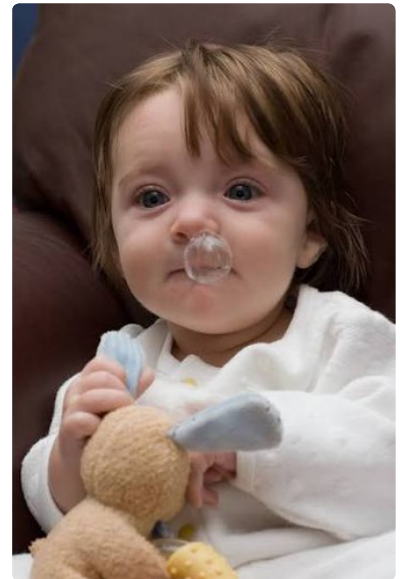


PEDIATRIC QUALITY & SAFETY

October 2026

Respiratory Season Updates 🤧

- QI Goal: decouple HFNC from bronchiolitis and focus on diagnostic specificity
- Staff education has been assigned! Go live **October 13th**
- We have a new [High Flow Nasal Cannula Clinical Pathway](#)
- Use of high flow nasal cannula outside 12F has been expanded to include bronchiolitis, asthma, respiratory distress, etc.
- Multiple exclusions have been added
- No changes to age limitation (≤ 35 months) or max floor settings (50% FiO₂ & 2LPM/kg - max 30LPM)
- No changes to FiO₂ wean - titrate to keep sats $\geq 90\%$ ($\geq 88\%$ asleep)
- No changes to High Flow Holidays



A close-up of Jon Snow from the TV show Game of Thrones, looking serious with snow on his face and hair. The background is a snowy, mountainous landscape.

Bronchiolitis is Coming

Karius Spectrum Epic Updates

New Order

- Search "Karius Blood Testing"
- This new order has several features including:
- ✓ Indications for Use: providers will be prompted to select an indication for testing (see below)
- ✓ Requirement of Infectious Disease Approval: ID approval is required
- ✓ Blood Culture Prompt: blood cultures must be collected with the specimen if they have not been collected within the previous 2 calendar days

Karius Blood Testing

Results

Procedure	Component	Value	Units	Date/Time
Blood culture (Blood, Venous) [380279836]				Collected: 09/11/26 0747
Order Status: Sent		Specimen: Blood, Venous	Updated: 09/11/26 0747	

Central Lines

Active Central Lines

Name	Placement date	Placement time	Site	Days	Additional Info
CVC Single Lumen	06/02/26	0714	—	102	Placement: Non-Emergent

06/02/26 Right Subclavian No

Placed by External Staff?: No
Catheter Time Out Checklist Completed: Yes
CVC Catheter : Tunneled
Power Injectable: Yes
Orientation: Right
Location: Subclavian
Site Prep: Alcohol;Betadine;Chloraprep
Local Anesthetic: Topical
Insertion attempts: 2
Guidewire Removed and Intact: No
Placement Verification: Chest X-ray
Dressing: Bio-occlusive;Gauze
Secured with: Sutureless Device
Patient Tolerance: Tolerated well
Catheter Condition Intact?: Yes

Inactive Central Lines

None

Device Days (8/12/2026 to 9/10/2026)

Device Types with Zero Days

Process Instructions:

Tier 1 (all credentialed providers)

Frequency:

ONCE

At

9/11/2026

Today

Tomorrow

0749

Reference Links:

Specimen Type:

Blood

Specimen Source:

Blood, Venous

Approval from Infectious Disease

Yes

No

Indication of use

Culture-negative endocarditis

Immunocompromised host with negative workup, ongoing concern infection

Deep-seated infection - biopsy not feasible

Atypical/fastidious pathogen with high epidemiologic concern

Other

Release to patient

Immediate

Manual release only

Comments:

+ Add Comments (F6)

Add-on:

This procedure does not allow add-ons

Accept

Cancel

Link Order

Remove

And

Blood culture (Blood, Venous)

Remove

ONCE, today at 0749, For 1 occurrence

Blood, Blood, Venous, Tier 1 (all credentialed providers) Two cultures should be ordered for peds > 29 lbs & all adult pats PEDS 2-13 kg (4-29 lbs) 1-3mL 1 pediatric bottle PEDS 13-36 kg (30 - 80 lbs) 20 mL (10mL per bottle) in 2 adult aerobic bottles PEDS & ADULT > 36 kg (>80 lbs) 40mL (10mL per bottle) in 2 adult aerobic and 2 anaerobic bottles When feasible, each bottle or set (aerobic/anaerobic) should be collected from a separate venipuncture site

Next Required

Accept

Indications for Use

- See below for approved clinical indications for Karius testing in pediatric patients

