Inpatient 101

June 2020

Chiefs
Vivian Ning, Poorva Vaidya, Helen Shen

Outline

- **Admissions**
- Progress notes
- Transfers
- Discharges
- Medical record
- Surviving wards
- Heme wards

Admissions

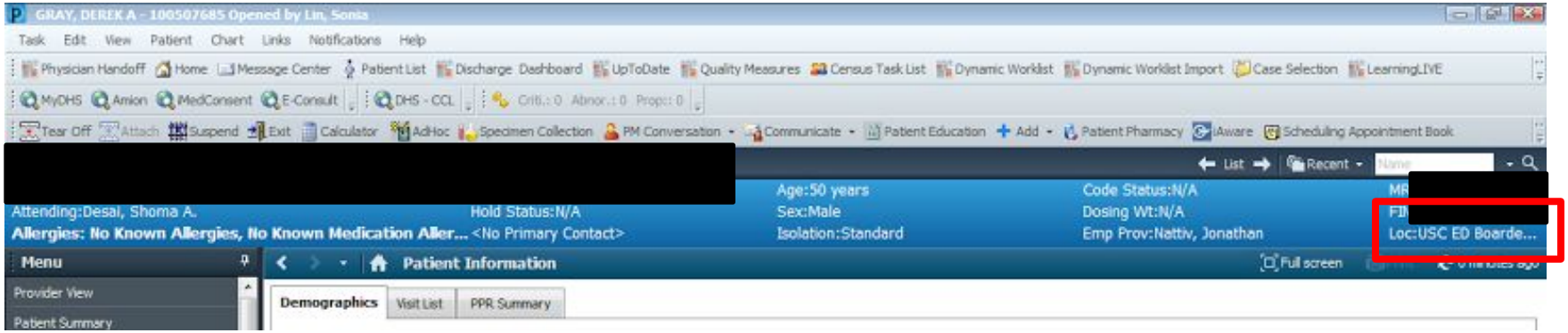
- Distributed by bed control via VoIP
  - Patient name, MRUN, and location
- Notify your senior of all new patients
- Medicine teams should evaluate and place admission orders as soon as patient assigned
  - Day admission: 5am – 5pm
  - If after 3:00pm on a **weekday** and you are extremely busy, can call Med Consult Flex (Day float) until 5:00pm to do the admission (**do not wait to call Day Float**)

Admissions

- Where do admissions come from?
  - ED, ED Observation Unit
  - Direct admission from clinic (Primary Care or subspecialty)
  - MICU/CCU transfer
  - Outside hospital (approved by Med Consult)
  - From other services (requires Med Consult approval)

Admissions

- For ED admissions, do not place admission orders until DEM encounter has been changed to “USC ED Boarder”
  - If not changed yet, call the ED intern/resident to notify them



