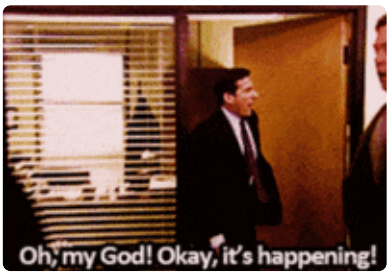
UPSTATE
Golisano Children's Hospital

Pediatric Quality & Safety

September 2026

Children's Surgery Verification Updates

The ACS is coming!



- **We are excited to welcome the American College of Surgeons (ACS) November 16-17** for our Children's Surgery Verification (CVS) site visit!
- The ACS will review our care across multiple disciplines and departments throughout the Upstate system. Kristen Connolly will be reaching out to identified stakeholders as appropriate with specific times during those dates.
- Members of the CSV team attended the ACS Quality, Safety, and Cancer Conference last month. We were able to gather information surrounding best practices for pediatric surgical care, opioid stewardship, and methods to improve efficiency of case reviews.

The CSV Team now has Vocera!

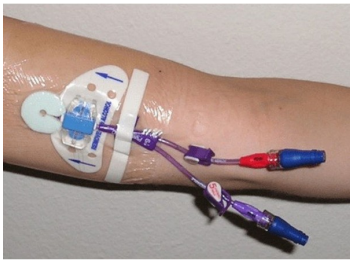
Children's Surgery encompasses all pediatric patients age 17 and under who receive general anesthesia (inpatient, outpatient, 3N, 5E, procedural areas, etc.)

- **Kristen Connolly (Program Manager)** - any questions/concerns related to any and all things children's surgery, request a proactive safety huddle for a surgical patient
- **Marissa Mathieson (PI Coordinator)** - care concerns, clinical pathway compliance, opportunities for improvement, request a proactive safety huddle for a surgical patient
- **Jill French (Education & Outreach)** - staff education, patient education (new ostomy, new trach, new GT, any other topics for surgical patients!)

Practice Changes/Reminders

New Surgical Clinical Pathways

- New Clinical Pathways have been added to the website!
- Cleft Palate Repair [link]
- Tympanoplasty [link]



2.6 Fr PICC Lines

- 2.6Fr PICC lines are currently on back order
- We are actively working on securing more product
- In the interim - the Peds VAT team will only be able

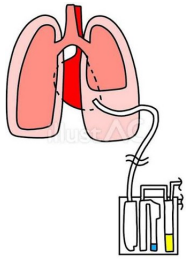
AMiON

Peds VAT Schedule

- The schedule for the Peds VAT team is on Amion!
- Amion: Peds PICC
- Peds VAT nurses: Jennifer (Jen) Benedict &

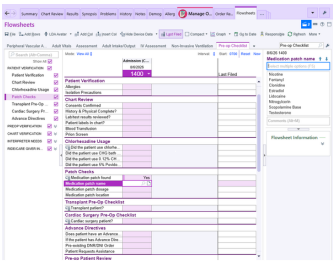
to place a 3Fr or larger

Jacqueline (Jackie) Drzazgowski 😎



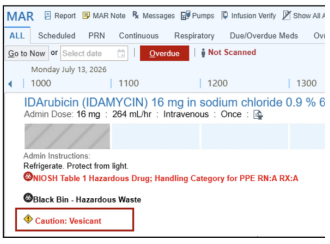
Chest Tube Job Aid

- Chest tube dressings are changing for peds!
- Be sure to review the new Pediatric Job Aid: Chest Tube Dressing Change⭐
- All chest tubes require a securement device - these are now stocked on all peds units and in the 3N OR



Pre Op Checklist & Transdermal Patches

- Patch checks have been added to the Pre Op Checklist
- In addition, patch documentation will be transitioning from flowsheets to the MAR in September
- Keep an eye out for an Epic tip sheet with the change!



