

**Minutes of Pediatric Care Committee Meeting  
December 14, 2006  
9:00 - 10:30 a.m.  
Medical Board Room CRC Room 4-2551**

PRESENT: Dr. Deborah Merke, Chair  
Ms. Felicia Andrews for *Ms. Tannia Cartledge*  
Ms. Margo Aron  
Ms. Linda Coe  
Dr. Ray Fitzgerald  
Ms. Maria Gebey  
Dr. Paul Jarosinski  
Dr. Donna Krasnewich  
Dr. David Lang  
Ms. Helen Mays  
Ms. Madeline Michael  
Dr. Naomi O'Grady  
Dr. Maryland Pao  
Ms. Becky Parks  
Dr. Scott Paul  
Ms. Kristin Johnsen for *Ms. Karen Perkins*  
Dr. Lisa Rider  
Ms. Kathy Russell  
Dr. Phillip Scheinberg  
Dr. Ekaterina Tsilou  
Dr. Lori Wiener

ABSENT:  
Dr. Nilo Avila  
Dr. Gregory Dennis  
Mr. Larry Eldridge  
Dr. Terry Fry  
Ms. Donna Gwyer  
Dr. Steve Holland  
Dr. Stephen Kaler  
Dr. Cliff Lane  
Dr. Forbes Porter  
Dr. Zena Quezado  
Dr. Kristina Rother  
Dr. Raphael Schiffmann  
Mr. Bruce Steakley  
Ms. Myra Woolery-Antill

GUESTS: Ms. Gina Ford (CC OD)  
Ms. Pat Kvochak  
Ms. Laura King

## **ANNOUNCEMENTS**

The minutes of the previous meeting were approved.

The next PALS course is Jan 17<sup>th</sup> and Jan 18<sup>th</sup> in Natcher. We continue to get more and more requests for PALS. We received 68 requests for 36 positions for the January course. We are considering increasing the number of people we can accommodate. In the meantime, if you need to take PALS and the course is filled, you can still go outside of the NIH to obtain training but there is a charge. Dr. Merke reminded everyone that nationally PALS has been updated. Therefore everyone is required to take the two day course to become recertified. The 1 day recertification will likely be available once people who have taken the updated course come up for renewal (i.e. in two years). The CC will continue to offer PALS every 6 months. The exact dates have not yet been determined for future courses. Dr. Merke thanked Dr. David Lang, Ms. Tammara Jenkins, Dr. Terry Fry, Dr. Bob Danner and Ms. Jill Sanko for participating in PALS as instructors. Their help has made PALS at the NIH possible.

Dr. Merke informed the group that Dr. Colleen Hadigan of NIAD is available to perform pediatric GI consults. She comes to the NIH from Massachusetts General in Boston and is a highly regarded pediatric gastroenterologist. We are lucky to have her here at the NIH. We will still be using CNMC for pediatric GI consults when Dr. Hadigan is not available. She will be doing HIV research in NIAID.

Dr's Merke and Lang and Ms. Michaels attended a CRIS meeting regarding electronic growth charts. CRIS staff are now aware that the electronic growth charts need improvement and maintaining the paper version is essential. We submitted a wish list for improvements to the electronic growth charts. Thank you to everyone who helped develop this wish list.

The 2007 PCC meetings will be held in the CRC Board Room (Room 4-2551) on **March 8th, June 14th, September 13th, and December 13th** from 9:00 - 10:30 AM. .

## **BUSINESS**

### **A. Patients Without a Parent or Legal Guardian**

Ms. Pat Kvochak presented her concerns regarding children arriving at the NIH Clinical Center without a parent or legal guardian. She gave a few examples of recent situations. She encouraged research teams to inform patients prior to their arrival that someone with legal authority over the child needs to accompany the patient. Often families do not realize that "other" family members (i.e. grandparents, aunt, uncle, etc) are not sufficient. Pat's office has temporary guardianship forms and the legal office is able to help families and/or social workers with this issue. The legal guardian needs to officially authorize the temporary guardian.

