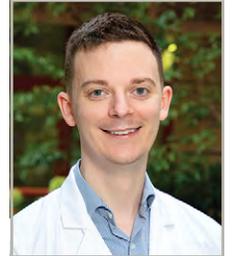


Pediatric Intensive Care Unit

I began my days pre-rounding on my patients by reviewing overnight events and orders, evaluating pertinent labs, completing therapeutic drug monitoring, and thinking critically about each medication on the patient's profile. During interdisciplinary rounds I actively participated by making any necessary medication recommendations and answering any medication related questions from the team. Afternoons served as a time for catching up on patient-care issues, following up with my team, meeting with my preceptor, and completing projects. Throughout the day I also responded to Code Blues during which I calculated and prepared patient-specific medications along with other pharmacists. Overall, I really enjoyed the unpredictable nature of the PICU and the opportunity to learn about complex disease states.



Kenneth Carlson,
Pharm.D.

PGY-2 Critical Care
Pharmacy Resident



Michael Lau,
Pharm.D.

PGY-2 Pediatric
Pharmacy Resident

Acute Care Pediatrics

Residents have the opportunity to work with subspecialty teams based on personal interests. The first few weeks of my rotation consisted of me rounding with the nephrology/rheumatology team followed by the gastroenterology team in the second half. The daily workflow consisted of pre-rounding on patients, discussing recommendations/interventions with my preceptor, rounding with the medical teams, and following up with patient care either via therapeutic drug monitoring or facilitating discharge mediations, or providing counseling. Throughout the course of the rotation, I had the opportunity to integrate myself with the medical team, building rapport and participating in multidisciplinary patient care. With each different team, I familiarized myself with common disease states and the various treatment approaches to manage them. Overall, the rotation provides a great foundation in pediatric medicine and allowed me to further develop my critical thinking and clinical skills.

Pediatric Cardiology

During my time in the general pediatrics rotation, my days started with a thorough review of the patients in the unit and pre-rounding with my preceptor to discuss recommendations. After this was done I'd log in to Zoom rounds and spend the rest of the morning rounding with the interdisciplinary team. Because of COVID-19 our workflow had changed from in-person rounds to virtual rounds in order to protect our patients and although it was difficult at times, it demonstrated our ability to adapt to unexpected situations. In the afternoons my days varied between completing medication reconciliations for new patients, participating in discharge medication teachings, facilitating and coordinating patient discharges, and following up with any medication-related questions. Overall, I enjoyed the rotation and found it to be an enriching and stimulating experience that helped me further develop my persona as a healthcare provider.



Sheila Garcia,
Pharm.D.

PGY-1 Pharmacy
Resident

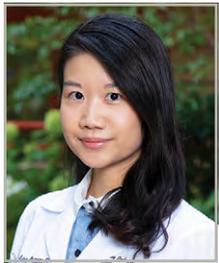
Solid Organ Transplant

My mornings involved a chart review of my patient list prior to rounding at 8:30 a.m. My daily list included patients awaiting a solid organ transplant, those admitted for post-transplant complications, and pre-transplant evaluation consults. During my chart review, I closely monitored immunosuppression regimens (induction vs. maintenance immunosuppression), prophylaxis for opportunistic infections, perioperative antithrombotic therapy, drug interactions, adverse drug reactions, and therapeutic drug monitoring. My most prized aspect of this rotation was meeting with patients and their families to provide education and answer questions during a very transitional point in their lives. The medication regimen post-transplant can be overwhelmingly complex and requires medication adherence to prevent rejection. To address the many barriers to adherence, we met prior to discharge for thorough medication teaching. We discussed the MedActionPlan, a visual aid, which includes a medication schedule, key counseling points, administration directions, and storage requirements.



Rachel Hackett,
Pharm.D.

PGY-1 Pharmacy
Resident



Sae Lee,
Pharm.D.

PGY-1 Pharmacy
Resident

Transitions of Care

My day began with rounding with an inpatient team that helps manage medically complex patients. I helped reconcile medication lists, and worked with the providers to ensure patients receive individualized care while transitioning into and out of the hospital. I provided in-depth discharge medication counseling and coordinated with outpatient pharmacies to resolve any issues and to ensure optimal care. I also had the opportunity to rotate through the ambulatory care clinics, where I called the patients in advanced to reconcile home medications and notified providers of any issues. Throughout the rotation, I evaluated medications for appropriateness, helped remove barriers to medication access, and counseled patients and/or caregivers on medication adherence and side effects. This learning experience provided an opportunity to deliver care for patients prior to admission, during admission, and through the transition back to the outpatient setting. Overall, the rotation was rewarding as it helped me understand the complexities in the continuity of care.

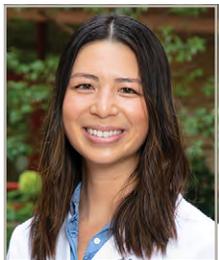
Administration

My typical day began with daily pharmacy Gemba rounds with pharmacy administrators, where we visited different areas of the pharmacy to address any concerns or questions from the staff. Afterwards, I attended hospital wide Gemba where issues from all departments within the hospital were brought up and discussed. The rest of the day was spent helping to resolve issues that came up during Gemba rounds, following up on drug information questions, working on quality improvement projects, and attending various interdisciplinary committee meetings regarding medication safety and hospital wide strategic planning. From this experience, I learned about the regulatory aspects of pharmacy operations and how pharmacy is involved with other departments to help improve patient care at Lucile Packard Children's Hospital.



Diane Luu,
Pharm.D.

PGY-1 Pharmacy
Resident



Taryn Ng,
Pharm.D.

PGY-1 Pharmacy
Resident

Neonatal Intensive Care Unit

My mornings begin with pre-rounding on patients and reviewing any recommendations I have with the NICU pharmacist before 9 a.m. rounds. During rounds, I participate in discussions with the medical team to determine appropriate medication therapies and nutrition goals. After rounds I follow up with drug information questions and meet with the medical residents to discuss recommendations for medications or total parenteral nutrition (TPN) orders. After, I assist the NICU pharmacist with workflow and TPN orders. Later in the afternoon, I have topic discussions or review patient cases with the NICU pharmacist. This is a very unique and interesting patient population that I have not previously been exposed to. Overall, it is an exciting and enriching experience to work with very knowledgeable providers to help care for this high-risk population.