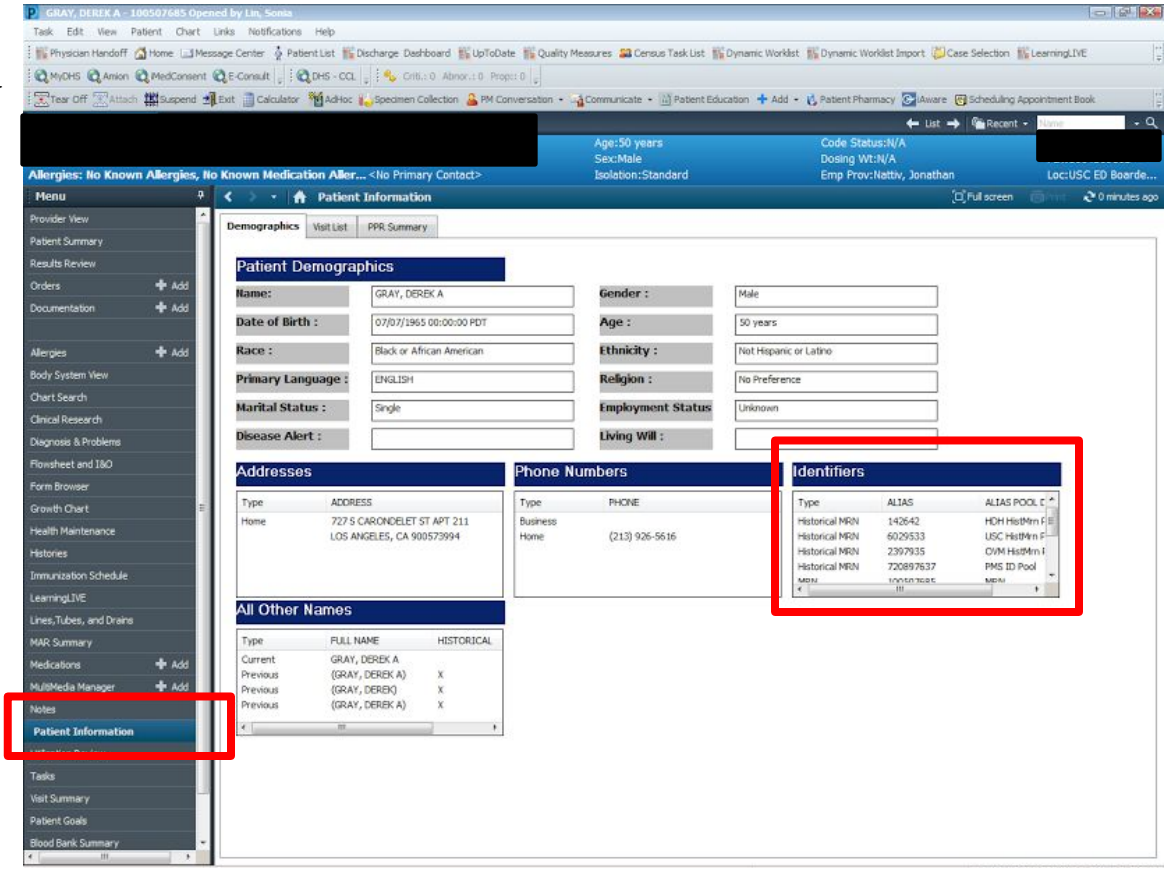
- Make sure the patient is stable for the floor
  - If you have concerns, discuss with your senior or med consult

Admissions

- Where can patients be admitted?
  - 4M/5F (PCU) – "step-down" unit with telemetry
    - Q2H monitoring, nurses can draw ABG
  - 8A – telemetry
    - Continuous cardiac and pulse ox monitoring
  - 7D – Nephrology/hemodialysis ward
  - 7B – Hematology ward (inpatient chemo)
  - 6A, 6B, 6C, 6D, 7A, and 7C – adult medicine wards
  - 8B – pediatric ward with adult overflow
  - 2E – behavioral unit (locked; specify location to 2E)
  - 1E – jail ward (locked; admit to "Jail")