Vesicant Flag Added to MAR

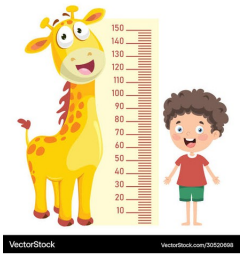
- A new vesicant flag has been added to the MAR for appropriate medications
- Refer to CM E-05, Intravenous Medication Infiltration/Treatment for Medications and Management

TPN Lab Frequency

- **Once stable, patients on TPN do not require daily "TPN labs" just because they're on TPN**
- Initial (1st week & as needed for titration): CMP, MG, Ph, Triglycerides (additional triglycerides and ionized CA as needed); Weekly: CBC
- Once stable: 2-3 X/week: CMP, MG, Ph, Triglycerides (when changes made to lipid or acutely ill); Weekly: CBC, prealbumin (and as needed)

Unidentified Patients

- New process is live 9/1/26!
- DOB will be entered for patients estimated age
- Epic shortcuts:
  - **YB** – Estimated age in **years** (adults or pediatric)
  - **MB** - Estimated age in **months** (pediatric only)
  - **WB** – Estimated age in **weeks** (pediatric only)
- Remember to call Social Work to assist with



Heights

- Remember to document a weight and **height** for every admission!
- We're really good about weights but heights are inconsistent

confirming the patient's identify

Home Medications Process Change (Take 2)

- All home medications should be brought home. There are now 3 options if that is not possible:
- Storage of controlled or unidentified substances ➡ call UPD
- Storage or administration of non-controlled substance ➡ call Pharmacy
- Controlled substance with active order to administer ➡ call Pharmacy for beside lockbox
- New policy: CM P-90 Patients Own Medications; PROC CM P-90A Patients Own Medication Procedure
- New medication storage form: F81681 Pharmacy: Patient's Own Medication Storage

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Epic Grand Central is Coming Soon!

Upstate is transitioning from TeleTracking to Epic Grand Central, which will integrate key patient flow functions including the Transfer Center, Bed Management, EVS, and Patient Transport. The project team continues with system build, testing, and operational readiness activities in preparation for the **October 17th go-live**. Current efforts are focused on completing remaining build items, reporting functionality, workflow optimization, and training preparation to ensure a successful implementation.

Reach out the project leads - Tracy Briguglia & Margie Greenfiled with any questions!

IV Piggyback Meds - Missed/Late Doses

- Remember to break all seals PRIOR to infusing duplex containers
- Verify bag is spiked properly
- Verify medication fluid is infusing before leaving the bedside

DUPLEX® Container
Directions for Use

B|BRAUN
SHARING EXPERTISE

"PEEL"

PEEL THE FOIL STRIP FROM THE DRUG CHAMBER

"SNAP"

SQUEEZE THE BAG TO OPEN THE FIRST SEAL BETWEEN THE DILUENT AND DRUG POWDER

"SHAKE"

SHAKE THOROUGHLY TO MIX

"SNAP"

SQUEEZE THE BAG TO OPEN THE SECOND SEAL, RELEASING SOLUTION TO THE SET PORT

"GO"

REMOVE THE FOIL TAB FROM THE SET PORT, SPIKE BAG AND START ADMINISTRATION

Label and Inspect:

- Apply patient-specific label on foil side of container. Do not cover any portion of foil strip with patient label.
- Unfold the DUPLEX Container. Use only if container and seals are intact.
- Visually inspect diluent chamber for particulate matter. To inspect the drug powder for foreign matter or discoloration, peel foil strip from drug chamber. Protect from light after removal of foil strip.

NOTE: Product does not require refrigeration prior to activation.

Reconstitute:

- Unfold the DUPLEX Container and point the set port in a downward direction.
- Starting at the hanger tab end, fold the DUPLEX Container just below the diluent line, trapping all air above the fold. To activate, squeeze the folded diluent chamber until the seal between the diluent and powder opens, releasing diluent into the drug powder chamber.
- Shake the diluent-powder mixture until the drug powder is completely dissolved.
- Visually inspect the reconstituted solution for particulate matter.

Administer:

- Point the set port in a downward direction.
- Starting at the hanger tab end, fold the DUPLEX Container just below the solution line, trapping all air above the fold. Squeeze the folded DUPLEX Container until the seal between the solution and set port opens, releasing solution to set port.
- Using aseptic technique, remove the foil tab cover from the set port and attach sterile administration set. Refer to Directions for Use accompanying the administration set.

Precautions:

- Use only if prepared solution is clear and free from particulate matter.
- Do not use in series connection.
- Do not introduce additives into the DUPLEX Container.
- Do not freeze.
- Refer to product package insert for complete Directions for Use and prescribing information.

DUPLEX Containers are not made with DEHP, PVC or natural rubber latex.

