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)

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!

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.

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

2: THE CHART

- Use the "ED Course" Function under the "My Patients" Tab

- Can document re-assessments/re-examinations, POCUS, Imaging, ECGs, ETC

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
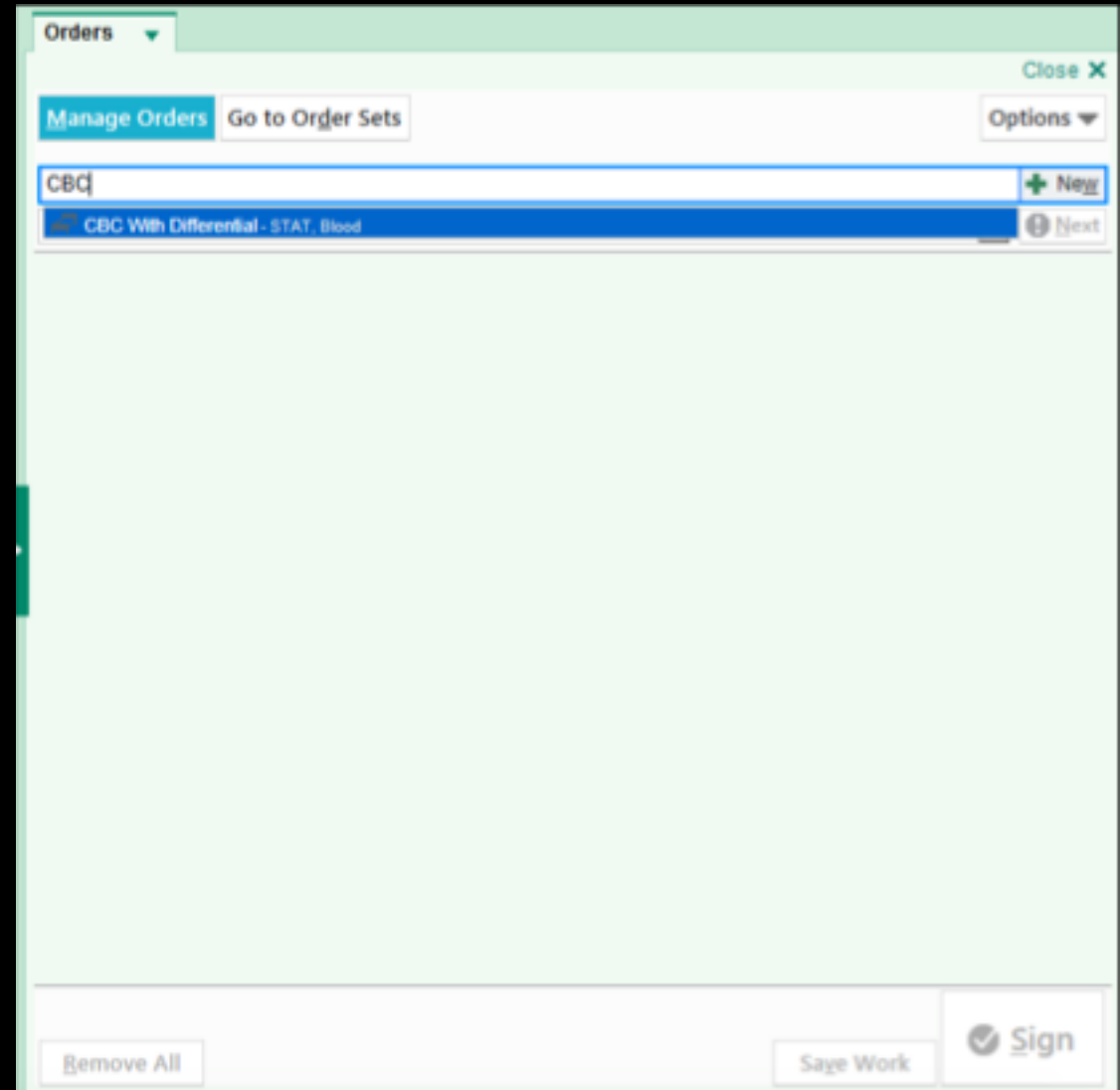
5: COMMUNICATE

- 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 smartpharses - ask someone

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.

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)

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 awarenss
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!