Santa Clara Valley Medical Center is a teaching hospital affiliated with Stanford School of Medicine. You will find the staff very open to teaching. There are medical students, Interns, Residents as well as an Attending physician consulting and assessing each child as well as writing on the chart. I hope that the following information will help you prepare.

The safety and welfare of the patient is the #1 priority.

- Patient safety and welfare are more important than your desire to avoid a conference with me.
- Patient safety and welfare depends on prompt acknowledgment and reporting of errors in the clinical setting. It is my promise to you that if an error occurs, together we will look for the cause of the error (which is different from looking for who to “blame”).
- Patient safety and welfare means that sometimes your “hands-on” learning will be shifted to a more observational or reflective mode.

**Staff Expectations**

- Communication between student and staff is paramount. The staff expects that you will communicate with your assigned nurse frequently. This will include: updates on your assessments, vital signs, intake & output, and any change in the patient condition.

- **Shift Report:**
  - You will leave the conference/report room by 3:00 for the PM nurses to get their assignment. You will be in the area of the med carts at 3:00 (to the side of the hallway, not in the middle). I will tell you who your nurse will be and point him/her out to you. You will then accompany the nurse to the back nurses station for a brief report.
  - The nurses then give a shift report via walking rounds. The day nurse will give report at each child’s bedside; this allows the oncoming shift to assess the IV site, check the IV fluids, and ensure that necessary emergency equipment is at the bedside. The nurse will also write his/her name on the whiteboard, the date, & the hours of the next shift. Student nurses are encouraged to write his/her name on the board, along with the hours they will be there.
- Students must be present for change of shift report. If a student misses report, they are not only missing an important piece of patient care, but they are also putting the patient at risk (since you may miss a vital piece of information that can affect the child’s care.

- It is expected that the student will tell the nurse at the beginning of the shift:
  - Your name
  - Your assigned patient
  - What you will be responsible for throughout the shift. [This includes not only that you are in the second semester of the program, but where in the semester. This may even include that you are at the very beginning of your rotation and your comfort level w/assessments is low, or that you are at the end of your rotation and are comfortable with doing the assessment]. Communication is key.
  - What time you will be on/off the unit. You may want to negotiate your dinner time at this time – if only to find out when the nurse is scheduled.
• When you do take your break, please report off to the nurse and myself. It is also suggested that you report off to another student who can “cover” for you while you are gone. This is especially important if you absolutely cannot find your nurse to give report. The assignment sheet has a spot for you to write in the time when you leave for your dinner break.

• The break room is small, and the staff does need some “down time” (no matter how wonderful you are). Please use the cafeteria, the first floor lobby, or the tables outside. There is also a “lobby” on the 4th floor as you get off the M2 elevator, to the left once you get to the main hallway.

• Your prep time should focus on getting a beginning familiarity with your assigned patient’s disease process & developmental stage prior to assuming care of the child. You will have time to get more information as the shift progresses.
  o I would suggest taking brief notes with your initial reading of the H&P (History & Physical) during this first hour, then take more detailed notes later. When you do have a patient’s medical chart, please return it where you found it as promptly as possible. In addition, listen for people asking for it.
  o You need to review the rand (Kardex) before receiving report. If you have difficulty getting to the rand, notify me.
  o There is a separate notebook with the MARs. You must also look up medications and check dosing, administration, etc. prior to giving medications. Although I want you to look up all medications, you only need to do the calculations on the meds you will be giving. This means you should also look up the prn meds the child is possibly going to be given.

• Communication is the key for safety and the optimal care of our children. Please – ask me if you have any questions. Ask your nurse specific questions, rather than questions that require a long explanation on why something is done. Let me do that.
  o Communication needs to be 2-way. If you find that your nurse is not communicating changes, updates, etc. w/you, let me know.
  o Anything that you don’t know how to do (even if it is how to change a diaper, feed a baby, etc.) let myself and your nurse know. I am here to “walk” you through things you do not know how to do. Do take advantage of mannequins in the lab if you are totally unfamiliar with children.
  o If there is any change in plan (especially re: narrative charting or administering a med) you must communicate this to your assigned nurse immediately.
  o Check in with your assigned nurse often: give latest vital signs, what has been done, what needs to be done, etc.
  o Please notify the assigned nurse, preferably before documenting them, of any unusual/abnormal vital signs. Notify the assigned nurse, resource &/or charge nurse of any sudden change or deterioration in the child’s condition.
  o You must ‘report off” to the nurse prior to leaving the unit. I want you to have the nursing chart in your hand so that they can review VS, & I&O.
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MEDICATION SAFETY

- Most pediatric medications are prescribed based on the child’s weight. The residents/nurses currently use the Packard Hospital Housestaff Manual (soon to be outdated) and the Taketomo Pediatric Dosage Handbook (by Lexi-comp) for calculating medications. There are several copies on the unit.

