WARDS-CHILDREN'S HOSPITAL

Contacts: Chief Resident (888-1616) or
Amy Holst, MD (978-0096)

When to contact: One-month prior

Preceptors: Attending physicians from each service

Where to meet: First morning of rotation at 6:00am (confirm with chief resident prior to meeting)

Purpose:

See UNMC Wards

Objectives:

Interns:
1. By the end of the month, the intern should be able to recognize a sick child and initiate appropriate therapy.
2. The intern should be able to admit an ill child, obtain the appropriate history, and do a complete physical examination. With that information, the intern should develop a differential diagnosis and reasonable plan based on that diagnosis. Finally, the intern should effectively communicate that plan with the attending physician.
3. The intern should learn how to manage the day-to-day problems of a sick child in the hospital setting, including advancing or withdrawing treatment as appropriate, daily notes, and preparation for discharge.
4. The intern will spend time each day teaching peers and medical students.

Supervisors:
1. Supervising residents have the responsibility to make sure all patients admitted to the wards are seen in a timely and appropriate manner.
2. Supervisors will spend time teaching daily. Topics should be based on areas germane to patients being treated on the floors. These sessions will include the interns as well as medical students.
3. Supervisors will see and write brief notes on all patients admitted to the floor resident teams.
4. Supervisors will coordinate attending rounds with all services.
5. They will supervise interns in patient care, allowing for further development of history and physical skills and broadened differential diagnoses. Further development of treatment plans.
INTERN DAILY DUTIES

Conferences
1. Attendance is mandatory at Teaching Rounds on Mondays, Wednesdays and Thursdays. All are held at 9:00 am in the Glow A conference room.
2. Interns will present a recent patient at Teaching Rounds as assigned by the Supervising residents. Please also see Teaching Rounds guidelines. (Addendum A)
3. Attendance is mandatory at Patient Management conference on Tuesdays and Grand Rounds on Fridays at 8 am in the Glow Auditorium.
4. Noon conferences and other special conferences should be attended. Schedules and topics for these are on the monthly conference schedule.
5. Residents will be notified of exceptions to conference times and locations by the monthly conference schedule.
6. Supervising resident should be notified if intern needs to be absent from conferences.

History, Physicals, and Admission Orders
1. H&P's will be assigned by supervising residents and should be completed promptly upon the patient’s arrival to Children's Hospital. Supervisory resident will notify the intern of patient's arrival.
2. Patients designated as an "observation bed" may have a short form H&P completed. They do not need a dictated H&P unless the admission is converted to a “full admit.” If this occurs, the intern assigned to the patient is responsible for dictation of the H&P.
3. On all “full admits” a brief hand written H&P should be documented in the patient's chart at the time of admission. Dictated H&P should be completed within 24 hours of the admission using the attending physician's dictation code. (These can be found on a master list in the resident workroom.)
4. Orders should be written promptly after assessing patient to ensure timely patient care. Orders must be done before writing the H&P.
5. Attending physicians should be contacted promptly after completion of the initial assessment to discuss the management of the patient and admission orders. Generally interns should review their thoughts with the supervisor prior to notification of the attending.
6. If the intern is unable to contact the attending physician, the supervising resident should be notified.

Daily Patient Care Responsibilities
1. All assigned patients should be seen and examined daily. This should be completed by 8:00am.
2. The supervising resident assigns patients. A list of these patients is available in the 5th floor workroom. Census will generally be 6-10 patients per intern.
3. Daily progress notes should be written in a timely manner on all assigned patients. These should be concise and informative. Notes should be completed prior to attending rounds when possible. (Resident cannot simply write “agree” and co-sign the student note.)
4. Interns should review student notes daily and correct/addend them as necessary. All student notes must be cosigned by the intern assigned to that patient. Direct feedback to students regarding notes should be given in a timely fashion.
5. Interns should round either in person or by phone with each attending physician on each patient daily.

6. Reassess the patient as needed throughout the day, following up on labs, radiology studies, consults, etc.

7. If the intern reassesses patient, or if more factual information becomes available, then the intern should document this briefly in the chart.

