

*This is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet individual patient needs. This is a quality improvement document and should not be part of the patient's medical record.*

## COPS

### Checking Orders for Patient Safety

**Rationale:** Care delivered to critically ill patients in the Pediatric Intensive Care Unit (PICU) is not always reflected or reflected appropriately in the orders for that patient. Without appropriate orders matching bedside care, there is a risk of medical errors and delivering inappropriate care to the critically ill patient.

#### Standardized Rounds

- Attending to *expect* and *allow* team to run through rounds in standardized fashion (i.e. no skipping sections) and be present for sterile cockpit (see below)
- Order-entry resident to position self next to pharmacist +/- bedside nurse when possible
- Review all orders for the patient as presenters are presenting (access, continuous infusions and meds, diet, expiring meds, etc)
- Place all orders (diet order only exception) on rounds. Resident "favorites" list to assist in this process
- Review med-rec on all new admits from day before
- Treat the end of rounds on each patient (i.e. summary of plan and what orders have been placed) as a sterile cockpit time (all members to be present and actively engaged)

STANDARDIZED ROUNDS FORMAT			
Presenter	Report	Order Entry Resident	Misc Notes
Resident	Overnight Events	Review all current orders	
RT	Respiratory Support	Verify orders	
RN	Infusions, Lines, Tubes	Verify orders	
Pharmacist	Medications	Verify orders	Reconcile Home meds for all new admissions
RD	Diet	Verify orders	
Resident	Vitals, Exam, Labs		
Resident	Assessment and Plan	All orders should be entered on rounds (only exception: complicated diet orders)	Use "Favorites List"
Fellow	Review Quality Control Measures		
Fellow	Review of plan and lab schedule	Verify all new orders	Timeout with all parties present prior to final review

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### Admissions

- Place orders on scheduled admits (i.e. post-op cardiac patient) in AM as "hold" orders for quick release

### Patient Status Change

- These include intubations, extubations, decannulations from ECMO, etc
- Use "Workstation On Wheels" at bedside
- Orders should be reviewed before leaving room when possible and all new orders to be placed by physician making changes (i.e. within same shift)

### Handoff

- Residents and Fellows to refer to computer for reviewing and checking orders during sign-out
- Nursing to review and enter orders as "save" for physician to review and sign