Dr. Lang wondered if there were different approaches for clinically indicated vs research studies. Ms. Kvochak stated that all studies are legally equivalent with the exception of emergencies. Consent is not needed to treat an emergency. In the worst situation, a child might need to be sent home because there is no legal guardian available to sign consents. The temporary guardian form can be sent to patients and families and signed prior to their arrival. Ms. Aaron commented that she often worries about why the legal guardian or

parent is not available and this needs to be explored. Ms. Kvochak stated that it is always preferable to have the legal guardian or parent sign the consent forms, especially for research studies.

Dr. Merke commented that the issues are clear for first visits. All protocol consents need to be signed. Follow-up visits are less clear, especially for outpatient visits. Many outpatients come to clinic for benign procedures, questionnaires, etc. and consents have been signed at a prior visit. Ms. Kvochak acknowledged that the consent issue may never come up for these patients. Procedure consents can be done over the phone. However, we have had an increase in the number of first visits or very ill patients who come without a legal guardian and they clearly will need to be signing consents. This has been happening about 12 times a year or on average once a month. There was some discussion of adolescents coming alone for clinic appointments. This is addressed in MAS Policy (M92-10): Children in the Clinical Center.

#### **Action**

- Pediatric patients should come to the Clinical Center with a legal guardian whenever possible. Investigators/research teams should be alert to this issue when planning for patients to come to the NIH.
- Questions regarding legal guardianship and assigning temporary legal guardian should be addressed to Ms. Pat Kvochak

#### **B. Children's Inn Update**

Ms. Laura King gave an overview of a new program at the Children's Inn, Circle of Hearts. Informational brochures were distributed. Circle of hearts is designed to help caregivers of pediatric inpatients. Often the parent does not feel comfortable leaving their child's bedside. A parent or NIH staff person (i.e. the patient's nurse, social worker) can call the Children's Inn and request support services. Services that are being offered include complimentary items such as soap, lotion, bottled water, notepads, etc.; limited laundry services; volunteer to stay with child while parent takes a short break for a cup of coffee or shower or phone call; volunteer to help parent create a Carepage.

Dr. Merke wondered about services for outpatients. Ms. King stated that outpatients staying at the Inn also can request these types of services by stopping at the front desk. These services were discussed including possibility of abuse of these generous offerings. Ms. Russell mentioned that they are monitoring the program and they are especially sensitive to parents asking to stay with a child for extended periods of time. The program is volunteer dependent.

#### **Action**

- Staff should disseminate information about the new Circle of Hearts program.

#### **C. Pediatric Census**

Dr. Lang presented FY2006 pediatric data. Data was for all of pediatrics – including all inpatient and outpatient areas. Overall, pediatrics has been increasing and this was during a time when the overall hospital activity was down. In FY2006, the total # of pediatric admissions decreased slightly (759 to 750), but the number of pediatric inpatient days increased (6006 to 6106). This may reflect the fact that we are seeing some very seriously

ill inpatients. Many of the pediatric patients that are not acutely ill have been transitioned to outpatient. Pediatric inpatient days represented 11.8 percent of total CC inpatient days (vs. 10.4 percent for FY2005). Over the past few years, there has been a progressive increase in the number of inpatient days for patients less than 2 years old (FY2004: 59, FY2005: 96; FY2006: 135). The total number of unique pediatric patients seen increased 5 percent (2971 to 3121). These patients were seen on 289 different protocols (increased from 270 protocols in 2005). The number of pediatric outpatients increased 5 percent.

#### **D. Anesthesiology QI Project**

Dr. Lang presented an update on the PCC QI project. At our last PCC meeting, we discussed concern about difficulties scheduling off-site sedation for pediatric patients. The impression was that more anesthesiology staff is needed to accommodate sedation of pediatric patients, and the scheduling is cumbersome and priority is given to acute patients. However, no data is available. Therefore, we decided to prospectively collect data on the scheduling of pediatric sedation.

Dr. Lang distributed a draft of the data that would be collected. There was general discussion. Dr. Rider suggested using an on-line survey tool, the Survey Monkey. Dr. Lang will look into this. Dr. Merke mentioned that we would capture sufficient data if about 5 different teams/institutes participated. Dr. Krasnewich volunteered to have NHGRI participate. NIAID previously volunteered to participate. Dr. Merke will talk to Dr. Porter and some other teams about participating.

