

Minutes of Pediatric Care Committee Meeting
Thursday, December 13, 2007
9:00 - 10:30 a.m.
Medical Board Room CRC Room 4-2551

PRESENT: Dr. Deborah Merke, Chair
Dr. Kristin Baird
Ms. Suzanne Spisso for *Ms. Linda Coe*
Ms. Nicole Gamba
Ms. Maria Gebey
Ms. Donna Gregory
Dr. Paul Jarosinski
Ms. Maryellen Rechen for *Dr. Stephen Kaler*
Ms. Joy Bryant for *Dr. Donna Krasnewich*
Dr. David Lang
Ms. Helen Mays
Ms. Madeline Michael
Ms. Becky Parks
Dr. Scott Paul
Ms. Kristin Johnsen for *Ms. Karen Perkins*
Dr. Maryland Pao
Dr. Tyler Mark Pierson
Dr. Forbes Porter
Dr. Lisa Rider
Ms. Kathy Russell
Mr. Bruce Steakley
Ms. Joan Sheeron
Ms. Myra Woolery-Antill

ABSENT:
Ms. Margo Aron
Dr. Nilo Avila
Ms. Tannia Cartledge
Dr. Gregory Dennis
Mr. Larry Eldridge
Dr. Ray Fitzgerald
Dr. Steve Holland
Dr. Naomi O'Grady
Dr. Zena Quezado
Dr. Kristina Rother
Dr. Phillip Scheinberg
Dr. Ekaterina Tsilou
Dr. Lori Wiener

GUESTS:
Ms. Gina Ford (CC OD)
Ms. Chung-Hee Row (CC/DLM)
Mr. Josh Cohen (CC/DLM)
Ms. Laura Perz-Munor (CC/Pharm)

ANNOUNCEMENTS

The minutes of the previous meeting were approved.

Dr. Merke introduced Ms. Nicole Gamba, our new 1NW nurse manager, Dr. Tyler Mark Pierson, our new NINDS representative, and Ms. Donna Gregory, the new Section Chief of Recreation Therapy (CC/RMD).

The next PCC meetings have not yet been scheduled.

Ms. Myra Woolery reminded investigators that flush orders are needed and are often forgotten. She is also working on getting less concentrated heparin (10 units/ml) for use in flushing. Nursing is also evaluating our current standards for flushing VADs.

BUSINESS

A. Laboratory issues

Dr. Lang reported on issues related to pediatric laboratory medicine. Ms. Chung-Hee Row (CC/DLM) and Mr. Josh Cohen also participated in the discussion. The following information was provided in a hand-out:

Blood sample collection in pediatric patients

1. When multiple tests are ordered, the DLM computer system will determine the number blood tubes needed and will print the corresponding labels. To ensure that the fewest tubes (labels) are requested for multiple tests:

a. Order all tests for same day at a single CRIS ordering session- order all desired tests then click "submit."

b. Any tests for a future date ordered before midnight will be reconciled to fewest tubes at midnight.

c. For additional same-day tests, call the lab and ask if a sample is available for add-on. In general, chemistry samples are kept for 7 days and hematology samples for 2 days. If a specimen is available, then order the test in CRIS, but change label printing area to "Lab:...(spec in lab)" on order form.

2. Blood drawing procedure:

a. In general, one tube will be drawn for each label printed by CRIS.

b. To reduce blood draw volume, pediatric areas will follow the revised pediatric "Order of Draw" guide and will use smaller tubes when available and appropriate. Phlebotomy also uses the pediatric tubes when possible for pediatric outpatient and morning inpatient draw. Examples:

- 2.5 mL SST instead of 4 mL tube
- 2 mL K₂EDTA instead of 3 mL tube
- 2.7 mL citrate sodium instead of 4.5 mL tub

c. Note: for some tests (send outs, special chemistry) the larger tube is required and will be noted by the label code.

d. Note: Use of the smaller tube or minimum volume risks having no sample remaining for dilutions, confirmatory tests, or add-ons.

3. Protocol Order Sets:

- a. When writing new protocol order sets, speak with lab staff as they may find redundancy or have suggestions to reduce needed sample volume. On the order set request form, write "Pediatric blood draw needed," to prompt a review.
- b. On the order set itself, note "Pediatric order set" as a heading. It is not necessary to write this in the comments of each order.
- c. For urgent questions or unusual circumstances contact Joshua Cohen in DLM.