8. All notes should be timed and dated.

9. If the signature on a note is not easily legible then last name should be either hand-written or stamped. Pager number should be written beneath all notes and orders for ease of contacting the resident.

10. Interns must place a sticker on the chart of each assigned patient identifying the resident name and pager. This should be done promptly after assuming care of the patient.

11. Each intern must fill out a yellow Teaching Service Evaluation card for every attending they work with.

Order Writing

1. All orders should be signed, timed, dated, and legible.

2. All orders should have resident name and pager printed below the signature.

3. All admission orders should be reviewed with either the supervising resident or the attending physician. If any questions or concerns arise regarding other orders, these should also be reviewed with the supervisor or attending.

4. Like most hospitals, Children’s Hospital has specific guidelines for ordering many medications. Please ask supervising resident or pharmacist if any questions arise.

5. After writing orders, the page should be flagged by folding up the corner of the page and flipping up the “MD” switch for that patient. (Located outside the patient room.) If the order is time sensitive, the resident should also notify the nurse caring for the patient either in person or by phone that an order has been written. This will ensure timely action and give the nurse a chance to clarify any questions she may have regarding the order.

6. All orders for radiology procedures should include an indication for the procedure. Do not use “rule out” diagnosis.

Call

1. Call is from approximately 4:30-5:00 pm until 12:00 noon on weekdays (no admits done after 24 hours on call). On weekends call is from 7:00 am until rounds are finished (or by 30 hours maximum on call) the following day.

2. While on call residents must remain within the hospital building.

3. Residents must have their Children’s Hospital pager with them at all times while on call.

4. Residents may not shower while on call unless another resident is carrying their pager.

5. Residents may wear scrubs after 4:30 when on call and when post-call. (See also professionalism section)

Night Float

1. Hours are 11:00 am to 1:00 am Monday through Friday. When the night float intern has continuity clinic, they will arrive by 4:30-5:00 pm after clinic.

2. Residents must attend all conferences during night float hours (noon conference).
3. The night float needs to contact the supervisor upon arrival on the floor for delegation of responsibilities.

Checkout
1. Evening checkout begins at approximately 4:30-5:00 pm on weekdays. Morning checkout should occur early enough for the residents to see all patients prior to 8:00am. Weekend check out should be at approximately 6:30 am for those coming on call, and after rounds for those going off call.
2. Each team should have a color-coded checkout sheet that is up to date. These should include patient's name, age, room number, attending physician, consultants, current weight, diagnoses, medications, fluids, problem list by system, "to-do" list and anticipated problems.
3. Residents should make an effort to complete all tasks possible prior to checkout.

Pagers
1. Each resident will be assigned a Children's Hospital pager for the month. This will be the primary mode of communication with the resident.
2. Daily on call lists will provide the pager of the intern covering each patient overnight.
3. While on call interns will be responsible for carrying a mobile phone (number tba). This will be used for communication with the supervising resident in addition to the pager.
4. Residents should respond promptly to all pages. On occasion it is difficult to do this. If the resident is unable to return a page within 5 minutes they should ask a nearby person (supervisor, student, nurse) to return the page and assess urgency as well as explain that the resident is detained, but will call as soon as possible.
5. When cross covering patients during the day for post-call residents and residents in continuity clinic, the cross-covering residents should hold the pager of the absent resident until it is time for the "on-call" team to take over.
6. Residents should not carry their Children's Hospital pager and take calls on their pagers when they have left the hospital at the end of their duties or during continuity clinic.

Consults
1. All orders for consults should contain the consultant name and service, and the reason for the consult.
2. Residents are responsible for contacting the consultant, unless directed otherwise by the attending physician. This should be done as soon as possible to allow the consultant flexibility in planning their day.
3. Resident should give a brief summary of pertinent clinical information, the reason for the consult, and the urgency of the consult, when notifying the consultant physician.

