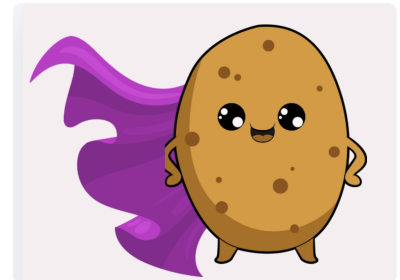


Pediatric Quality & Safety

July 2026

Proactive Safety Huddles

We now have a **NEW Epic Chat** to request a Proactive Safety Huddle! This chat group, titled "Proactive Safety Huddle" includes all members of the Pediatric Quality & Safety Team 🗣️ Huddles may also be requested through direct communication with our team or talk to your Clinical Leader!



What is a Proactive Safety Huddle?

- An interdisciplinary huddle used to **anticipate** and **plan** for potential risks to the patient
- Purpose: enhance communication and raise concerns from the team **prior** to an event occurring
- *Please note proactive safety huddles are not meant for care coordinator amongst teams*

When should a Proactive Safety Huddle be used?

- Complex/unique situations
- Something without an established process
- Something that goes against normal workflow or practice
- Processes that need different equipment or supplies
- Unusual medication orders (ie. medication not routinely utilized on a unit)



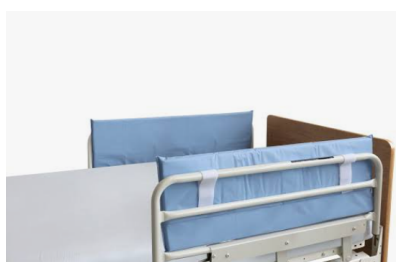
Proactive Safety Huddle

Used to facilitate proactive safety huddle.



Used by frontline staff to contact the Quality team to facilitate a proactive safety huddle.

Practice Changes/Reminders



Children's Surgery Application Submitted!

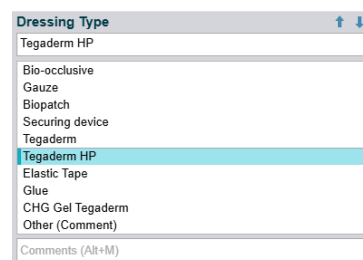
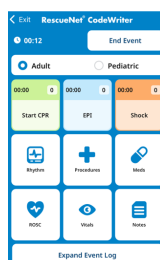
- Our application to the American College of Surgeons (ACS) to become a Level 1 Children's Surgery center has been submitted and accepted
- Congratulations to the CSV team for all of their work and completing over 200 pages of questions and documentation for submission! 😊😊
- Next step: scheduling the site visit with the ACS

Seizure Pads

- 1/2 length seizure pads are the standard in UGCH
- [CM S-01, Seizure Precautions](#): Do not pad side rails of infant cribs. Use 1/2 length pads to pad only the upper portion of the rails for patients in all other beds unless otherwise ordered.
- Please enter a comment requesting the short pads when ordering from Equipment.
- Equipment is working on obtaining upper rail pads made for our beds - coming soon!

Eating Disorder Menus

- New eating disorder menus are available for patients who are admitted outside of normal dietician hours (after 2pm, weekends, holidays).
- Intended to provide appropriate meal options for the first 24-48hrs until they can be evaluated by a dietician.
- [F95816, Eating Disorder Menu](#)



GoLYTELY on MAR

- Rate titrations for GoLYTELY will now be documented in the MAR instead of the tube feeding LDA.
- Intake volumes will automatically calculate and flow to the I&O Flowsheet.
- [Click for Epic tip sheet](#)

Zoll CodeWriter

- Hospital wide go live is July 20th
- Please complete June Brightspace education
- In person training is still available. You can sign up through PDL by clicking [here](#)
- If you have any questions please contact Jenn Murphy

Tegaderm HP

- Tegaderm HP is now an option for central line dressing type!

Screen! We may need to intervene!


