

Collecting the Puzzle Pieces: Creating a Better Patient List for the Pediatric Hospital Medicine Services

Mark M. Naguib, MD¹; Cody Tyler, MHIIM²; Wael Alrifai, MD, MS²; Charlotte M. Brown, MD¹.

Department of Pediatrics¹; Department of Biomedical Informatics.²
Vanderbilt University Medical Center, Nashville, TN

First Draft

1	6528-Y 047680985	Handoff, Test_Name	11 m.o. female 9.1 kg	Hospital Day: 4	Att: Herndon	PCP: Ricafort, MD	DX: Pyelonephritis		
2	I/O (shift): 07/22, 7am In: 420 [PO 330, IV 90] Out: 400 [Urine 300 (2mg/kg/hr), Other 100] I/O (yesterday): 07/22 0700 – 7/23 0959 In: 681 [PO 330, Other 351] Out: 721 [Urine 421 (2mg/kg/hr), Other 300] Net: -40	3	Temp: [36.2 °C (97.2 °F)] 36.2 °C (97.2 °F) Resp: [40] 40 BP: (170)/(90) 103/48 SpO2: [98 %] 98 % Pulse: [107] 107	4	8.5* / 26* \ 639* 9 / 26* \ (09/24 1738) Ca: 9.9 (09/24 1738)	5	138* 103 8 / 83 5.0 17 0.42 \ (09/24 1738) Pediatric Diet Toddler (1-2 years) Scheduled: cefTRIAxone, 50 mg/kg • ondansetron, 0.1 mg/kg IV: D5 1/2 NS + KCl 20 mEq/L, 20 mL/hr PRN: acetaminophen, 15 mg/kg **OR** acetaminophen, 15 mg/kg • ibuprofen, 10 mg/kg • NaCl 0.9%, 250 mL • NaCl 0.9%, 50 mL	6	Action items: [] f/u morning labs Night: NTD Day: [] f/u Ucx sensitivities (call PCP in AM) [] discuss with ID prophylactic antibiotics [] Tylenol for fever

Project Goal

- To streamline the pre-rounding process for pediatric residents at Monroe Carell Jr. Children's Hospital at Vanderbilt by designing a more efficient patient list that utilizes the most helpful elements from preexisting lists.

Legend

- Header (*Inpatient Snapshot report*)
 - Room number, MRN, Name, Age, Gender, Weight, Hospital Day, Attending, PCP, Primary Diagnosis
- Ins and Outs (*Snapshot w/meds -Rounding*)
 - Net change
- Vital Signs (*Inpatient snapshot report*)
- Labs (*Inpatient Snapshot report*)
- Diet order and Meds list (*Current Med Results*)
 - Scheduled, IV, and PRN
 - Dosing
- To Do (*Hand Off*)

Next Steps

- Date and time specified for I/Os
 - Details of the I/Os: IV, PO, TPN/ Urine, Stool, Other, etc.
 - Bolded Abnormal Vital Signs (*Current Med Results*)
 - Frequency of meds (*not demoed*)
 - Last administration time (*not demoed*)
- How else can we use the EMR to improve patient care in Pediatrics?

Acknowledgements

- Big thank you to the Physician Builders Team for their help and support.
- Thank you to David Johnson, the Director of Quality-Department of Pediatrics, for his support.
- Thank you to the Pediatric Hospital Medicine Department for being willing to trail this new patient list.
- Spreading the news: residents can be physician builders too!