

INTRO TO THE PEDI ED: AN INTERN'S GUIDE

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WELCOME TO THE PEDI ED!

- **Objectives:**

- Orient you to the Pedi ED and staff
- Define Intern roles and expectations
- Review patient encounter logistics
 - Picking up a patient
 - Staffing a patient
 - Placing orders
 - Calling consults
 - Documentation
 - Discharging a patient
 - Admitting a patient
 - EMH doc to doc
 - Traumas



WHERE DO I GO?



- You can enter the PED from either side
 - Badge through the door to the right of **Elevator D** to take you to the entrance pictured here!

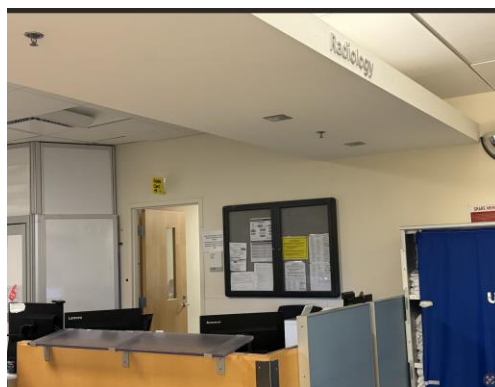
1



2



3



4



WHERE DO I GO?

- You can enter the PED from either side
 - From **Elevator C**, walk through the wooden double doors like you are going to the back of the cafeteria. Look to your left and follow the hallway for **MRI Suite B** (1) all the way down. When you reach the end, badge through one of the doors on the other side of the hallway (2). Hang to the left and walk past the **Radiology** desk (3). Hang a right and the **PED** doors will be on your right (4).

WHERE DO I SIT?

- You can find the **"Doc Box"** next to the nurse's station and Secretary
- Find a computer to use in here.
- Generally, workstations on the right-hand side are up for grabs.
 - If you aren't sure where to sit, just ask!
- Pro-tip: WIPE DOWN YOUR WORK STATION
 - Just say no to viral gastro



WHO WILL I WORK WITH?

- **Attending:** You will be staffing patients with the attending and they will be overseeing your care and helping you with management plans and procedures.
- **Fellows:** You may also be on shift with a PEM fellow (max 1 at a time). They generally function in an attending role.
- **Other residents:** Pedi, M/P, EM, FM, and ophtho residents all rotate through the PED.
- **Pod Attending:** Works in addition to the main unit attending from 1p-11p. They see more "Fast track" patients in the Pods independently. However, Pedi residents can also staff with them, so you may be asked to pick up a Pod patient here and there.
- **Nurses:** Usually are on their WOWs just outside of the Doc Box when not providing patient care.
- **Resource nurse:** In charge of flow for the unit. Prioritizes which patients come back for triage and where they are roomed.

WHO WILL I WORK WITH?

- **PED Tech:** Usually sits behind the Secretary's desk. They help with obtaining VS, assisting procedures, other aspects of patient care. They are also great resource for finding any equipment.
- **RT:** They sit in the hallway connecting the ED to the adult pod. They set up all respiratory supports and administer nebs.
- **Child Life:** They sit in the same hallway as RT. They are there most daytime and evening hours. They are instrumental for performing procedures and helping our psych boarders. Notify them early if you will be performing a procedure.
- **Secretary:** Sits at the desk next to the Doc Box. They will page consultants for you (so you can continue moving about the unit for patient care).
 - If there is no PED Secretary on, you should use a secretary in another pod by calling them for requests
- **Social Work:** The ED has their own 24/7 social worker to provide any support or help with consultations.
- **"Sitters":** PCAs that sit in the hallway to serve as 1:1 for psych boarders. Some are specially trained mental health PCAs.

PATIENT ROOMS

- **14 Patient rooms** run along the walls in one big circle and are labeled **1-14**
- **6 Pods** are located at the opposite end from the Doc Box and are labeled **A-F**
- The "**Consult Rooms**" are labeled **XPBHA1-3** and **XPBHB1-3**. These can hold up to 3 behavioral health patients each and are located just outside the unit entrance furthest from the Doc Box.

Standard room



Pods

EQUIPMENT

- A lot of standard equipment will be in the patient rooms
 - Swabs, tongue depressors, tape, gauze, urine cups, towels, emesis basins, etc.
- Other materials can be found in the carts located around the unit or in the stock room. Ask an RN or tech if you need help finding something.
- Any time you do a procedure make sure you have ALL your materials gathered before starting.
- Code carts and airway carts are also located around the unit.
 - Familiarize yourself with where they live.
 - Never open them unless it's a code.



IV cart

Ortho cart

Suture cart

INTERN EXPECTATIONS

- Improve your clinical and diagnostic skills through performing careful histories and physical exams on a large volume and variety of patients with unknown diagnoses.
- Develop broad differentials.
- Propose thoughtful work-ups.
- Practice hands on procedures (LP, suturing, splinting, reduction of simple dislocations, feeding tube replacement, intubation, etc.).
- You are expected to carry **2-3 active patients** at a time.
 - This increases when you become a senior

EXPECTATIONS - SCHEDULE

- Let your attending know when your clinic days are *in advance* if they overlap with a scheduled shift.
 - *Email* the attending who is working that day *in advance*
 - *Write* it on the printed schedule posted on the wall in the Doc Box
 - This applies only to interns (seniors will never be in clinic during a scheduled ED shift)
- Be on time.
- Wear scrubs and close toed shoes.



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Last login Sun May 5, 2024 2:31 PM EDT.

STARTING YOUR SHIFT

Log on to the UNV EMERGENCY DEPT
context

- Click Sign In in upper left-hand corner



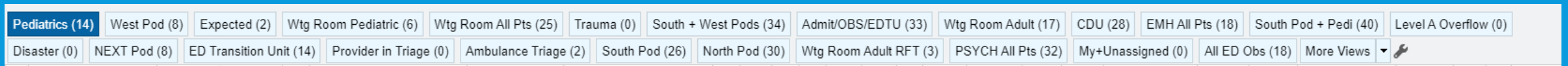
- If you forget to sign in, you will not be able to sign up for patients on the ED board.
- If you cannot assign yourself to a patient, check to make sure you are actually signed in!

