PGY-1 Survival Guide - KCHC Medicine Floors

Hours/Location

- Hours vary, generally 7AM-4PM on non-call days and 7AM-8PM on call days.
- Weekends are 7AM-12PM if all of your work is done.
- It is a challenge to keep these hours, so expect generally +/- 2 hours, depending on you and your team's productivity and patient care.
- Night before starting, you should contact the intern you're taking over for to receive signout.
- First day, meet at 7AM in D building, 7th floor, in the North side conference room for signout from the overnight team.
- After, your senior resident will show you the floor you will be working on.

Attire

- Show up the first day in white coat, dress shirt, tie. Tie likely optional depending on attending.
- Scrubs for on call days.

Responsibilities

- Your team (attending, senior, you, a co-intern, +/- med student) carries 12-20+ patients.
- You are responsible for providing good quality patient care for these patients during this month.

Typical Day

When You Get In

- Early in the month, wait for senior to take signout. Night float has been carrying all the teams overnight, so be sure to ask any questions you may have of them before they leave. Things can get lost in the shuffle if not careful.
- Log into EPIC and print a list for everyone on the team (including attending)
- Take note of the following for each Pt:
    - Vitals overnight (Highest temp in last 24 hours [Tmax] or last fever and what time/date that was)
    - Events overnight
    - Imaging
    - Follow up on consult notes. Many services round after procedures, surgeries, clinic, ect. after y'all have left.
    - Orders you need for the day (repeat troponins, etc.)
    - Go see your patients
    - Start your notes if you have time
    - Template for daily progress notes are available in EPIC using dot phrases
- Next to each patient write "NOOrDS Meds" as a general to do list every day
    - **N**ote for the day
    - **O**rders - order labs, imaging, etc. for overnight and next morning
    - **O**rder **r**ec - make sure all orders don't fall off
    - **D**VT prophylaxis
    - **S**ignout - make sure signout is up to date and has any tasks/contingency plans
    - **M**eds - make sure Pt is on all the meds they should be on. Just double check.
- For signout, **DO NOT JUST WRITE** "F/u trop at 10PM" or something like that. Night float team has every team and is taking overnight admissions, so they need to be able to do things quickly. Give them a plan!
    - Instead: "F/u trop at 10PM and if doubles, get STAT ECG and call cardiology".
    - Another example: "If febrile, please get CXR, blood cultures, UA," or "If febrile, no workup because we have workup pending." Discuss these with your senior.

    - *ALWAYS give a contingency plan "If… then…"*

When seeing patient

- Talk to every one of them
- Examine basic things and a more detailed exam as needed. (I.e. roll patients to look at ulcers if that's why they're there)
- Talk to the RN or PCA if you can find them to see if there was anything that night float wasn't made aware of. Take this time to introduce yourself, especially the first couple of days. This makes a big difference because they really remember those that did.
- Let them know the plan as far as you know so far, i.e. if you know they'll most likely be discharged that day, communicate that so the RN can prepare anything he or she needs to do.

On Rounds

Presenting old patient:

- Overnight events
- Subjective on how Pt feels that day
- Objective of last 24 hour vitals, this morning's labs (**including trends**). Saying the WBC is trending up from 12 yesterday to 17 today with 3 bands is much more helpful than reporting just WBC 17 today.
- Assessment: What's up with the Pt today as compared to when they got there?
    - 43 yo M with PMH of HTN, DM presented for cellulitis of left lower extremity that has been improving since admission. Today, foot appears decreased in swelling and redness, fevers are improving, and Pt states he has been feeling better.
- Plan: Do it by problems

1) Cellulitis
    - Continue with (c/w) Vancomycin 1500 mg IVPB q12hr (9/1-9/7 **Day 3/7**)
    - Daily dressing changes
2) DM
    - C/w insulin sliding scale
    - C/w (insert long-acting insulin here)
    - Finger sticks have been controlled (or if not, then mention how you're correcting them)
3) *Insert other problems and plans*

- AT THE END OF EVERY PLAN IS "Diet/DVT PPX/Dispo/CODE STATUS"
    - DM diet
    - Lovenox (insert dose)
    - Home with home health aid
    - FULL CODE (or whatever they are)
- Always have your own plans for every patient. You can run them by your senior in the morning.
- Your attending will make changes to your plan and that's okay. Make note of these to make sure you do them after rounds.

Presenting New Admission (a person your attending hasn't met yet)

- This is a detailed HPI, the stuff you practiced in medical school.
- Go through the whole story, top to bottom. HPI, ED Vitals, ED Course (meds, interventions, etc.), PMH, PSH, allergies, meds, social history, family history. Then latest vitals, your physical exam, labs, ECG, imaging.
- Then go into your assessment and problem-based plan.

Orders

- Type & Screen must have first initial, last name or they will be discarded by the blood bank.
- Put in "Insert Peripheral IV" order if you want an IV. 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
- Consents can be found in Clinical Monster under "Clinical Resources"

EPIC

- *EPIC BIBLE* is your go-to resource for EPIC issues
- Nurses print all lab labels, draw the labs, start the IVs.
- Doctors swab for COVID after the label is printed.
- As of now, RNs do not do blood cultures on the floors. They need to access the vein and then you need to push the bottle onto the end of the tubing. Will take coordination.
- Remote Access from Home: https://epicremotedesktop.nychhc.org/portal/webclient/index.html#/desktop

Discharge

- Check out the *EPIC BIBLE*
- When rounding the morning of presumed discharge, confirm pharmacy.

Tips

- Code 66: "We don't know what's wrong"
- Code 88: Respiratory (Intubate)
- Code 99: Arrest
- When talking to your new admission, get their pharmacy so you can perform Med Reconciliation.
- Certain meds need Tough Levels (Vancomycin is 30 min before 4th dose). Keep an eye out for these, order them appropriately, and remind the nurse.
- When you're on call and something is signed out to you, be sure to ask the contingency plan. No contingency, no sign out.
- Download and use Cortext. It's an app for your phone and is on most desktops. Encourage RNs to use it too so they won't have to page you.
- Ask your senior or the clerk for anything you are confused about "I'm the new intern, sorry but…"
- Always ask questions. Better to ask and learn. The seniors are very helpful because they've all been there.

Quick extensions to know/to check on labs:

5342	Chemistry (chute labs #33)
5373	Hematology (chute labs #30)
4462	CT 2nd floor
4699	Ultrasound
4601	CCT
4645	X-Ray