ORDERING MEDICATIONS

Non-Formulary Drug Request (NFDR):

You can find the order form under “Non-Formulary Drug Request” on the Intranet home page. You will need the following information:

1) Patient Details: Name, FMP/SSN, phone number
2) Preferred Pharmacy (MUST be at WRB)
3) Provider Details: Name, phone number, pager, email, MTF
4) Medication Details: generic and trade names, dose, form, quantity, refills, sig
5) Prescription Pick-up Details
6) Request Details: diagnosis and justification

You can submit the form directly from the Intranet or save the form and email it to NCRMD-NFDR@health.mil.

Calling in a Prescription to an Outside Pharmacy

1. Ask parent what local pharmacy is the most convenient. Look it up online using the cross-street. Let parent know there is a $3 co-pay.
2. Have on hand before calling: Patient name, DOB, patient phone #, your name, your office phone#, your NPI number (_____), name of med, strength/formulation (e.g. 400 mg/5 mL suspension or 20 mg tabs), prescription instructions, dispense amount, and refills.
3. Call the Pharmacy number. Press the button at the prompt to leave a message for the pharmacist.
4. Say “This is Dr. ____ from Walter Reed, office phone 301-295-4941, NPI number _____, calling a prescription for patient _____ , DOB ____, at phone number _____. Prescription is for _(name of med)_, (formulation). Sig Take _____ , Dispense (3 months supply), refills (___). Thank you.

PEDIATRIC ADMISSION PROCEDURES

UPDATED 07/2016

Management of surgical patients admitted to 3W:

- All pts <12 months on *sub-speciality services* (NSGY, uro, ENT, ortho, OMFS) are **admitted to Gen Peds** with the applicable surgical service in a consulting role.
- All pts 12-24 months on *sub-speciality services* can be admitted to the applicable surgical service with **Gen Peds consultation**.
- All pts <24 months on *general surgery service* will have automatic **Gen Peds co-follow consultation**.
- All pts >24 months, regardless of primary service, will have a mandatory **Gen Peds consult** if they have any of the following co-morbid conditions:

  Autism spectrum disorder, cerebral palsy, chronic kidney disease, congenital heart disease, cystic fibrosis, diabetes mellitus, inflammatory bowel disease, moderate or severe developmental delay, sleep apnea, uncontrolled asthma, any other chronic condition requiring active management during admission

****Gen Peds is the primary admitting team for all patients on intermediate care status on 3W****

Admit to 3W from Outpatient Settings (ED, clinic, sedation, PACU, etc)

The primary admitting medical or surgical team will:

- Evaluate the patient and determine need for admission
- Call PAD (295-2126)
- Page NOD (106-0725)
- Write admission orders
  ADT order: include MEPRS code in comments (ADAA = peds; ADBA = newborn)
- Write admission H&P (<48hr anticipated stay =

Admit to PICU from Outpatient Setting (ED, clinic, sedation, PACU, etc)

The PICU team will:

- Evaluate the patient and determine need for PICU admission
- Call PAD and page NOD
- Writes admission orders for all medical and surgical patients
- Writes admission H&P

Transfer from PICU to 3W

The PICU team will:

- Determine stability for transfer
- PICU provider(s) sign-out patient to accepting team
- Update discharge summary prior to transfer

The primary accepting team will:

- Evaluate patient for transfer
- Notifies NOD of transfer
- Reviews all orders (right click -> review), updates orders as applicable & writes transfer order

Transfer from 3W to PICU

The primary team will:

- Consult PICU for admission or call RRT/Code Blue

The PICU team will:

- Determine need for PICU admission
- Notifies NOD of transfer
- Reviews all orders, updates orders as applicable & writes transfer order

PEDIATRIC TRANSPORT PROCEDURES

THE WARD SENIOR ASSUMES COMMAND AND CONTROL OF THE PEDIATRIC TRANSPORT PROCESS UNDER THE SUPERVISION OF THE WARD OR PICU ATTENDING AS REQUIRED. DO NOT CEDE THIS RESPONSIBILITY TO A CONSULTANT. DO NOT DELAY TRANSPORT FOR NON-CRITICAL TESTING OR CONSULTATIONS.

