BEING A SENIOR AT OLIVE VIEW

WHAT ARE YOUR ROLES?

CLINIC RESIDENT

CALL RESIDENT

NIGHT RESIDENT

CLINIC RESIDENT

Just like last year but start thinking about keeping an eye on clinic flow

Teach medical students

CALL RESIDENT

Arrive at 7:30 and get signout from the night senior on the ward patients.

Call down to the ED and talk to the resident assigned to peds about ON cases (for follow up) and ongoing cases that you will take over at 10 AM.

Will pre-round on all ward patients and develop a thoughtful plan of care, write H&Ps and Progress notes.

Will round with the ward attending and care for ward patients following morning report.

- **Ward attending or MS3 will write**, discharge summaries, and coordinate complex orders (ex: MRI w/ sedation) as well as act as a discharge coordinator (schedule f/u appointments, call PMD, order discharge meds, etc).
- **Admitting resident** will care for all clinical activities including but not limited to following up studies and labs, responding to nursing pages regarding changes in clinical status, putting in discharge and admission orders.

Will admit all patients to the ward during the day from ED and clinic.

Will enter admission orders and enter H&P in the admission inpatient FIN.

If sick patient is in the ED, peds resident is expected to remain in the ED to care for that patient.

Will attend 8AM morning report if no critically ill patients in the ED.

Will follow up Float Book List **and document phone calls, lab result follow up, management/plans in Orchid as a Telephone/Message note.**

Will hold pager, code pager and Senior phone.

Will see patients in clinic when ward and ED duties permit.

FLOOR AT OV

Low acuity floor

If someone needs an inpatient subspecialty (medical) consult (outside of renal or GI) please strongly consider transfer

We have all surgical consultants

ENT will sometimes ask for patient to be transferred if they're worried about post-op AW issues

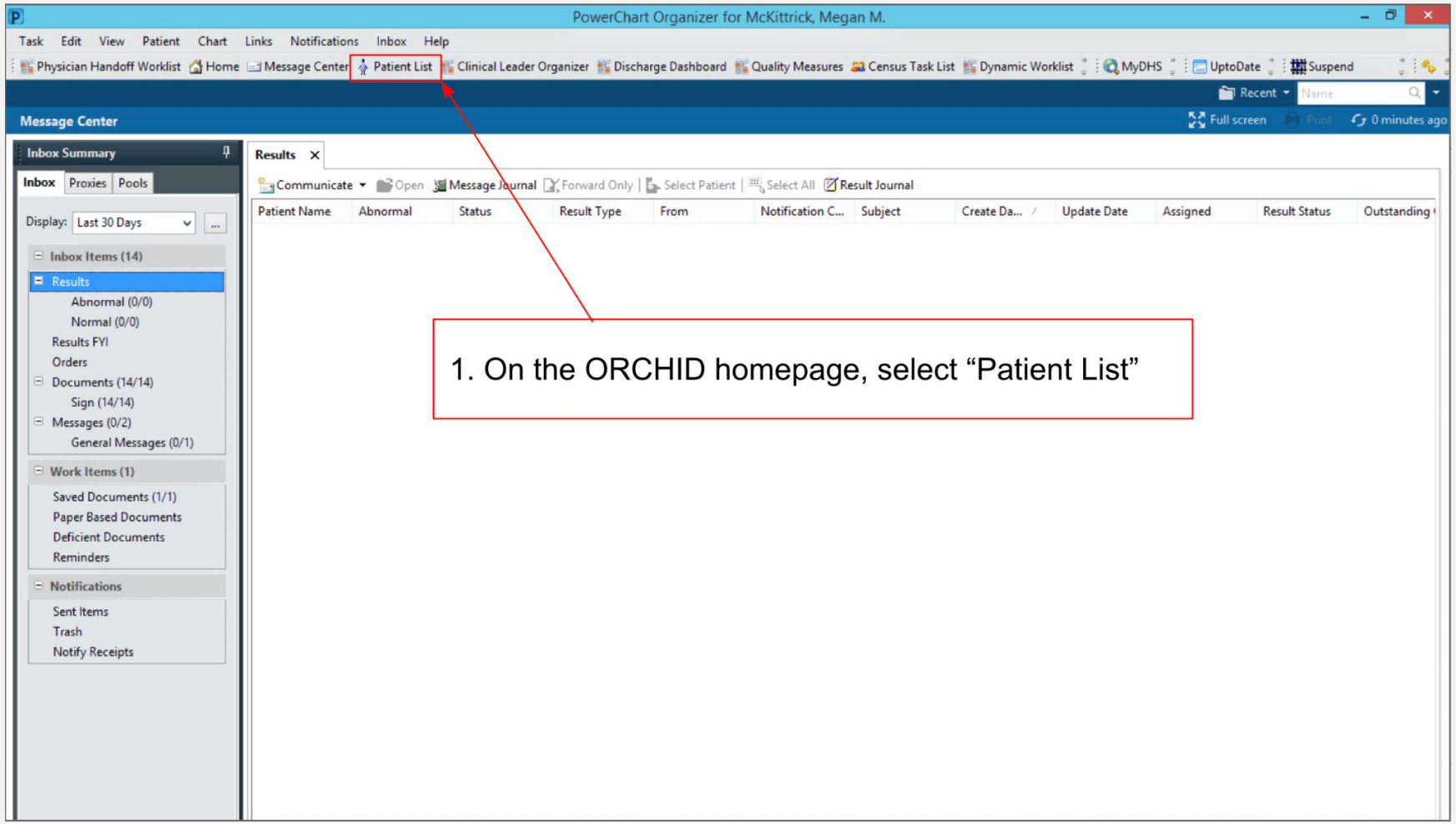
Respiratory support:

NO HIGH FLOW ON THE FLOOR (**we do have it in emergencies**)

