

## Intern Inpatient Orientation

Your patients are YOURS! Take ownership, be an advocate, and give them the best care you can.

1. Interns need to arrive by NO LATER than 7:00 AM. (You can get here earlier if you're not on call!). If you are post call, you need to be seeing your patients by 7:00 AM or before. Remember you only have until 1PM when you are post-call to get as much work done as possible.
2. If you are not post-call, you need to stay until at least 4 pm to give face to face check out to the person who will be cross covering/carrying the team pager. If no one from your team is on call that night, you need to find the person who will be carrying the pager and check out to them. If you are post call, check out at 1 pm and then everyone else on the team can check out to the on-call person at 4 pm and give any updates on the post-call intern's patients.
3. Conference daily at **NOON**. If lunch is provided, it will be on the calendars on the door to the conference room, the lounge & online. Conference is mandatory. This means go get food at 11:45! Grand Rounds every Wednesday at 8 am. **BE ON TIME**-- it's unprofessional and disrespectful to our speakers when you're late.
4. **PRIVATE PATIENTS:** Interns need to communicate with the private physicians in some way on a daily basis. When a patient is from out of town, their private physician should be notified after admission, every few days, and upon discharge. A copy of the discharge summary should be sent to that physician. When dictating, just ask that a copy be sent to Dr. -----. It's always helpful to have a fax number or at least the office phone number. Private physicians should be notified if transferred in or out of the ICU. If there is no documentation that the ICU team notified the pvt MD, it is your responsibility to do so. Keep your supervisors aware of the progress of private patients daily. They do not need to write daily notes on private patients (unless in the SCU or are complicated).
5. **STUDENTS:** Supervisors, not interns, should write notes on all patients followed by M4s and cosign their orders. They should not be following more than 10 patients at a time. M4s can admit private as well as service patients, but keep in mind their attending will only have exposure to them with the service pts. The M3s need to carry at least 5 patients, preferably service, but may also have privates and subspecialty pts. On weekends, M3s can take call with the subspecialty intern. If they need to pick up pts everyday, that's fine. They're purpose here is to learn and they need to be following pts to do that. If there are not enough intern pts for the M3s to follow, they may follow the M4's pts.
6. **DAYS OFF:** The interns should try to take their days off during weekends. Supervisor days off can be weekend or weekdays, and should be on days were there is adequate coverage of the patients on the service. It is still the job of the intern(s) to see all of the patients on the service on the weekends. The supervisors should help, but interns still have the primary responsibility. There may need to be adjustments to this depending on weekend coverage. Please pay attention to when the M4s start and finish because they do not work the weekend between their rotations. D team should have a supervisor designated for them to call with problems when the D supervisor is off (this is for single supervisor months only).
7. A differential diagnosis and plan should be on every H&P and daily note written by the interns and supervising residents. Asthma H&Ps /orders should only be used by children greater than 2 years old with a known history of asthma.

10. Sidhu, Warnick, Algae, Gandhi, Levine, Sailors, and Sudheedran DO NOT admit, their patients go on service. Patients of Dr. Kassees are admitted to Pediatrics Consultants (Dr. Frizzell's group). Drs. Nicole Sheffield admits. Monica Wright (pager 533-5500) is now with Cordova Pediatrics, and also admits. Tiffany Hall (Southwind Medical Specialists) is now admitting, off 367-9001, pgr 477-4755.
11. SPECIAL CARE UNIT: Neurosurgery patients admitted to Special Care should be admitted to Peds service/private PCP if that patient will be staying overnight. If the patient is being admitted and discharged in the same day, you do not have to admit them. We will consult on **all** Ophthalmology patients in the SCU, regardless of length of stay (consult only, not admit/discharge).
12. DIRECT ADMITS from local pediatricians are admitted to the floor. The DA nurse will call the admitting resident and you will be called by your resident when the pt arrives. Transfers from OSH &/or ERs still come in through the ER (but are not seen, nor "eye-balled"). DA Nurse 572-3113, cells: 647-8384, 647-8383. After 9 pm/weekends, Duty will be handling the direct admits (Pager 418-9095).
13. Referral & Resource Center: If you need any physicians' number or are having difficulty contacting a physician in town or out of town, call them 24 hours a day. #572-6733
14. After any order/note that you sign, you should use your stamp. If you don't have your stamp print your name, pager and Cerner number.
15. Team specific stickers will be placed in the front of the chart by the clerk. Please make sure this information is correct. The clerk will get Team, Intern name and Intern pager information from your admission orders, so make sure to include this on every admission. Also, remember to change these at the end of the month or whenever interns/M4s change over.
16. If you admit a PCC (RPG) patient, please call the ACC residents to let them know about the patient. They can also have the outpatient chart pulled to assist you...and then they know about them when they follow up.
17. For all new IV/IM antibiotic orders, including at admission, use the Antimicrobial Order Form.
18. SCU discharge conference is on Thursday at 10am. Call SCU social worker on Wednesday to update her on issues—especially if you have someone that will be going home soon.
19. A progress note on each of your patients is required everyday, even post-call. If the pt is admitted after midnight, your progress note can be more of an addendum, but still needs to include any important interim information since admission and assessment and plan.
20. If you're seeing a pt in the ED and their room is ready, please let them go and continue your H&P upstairs.
21. HELP EACH OTHER!! Remember that while you are primarily responsible for each of your patients, we are all a team and need to help each other. Please ask for help if you need it!!
22. Corrections to pager cards: Al Hamda 418-4510, Linda Lazar 269-4012, Lutterman 392-3324, Heather Thompson 418-6005, Marion Hare 418-2025, Cath Lab on call pager 418-9158 (for questions re: CVLs)