is near water.

Assign a **water watcher** – an adult who will pay constant attention to children in the water.

Empty **buckets, bathtubs, and wading pools** after each use.

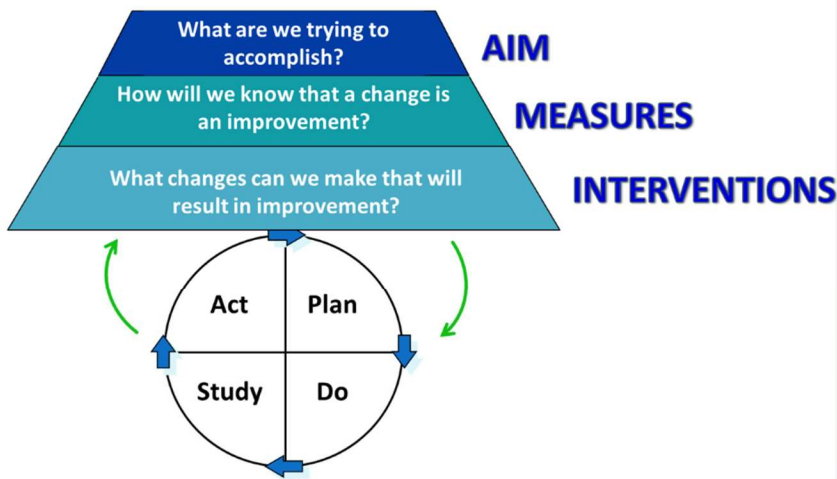
Use safety gates, or **lock the door to the yard or garage**, to keep your child from going outside unnoticed.

Avoid 'floaties.' Instead, children should wear **Coast Guard-approved life jackets** when in and around water.

All kids should **learn how to swim**. Talk with your pediatrician about whether your child is ready.

Let Amy know if you're interested in starting a QI project!

The Model for Improvement





Research Update

Kathy Hollenbach PhD, John Kanegaye MD, Michael Gardiner MD, & Margaret Nguyen MD

Upcoming meetings

- AAP NCE, Philadelphia/virtual, 10/8-12/21
 - <http://aapexperience.org/abstracts/>
- ACEP, Boston, 10/25-28/21
 - <https://acep.secure-platform.com/a>

Upcoming abstract opportunities:

- PAS, Denver, CO, 4/20-27/22,
 - Deadline: TBD (early Jan 2022)
 - <https://www.pas-meeting.org>
- SAEM, New Orleans, 5/10-13/2022
 - Deadline: Jan. 4 2022
 - <https://www.saem.org/annual-meeting/education/abstracts>
 - SAEM consensus conference 5/10/22 will be "Diversity, Equity and Inclusion: Developing a research agenda for addressing racism in Emergency Medicine"
- Internal deadline for pre-review prior to submission: all abstract and presentation drafts to pemresearch@rchsd.org 21 d before submission/upload deadline (in order to be eligible for travel support and incentive for AY 21-22).

IRB now migrated to Kualu for all new submissions.

- Training info: <https://esr.ucsd.edu/projects/kuali-irb/get-ready/index.html#Kuali-IRB-System-Training>
- Login for accounts: <https://ucsd.kuali.co/protocols/portal/protocols>
- Legacy e-IRB accounts under non-UCSD emails might need manual migration of protocols. If you can't see your old protocol from legacy e-IRB in the new Kualu, message irb@health.ucsd.edu.

Reminders:

- Download important docs from legacy e-IRB (original submitted protocols, approval notices, amendments) before they go away
- Keep CITI certificates updated
- Start and maintain regulatory binders for all studies. It is particularly useful to start these binders at the beginning of studies (i.e., at time of IRB submission). Studies that prospectively enroll patients are particularly likely to be audited for compliance. Link to tip sheet for regulatory binders is on intranet at <http://intranet.rchsd.org/categories/departments/research/resources-research/tip-sheets>. Main contents of binder include:
 - Submitted protocols and amendments
 - IRB approvals and correspondence
 - RCHSD documents and RTA letter
 - CITI certificates and CVs for all investigators
 - Notes to file, audits

Updated KD gene expression study inclusion criteria

- Now expanded age to allow for CDC MIS-C criteria and post-vaccine myocarditis. MIS-Adults now exists in adult literature.
- Clinical criteria
 - With fever ($T_m \geq 38.0^\circ \text{C}$), and 1 of the following:
 - Clinical concern for KD (1 or more clinical criteria and compatible clinical presentation*).
 - <6 months of age with fever ≥ 7 days w/o source
 - ≥ 1 day fever clinically concerning for MIS-C and/or undergoing expanded MIS-C labs
 - Regardless of fever
 - Post-vaccine COVID myocarditis
 - (HSP, SSSS)
 - (All patients) Requires IV/phlebotomy for ED care
- Contact John Kanegaye for questions.

***Remember that KD can present with fever and node-only before developing any other clinical criteria. POCUS or formal US can reveal a cluster of smaller nodes within the neck mass. If discharged or admitted for a working diagnosis other than KD, remember to advise the parent or accepting service to monitor for other KD-compatible findings.**

Resuscitation Director Update *Matthew Murray, MD*

Difficult Airway:

the Difficult Airway Response Team (DART) Pager is live! This has been a huge project over the past few years with involvement from ED, PICU, ENT, Anesthesia, Trauma, CTICU, NICU, RT.

Please see below on how to activate this. It is also posted outside both trauma bays, above the phones in both trauma bays, and at the MOOD desk. Anyone (nursing, unit clerk etc.) can call for you when you are in the middle of a difficult airway.

It is there as a resource for us in the ED to utilize in any difficult/failed airway situation, or POTENTIAL difficult airway situation (decompensating patient that will need an advanced airway soon with difficult airway anatomy, angioedema, severe FB aspiration etc) that you feel you would like extra backup on. **It is not required that you call this pager for intubations but take comfort in the fact that it is there as a resource to emergently get you extra advanced airway help in a failed airway situation if you need it!**

As a general guideline, the inpatient teams will be calling this if there are two attending level failed attempts at intubation. Physicians from ENT, anesthesia, trauma surgery, PICU will all respond rapidly as if this is a code blue event. If it is called elsewhere in the hospital, and a PEM can step away we should be responding as well (in the event that other teams are busy with other critical patients and unable to respond at that moment.)

As always, please ask any questions you may have about this, and if you ever utilize this resource, please let me know afterwards as well.

Difficult Airway Response Team (DART)

To Activate:

1. Call 55-5555
2. Instruct operator to initiate DART to the Emergency Dept and provide Room #
3. Operator will page DART overhead 3 times
4. This brings to bedside:
 - Anesthesia, ENT, PICU, Trauma Surgery, PEM, RT charge
5. If DART called outside ED, PEM to respond if available