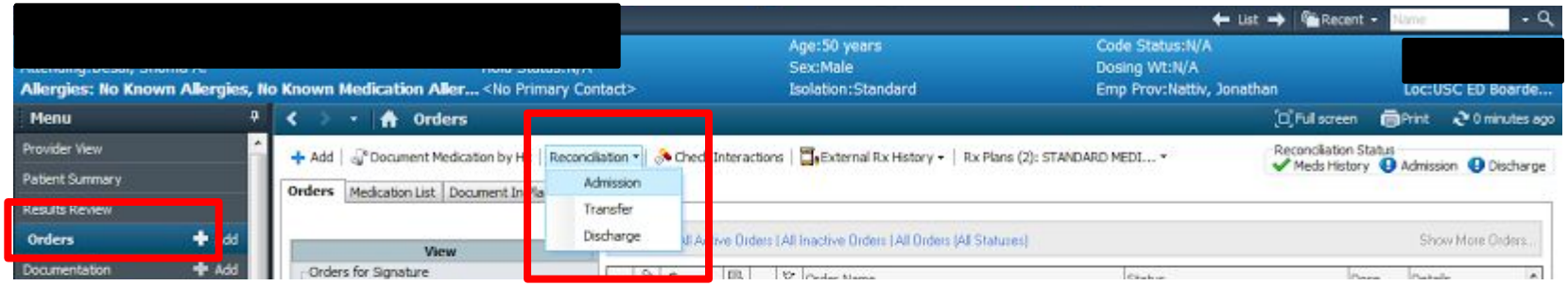
Admissions

- Always check ORCHID to see if patient has previously been seen in our system
  - Historical MRN is in "Patient Information" and refers to old visits in DHS Hospital System (found in old EMR, Affinity)
  - Review these records!
- **Bounce-back**: a patient who is readmitted to hospital after recent discharge
  - If prior senior still on service, call that team and med consult to alert them to the bounce-back and transfer care to that team