- Sign into your shift

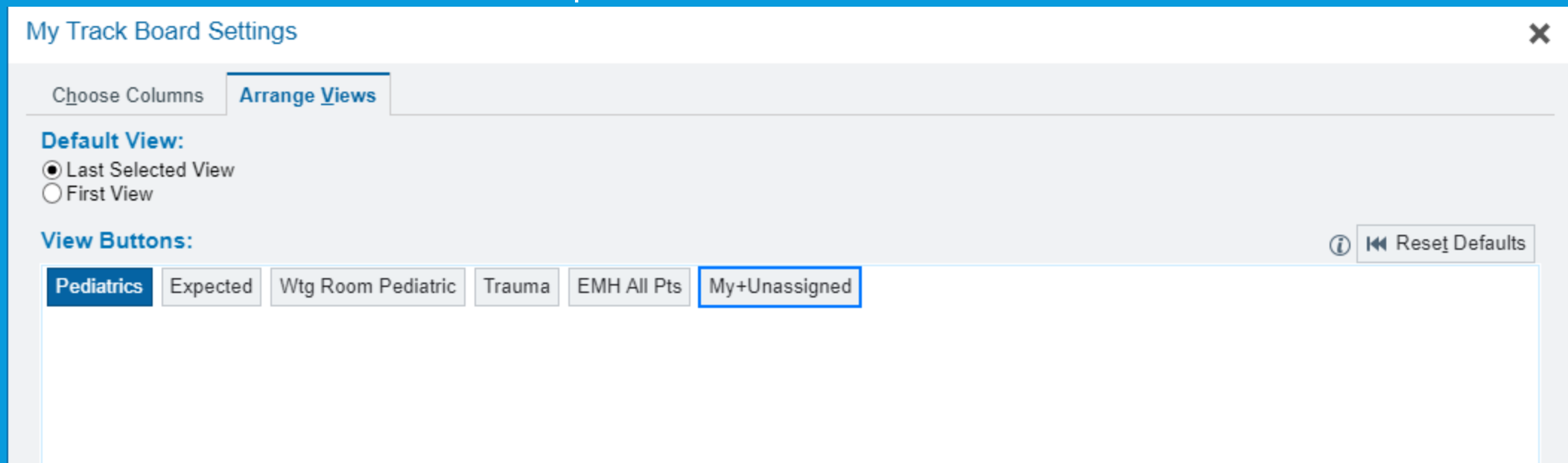
A screenshot of the 'Sign In' form in the Epic system. The form is titled 'Sign In' and contains several sections for user identification and shift selection. The 'Provider' section has a text field with 'Alison Patrice Casserly, MD PhD'. The 'Contact Number' section has a text field with '508-801-7661' and a 'Pager' checkbox. The 'Current Role' section has checkboxes for 'ED Provider', 'Attending Provider', and a dropdown menu set to 'Resident'. The 'Pod' section has checkboxes for 'North Pod', 'West Pod', 'EMH', 'NEXT Pod', 'Peds' (which is selected with a blue background and a checkmark), 'South Pod', 'CDU', and 'ED Transition Unit'. The 'Shift Start' section has a time field set to '0700' and a date field set to '05/06/24'. The 'Shift End' section has a time field set to '1700' and a date field set to '05/06/24'. The 'Shift Length (Hours)' section has buttons for '6', '8', '10' (which is selected), and '12'. At the bottom right, there are 'Accept' and 'Cancel' buttons.

PED BOARD

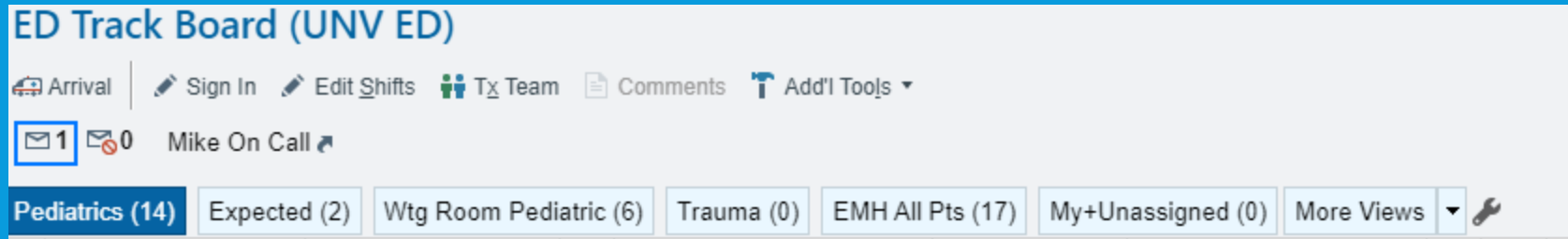
- At the top you will see buttons for all the ED units (with the # of patients in parentheses)



- Use the wrench to keep only the tabs you will use across the top. (other tabs will remain available in the drop down carrot)



PEDI BOARD



- To see the entire ED board, with all the patients in the rooms, pods and consult rooms, you will want to click **"Pediatrics"**
- To see only patients that you are covering (assigned to), you can use **"My+Unassigned"**
 - This is also an easy way to watch for new patients that arrive and need a resident (aka unassigned)

PEDI BOARD RAINBOW

- The square colors before the patient name in the left-most column indicate patient status.



Dark blue: In triage



Dark teal: Waiting for a room



Bright teal: Waiting for a triage

**Note if you see in this in the unit, patient has probably arrived by EMS



Red: Waiting for a provider (needs a resident!)



Pink: In Process (already has a resident)



Orange: Bed Requested (admitted boarder)

**Note – PICU patients remain under care of ED until transported



Purple: Behavioral health evaluation
(signed out to EMH, medially cleared)



Brown: Inpatient bed assigned



Bright Green: Ready for Discharge



Black: Dirty

Additional colors exist, but these are the most common you might see.