Professionalism
1. All residents are expected to appear and act in a professional manner.
2. Children's Hospital dress code should be followed. (See Children's Hospital intranet dress code policy)
3. Scrubs are to be worn only when on-call (after 4:30 pm), when post-call, and all day on weekend calls.
4. Discussions with and regarding patients, families, and healthcare team members should always be respectful, polite, and mindful of patient confidentiality.

Off service notes
1. Residents are responsible for writing off-service notes at the end of each month. These should be written on all patients who have been in the hospital for greater than 48 hours at the time of change of service. The off-service note should be written in sufficient detail so that the incoming residents can easily and quickly gain an understanding of the clinical course and current problems of the patient. It should include a brief summary of the history leading to the admission, the hospital course to date, the current medications, the pending lab studies, and a summary of the each organ system including problems and treatment. The off-service note should be placed in the chart, dated, timed and signed. An off-service note does not need to be written on any patient who will be discharged on the first day of the change of service.
SUPERVISOR DAILY DUTIES

Conferences
1. Supervisors are responsible for attending all conferences as outlined in numbers 1, 2 & 3 of the intern daily duties-conferences section.
2. Additionally, it is the supervisor responsibility to ensure the interns and students attend and arrive on time to conferences.
3. If there is an urgent patient care issue that arises during conference times, supervisors should triage this and allow interns to remain in conference.
4. If any changes arise in the conference schedule supervisors are responsible for notifying the team.

History and Physicals
1. Supervisors will be contacted by attending physician or ED physician of all incoming admissions. This will allow them to have some background patient information and have an idea of the patient's degree of illness, prior to the patient's arrival on the floor.
2. Supervisors will assign all admissions to interns and medical students.
3. Supervisors will be notified by nursing of the patient's arrival. He or she should see the patient as soon as possible to determine the severity of illness and need for intervention.
4. It is the supervisor's responsibility to introduce themselves, the intern, and the medical student to the family. They should briefly explain each person's role within the healthcare team.
5. Supervisors should be present for as much of the H&P as they feel necessary for the experience level of the intern and complexity of the patient. Following the intern's completion of the patient's assessment, the supervisor should review the details, complete any part of the assessment that is lacking and together with the intern develop a differential diagnosis and plan. The intern will then present this information to the attending physician.
6. Supervisors should write a brief note summarizing relevant points and documenting their involvement in the assessment and decision-making process.
7. Medical students may also lead the H&P as directed by the supervising resident.

Daily Patient Care Responsibilities
1. Supervising residents are expected to be present in the hospital on weekdays from 7am to 5pm unless post-call or in continuity clinic. Residents may be needed to stay beyond 5pm as patient care needs dictate.
2. Supervisors should be aware of all the diagnoses and degrees of illness of all patients on their team.
3. Any higher acuity patients should be directly assessed by supervisor and reviewed with the intern prior to morning conferences. Brief documentation of this assessment should be included along with the intern note.
4. Supervisors will be responsible for monitoring the Sub-Interns patients closely, including assessing these patients and discussing the plan with the Sub-Intern daily, as well as reassessing as necessary and rounding with attendings.
5. Supervisors will round with their team of interns and medical students daily. This may or may not include the attending physician as available. Supervisors should try to coordinate rounds with attendings whenever possible.

6. Supervisors should review intern’s and student’s notes to ensure they are complete and accurate.

7. Supervisors should ensure interns are appropriately reassessing patients, following-up on studies and contacting attending physicians throughout the day.

Order writing
1. Order writing is primarily the intern’s responsibility. Supervisors can assist as necessary to facilitate timely patient care.
2. Supervisors, following appropriate assessments of patients should write all sedation orders.
3. Supervisors must cosign all Sub-Intern orders prior to these orders being placed in the chart.

Call
1. See intern duties-call for details.

Checkout
1. See intern duties-checkout for details. Supervisors should ensure interns are providing accurate information both verbally and by way of updated checkout sheets.
2. Supervisors should inform each other of higher acuity level patients and anticipated problems.

