

**Loyola University Medical Center
Pediatric Emergency Medicine
3rd year Medical Student Rotation**

IMPORTANT UPDATES: SCHEDULING

The pediatric emergency medicine rotation is 1 week; expect 5-6 overnight shifts. Shifts start at 10 pm and end at 6 am. Due to the complexities of scheduling with multiple learners in the Emergency Department (ED) including MS3, MS4, EM residents, and off-service residents, the shifts assigned during your week in the ED cannot be changed. Requests to change times or days will not be honored, regardless of staffing during your week. This is also to be fair to your colleagues/classmates. Please refer to the SSOM policy on requesting time off. Emergencies or illnesses will be excused on a case by case basis (refer to SSOM policy as to what constitutes an emergency).

****All attendance matters including absences, illnesses, and personal or family emergencies must be sent in writing to the clerkship coordinator, Ana Juaraz, and cc Dr. Christina Long*

DRESS CODE: As with all rotations, you are expected to dress professionally.

- You must wear your lab coat with ID badge at all times
- Scrubs (except hospital-issued misty green) may be worn; follow SSOM policy in regards to wearing your white coat.
- No hoodies, sweatshirts or other "casual" street wear (sports team shirts, etc)
- Business casual attire is an option

ED "HOW TO":

- Arrive 5-10 min early to get situated. Introduce yourself to the pediatric resident, and the overnight attending physicians (3 total each night).
- Log into Epic on a computer, and select "emergency department" as location.
 - Once you are logged in to Epic, select "Swipe In" at the top and choose "medical Student"
 - When you are ready to see a patient, "right click" on the patient, and assign yourself
- You can see any pediatric patient who has not yet been seen. Click on the "Pediatrics" tab to see pediatric patients in the department.
 - Check under the Physician Tab or Resident tab; if nobody is assigned, this patient is waiting to be seen. Confirm with the resident.
- Patients are generally brought back to the Emergency Department based on

acuity level or time waiting to be seen, unless brought in by ambulance. Patients are assigned an acuity level based on the Emergency Severity Index tool; level 1 is the most serious/critical/life-threatening, and level 5 is the most benign, requiring few resources. Any level 1 patient would need to be seen by an attending physician immediately, but you may also assist.

- You are expected to write a full H&P on all of your patients
 - Any re-exams or updates can be incorporated into your note if you select "pend"
 - If you "sign" your note, any updates would need to be entered into a "progress note".
- The senior resident on shift will be in charge of seeing your patients as well. Please present all your patients to the senior resident. The senior resident will then staff the patient with the attending physician assigned, and you should be accompanying them as well.
 - If you want to present to the attending directly, please do so after you introduce yourself
- You should give the senior resident an evaluation to complete for EACH shift worked. If you work multiple shifts with one resident, that resident may fill out 1 evaluation and state the # nights worked together.
 - Evaluations will be weighted and averaged to create your grade
- Plan to bring reading material relevant to pediatrics and emergency medicine during any downtime you may have.
 - You have access to Up-To-Date via the Web in Epic (upper right corner)

Pediatric Injuries and illnesses may include, but are not limited to:

- Fever
- Upper and lower respiratory illnesses (viral vs bacterial, bronchiolitis, pneumonia)
 - Covid-19 Virus
- Pharyngitis
- Ear infections (otitis media, otitis externa)
- Eye infections and/or injuries (conjunctivitis, corneal abrasions)
- Asthma (learn the RDS score)
- Cardiac complaints (syncope, chest pain, congenital cardiac conditions)
- Abdominal pain (know differential of abdominal pain based on age and location)
- Gastrointestinal complaints (nausea, vomiting and/or diarrhea)
- Genitourinary complaints (dysuria, STI, testicular pain, testicular or ovarian torsion, diaper rash)
- Musculoskeletal injuries (sprains, fractures, dislocations)
- Foreign bodies (ears, nose, esophageal)
- Head injuries (know PECARN criteria)

- Endocrine: Diabetes and diabetic ketoacidosis
- Rashes
- Psychiatric (behavioral, depression, suicidal ideation)
- Ingestions/toxic exposures
- Social issues (abuse, neglect)

If you have any questions or concerns during your rotation, please contact Dr. Christina Long, department of Emergency Medicine, as she is the assistant director for the clerkship.

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