

WELCOME TO THE EMERGENCY DEPARTMENT  
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER



# ORIENTATION TO THE DEPARTMENT

When you arrive for your first shift, find the senior resident on duty and ask them for a tour. They should show you:

- Different treatment areas/designations
- Supply locations, including carts and storage rooms
- Ultrasound machine
- The "board" in Epic (how to sign up for and see the new patients)
- The charge nurse and unit secretary

# ED ENTRANCE

- The ambulance entrance on the west side is the preferred entrance.
- Use your badge to get in, or ring the doorbell once and someone will let you in



# SECRETARY STATION

- The medical unit clerks (MUCs) can help with calling:
- consultants
- pharmacy
- RT
- And ordering records from other facilities





# PHONES

- Pick up a phone from the room next to the Doctor's work area.
- Write your last name and number on the whiteboard to the left of the doc box
- This helps for calling consults, radiology, talking to nurses, and so the other residents and attendings can find you
- This is also the number you enter when prompted during ordering XRs, CTs on EPIC



# WHEN YOU PICK UP A NEW PATIENT

- Click on "arrivals"
- Pick the patient that has been waiting the longest
- Make sure no other residents or mid-level providers have already assigned themselves
- If you assign yourself then unassign yourself for any reason tell a senior resident (the patient will fall to the bottom of the list and delay care)

ED Track Board (RUH Emergency Department) - Last Refresh Time: 7/2/2017 11:22 PM

Refresh | Review Visit | My Note | Orders | MD Discharge | MD Admit

My Patients | My + Unassigned | Arrivals (12) | All Patients | Expect

	LOS	MSI	Bed	Patient	Age	Complaint	ESI
	01:12		FTWR-10		♀ 2 ...	perineal pain	4
	01:05		FTWR-02		♀ 1 ...	Abdominal Pain; Di...	3
	01:04				♀ 4 ...	Arm Pain; Arm Sw...	3
	00:51		FTWR-03		♂ 1 ...	Epistaxis	3
	00:49		G-06		♂ 5 ...	pain management;...	2
	00:40				♂ 2 ...	Head Laceration	4
	00:26		C-05		♀ 6 ...	Sz	
	00:25				♀ 4 ...	Threatened Miscarr...	3
	00:24				♀ 1 ...	Arm Injury; Leg Injury	4
	00:16				♀ 1 ...	Abdominal Pain	
	00:14		T-09		♂ 4 ...	Muscle Cramp	
	00:09				♀ 2 ...	Arm Injury	

# 1: ASSIGN YOURSELF TO THE PATIENT

- Sign in for your shift with your handset number
- For each patient you pick up, right click and assign me
- When you pick an attending to present to, click "Tx Team", put their name on it!

The screenshot displays the Epic ED Track Board interface for the RUH Emergency Department. The main window shows a table of patients with columns for LOS, MSi, Bed, Patient, Age, Complaint, and ES. A 'Sign In' dialog box is open over the table, allowing a user to sign in for their shift. The dialog box includes fields for Provider, Contact number (66603), Supervisor, and Current role (ED Provider, Attending Provider, or Resident [1]).

LOS	MSi	Bed	Patient	Age	Complaint	ES
01:17		FTWR-10		2	perineal pain	4
01:10		FTWR-02		1	Abdominal Pain; Di...	3
01:09		FTWR-08		4	Arm Pain; Arm Sw...	3
00:56		FTWR-03		1	Epistaxis	3
00:45				2	Head Laceration	4
00:31		C-05		6	Sz	
00:30				4	Threatened Miscarr...	3
00:29				1	Arm Injury; Leg Injury	4
00:21				1	Abdominal Pain	
00:19		T-09		4	Muscle Cramp	4
00:14				2	Arm Injury	

## 2: THE CHART

- You write your own note. If you use the scribe, this HPI, ROS and PE may be done/partially done if you bring them to bedside
- The MDM is yours to do. Use the ED Course through the encounter. The note template is okay, you may want to modify and update.

**Edit Note** ED Provider Notes

**My Note** Bookmark Details

HPI ROS Physical Exam Procedures MDM

Service: Emergency - Ad Date of Service: 7/2/2017 2332

Cosign Required Cosigner: [Redacted]

★ B [Icons] + Insert SmartText [Icons]

Patient seen and discussed with supervising physician No att. providers found

**History**

Chief Complaint  
Patient presents with  
• Head Laceration

**HPI**

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

No family history on file.