PEDIATRIC SEPSIS ALERT

CM S-32 | Sepsis Recognition and Guidelines

Contributing Factors
Temp: **102.2 F** (4h max)
Heart Rate: **172** (4h max)

Latest Blood Pressure
BP: (!) **80/36** (6/24/2026 10:00 AM)

Normal Blood Pressure Reference
Age 1-2 years: 86-106 / 42-63 (Systolic / Diastolic)



Document
Pediatric Sepsis Screening [Edit Details](#)

Pediatric Sepsis Screening

Is there a concern for sepsis?
 Yes No

Is the patient high risk?
 Asplenia Central or indwelling line/catheter Immune suppression
 Infant (age < 6 weeks or history of prematurity) Malignancy Post-transplant
 None

Is the patient's capillary refill > 3 seconds?
 Yes No

Is the patient's blood pressure low?
 Yes No

Does the patient have an acute change in mental status?
 Yes No

Decline to Utilize Sepsis Screening
 Not Primary Nurse Patient Care Emergency

See the SEPSIS OPA? Be sure to say something! It just takes a minute to complete ALL questions. If any are YES, call the provider for a bedside huddle! Sepsis note is live for providers to document the outcome of the huddle! ?find Bridgett Langstaff- vocera, email, teams, x41492

#saynotosepsis

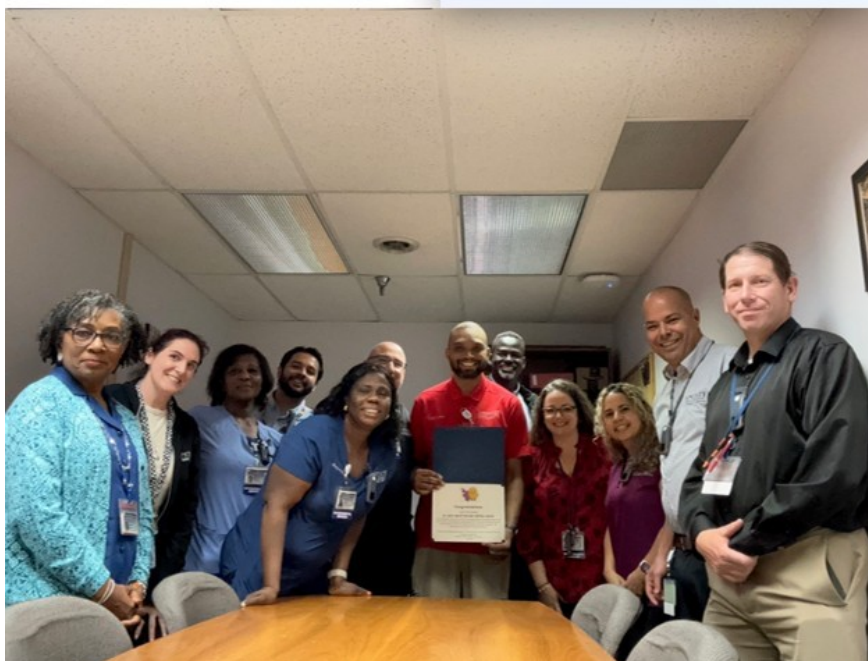
Policies, Patient Education & Forms – oh my!

Reviewed & Revised

- [PED C-08, Pediatric Central Lines: Insertion & Removal](#): Guidance added for placement verification of emergent lines. *Emergent line placements: A radiograph to check central line tip location is recommended. The attending may direct the line to be used immediately and may defer waiting time for CXR to focus delivery of emergent patient care or intrahospital transport. Use of line will be based upon positive aspiration of blood and ability to flush without difficulty. A chest x-ray will be obtained once clinically safe to do so.*
- [CM S-45 Use of a Single Medication for Procedural Minimal Sedation/Anxiolysis for Pediatric Patients](#): Updated medication dosing reference, grammatical errors
- [PED P-09 Automated Pupillometry in the PICU](#): grammatical errors, references updated
- [F82805 Education Protocol Pediatric G-Tube/J-Tube Teaching](#): Caregiver #2 made optional

June 2026

Congratulations,
Juan!



We recognize Juan this month for responding to a mom yelling for help on 12E. He bravely rushed into the room and made a literal GOOD CATCH when he scooped up a child hanging from the side of a crib! Thank you for being a very valuable member of the UGCH Team, Juan!
We value your dedication and willingness to jump right in and lend a hand.

****great reminder to double check the crib rails when raising them- ensure the locks are engaged!****

Submit a Good Catch or Safety Improvement Idea Here!

🎉 UGCH passes 650 days last CAUTI! 🤙



Quick Links

UGCH Superhero of the Month Nomination Form

Submit a Good Catch or Safety Improvement Idea Here!

Pediatric Clinical Pathways



Michelle Jeski

Michelle is using Smore to create beautiful newsletters

