

WELCOME TO KINGS COUNTY ED

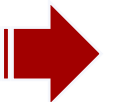
Learning objectives

Things to know
before your first shift

Finding your way
around

Workflows and how
to disposition
patients

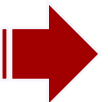
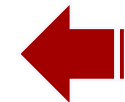
Helpful resources



LEARNING OBJECTIVES

Residents rotating through the emergency department should gain competency in their ability to:

- Decide which patients require admission, transfer, or discharge
- Perform focused histories and physical exams
- Understand the necessity for prioritizing/triaging patients
- Appropriately prioritize clinical activities
- Formulate differential diagnoses
- Plan appropriate work-ups based on differential diagnoses
- Plan admissions, transfers, and discharges
- Appropriately order and utilize laboratory data and ancillary studies
- Understand and utilize universal precautions
- Appropriately utilize specialty consultation
- Function as a team member during resuscitations



Things to know before your first shift

Before shift:

1. Show up at least 5-10 minutes *before* your shift is scheduled to begin. All residents are expected to be present for the START of rounds. On the rare occasion that you are running late, you MUST call to let someone know.
2. If you are unable to work due to illness or emergency, you must speak with both the chief on call AND the director on call. Call as early as possible so that arrangements can be made.
3. Important Numbers:
 - a. 718-245-4620 (Emergency Department; ask for any senior resident or attending);
 - b. 917-761-1405 (Chief on Call pager).

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Things to know before your first shift

On Shift:

1. Residents will attend morning report Monday, Tuesday, Thursday and Fridays after rounds are completed. Ask your senior where morning report is to be held.
2. Patients are to be picked up in the order in which they present (i.e. by longest wait time), unless you are told otherwise by a senior resident or attending. Residents are prohibited from “cherry picking” interesting cases.
3. **Do not pick up new patients during the last hour of your shift;** use this time to wrap up care for patients you are already caring for.
4. Write your note after you see your patient. This helps you recall important details of your patient’s story and helps you cement your learning. Avoid saving your notes until the end of the shift.
5. Asking questions is the best way to learn. Your attendings and seniors are always available to help!

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Things to know before your first shift

After shift:

1. Log your duty hours accurately for each shift you work.
 - a. For example: a 12 hour shift should be logged as 7am-6pm or 7pm-6am using the Routine Shift (tan) icon. You will log transition of care time (black box) for rounds and the last hour of your shift. There should be minimal work, if any, that is done after rounds.
2. Submit at least one “On The Fly” evaluation per week through New Innovations to an attending you have worked with.