**Social History**  
Substance Use Topics  
• Smoking status: Current Every Day Smoker  
• Smokeless tobacco: Never Used  
• Alcohol use: Vac

[Pend] [Share] [Sign] [Cancel]



## 2: THE CHART

- Some of this will auto-populate, some of you will write your own smart phrase in time for common diagnosis. Most of you will (should) copy all of Dr. Heather Kuntz MDM phrases if not to use, to see how they are done well.
- Impression can be auto-filled using “.dxcode” from Discharge Tab instructions

**My Note** ED Provider Notes

HPI ROS Physical Exam Procedures MDM Bookmark Details

Service: Emergency - Ad Date of Service: 7/2/2017 2332

Cosign Required Cosigner: [Red Exclamation Mark]

★ B [Icons] + Insert SmartText [Icons]

ED interpretation: I personally reviewed the above diagnostics and they show \*\*\*benign findings.

**PENDING TESTS: \*\*\***

**CONSULTATIONS:**  
None

**RE-ASSESSMENT: \*\*\***

**IMPRESSION: No diagnosis found.**

**PLAN: \*\*\***

**DISPOSITION:** {Blank single:19197.: "Discharged home with continued outpatient follow up with \*\*\* in \*\*\* days", "Discharged to the care of law enforcement and follow up with \*\*\* in \*\*\* days", "Consult: \*\*\*\*", "Transfer to: \*\*\*\*", "Admit to: \*\*\*\*", "Sign out to oncoming provider for further evaluation and disposition", "Sent to L+D", "Sent to SART", "Eloped", "AMA", "Expired"}

**CONDITION:** {DISPOSITION CONDITION:19696}

Pend Share Sign Cancel

# 2: THE CHART

- Use the "ED Course" Function under the "My Patients" Tab
- Can document re-assessments/re-examinations, POCUS, Imaging, ECGs, ETC

The screenshot displays the Epic ED Track Board interface for the RUH Emergency Department. The top navigation bar includes various tools like ED Manager, Track Board, ED Map, In Basket, SmartPhrase Manager, My Dashboards, ED Chart, and RUHS DASHBOARD. The main header shows the ED Track Board title and a last refresh time of 7/2/2017 11:38 PM. Below this, there are navigation tabs for My Patients, My + Unassigned, Arrivals (10), All Patients, Expected Patients, and Consults. A patient profile summary is visible, including the patient's name (redacted), gender (Female, 21 y.o.), and chief complaint (perineal pain). The main area features a table of patients with columns for LOS, Bed, Patient, MRN, Complaint, Img Stat, Prov. Comments, and Other Comments. The table lists several patients with various complaints such as perineal pain, abdominal pain, arm pain, epistaxis, and muscle cramp. On the right side, there is a Labs panel showing a POCT Urine Dipstick result with various parameters like Color, Clarity, Glucose Urine, Bilirubin, Ketones, Specific Gravity, Blood, pH, Protein, Urobilinogen, Nitrite, and Leukocytes. Below the Labs panel, there are sections for ECG and ED Course, with the ED Course section containing a text input field and an Accept button.

LOS	Bed	Patient	MRN	Complaint	Img Stat	Prov. Comments	Other Comments
0...	FTWR-10			perineal pain			
0...	FTWR-02			Abdominal Pain;...			
0...	FTWR-08			Arm Pain; Arm Sw...			
0...	FTWR-03			Epistaxis			
0...	C-05			Sz	[0/1]		
0...	FTWR-12			Threatened Miscar...	[0/1]		
0...				Abdominal Pain			
0...	T-09			Muscle Cramp			
0...				Arm Injury			
0...				Abdominal Pain			

**Labs** Abnormal Only

POCT Urine Dipstick  
07/02 2309

Color, POC	Yellow
Clarity, POC	Clear
Glucose Urine, POC	Negative
Bil, Dipstick (POC)	Negative
Ketones, POC	Negative
Spec Grav, Dipsti...	1.015
Blood, Dipstick (P...	Moderate
pH, Dipstick (POC)	7.0
Protein, Dipstick (...)	Negative
Urobil, Dipstick (...)	0.2
Nitrite, Dipstick (...)	Negative
Leukocytes, Dipst...	Small

**ED Course**

Accept X

### 3: SEE THE PATIENT

- You may want to spend up to 5 minutes looking for any pertinent labs or recent visits/admissions in the computer.
- Get at least 1 pt sticker for yourself (if you're into that sort of thing)
- Doing the H&P interview should take no more than 15 minutes.
- Be intelligently detail-oriented. Form your list of differentials as you go, and ask the questions that pertain.

