

# Pediatric Quality & Safety

May/June 2026

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## Quality & Safety Speak

### What is a Serious Safety Event (SSE)?

A SSE is declared when a patient suffers moderate or severe harm **AND** there was a deviation from the standard of care. All potential events are reviewed by the Pediatric Quality & Safety Team to determine if SSE criteria is met and to identify opportunities for improvement to prevent reoccurrence of events.

*Our last Serious Safety Event at Upstate Golisano Children's Hospital was a Medication Error.*

### What is the Preventable Harm Index (PHI)?

The Preventable Harm Index is a rolling count of the number of children that have been harmed in our care within the last 365 days. Remember those serious safety events that were explained last month? Anytime a patient suffers a serious safety event, they are added to the PHI. These are events that resulted in patient harm that were found to be preventable. This is the number we want to be at ZERO!



UPSTATE  
SAFETY HEROES

*Our current Preventable Harm Index is 9 patients.*

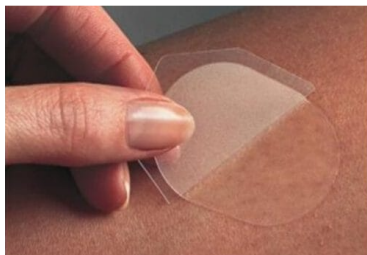
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## Practice Changes/Reminders



### DOMEBORO in Pyxis

- Aluminum Sulfate-Calcium Acetate (DOMEBORO) is used at times for diaper dermatitis
- This will now be stored in packets in the pyxis and mixed with sterile water by Nursing on the unit.
- Mixing instructions will be the MAR



### Transdermal Patches

- Transdermal patches should be checked to confirm placement 3 times a day.
- Document patch check in Epic.
- Documentation is currently in flowsheets, however will be moving to the MAR - updates coming soon!



### Seizure Precautions

- [CM S-01, Seizure Precautions](#) has been updated
- Consider an RRT for prolonged or repeated seizures
- If a patient requires benzo, contact the **primary team** for assessment prior to administration
- Refer to [Pediatric Seizure/Status Epilepticus Clinical Pathway](#).



### Pediatric Residency Graduation

- 🎓 Pediatric Residency Graduation is the evening of June 18th! 🎓
- PHM services from 1500-2300 will be covered by Melissa Schafer and Seth Johnson
- Amion will be updated
- Both providers will log into epic team lists, PAR, and the Red/Blue Senior Voceras



### ★RELIZORB★

- RELIZORB is a synthetic digestive enzyme cartridge that connects in-line with tube feeds. It assists in the digestion of fats contained in enteral formulas.
- New policy: PED E-05 Use of Synthetic Digestive Enzymes (RELIZORB) in Pediatrics
- RELIZORB may only be used in patients who are currently using it at home. It cannot be initiated in the hospital settings.
- Order from Distribution at the direction of Peds GI



### CINCH Trial is Live!

- We are currently trialing the CINCH securement device to reduce accidentally tube/line dislodgements or removals
- We are underwhelmed with the product so far (they keep falling off the patient). 😞 We will continue the trial for now and bring in a new product to trial should the CINCH prove to be ineffective.
- Submit feedback through the QR code or reach out to Karen MacNaught, Michelle Jeski, or Kristen

- Refer to policy for how to use

Connolly for questions/concerns



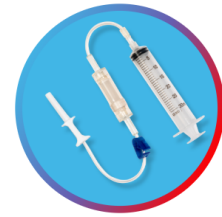
### Zoll CodeWriter Training

- Zoll CodeWriter will go live July 20th
- Training classes & Brightspace education will be assigned in June!
- [Please sign up for a class through this link](#) 😊



### New Job Aid

- A Job Aid for a Hickman/Broviac Dressing Change is now available in MCN
- Link: [Pediatric Job Aid Hickman/Broviac Dressing Change, F95811](#)



### Blood Filter Syringe Adapter

- Blood Filter Syringe Adapter is now available!
- Stocked in 12F - all other areas call Distribution
- May be used for any blood product requiring a blood filter with a **total volume < 50 mL**