Pagers
1. Supervisors will be assigned a pager while on service to facilitate communication.
2. A supervisor must wear the “admit” pager at all times. Additionally, the supervisors should carry the portable phones (955-7979 and 955-7954) during daytime hours. One phone (955-7954) will be assigned to an intern on call for evenings and weekends.
3. Supervisors should make every effort to answer calls and pages promptly and professionally.

Consults
1. Interns are responsible for writing consult orders including reason for consult and contacting consulting physicians. Supervisors should facilitate this as necessary. (See also intern duties-consults)

Professionalism
1. Supervisors should role model of professionalism for the team. See intern duties-professionalism for details.

Additional Responsibilities
1. Supervisors should respond promptly to all Code 4 calls.
2. Any patient who is acutely decompensating, whether or not a resident patient, should be evaluated and stabilized while the attending physician is being contacted.
3. Supervisors should document which attendings do not call admissions to the residents on the yellow teaching service cards.

4. Supervisors are invited to attend Lunch with Dr. Lazoritz on the third Friday of the month in the administration office located in the pavilion unless otherwise notified by the Chief Resident or Dr. Lazoritz.

5. Supervising residents should give interns face to face feedback on their performance at a minimum midway through the month and at the end of the rotation. Additional feedback/guidance should be given as needed. Interns with significant difficulties should be brought to the attention of Dr. Holst or the Chief Resident as soon as possible to ensure timely feedback and intervention.
Annex A

J. High Census Policy

In order to provide safe and efficient patient care there may be times when the numbers and types of patients being followed by residents will be limited. Because of national accreditation issues (RRC policies) teams will be limited in the number of patients that they can follow. Each intern on a team will have no more than 10 of their own patients (maximum number of patients they care for during a weekday). Guidelines for management of patients during time of high census are as follows. These are meant to be guidelines only and actual practice may vary somewhat based on the best judgment of the supervising resident, chief resident and program director.

When the resident teams are nearing their maximum numbers (10 patients for each intern on wards during a weekday) the supervising resident will contact both the chief resident and Dr. Lazoritz (955-5400) to inform them that the high census policy will be going into effect. The supervising resident will notify staff physicians calling with admits that the high census policy will be in effect and the residents will be unable to care for that patient. The supervising resident will keep a list of all patients admitted during high census times even if not followed by residents. When the supervising resident is notified by nursing of the patient’s arrival to the floor the resident will ask the nurses to call the staff physician. The staff physician will be responsible for all aspects of patient care including admission H&P, orders and nursing calls. The residents will not follow those patients. A sticker will be placed on the outside of the chart by the admitting nurse indicating the admitting physician as the primary contact physician.

Additionally, if at any time the residents are unable to triage and begin the admission process for a patient within thirty minutes of that patient’s arrival to the floor, the supervising resident will contact the chief resident, Dr. Lazoritz, and the staff physician. The staff physician will need to perform the admission H&P and orders. (This situation may occur when multiple patients are being admitted at once, even if the maximum number of patients has not been reached). If the resident team is below its maximum numbers, the staff physician will be contacted when the resident is able to assume care of the patient. Until that time the staff physician will be responsible for all aspect of patient care.

The residents will respond to all requests by nursing staff to assess any patient with emergently changing status including those not followed by the resident teams. The supervising resident, after examining the patient and reviewing the chart, will contact the admitting physician to discuss the patient’s condition for all patients not followed primarily by the interns.

When the resident teams decrease to less than maximum numbers, the supervising resident will make the decision to assign patients that came in during the “high census” period to the resident service or to assign the new patients waiting to be admitted. The supervising resident will not assign “high census” patients if they are ready to be discharged or observation status. The preference for assigning “high census” patients to the resident service will go to PICU transfer patients, intermediate care status patients, patients of higher acuity and those with significant educational value. Accepting new admissions will remain a priority over assuming previously admitted patients. If the supervising resident assigns a “high census” patient to the resident service, they will immediately notify the nurse and staff physician. If the supervising resident does not assign a “high census” patient to the resident service, the admitting physician will continue to care for that patient. If there are questions about the reassignment of patients when the resident teams are no longer at “high census”, the supervising resident should discuss the plan with the chief resident.