**Pediatric Hospital Medicine**

The evolution of Pediatric Hospital Medicine (PHM) continues as the American Board of Pediatrics and American Board of Medical Subspecialties has approved its recognition as a new subspecialty! The first exam will occur during the Fall of 2019. During this process PHM had to meet numerous criteria including demonstration to both boards that the field would create new knowledge and benefit the community of children. A cornerstone of this subspecialty is implementation and dissemination of evidence based care. Our Division of PHM is engaged in many research projects and we wanted you to know about this new endeavor:

**Project REVISE:** An MUSC team led by Dr. Sarah Mennito including providers from PHM, Emergency Medicine, and pharmacy, recently joined a multi-institutional quality collaborative through the American Academy of Pediatrics entitled “Reducing Excessive Variability in Infant Sepsis Evaluation (Project REVISE)” with the goal of standardizing care for febrile neonates age 7-60 days. The initiative provides guidelines to identify higher-risk patients who require admission while also allowing lower risk well-appearing infants the opportunity to avoid the stress of an unnecessary and/or prolonged hospital admission.

The project’s aims were developed considering current evidence and reviewed by both national and institutional experts to include:
1) decreasing admission rates for low risk well appearing infants
2) decreasing variation of care in our ED and hospital
3) decreasing unnecessary length of stay for well appearing hospitalized infants
4) decreasing use of unnecessary testing (e.g., chest x-rays).

*If admitted, goal observation for infants 7-28 days is 36-42 hours* from the time of culture acquisition while for *infants 29-60 days’ goal observation time is 24-30 hours*. Using the guidelines, providers caring for children with concerning history, laboratory or exam findings are encouraged to deliver additional laboratory testing and care (e.g., HSV testing).

This project is expected to impact over 150 infants at MUSC. The algorithm is being implemented with ongoing data monitoring over the next 18 months. We expect this will shorten hospital stay, improve the experience for patients and families, and effectively identify children with a serious infection.

For **Admissions** to our Pediatric Hospital Medicine service call the **ATC at (843) 792-2251 or 792-3306**. If needed, the operator can connect multiple MUSC providers to facilitate communication.