Parkland Night Intern Guide

What do you do as a night intern?

As the night intern, you will admit patients overnight with the long-call team if they have not capped for admissions for the day. You will also get sign-out from the long-call interns about all the teams and you will provide cross cover. Typically, this means that you will check labs and replete as necessary, go to any rapid response calls for cross cover patients and evaluate them, and handle any other overnight calls from nursing/staff regarding the patient. Please see below for some calls you may get and how to handle them.

Getting sign out:

Easiest thing to do is to check Amion to see which team is on call. When you arrive at 7pm (and it's always greatly appreciated if you arrive a few minutes early), either go to the rounding room for the team on call or text the on-call intern if the team is not in the room.

Rounding rooms:

- A: 12-476.01 (400 side, far end)- 12 computers total (6 on each side)
- B: 13-476.01 (400 side, far end) - 6 computers total (shared with Team E)
- C: 12-644.02 (600 side, center) - 6 computers total (in "L" formation)
- D: 12-445.06 (400 side, center) - 6 computers total (all on one side)
- E: 13-476.01 (400 side, far end) - 6 computers total (shared with Team B)
- F: 13-677.01 (600 side, far end) - 12 computers total (6 on each side)

Call rooms: There are 2 call rooms 7-446.06 and 7-446.08. They are kind of hard to find because they are in their own inner sanctum. You can either ask the nurses or - there is an unlabeled door across the hall from patient room 7-436. Badge into that unlabeled door, and the call rooms are clearly labeled on your right.

Basic tips:

1) **NOTES:** Write thorough notes documenting what happened and how you responded. Notes are very helpful to the AM primary team to figure out what happened overnight, especially if a rapid response was called on the patient. It is optional to write notes regarding cross-cover lab repletion.

2) When you get signout from your peers, each signout should come with a physical list of patients that you can reference when you're paged about a patient. Sometimes, it is helpful to make a specific cross cover list on Epic that includes all the patient lists you're covering (Heme Onc, A, B, C, D, E, F). Nurses will page you with 1 or all of the following (name, MRN, room #), so an Epic list can be a faster way to look up the patient. On the patient list page, "Hospital record" to type in the MRN and find the patient. Otherwise you can sort the list by name or room number.

3) When you get paged on a patient, read through the sign-out to see what contingencies have already been written. Sign-out will also tell if you if anything big happened during the day that might impact how you respond to the page.

4) **ASSIGN YOURSELF:** When you sign in as 1st call, don't use "assign me". Instead, use "assign others" -> name, 1st call provider, end time t+1, 0700. This ensures that if you forget to sign out before you leave the hospital, no one is paging you while you're trying to sleep during the day.

5) Clear your pager as you get and deal with pages, otherwise your pager builds up and it's overwhelming.

6) There are always people in the MICU/CCU. That's where you can hang out and write notes or you can ask for help if you can't find your senior. That being said, your senior is your "go to" and you should call them with any patient care issues.

7) When putting in orders for pain meds, only put them in as a one-time dose.

8) When on cross-cover, you will be asked to follow up on labs. You should have gotten sign out on when to expect those labs to result. If they haven't resulted, call the nurse to make sure they have been drawn.

9) If this is your first time using Parkland Epic, make sure your senior teaches you how to add the "new rslt" flag column so you can mark results as viewed.

10) **FOOD:** Parkland cafeteria closes for dinner at 7pm. The convenience store is open all night.

SPECIAL THINGS TO BE AWARE OF IN A HEME/ONC PATIENT

- Platelets <10 can lead to spontaneously bleeding, esp intracranially. If a heme/onc patient complains of headache, check Epic for platelet count. Go see patient and do a full neuro exam. If still concerned, order CT brain non-contrast.
- Fever in a neutropenic patient. Check when their last BC were done. If done >24 hours ago, get another set of cultures and broaden abx if necessary (see sign out for contingencies / UpToDate).
- Abdominal pain in a neutropenic patient: Go see this patient! Worry about typhlitis. Stat CT abd/pelvis w/ contrast, put them on broad spectrum abx and hydrate.
- Do not do a rectal exam on a neutropenic patient.
- If the patient is neutropenic, go assess the patient yourself! They can be very, very sick and get very sick quickly.
- If SOB, cancer patients are at high coagulation risk, so PE should be high on your differential.

PATIENT WANTS TO LEAVE AMA

- Find out from nursing why patient wants to leave. Read most recent progress notes to figure out what is going on with the patient (and is the patient getting any critical treatments?). Does this patient have capacity to leave AMA?
    - If the patient does not have capacity to leave (psych hold, no capacity in general), call the police or BERT (for psychiatric patients).

- Go see the patient and find out what his/her motivation is. Try to convince the patient to stay (especially if it is early in the AM and the primary team will be there soon). Again, does this patient have capacity to leave AMA?
- If patient leaves AMA, there is a form that they will need to sign (please ask nursing for the form).
- You will have to discharge them through the discharge navigator (there is an "AMA" option under the discharge order). (Primary team will do the discharge summary in the AM).
- Be sure to write a thorough note documenting that the patient left AMA.
- Text the primary team in the AM to let them know what happened.

RAT/RRT CALLED ON A CROSS COVER PATIENT

- Nurses can initiate a RAT or RRT on patients who have concerning symptoms.
- Always go see the patient. Assess patient. If this patient does not look good, call your senior immediately.
- Write a note documenting what happened and what your logic was for your actions.
- Check up on the patient after the RAT/RRT has been resolved.
- Text the primary team in the AM to let them know what happened.

PATIENT DIES OVERNIGHT…

- Was this an expected death? (You should've gotten sign out that this was a possibility.) Or a sudden death? This may impact how you handle your conversation with the family.
- Call the on-call resident (if resident not already with you). Call the attending first thing in the AM to let attending know what happened. Text the primary team in the AM as well to inform them.
- Ask nurse to page chaplain to bedside for family. If family isn't at bedside, will have to call family and inform them.
- You will have to perform a death exam: check pupillary responses, corneal responses, listen for heart and lung sounds, feel for a pulse. Pronounce time of death. It is legally required in Texas to ask the family if they would like an autopsy.
- You still have to discharge the patient. Use the death discharge navigator on Epic (More tab -> discharge -> death navigator). The death discharge navigator will prompt you for a death pronouncement note (this needs to be cosigned to their attending). Here is an example death pronouncement note:
    - "I evaluated patient at bedside. Patient found to have no pupillary or corneal reflexes. On auscultation, no heart or breath sounds heard. Physical exam consistent with death. Time of death: XX:XX on XX/XX/20XX. Family at bedside were notified. (Family notified via phone call). They do/do not want an autopsy."
- Primary team in the AM will do the death discharge summary.