HR Bronchiolitis (per AAP) do not belong at OV

Albuterol q3 with a q2 PRN

CREATING YOUR WARDS LIST



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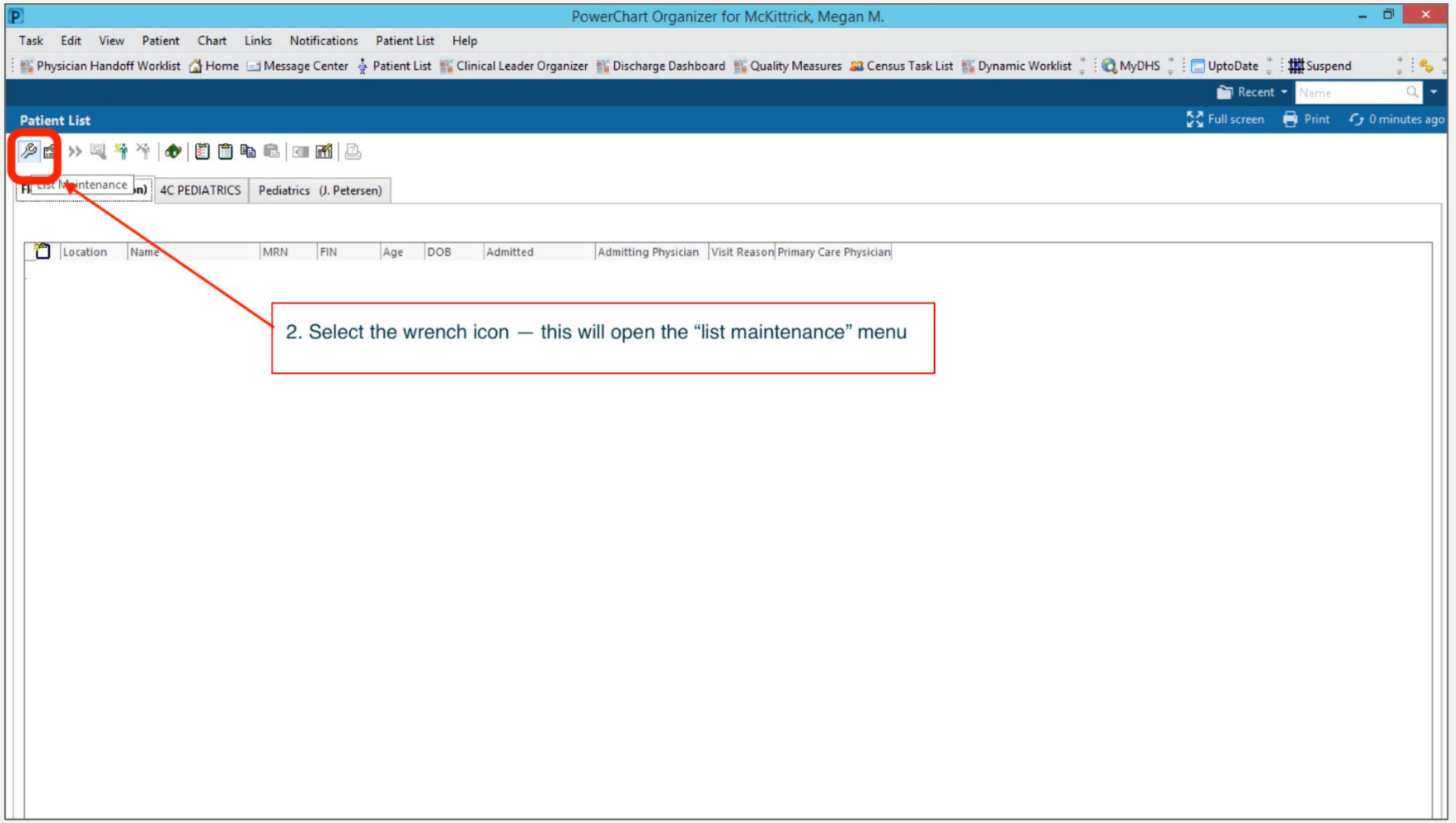

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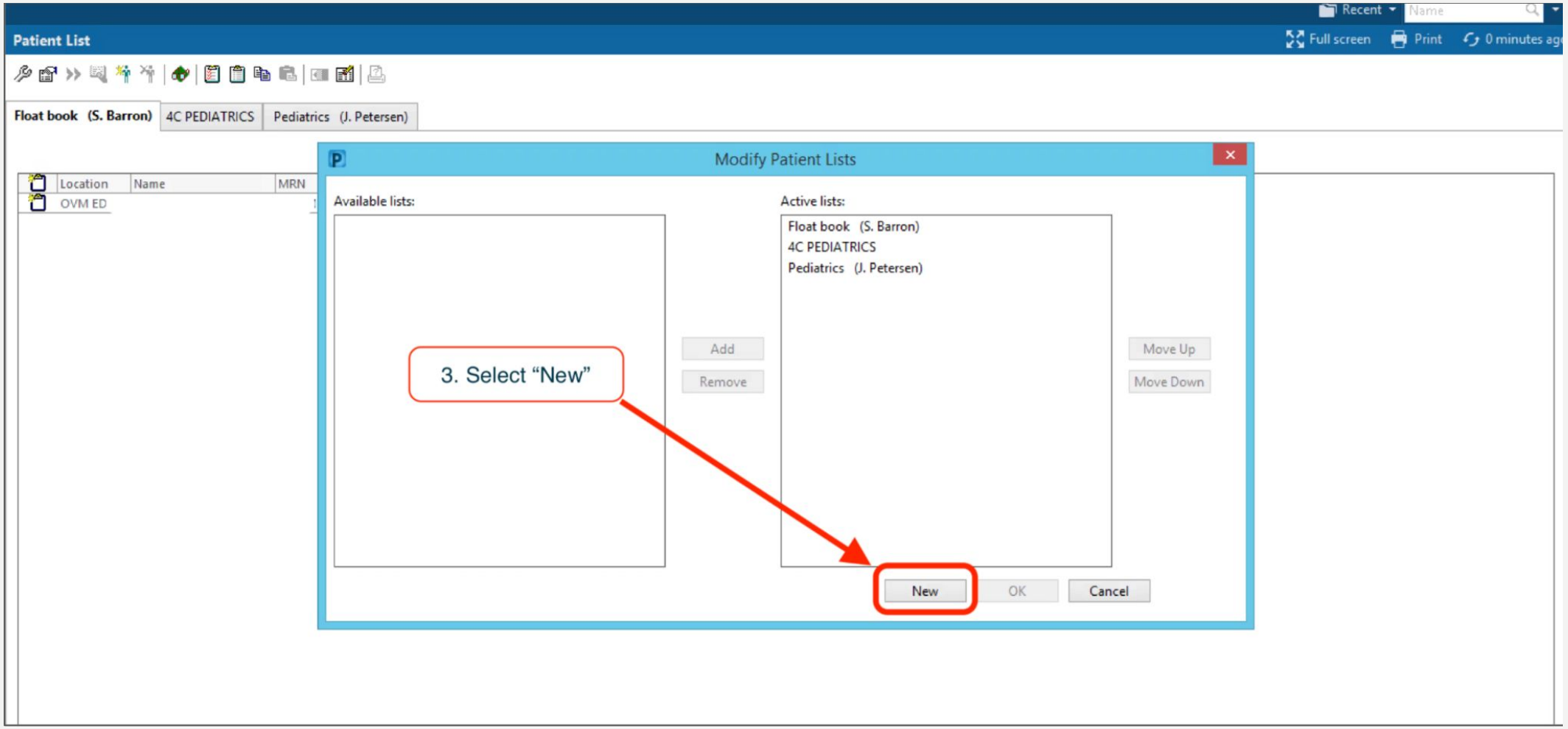