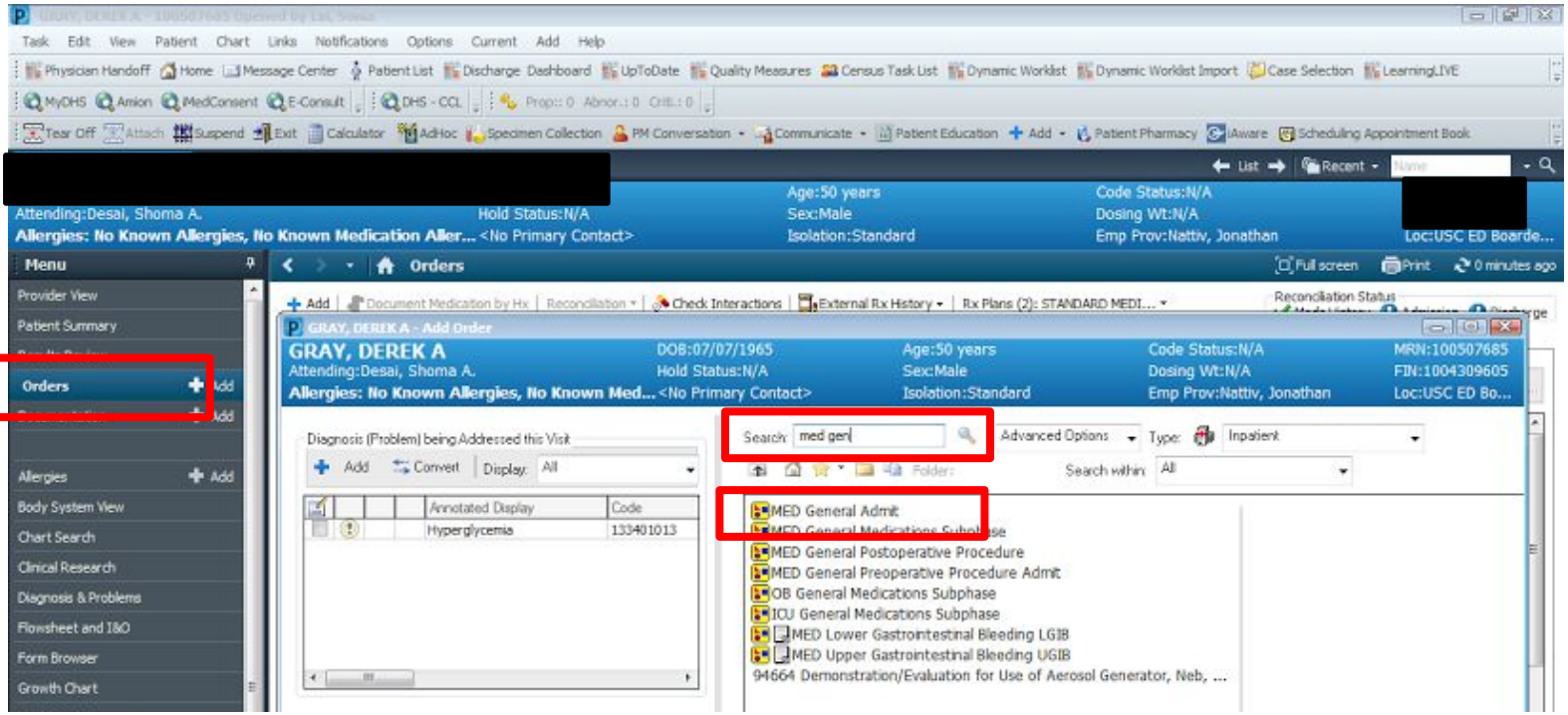
Admissions

- Take a detailed history and perform a COMPLETE physical exam on every new admission
  - A normal exam is just as important and should be thoroughly documented
- Medication Reconciliation ("Admission" versus "Transfer")
  - Required of all new admissions (including MICU transfers)
  - Review medications and orders carefully



Admissions

- Orders
  - "MED General Admit" order set
  - Always review what has already been ordered to prevent unwanted duplicate orders



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Progress Notes

- All patients need a daily progress note
  - Exceptions: day of admission (H&P), transfer summary, discharge (discharge summary, but must be done **DAY OF**)
- Tips
  - Try to keep notes concise but comprehensive
  - Update (add/remove) new information daily
  - Should reflect acute events and any changes to A/P
  - Do not have to wait for consulting team's recommendations prior to writing notes
    - Plans will change throughout the day and that is OK; do NOT wait until the end of day to write and sign your notes
- Disposition line
  - Every daily progress note requires documentation of why the patient continues to require inpatient hospitalization

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Transfers

- To Blue Service (nonteaching service; 4 teams)
  - Discuss potential transfers with your attending on rounds, particularly when list approaches cap (16)
    - Candidate patients are those without active medical issues to address (ie, those awaiting placement)
  - Your attending must submit a list of potential Blue transfers to Med Consult attending
  - Med consult attending will determine which patients will be accepted onto Blue service
  - If accepted, team will be notified of which Blue team assigned
  - Must call Blue attending for verbal sign-out (preferable before 2:30pm)
  - Must write a full transfer note (similar to DC note)

Transfers

- To ICU
  - Alert Med Consult (x91644) of any unstable patients
    - Do not wait to call Code Rapid/Code Airway/Code Blue
  - Med consult in conjunction with Critical Care Fellow will determine appropriateness of transfer to MICU/CCU