LEVELS OF TRANSPORT

Level I—PRN (BLS) II—EMT x2, RN (PALS) III-EMTx2, RN, MD (PALS)

GUIDELINES FOR TRANSPORT:

1) Decide if WR-B has the bed space and capabilities. Identify an accepting attending physician (i.e. ward attending, PHO attending, or PICU attending).
2) Calculate the patients PEWS score to help decide what level of transport is required. NOT EVERY PEDIATRIC PATIENT NEEDS CNMC TRANSPORT!!
   *Use PALS Transport for all patients with a **PEWS ≥ 3**, unless of sufficient age and size (> 14yo or > 50kg) to be safely transported by a 1-way adult ACLS or critical care team.*
3) Use PEWS score to help decide the patient's disposition in WRB (ward v. PICU).
   *PICU admission for **PEWS ≥ 6** and/or and of the following diagnoses: cardiac arrest, respiratory arrest, respiratory failure, intubated, shock, coma, head trauma, multiple trauma, epiglottitis, burns > 15% TBSA, status epilepticus*
4) Write AHLTA T-con in Peds Referral Clinic: Must include vital signs reported by sending facility and PEWS Score. Must be completed before admission!

TRANSPORT PEARLS

The sending facility is ultimately responsible for transporting patients to WR-B. However, WR-B Peds facilitates any CNMC transports and transport for all pediatric patients from civilian facilities to WRB.

MTF to WRB Transport

FBCH: Has BLS and PALS transport capabilities.

MGMC: Has BLS capabilities only. If PALS transport indicated, facilitate thru CNMC.

Civilian Hospital to WRB Transport

BLS transport indicated: Facilitate transport through Lifestar by calling CDO Desk

PALS transport indicated: Facilitate transport through CNMC

CNMC Transport

Call CNMC: 202-476-5433 / 476-3356 (fax)

Supply: patient name, DOB, "one-liner" and Dx, VS & current condition, wt; name & phone number of responsible attending at transferring facility.