Learning objectives

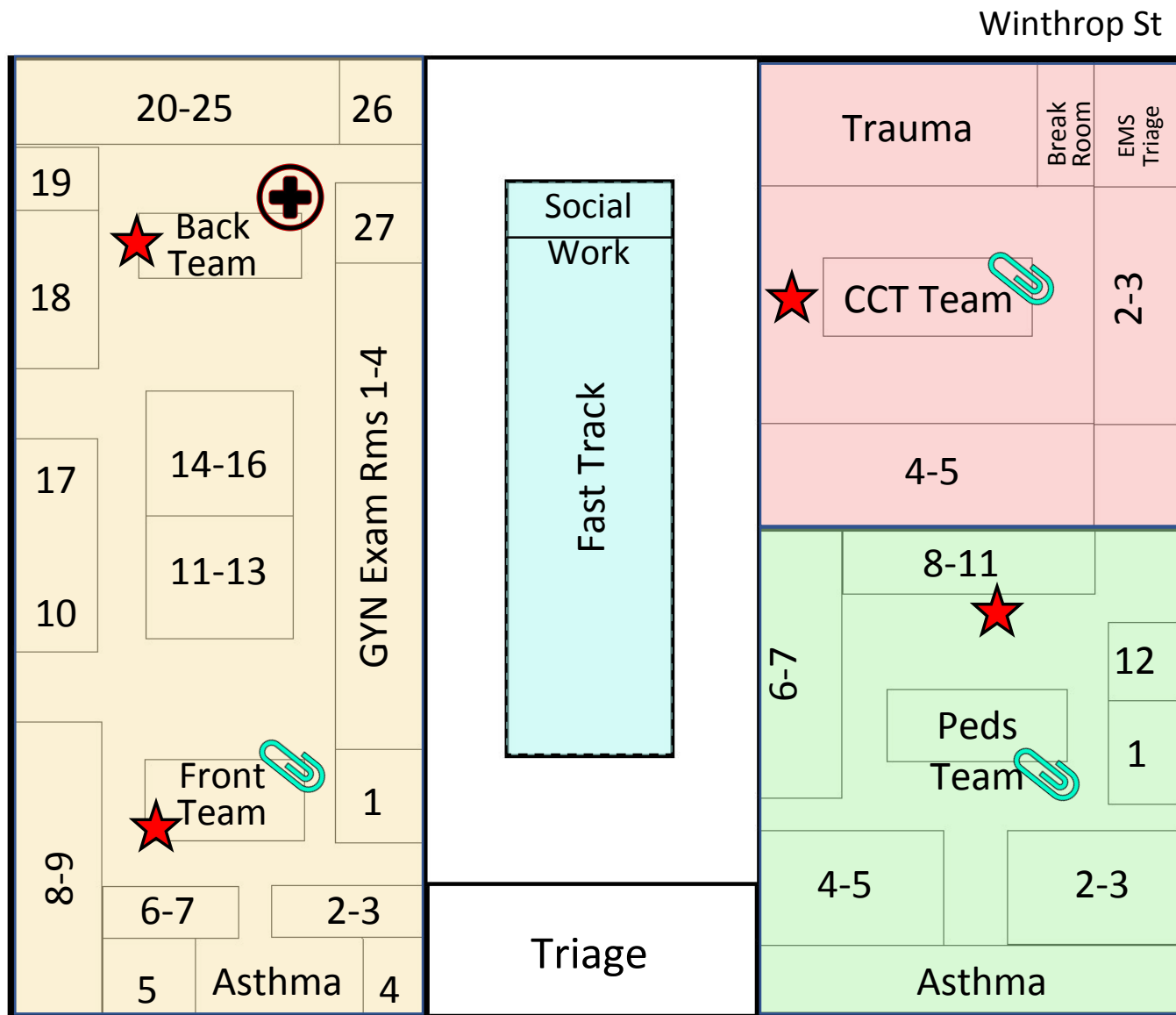
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The ED is divided into 4 areas:

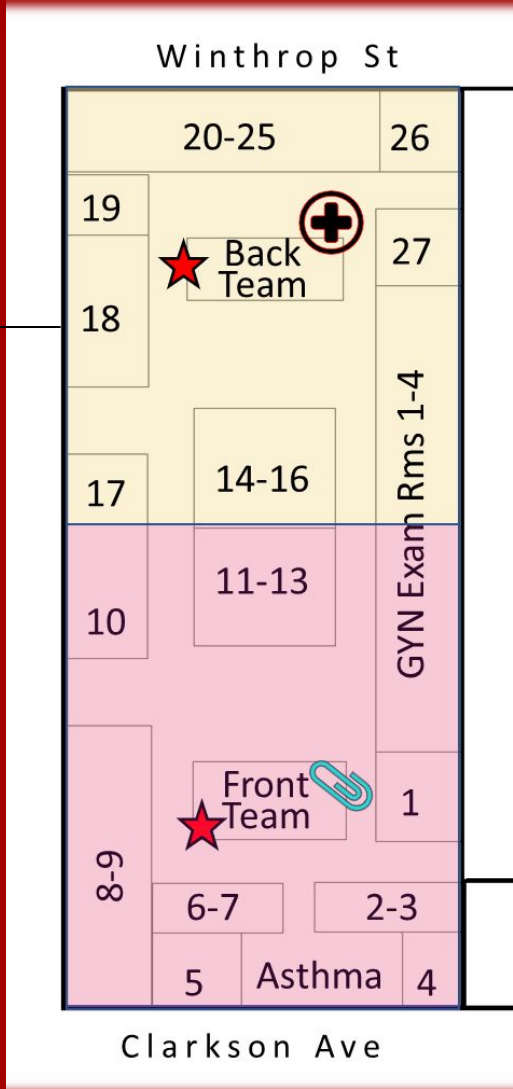
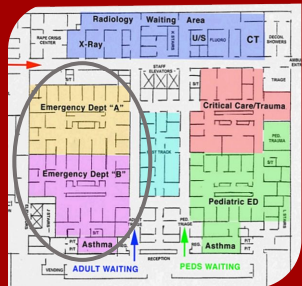
- Adult ED ("The Pod")
- Fast Track
- CCT (Critical Care & Trauma)
- Pediatric ED