  - If accepted, will be notified of which ICU team assigned
  - Place transfer order (eg Transfer > Acute Medical)
  - Must call ICU team for verbal sign-out
  - Must write a full transfer note
  - Notify nurses of transfer; nurses will need to complete nurse-to-nurse sign out
    - Involving nursing will expedite transfer

Transfers

- Transfer Note
  - HPI
  - Pertinent hospital course
  - Updated medication list
  - Updated vitals
  - Updated exam
  - Updated assessment/plan, including reason for transfer
- Accept notes:
  - Addend incoming transfer note with own PE and brief summary of A/P
- Transfer medication reconciliation if you accepting patient

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Discharges

- Where should I discharge my patient?
  - Home
  - Homeless shelter (homeless patient must leave building by 2:00pm; medications should be in the pharmacy by noon)
  - Skilled nursing facility (SNF)
  - Long term rehab (LTAC)
  - Rancho Los Amigos (rehabilitation hospital)
  - Morgue
  - Do not surprise your patient with a discharge; keep them informed during the course of their hospital stay about the proposed date of discharge to avoid conflict
- MUST write a discharge summary for every time a patient leaves the hospital
  - Write your discharge summary on the day of discharge

Discharges

- Medication Reconciliation ("Discharge")
  - Required of all discharges
  - Confirm patient's preferred pharmacy
  - Propose medications to someone with a license
  - (eg senior > other seniors > attending)
    - Med consult should be last resort/back-up
  - Activate medications: ask RN or call pharmacy directly

Discharges

- Discharge summary
  - Team (attending, resident, interns)
  - Consulting services
  - Date of admission
  - Date of discharge
  - Discharge diagnoses
  - Procedures performed
  - **SUMMARIZED hospital course**
    - **Major events, findings, treatments/interventions**
    - **Concise but thorough**
  - Discharge medications
  - Follow-up appointments
  - Forward to your attending for signature

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Medical Record Do's and Don'ts

DO!