- Hover over the color to see what it means if you aren't sure

PEDI BOARD

- On the board you will see a lot of columns including:
 - **Patient** name, Age/Gender
 - **Complaint** (as reported and assigned by triage nurse)
 - **Acuity Score**
 - 1-5, with 1 being the most acute, 5 being the least acute
 - 1: Patients coming into the trauma bay or occasional a resuscitation room
 - Keep in mind these are assigned in triage and the patient may look different than when they first presented (better or worse!)
 - These help resource RN decide who gets pulled back and when
 - **RN, ED/IP (attending), Res/APP**: Initials of assigned providers
 - **Comments**
 - This is a great place to put **major To Dos** (ex: radiology studies, consults, time to re-eval, PO challenge, etc.)
 - Double click over the comment on a patient to update this
 - This keeps everyone in the loop on where the patient stands

PICKING UP A PATIENT

- When you are ready to pick up a patient, watch for a new patient to be brought back to a room/Pod
 - Red: Awaiting provider
 - Bright Teal: Awaiting Triage (probably brought in by EMS)
- Patients should be picked up **based on acuity and how long they have been waiting**
 - Never try to preferentially snag "fun" cases, and do not avoid difficult complaints
 - If the complaint makes you uncomfortable, that represents a great learning opportunity!
- **NEVER** pick up/assign yourself to a patient from the waiting room
 - That's considered cherry-picking and you acquire legal liability if they leave without being seen

PICKING UP A PATIENT – VIEWING TRIAGE NOTES

- To view their **Triage Note** before signing up:
 - ☐ Double Click on the patient name to be brought to their chart
 - ☐ Click the Triage tab to see the triage HPI and vital signs

The screenshot displays a medical triage interface with a top navigation bar containing tabs: Chart Review, Results Review, Workup, Triage (active), My Note, History, Procedure, Orders, and Discharge. The main content area is titled 'Triage' and includes a 'Scroll to' button. Below the title, there are three main sections: 'First Provider Time', 'Triage Summary', and 'Chief Complaints'. The 'First Provider Time' section shows a status of 'First Provider Time' and a timestamp 'Filed 05/06/2024 0938'. The 'Triage Summary' section contains an 'Arrival Info' table with the following data:

Time	Acuity	Means of Arrival	Escorted by	Service
05/06 0934	Emergent	Walk-In/Carried	Family Member	Emergency Medicine

The 'Chief Complaints' section shows 'Respiratory Distress'. Below this is the 'HPI' section, which includes a timestamp '0935' and a 'Stated Reason for Visit' field. The text in this field reads: 'Mom reports pt started coughing yesterday , at 0300 difficulty breathing started, had neb at 0400 without improvment , + retractions and audible wheezing'. A '+ New' button is located in the top right corner of the HPI section.

PICKING UP A PATIENT

Assign yourself to a patient

- Hover over patient name
- Right click
- Assign me
- Your initials should appear under the Res/APP column for that patient
- That patient should now be on your "My+Unassigned" list

You are now the primary resident fo that patient!

Go see the patient
IMMEDIATELY

- Prompt assessment is especially important if they have a lower acuity score



PATIENT CARE

- Always introduce yourself.
- After completing your H&P, give the family a brief heads up on what to expect next.
 - Even if that is *"I am going to discuss this with my supervising doctor, and we will come back to discuss the plan"*
 - Never promise anything you are not sure you will deliver
- Do not answer patient questions that you do not know the answer to.
 - It is ok to say *"I'm not 100% sure, let me discuss this with my supervising doctor so I can give you a definite answer"*
 - You do not want to confuse patients with conflicting information.
- Use your pediatric dosing and code card for guidance.
- Use order sets when possible (ask your attending, fellow, seniors).

PATIENT CARE

- If you arrive at a patient room and the patient is **very ill or actively decompensating** (respiratory failure, altered mental status, screaming in pain, etc.)
 - Ask only *essential* questions
 - Do only *essential* targeted exam
 - Get an attending/senior resident **IMMEDIATELY** so they can help (or ask someone to get them for you)
 - In code situation there is a blue staff assist button on the wall at the head of the bed that will sound an alarm and bring hands to the room.
 - You will want to prioritize getting stabilizing treatments in action ASAP over a complete H&P
 - You can always go back and get more info once the patient is in a safer position.

PATIENT CARE

- DO NOT touch IV pumps
 - If you are trying to talk to a family and it keeps alarming, you can silence it, but tell the nurse ASAP that their pump was alarming
- You MAY titrate O₂ flow
 - BUT you MUST immediately inform the rest of the care team (Nurse and RT) to make sure they are aware
 - Failing to inform the RN and RT is a BIG MISTAKE

STAFFING A PATIENT

- After a complete H&P, get back to the doc box to staff your patient.
- You will present to the attending a full H&P followed by your assessment and plan.
 - Present your top DDx with reasoning
 - Make sure to include dangerous diagnoses you might need to rule out, even if they are less likely
 - If very unlikely, make sure to state why you DON'T think it is something
 - Ex: For abdominal pain that is clearly constipation, make sure to say you have no concern for an acute abdomen, appendicitis, ovarian torsion, intussusception, etc. based on specific aspects of your history and exam.
- Suggest well thought out treatments and work-up (labs, imaging, consults).

PLACING ORDERS

- Use the **Order Tab**
- You will see suggested **ED Pedi Quick Orders** that you can use
- **ED Imaging** is also useful (make sure you order the correct side! R vs. L)
- For orders not on the quick tab, you can search in the panel to the right
 - Use your dosing card
 - Use **order sets** when available
 - Search "ED Pedi" under Order Sets to view what's available
- If you are ordering nebs, it's good practice to find RT and give them an FYI
 - If they are busy in another unit and you need them urgently for breathing support or nebs, you can ask nursing to call them

The screenshot shows the EHR interface for placing orders. The top navigation bar includes tabs for Chart Re..., Results, Workup, Triage, My Note, History, Procedure, **Orders**, and Disposition. The 'Orders' tab is highlighted with a red circle. Below the navigation bar, the 'Orders' section has a 'Quick List' tab and several sub-tabs: Active, Signed & Held, Home Meds, and Order History. The 'Active' sub-tab is selected, and within it, the 'ED Imaging' option is highlighted with a red circle. To the right of 'ED Imaging', the 'ED Pediatric Quick Orders' option is also highlighted with a red circle. The main content area is divided into several panels, each with a title and a list of orderable items with checkboxes:

- COVID-19 Orders**
 - ☐ COVID-19 Panel (Symptomatic Patient)
 - ☐ COVID-19 Screen (Psych/Admission)
- Pediatric ED Order Panels**
 - ☐ Diarrhea Stool Studies
 - ☐ Covid MIS-C Pediatric Patient
 - ☐ Stroke Activation Panel
- ECG**
 - ☐ ECG
- Labs - Body Fluids**
 - ☐ Labs - Lumbar Puncture
 - ☐ Labs - Arthrocentesis
- Nursing Orders**
 - ☐ Telemetry monitoring
 - ☐ IV Peripheral Pediatric (All Weights)
 - ☐ Nursing communication
 - ☐ Dermabond (Skin Adhesive)
- Labs - Chemistry**
 - ☐ Basic Metabolic Panel (\$\$\$)
 - ☐ Comprehensive Metabolic Panel (\$\$)
 - ☐ Lipase (\$\$\$)
 - ☐ HCG, Qualitative, Serum (\$\$)
 - ☐ Lactic Acid, Plasma (\$\$\$)
 - ☐ Magnesium (\$)
 - ☐ Phosphorus (\$\$)
- Labs - Hematology**
 - ☐ CBC Auto Differential
 - ☐ ESR (\$)
 - ☐ CRP (\$)
 - ☐ Prottime-INR (\$)
 - ☐ Type and Screen
- Labs - Microbiology**
 - ☐ Blood Culture (\$\$)
 - ☐ Blood Culture Draw and Hold
 - ☐ Rapid Strep & Culture
- Labs - Urine**
 - ☐ Urinalysis & Urine Culture
 - ☐ Urinalysis (No Culture) (\$\$)
 - ☐ HCG Qualitative, Urine (\$)
 - ☐ Drugs of Abuse Screen
- Labs - POCT**
 - ☐ POCT Venous Blood Gas
 - ☐ POCT Venous Blood Gas w/ Lactate
 - ☐ POCT Chemistry 8 Panel
- Meds - Antipyretic/Pain**
 - ☐ acetaminophen (TYLENOL) liquid (\$\$)
 - ☐ acetaminophen (TYLENOL) tablet (\$)
 - ☐ acetaminophen (TYLENOL) suppository (\$)
 - ☐ ibuprofen (MOTRIN) suspension (\$\$)
 - ☐ ibuprofen (MOTRIN) tablet (\$)
- Meds - Antiemetic**
 - ☐ ondansetron (ZOFRAN) injection (\$)
 - ☐ ondansetron (ZOFRAN) solution (\$\$)
 - ☐ ondansetron (ZOFRAN) ODT tablet (\$)
- Meds - Respiratory**
 - ☐ dexAMETHasone (DECADRON) suspension (\$\$)
 - ☐ albuterol 2.5 mg/0.5 mL (0.5%) nebulizer solution (\$\$)
 - ☐ albuterol (PROAIR HFA, VENTOLIN HFA) inhaler (\$\$\$)
 - ☐ racpinephrine 2.25% nebulizer solution (\$\$)
- Meds - Fluids**
 - ☐ sodium chloride 0.9% (NS) bolus (\$\$)
 - ☐ dextrose 5% and sodium chloride 0.9% (NS) bolus (\$\$)
 - ☐ dextrose 5% and sodium chloride 0.45% (1/2 NS) infusion (\$\$)
 - ☐ dextrose 5% and sodium chloride 0.9% (NS) infusion (\$\$)
- Patient Movement**
 - ☐ IP Peds Bed Request
 - ☐ ICU Bed Request
 - ☐ Place in Behavioral Health Hold
 - ☐ Send to OR

STAFFING A PATIENT

- Make sure to staff your patient **promptly**
- It's ok to take a few moment to develop a well thought out plan and look things up while you wait for an attending
- The *sicker* the patient is the *sooner* you will want to staff
- Special cases:
 - **Oncology and sickle cell patients** with fever may not look very sick when they first come in
 - These patients can decompensate quickly
 - You need to get antibiotics into them *within 1 hour* of arrival, so grab an attending ASAP after seeing them so you can get the plan rolling.



CALLING CONSULTS

- If the patient needs a consult, **ask the secretary to page for you**
 - This allows you to continue working rather than waiting for a call back yourself.
 - It may seem like you are bothering them, but it actually makes their life harder if you page yourself since they won't know where to send the call if it comes in.
 - If you are waiting for a call and are headed into a patient room, let the secretary know so she can either grab you or use the overhead PA system
- Remember to place the consult order in Epic
- To page **Ortho**, simply place the consult order and it pages them
 - If you don't hear anything from them in a while or it is very urgent, ask the secretary to re-page them
- For hand/wrist/distal forearm injuries – Consult **"Hand"**
 - Ortho and Plastics rotate coverage for Hand, so the secretary will look up and page the appropriate team.



MONITORING YOUR WORK-UP

- Use the Work-up tab to see new results for labs or imaging you ordered, updated VS, and medication administrations.

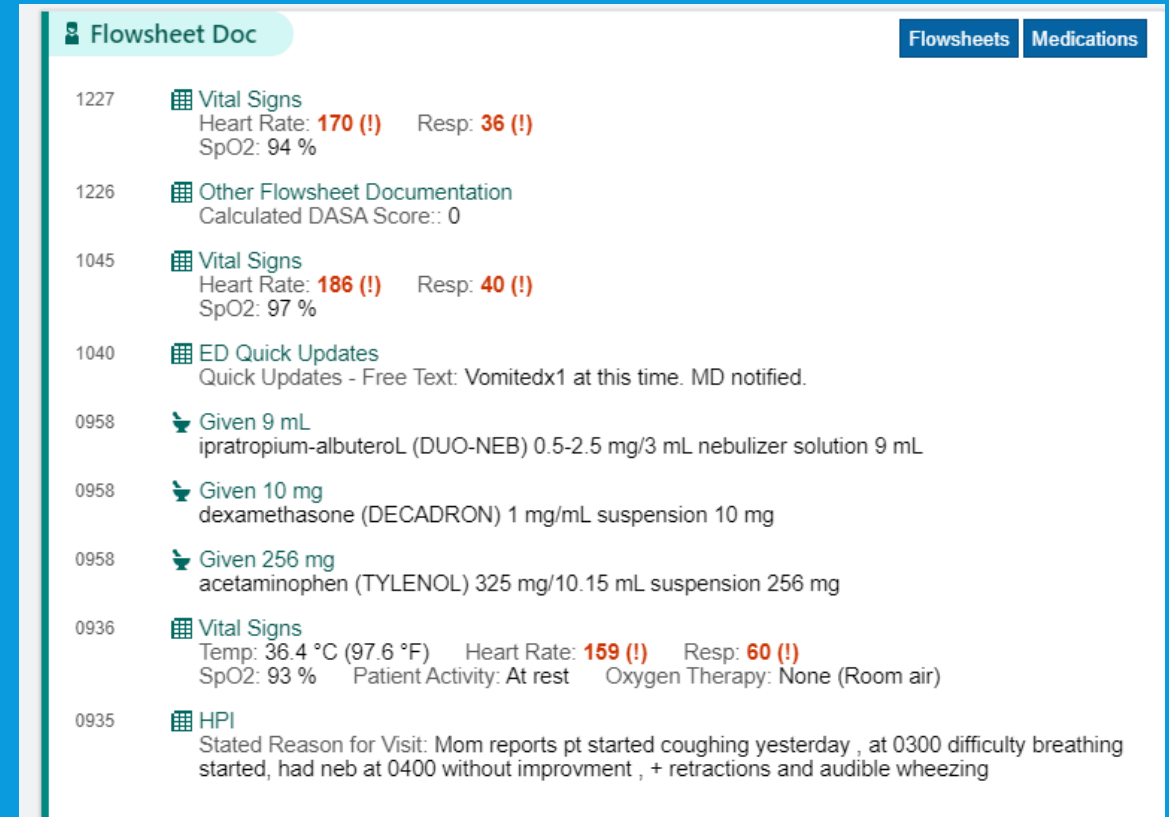
The screenshot shows a medical dashboard with the 'Workup' tab selected in the navigation bar. The dashboard is divided into several sections:

- Workup**: A button to 'Mark All NEW Results as Viewed'.
- Labs**: A section with a 'NEW' badge, showing results for 'COVID-19, Flu A/B & RSV RNA PCR, Symptomatic'. The results are: PCR, SARS CoV-2 RNA (Not Detected), Flu A RNA PCR (Not Detected), Flu B RNA PCR (Not Detected), and RSV RNA PCR (Not Detected).
- Imaging**: A section with a 'NEW' badge.
- ECG**: A section with a 'NEW' badge.
- Muse NX EKG Link**: A link to the Muse NX EKG.
- Vitals**: A section with a 'NEW' badge, showing vital signs for three patients (1227, 1045, 0936). The data is as follows:

	BP	Temp	Heart Rate	Resp	SpO2	O2 Delivery Method
1227	—	—	170 !	36 !	94 %	—
1045	—	—	186 !	40 !	97 %	—
0936	—	36.4 °C (97.6 °F)	159 !	60 !	93 %	—
- Medication Status**: A section with a 'Done' badge, showing medication status for three medications:
 - acetaminophen (TYLENOL)** 325 mg/10.15 mL suspension 256 mg. Last action: Given at 0958. Total administered: 256 mg.
 - dexamethasone (DECADRON)** 1 mg/mL suspension 10 mg. Last action: Given at 0958. Total administered: 10 mg.
 - ipratropium-albuterol (DUO-NEB)** 0.5-2.5 mg/3 mL nebulizer solution 9 mL. Last action: Given at 0958. Total volume: 9 mL.

MONITORING YOUR WORK-UP

- Another useful feature of the Work-up tab is the **Flowsheet Doc**
 - You can see VS, med administrations, nursing notes in order of occurrence



The screenshot displays the 'Flowsheet Doc' interface, which provides a chronological overview of patient care. At the top, there are tabs for 'Flowsheets' and 'Medications'. The main content area lists events with timestamps and details:

- 1227 Vital Signs:** Heart Rate: 170 (!), Resp: 36 (!), SpO2: 94 %
- 1226 Other Flowsheet Documentation:** Calculated DASA Score:: 0
- 1045 Vital Signs:** Heart Rate: 186 (!), Resp: 40 (!), SpO2: 97 %
- 1040 ED Quick Updates:** Quick Updates - Free Text: Vomitedx1 at this time. MD notified.
- 0958 Medication:** Given 9 mL ipratropium-albuterol (DUO-NEB) 0.5-2.5 mg/3 mL nebulizer solution 9 mL
- 0958 Medication:** Given 10 mg dexamethasone (DECADRON) 1 mg/mL suspension 10 mg
- 0958 Medication:** Given 256 mg acetaminophen (TYLENOL) 325 mg/10.15 mL suspension 256 mg
- 0936 Vital Signs:** Temp: 36.4 °C (97.6 °F), Heart Rate: 159 (!), Resp: 60 (!), SpO2: 93 %, Patient Activity: At rest, Oxygen Therapy: None (Room air)
- 0935 HPI:** Stated Reason for Visit: Mom reports pt started coughing yesterday , at 0300 difficulty breathing started, had neb at 0400 without improvment , + retractions and audible wheezing

MONITORING YOUR PATIENT

- Make sure to frequently reassess your patient
- Did your interventions help?
 - Did that neb improve their aeration and work of breathing?
 - Did they keep those 2 oz of Pedialyte down?
 - Did that migraine cocktail improve their symptoms?
- Are they getting worse?
 - If a patient is ill, you will need to make more frequent reassessments to ensure their condition is not worsening.
- Try to update families of results as they come in, even if you have not determined disposition yet
 - Many families have MyChart and get results on their phones in real time. They will be anxiously waiting to have them explained.



DOCUMENTATION

- Use the **My Note Tab**
- When seeing a *new patient*, you will write a full H&P by creating a new **ED Provider Note**
- Complete your note using the buttons for each section (HPI, ROS, PE, MDM)
 - It is acceptable to free-text pertinent +/- ROS in the HPI
 - MDM = Medical decision making (aka A&P)

The screenshot displays the 'My Note' interface in an EHR system. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note (highlighted with a red circle), History, Procedure, Orders, Disposition, ED Observation, Chart Completion, Summary, and Immunization. The main content area is titled 'My Note' and contains sections for Allergies Activity, Informational (1), First Provider Evaluation, Notes from Clinical Staff, ED Continuation of Care Notes, and ED Provider Notes (highlighted with a red circle). The 'ED Provider Notes' section shows a 'Create Note' button and a dropdown menu with 'Stroke/Direct to CT 1' selected. Below this, there is a 'My Note' dropdown menu and a search bar. The bottom section, titled 'My Note', shows 'Note Details' including Date of Service (5/6/2024), Time (01:07 PM), Type (ED Provider Notes), and Service (Emergency ...). It also includes a 'Cosign Required?' checkbox and a 'Cosigner' field with a red exclamation mark icon. At the bottom, there are buttons for HPI, ROS, Physical Exam, and MDM.

