

Weekend Consult Resident Primer

TR Day:

Get a sign out for Medicine Consult and then get in contact with the Day TR on Friday. You need to know the following things:

- 1) which people do you have to see?
- 2) which people do you have to write notes on? (not always the same answer)
- 3) what time to come in the morning on Saturday (its usually either 7 or 8 depending on what the TRs decided amongst themselves).

In the morning when you get in, get a hold of the night TR and get sign out. There may be some consults from overnight that have to be seen in the morning. You then go round on the patients that you were told you needed to see and write notes on whoever you were supposed to write notes on (use the med consult forms from sinaimed.org: logistics --> forms and documents --> MAR and TR). At some point in the morning, you should page or you will receive a page from the med consult attending for the weekend to figure out what time you will be rounding. Hold on to your notes until you round so the attending can co-sign and then drop off in the chart. You'll see that for most patients, you're helping to manage their BP and glucose. If you have new recs, you should try and get a hold of the primary team and let them know the recs.

Consults:

After you see a consult, always write a little note in the chart saying that the patient was seen and examined and a full consult will follow. Don't leave the consult in the chart until you round on the patient with the attending. You can leave a few recs if you think the patient needs some things even before the attending sees them. Again, try and let the primary team know what the recs are in case they're in surgery all day or something. The consult isn't official and shouldn't be in the chart until the attending sees the patient.

Codes:

The most important thing to remember (other than ACLS) is that if you are leaving Guggenheim to go to KCC, KP or Madison 5, let the MAR know so he/she knows they have to run the code until you get back. If you hear a code while you're away, still run over, don't assume the MAR heard the code also.

Transfers:

During the day, transfers to Medicine should be run by the Attending.

Night TR

Always remember that there is no such thing as a stat consult. We don't have an attending to staff a consult at night, so if it is a true emergency and the patient needs to go to the OR, they go to the OR without an official pre-op. If they say the case is in the morning, the best you can do is tell them that we will try to do the consult as early as possible in the morning. At night, you can transfer a patient to teaching without speaking to the attending if needed. Remember that after midnight you are helping the MAR with admissions, so typically since it can get busy, if someone calls for a consult at night, go see the patient, leave recs and a note saying a full consult is to follow in the AM, and let the day TR coming on know to go see the patient. Always go and see a consult if the service needs help overnight managing someone. If you have time you can start the actual note, otherwise, like I said before, write in the chart that a full consult will follow and leave some simple recs. Same rules as above about codes.

CODE MANAGEMENT

1. IDENTIFY yourself as the team leader
2. POSITION yourself and the patient – you at the foot of bed, clear sides, remove backboard
3. ASSIGN teams
 - a. AIRWAY Crew – 2 people - respiratory therapist and/or 2 residents – preferably R2, R3s
 - b. PUMP/CIRCULATION Crew– 2-3 people to rotate compressions and give shocks – R1s
 - c. THERAPY Crew – 1-2 people to give meds, make sure fluids running, etc – R1s
 - d. ACCESS Crew – 1 person to assess access and obtain access as needed – R3s or R2s (post MICU)
4. CROWD Control – once teams set, all extras leave
5. GIVE tasks – set priorities and attention
6. REPEAT Speak back – i.e. say “please give epi”, therapy crew says “epi given”
7. MONITOR Crew – double check, reorganize, identify errors, evaluate new info
8. SUMMARIZE – evaluate progress or lack of, decide to continue or not
9. COMPLETE Task – goals met or not
10. MOMENT to process and/or debrief