- Write a clear & concise assessment and plan
- DWA on all notes
- Forward all H&Ps to attending for co-signature

DON'T!

- Copy and paste
- Document exams you did not perform
- Use someone else's assessment, including ED providers

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Surviving Wards

- Sign-out
  - **Be on time for AM and PM sign-out**
    - AM sign-out occurs at 6:30am
    - PM sign-out occurs at 5:30pm
  - Be prepared for sign-out with your patient lists
    - For PM sign-out, make sure you bring a list for your night float
  - Night float will crosscover to two teams overnight, yours and your sister team
  - Night float will need your VoIP; make sure it is charged!
    - Make sure you forward your VoIP calls to night float's preferred phone
  - **Night float can get very busy, very quickly; do not leave work for your night float unless it cannot be avoided!**

Surviving Wards

- Protocoling images
  - Order imaging study
  - Call Radiology (trojanimaging.com) to protocol
    - CTs and MRIs (except for STAT CT head w/o contrast)
    - Call techs to arrange for STAT or urgent study

Reading Rooms

LAC Protocoling Phone Tree 1. Neuroradiology 2. Musculoskeletal 3. Interventional Radiology (Vascular) 4. Chest/Abdomen/Pelvis 5. Ultrasound 6. MRI Abdomen/Pelvis 7. Fluoroscopy 8. Nuclear Medicine 9. Transportation to CT ***After hours, see section below reading room numbers.	(323) 409-1583

Technologists

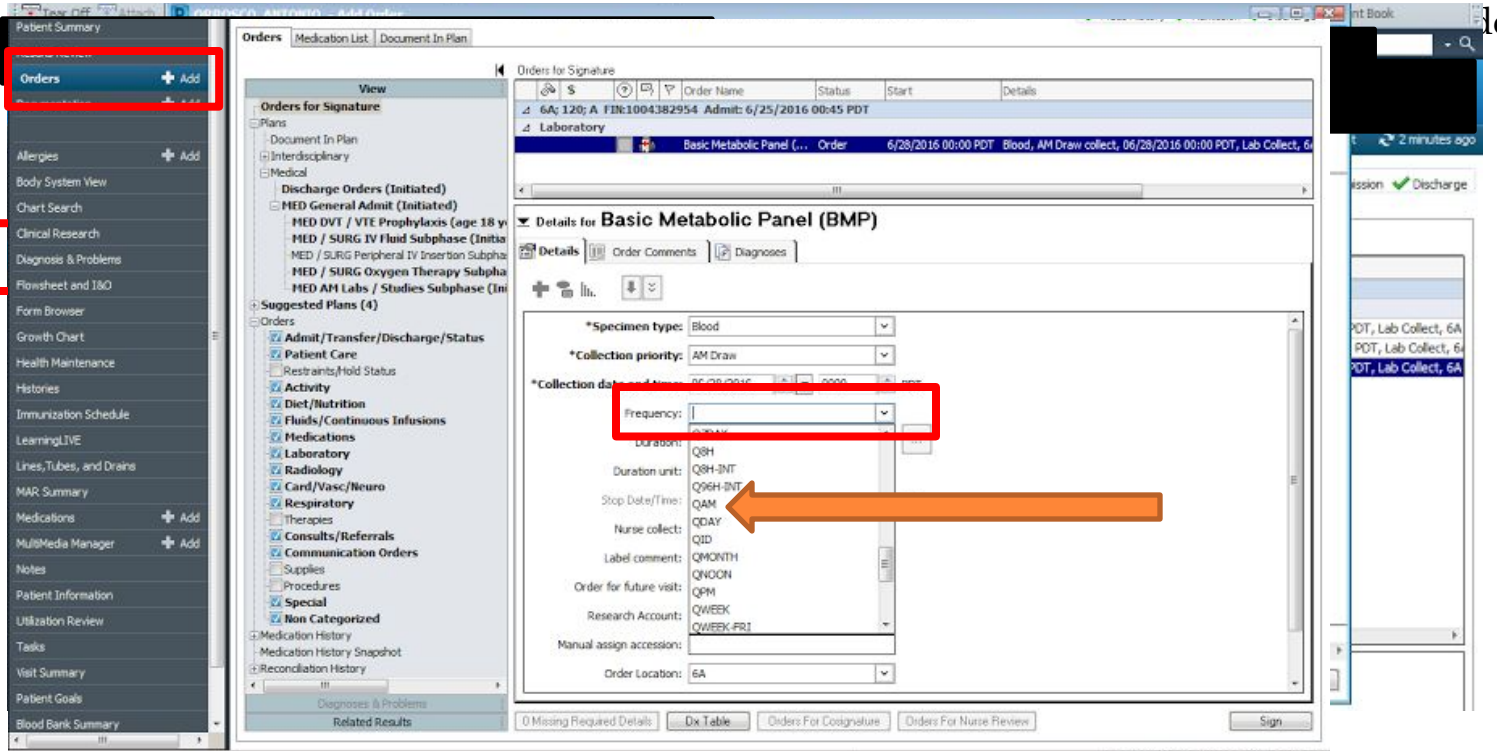
Radiology Main Desk	(323) 409-7234
CT Emergency Radiology (1st Floor)	(323) 409-7203
CT Main (3rd Floor)	(323) 409-7202
Interventional Radiology	(323) 409-4100
Mammography	(323) 409-2531
MRI	(323) 409-1289 (x91291, 90, 92)
Nuclear Medicine (4th Floor)	(323) 409-7855
Plain Films ER (1st Floor)	(323) 409-6687
US ER (1st Floor)	(323) 409-4270 VOIP Main 9-1627 VOIP East 9-1668
US Main (3rd Floor)	(323) 409-7207
Uploading/Downloading CDs (3F102 (the "bowling alley")	323 409-7253 (or x97234 for supervisor if no answer)