My Note

Allergies Activity

Acknowledge Reason

Mark as Reviewed No Known Allergies Unable to Assess

Accept

Informational (1)

This patient requires an interpreter. Please refer to the patient header to get the patient's preferred language.

First Provider Evaluation

New Reading

No data found.

Notes from Clinical Staff

Notes from Clinical Staff

ED Continuation of Care Notes

Create Note Stroke/Direct to CT 1

No notes of this type filed.

ED Provider Notes

My Note

No notes of this type filed.

My Note

Note Details

Date of Service: 5/6/2024 01:07 PM Type: ED Provider Notes Service: Emergency ...

Cosign Required? Cosigner: [Red Exclamation Mark]

HPI ROS Physical Exam MDM

DOCUMENTATION

- MDM

History Obtained

- When documenting MDM, be sure to at least click off who you obtained the history from
 - Patients are all minors so usually “from family” but there may be special circumstances that warrant checking off the other boxes.
- NEVER check off anything in Critical Care time
 - This is for billing purposes

HPI ROS Physical Exam **MDM**

History Obtained

from family from EMS from PCP/Consultant from someone other than patient

Diagnosis/Treatment Limited by Social Determinants of Health

low-level literacy unemployment homelessness/inadequate housing low income

inaccessibility of health care facilities problems related to living alone

imprisonment or incarceration

Medical Record Review (Previous Encounter or Outside Facility)

Data Reviewed: Provide Summary

previous labs previous ECG previous imaging

Summary of Records Reviewed:

Notes Reviewed: Provide summary

PCP nursing home prior ED visit facility

specialist transferring ED hospitalization other

Current Encounter Data Review / Independent Interpretation:

ECG x-ray CT scan formal US POCUS other

Discussion with Providers:

BEHAVIORAL HEALTH (to discuss med. workup and need for psych eval)

CDU PROVIDER (to discuss observation admit)

CONSULTANT (to review case and request evaluation)

ICU/E-ICU (to discuss admission to ICU)

RADIOLOGIST (to discuss specifics of the imaging findings)

ADMITTING PROVIDER (to discuss med. workup and need for admit)

Other

▼ **Critical Care (Attending Only):**

DOCUMENTATION

- You can keep the ED Course updated at the bottom of the Work-up Tab.
- You can add free text for significant events, patient re-assessments, consult recommendations, interpretations of results, updates to the plan, etc.
- You can double click pertinent results and VS on the Work-up Tab to be added to the ED course.
- The ED course is pulled into the bottom of your note.

ED Course

abc

↩

↪

?

+

📄

↶

↷

More ▾

Date: 5/6/2024

Time: 1337

✓ Accept

✕

🧪 ⬆

C Reactive Protein: 225.7

DK 05/05 2308

📄

UA concerning for UTI with 48 WBC, 3+ leuk esterase and 1+ blood.

DK 05/05 2254

DOCUMENTATION ETIQUETTE



Whenever you are not actively writing, **SHARE** and **CLOSE** your note to the attending. They can get some documentation done if they chose



You are expected to complete your notes **within 24 hours if they are admitted, 48 hours if they are discharged**

- Remember patient care always comes first, so you should not expect to always complete a note for a completed encounter before seeing your next patient



For patients admitted to the PICU, complete your note before the end of the shift



For patients you are admitting to 5E or signing out to the next shift, have at least pertinent history, physical and MDM documented

- Ideally the note is completed.

CONTINUING CARE DOCUMENTATION

- On intern shifts, it is unusual to receive sign out from an outgoing resident when you arrive.
- If it does happen, you can document the sign out in an **ED Continuation of Care note**

The screenshot shows the 'My Note' interface in an EHR system. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note (highlighted with a red circle), History, Procedure, Orders, Disposition, ED Observation, Chart Completion, Summary, and Immunization. The 'My Note' section has a table with columns: Allergen, Reactions, Severity, Type, and Noted. Below the table is an 'Acknowledge Reason' section with buttons for 'Mark as Reviewed', 'No Known Allergies', and 'Unable to Assess', and an 'Accept' button. An informational message states: 'This patient requires an interpreter. Please refer to the patient header to get the patient's preferred language.' The 'First Provider Evaluation' section shows 'No data found.' The 'Notes from Clinical Staff' section is empty. The 'ED Continuation of Care Notes' section (highlighted with a red circle) has a '+ Create Note' button and a dropdown menu showing 'Stroke/Direct to CT 1'. Below it, it says 'No notes of this type filed.' The 'ED Provider Notes' section is also empty, with a 'My Note' dropdown menu and the text 'No notes of this type filed.'

CONSENTS

- For transfusions, sedations, and some procedures, you will need to obtain written consents
- This can be completed under the **Procedure** tab in Epic

The screenshot displays the Epic EHR interface. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note, History, Procedure, Orders, Disposition, ED Observation, Chart Completion, Summary, and Immunizations. The 'Procedure' tab is selected and circled in red. Below the navigation bar, the 'Procedure' section is active, showing a 'Consents' sub-section. Within 'Consents', there are three buttons: 'Add new document type', 'Add', and 'New IP/ED Consent Form' (circled in red), 'New Blood Consent Form' (circled in red), and 'New Consent for Minor Vaccination Covid-19'. Below these buttons, a message states 'No documents found' and 'Use the buttons above to create a document'. There is also a 'Scan Selected (0)' button and a checkbox for 'Show consents attached to other visits'. At the bottom, there is an 'ED Procedure Note' section with a 'Create Note' button and a dropdown menu, and a message stating 'No notes of this type filed.'