GREEN — Appropriate indications	
Indication	Criteria / Notes
Culture-negative endocarditis	Strongest evidence base. Blood cultures and traditional infectious evaluation negative ≥ 48h; suspicion for fastidious organism such as Bartonella, Q fever, Brucella, HACEK, or Histoplasma. Fulfills major Duke Criterion if <i>C. burnetii</i> , <i>Bartonella</i> , or <i>T. whipplei</i> detected.
Deep-seated infection, biopsy not feasible	Examples: Brain abscess, vertebral osteomyelitis/discitis with negative blood cultures. Traditional evaluation negative ≥ 48h.
Immunocompromised host (high-risk) with negative workup, ongoing infection	Includes SOT or HSCT recipients, high-risk febrile neutropenia, and severe primary immunodeficiency. Traditional evaluation negative ≥ 24-48h.
Atypical/fastidious pathogen with high epidemiologic concern	Strong suspicion for Nocardia, Kingella, Coxiella/Q fever, Brucella, tularemia, or invasive fungal infection when conventional testing <u>unrevealing</u> .
YELLOW — Limited / conflicting evidence; use selectively with ID input	
Indication	Criteria / Notes
Invasive fungal infection	Diagnosis is challenging; conventional testing does not always yield an organism. Despite limitations (reduced sensitivity for Aspergillus), Karius may detect <u>the causative</u> organism when a time-sensitive diagnosis is required, and biopsy is not feasible.
Complicated pediatric pneumonia	Yield may exceed standard testing in pediatrics and can impact antibiotic management, but evidence is primarily retrospective. Consider if traditional testing (cultures, RVP, Strep pneumo urine ag, or MRSA nares) is unrevealing <u>and</u> results would change management.
Fever of unknown origin (FUO)	Limited data (case reports/series only). Consider after full tiered workup (blood cultures, imaging, malignancy/autoimmune evaluation) is negative and infectious etiology remains high on differential.
Concern for zoonotic / vector-borne pathogen	Reasonable when conventional serology is negative and epidemiologic exposure is compelling.
RED — Do not use	
Indication	Criteria / Notes
Rule-out infection / undifferentiated fever	Negative <u>result does</u> not exclude infection. Clinical impact limited to high pretest probability scenarios.
Confirm a known pathogen	If conventional testing is positive for a likely pathogen, NGS adds no value and should not be ordered.
Short empiric course planned (≤14 days)	Results will not change management. The ~\$1,700 price is not justified.
Serial monitoring / treatment trending	MPM values cannot be reliably trended; no validated data for serial load monitoring. <u>Repeat</u> testing within 2 months is not indicated unless new clinical illness warrants it.
Evaluation for RNA viruses	Karius detects cell-free DNA only and cannot detect RNA viruses. This includes HIV, hepatitis C, Zika, SARS-CoV-2, and other coronaviruses. Standard viral PCR or serology must be used for these pathogens.

Collection

- Patients must have blood cultures collected within 2 calendar days of sending the Karius test. If they have not had blood cultures sent, please be sure to send with the Karius test (the blood culture order is linked to the Karius testing order)
- No changes to specimen collection, tube requirements, or laboratory handling procedures

Practice Changes/Reminders

Proactive Safety Huddles

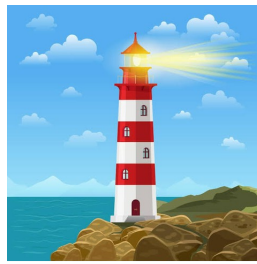
- Does your patient need a Proactive Safety Huddle?
- The Pediatric Quality & Safety Team can be reached on Epic through the Proactive Safety Huddle group chat!
- Send us a message 24/7 and we can coordinate a bedside huddle on the next business day.
- Weekend/off shift huddles may be facilitated by the nursing staff or primary (pediatric) team.





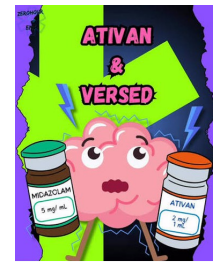
Child Life

- Please call Child Life as soon as you are made aware of any procedures! This includes central line placement, PIV insertion, blood draws, lumbar puncture, I&D, and on and on!
- The sooner they are made aware, the better they can make a plan to support your patient.



Pediatric Watcher Program

- Creates situational awareness for patients outside the ICU at risk for clinical deterioration
- Go Live October 5th
- Policy: [PED W-03 Pediatric Watcher Program](#)



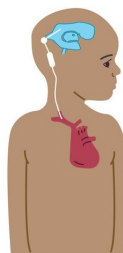
Seizure Clinical Pathway Updated

- Rectal valium has been removed from the seizure/status epilepticus clinical pathway
- Primary rescue meds include IV lorazepam or IN/IM/Buccal midazolam
- [Pediatric Seizure/Status Epilepticus Clinical Pathway](#)



12F CVC Dressing Removal Change

- PICU & Peds SWAT may remove non-tunneled femoral CVC lines with competency
- A sterile gauze and tegaderm should be used for the post removal dressing instead of elastoplast



