

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**)



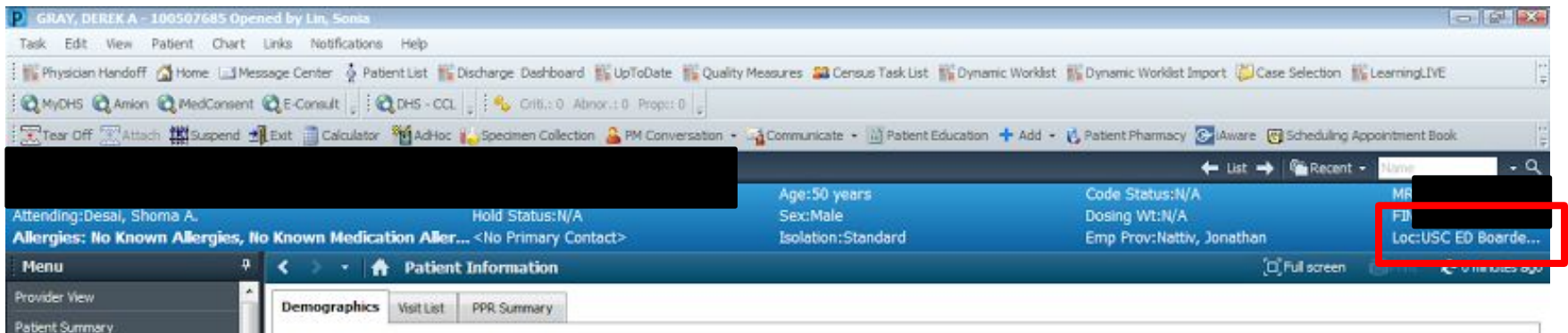
ADMISSIONS

- 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

The screenshot displays the patient information page for DEREK A. GRAY. The page is divided into several sections: Demographics, Addresses, Phone Numbers, and All Other Names. The 'Identifiers' section is highlighted with a red box and contains the following data:

Type	ALIAS	ALIAS POOL
Historical MRN	142642	HDH HistMn F
Historical MRN	6029533	USC HistMn F
Historical MRN	2397935	OvM HistMn F
Historical MRN	720897637	PMS ID Pool

The 'All Other Names' section is also visible, showing a list of names and their historical status:

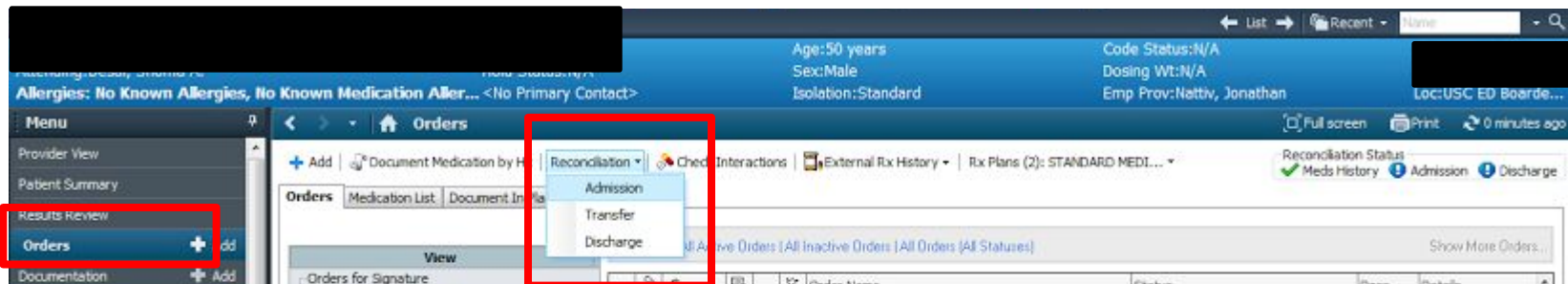
Type	FULL NAME	HISTORICAL
Current	GRAY, DEREK A	
Previous	(GRAY, DEREK A)	X
Previous	(GRAY, DEREK)	X
Previous	(GRAY, DEREK A)	X

The 'Patient Information' menu item in the left sidebar is also highlighted with a red box.