CONSENTS

- For ED Procedures, search the procedure to be performed (most often LP or Moderate Sedation)
- Fill out the rest of the required fields as indicated
- You are able to use iPads for parents to sign consent forms
 - If you aren't familiar with how to do this, as your senior/fellow/attending

The screenshot displays the UMass Memorial Health E-Signature Document interface. On the left, a sidebar lists hospital locations: UMass Memorial Medical Center, UMass Memorial- Clinton Hospital, UMass Memorial- HealthAlliance Hospital, UMass Memorial- Marlborough Hospital, and UMass Memorial - Harrington Hospital. Below this, the 'Treatment or Procedure to be Performed' field is set to 'Moderate sedation'. The 'Laterality' field is set to 'Left'. The 'Additional Providers' section is empty. The 'Additional information provided and discussed (risks/benefits/alternatives)' section contains text about risks (Respiratory depression with hypoxia or hypercarbia, cardio instability, vomiting and aspiration, emergence reactions, and inadequate sedation preventing completion of the procedure), benefits (Completion of procedure with minimum pain), and alternatives (Local anesthesia, general anesthesia, no anesthesia). The 'Signature Information' section includes a warning: 'If the patient is physically unable to sign, obtain verbal consent and click "Sign" button. Print "Verbal" in the patient signature box.' Below this, the 'Unable to Sign' checkbox is checked, and the 'Patient Physically Unable to Sign' button is highlighted. The 'Relationship' dropdown is set to 'Self'. The main content area shows the 'Treatment and Procedure Consent Form' with the UMass Memorial Health logo. It includes fields for 'Location', 'Name: Charles Haskell', 'Medical Record Number: 002103071', and 'Birth date/age: 7/20/2010/13 y.o.'. The 'Treatment or Procedure' is 'Moderate sedation'. The 'Name of the Provider Performing Procedure' is 'Charles Haskell'. The 'I have had the following explained to me or my authorized representative' section lists four points: 1. My diagnosis and the nature of my condition or illness for which the Procedure is recommended. 2. The proposed Procedure and any alternatives, including the option of no treatment; The possible material risks, complications, and benefits of the Procedure and any alternatives, including the option of no treatment. If applicable, list or attach patient education materials that explain risks, benefits and alternatives of the Procedure. 3. The expected results and the provider's inability to predict results with certainty. 4. That additional providers as needed, and residents, nurse practitioners and/or physician assistants, under the supervision of a qualified provider, may perform. The 'Risks' section is highlighted in blue. The 'Benefits' section is highlighted in blue. The 'Alternatives' section is highlighted in blue. The 'On Accept send to' field is empty. The 'Accept' and 'Cancel' buttons are at the bottom right.

PROCEDURE NOTES

- For procedures you should file a Procedure note, under the **Procedure** tab
 - These might include, but are not limited to, laceration repair, suture removal, intubation, LP, feeding tube replacement, I&D, Nursemaid's and other joint reduction, foreign body removal, splint application)
 - If you aren't sure if the procedure needs a note, ask!

The screenshot shows the EHR interface for the 'Procedure' tab. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note, Procedure (highlighted with a red circle), Orders, Disposition, ED Observation, Chart Completion, Summary, and Immunizations. The main content area is titled 'Procedure' and contains a 'Consents' section with buttons for 'Add new document type', 'Add', 'New IP/ED Consent Form', 'New Blood Consent Form', and 'New Consent for Minor Vaccination Covid-19'. Below this is a message 'No documents found' and a button 'Scan Selected (0)'. A checkbox 'Show consents attached to other visits' is also present. The 'ED Procedure Note' section is highlighted with a green bar and contains a '+ Create Note' button (circled in red) and the text 'No notes of this type filed.'

PROCEDURE NOTE

- Select the type of procedure if available
- It should pre-populate the relevant information for you to document.
- Quick and Easy!

Procedures

Select Procedures

New Procedure

Performing provider:

Authorizing provider:

Procedures

Peripheral IV/Midline...	CPR/Cardiac Arrest	Laceration Repair - ED	Intubation - ED	Central Line - ED
Incision and Drainag...	Lumbar Puncture - ED	Paracentesis - ED	Orthopedic Injury Tre...	Splint Application - ED
Epistaxis Manageme...	Feeding Tube Repla...	Arterial Line - ED	Arthrocentesis - ED	Sedation
Suture Removal	Wound Care - ED	Chest Tube Insertion...	General	More Procedures

Current Orders

There are no existing procedures to document.

Note Details

Date of Service: 5/7/2024 01:39 PM Service: Neonatology

☐ Cosign Required?

Procedures

Insert SmartText

Procedure

Procedures

Charles Haskell DOB: 7/20/2010 MRN: 002103071 CSN: 12172999065

NoteWriter

Procedures

Add Another Procedure

Laceration Repair - ED

Performed by: Alison Patrice Casserly, MD PhD

Authorized by: Alison Patrice Casserly, MD PhD

Providers

Remove

Anesthesia (see MAR for exact dosages)

Anesthesia method

none

topical application

local infiltration

nerve block

Topical anesthetic

benzocaine gel

EMLA cream

LET

lidocaine gel

tetracaine gel

Local anesthetic

bupivacaine 0.25% WITH epi

lidocaine 1% WITH epi

procaine 0.5% WITH epi

bupivacaine 0.25% w/o epi

lidocaine 1% w/o epi

procaine 0.5% w/o epi

bupivacaine 0.5% WITH epi

lidocaine 2% WITH epi

procaine 1% WITH epi

bupivacaine 0.5% w/o epi

lidocaine 2% w/o epi

procaine 1% w/o epi

diphenhydramine 1%

sodium bicarbonate

Laceration details

Location

scalp

lip

shoulder/arm

trunk

leg

ear

mouth

hand

pelvis

foot

face

neck

finger

anogenital

toe

Face location

forehead

L eyebrow

L upper eyelid

L lower eyelid

L cheek

chin

nose

R eyebrow

R upper eyelid

R lower eyelid

R cheek

Length (cm)

3

Depth (mm)

2

Repair type

SIMPLE: Single-layer closure.

INTERMEDIATE: Layered closure or single-layer closure of contaminated wounds requiring extensive cleaning.

COMPLEX: More than layered closure - debridement, retention sutures, scar revision, undermining, or creation of a limited defect.

Repair type

simple

intermediate

complex

Pre-procedure details

Preparation

patient was prepped and draped in usual sterile fashion

My Note

Note Details

Date of Service: 5/7/2024

01:39 PM

Service: Emergency Med

Cosign Required?