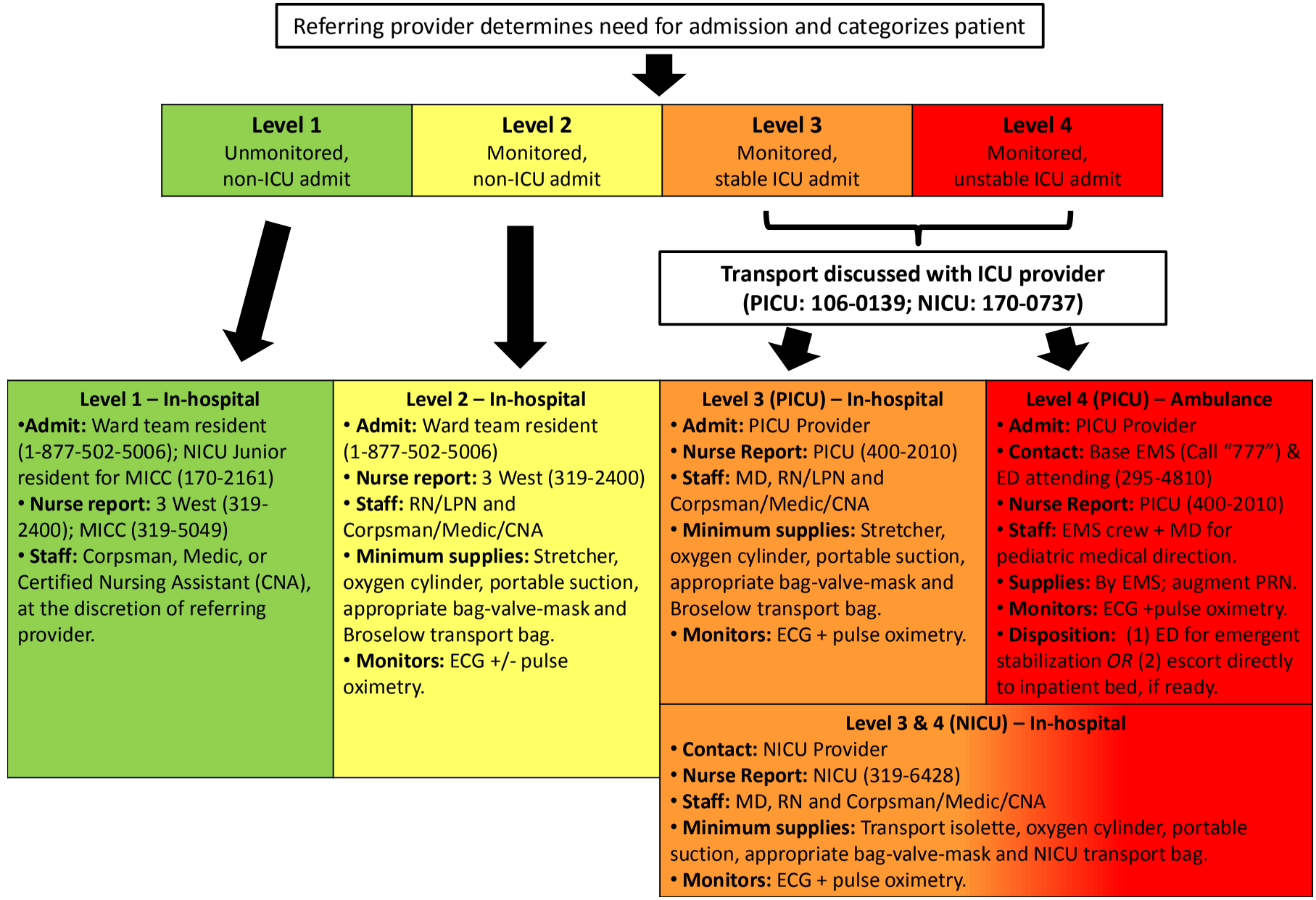
PEDIATRIC TRANSPORT PROCEDURES

Pediatric Early Warning Score (PEWS)				
	0	**1**	**2**	**3**
Behavior	Playing / Appropriate	Sleeping	Irritable	Lethargic/ confused **OR** Reduced pain response
CV	Pink **OR** CR 1-2 s	Pale or dusky **OR** CR ≥ 3 s	Grey or cyanotic **OR** CR ≥ 4 s **OR** Tachycardia of 20 above normal rate	Grey or cyanotic AND mottled **OR** CR ≥ 5 s **OR** Tachycadia 30 above NL **OR** Bradycardia
RESP	WNL, no retractions	> 10 above normal **OR** Using accessory muscles **OR** 30+% FiO2 or 3+ LPM	> 20 above normal parameters **OR** Retractions **OR** 40+% FiO2 or 6+ LPM	≥ 5 below NL w/ retractions or grunting OR 50+% FiO2 or 8+ LPM

Score by starting with the most severe parameters first.
Score +2 for q 15-min nebs (or continuous nebs) or persistent post-op vomiting
Use "L/min" to score regular NC / "FiO2" to score HFNC

	HR at rest	**RR at rest**
Newborn (birth – 1 month)	100 – 180	40 – 60
Infant (1 – 12 months)	100 – 180	35 – 40
Toddler (13 months – 3 yrs)	70 – 110	25 – 30
Preschool (4 – 6 years)	70 – 110	21 – 23
School age (7 – 12 years)	70 – 110	19 – 21
Adolescent (13 – 19 years)	55 – 90	16 – 18

WRNMMC Pediatric Transport from Outpatient Clinics



INTERMEDIATE CARE (CHARm)

Updated 06March2013

Application

- IMC status may be applied to patients on the ward or in the PICU
- Criteria for ward IMC (not limited to the following):
  VS, meds, labs, RT treatments, neuro evals q2h or more frequently
  May be q1h for 4-6hrs, then q2hr for longer periods
  If exceeds **24hrs** on IMC, consider transfer to PICU
- Criteria for PICU IMC:
  Invasive mechanical ventilation, non-invasive positive-pressure ventilation (incl HFNC), vasoactive support, invasive monitors, continuous infusions
- Excludes: pts on stable, chronic BiPAP/CPAP or Vapotherm settings at home

Responsibilities

- General Pediatrics (pts on 3W & all pts from other admitting locations)
  GEN PEDS IS THE PRIMARY TEAM FOR ALL PATIENTS ON IMC
  Consult PICU & notify charge RN of change
  Notify primary team of change in status, if not already on peds service
  Must place patients on CRM and ensure peripheral vascular access
  Initiate Essentris orders (ADT = IMC status) & change relevant orders
  Re-evaluate pts on IMC & document watch notes q6hr at minimum
- PICU
  If pt on 3W: provide recs to primary team, incl parameters which would trigger transfer to PICU; facilitate transfer to PICU if warranted; re-evaluate patient and document IMC note in Essentris q12-24hrs
  If pt in PICU: will be primary team until status improves for pt to be transferred to ward OR until bed space required for PICU pt, in which case the IMC pt will be transferred to the ward team with consultation from the PICU