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

The screenshot displays a medical software interface for patient DEREK A. GRAY. The patient's information includes: DOB: 07/07/1965, Age: 50 years, Sex: Male, Code Status: N/A, Dosing Wt: N/A, Emp Prov: Nattiv, Jonathan, and Loc: USC ED Boarder... The interface shows a search for orders with the term "med gen" entered in the search box. The search results list several order sets, with "MED General Admit" highlighted in a red box. The left sidebar shows a menu with "Orders" highlighted in a red box. The top navigation bar includes options like "Task", "Edit", "View", "Patient", "Chart", "Links", "Notifications", "Options", "Current", and "Add". The bottom right corner of the slide features a solid orange circle.

OUTLINE

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



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



OUTLINE

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



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



OUTLINE

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



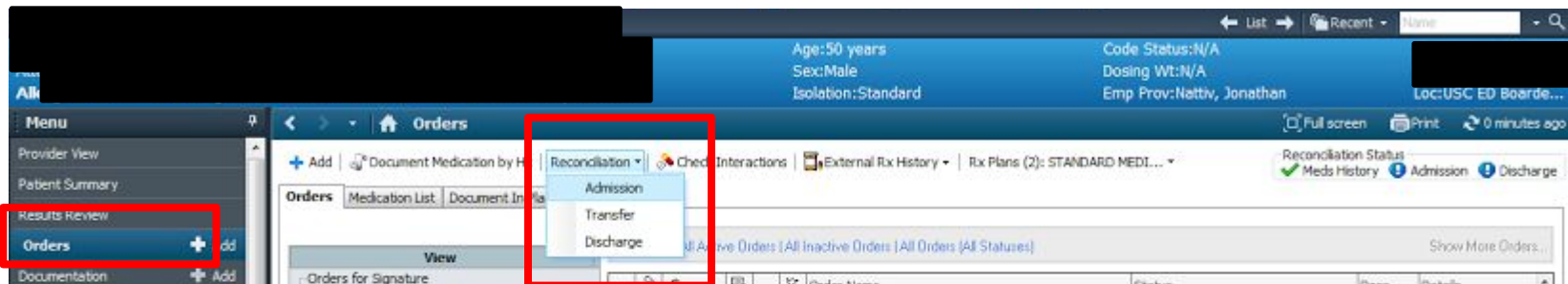
DISCHARGES

- 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



OUTLINE

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



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



OUTLINE

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



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

<p>LAC Protocoling Phone Tree</p> <ol style="list-style-type: none"> 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 <p>***After hours, see section below reading room numbers.</p>	<p>(323) 409-1583</p>
--	-----------------------

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)

The screenshot displays a medical software interface for managing lab orders. On the left, a sidebar contains various navigation options, with the 'Orders' button highlighted in a red box. The main panel shows a list of orders for a patient, with the 'Basic Metabolic Panel (BMP)' order selected. The details for this order are shown in the center, including specimen type (Blood), collection priority (AM Draw), and collection date (6/28/2016 00:00 PDT). The 'Frequency' dropdown menu is highlighted in a red box and set to 'QAM'. The 'Nurse collect' checkbox is checked, and an orange arrow points to it. The right-hand panel shows a patient summary with a 'Discharge' button. The word 'led' is visible to the right of the patient summary panel.



SURVIVING WARDS

Lab Tips

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

The screenshot displays the 'Orders for Signature' interface. On the left sidebar, the 'Orders' menu item is highlighted with a red box. The main window shows a list of orders, with 'Basic Metabolic Panel (BMP)' selected. The details for this order are shown, including 'Collection date and time', 'Frequency', 'Duration', 'Stop Date/Time', 'Nurse collect', 'Label comment', 'Order for future visit', 'Research Account', 'Manual review acceptance', 'Order Location', 'Specimen Site', and 'Attending Physician'. The 'Order Location' field is highlighted with a red box, and an orange arrow points to the '(None)' option in the 'Duration' dropdown menu.



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
 - **Review all orders daily**
 - Reassess need for maintenance 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)



OUTLINE

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



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?

