

## Ward Intern Orientation 2008

Ward Medicine Daily Schedule					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00				Intern Teaching Conference, UW	
7:30					
8:00	Work Rounds	Work Rounds	Work Rounds	Grand Rounds	Work Rounds
8:30					
9:00					
9:30	X-ray rounds	X-ray rounds	X-ray rounds	Xray Rounds	X-ray rounds
10:00	Morning Report 4B-102	Morning Report 4B-102	Morning Report 4B-102	RTC 9:15-10:15	Morning Report 4B-102
10:30					
11:00	Attending Rounds	Chief of Medicine 11:15-12:30 BB108	Attending Rounds		Attending Rounds
11:30					
12:00				Intern Report 4B-102	
12:30	Noon Conference 4B-102				
1:00					
1:30					Path Conference Bldg 100, BD-152
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					

### Call Schedule:

- On-call interns come in at 8 am. No pre-rounding before this!
- On-call seniors come in at 11:00 AM on call days Monday-Wednesday, 8am on Thursday-Sunday, and holidays. \* Please note that the on-call residents on Thursday technically begin at 8 although they may not show up at the VA until around 11 after grand rounds and RTC. They are still expected to leave by 2 pm post-call Friday. When they arrive at 11:00 AM, they need to leave by 5:00 PM the following day.
- Any patients admitted over the hospitalist cap before 11:00 AM will be admitted by the on-call intern with the help of the hospitalist resident or attending.
- ICU patients admitted before 11:00 AM are admitted by the pulmonary resident and on-call interns. The pulmonary resident also holds the code pager from 7:30-11:00 AM.

### Call Rooms:

- Located on hallway between 2W and 2E; rooms 2C 101 and 2C 102 with shared bathroom.
- Key cards must be handed to the next team on call when you hand off the Code pagers. When you arrive for call find the post-call RIs to get the pager and key card. **Do not lose the key cards!**

### Caps:

#### Medicine Team:

- Caps at 10 total new patients, 5 per intern, including transfers. PLEASE CALL THE PULMONARY TEAM WITH ALL ICU ADMITS.
- We have an "open" ICU meaning that you are responsible for patients both in the ICU and on the floor. There is an ICU consulting team that you will round with but the hour to hour care of the patients is your responsibility.
- Team cap is 24 (12 per intern)
- If medicine caps, then up to 4 additional patients may be admitted by the night float and cardiology residents (see Nightfloat below).

- Above cap medicine admissions prior to 7:30pm are done by the cardiology resident (2 medicine patients maximum), who then follows the patients overnight. After 7:30pm, the night float resident admits up to 2 patients, then cardiology takes over for medicine admits.
- Night Float takes all medicine admissions after 5am, even if the on call team has not capped.

### **Hospitalist Team:**

- Does not take ICU admits, unstable patients who might go to the ICU, acute leukemics, or “bounce back” patients
- Admits Monday-Friday (except holidays), starting at 8 am. Admits 3 on Monday, 2 on Tuesday-Thursday, and 1 patient on Friday. They stop admitting after 3 pm. Their total team cap is at the discretion of the hospitalist attending meaning that on some Fridays they may not admit any patients.

### **Day Float Intern:**

-M-F 730am-8pm, except holidays. Helps the post-call team get out on time, and does cross-cover until 730 pm. They are only as helpful as you let them be, so be very clear on what things you would like them to do (i.e. generate lists after each patient). The back-up resident is the on-call senior, pulmonary resident and fellow for ICU patients, and the cards resident if medicine is too busy and they have time. The chief medical resident can also serve as back-up if needed.

### **Night Float Senior**

- M-F 730PM-830AM. Gets sign-out from the day float intern and cross-covers all non on-call team patients.
- Admits up to 2 patients over the medicine cap of 10 or up to 2 patients over the cardiology cap of 8, **but only 2 total.**
- Night Float resident does all medicine admissions after 5am to allow the on call interns time to pre-round on their patients, but again only 2 admissions maximum.
- *Given this is only one person covering many patients and potentially doing admissions, I expect the on-call cardiology senior and medicine senior to provide back-up.*
- No night float on Saturday and Sunday night!

### **POST-CALL:**

- The day float intern will round with the post-call team and then assist with any work that needs to be done to get patients settled.
- **DO NOT WRITE NOTES ON ICU PATIENTS POST-CALL** (new or old). The pulmonary team will take care of this.
- Post-call addendums are **not** required on new admits. Only do them if there has been a major change in assessment/plan on the patient since the H+P was written.
- If the intern has time, they can also write notes on old ward patients, otherwise notes on old patients post-call should be done by the seniors and/or attendings.. However, **the signout must be done first.**
- Goal is for everyone to aim to get out at 28 hours, (around noon for interns and 3:00 for seniors)
- **DO NOT DO POST-CALL PROCEDURES**, the pulmonary team and multiple consult residents can help out with these, along with the day float intern. Ask me if you do not know who to ask for help with procedures.

### **CONSULTS:**

We have a medicine consult attending M-F 8-5. The consult pager number is 570-3278. At night and on weekends, the consults will go to the **on-call senior medicine resident**. Weekend consults are staffed with the on-call medicine team attending.