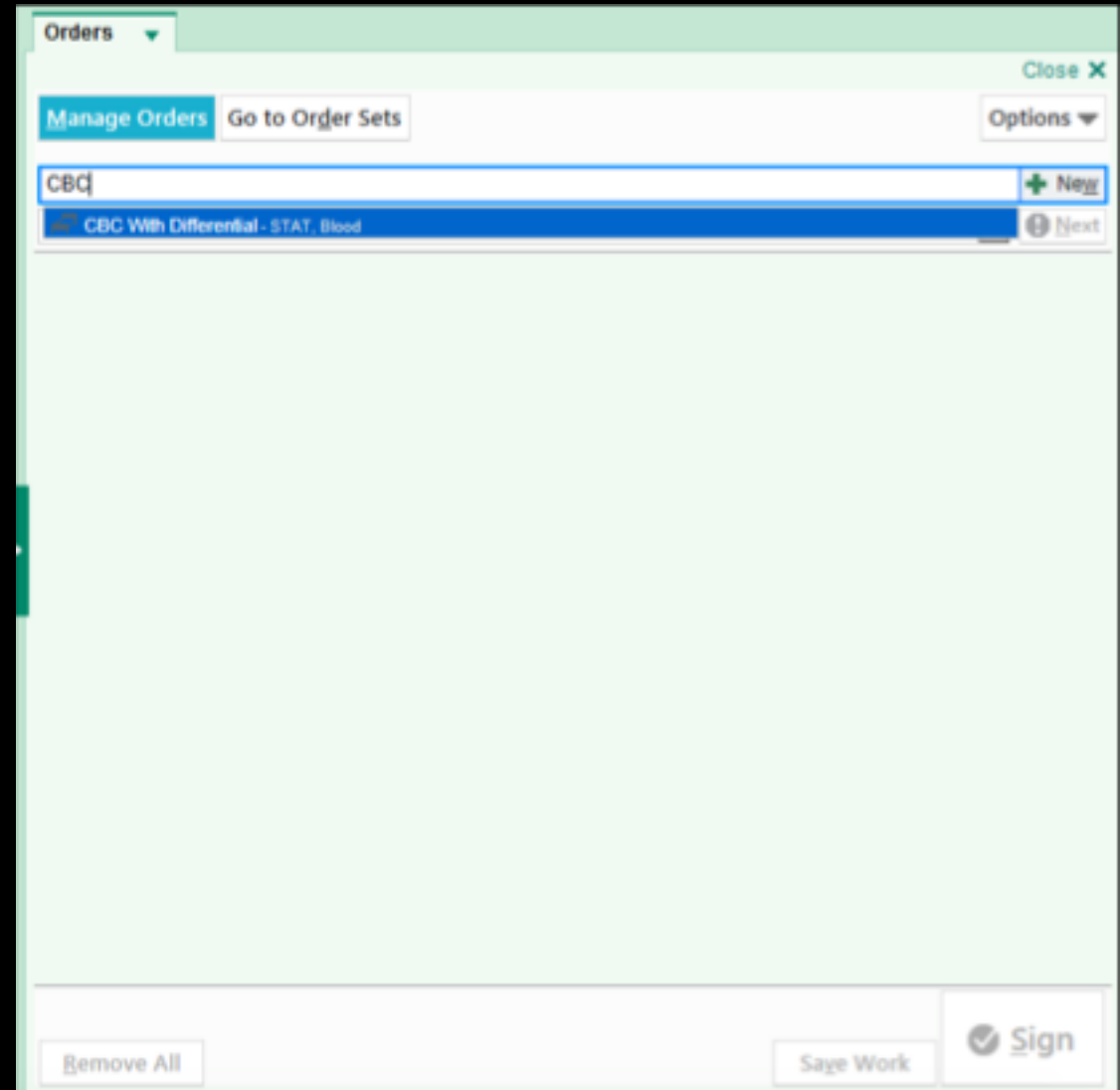
## 4: PRESENT TO THE ATTENDING

- Tell the patient's basic information
- Be concise and organized in your presentation
- Formulate a differential and plan together
- Try to be proactive with your decision making. Don't just ask what they want you to do.
- Order additional labs and imaging AFTER agreed upon with the attending (they will likely have MSE labs/imaging done)



# 5: WRITE ORDERS

- Write the orders in EPIC as usual
- If you also work at LLUMC, beware some of the orders are slightly different and don't cross over (i.e. CBC, diet, etc)
- If verbal orders are given, be sure to sign them in EPIC ASAP





## 5: COMMUNICATE

- If you want something done quickly, communicate with the nurses, so they know orders are pending and sometimes your rationale for them.
- Discuss the plan with the patient and with their nurse.
- Keep the patient's nurse and the charge nurse informed about pending admissions and discharges.

