

ROTATION DESCRIPTION

ROTATION TITLE: Neonatal Intensive Care Unit

SITE DESCRIPTION:

Common disease states include respiratory distress syndrome, bronchopulmonary dysplasia, apnea of prematurity, necrotizing enterocolitis, infectious diseases (e.g., sepsis, meningitis, pneumonia, congenital infections), persistent pulmonary hypertension of the newborn, and patent ductus arteriosus.

ROTATION PRECEPTOR(S):

- Toby Cox, Pharm.D., BCPS
- Sandra Garner, Pharm.D., BCPS

ROTATION RESPONSIBILITIES:

Provide direct patient care to neonates and infants in the neonatal intensive care unit including:

- determining appropriateness of existing therapy
- monitoring clinical status and medications to evaluate drug regimens for therapeutic efficacy as well as to identify potential drug interactions and adverse effects
- designing and recommending appropriate dosage regimens and monitoring parameters
- developing alternative plans if needed
- providing patient-specific drug information to health professionals and patients' families
- providing written and/or verbal pharmacokinetic consultations

ACTIVITIES:

Expected hours

- 7:00 AM to 5:00 PM

As patient care requires, the above listed times may vary.

Required meetings

- Attending rounds from 8:00 AM to 1:00 PM (patient discussions including all health care disciplines and led by the attending physicians)
- Pharmacy group meetings from 2:00 to 4:00 PM (meeting with preceptor for patient and topic discussions)
- Pediatric Journal Club on the last Thursday of the month at 2:00 PM (articles presented by Pharm.D. students on all pediatric rotations)

Required presentations

- Patient presentations (both formal and informal)
- Topic presentations of common neonatal disease states (selected by resident and/or preceptor)
- Inservice to medical team, time permitting

Required readings

- To be identified throughout rotation.

METHOD OF EVALUATION:

Evaluation of residents will be based on the Resident Learning System. The RPD will identify the specific goals and objectives on which the resident will be evaluated and will give the evaluation form to the preceptor and resident by the first day of the rotation. The individualized evaluation tool will be reviewed by the resident and preceptor to guide the learning experiences of the resident within the scope of the service and required patient care.

MONTHLY RLS WILL BE ATTACHED.