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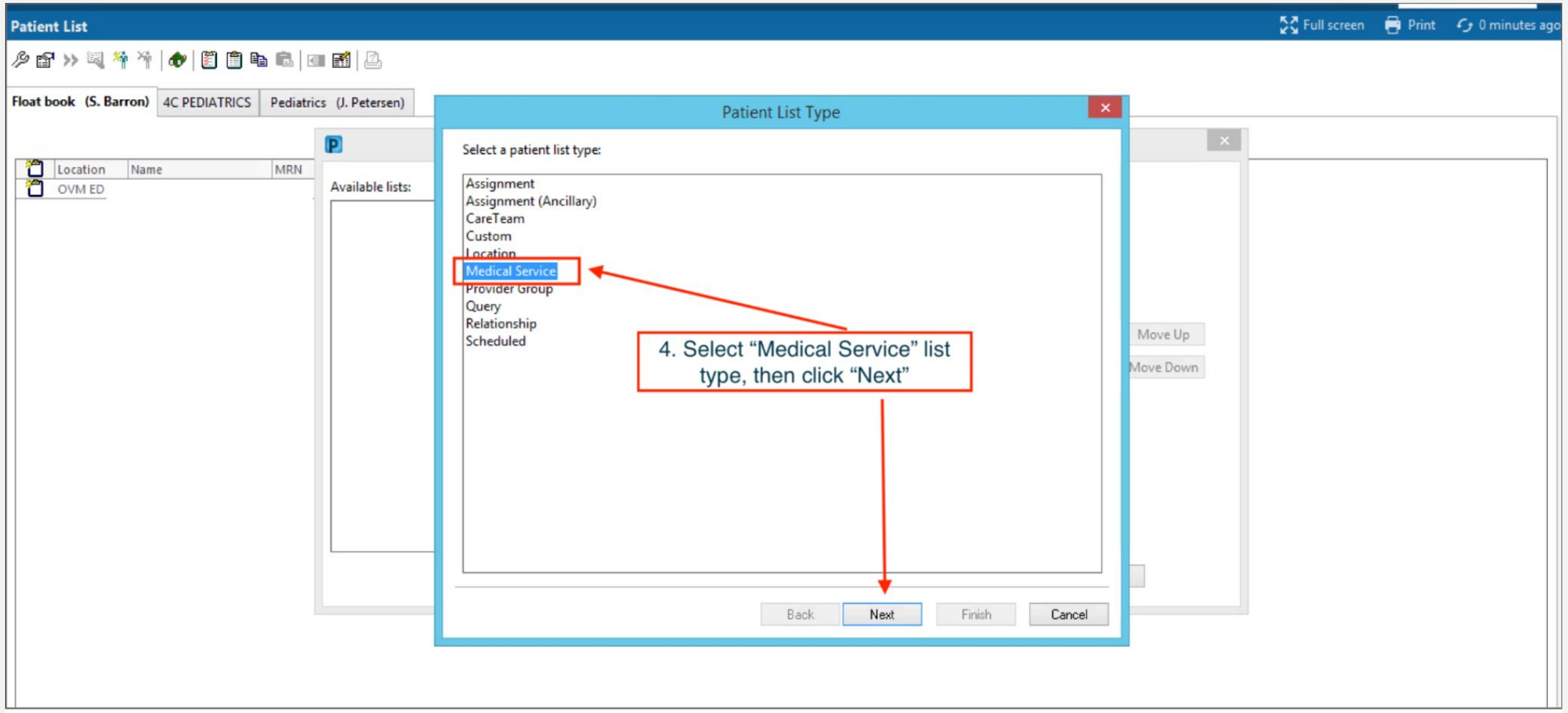