	Clerk
	Ultrasound
	Crash Cart



FINDING YOUR WAY AROUND: The Pod

Quads 3,4
(The Back)



-  Clerk
-  Ultrasound
-  Crash Cart

Quads 1, 2
(The Front)

- The Adult ED is divided into 2 teams of clinicians; one team staffs Quads 1&2 (a.k.a. the front) while the other team staffs Quads 3&4 (a.k.a. the back).

- Note, when a patient is triaged, they are often assigned to a virtual bed, 2 *Hallway*, until they are assigned a nurse and a bed. **It is important to wait until a patient is assigned a nurse to assign yourself to their case.**



FINDING YOUR WAY AROUND: Pediatric ED



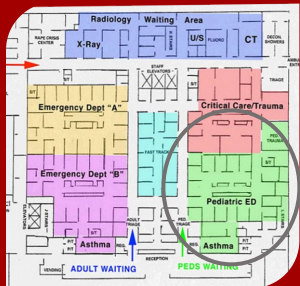
Clerk



Ultrasound

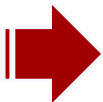
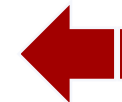


Crash Cart



- Room 1 in the Pediatric ED is generally reserved for patients requiring advanced resuscitation

- Note that in CCT room 3 is also equipped with pediatric equipment for resuscitation



FINDING YOUR WAY AROUND: CCT



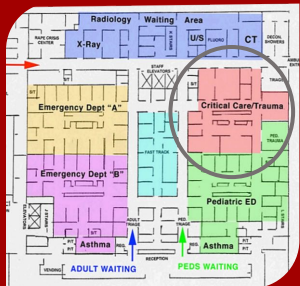
Clerk



Ultrasound



Crash Cart

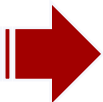
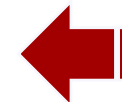


Trauma	Break Room	EMS Triage
★ CCT Team		2-3
4-5		

- As an anesthesia intern you may have a shift in the critical care and trauma resuscitation area, where we see our sickest patients

- Be sure to arrive 15 minutes so that you can ask the senior resident to show you the 4 airway carts and other vital equipment.

CCT Checklist

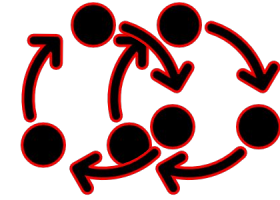


WORKFLOWS

Once you pick up a patient, you will be their primary physician until either a disposition is complete, or you sign the patient out at shift change. Although it is not your responsibility to draw labs or transport your patient to imaging, you are responsible for making sure these things get done, as well as for following up on the results. *If you would like to practice IVs/phlebotomy, the ED is the place! Ask your RN or co-residents for help if needed.*

In general, it is best practice to speak with the nurse/radiology tech/phlebotomist about orders that are placed so that the entire care team is on the same page.