## CODE BLUES:

- New biphasic defibrillators here at the VA... Shock at 200 J instead of 360 J (for monophasic). We have both biphasic and monophasic defibrillators here.
- If there is a code overnight, please try to let me know the next day.
- If there is a code in the MRI – **DO NOT** run into the room, MRI techs will pull the patient out to you
- After a code, the resident running the code should write a “Code Blue” note in CPRS and have myself as a co-signer.

## RAPID RESPONSE TEAM:

Dr. Goodman has started a RAPID RESPONSE TEAM that consists of an ICU nurse and a respiratory therapist to facilitate care and ICU transfers for unstable patients. It responds to any part of the hospital, including the TCU. The RAPID RESPONSE TEAM will do an initial assessment of the patient. If they deem it appropriate, they will contact the physicians in house (you) using the admit pager and will put \*99 behind the number. **You can also activate the RAPID RESPONSE TEAM yourself if you need more help on the wards caring for a sick patient.**

## MANDATORY CONFERENCES:

- M, T, W, Fri: *Morning report at 10:00 am in 4B-102*. Senior residents are expected to be present unless there is an emergency. Interns are also **STRONGLY** encouraged to attend.
- Radiology conference at 9:30am daily starting with the post-call team
- Monday: 12:30 Monday conference (board review topics) – ***All housestaff are expected to attend unless they have clinic or are post-call.***
- Tuesday: 11:15 am: Chief of Medicine Rounds
- 12:00 Thursdays: Intern’s Report (seniors should hold intern’s pagers)
- Friday: 1:30 pm BD-152: Pathology Conference

## ESSENTIAL ODDS and ENDS:

1. Hand off your code pagers post-call! Interns- hand over at 8:00 to the on-call intern. It is the responsibility of the on-call intern to find the post-call intern first thing in the morning.
2. All new patients need an H&P by the admitting MD (i.e. the intern), even if the medical student is also writing an H&P. Please have them **completed by 7:30 AM** on the post-call day.
3. Access to the ER is via a special proximity card. Seniors: your MTAs will give you this card on your first day... guard it with you life, there is only one. These are limited and loss of them produces headaches for all involved.
4. Please fill out verinform religiously. The VA relies on it. This is the reason we now have nightfloat, dayfloat and a hospitalist team.
5. On-call frozen dinners are available in the basement in a little room at the back of the vending machines near the elevators in Building 100. Code is 235.
6. Pager Dead Zone: our USA Mobility pagers do not receive some pages in the basement laboratories. If you go to the lab to spin urine, check out a smear, gram stain, etc. keep in mind that you may be missing pages. This most commonly affects us when we are attending pathology conference. Moral of the story – let someone know where you’re at, i.e. your senior resident, and try to be back as soon as is reasonable. Code pagers, as far as we know, work in the basement.

## **DOCUMENTATION UNIQUE TO VA:**

- Physician Discharge Note – not needed if full discharge summary completed on day of discharge!
- Advanced Directive Template
- CODE Notes

**SIGN OUT TIPS:** (We do not have CORES at the VA so please be diligent about **updating all information daily**).

We have a new sign-out system at the VA!! Please use this and give me feedback on how it's working.

### **Cairo Hand off sign out tool:**

- 1) Go to M drive (Open RPCApps folder → open HAND-Off\_Tool\_Cairo folder → open CAIROHANDOFF5\_6\_5.exe)
- 2) Type in your CPRS user and password
- 3) Create a personal list with the following format (i.e. Med Blue A)
- 4) The list is created by selecting patients from the senior's list that will populate your list on the right side of the screen (to remove patient from the list double click on the pt name or right click)
- 5) Then on the bottom click on create personal list radio button
- 6) Then enter the team (i.e. Med Blue A) depends on the color of your team
- 7) Keep this format for now until finishing the testing of this application
- 8) Before clicking on submit, go to file → Assign physicians
- 9) Find the name of the physician and click to add to the list to the right and select as covering attending
- 10) Repeat this step to select senior resident
- 11) After finish step 10, click submit
- 12) This new window is where you could edit some of the information.
- 13) The yellow fields are the only fields that you could enter and edit information (problem list, code status, To Do List, and covering physician)
- 14) After you done updated information, go to file and select preview sign out
- 15) A new sign out appears which is what you will print out for the next team
- 16) In order to print, select a printer left of the printer icon on the preview screen (a drop down list of printer for you to print)

### **CPRS Tips:**

- When transferring patients from the ward to the ICU, look at where the patient is “located” according to the computer. Even if they have physically moved to the ICU, if still in the computer as being on the wards, you have to write DELAYED orders or they are lost...
- *Labs need to be re-ordered q3 days or they will expire.*
- Lab collect versus ward collect labs: Ward collect if in ICU or on floor with PICC or central line; lab collect otherwise (check with nursing about how they want stat labs ordered).
- When ordering any radiology other than a simple x-ray call the radiology resident to discuss and help schedule the study (x61664 for body studies, x63336 for neuro studies)
- Look under IV quick orders for insulin and heparin drip protocols
- If you are ordering antibiotics, you must check the box “Additional Dose Now,” or patient will not start the med until next scheduled time, which may be as long as the next morning.
- Cosigner for telemetry/ICU patients is the ICU attending but not remote tele patients
- Enter new endotracheal tubes, central lines, and foleys on CPRS, which will then count the number of days in for you. Then discontinue them in CPRS once they are removed. Do this under Invasive Lines in the main order menu.
- Ask your MTA if you have any questions, as they have lots of helpful information.

**HAVE FUN!!**