# FINDING INFORMATION - RADIOLOGY

- You read your own XRs with the attending
- Use PACS to look at the radiology images. A shortcut should be on the desktop of all the computers (you can find this in the "DB Down" folder
- Type an initial impression into PACS - we'll show you how
- Add a read to your note or in the "ED course". Use Dr. Louis Tran's smartphrases - ask someone

**SECTRA**

## Sectra PACS

**IDS7 - Cutting edge radiology only a click away!**  
IDS7 gives you instant access to images and data stored in the PACS. When used for the first time, IDS7 Internet components will automatically be downloaded to your computer. Just click "Run" when prompted if you wish to download and run the application.

**Start IDS7**

Sectra Workstation IDS7  
Version 12.5.0.234  
©2011 Sectra Imtec AB  
www.sectra.com  
info-medical@sectra.com

Sectra Imtec AB  
Teknikringen 20  
SE-583 30 Linköping  
SWEDEN

CE 0434

Pat.	Accession num.	Mod.	Study part	Description	Archive status	Date and time	Cost
	272722	CR	RA Tibia FB...	RA Tibia Fibula LT	Archived	5/13/2012, 4:55 AM	913
	272718	CR	RA Ankle LT	RA Ankle LT Complete	Archived	5/13/2012, 3:39 AM	929
	254818	CR	RA Thoracic	RA Thoracic Spine AP/LAT	Archived	4/5/2012, 3:30 PM	889
	179861	CR	RA Chest 2'W...	RA Chest 2'View	Archived	10/14/2011, 1:06 ...	935
	957323	CR	RA Chest 2'W...	RA Chest 2'View	Archived	9/5/2011, 7:27 PM	935

Search for examinations

Medical record number (MRN)

Accession number

Advanced Search

Images in 272722

# DISPOSITION

- Once you have all your data back and you have reassessed the patient, recheck with the attending regarding a consult or discharge.
- Click on “Comments” and type the service and short reason for admit, if not admitting type what is pending for the decision to admit/discharge.
- Place the consult in epic to the service and CALL them.

The screenshot displays the Epic EHR interface. At the top, there is a navigation bar with icons for Refresh, Review Visit, My Note, Orders, MD Discharge, MD Admit, AYS, Sign In, Tx Team, Comments, and Tracking. Below this, there are tabs for My Patients, My + Unassigned, and Arrivals (6). A 'To Be Admitted' window is open, showing a table of patients with columns for LOS, Bed, Patient, MRN, and Complaint. The table lists several patients, with the first row highlighted in green. A red box highlights the Patient and MRN columns for the first row. To the right of the table, a 'Comments' window is open, displaying patient information: PT Name, MRN, DOB (highlighted with a red box), Room/Bed: FTWR/ FTWR-10, Admission Date: 07/02/17, Attending Provider, Principal Problem, Recent Weight: 63.6 kg (140 lb 3.4 oz), and LOS: 0. Below the comments window, there are buttons for 'Prev Patient', 'Next Patient', and 'Print'. At the bottom, there is a 'My Report' section with a text area containing 'ACS: Nec fasc|' and a 'Priority' dropdown menu.

LOS	Bed	Patient	MRN	Complaint
0...	FTWR-10			perineal pain
0...	FTWR-02			Abdominal P
0...	FTWR-03			Epistaxis
0...	C-05			Seizures
0...	FTWR-12			Threatened P
0...	T-09			Muscle Cramp

Comments Window:

PT Name, MRN, DOB  
Room/Bed: FTWR/ FTWR-10  
Admission Date: 07/02/17  
Attending Provider:  
Principal Problem:  
Recent Weight: 63.6 kg (140 lb 3.4 oz)  
LOS: 0

My Report: ACS: Nec fasc|

# DISPOSITION: CONSULTS

- For consults:
- Decide with the attending before calling as to who the appropriate consulting service will be.
- Have the secretary page that person. Some consultants prefer you just call their pass around freesets directly. The secretary can tell you if that's the case.
- When you call in the consult, be concise and specific.
- Every call should involve a clear question or reason why the patient requires their care.
- Provide them with the pertinent details to frame your question.