You are also responsible for writing an initial provider note and a disposition note. It may be helpful for you to keep a checklist of all the orders you place and the tasks that you still have to do.



[General Adult/Peds ED Workflow](#)

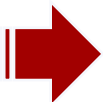
[Placing Consults](#)

[Placing a Patient on Observation](#)

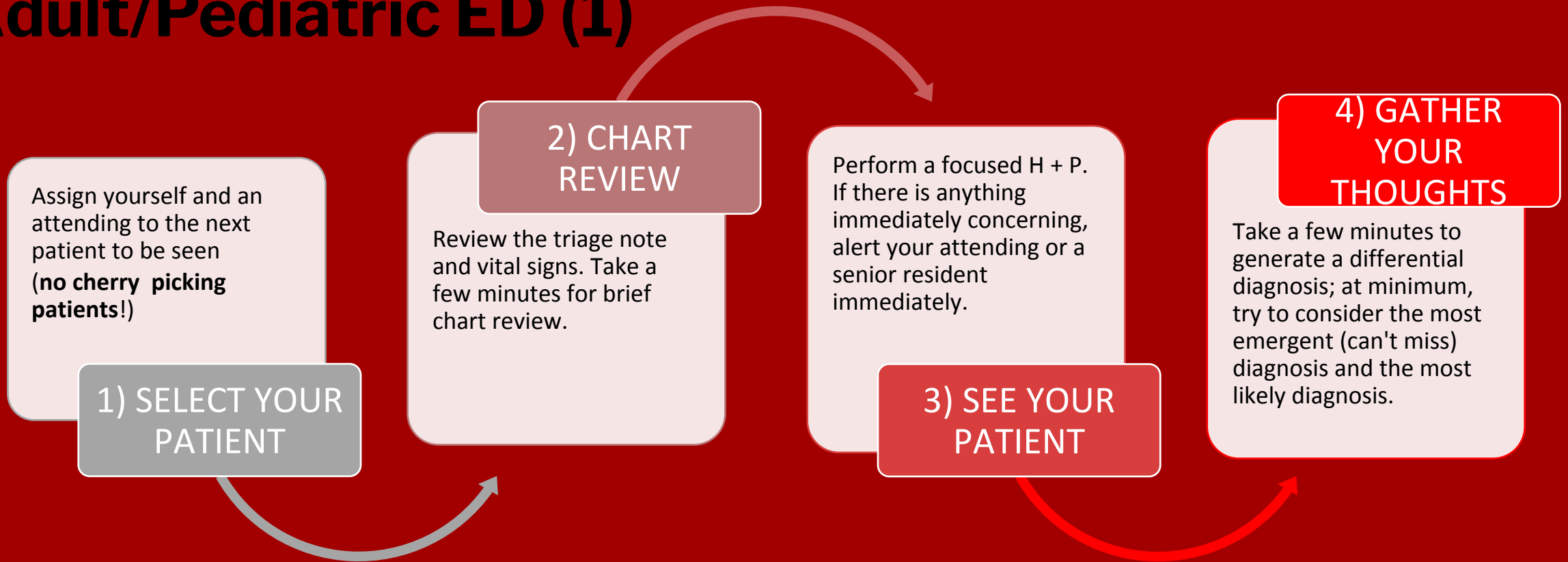
[Psychiatry Admissions](#)

[Medicine Admissions](#)

