

DEPARTMENT OF PEDIATRICS

RULES AND REGULATIONS

PREAMBLE:

The Southeast Missouri Hospital and its pediatric staff shall maintain pediatric facilities and services sufficient to meet the needs of infants and children, and conforming to established community standards. This shall be carried out administratively through the designation of a Chief of Pediatrics, and through departmental policies and procedures conforming to standards established by the Southeast Missouri Hospital Board of Trustees and the Bylaws of the Medical Staff.

ARTICLE I: Purpose

The purpose of the Department of Pediatrics shall be:

1. To provide that all infants and children admitted to the Hospital or diagnosed and treated in the Emergency Department receive quality pediatric services.
2. To provide a chairman responsible for the problems of a pediatric or administrative nature involving patients, medical staff, administration or the governing body of the Hospital.
3. To initiate and maintain rules and regulations for proper and efficient function of the Pediatric Department.
4. To monitor the quality of care by providing ongoing monitoring of professional activities within the Department of Pediatrics.
5. To promote and maintain professional education standards.

ARTICLE II: Appointment to the Pediatric Department

1. Qualifications
 - A. The physician shall have completed an accredited pediatric residency and shall either be certified by the American Board of Pediatrics/American College of Osteopathic Pediatricians or be eligible for certification by such boards. He/she must be approved for Staff appointment under standards set forth in the Medical Staff Bylaws.

2. Application
 - A. Physicians possessing qualifications for Pediatric Department appointment as outlined in Section 1 above shall apply by making formal application in writing to the Administration of Southeast Missouri Hospital in accordance with its Medical Staff Bylaws. This application must include specific privileges requested.
3. Duties and Responsibilities
 - A. Each pediatrician will be expected to perform the duties assigned by the Chief of Pediatrics in accordance with the departmental rules and regulations and the policies established by the Department of Pediatrics, the Medical Staff Bylaws and the Southeast Missouri Hospital Board of Trustees.
 - B. Each pediatrician will be expected to help perform the general services and teaching duties of the Department of Pediatrics.
4. Due Process of Procedures
 - A. The discipline of the pediatrician on staff must follow the due process in accordance with the Medical Staff Bylaws and the Rules and Regulations, as they apply to all physicians.
 - B. If the Medical Executive, Credentialing, or other appropriate committee does not recommend a physician for reappointment, or if there is a recommendation for a reduction, suspension or revocation of privileges, the physician has the right to a formal appeal as specified by the Medical Staff Bylaws.
5. Term of Appointment
 - A. The term of appointment to the Pediatric Department shall be in accordance with the Hospital and the Medical Staff Bylaws.
6. Temporary Privileges (including locum tenens)
 - A. Temporary privileges in Pediatrics may be awarded upon the recommendation of the President of the Medical Staff in compliance with the Medical Staff Bylaws.

ARTICLE III: Privileges

1. Privileges in the Department of Pediatrics are granted based on the recommendation of the Chief of Pediatrics in compliance with the established departmental guidelines, the recommendations of the Credentials Committee and the Medical Executive Committee and the subsequent approval of the Board of Trustees.

ARTICLE IV: Officers and Duties

1. Chief of the Department of Pediatrics
 - A. The selection and tenure of the Chief of Pediatrics shall be in accordance with the Bylaws of the Medical Staff of Southeast Missouri Hospital. Only those physicians appointed to the Pediatric Department shall be eligible to serve as the Chief of Pediatrics. Board certification is recommended.
2. Functions of the Chief of Pediatrics
 - A. He/she shall assume and discharge responsibility for the professional direction of the department as outlined in the Bylaws of the Medical Staff and for the administrative direction of the department in cooperation with the Hospital administration and its Board of Trustees.
 - B. He/she shall provide specific recommendations concerning the acceptable standards of pediatric care to be provided by the Pediatric Department and recommendations for the initial approval or renewal of credentials to practice within the Department of Pediatrics.

ARTICLE V: Departmental Meetings

1. Regular meetings shall be held in accordance with the Medical Staff Bylaws.

ARTICLE VI: Approval

1. These rules and regulations will be adopted and may be from time to time amended by a vote of the majority of the members of the Department of Pediatrics, with subsequent approval of the Executive Committee of the Medical Staff and the Board of Trustees.

APPROVALS:

Ang Solomon MD 07/09/02
Chair, Department of Pediatrics Date

London St. August, MD 07/23/02
President, Medical Executive Committee Date

David Abel 08/13/02
President, Board of Trustees Date

SUBJECT: ADMISSION POLICY

EFFECTIVE DATE: 10/84

REVIEWED/REVISED DATE: 11/93, 10/95, 10/96, 7/98, SECTION: PEDIATRIC
4/99, 7/02

SIGNATURE AND TITLE: James S. [Signature] OSHA CATEGORY:
Pediatric Department Chairman 07/09/02

SIGNATURE AND TITLE: [Signature] # OF PAGES: 2
Medical Executive Committee Chairman [Signature]
9/11/02

PURPOSE:

TO PROVIDE APPROPRIATE CARE TO PERSONS UP TO THEIR 16TH BIRTHDAY.

POLICY:

THE PEDIATRIC DEPARTMENT IS THE SPECIFIC AREA OF THE HOSPITAL CONTAINING A CONCENTRATION OF SPECIAL MEDICAL EQUIPMENT STAFFED BY SPECIALLY TRAINED NURSES AND HOSPITAL STAFF.

ADMISSIONS TO THE PEDIATRIC/PSCU UNIT, AS APPROVED BY THE MEDICAL STAFF DEPARTMENT OF PEDIATRICS ON JULY 9, 2002 AND THE MEDICAL EXECUTIVE COMMITTEE ON JULY 23, 2002, WILL ENCOMPASS THE NEWBORN THAT HAS LEFT THE HOSPITAL TO THE HOME ENVIRONMENT UP TO AND INCLUSIVE OF THE FIFTEEN (15) YEAR OLD PATIENT WITH MEDICAL AND/OR SURGICAL DIAGNOSES.