## Fall Updates [Go Live 6/1/26]

### Humpty Dumpty/Fall Updates

- Age and Gender will auto populate in the HD scoring to save you some clicks!
- These rows will be read only rows meaning you **cannot** document in them.
- They will automatically calculate after the Diagnosis row is documented



### New Peds Post Fall Flowsheet

- We have a new peds post fall flowsheet to streamline post fall documentation for peds!
- This **only** needs to be used if a kiddo falls and sustains moderate/major injury
- Examples of moderate/major injury: suspected head/neck injury, AMS, limb deformity, etc
- Policy reference: [PROC CM F-07F, Pediatric Post Fall Assessment, Management, and Monitoring](#)

Peds Vitals		Peds/PICU Assessment		Peds Intake/Output		IV Assessment		Peds Daily	
Search...		Mode: View All		ED to Hosp-Admission (Current...)				Peds Post Fall	
Show All		5/12/2026		5/15/2026		1300		0800	
Notific... <input checked="" type="checkbox"/>									
Vitals <input checked="" type="checkbox"/>									
Spinal... <input checked="" type="checkbox"/>									
Neuro... <input checked="" type="checkbox"/>									
Humpt... <input checked="" type="checkbox"/>									
High F... <input checked="" type="checkbox"/>									
		<b>Notification</b>							
		<input checked="" type="checkbox"/> Family Member Notified?							
		<input checked="" type="checkbox"/> PEDS/SWAT Notified							
		<input checked="" type="checkbox"/> Primary Team Notification							
		<b>Vitals</b>							
		Temp							
		Pulse							
		Resp							
		BP							
		<input checked="" type="checkbox"/> Pain Assessment							
		<b>Spinal Immobilization</b>							
		<input checked="" type="checkbox"/> Spinal Immobilization Needed							
		<b>Neurological</b>							
		<input checked="" type="checkbox"/> Neuro (WDL)							
		<b>Humpty Dumpty-Post Fall</b>							
		<input checked="" type="checkbox"/> Fall During Hospitalization		Yes					
		<b>High Fall Risk Interventions - Post Fall</b>							
		NonSkid Footwear							
		Bed In Lowest Position							
		Side Rails/Bed Type							
		Assistive Device							
		Room Safety Measures							
		Elimination needs							
		Hourly Rounding							
		Room Door Open							
		Gait Belt Used For Transfers							
		Patient Re-oriented							
		Humpty Dumpty Sign on Door							
		Pt/Family Educated on Fall Pr...							

## Pediatric Ostomy Resources

Our Children's Surgery Verification (CSV) team has been working hard to standardized post op care!

New resources for patients with a new ostomy:



- The patient education book has been updated. Printed copies are available on 11E. [Pediatric Ostomy Guide for Parents and Professionals](#)
- All patients will receive an ostomy educational kit from the American College of Surgeons
- Ostomy "Go Bags" are now available from the CSV Team. Jill French will round on patients with new ostomies and provide families with a "go bag" to organize their ostomy supplies. We also have pouch covers and belts available - reach out to Jill if needed!
- An educational pathway (below) has been developed to provide guidance on education and support for families to ensure a smooth transition home. **Nursing Cliff Notes:** Reinforce education completed by the ostomy team and complete the education protocol linked below!
- [Education Protocol: Pediatric Ostomy Teaching](#) will be completed by the bedside RN

# Pediatric Ostomy Education Pathway

## INCLUSION CRITERIA:

Pediatric patient with a new ostomy (intestine)

## EXCLUSION CRITERIA:

1. Admissions outside of UGCH
2. Urinary ostomy
3. Preexisting ostomy

## METRICS:

1. Primary: LOS
2. Process: Compliance with pathway
3. Balancing: Readmission, clinic calls

**Epic** Wound Ostomy UH

Pediatric Ostomy Guide

## Pediatric Ostomy Resources:

- ACS Ostomy Education Kit
- Pediatric Ostomy Guide for Parents and Professionals

Ostomy Team  
315-441-0452



**Pre Op Appointment 550 Harrison w/Child Life:**

- Child Life will reach out to the family to schedule
- Pre Op Preparation
- Provides ostomy doll to patient
- \*Child Life is available for support throughout all phases of the encounter