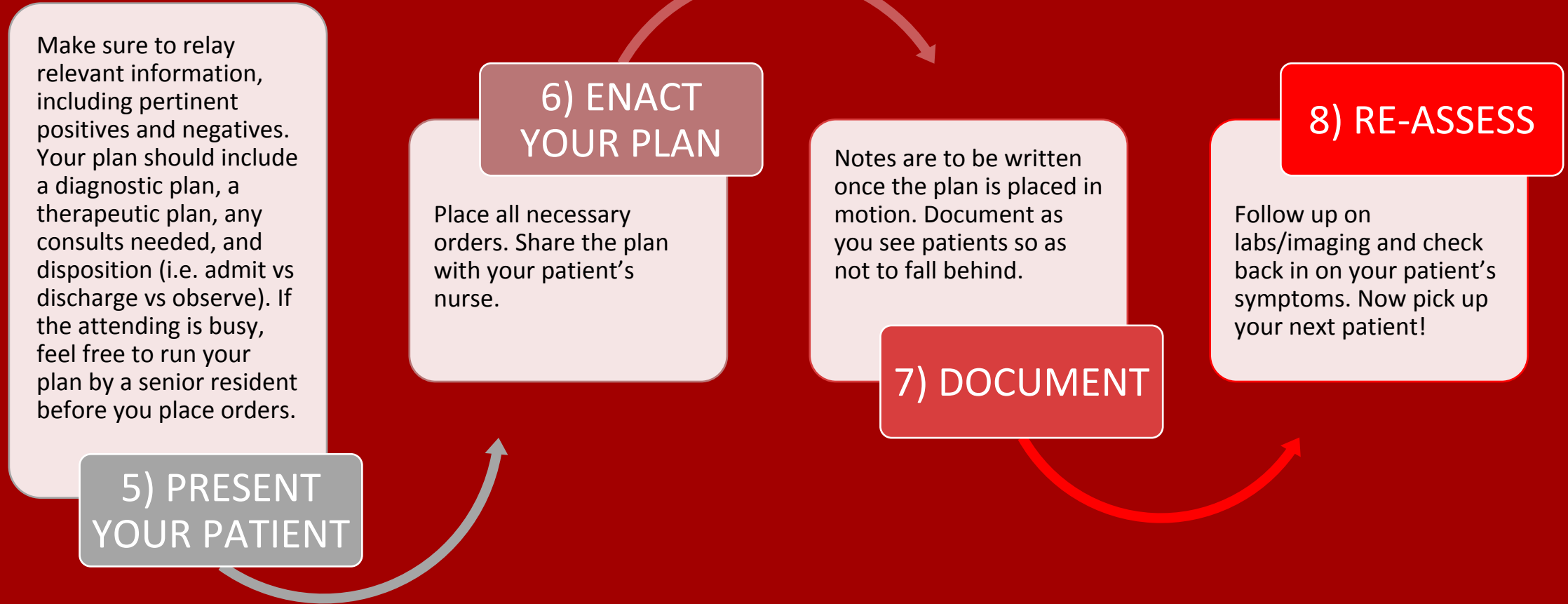
[Admissions to other services
\(surgery, etc\)](#)



