

Minutes of Pediatric Care Committee Meeting

Thursday, October 25, 2007

9:00 - 10:30 a.m.

CRC Director's Conference room (CRC, Room 6-3551).

PRESENT: Dr. Deborah Merke, Chair
Ms. Margo Aron
Dr. Kristin Baird
Ms. Suzanne Spisso for *Ms. Linda Coe*
Ms. Maria Gebey
Dr. Paul Jarosinski
Ms. Maryellen Rechner for *Dr. Stephen Kaler*
Dr. Donna Krasnewich
Dr. David Lang
Ms. Madeline Michael
Ms. Becky Parks
Dr. Scott Paul
Ms. Kristin Johnsen for *Ms. Karen Perkins*
Dr. Lisa Horowitz for *Dr. Maryland Pao*
Dr. William Kammerer for *Dr. Zena Quezado*
Mr. Bruce Steakley
Ms. Joan Sheeron
Dr. Lori Wiener
Ms. Myra Woolery-Antill

ABSENT:

Dr. Nilo Avila
Ms. Tannia Cartledge
Dr. Gregory Dennis
Mr. Larry Eldridge
Dr. Ray Fitzgerald
Dr. Steve Holland
Ms. Helen Mays
Dr. Naomi O'Grady
Dr. Forbes Porter
Dr. Lisa Rider
Dr. Kristina Rother
Ms. Kathy Russell
Dr. Phillip Scheinberg
Dr. Raphael Schiffmann
Dr. Ekaterina Tsilou

GUESTS: Ms. Stacy Barley (CC Nurs)
Ms. Pat Driscoll (NIAID)
Ms. Gina Ford (CC OD)
Ms. Pat Kvochak (CC)

ANNOUNCEMENTS

The minutes of the previous meeting were approved.

Dr. Merke introduced Dr. Kristin Baird, our new NCI representative.

The next PCC meeting will be held in the CRC Board Room (Room 4-2551) on **December 13th** from 9:00 - 10:30 AM.

The annual Children's Remembrance Service will be held November 7th at 1pm in the 7th floor Chapel.

Dr. Wiener gave an update regarding the Children's Inn.

BUSINESS

A. Review of Pediatric Addendum to General Admission Consent

Dr. Merke distributed the Pediatric Addendum to the General Admission consent for the Committee's review (<http://intranet.cc.nih.gov/medicalrecords/forms/pdf/NIH-1225-2%289-06%29.pdf>). Dr. Merke reminded everyone that a few Institutes see local adolescents who may come to the NIH Clinical Center for benign, low risk studies (i.e. questionnaires) and, after all consents are in place, the research team may chose to arrange to have the teenage subject come for a visit without a parent. Recently, an inpatient was discharged without a parent/guardian present and this has raised questions about our policy regarding adolescents traveling alone. Dr. Lang commented that this is not an isolated incident. Research teams sometimes arrange for an adolescent to be discharged without the parent/guardian present, but this is always a planned arrangement.

Ms. Pat Kvochak stated that she has concerns regarding inpatients being discharged without a parent/guardian. If this is necessary, then another adult, designated as a temporary guardian, should ideally accompany the patient. Dr. Merke stated that sometimes inpatients are not sick and there are no medical instructions. For example, obese patients or healthy controls are sometimes inpatients. Dr. Lang mentioned that if discharge instructions are indicated, they could be communicated electronically or over the phone. Ms. Kvochak stated that it is difficult from a legal perspective to justify that inpatient evaluation was necessary, but adult accompaniment on discharge is not. Dr. Krasnewich commented that in the community, it is acceptable for adolescents to go to doctor appointments alone. Dr. Paul agreed that travel alone seems acceptable for healthy subjects. The PCC discussed age at which this would be acceptable and 15 years was suggested. Dr. Wiener expressed concern that healthy controls would have different standards. Ms. Kvochak mentioned that risk would be minimized if there is a way to define the type of patient that may be able to leave the hospital alone, and the plan is reviewed by someone in the Institute.

