The New Day in the Life in General Pediatrics During the COVID-19 Pandemic

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5:45 AM. Alarm rings. Wake up, assess health; feel well, no fever or cough last night.

5:55 AM. Check online Worldometer (<https://www.worldometers.info/coronavirus/>) update over last 24 hours. New York deaths down, but New Jersey, Massachusetts, Connecticut, and Pennsylvania deaths up. (Darn turnpikes!) Over 70,000 gone now in the United States. Delete some useless e-mails; save important ones. Get moving on with day, already!

6:03 AM. Adult son with autism, who is an essential employee, joins me for breakfast. Still perseverating that there are no sports scores to discuss. Anxious that professional or college sports will never start again—even the Olympics postponed. New box scores are the death counts, unfortunately, as he also copies looking at the totals.

6:25 AM. Get in car. Make sure surgical mask is in paper bag (only get 2 per week). Large snapping turtle in driveway (see **Photo**). Nature encroaching everywhere, I hear.

6:30 AM. Stop by Dunkin' Donuts (don mask), retrieve coffee and donuts from plexiglass barrier for our weekly practice COVID meeting at 8 AM. Use Purell when back in car.

6:50 AM. Arrive at Children's Hospital of The King's Daughters (re-place mask). Head to academic office first, weighed down with coffee and donuts. Open main door handle with elbow.

6:53 AM. Purell hands in office. Check and answer e-mails and delete multiple COVID-19 telehealth advertisements and other COVID-specific garbage. Review upcoming daily patient schedule for all physicians (still low) and finalize agenda for today's meeting.

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7:30 AM. Head over to hospital through garage and go through newly made employee-screening station. Purell at door, answer questions, and have temperature taken—35.7 °C again? Do those ThermoScans really work?

7:45 AM. Prepare for meeting, make sure doctors' seats are 6 feet apart and hand sanitizer is available, and set up Webex video conference for those not seeing patients today.

8:00 AM. No traffic on roads, so everyone on time. Topics: low patient volume (especially sick), telehealth ramp-up going better, possible staff layoffs/furloughs/forced paid time off, virtual resident and medical student education possibilities.

9:05 AM. Daily safety briefing for hospital: Topics: PPE, COVID testing for surgical patients. Emergency room visits still down. Trauma visits down. Urgent care down. Where did all the patients go?

9:20 AM. Huddle with practice manager and head nurse and assess whether we need to change schedules to maintain staff. Utilize nursing to reach out to patients who are no-showing out of fear, try to calm and reassure and bring in as many as we can for well visits and shots.

10:00 AM. Manage flood of e-mails over last 2 hours. Chuckle at several forwarded cartoons/videos from colleagues that lambaste some politicians, and then share with others who need the comic relief.

10:15 AM. Do a quick telehealth visit for a child with rash. Use Zoom instead of Webex because of better video quality to recognize drug rash.

10:30 AM. Meet with pediatric residency program director about getting continuity clinic restarted, avoiding mixing inpatient and outpatient residents, and maintaining "social distancing" in the clinic. (This term obviously will be a new one for Webster's in 2020.)

11:00 AM. E-mail from medical school asking if third-year students can observe telehealth visits so they don't have to use PPE. Not sure how to do that by consent process (over phone or video), so will need to ask legal. Third-year medical students must be going crazy with no clinical experience.

11:15 AM. Triage call from practice nurse, needs advice on one of my patients with autism, so will circle back down to practice. Will wait in the coffee social-distancing line before heading back. Keep answering e-mails in line.

11:30 AM. Autism patient with panic attack, wants to be seen

“Large snapping turtle in driveway. Nature encroaching everywhere, I hear.”

and willing to do telehealth visit, so set that up for the afternoon. Horrible sleep hygiene likely the culprit again.

11:45 AM. Review my EMR messages, check labs, and prepare for onslaught of full load of telehealth visits every 15 minutes from 1:00 to 4:30 PM.

12:15 PM. Listen to COVID-19 update and what’s happening in the outpatient practices. Looks like CARES Act will not reach the pediatric practices or hospitals. Congress still doesn’t know the difference between Medicare and Medicaid.

12:45 PM. Continue to weave through e-mails and texts and eat lunch (the usual: a banana, an orange, and an apple). Find out that my brother’s dog and mine have the same birthday today. Who knew?

1:00 PM. Telehealth visits start with my iPad and coded numbers and passwords. And we’re off. See mostly kids with autism, ADHD, asthma, and an occasional rash. Have developed a pretty smooth routine, the usual verbalized concern is poor sleep hygiene, great appetite, and too much electronics, but mostly parents and kids seem anxious about when things will

be normal and ask when they can come back and see me in person. I really don’t know. Maybe next month?

4:40 PM. Keep typing notes and using my power microphone to dictate. So much anxiety out there. I held back increasing or starting too many SSRIs, but was that the right thing to do?

5:30 PM. Review EMR messages, check phone for any new e-mails and texts that I might have missed and need to address.

5:55 PM. Yikes! I was supposed to stop by the bike shop and pick up my son’s bike that had a flat.

5:57 PM. On the road, going a bit faster than I should, but not many cars.

6:20 PM. Got to bike shop with time to spare (pun intended). Amazed at how few bikes for sale. Owner says everyone is buying bikes and no new inventory.

6:30 PM. Heading into street for home. Lots of people walking and riding those bought bikes.

6:31 PM. My wife and son waiting to eat with me. Awesome smell of food!

Hope it’s not turtle soup! ■