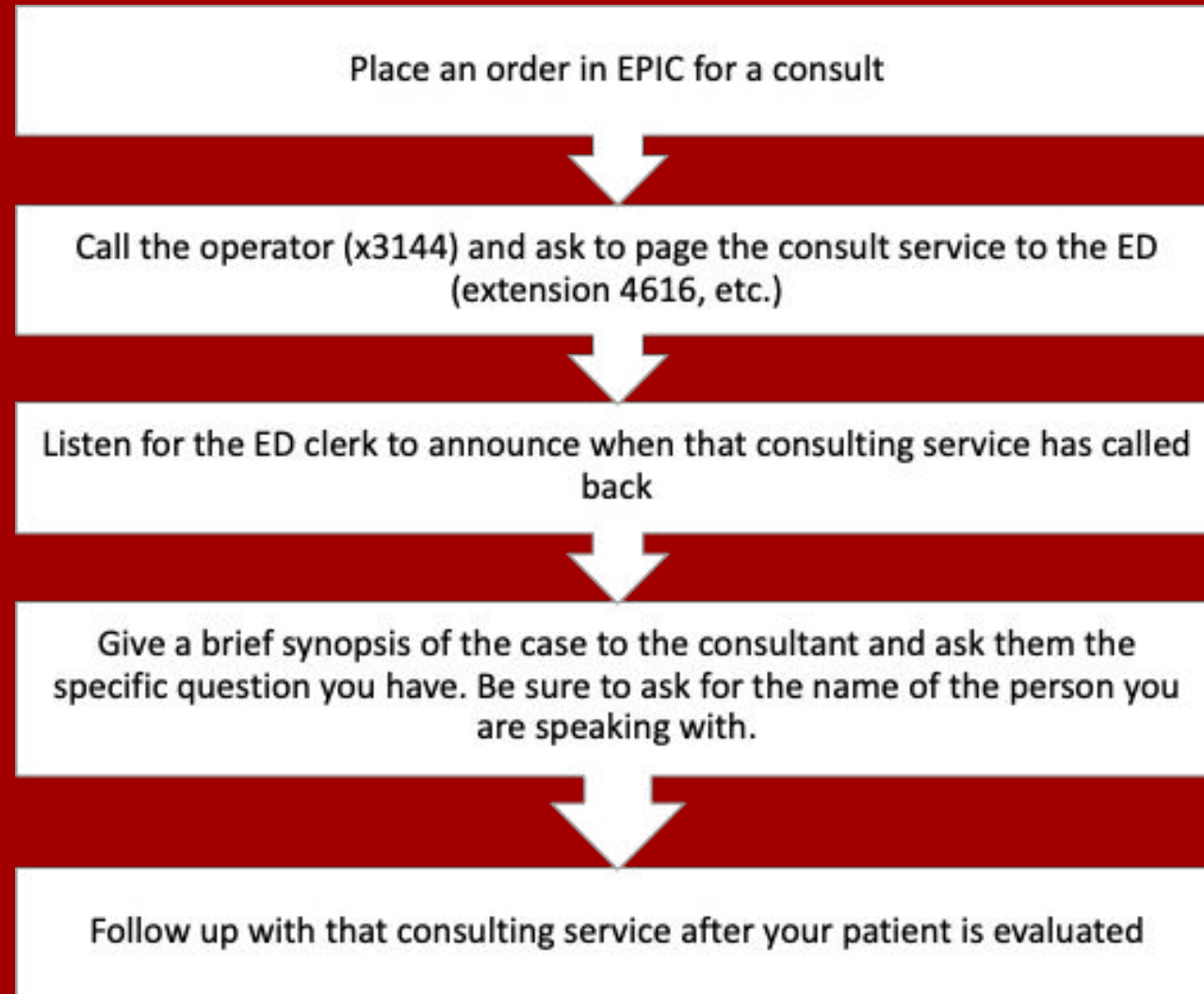
General WORKFLOW for Adult/Pediatric ED (1)



General WORKFLOW for Adult/Pediatric ED (2)

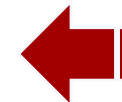


WORKFLOWS - Consults



QUICK TIPS

- You don't have to have a complete workup done before placing a consult, but be prepared to answer questions about where you are in the patient's workup
- Always try to have a specific question for the service you are consulting (e.g. evaluate a patient for surgery, evaluate for psychiatry inpatient admission, to reduce a fracture)



WORKFLOWS – Observation

The observation service is intended for patients whose clinical needs are expected to exceed six hours of ED care, but can realistically be fulfilled with an additional 8 - 48 hours of hospitalization

Call x7993 and ask to speak with the resident. Present the case to the resident or attending working in the observation unit.

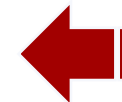
The resident and attending working in observation will review the case and examine the patient. You will be notified of their decision as to whether to accept your patient.

If the patient is accepted to the observation unit, proceed to the Dispo tab and Click "Observation"

QUICK TIPS

- Observation patients typically have **one** acute problem with a well-defined plan for management. All management (testing, treatment, observation, disposition) should be complete within 48 hours (e.g. uncomplicated asthma exacerbation, cellulitis requiring IV antibiotics, chest pain with a negative troponin). See below for a list of pre-defined observation unit protocols.

