

A Resident's Typical Day

Cardiovascular Intensive Care Unit

"A typical day in the CVICU begins around 7am with pre-rounding. During pre-rounding, I check changes made to the medication regimen, labs, and microbiology to help me determine whether medication dose adjustments or other drug recommendations to the team may be beneficial to my patients. During pre-rounds, I ensure that the pumps used to deliver medications as continuous infusions have been programmed accurately. Narcotic and pharmacokinetic monitoring also occurs at this time. Rounds begin around 8:30 AM with a review of the radiology films taken of our patients followed by bedside rounds. The patients in the CVICU are mostly infants and young children recovering from corrective surgery for their congenital heart diseases. The rounding team consists of an attending physician, pediatric cardiology fellows, nurse practitioners, nurses, and other various subspecialty services. Pharmacy residents are well received and welcome on rounds and many questions are asked of us. After rounds, I meet with the CVICU preceptor to discuss my patients and topics relevant to pediatric cardiology. Pharmacy residents are encouraged to participate and assist the pharmacist in preparing emergent medications during any code blue events. The end of the day is a good time to research and read ahead for the next day."

- **LPCH Pharmacy Practice Resident, Class of 2010,
from the University of California, San Francisco**

Pediatric Intensive Care Unit

"A typical day in the PICU begins around 7:00 AM. First, I preround on my patients, searching for dose adjustments, drug interaction, adverse effects, etc. As a part of prerounding, I check my patients' drips to ensure that the medication pumps have been programmed appropriately according to physician's orders and the concentration of the drug. During this time, narcotic monitoring is also completed. As the last step before rounds, I monitor drug levels and appropriate labs for patients treated with vancomycin and/or aminoglycosides. At 8:30 AM, patient care rounds begin, lasting 2-3 hours. The team usually consists of physicians, nurses, respiratory therapists, nutritionists, and social workers. Consulting services, such as nephrology, infectious disease, and cardiology are frequently involved in patient care rounds as well. Parents are encouraged to attend the discussion regarding their child. During rounds, I address any issues identified during pre-rounds and answer medication-related questions that arise. Upon completion of patient care rounds, the attending physicians often invite me to join the teaching sessions for the medical residents. After this, I discuss changes made during rounds and present patients to the PICU preceptor. PICU-related topics are discussed as part of the learning experience. As part of the ICU team, I am encouraged to participate in code blue events with the pharmacists and prepare medications for the code blue team. The remainder of the day is spent researching questions for the team and working on various projects."

- **LPCH Pharmacy Practice Resident, Class of 2010,
from the University of California, San Francisco**

Neonatal Intensive Care Unit

"NICU rounds are an interactive and education-oriented experience. Many of the patients are premature and congenital heart defects or genetic disorders are commonly seen in the patient population. Pre-rounding is a helpful way to assess patients' improvement, ensure proper dosing, and see any new patients that were born and admitted to the team's service overnight. Residents and medical students on the team will often provide short teaching sessions to the rest of the team when a patient with an uncommon issue or disease state is admitted to the NICU, and pharmacy residents are also asked to provide a teaching session (or two) to the team to provide them with information on pertinent drugs that aren't commonly seen in the NICU. Drug information and dosing questions are posed to the resident when pertinent. Meetings with the preceptor are spent discussing common topics from the NICU and current patients."

- **LPCH Pharmacy Practice Resident, Class of 2010,
from the University of the Sciences in Philadelphia**

Transplant

"The solid organ transplant rotation at LPCH is extremely unique. You have the opportunity to work closely with the unit-based pharmacist and provide care for pre- and post-transplant patients. Organs that have been transplanted include the heart, lungs, liver, small bowel, and kidneys. Mornings are spent attending rounds in the intensive care units as well as in the general pediatrics units. Pharmacotherapy plays a crucial role in helping to prevent rejection and infection. In the afternoons, there are meetings to discuss patients who could potentially benefit from a transplant as well as updates on patients currently on the transplant list. Discharge teaching post-transplant is also a large component of this rotation. You get to work closely with the patient and patient's family to ensure proper administration of medication and understanding of medication side effects. This solid organ transplant rotation allows you to experience the full spectrum of providing care to pre- and post-transplant patients."

- **LPCH Pharmacy Practice Resident, Class of 2010,
from the University of California, San Francisco**

General Pediatrics

"General pediatrics was one of my most interesting rotations, comprising of a wide variety of specialties including rheumatology, solid organ transplant, pulmonary, nephrology, adolescent medicine, gastroenterology, and many others. This was a unique experience for me as I had an opportunity to participate in our newly implemented family centered rounds. This model of rounding allows family members to be an integrated part of the interdisciplinary team, where they take an active part in the clinical decisions and management of the patient. My typical day consisted of pre-rounding on my patients in the morning before joining the team on rounds. After rounds, I would follow-up with the therapeutic decisions made by the team during rounds, research answers to drug information questions, document clinical interventions, and coordinate discharge prescriptions with the outpatient pharmacy. In the afternoon, I met with my preceptors to review patient cases or topic discussions as well as work on rotation assignments and other residency projects."

- **LPCH Pharmacy Practice Resident, Class of 2011
from the University of Southern California**