TORRANCE MEMORIAL MEDICAL CENTER

DEPARTMENT OF PEDIATRICS

RULES AND REGULATIONS
APPROVED 9/30/2014

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APPENDICES

The following are the Rules and Regulations governing any and all physicians who provide care for children up to 18 years of age in the Hospital.

ARTICLE I - FUNCTIONS OF THE PEDIATRIC DEPARTMENT

It is the function of the Pediatric Department to uphold the highest standards of pediatric care, to protect the welfare of children admitted to the Hospital, and to consider guidelines for hospital care of newborns and children as recommended by the American Academy of Pediatrics and other agencies such as the Center for Disease Control (CDC) and National Institutes of Health (NIH).

Nominees for Department Chief will be selected by members of the Department each year. The new Chief will be elected by vote of the Active Staff members of the Pediatric Department. This includes General Pediatricians, Pediatric Sub-specialists and Neonatologists.

The Department will review the care provided to pediatric patients in the hospital. Selection criteria for case reviews will be re-evaluated and provided to the Performance Improvement department as often as necessary.

ARTICLE II - PEDIATRIC DEPARTMENT MEMBERSHIP

See general and sub-specialty privilege cards for qualifications.

ARTICLE III - PROCTORING POLICY

See Medical Staff Proctoring Policy and Procedures and general and sub-specialty privilege cards.

ARTICLE IV - ATTENDING (PHYSICIAN) IN PEDIATRICS

See General Staff Rules and Regulations: Medical Staff Responsibilities Designation: 2. Attending Physician.

ARTICLE V - CONSULTANT (PHYSICIAN) IN PEDIATRICS

See included Sub-specialty privilege cards for specifications.

ARTICLE VI - REQUIRED CONSULTATION

Members of the Department of Pediatrics are required to obtain consultation from sub-specialist physicians in a timely manner when indicated by the clinical condition or diagnosis of the patient. These instances would include but are not limited to: diagnosis, unexpected (or lack of anticipated) response to treatment, malignancy, clotting abnormality or any instance where the physician feels he/she needs assistance.

ARTICLE VII - STANDARDS FOR PHYSICIANS ADMITTING PATIENTS AND RENDERING CARE TO PATIENTS IN THE NICU

See Department of Pediatrics – Neonatal – Perinatal Medicine Privilege Card.

Any Neonatologist providing Level III newborn intensive care in the NICU must provide for in house coverage 24 hours a day, seven days a week.

1. Normal Newborn Care Guidelines:

   The following guidelines are established to ensure that standard of care is being maintained in the Newborn Nursery.

   a. Baby must be seen by the attending physician within the first 24-hours of delivery, and;
   b. Baby must be seen by the attending physician the same day of discharge from the hospital.

ARTICLE VIII - REQUIREMENTS FOR PRIVILEGES TO ATTEND CESAREAN SECTIONS FOR ALL NON-NEONATOLOGY PHYSICIANS

See Department of Pediatrics – General Pediatrics Privilege Card.

ARTICLE IX - EMERGENCY DEPARTMENT PANEL SERVICE-REQUIRED

Service on the Emergency Department Call Panel for the Department of Pediatrics will be required and shall be covered by the pediatric hospitalists. Exclusions to the Call Panel are outlined in the General Staff Rules and Regulations.

On-Call Panel, Physician Response Time

As a guideline for practice in the Department of Pediatrics relative to an emergency "response time" for physicians, the following will apply:

An emergency "response time", to the Emergency Department and/or to the Pediatric Unit will be thirty (30) minutes from the time the physician answers a telephone call, until the time the physician is present in the hospital.

ARTICLE X – SIMULTANEOUS CARE OF HIGH RISK PEDIATRIC SURGICAL CASES

Purpose: To provide the best coordination of care pre and post operatively.

The most common pediatric surgical procedure complicated by postoperative respiratory failure is adenotonsillectomy performed for the indication of Obstructive Sleep Apnea. Therefore it is imperative that the pediatrician speak with the surgeon prior to referral and identify this high-risk

ARTICLE X – SIMULTANEOUS CARE OF HIGH RISK PEDIATRIC SURGICAL CASES

situation. Further, the surgeon must then notify the pediatrician of the exact time and date of surgery so that in the event of a post operative complication care of the patient and transfer to an appropriate tertiary care facility can be accomplished in a timely manner.

Therefore, direct physician to physician contact is required in all of the above circumstances. This rule obligates both the pediatrician and surgeon.

Age less than 3-years
Failure to Thrive
Cardiac Abnormality
Craniofacial Abnormality
Chest film Abnormality
Obstructive Event Index >10-hours

*McColley, S. et. al. Arch Otolaryngol Head Neck Surg, 118:940

This rule is written in mutual collaboration between the Chiefs of Pediatrics, General Surgery and ENT Surgery.

APPENDIX I

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SUBJECT/TITLE: **CRITERIA FOR TRANSFER OF INFANT FROM MOTHER/ BABY TO NICU**

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Infant has one or more of the following:

1. Has hypoglycemia not responding after 2 gavage feedings.
2. Has tachypnea longer than 8 hours.
3. Has respiratory distress requiring greater than 30% Fi 02 for greater than 8-hours.
4. Is 34-weeks gestation or less.
5. Weighs less than 2 Kg.
6. Requires IV Therapy or transfusion.
7. Has signs of sepsis requiring septic work-up
8. Has a central Hct greater than 65 and requires partial exchange transfusion.
9. Requires vital signs equal to or more than Q2 hours after 6-hours of life.

*Infant may stay in NICU up to 48-hours from admission to NICU and be transferred back to NBN as a patient if the baby's clinical condition so warrants.