Observation Unit
Information & Protocols



WORKFLOWS – Psychiatric Admissions

Place orders for screening labs: CBC, CMP, Salicylate Level, Acetaminophen Level, ETOH Level, EKG, Utox, as well as an order for the psychiatry consult. Let the patient's nurse know about the psychiatry evaluation.

Call the page operator (3144) and ask to page Psychiatry Consults to the ED (extension 4616).

Listen for the ED clerk to announce when psychiatry has called back

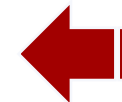
Give a brief synopsis of the case and whether you would like the service to evaluate the patient for inpatient psychiatric admission. Be sure to ask for the name of the person you are speaking with

Follow up with the psychiatry service after your patient is evaluated. If the patient is accepted, you will need to endorse the patient to the Behavioral Health hospitalist (internist).

Dispo: Under the Dispo tab, click "Send to Psych." Your patient will be escorted by security and a 1:1 to the psychiatry building.

QUICK TIPS

- Consider whether your patient needs a 1:1 (i.e. is a danger to themselves or to others)
- It is very difficult for psychiatry to evaluate a patient who has just been sedated, so consider the timing of medications when contacting psychiatry for a consult
- Your patient will not be transferred to the Behavioral Health Building (R Bldg) until you have spoken with the internist/hospitalist covering the psychiatry service



WORKFLOWS – Medicine

Admissions

Order “Consult to Medicine Attending” AND “ED Consult to Utilization Review” (this is not a consult in reality; it is a time-stamped request to admit a patient)

Call Medicine Attending or Med Senior Resident (check with your senior resident or attending as to who is the correct person to speak with, as it may change based on the day). Provide 1-2 lines about your patient and get the name of the team and attending you are admitting to.

Place order: Admit to IP and include team name and admitting attending name

Complete a dispo note using “.dispo” dot phrase to bring up IPASS documentation

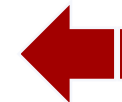
The admitting team will contact you for a proper handoff. At this point the patient is officially admitted.

Find your patient on the ED tracking board and change the assigned attending to the inpatient attending. In the comments section, write the admitting diagnosis and team

QUICK TIPS

- If you are having disagreements about an admission decision, explain your case respectfully and refer to the admission guidelines below.
- If all else fails, defer to your attending or senior resident.

KCH Admission Guidelines



WORKFLOWS – Admissions to non-medicine services

Order a consult for the service you would like to admit to. (Note, if you already consulted the service, this does not have to be done again.)

Call the page operator (3144) and ask to page the service to the ED. Be sure to listen for the ED clerk announces that the consulting service has called back

Provide a brief synopsis of the case and explain that you would like the service to evaluate the patient for admission. Be sure to ask for the name of the person you are speaking with.

Follow up with the consulting service after your patient is evaluated. If the consulting service accepts the patient, your handoff/endorsement is complete. If they do not and you believe this is inappropriate, speak to your attending.

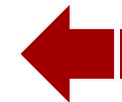
Place order: Admit to IP and include service name and admitting attending name

Complete a dispo note using the “.dispo” dot phrase

QUICK TIPS

- If you are having disagreements about an admission decision explain your case respectfully and refer to the admission guidelines below. If all else fails, defer to your attending or senior resident.

KCH Admission Guidelines



USEFUL RESOURCES

ADMINISTRATIVE RESOURCES

[Clinical Monster](#) - home of all things KCH EM (look under *Resident Resources* for ambulatory clinic schedules, prefilled consent forms, admission guidelines, transportation forms, etc)

[Schedule Request Form](#) - deadlines for schedule requests listed here

[Amion](#) - view your schedule

CLINICAL RESOURCES

[Clinical Monster Blog](#) - educational posts from your fellow residents

[WikEM](#) - open-access clinical compository for emergency medicine

[UptoDate](#) - topic reviews written by subject matter experts

[MDCalc](#) - find commonly used equations and clinical decision rules

