PGY1 Pediatrics: Nutrition and Gastroenterology
Riley Hospital for Children
Indiana University Health

Preceptor
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Experience Description
This rotation will provide an overview of specialized nutrition support in pediatric and neonatal patients with a variety of diagnoses and levels of care. By participating in a multidisciplinary approach, the resident will identify the knowledge and skills a pharmacist can provide in the care of patients requiring specialized nutrition support. The resident will also have an opportunity to monitor and make recommendations for patients’ transitioning to alternate care settings. Additionally, the resident will monitor pharmacotherapy for the pediatric gastroenterology service and provide drug information, pharmacokinetic consults, and nutrition support recommendations as requested. The resident will focus on collecting and analyzing patient information, the design, implementation and evaluation of evidence based monitoring plans, the redesign of regimens and monitoring plans as needed, documentation of direct patient care activities, problem identification and problem solving, medication reconciliation and discharge counseling. Based on resident preference, participation in a variety of nutritional ambulatory setting are available in conjunction with this inpatient rotation.

Requirements of Learning Experience

Required Attendance
• The resident will attend and actively participate in daily rounds. The resident will present patient care recommendations to the medical team.

Required Meetings
• The resident should attend when possible the Nutrition Support Steering Committee meeting, Chronic PN meeting, and any other meetings the preceptor deems beneficial for the residents’ experience during the rotation. Any required meetings go here.

Required Presentations
• The resident will serve as a liaison between the physicians, nurses and pharmacy. The resident will provide drug information to physicians, nurses, pharmacists and other health care professionals.

Required Readings/Topic Discussions
• Prepare for discussions between the preceptor and resident (and Doctor of Pharmacy students when applicable) on topics relating to the care of the pediatric critical care patient [topics to be chosen by preceptor and resident based on needs of resident].
Learning Experience Evaluated Goals

**Goal R2.4**: Collect and analyze patient information.
**Goal R2.7**: Design evidence-based monitoring plans.
**Goal R2.9**: Implement regimens and monitoring plans.
**Goal R2.10**: Evaluate patients’ progress and redesign regimens and monitoring plans.
**Goal R2.12**: Document direct patient care activities appropriately.

**Learning Experience Activities and Corresponding Learning Experience Goals/Objectives**

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<tr>
<th>Learning Experience Activity</th>
<th>Learning Experience Objectives</th>
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<td>Identify patients that would benefit from specialized nutrition support and the most appropriate route of administration.</td>
<td>OBJ R2.4.1, 2.4.2, 2.4.3; OBJ R2.12.1, 2.12.2, 2.12.3</td>
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<td>Design patient-specific parenteral nutrition (PN) formulas and devise a plan to meet the calorie/protein goals for the patients. Be able to identify the differences between neonatal, pediatric, and adult parenteral nutrition order forms and prescribing patterns. Be able to identify patients that may require separate enteral or parenteral electrolyte and mineral supplementation and identify electrolyte and mineral recommendations for PN patients.</td>
<td>OBJ R2.12.1, 2.12.2, 2.12.3</td>
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<td>Make recommendations to the appropriate staff and team. Develop a monitoring plan based on pharmaco-therapeutic recommendations and adjust accordingly as patient status changes.</td>
<td>OBJ R2.7.1; OBJ R2.9.1; OBJ R2.10.1, 2.10.2; OBJ R2.12.1, 2.12.2, 2.12.3</td>
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<td>Evaluate appropriateness of medications and make necessary recommendations.</td>
<td>OBJ R2.10.1, 2.10.2</td>
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<td>Discuss order-entry and sterile admixture of parenteral nutrition solutions and the role pharmacists play ensuring the safe and accurate compounding of these complex intravenous solutions.</td>
<td>OBJ R2.12.1, 2.12.2, 2.12.3</td>
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<td>The resident will participate in the consult process with the collection of patient information, assessment, formulation of plan, discussion with other team members, and documentation of recommendations in the medical record.</td>
<td>OBJ R2.4.1, 2.4.2, 2.4.3; OBJ R2.12.1, 2.12.2, 2.12.</td>
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Methods of Evaluation

Evaluation of residents will be based on the above learning experience goals and objectives. The preceptor and resident will review the resident’s customized plan and the learning experience rotation document on the first day of rotation. Feedback will include, but not be limited to: verbal and/or written mid-point and end of rotation evaluations of the resident, preceptor and learning experience.