#### **Action**

- Dr.'s Merke, Lang and Quezado will continue to work together to finalize the survey tool. Our goal is to start collecting data before our next PCC meeting.
- Institute investigators should email comments/suggestions about the tool to Dr. Lang

#### **C. MORE**

Dr. Jarosinski presented an overview of the MORE meeting. Dr. Lang presented new NHLBI order sets for infusion of potassium chloride and magnesium sulfate intravenous bolus supplementation based on lab values. The new guidelines were broken into patients weighing between 20 and 40 kg and those patients weighing greater than 40 kg. The Committee approved the guidelines. Dr. Lang will now take them back to NHLBI to get final agreement.

In a review of the targeted drugs (insulin, magnesium, potassium, and TPN), it was noted that there was only three occurrences among the four drugs. The committee noted that there were 53 pediatric occurrences over the last 6-month period. Of the 53 occurrences, 18% were due to orders for the wrong patient or the fake patient. The wrong person orders took place before the fake patient was inserted to avoid erroneous orders on the patient in the first bed on 1NW. The committee noted that the fake patient was effectively averting ordering errors on real patients. The committee reviewed the remaining occurrences with special emphasis on the three D and E level occurrences and found no significant trends that required attention. On a review of the bar graphs, it was noted that there were a disproportionate percentage of order entry errors over the last 6-month period (34%) versus adult order entry errors (16%).

Ms. Benjamin and Dr. Jarosinski reviewed pharmacy interventions. The largest percentage of these interventions was for “dose mismatches” where the dose ordered did not match the number of tablets or capsules ordered. It was noted that CRIS will now automatically calculate the doses so that mismatches of tablets and capsules will not occur in the future. It was noted that the latest automatic dose mismatch correction did not apply to liquids. The committee decided to recommend to CRIS that they implement the dose mismatch correction to oral liquids as soon as possible. Dr. Merke will carry this forward through the PCC.

Of the 958 interventions, 102 involved TPN, 49 involved IV potassium chloride, 23 involved ondansetron, 20 each involved acetaminophen and TMP/SMX, and 6 involved oral or IV dextrose. The TPN interventions could not be analyzed because the printout did not capture sufficient detail. The ondansetron interventions mainly involved duration of the order while the acetaminophen errors were mostly dose mismatches. The TMP/SMX orders were due to odd prophylactic schedules that involved “typed-in instructions” rather than correctly coded CRIS instructions. This was felt to be an educational issue for the CRIS users. The six dextrose interventions involved large patients whose calculated dose exceeded the maximum recommended dose. Since CRIS now appears able to cap doses, it was recommended that we approach individual investigators to see if they can incorporate a dose cap into their protocols that prescribe dextrose solutions.

The most concerning interventions were the ones involving parenteral potassium chloride at rates and/or dilutions that did not meet Clinical Center guidelines. The committee felt a more focused review of these interventions with this high alert drug was in order. Dr. Lang pointed out that there was a multitude of “quick orders” for KCl injections in the CRIS system that made the process very confusing and conducive to mistakes. The MORE committee agreed that we should strive to greatly simplify the process for ordering IV KCl by removing the majority of the quick orders. For example, the initial choices be limited to monitored and unmonitored and pediatric and adult. Dr. Jarosinski was directed to go back to Pharmacy QA and recommend that the ordering choices for IV KCl be simplified.

Dr. Jarosinski noted that lately he has noticed an increasing incidence of the use of the “suspend” function to stop a medication rather than discontinuing it. This has led to problems in adults as well as pediatric patients because the nurse will often “suspend all” when a patient goes out on pass and then another nurse will “unsuspend all” when the patient returns. The result of this action is that orders that were “suspended” instead of discontinued will again become active orders after a pass. It was recommended that committee members educate staff not to use “suspend” when the real intention is to hold or discontinue a medication,

Two sentinel events from other institutions were reviewed involving heparin and penicillin. No action was deemed necessary at the Clinical Center.