# DISPOSITION: DISCHARGES

- Click the Discharge Tab
- Fill out Clinical impression, ACGME Classification, Follow up Providers, Discharge instructions and Orders (Outpatient Rx)
- Be sure to print and sign or have attending name on the Rx sign prescriptions
- Click Disposition and set to D/C
- Print AVS, Rx, any work letters and summary of care (if applicable)
- Attendings at RUHS do NOT need to sign the AVS prior to giving to nurse (the DO at LLUMC)

The screenshot shows a medical software interface for a Discharge form. The interface is divided into several sections:

- Left Sidebar:** Contains navigation tabs: Chart Review, Care Everywhere..., Results Review (with a flask icon), SnapShot, Review Visit (with a magnifying glass icon), My Note (with a notepad icon), Orders, ED Navigator, and Discharge (with a calendar icon).
- Discharge Section:** A central column with a dropdown menu currently set to "DISCHARGE". Below it are links for Clinical Impression, ACGME Classification (with a blue arrow), Follow-up Providers, Verify Rx Benefits, Outside Meds, Orders, Discharge Inst, Comm Mgt, Disposition, Preview/Print AVS, Summary of Care, Care Everywhere, TRANSFER OUT, and EMTALA Physician.
- Clinical Impression:** A section with the title "Clinical Impression" and the value "None".
- ACGME Classification:** A section with the title "ACGME Classification" and the value "No data available."
- Follow-up Providers:** A section with the title "Follow-up Providers" and the value "No follow-up has been documented."
- Verify Pharmacy Benefits:** A section with the title "Verify Pharmacy Benefits" and a message: "No pharmacy benefits eligibility. The patient might not have insurance or..."
- Outside Medication Reconciliation:** A section with the title "Outside Medication Reconciliation" and a message: "Outside of Local Medical Record" and "Consent Needed".



# FORMS AND DOCUMENTATION

- There are countless forms that you may need to use during your rotation. Consents, AMA, Outpatient labs/studies, etc. We won't try to explain all of them here.
- If you can't find the one you think you need, ask for help.

# DISPOSITION: DISCHARGES

- When writing your discharge instructions for a patient, avoid open ended directions (return if you're not feeling better). Instead, always give a specific date, place, and reason to follow up (Call your primary doctor in 2 days if you're still vomiting). Leave it to them to decide if they actually want to follow the instructions.

# SIGN OUT

- We went into EM so that we can go home on time
- You will sign-out throughout your career
- How you sign out depends on practice environment

# SIGN OUT

- Pre-shift change: organize and update
- Stop other tasks and perform sign-out
- Minimize distractions
- Post-signout: finish off any work and address issues brought up during sign out
- If not too busy, it may be a good time for learning
  - Best thing you saw today, Second opinion

# SIGN OUT - HOW TO

- You will sign out to the last senior who started their shift
- Print out your track board - put them in room order
- Start with the *sickest patient you have*
- Give a one liner for each patient.
- Communicate outstanding tasks
- How much information you give the resident taking over care depends on how sick the patient is, how much is left to do for the patient's work up.



# I-PASS Method for sign out

I - Illness severity

P - Pt factors

A - Action plan

S - Situation awareness

S - Synthesis

# TIPS TO IMPROVE SIGN OUT

- Have a good plan
  - If test is positive then do this, If test is negative then do this
- Limit interruptions
- Account for all patients
- Talk to consultants if high probability of admit/consult
- Update patients and nurses
- Encourage questioning and discussion
- Be careful with "Nothing to do."

# SENIOR PREFERENCES

- It is considered bad practice to sign out procedures
  - Pelvic exams, lac repairs
- Signing out pain control
- Have discharge and Rx ready for potential dispos

# PITFALLS / UNACCEPTABLE

- Forgetting to sign-out a patient
- Forgetting to sign out pending labs/imaging
- Not checking IM or FM status for admission
- Not finishing H&P on patients who will be transferred
- Not updating nursing and patients
- Not updating tracking board

THANKS AND GOOD LUCK!