Action Item: A subcommittee will review the consent form. Inpatients and outpatients should be discussed separately. Members include Dr. Merke, Dr. Lang, Dr. Krasnewich, Dr. Wiener, Ms. Kvochak, Ms. Sheeron, Ms. Aron, Dr. Baird and Mr. Steakley. Ms. Gina Ford and Ms. Laura Lee will review regarding JCAHO requirements.

B. Anesthesiology QI project

Dr. Lang reported on the completion of the six-month survey of pediatric off-site anesthesia use. During the survey, a sample of users provided information on anesthesia scheduling requests from February 1- July 31, 2007. During this time, 49 off-site anesthesia cases were requested by the sample group.

- Advanced scheduling request in days: range 1-155, median 36, mean 47.
- Of the 49 requests, 12 were subsequently cancelled by the requesting team, parent, or for patient medical reasons, leaving 37 potential anesthesia cases. Of these:
 - 33 completed with anesthesia (89%)
 - 29 completed on same day (78%)
 - 27 without issue (73%)
 - 1 later on scheduled day (3%)
 - 1 required intervention to retain schedule (3%)
 - 4 completed on different day (11%)
 - 2 cases done without anesthesia (5%)
 - 2 not completed at all (5%)

During the discussion, committee members commented that in addition to the concern of missed data from missed cases, cases moved to another day often require the rescheduling or canceling of other planned research tests and activities.

Dr. Kammerer reported that DASS has seen an increase in communication with research teams early in the scheduling process, which has been an improvement. In addition some teams have been willing to schedule afternoon cases when feasible. He also reported on renovations to the MRI area: There is now an additional scanner as well as areas for anesthesia induction and for post-scan procedures. All of these renovations should improve both flexibility and efficiency of staff use. Considering areas for improvement, Dr. Kammerer commented that often a pediatric case is delayed or extended, causing delays or rescheduling of subsequent cases. Examples include patients arriving without required lab work for contrast or arriving without a parent or interpreter when additional consent is needed.

Dr.'s Merke and Lang thanked NIAID, NHGRI, NICHD, NCI – neuro-oncology for their participation. The PCC commended Dr. Lang for his hard work completing this QI project.

Action Item: Drs. Merke and Lang will work with DASS and nursing to develop a list of things that should be considered prior to sending a patient for a scheduled anesthesia to avoid delays.

C. Hypertension

Dr. Lang presented information about hypertension in children, focusing on acute treatment. The information is based on published guidelines as well as P&T Committee policies about what medications can be used outside the ICU at the Clinical Center. The NHLBI recommendations are contained in *The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents*. NIH Publication No. 05-5268, available on the web at www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.pdf Highlights of this document include:

- Tables of blood pressure percentiles for each age and height-for-age major percentile.
- A list of maintenance medications.
- Treatment recommendations for urgencies/ emergencies- urgency = BP above 99th percentile with relatively mild symptoms; Emergency = same with more severe symptoms or seizures and would require ICU treatment.

Based on the report and P&T committee approval of medications, Dr Lang prepared a list of medications that are available at the Clinical Center. For urgent use outside the ICU, there are two recommended IV medications, Enalaprilat (IV enalapril) and hydralazine, plus two oral medications, clonidine and minoxidil.

Action Item: After consulting with interested committee members and clinicians, Dr. Lang will finalize the described medication list. Information such as the medication document and blood pressure tables will be circulated and posted to the Pediatrics staff-only website.

D. Pediatric Staff-Only Website

Dr. Merke reminded the committee of the website, which can be found at <http://www.cc.nih.gov/cc/pedweb/pedsstaff/index2.html>. The site will be reviewed for updates to information such as names and phone numbers and also for new information.

Action Items:

All members are asked to make suggestions for potential additions. Representatives of departments and Institutes are asked to review their areas specific sections of the website for corrections, revisions, and additions. Dr. Lang will coordinate this effort.