Discussion:

A member asked if more than one label could be added to a single tube. The DLM staff responded no; however if the test is an add-on the additional label could be placed in the bag with the tubes. This procedure risks loss of the label in transport or accessioning, so it would be better to order the test as an add-on by first calling the lab and then ordering the test with location "specimen in lab." Ms. Row also commented that there is work being done on a new bar coding system that would allow the addition of tests to an already coded sample. This project is still in the proposal phase however. The PCC encouraged DLM to pursue any mechanism that would ease the process of minimizing the amount of blood drawn.

A separate issue was raised concerning MAS Policy M95-9, which states, "For pediatric patients, no more than 3 ml/kg may be drawn for research purposes in a single blood withdrawal, and no more than 7 ml/kg may be drawn over any six-week period." A suggestion was made to revise that policy to include the currently widespread practice of limiting blood draw to 5 ml/kg per day, even if done in multiple draws. Drs. Lang and Merke will work with Ms. Ford to send that recommended change through the proper channels.

Note: The following information was discovered after the PCC meeting and is being added for information:

When orders are placed in advance, they can be entered as "pre-admit" orders which will be placed on hold. If multiple orders are released in CRIS at one time, they will cross to the LIS together and be batched as well. To ensure that the released orders are processed correctly, the person releasing them must use the multiple release option in CRIS, rather than releasing them one-by-one.

Pediatric lab ranges:

The following information was provided at the meeting:

1. CRIS and LIS will be able to report reference ranges based on age. They will be reported directly in CRIS.
2. Senior staff from Clinical Chemistry are reviewing published age-based norms that are performed on assays similar to those used by our lab and will run confirmatory tests when appropriate to establish what ranges will be reported.
3. The lab ranges will be reported automatically in CRIS. For information on how the range was obtained, see the DLM website.
4. Note that these ranges have not yet been posted to the system, so for the time being most reported ranges are based on adult data. For now, consult the DLM

website, a reference such as the *Harriet Lane Handbook*, or call the Pediatric Consult Service with questions. We will inform users via email and the CIO newsletter when the ranges are available. This should be in the next 1 to 2 months.

To consult DLM website: <http://intranet.cc.nih.gov/dlm/index.html>

In CRIS, select "Item Info" when viewing an order.

Discussion:

Concern was raised about how the lab ranges will be reported- How will the user know which ranges are pediatric appropriate? Dr. Lang responded that ideally, only ranges that are appropriate will be reported for a given patient. For any test, there are three possibilities: an age appropriate range is available and reported, the range is age independent, so the same range is reported for everybody, or the adult range is not appropriate but no age appropriate range is available. In the latter case, perhaps no range would be reported, with a comment. Some committee members wondered about reporting either multiple ranges or reporting the adult range for tests with no other option, but including a comment.

Dr. Lang proposed that we review the list of age-appropriate ranges when they are available. Ms. Row also recommended providing a sample of reporting options so committee members can comment on the appearance and information provided. Dr. Merke suggested that a subcommittee work on this issue.

Action Items:

- Drs. Lang and Merke will work with Ms. Ford to send that recommended change MAS Policy M95-9 through the proper channels.
- A subcommittee will review the recommended pediatric normal ranges and sample reports when available. Dr. Lang will chair this subcommittee and will circulate information to the subcommittee and take comments and suggestions back to DLM before any changes are implemented. Subcommittee membership includes Drs. Rider, Porter, and Baird and Ms. Woolery.

B. Pediatric Staff-Only Website

Dr. Merke reminded the committee that we are in the process of updating our Pediatric Staff only website, which can be found at <http://www.cc.nih.gov/cc/pedweb/pedsstaff/index2.html>. The site is being reviewed for updates to information such as names and phone numbers and also for new information. Please submit suggested changes ASAP to Dr. Lang if you have not already done so.

C. Review of Pediatric Addendum to General Admission Consent

The subcommittee reviewing the Addendum to the General Admission Consent form met following the PCC meeting. Dr. Merke will forward suggested changes to Ms. Pat Kvochak.