Discharge Criteria

- Pts should be returned to general care on 3W, as appropriate, if:
  Stable hemodynamics
  Stable respiratory status
  Minimal oxygen requirement
  Neurologic stability with baseline seizure control
  Interventions compatible with policies for general care on 3W

CODE BLUE / CODE CRANBERRY / CODE PINK

CODE BLUE

Activated in the event of a cardiac or respiratory arrest or any emergency requiring immediate care beyond the capability of the local personnel.
BLDGs 9, 9A, 10, 100 (MRI), & METU: Call 666
All other others: Call 777

3W senior resident and PICU provider both carry the combined RRT/code pager.

Pediatrics is identified as the IO access team for ALL codes, adult and peds. Currently, the MICU corpsman responding with the jumpbag should have an EZ-IO drill as they are NOT stocked on all crash carts. Key locations like PICU, 3W, and peds clinic have their own EZ-IO. In future, manual IOs will be stocked in all crash carts.

CODE CRANBERRY

Activated in the event of an obstetrical or newborn emergency within buildings 9, 9a, or 10. Notification will occur via text page to delivery pager, which should include the indication and location of Code.

Code team comprised of designated NICU, OB, and OB anesthesia providers. NICU response team includes NICU fellow/attending, senior resident/interns, charge nurse, and RT.

NICU team is responsible for bringing the following equipment: transport bag, code cart or kangaroo bag, transport isolette, and Neopuff.

CODE PINK

Activated for the attempted abduction of an infant or child
Call: 777 for Security response. Call: 295-0102 to notify CDO desk. Activate hospital lockdown and pre-designated response teams.

RAPID RESPONSE TEAM (RRT)

Updated 24October2012

Activation

- Call '321' and identify as "PEDS RRT" and give location
- CDO desk will contact PICU Provider, RT, & Gen Peds
- All members **must respond within 15 min.**

Length of Response

- 30min - if longer, elevate to CHARm or transfer to PICU

Criteria

MANDATORY for any staff member, regardless of the presence of the primary team/physician

- **O2 sat < 90%** despite supplemental O2 (excl. cyanotic HD)
- **Worrisome changes** in V/S, work of breathing, mental status, etc
- Staff member or **patient's family concerned** about status

Under the direction of the attending, the Senior Resident may write an order suspending or modifying specific RRT activation criteria.

AGE	Sustained Abnormal HR	Sustained Abnormal RR	Sustained Abnormal SBP
Neonate (<28d.o.)	<80 or >200	<20 or >70	<60
Infant (1-12mo)	<80 or >190	<20 or >65	<65
Toddler (1-2 yrs)	<65 or >180	<16 or >60	<70
Pre-school (2-6 y)	<60 or >170	<10 or >50	<75
School age (7-11 y)	<50 or >160	<10 or >40	<80
Adolescent (>12yrs)	<40 or >140	<10 or >35	<85

RAPID RESPONSE TEAM (RRT)

Updated 24October2012

RRT Pager 101-8783

Gen Peds Team Responsibilities

- Respond w/in 15 min for ALL pediatric RRT alerts.
- Functions as primary team (notify primary team if not Gen Peds)
- Assists in escalated care of ward patient
- ATTENDING PHYSICIAN MUST BE CONTACTED
- Documents an event note in Essentris
- Follow-up with Charge Nurse on PSR documentation

PICU Team Responsibilities

- Respond w/in 15 min for ALL peds RRT alerts.
- Solicits patient info, conducts an assessment, and may implement initial RRT response tx
- Contacts PICU attending, together with attending evaluates for PICU, intermediate care, or Ward status
- Completes Peds RRT/IMC note in Essentris
- Documents RRT in PICU's RRT Log Book in Extender Call Room
- Follow up in 2-4 hrs & 12 hrs after initial RRT for ALL pts remaining on the Ward. No additional notes from PICU unless change in status.
- PICU team rounds on IMC pts daily

Respiratory Therapy Responsibilities

- Respond w/in 15min for ALL peds RRT alerts.
- Provides respiratory support as needed

Ward Charge Nurse Responsibilities

- Fill out **PSR**