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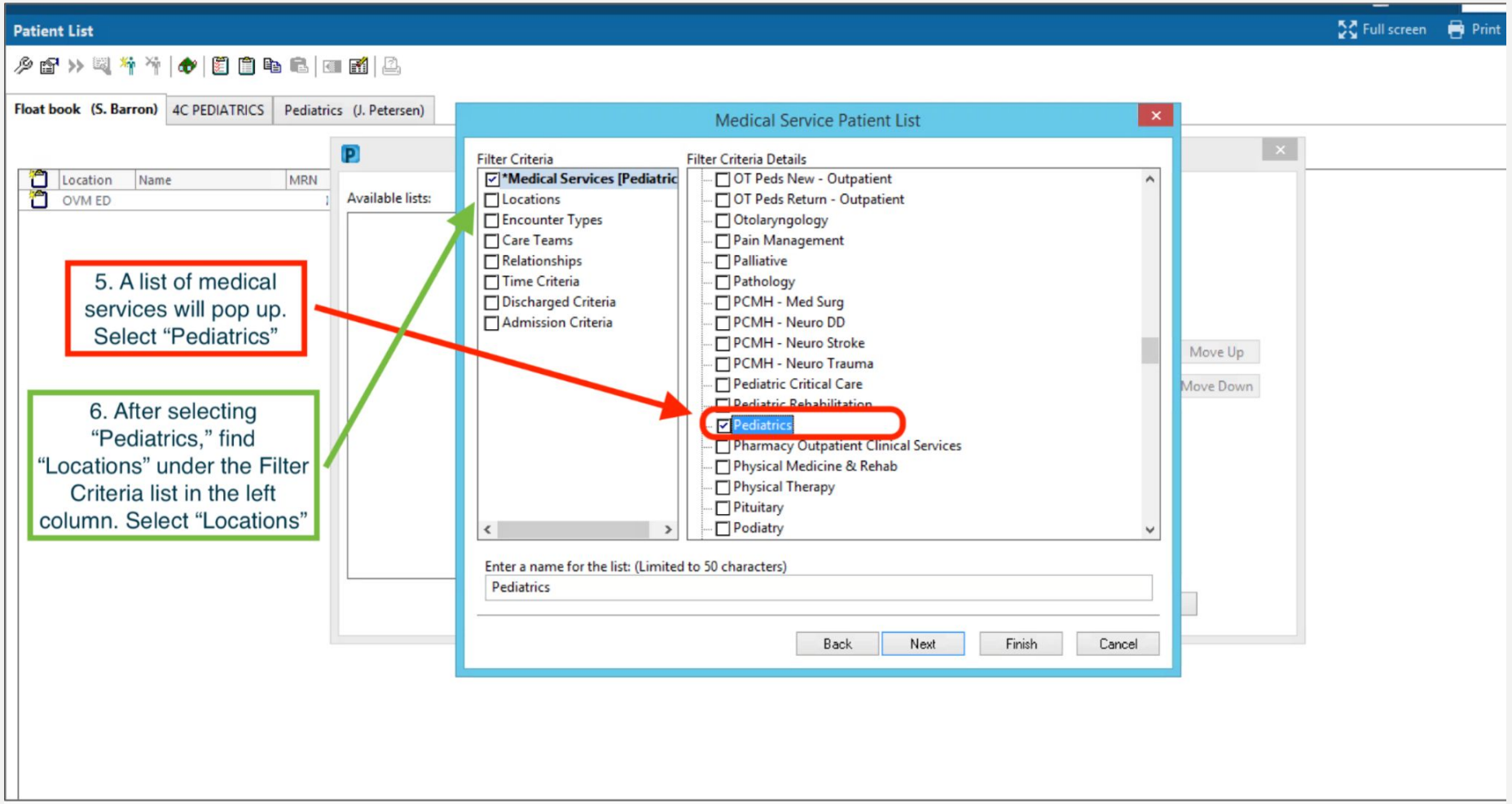

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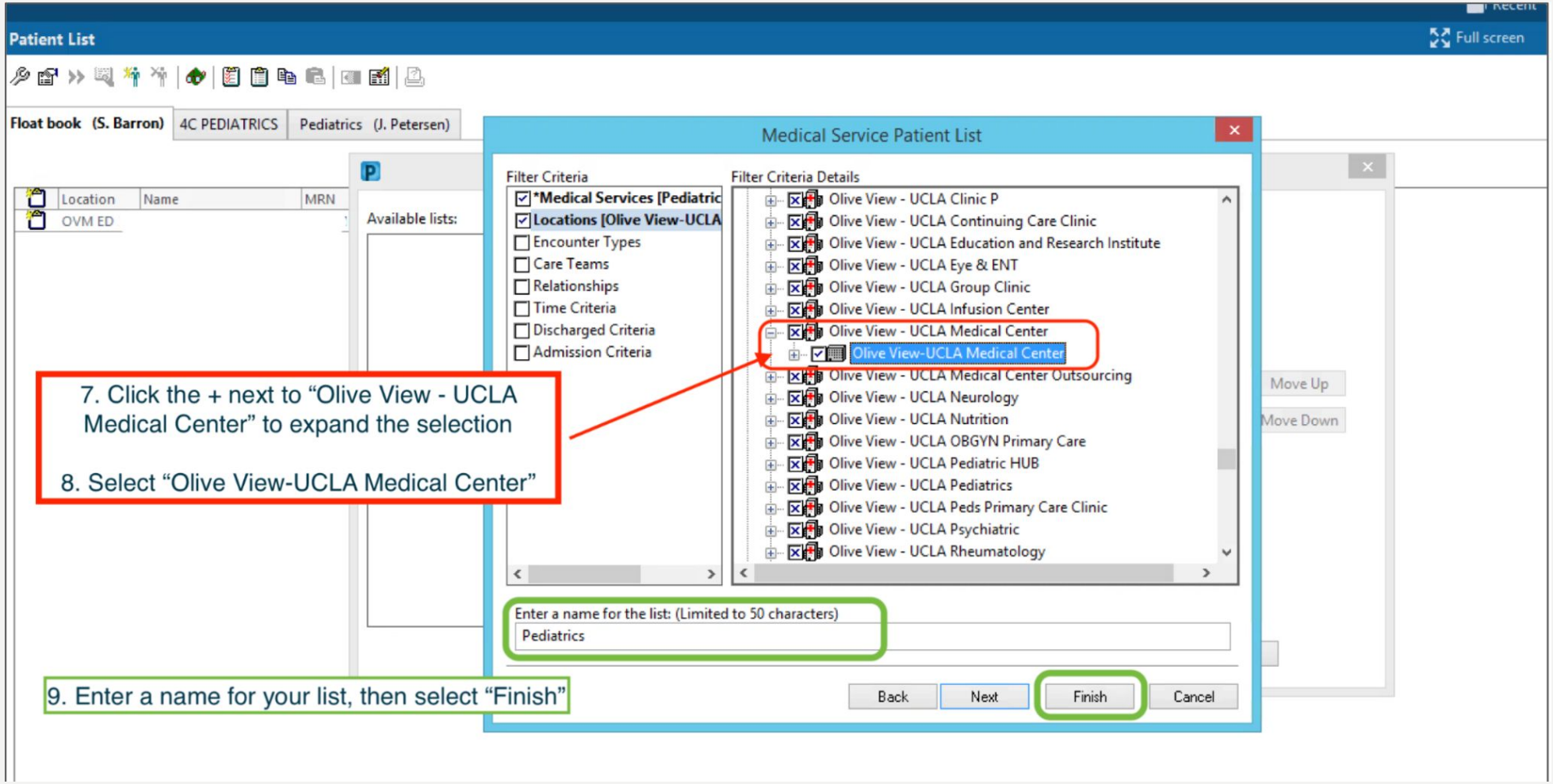