Central Line Insertion Update

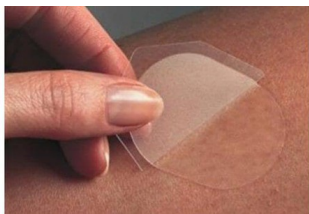
- All kiddos with a ventriculo-atrial (VA) shunt now require neurosurgery approval prior to the placement of a non-emergent central line
- [PED C-08 Pediatric Central Lines Insertion & Removal](#)



Measles Clinical Pathway

- A [Measles Clinical Pathway](#) is now available through the Clinical Pathways website

Epic Updates



Ht: 120 cm (95%)
 Last Wt: 54 kg (119 lb 0.8 oz)
 (~99%)
 Dos Wt: 53 kg (116 lb 13.5 oz)
 BMI: 37.50 kg/m² ! (>99%)

Peds Emergency Drug Sheet

Pediatric Anaphylaxis Drug Dosing
 Pediatric Emergency/Sepsis Antimicrobial Drug Dosing
 Pediatric RSI Drug Dosing
 Pediatric Radiology Medications
 Pediatric Sepsis Antimicrobial Meds
 Pediatric Epi-Spritzer Drug Dosing
 Pediatric Transport Team Medication Dosing Sheet
 Pediatric Seizure/Status Epilepticus Dosing and Administration Medications

Transdermal Patches

- See Epic tip sheet below or through [this link](#)
- The documentation for a transdermal patch has moved from flowsheets to the MAR with patch checks scheduled for 0900, 1600 and 2100

Dosing Weight

- If a patient has a dosing weight entered into epic it is now be displayed on the Storyboard for nursing visibility.

Pediatric Seizure/Status Dosing Sheet

- A pediatric seizure/status epilepticus drug sheet is now available through the Index Summary in Epic.
- This sheet includes dosing and how to prepare meds prior to administration.

EPIC SYSTEM UPDATE

Inpatient Nursing

Medication Patch Verification Reminder

Overview of Feature / Changes

Effective September 15, 2026: A **Verify Patch** reminder will appear in the **MAR** and **Brain/ Work List** to prompt verification that medication patches remain in place after application.

- Patch Verify reminders will automatically appear in the MAR and Brain/ Work List at **9:00 AM, 4:00 PM, and 9:00 PM**.
- Patch Verify tasks include a **4-hour buffer**. The task will not appear within 4 hours after a patch is applied or within 4 hours before the scheduled patch removal time.
- Complete the **Verify Patch MAR** action to document that the medication patch remains in place.

Updated Content

Select from the appropriate MAR Actions.

Policies, Patient Education & Forms - oh my!

Reviewed & Revised

- [CM K-03 Ketamine Infusions for Pediatrics](#): added status epilepticus as an indication for use in PICU
- [PED C-08 Pediatric Central Lines: Insertion & Removal](#): consult neurosurgery prior to placing non-emergency central lines in patients with VA shunt, updated PICU/Peds SWAT removal competency
- [PED P-08 Alteplase \(tPA\) Administration for Pediatric Central Lines](#): length & volume for 1.9Fr and 2.6Fr lines added
- [PED W-02 Assessment and Management of Iatrogenic Withdrawal Syndrome in Acute Care Pediatric Patients](#): Added WAT A2A
- [PED I-06 Assessment and Management of Iatrogenic Withdrawal Syndrome and Withdrawal Assessment Tool in PICU Patients](#): Added WAT A2A
- [PED D-03 Guidelines for Admission and Treatment of NYS OCFS Youth at UGCH](#): locked restraints will stay on patient at discretion of facility, social work will assist with custody/consents, no stoplight for this population
- [F95619 Pediatric CVC Removal Competency](#): updated to reflect current standards; dressing changed from elastoplast to gauze w/tegaderm post removal
- [F95604 High Flow Nasal Cannula Bedside Chart](#): updated to reflect changes to policy, includes PAS scoring, QR changed from bronchiolitis clinical pathway to new high flow clinical pathway

Reviewed - No Changes

- [PED P-06 Pediatric Post Operative Pneumonia Prevention \(BUBBLE\)](#)
- [F95662 Pediatric Job Aid: Port Access Deaccess](#)
- [F95660 Pediatric Job Aid: Clave Change](#)
- [F95661 Pediatric Job Aid: Dressing Change](#)
- [F95667 Pediatric Job Aid: Home Care of Line](#)
- [F95663 Pediatric CHG Wipes](#)

New

- [PED D-06 Facility Dog Standards and Guidelines](#)

Archived

- F95725 Job Aid: PPD Placement

UGCH passes 2 years since last CAUTI!!



- **Days since last CAUTI:** 12F > 750 ★ 11E > 2,450 ★ 11G > 5,375 ★ 12E > 5,375
- **Continue with our CAUTI Prevention Bundle** - it's working! Remove catheters when no longer clinically indicated, discuss need daily, utilize pediatric foley order, foley care with soap & water minimum daily, keep bag below the level of the bladder and unobstructed, & place a blue chux under the collection bag



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