PIU Handbook for STs

Updated January 2024

How to survive PIU

- 8-4/4:30pm mon-thurs
- Bleep 9147, stored in office
- Mix of cannulas/bloods/reviews
- Discuss with referring team if any issues/queries

To set up PIU clinic:

Clinical menu → OPD tab → preferences → todays care providers and sessions → medical paediatrics → CYP clinic → display current date → update

Some patient also available on direlton ward on TRAK

Speciality	**Bleep Number**
PARU cons	9018
PARU reg	9424/9426
GI Reg	9434
Rheumatology Reg	9037
Respiratory Reg	9431 +9433
Endocrine Reg	9187
Neuro Reg	9436
Anaesthetist bleep	9152

Typical day

- List of patients printed by NS
  - Order bloods and print labels
  - Review requests – anything unclear ?can clarify with team

- **Morning**
  - Cannulas for GI/rheum infusions
  - 2x attempts then escalates
  - Set orders (see later on) for bloods, chase these
- Every 2nd Monday MRI list
  - Clerk patients from 11am then back to PIU

- **Afternoon**
  - Bloods – chase results and follow pathway/discuss
  - Medical reviews – HSP, ITP, recent admission
  - Thursday PET training at 2pm, nil appts should be booked for you

- Guidelines available in the office, on intranet, lots of information on PARU page

- Ensure all reviews documented on TRAK

- If follow up required then speak to Kerry (ward clerkess) to arrange follow up appt if needed

Bloods

- Should already be requested – if not look through TRAK/referral document

- **GI bloods**
  - Usually IBD 6 but check nil others requested
  - Ensure not anything unsafe otherwise GI will chase results

- **Rheumatology bloods (sheet in PIU office)**
  - Check letter/TRAK to ensure no other bloods requested
  - JIA idopathic uveitis → infliximab → JIA methotrexate
  - JIA (non systemic) → Tocilizumab → Tocilizumab monitoring (remove ferritin)
  - Sytemic JIA → Tocilizumab → Tocilizumab monitoring
  - JDM myositis → Infliximab → JDMS review
  - Kawasaki (TC) → Infliximab, daily heparin → JIA methotrexate monitoring and LMWH assay
  - Polyarticular JIA → Abatercept → FBC, U&Es, LFTs, CRP, ESR

  - Ensure nil bloods needing acute action, otherwise will be chased by rheum

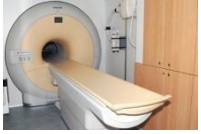
Bloods cont.

- **ITP/neutropenia**
  - Aiming neutrophils >1, platelets as per ITP guideline (need 2 >100 2 weeks apart)
  - Guidelines available on intranet/in office
  - Haematology email if non urgent advice needed
  - Remeber worsening advice fever (neutrophils), HI/bleeding (ITP)

- **Genetic bloods**
  - Orange and pink, hand labelled
  - Consent form should be on SCI store/with patients
  - Can consent if clear reason documentand you are happy to consent
  - Send to lab to forward to genetics at western

- **Ammonia**
  - Need sent on ice → PCCU or ask porters
  - Make porters and labs aware

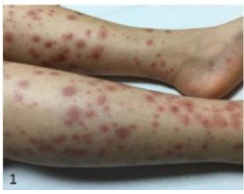
- **Short synacthen test**
  - Order 3 separate cortisols and write SST 0mins, 30mins and 60mins in order details
  - Print labels and write on 0 mins, 30mins and 60 mins – NS can obtain the samples
  - Insert blue cannula ACF (ideally) and wait 30mins to obtain baseline bloods
  - Prescribe synacthen 250micrograms. If <7kg then 36micrograms/kg to nearest 25 micrograms
  - Email requesting team to make aware this has been completed



MRI

- Additional MRI list every 2nd Monday which is covered by PIU ST
- Normal PIU morning till 11am then go down to crichton to clerk in MRIs
  - Clerk in as per usual MRI protocol
  - Ensure bloods requested and bottles labelled, clerking completed and consent for MRI filled in.
  - If genetics bloods ensure hand written and consent from
  - Let anaethetist know re bloods and check happy to do them
  - MRI list should be available on generic MRI email
  - Email consultant after to make aware has been completed

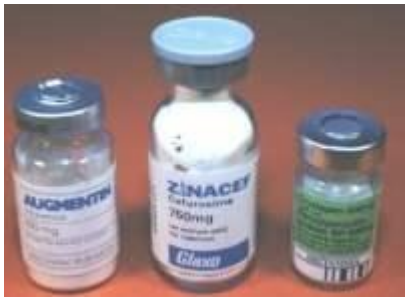
HSP reviews



- Each patient has booklet – document in this and on TRAK
- Review + urine dip + BP, if any concerns follow pathways in book
- Follow up appts as per pathway, let parents know rough length of follow up

Ambulatory antibiotics

- NS will give IV antibitotics
- If > 7 days on OPAT then needs twice weekly bloods
- Review at end of antibiotics



Food Challenges

- Patients attend for egg/milk/nut challenges following previous reactions
- Allergy nurses will take the lead and parents should be aware of what to expect – likely to be in for whole morning
- Brief examination of patient inc chest and document this on TRAK + complete consent with parents
- Prescribe anaphylaxis drugs on kardex as per resus council guidelines (in drs office)
  - Adrenaline IM, can be repeated after 5mins:
    - **< 6 months 100-150micrograms**
    - **6 months to 6 years 150micrograms**
    - **6-12 years 300 micrograms**
    - **12 years+ 500 micrograms**
- If patient develops anaphylaxis, follow resus guidelines and 2222 call as needed
- NS/allergy nurses will go through steps and discharge once happy

Palivizumab

- During winter/RSV season – monthly injections for at risk infants
- Prescribe 15mg/kg for IM injection

Zolendronic acid

- Send bloods for FBC, U&Es, LFTs, Ca/Mg/Phos/ALP, vit D, PTH, ESR, bicarb and a gas
- Make labs aware to run bloods urgently
- Prescribe by weight and age