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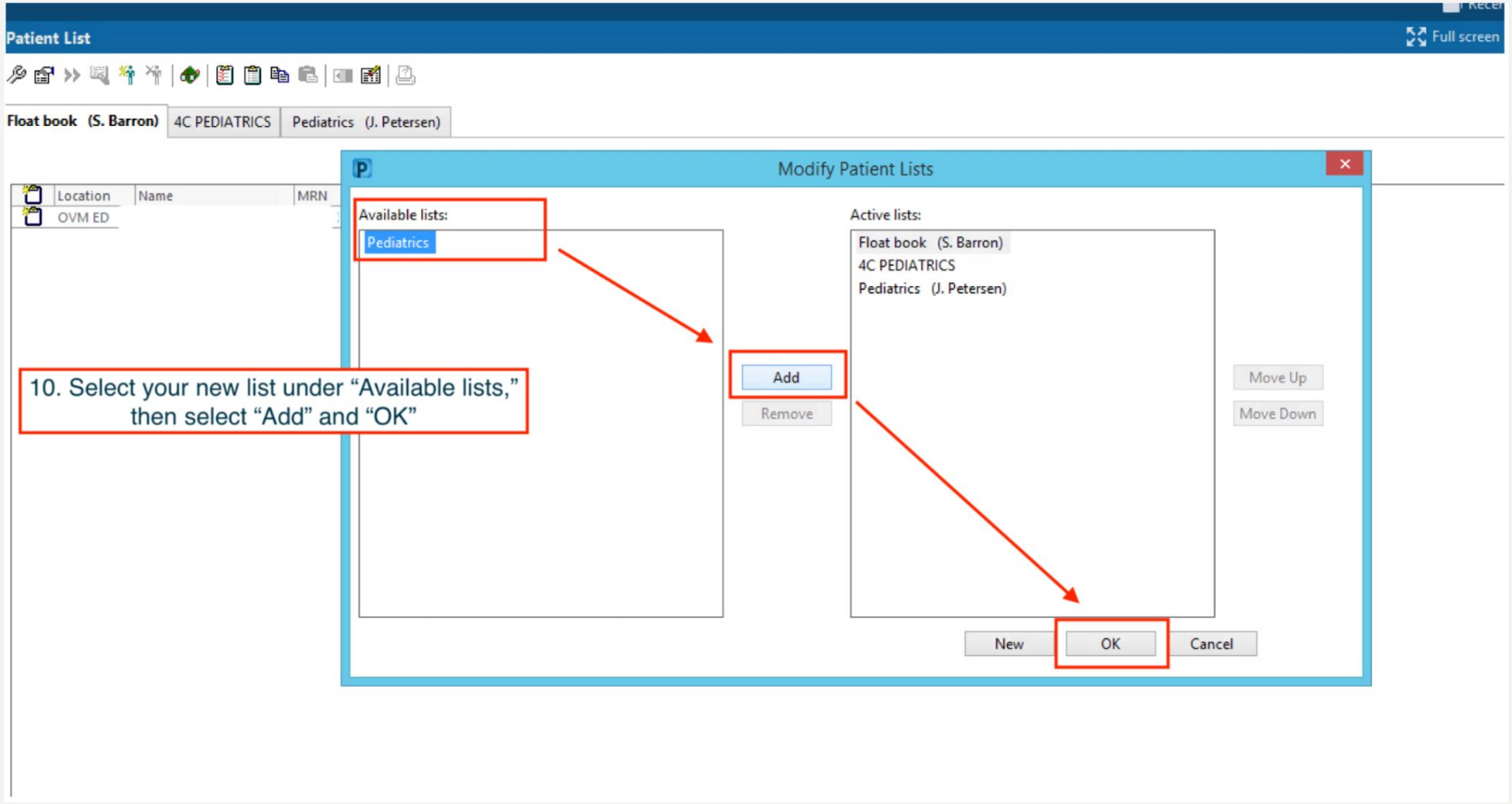
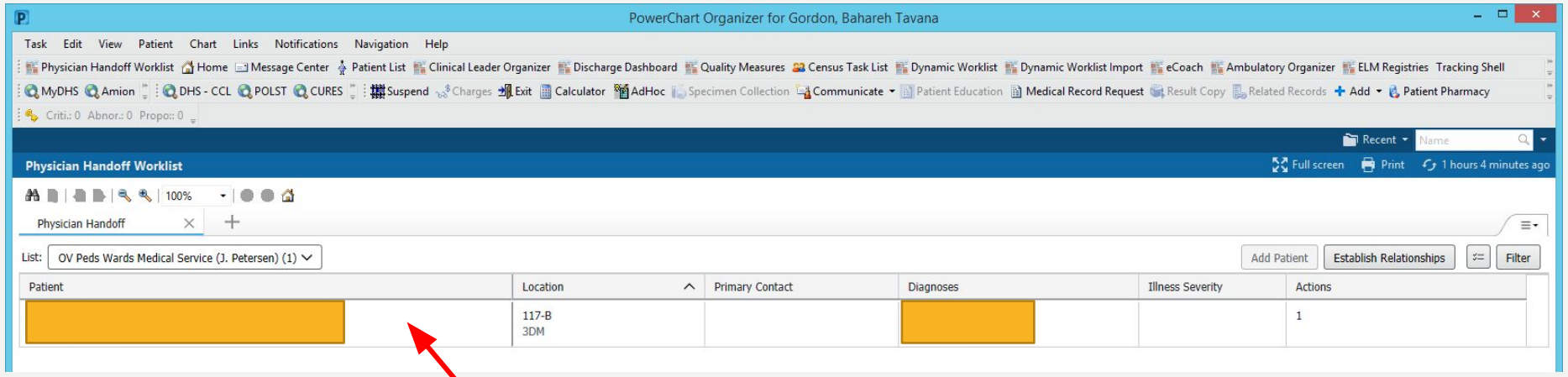