INDIVIDUALS WHO HAVE NOT REACHED THEIR 16TH BIRTHDAY SHOULD BE CARED FOR ON THE PEDIATRIC/PSCU UNIT.

Rules for Newborn and Intensive Care Nurseries

Coverage:

Physicians who care for newborn infants shall be designated by preference or an "On Call" roster for all pregnant patients admitted to OB. An alternate physician shall be available at all times to relieve the primary physician. It is the responsibility of the primary physician to notify the Nursery or OB Department of his/her impending absence and designated relief person.

Physicians on the "On Call" roster will be responsible for "no local doctor" patients who do not have a physician to care for their infant. The "no local doctor" schedule will be utilized for these patients. All physicians with Nursery Pediatric privileges will be listed alphabetically on the "On Call" roster. The patients will be assigned according to this list.

Physicians may choose to designate their "turn" on the roster to the Pediatric Hospitalists. Those designations will be reflected as "Pediatric Hospitalist" in the place of the designating physicians name. Pediatric Hospitalists also are included on the list under the H section for Hospitalists.

The physician will be notified prior to delivery of any significant problems with either the mother or the fetus. The physicians will be notified of the infant assigned to their service after delivery. After hours notification will be done through the physicians' answering services providing the delivery was normal and the nursing assessment indicates no perceptible problems. The initial examination of the newborn must be performed within the first twenty-four hours of life.

Attendance:

The presence of the physician caring for the infant can be requested in delivery, in the event of problems, by the Obstetrician or the nursing staff caring for the infant.

Should the labor have been traumatic with evidence of fetal distress and/or anytime the infant appears compromised, the physician or first alternate will be notified immediately and will see the baby within two hours or sooner, as the infant's condition dictates. The physician notified of problems can consult the Pediatric Hospitalist to assess the infant and assume care if desired.

The infant will be seen daily and examined by the attending physician or his/her designee and the status discussed with the mother.

General:

Cord: Cord care will be done with Triple Dye and/or alcohol, as ordered by the physician, three times a day. Cord clamps will be removed at discharge.

Temperatures: Temperatures will be taken rectally unless contraindicated at least every eight hours for the first twenty-four, then daily.

Glucose Screen: On admission to the Nursery, a capillary puncture blood glucose will be checked on any infant that falls into a high-risk category (LGA, SGA, IDM, Apgar scores less than 5 at one minute, an NICU admit, or prematurity less than or equal to 36 weeks). Routine one hour of life glucose testing on all infants is no longer required.

Stabilization: All babies will be stabilized under the radiant warmer for at least one hour. The physician will be notified if problems are developing.

Oxygen: Oxygen will be started only as a resuscitative measure without a physician's order.

Ilotycin: Ilotycin ointment will be applied to the eyes of all newborn babies admitted to the Nursery. This will be applied by the RN or the LPN.

Aqua Mephyton: Aqua Mephyton injections will be given to all newborn babies admitted to the Nursery.

Cultures: Nursery nurses will culture any purulent drainage or pustules (including eye exudate). The physician will be appropriately notified.

Bathing: All well babies will be bathed as needed according to physicians' orders. NICU and BNR babies will be bathed as needed according to physician order and patient condition.

A&D Ointment: A&D Ointment will be used for diaper rash, dry skin, and circumcision care. Other lotions or applications will be by physician's order only.

Circumcision: A signed permit from the mother must be obtained before performance of a circumcision. Circumcision care will consist of Vaseline gauze, A&D Ointment, and pressure dressing for oozing according to doctor's orders. Meticulous instructions must be given to the mother regarding the care for her infant's circumcision.

Phototherapy: Babies placed under phototherapy will have their temperatures taken every eight hours and cared for according to the phototherapy policy. The mothers should be informed of her baby's treatment before being placed under phototherapy.

Elimination: The physician will be notified if the baby has not voided for twenty-four hours or has not stooled for forty-eight hours.

Newborn Hearing Screens: Hearing screens will be performed on all newborns prior to discharge.

State Newborn Screens: State newborn screens will be performed on all newborns prior to discharge.

Car Seat Apnea Testing: Car seat apnea testing will be performed on infants delivered at less than thirty-seven weeks gestation.

Miscellaneous:

The physician will be notified in a timely manner of the following:

- a. Any mother who is seropositive for syphilis, hepatitis B, HIV.
- b. Any baby whose mother was Group B strep positive or unknown.
- c. Any baby whose mother has prolonged rupture of membranes (greater than eighteen hours), fever at time of delivery (>100.4 F), foul smelling amniotic fluid.
- d. Any baby less than or equal to thirty-six weeks gestation.
- e. Any baby who appears ill.
- f. Any baby who has a positive coombs or RH incompatibility.
- g. Any baby born to a mother with a positive drug screen.
- h. Any baby with a cord ph at the time of delivery of less than 7.25.

Feeding:

1. Report consistent spitting of mucus, bile, blood or formula to the attending physician. Obtain an order prior to lavaging the infant's stomach.
2. Mothers will be instructed to wash their hands before feeding their baby.
3. Infants will be fed on an individual basis. Generally feedings will be on demand or not longer than approximately five hours between feedings.
4. Mothers will be instructed on proper feeding techniques.

Infant Security:

All parents will be educated on infant security.

11/05/02
Date

Barry S. Olson MD
Chairman, Department of Pediatrics

1/8/03
Date

[Signature]
Chairman, Department of Family Practice

01/28/03
Date

[Signature]
Secretary, Medical Executive Committee