Fellow On-Call Responsibilities

Each fellow is responsible for:

1. One call night each week throughout the year. Call responsibilities begin at 4:30 p.m. and end the following morning at 8:30 am.

2. You also will be scheduled for 3 day weekend call approximately once every three to four weeks throughout the year. Friday 4:30 pm to Monday 8:30 am.

3. Each fellow will also be responsible for call on at least one major holiday during the year.

As with any busy geriatric office, the UNMC Geriatric Clinic staff and fellows are responsible for care of patients in a variety of settings. This experience will allow you to develop your skills at triaging patient problems via phone, learn the benefits of home health services for evaluation of the home bound patient, and develop the ability to weigh the risk/benefit ratio of hospitalization of nursing home patients with serious acute illness. Most issues in patient care occur during office hours, however, emergency situations arise which necessitate night time and weekend calls. Staff backup is available each time you are on call. When you are “on call”, you may receive calls from the following settings:

**Outpatients:** calls from pts., family members, pharmacies, home health and hospice agencies. If you are suspicious about pt or pharmacy requests for scheduled drug prescriptions, call your attending prior to giving verbal ok.

**Nursing home patients:** calls from nurses, hospice agencies. Although we have patients at several nursing facilities, the majority of our patients are at Douglas County Health Center, Brookestone Caring Households, Maplecrest Care Center and Thomas Fitzgerald Veterans Home.

**Medical Inpatients:** calls from nursing staff, families. You will be responsible for these calls on the weekend days you are on call. You are not responsible for these calls at night unless you have not checked out with the IM resident, but please try to facilitate transfer of information. These calls should be directed to the internal medicine intern on call in the hospital for the night.

Staff backup is available for all of these types of calls. Each month you will receive a listing of which staff is on call with you. Staff take call in 1 week blocks.

**Tips for on call fellows:**

1. In general, most outpatient and nursing home on call issues can be dealt with over the phone. Cellular phones are available for your use. On your call days you will be called by the nurses about an acute medical problem of the nursing home residents. When answering these calls we advise you to always ask a few basic questions:

   1) What are the patient’s vital signs?  
   2) What medications is he/she taking?  
   3) Does the patient have mental status changes?  
   4) Has there been any change in his/her P.O. intake?  
   5) What is the posture of care and what do the advanced directives indicate?  (e.g. full code/DNR/No hospital transfer/comfort measures

   We find that always asking these questions leads you to better decision making.
2. Geriatric phone contact sheets should be completed for each call and given to the primary MD on the next working day to facilitate continuity of care. The call sheets should be placed in the phone message slots for each primary MD attending or fellow the morning after call. These sheets are available in an on-call book, with extras in the pink cupboards across from Dr. Vandenberg’s office.

3. Many of our patients have home health nursing services which can facilitate home evaluation with skilled nursing visit, lab, x-ray etc. If these services are needed, please ask pt/family which home health service they use.

4. For patients with severe illness requiring emergency room visit or direct hospitalization, please contact your backup staff for further input. To insure continuity of care and transfer of information from the outpt to inpt settings, these patients require additional communication.

For patients sent to the Emergency Room call:

**ER Staff** (559-4020), Call before sending pt. to ER. After briefing the emergency department physician about the patient, tell them you want to be called back before final disposition of the patient (to home, nursing home or to hospital.) Remember to give them your pager number.

**Geriatric staff on hospital service** (varies every 2 weeks). In the am after your call night please call the hospital service attending with info on all admits and pts. sent to the ER with unknown disposition.

**For Direct Admits from NH or Home call:** (feel free to call your attending for advice before proceeding with these calls). Please call to arrange a bed for your patient prior to transfer. **Admitting** (559-2337). You will need name, UNH #, age, admitting diagnosis, admitting service (Geriatrics-Internal Medicine), admitting physician name (staff on call), and attending physician name (staff on hosp service that month).

**Hospital Internal Medicine supervisory resident** on call (559-4000). Patients are admitted to the internal medicine service with a geriatric attending please call them to update with pt diagnosis, reason for admit and specifics re treatment plan.

For patients at Thomas Fitzgerald Veterans Home:

**Acute ER visits:** If the patient is unstable the squad will take the patient to the Immanuel Lakeside Emergency Room. **Please call the Lakeside ER physician (717-8111) and update them about patient’s condition. Ask them to call you with disposition.**

**VA Admitting Area Visits:** If sick enough to need evaluation but stable for transfer, send by ambulance to the VA hospital or hospital of patient’s choice. Prior to transfer call the **Veterans Hospital admitting area (449-0680)** and let them know you plan to transfer patient. They will have you talk with the Medical Officer of the Day- usually a medical resident- who will ok the transfer.

5. Trading Call: You are responsible for arranging coverage if you are unable to take call on your assigned day/weekend. This includes arranging coverage for vacations and educational leave. Vacation Leave will be approved only after call coverage has been obtained. You may trade call days with other fellows/residents. You must notify your staff backup physician and the university operator of any changes. You should also have the university operator change your pager status to forward pages to the covering resident/fellow.

6. If you have any questions about patient care issues do not hesitate to call your backup staff.
<table>
<thead>
<tr>
<th>Week</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Resident</td>
<td>Resident</td>
<td>Resident</td>
</tr>
<tr>
<td>2</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
</tr>
<tr>
<td>3</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Fellow 2</td>
<td>Fellow 2</td>
<td>Fellow 2</td>
</tr>
<tr>
<td>4</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Resident</td>
<td>Resident</td>
<td>Resident</td>
</tr>
<tr>
<td>5</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
</tr>
<tr>
<td>6</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Fellow 2</td>
<td>Fellow 2</td>
<td>Fellow 2</td>
</tr>
<tr>
<td>7</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Resident</td>
<td>Resident</td>
<td>Resident</td>
</tr>
<tr>
<td>8</td>
<td>Resident</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Staff</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
</tr>
</tbody>
</table>