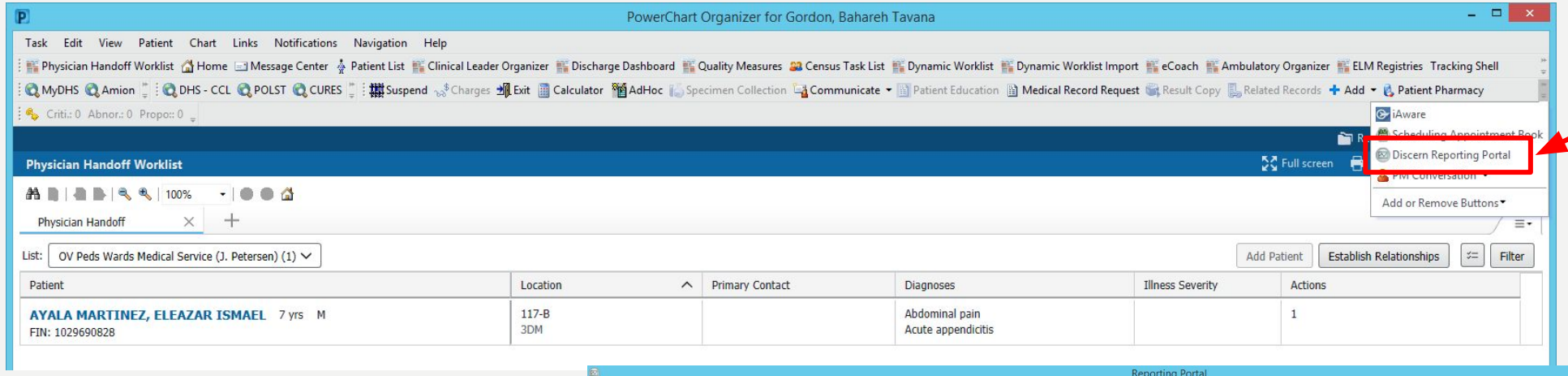
UPDATING THE SIGN-OUT



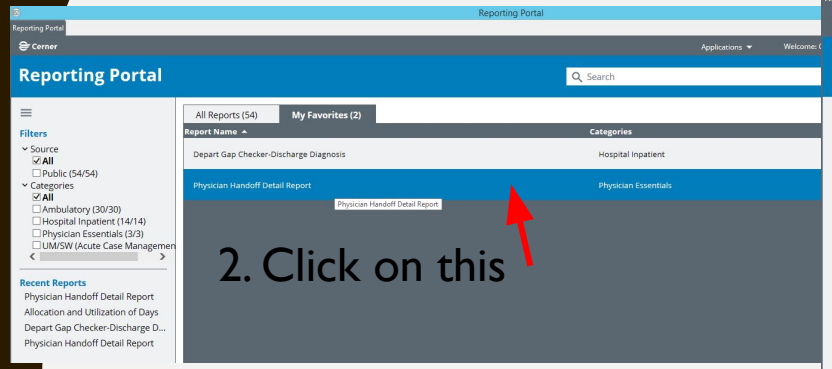
Click in the box (not on the patient's name)

- Once the sign out pops up type up the sign out
- Please remember that many of our patients are quite socially complex and that social information is important for situation awareness, so please include so that all seniors can be up to date

