

2018 – 2019 General Medicine Tip Sheet

EXAMPLE DAYS:

EXAMPLE WEEKDAY:

- 7:00AM Meet night resident at designated handoff area. Receive update on overnight events on old patients and proceed to bedside for brief encounter with patients that were admitted overnight to team or had significant events develop overnight. While one intern is at bedside receiving handoff, the other can be outside the room reviewing labs and vitals on their service.
- 7:30AM Team work rounds on all patients. Some residents will work round with the intern or sub-I while the other work rounds independently or with the attending.
- 9:00AM Attending briefing with team regarding patient updates and possible morning discharges.
- 9:15AM Bedside attending rounds on discharges and new admissions, teaching rounds on remaining patients.
- 11:00AM Resident team continues clinical work, including evaluating new admissions.
- 12:15PM Team attends Medicine Noon Conference (DN8253 or DN2002).
- 1:15 PM Duke Resident Report DN8253 (M-Th) for senior resident, interns continue daily work.
- 3:00PM Wednesday and Thursdays, Duke Intern Report DN 8253
- 6:30 PM Evening Handoff to team night resident at designated handoff area. Again, brief bedside encounter for patients who are newly admitted or sick is encouraged.

(Protected day – Resident of the team can leave as early as 5:00pm as long as there are no unstable patients and that the clinical duties for the day are near completion, with the back up for the intern being the ADMIT SAR between 5 and 6:30pm).

ADMIT DAY:

- 7:00 AM Morning Handoff from Night Residents as above
 - 7:30 AM Team work rounds on all patients.
 - 9:00 AM Attending briefing with team regarding patient updates and possible morning discharges.
 - 9:15 AM Bedside attending rounds on discharges and new admissions, teaching rounds on remaining patients.
 - 11:00AM Resident team continues clinical work
 - 12:15 PM Team attends Medicine Noon Conference (DN8253 or DN2002).
 - 1:15 PM Duke Resident Report DN8253 (M-Th) for senior resident
 - 3:00PM Wednesday and Thursdays, Duke Intern Report DN 8253
 - 5:30 PM Continue clinical work on new admissions from day. Resident available as back up for interns on the protected teams for that day.
- By 9:00 PM Completed clinical work and transition of responsibility to team night resident.

DAILY NOTES:

Timely, focused, succinct yet appropriately detailed documentation of your patient encounters and plans is essential. All progress notes are created electronically in Maestro Care. Review and document the pertinent interval history for the problems the patient is being treated for and detail any new symptoms or events. Note vital signs and a daily focused physical exam. Interpret and summarize abnormal lab values, radiology/pathology reports in the assessment and plan. All medications should have a corresponding diagnosis and should be reviewed both on daily work rounds and while writing your daily note. **Be as specific as possible in your problem list** (see examples below), and prioritize problems by severity and acuity. Avoid system/organ based problem lists.

- Example #1: Acute left ventricular systolic heart failure rather than CHF
- Example #2: After you have diagnosed the patient with a pulmonary embolism, the problem is no longer the symptom of dyspnea or chest pain

Please consider using the .hap phrases for the conditions marked on the computers in 8300. It is believed that the single greatest reason we have had a decline in our US News and World Report standings this past year is due to our drop in our disease severity which is all due to our documentation. Common examples include:

- Respiratory Failure: .HAPRESPFAILURE
- Shock: .HAPSHOCK
- Sepsis: .HAPSEPSIS

- Pneumonia: .HAPPNEUMONIA
- Stroke/TIA: .HAPSTROKETIA
- Syncope: .HAPSYNCOPE
- CHF: .HAPCHF

DISCHARGE PLANNING:

- **Place order in EPIC to have HUC make follow-up appointment or contact PCP (by email, phone, or Maestro) to inform them of admission and discharge** – this will also help you in planning disposition. Be sure to communicate to outpatient providers and document in the discharge summary studies or lab work that is pending at time of discharge or anticipated need for further studies at follow-up appointment. For patients whose follow-up is outside of the Duke Health System, auto-fax options for discharge summaries will allow for timely correspondence with their providers. The discharge summary must be signed by attending in order for the document to be sent.
- All verbal orders must be signed by a physician before a patient is discharged.
- Discharge planning should begin early in the patient's hospital course. This includes timely communication with family members to keep them updated on plans for discharge. Please remember to use the Expected Discharge Date for patients who are likely to be discharged in 24-48hrs. This will lead to initiation of the discharge checklist which can be used by nursing, PRM, PT, and provider team to communicate discharge needs.
- Discharge in early AM whenever feasible is an important way to improve patient satisfaction and hospital workflow. Our goals are for discharge paperwork, follow up appointments, medication reconciliation, and prescriptions to be completed the day prior to anticipated discharge and reviewed the afternoon prior to anticipated discharge by the entire team (intern, resident, attending) to ensure the safest and most appropriate discharge plan.
- Clarify with patient, family, and PRM who will be transporting the patient at discharge and set discharge time in advance. Notify the charge nurse and care nurse of discharge plans.
- Paperwork should be finalized with resident and attending on the morning of discharge, and discharge order placed as soon as possible to facilitate a timely and seamless discharge process. Anticipate that the process of nurse completion of their discharge duties (going over instructions, removing IV, telemetry, assessment of vitals) takes additional time and cannot always be done immediately following an order being placed.

TRANSITIONS OF RESPONSIBILITY:

- Safe and effective handoffs are important to our patients care.
- Model good handoff behavior
 - Use consistent system and structure to handoffs.
 - Please be on time and at appropriately designated location
 - Minimize interruptions and distractions during the handoff process
 - Have the person who is accepting handoff repeat critical tasks or information (read-back technique)
 - Use clear, explicit, and unambiguous language
 - Allow the person who is accepting handoff ask questions (interactivity)
 - Identify sick and new patients and strongly consider joint evaluation at bedside
- Suggested Technique – **SIGNOUT?**
 - **S:** Is this patient particularly Sick or DNR
 - **I:** Identifying data and demographic info about patient
 - **G:** General hospital course for the patient
 - **N:** New events or occurrences of the day
 - **O:** Overall Health status
 - **U:** Upcoming possibilities and things to watch for
 - **T:** Tasks that need to be completed prior to next handoff
 - **?:** Any questions?

INPATIENT PROCEDURE SERVICE:

- A trained Hospital Medicine attending will be available to supervise bedside procedures performed on patients hospitalized at Duke from 12pm-10pm, 7 days per week. Night coverage is often available as well, so please contact them as needed.
- Bedside procedures include central line placement, thoracentesis of uncomplicated effusions, paracentesis (both diagnostic and therapeutic), arthrocentesis, and lumbar puncture.
- For some of these procedures (central line placement, thoracentesis and paracentesis) the attending will be able to assist with ultrasound guidance.
- The intern/resident will perform the procedure under the supervision of the attending.
- To contact the procedure attending, please page **970-7409**. Please page as early in the day as possible to allow for scheduling ease if a scheduled procedure.

- As a courtesy to the procedure service attendings, please try to ensure that pre-procedure processes (i.e. consent, collection of needed materials for procedure, etc) are done ahead of time to optimize efficiency.
- Please remember to specify the attending you did the procedure with as a cosigner of your procedure note.

PROCEDURES:

- Must be done with supervision unless resident is certified (i.e., has met the program requirements) and preferably with the procedure attending.
- Be sure to write a procedure note (template available)
- Use appropriate protection (including eye protection!) and sterile technique
- Any procedure involving a body fluid or needle has potential to cause an exposure
- Any procedure involving a body fluid or needle has potential to cause an exposure. If exposure occurs, please notify your supervisor and call 115 for guidance from occupational health
- ***Must perform time out and document in chart*** (two people confirm person, site, procedure)

GENERAL TIPS:

- Be sure to eat, hydrate, and use the restroom. You can't take care of patients if you don't take care of yourself.
- Please remember to dress professionally. Remember you are someone's doctor!
- Go to conferences. You only do internship/residency once and these are invaluable learning sessions!
- Be absolutely compulsive. Follow-up all labs, studies, etc. You are the net to catch all details before they fall through the cracks. Write things down. Make a to-do list. No matter how large your brain is, you will not be able to remember every detail about the care of every patient.
- Page the pharmacist if you have medication questions. They are always available and a great resource.
- Be proactive in discharge planning & talk to your PRM daily, it will make the discharge process much smoother.
- Work collegially with ALL staff, not just physicians. When you are frustrated, take a deep breath and take the high road; just try to remember that everyone in the hospital is working to try to help our patients!
- Keep the patient's nurse involved and up to date with your plans, this will cut down on pages and ultimately make your life better (in addition to offering better patient care).