Surviving Wards

- Care Coordinator
  - Understand role/responsibility
  - Important resource
- Discharge planning
  - Plan ahead
  - Get ancillary services on board early (PT/OT/social work)
  - Homeless patients MUST be out of the hospital before 2PM if going to shelter
    - Plan with your team, nursing, social work, and the patient

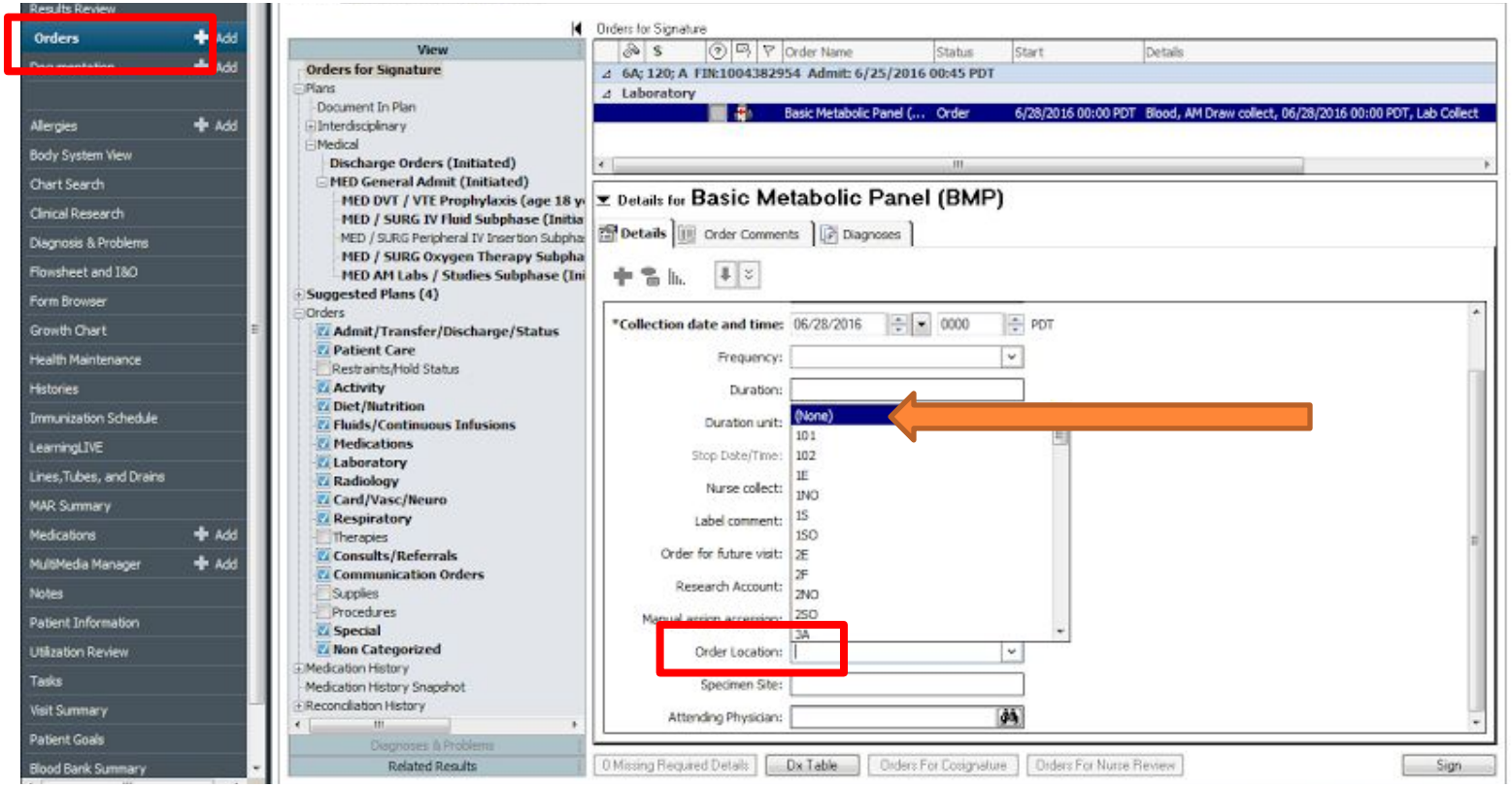
Surviving Wards

- Lab Tips
  - Lab collect = phlebotomy (weekday, starts 4am; weekend, 4am – 12:30pm); Nurse collect = nurse
    - Prevent Nurse collect on wards unless urine/stool samples, need STAT labs, or for timing purposes
  - qAM Lab collect will collect labs daily (starts at 4am)



Surviving Wards

- Lab Tips
  - Order location – set to (none) in case your patient moves



Surviving Wards

- Lab Tips
  - Submit labs together to prevent patients from being stuck multiple times
  - If the patient is still in the ED and needs stat labs, select “nurse collect,” “STAT,” and call the ED nurse
  - Random things to know
    - Magnesium and Phosphorus are not included in the BMP
    - Direct bilirubin is not included in the CMP
  - Again, order labs based on necessity; speak to your team and think about your patient

Surviving Wards

- Checking orders
  - **<u>Review all orders daily</u>**
  - Reassess need for maintence fluids daily, not every NPO patient needs IVF
  - Reassess diets and diet orders
  - If patient is pending a procedure, consider making NPO except meds, holding anticoagulation and ordering relevant labs (eg CBC, BMP, PT/INR)

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Hematology Wards

- Teams consist of 3 interns and a Hematology Fellow
- Patients will come to you on 7B either through the ED, a transfer from the floor, or as a scheduled admission ("TAR") for chemotherapy
- Interns are on a q3day "long call" schedule
  - Every 3rd day, you will cross-cover and sign out at 8pm
  - On your call day, receive sign-out from Med Consult at 7am
  - Sign-out should be given to Med Consult at 8pm
- Emergency?
  - Call Med Consult and your Heme Fellow
    - Hematology has a fellow on call every night
  - **Neutropenic patients can crash very quickly**; discuss plans of action with your fellow at the beginning of the rotation to make sure you are ready

Resources

- Pocket Medicine
- UptoDate
- Online MedEd Intern Handbook

Questions?