	Provider	Ostomy Team	Nursing				
Pre-Op	<ul style="list-style-type: none"> <li>• Non-emergent ostomy: Epic Consults Outpatient 1 week prior</li> <li>• Consult Child Life</li> <li>• Consult to Ostomy Care</li> <li>• Epic chat: Wound Ostomy UH</li> </ul> <ul style="list-style-type: none"> <li>• Emergent Ostomy: Epic Consults Inpatient:</li> <li>• Consult Child Life</li> <li>• Consult to Ostomy Care</li> <li>• Epic chat: Wound Ostomy UH</li> </ul>	<p>Pre Op Education (non-emergent ostomy only - may be completed by Ped Surg Clinic or Ostomy Team):</p> <ul style="list-style-type: none"> <li>□ Provide pediatric teaching book</li> <li>□ Review ACS Ostomy Education Kit</li> <li>□ Review life with ostomy</li> <li>□ Anticipated dietary/nutrition needs</li> <li>□ Explain type of ostomy (ileostomy or colostomy)</li> </ul> <p>Meets patient on 3N to mark site</p>	<ul style="list-style-type: none"> <li>• Pediatric Surgery Clinic will send Epic chat to *Wound Ostomy UH before scheduled ostomy procedure to notify for marking.</li> </ul>				
Post-Op	<ul style="list-style-type: none"> <li>• Epic Consults</li> <li>• Consult Nutrition</li> <li>• Consult Child Life</li> <li>• Consult to Ostomy Care</li> <li>• Epic Chat: Wound Ostomy UH</li> </ul> <p><b>Call medical provider if:</b></p> <ul style="list-style-type: none"> <li>• Pouch frequently falls off or skin irritation, sores, or rashes develop on/ around stoma (keep skin clean and dry, avoid lotions)</li> <li>• Stoma is very pale, very dark, or bleeds a lot (some bleeding is normal with pouch changes or site care)</li> <li>• Increased or decreased output</li> <li>• Stoma sticks out/sinks in more than usual</li> </ul>	<ul style="list-style-type: none"> <li>□ Bag fit</li> <li>□ Basic education (characteristics of a healthy stoma &amp; stools)</li> <li>□ Pouch change</li> <li>□ Ordering of supplies during admission</li> <li>□ When to call medical provider after discharge</li> <li>□ Complications &amp; Interventions</li> <li>□ Collaborate with CSV Education &amp; Outreach Coordinator to stock Ostomy Go Bag prior to discharge</li> </ul> <table border="1"> <thead> <tr> <th>Complications</th> <th>Interventions/Symptoms</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>□ Leaking</li> <li>□ Constipation</li> <li>□ Dehydration</li> <li>□ Infection</li> <li>□ Bowel Obstruction</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>□ Change bag asap to avoid skin breakdown</li> <li>□ Drink fluids</li> <li>□ "Respiration at risk" (i.e. watery output, dry lips, fatigue, irritability, lethargy)</li> <li>□ Contact provider (fever, swelling, redness, tenderness)</li> <li>□ Contact provider (abd distention, cramping, N/V, pain, swelling at stoma)</li> </ul> </td> </tr> </tbody> </table>	Complications	Interventions/Symptoms	<ul style="list-style-type: none"> <li>□ Leaking</li> <li>□ Constipation</li> <li>□ Dehydration</li> <li>□ Infection</li> <li>□ Bowel Obstruction</li> </ul>	<ul style="list-style-type: none"> <li>□ Change bag asap to avoid skin breakdown</li> <li>□ Drink fluids</li> <li>□ "Respiration at risk" (i.e. watery output, dry lips, fatigue, irritability, lethargy)</li> <li>□ Contact provider (fever, swelling, redness, tenderness)</li> <li>□ Contact provider (abd distention, cramping, N/V, pain, swelling at stoma)</li> </ul>	<p>Admit patient to 11E</p> <p><b>Initiate Education Protocol: Pediatric Ostomy Teaching, F82967</b></p> <ul style="list-style-type: none"> <li>□ Reinforce education done by ostomy team or may start education if ostomy team not available</li> <li>□ Pouch change</li> <li>□ CSV Education &amp; Outreach Coordinator rounding daily starting POD #1 - provides Ostomy Go Bag</li> </ul>
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Discharge Planning	<p><b>Case Management: Supplies &amp; DME</b></p> <ul style="list-style-type: none"> <li>□ Discharge with enough supplies until follow up appointment</li> <li>□ Wafer make/reference #</li> <li>□ Pouch make/reference #</li> <li>□ Skin barrier wipes (if needed)</li> <li>□ Stomach adhesive eakin seal (if needed)</li> <li>□ Stomach adhesive powder (if needed)</li> <li>□ Peds Surg will order supplies during follow up appointment</li> </ul>	<p><b>Prior to discharge the patient/caregiver will independently demonstrate:</b></p> <ul style="list-style-type: none"> <li>□ Characteristics of healthy stoma and stools</li> <li>□ How to empty the ostomy pouch</li> <li>□ How to change the pouching system</li> <li>□ Complications and management</li> <li>□ When/how to contact pediatric surgery clinic</li> </ul> <p><b>Follow Up Appointments Scheduled</b></p> <ul style="list-style-type: none"> <li>□ Pediatric Surgery</li> <li>□ Pediatric GI</li> <li>□ Ostomy Clinic - referral placed prior to discharge; scheduled x1 then as needed</li> </ul>	<p><b>Complete Education Protocol: Pediatric Ostomy, F82967</b></p>				