- Standardized times are used for medication administration. (there are, of course, occasional exceptions). For the PM shift, t.i.d. medications are due at 1700, and ‘q 6 hour’ medications are due at 1800. We are not on the unit when b.i.d. meds are due at 2100. Because there are not a lot of scheduled medications to give, you will want to be prepared to give prn medications. Look them up early, because often there is more urgency in giving these and if you cannot give them in a timely manner, the RN will need to administer them. And you lose out on an opportunity to give a medication. Some common prn medications that are given and you may want to look up the first week:
  - Ibuprofen
  - Tylenol
  - Tylenol with Codeine

- You will always give medications with me. At the beginning of the shift you should let me know if you have a scheduled med. I will occasionally allow you to give a med (especially a prn) with your nurse if I am busy and the nurse is willing and has the time. Your calculations must be done and reviewed with me; I do not expect the nurses to go over calculations with you.

- If for some reason you will not be able to administer a medication that you told your nurse you would give with me, it is imperative to let the nurse know as soon as possible so that the medication can be given on time. You are responsible for reading the part of the medication administration policy that I have provided for you.

CHARTING

The Nurses Notes are a large flow sheet (back and front) and are kept in a maroon binder. Some key points:

- Vital signs are done every 4 hours unless ordered more frequently (found in the Nursing Rand).

- A full assessment must be performed at least twice a shift; the times on the PM shift are 1600 & 2000.

- Every patient is on strict I & O unless otherwise indicated. With several people changing diapers and offering fluids, this often is one of the greatest challenges, and requires a lot of communication. Please check with me or your nurse frequently with questions.

- Narrative charting: I will provide a ‘sample nurses notes’ sheet for your initial charting. You should show this to me prior to having your nurse review it. Please check with the assigned nurse for his/her preferences as some nurses prefer to look at all charting before it is entered in the chart. Chart promptly and keep documentation up to date. (See Summary Timeline).

- The Nurses Notes must be secured at all times If you are not actively charting on the flowsheet, the maroon binders (Nurses Notes) must be stored in the Nurse Charting Room near the medication carts.
**SUMMARY OF EXPECTATIONS, AND TIMELINE OF YOUR SHIFT**

**1400:** meet in lounge, get patient assignment.

**1400-1500:** Gather patient data (Rand, MAR, H&P) and quickly look up diagnosis.

**1500:** gather in area of med cart where I will give you nurse’s name. Meet your nurse when he/she is done looking at Rand card.

**1510-1530:** get report, to include walking rounds. Look at: IV, emergency equipment (O2, suction, Ambu Bag, code sheet).
- Put your name on whiteboard & how long you will be there.
- Discuss with your nurse where he/she would like to meet you after he/she is finished getting report on all of his/her patients.
- If you have not looked at MAR, do so at this time. Tell me of any scheduled meds you have. Start calculations on any meds you may be giving.

**1530-1600:** If your patient has an IV, come tell me. Sometime during this half-hour I would like to: hear a brief report and go check your IV pump, settings, etc. with you. Put a ‘Student Nurse’ tag on the volutrol. During this time you also should meet with your nurse and discuss:
- Who you are, where you are in the program, what you will be doing, how long you will be here, if you will be doing charting, etc. (see page 1) if you haven’t already done this. This is the time to clarify anything in report you did not understand, and discuss the plan for the evening. When are each of you going to dinner?
- How the nurse wants you to proceed, preferences (wait for him/her to do assessment, go ahead & start, etc).

**1600:** Patient assessment. This is really anytime between 1545 & 1615.

**By 1700:** You should have charted your assessment, and begun your SAMPLE narrative.

**1700-1730:** Show me your sample narrative, review w/your nurse, and rewrite it in the patient’s chart.

**IMPORTANT:** It is important to me that you chart by 1730 for you to learn time management. It is not important that you chart in the official chart, however. If for some reason (e.g. there is an orientee or a preceptee) the nurse does not want you to chart – fine. Tell me, and I will provide you a sample chart form. I repeat – it is important for you to chart. It is not important that it is on the legal chart.

**1800:** do a “mini” I & O. Has the child voided yet? If not, when was the last void? What is the output in mg/kg/hr? Same with intake. How is your IV doing?

**By 1830:** You should have taken your dinner break. Prior to a break there should be an 1800 note in the narrative.

**2000:** Assessment. Note in narrative. *****REMINDER:** All narratives are shown to me prior to going in the chart.

**2030:** Have completed (& charted) assessment and narrative, as well as reported off to nurse. Have chart available to show I & O to him/her. Make sure there is at least 1 hours worth of IV fluid in volutrol. Go to conference.