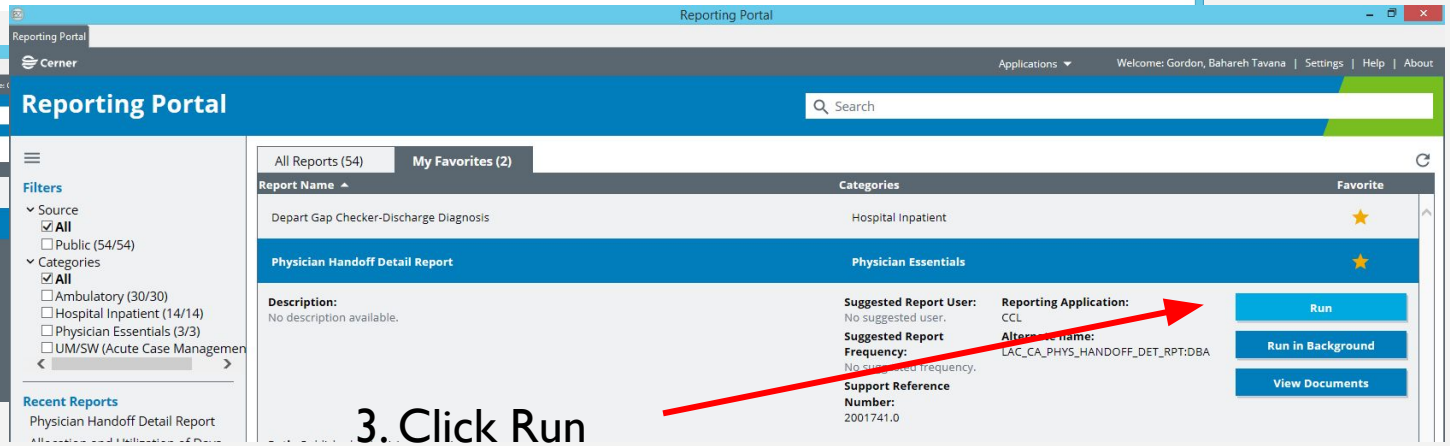
PRINTING THE SIGN-OUT



1. Click here

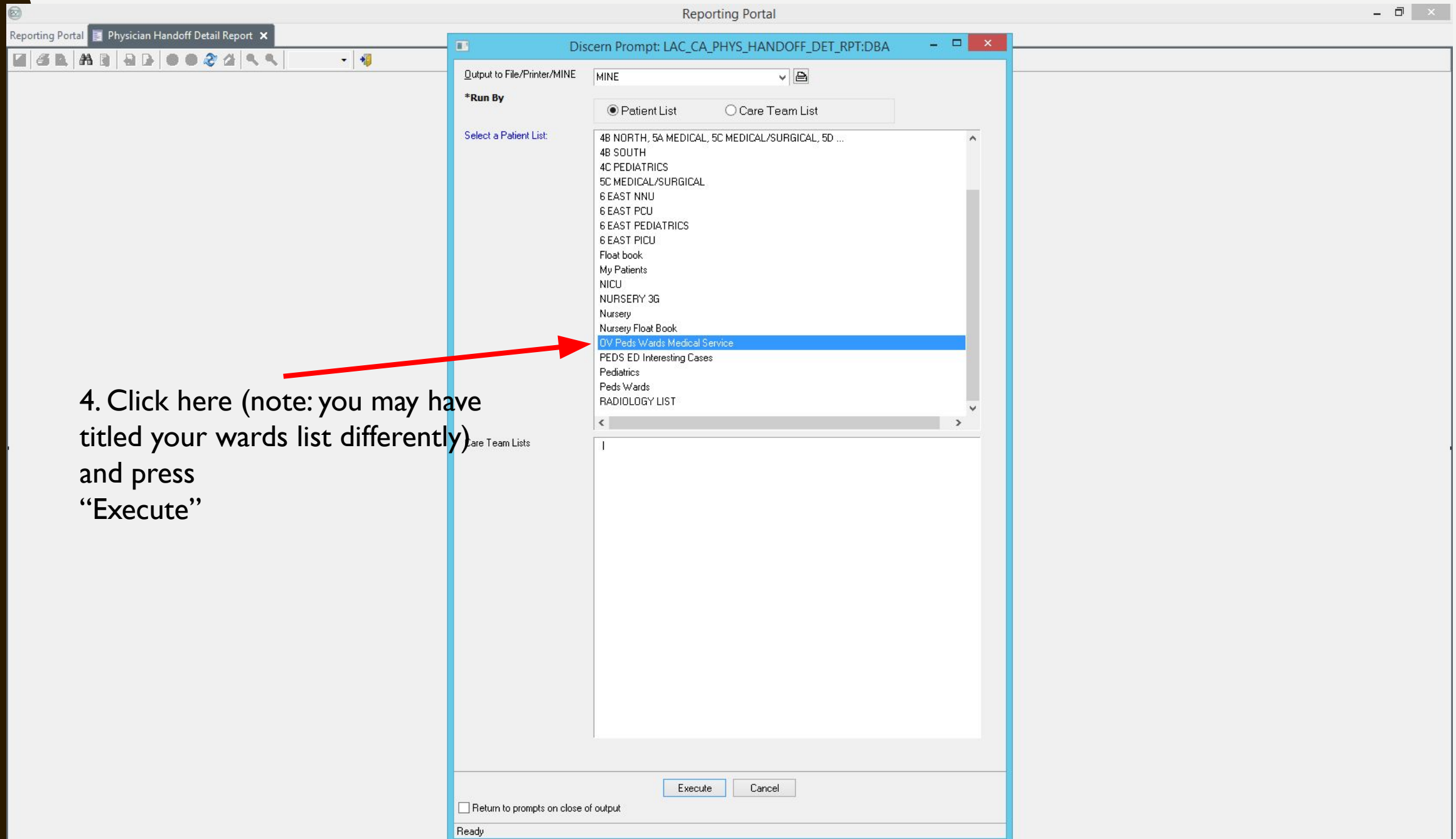


2. Click on this



3. Click Run

Last step on next slide



4. Click here (note: you may have titled your wards list differently) and press "Execute"

NIGHT RESIDENT

- Will meet day senior in the ED or on the ward and receive signout on ward and ED patients.
- Will see patients in the ED from 9 PM – 2 AM. At 2 AM, resident will stop picking up new patients and complete care of current ED patients. Will NOT signout care of patients that arrive prior to 2 AM to ED resident.
- Will be available from 2AM – end of shift as a consultant to ED or to see patients if ED residents ask.
- Will admit patients to the wards and care for patients on the ward.
- At 2 AM night round with the nurses (if not patients, nothing to do)
- Will attend 8AM morning report and all AM. They are welcome to zoom into OV and UCLA Grand Rounds. On the last morning of the night rotation, the resident is excused from morning report – please signout overnight cases and follow up needs to the day senior and then OK to leave.
- Peds attending will check in between 9:30 and 10 PM (8:30-9 PM on weekend). Night resident should feel comfortable to call peds attending at any time with any questions. Peds attending should be aware of admissions, critically ill children, intubated children, and MAC transfers from ED or ward.
- Remember there is a NICU hospitalist in house 24 hours a day who can help if needed.