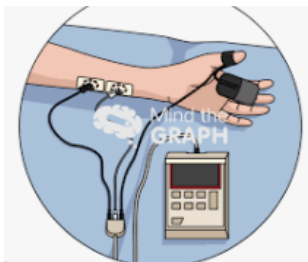


For questions regarding this clinical decision support tool, contact: Andrew Osten, MD

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Form #: \*\*\*  
Version: 1.0  
Published: \*\*\*  
Last Updated: 4/28/2026  
Expected Revision: \*\*\*

## PICU Updates



### Train of Four

- Standard: Document Train of Four every 12 hours, before & 15 minutes after intermittent bolus or titration
- Policy CM N-08 is currently being updated to reflect this standard for PICU
- Epic order has already been updated!



### Restraint Documentation

- Please do **not** document "sedated" for the Psychological Status Row
- Instead, choose from one of the current options: subdued, patient asleep, unable to assess - patient asleep, etc.
- Documenting that the patient is sedated and restrained will be a red



### Delirium

- As we progress in our journey with SPS to reduce PICU Delirium we are now at the phase of building our prevention bundle and identifying a process for positive CAPD scores.
- A Delirium read & sign is coming soon!

# Policies, Patient Education & Forms - oh my!

## ★New★

- [Cast Care Discharge Instructions](#) (Pt Education)
- [Soft Food Diet for Post-op T&A](#) (Pt Education)
- [Testicular Torsion Discharge Instructions](#) (Pt Education)
- [Tylenol and Motrin Pain Schedule](#) (Pt Education)
- PED E-05, Use of Synthetic Digestive Enzymes (RELIZORB) in Pediatrics

## Reviewed & Revised

- [CM S-01, Seizure Precautions](#): ambu bag changed to resuscitation bag; prior to benzo administration notify primary team instead of neurology.

## Deleted

- CM P-79: Pediatric Button Battery Ingestion Guidelines - archived; [refer to Pediatric Button Battery Ingestion Clinical Pathway](#)
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April 2026

Congratulations,  
Erin!



Erin's attention to detail while validating orders brought to light a situation in which a medication was ordered in an emergency for the incorrect patient. Using her error prevention tools, she immediately contacted the ordering provider, requested a change, and had the medication ready for the correct patient without any delay in care. Thank you for keeping our patients safe! You are such an asset to UGCH!

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🎉 PICU passes 1 year since last Unplanned Extubation! 😎



## Quick Links

[Submit a Good Catch or Safety Improvement Idea Here!](#)

[UGCH Superhero of the Month Nomination Form](#)

[Pediatric Clinical Pathways](#)



**Michelle Jeski**

Michelle is using Smore to create beautiful newsletters