

KCH ER Rotation

Hours/Locations

Work eighteen 12 hour shifts in KCH ER: Pods 1/2 (front of ER), Pods 3/4 (back of ER), CCT. Day shifts are from 7AM to 7PM, night shifts are from 7PM to 7AM. Arrive at 6:45 to settle in and log on. Seniors and attendings work at 7AM, 3PM and 11PM, so you will round at those times and at 7PM when you come on shift as well.

Attire

Scrubs, Brooklyn hipster, it's in the ER. Welcome home.

Responsibilities

Generally, you are responsible for every patient in the ER and you should feel an overall responsibility for providing good high quality care to this population. You are a key team member and should feel this during shifts.

As an intern, your responsibility is to learn to provide care for basic complaints in a timely fashion. Ideally by the end of the year, you would be providing high quality care for "bread & butter" complaints for a patient an hour. In the future, you will be expected to manage patient flow, but technically as an intern, this is a learning year.

Tips/Helpful Stuff

- Log on and pull up: (1) QMed with To Be Seen & All boards, (2) PACS (CT, XRay), (3) TraceMaster (EKG) also open up Internet Explorer, download Google Chrome and load sites like UpToDate, Clinical Monster, New-Innov
- It is helpful to pull up a "Bed Management Board" below the whiteboards, to find where patients are located.
- Only pick up patients that have a nurse assigned to them. Do this by clicking the Provider Assignment tab and putting yourself as the "Attending" and your attending as "Preceptor"
- Scan the to be seen board and pick up any pt's marked as ESI 2 or with abnl vitals, if not, pick up the next pt.
- Prior to seeing a pt, "17" pulls up ER Documentation, with "Provider Notes" that show prior visits, "13" pulls up inpatient documentation to show full H&Ps from prior admissions and "5" Ambcare notes, will show clinic notes.
- Generally, it is useful to keep a running word document for H&Ps. Keep this updated throughout the shift and copy and paste from here, so you do not lose notes that you had written on patients.
- Document in "Initial Provider Note". Many copy and paste from their word document, then use "See HPI" after.
- Once finished, click "Accept" or press "A". If you need to make changes, it is in the "Add'l Functions" tab
- Reassessments are written in "ED Quick Note" and final Discharges/Admissions are done in "Disposition"
- To enter orders, click on "Order Entry" and click the orders you would like. Click "Phlebotomy draw" for the tech to draw blood or "MD Collect" to print labels and to draw labs yourself. As an intern, learn to do it yourself.
- Urine pregnancy tests are done by nursing, if not done, get a urine sample, put a white sticker on it (generally at the triage nurse's desk or the nurse's computer) and bring it to the stat lab outside of CCT.
- Type & Screen's must be signed and initialed or they will be discarded by the blood bank. You must send the labs to hematology (30) or chemistry (33) via the chute yourself often. Call 5342 (chemistry) or 5373 (hematology) to check on labs. "Collected" – Nothing, "In Process" – Running, "Partial" – Partial, "Complete" – Done.
- Consents can be found in Clinical Monster. Remember for CTs w IV contrast, a consent must be finished w BUN, Cr, GFR. For a patient to get oral contrast, walk to the CT Scanner and pick up the gastrograffin yourself.
- When discharging, in the middle of the screen click "Krames Educational Material", press "S" for search, "6" for Document Title then search the title with a "-" at the end to find material (e.g. instructions for Ankle Sprain) for pts
- Work or School notes can be found in the middle column as well. Ask someone to show you how to do this.
- Prescriptions can be written by "Prescription Order" on the left. Fill it out and it prints on the main printer.
- When discharging a patient, bring all of these documents to the bedside, explain them and then sign the prescriptions you are giving, then have your patient and yourself both sign a copy of the discharge. Future appointments are made at the clerk and you can bring the discharge paper work there as well.
- Phlebotomists draw blood, nurses put in IVs. Both will eventually happen, to avoid two sticks, an MD must do it.
- Nursing is improving, but in general, walking over to the nurse after you put in orders, saying hello and good morning and then updating them on the plan for the patient is a good way to get off on the right foot as an intern.
- For IV Contrast, the IV must be a 20 gauge or larger in the antecubital fossa or closer.
- There are ultrasound machines for IVs if the patient is a tough stick. Ask a senior to walk you through it.
- Many pt's do not have transportation home. Ask, make a good faith effort, then go to the clerk in the front of the ER and ask for a transportation form. You can fill this out for an ambulance or "livery" (a cab) for the pt.
- In general, the attending and senior resident are managing many patients. Make quick presentations, offer an assessment and plan, then do what they say. Feel free to ask why they chose differently if you do not understand or agree, but realize they may be taking time out of managing a sick patient, to teach you this information. That is their job, so they will do so, but be cognizant of your role in the department as well.
- On rounds, the goal is to ensure all patients are followed. Pt's are either "To Be Seen", "Admitted for x" or they are "Attending sign outs" or "Resident sign outs" depending on who is staying and leaving.