Product Description	NDC No.	REF No.
500 mg Meropenem for Injection USP and Sodium Chloride Injection USP	00264-3183-11	3183-11
1 g Meropenem for Injection USP and Sodium Chloride Injection USP	00264-3185-11	3185-11
1 g Cefazolin for Injection USP and Dextrose Injection USP	00264-3103-11	3103-11
2 g Cefazolin for Injection USP and Dextrose Injection USP	00264-3105-11	3105-11
3 g Cefazolin for Injection USP and Dextrose Injection USP	00264-3107-11	3107-11
1 g Cefoxitin for Injection and Dextrose Injection	00264-3123-11	3123-11
2 g Cefoxitin for Injection and Dextrose Injection	00264-3125-11	3125-11
1 g CeftRIaxONE for Injection and Dextrose Injection	00264-3153-11	3153-11
2 g CeftRIaxONE for Injection and Dextrose Injection	00264-3155-11	3155-11
1 g Cefepime for Injection USP and Dextrose Injection USP	00264-3193-11	3193-11
2 g Cefepime for Injection USP and Dextrose Injection USP	00264-3195-11	3195-11
2.25 g Piperacillin and Tazobactam for Injection USP and 50 mL of 0.45% Sodium Chloride Injection USP	0264-3446-11	3446-11
3.375 g Piperacillin and Tazobactam for Injection USP and 50 mL of 0.3% Sodium Chloride Injection USP	0264-3448-11	3448-11
4.5 g Piperacillin and Tazobactam for Injection USP and 100 mL of 0.45% Sodium Chloride Injection USP	0264-3450-22	3450-22

B. Braun Medical Inc. | Bethlehem, PA | bbraunusa.com

For Customer Support Call 800-227-2862

🍂 Pediatric Respiratory Skill Fairs
September 1st & 14th 🍎

Policies, Patient Education & Forms – oh my!

Reviewed & Revised

- PTT M-01 Pediatric Transport Medications: Added information on how to remove a controlled-substance infusion & how to transfer from Community to Downtown with infusion.
- PED F-04 Frequent Vital Sign and Monitoring Guidelines for Pediatric Patients: Added which medications require an RN to be at the bedside for the 1st 15 minutes.
- CM S-52 Safe Medication Administration in Pediatric Patients: Updated chart to reflect new 2025 KIDs list, added 7Q, 2CP, and 3CP, removed double check for medications drawn from a vial for < 6 mo, added guidance on transdermal patches

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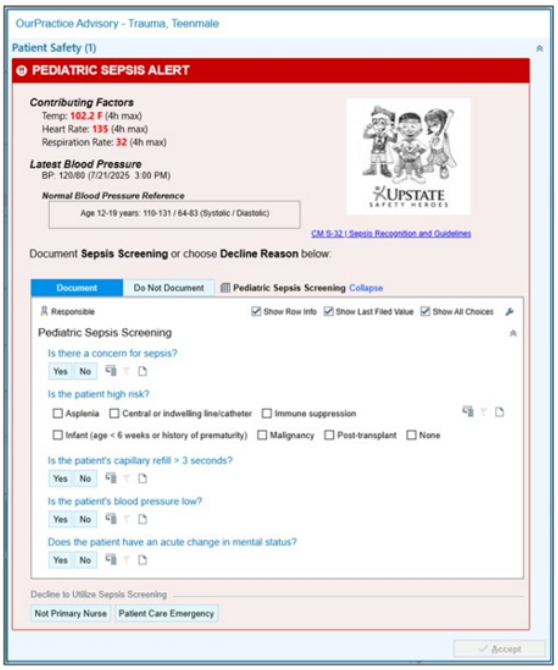
September is SEPSIS AWARENESS Month!



Happy ***One Year*** of our new & improved Sepsis Screening OPA!

- → Remember to complete ALL screening questions
- → Notify provider of (+) screen = any YES answers
- → Have bedside huddle with provider within 30 minutes
- → Provider note template is LIVE! Expected note to be completed with every (+) screen after the huddle
- → Call Bridgett Langstaff with any questions!

Think Sepsis! Suspect Sepsis! Save Lives!

Anyone can access the Pediatric Sepsis Protocol Screening & Initial Treatment Bundle! (F95526)

Scan QR code below:

Sepsis Clinical Pathway Website

⭐UGCH Receives AHA Get With the Guidelines Awards!⭐

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