CUH Night Intern Guide

What do you do as a night intern?

As the night intern, you will admit patient overnight with the on-call team if they have not capped on admissions for the day. You will also get sign-out from the on-call intern about all the teams and you will provide cross cover. At CUH, you will cover the 4 wards teams, as well as Eisenberg (the Geriatrics team). 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:

- See residency website under "Inpatient Rotations- CUH Wards"

Call rooms: See residency website under "Inpatient Rotations- CUH Wards"

Basic tips:

1) 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 (Foster, Seldin, University, Southwestern, Eisenberg). 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) 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. That's where you can hang out and write notes or you can ask for help if you can't find your senior.

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

Commented [JH1]: It might be helpful to give some guidance as to when notes are required. For instance, all RRT/RAT require a cross cover note. I generally will also drop a note on any patient that I physically see and place an order on (even if just addressing new fever, abdominal pain, etc.), but perhaps this is more stylistic.

Commented [KW2R1]: I spoke with Saroja and Steven about this, but this was felt to be more stylistic than mandatory.

Commented [JH3]: I know that this is guide is more about cross cover than sign-out, but it might be helpful to include one tip on expected sign-out practices for to-dos. For instance, they should have times, labs (e.g lactate, CBC, etc.) should have parameters/instructions for how to respond, to-dos should not include family meeting, contacting consultants for recs, or troubleshooting problems with later afternoon discharges (that should be addressed by the primary team). I think that a brief mention of these things could be relevant because part of being successful on cross cover comes from ensuring that you are given appropriate sign-outs.

8) FYI there is no PCU/step-down unit here, so there is a lower threshold to transfer to the ICU here.

9) The cafeteria closes at 2AM. The bodega is open 24/7, it's self check-out with your meal card/credit card. There is a physician lounge you can raid if you want.

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?
- 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.