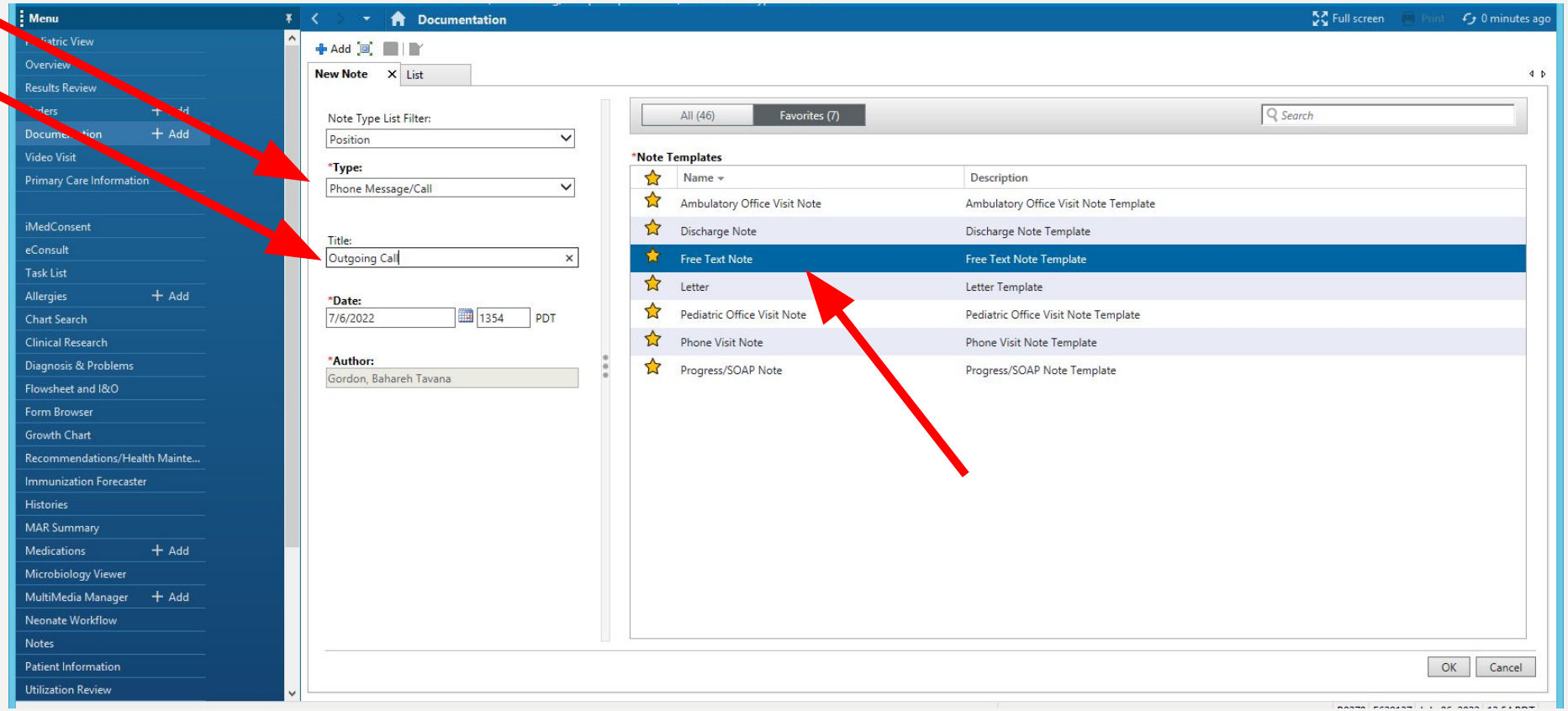
FLOAT BOOK REFRESHER

- Your responsibility when you're on call (day or night)
- Feel free to ask for help from a co-resident if you're swamped and they aren't
- Document follow up tasks in a "free text note"
  - Can send for co-signature to Bahareh
- Delete the patient from the float book

****Reminder: When adding someone make sure to specify desired language, add their phone number and give a one liner with clear "to dos"****

FLOAT BOOK FOLLOW UP DOCUMENTATION

- Please remember to document anytime you call a family (even if they don't pick up)
- Steal dot phrases from Bahareh to speed up the process (.phonecallanswered and .phonecallVM)



RELATIONSHIP WITH THE ED

- Remember when you're in the ED the ED attending is your attending
  - Ward attendings do not have ED privileges but can act as consultants
- Between 2 AM – 10 AM there is an ED resident assigned to peds
  - Please check in with them at some point in the shift
- If there is a code WHITE or a critically ill patient both the ED senior and Peds senior should care for the patient together

RELATIONSHIP WITH YOUR INTERN/FM R2 IN THE ED

- Check in with your swing resident on arrival and intermittently throughout the evening as you are seeing ED patients **in parallel**
- If you are unable to be present with them in the ED due to ward responsibilities, please keep an eye on the tracking board and the number of pediatric patients waiting to be seen
- Check in on all resp kids

MED STUDENTS ON THE FLOOR AND THE ED

- If there is a **medical student on wards** – they should present to the senior resident on rounds who will act at "pre-attending."
- If there is a **medical student in the ED for a call shift** – they will present all cases to senior resident and then together will present to ED attending (please do not have MS3s present directly to the ED attending)

MICROSOFT TEAMS

- Sign up for secure texting!
- It's already loaded on your work iphone
- You need you DHS email (the PW is the same as your Orchid PW)
  - The chief has your email – find them ☺

I DON'T KNOW WHAT TO DO?

Don't reinvent the wheel.

Call Bahareh

713-471-3375