Procedures

Insert SmartText

Procedure

Laceration Repair - ED

Date/Time: 5/7/2024 2:36 PM

Performed by: Alison Patrice Casserly, MD PhD

Authorized by: Alison Patrice Casserly, MD PhD

Consent:

Consent given by: Parent

Anesthesia (see MAR for exact dosages):

Anesthesia method: Topical application and local infiltration

Topical anesthetic: LET

Local anesthetic: Lidocaine 1% w/o epi

Laceration details:

Location: Face

Face location: L eyebrow

Length (cm): 3

Depth (mm): 2

Repair type:

Repair type: Simple

Exploration:

Hemostasis achieved with: Direct pressure and LET

Wound exploration: wound explored through full range of motion

Contaminated: no

Treatment:

Area cleansed with: Saline

Amount of cleaning: Extensive

Irrigation solution: Sterile saline

Irrigation method: Pressure wash

Visualized foreign bodies/material removed: no

Skin repair:

Repair method: Sutures

Suture size: 5-0

Suture material: Fast-absorbing gut

Suture technique: Simple interrupted

Number of sutures: 4

Approximation:

Approximation: Close

PROCEDURE NOTE – EXAMPLE (LAC REPAIR)

DISCHARGING A PATIENT

- To Discharge a patient, head to the **Disposition Tab**
- Select **Discharge Home/Self Care**
 - Unless they are being transferred or discharged back to a psych hospital

The screenshot shows the EHR interface for a patient's chart. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note, History, Procedure, Orders, Disposition (highlighted with a red circle), ED Observation, Chart Completion, Summary, and Immunizations. The Disposition tab is active, displaying instructions for moving patients between facilities. Below the instructions, the 'Disposition' section is highlighted with a red circle, showing buttons for 'Discharge Home/Self Care', 'Admit', 'Transfer to Another Facility (Acute Care)', 'Intra-Facility Transfer', 'Discharge to Skilled Nursing Facility', 'Discharge Home with Services', and 'Discharge to Psychiatric Hospital/Detox'. The 'Discharge Home/Self Care' button is also highlighted with a red circle. Other sections visible include BestPractice Advisories, SmartSets, Clinical Impression, Suggested by Chief Complaint, Impressions, MassPat - PDMP, Prescriptions & Orders, Follow Up, Instructions, Suggested Attachments, Attached Instructions, Patient Instructions, Excuse Documentation, and Chart Status.

DISCHARGING A PATIENT

- Make sure to select a **Clinical Impression**
 - From suggested or search new
 - You may add more than 1 clinical impression if appropriate
 - This may be a specific diagnosis, or may remain ambiguous if you have not made one
 - Example: Acute otitis media vs Fever
 - NEVER choose viral syndrome, viral URI, viral gastro
 - Instead consider choosing their chief complaint (ex: cough or vomiting and diarrhea)
 - It is ok to discuss viral syndromes in your MDM

The screenshot shows the 'Disposition' tab in an EHR system. A red circle highlights the 'Disposition' tab in the top navigation bar. Another red circle highlights the 'Clinical Impression' button in the 'SmartSets' section. The interface includes various sections for patient disposition, including BestPractice Advisories, Disposition buttons (e.g., Discharge Home/Self Care, Admit, Transfer to Another Facility), Comments, SmartSets (with a search bar and a list of suggested impressions like 'Shortness of breath', 'COPD exacerbation (HCC)', 'Pneumonia', etc.), and a 'Prescriptions & Orders' section at the bottom. The right sidebar contains sections for 'Follow Up', 'Instructions', 'Suggested Attachments', 'Attached Instructions', 'Patient Instructions', and 'Excuse Documentation'.

DISCHARGING A PATIENT

- Discharge medications may be ordered to outpatient pharmacies under **Prescriptions & Orders**
 - Click New Order
 - Make sure the correct pharmacy is selected
- **Follow-up**
 - Indicate which providers they should follow-up with and when
 - This adds the clinic phone numbers to the AVS

The screenshot shows the 'Disposition' tab in an EHR system. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note, History, Procedure, Orders, Disposition (active), ED Observation, Chart Completion, Summary, and Immunizations. The Disposition section contains instructions for moving patients between EDs or to inpatient beds. Below this are sections for BestPractice Advisories, Disposition (with buttons for Discharge Home/Self Care, Admit, Transfer to Another Facility, Intra-Facility Transfer, Discharge to Skilled Nursing Facility, Discharge Home with Services, and Discharge to Psychiatric Hospital/Detox), Comments, SmartSets, Clinical Impression, Suggested by Chief Complaint (listing Shortness of breath, COPD exacerbation, Pneumonia, Bronchitis, Asthma exacerbation, and CHF), Impressions, MassPat - PDMP, Prescriptions & Orders (circled in red), and During Visit Medications. The right sidebar includes a 'Follow Up' button (circled in red), Suggestions (listing PCP - Sarah Elizabeth McGowan, MD, and Other - Lookup), Instructions, Suggested Attachments, Attached Instructions, Patient Instructions, Excuse Documentation, and Chart Status (showing AVS Checks, Reminders, Notes, and Medication Warnings). A '+ New Order' button (circled in red) is located at the bottom right of the main content area.

DISCHARGING A PATIENT

■ Patient Instructions

- You can add suggested attachments if appropriate
- Free text patient instructions
 - Brief summary of their visit in patient-friendly language.
 - Instructions for aftercare including supportive care, any new medications, follow-up (PCP, subspecialists).
 - Specify reasons to return to medical care.

The screenshot displays a medical software interface for patient discharge. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note, History, Procedure, Orders, Disposition, ED Observation, Chart Completion, Summary, and Immunizations. The 'Disposition' tab is active, showing instructions for moving patients between EDs or to inpatient beds. Below this, there are sections for BestPractice Advisories, Disposition (with buttons for various discharge options), Comments, SmartSets, Clinical Impression, Suggested by Chief Complaint (listing conditions like Shortness of breath, COPD exacerbation, Pneumonia, etc.), Impressions, MassPat - PDMP, and Prescriptions & Orders. On the right side, there are sections for Follow Up (Suggestions), Instructions (with an 'Add attachments' button circled in red), Suggested Attachments, Attached Instructions, Patient Instructions (a large text area circled in red), Excuse Documentation, and Chart Status (showing LOS (Unfiled) and various alerts like AVS Checks, Reminders, Notes, and Medication Warnings).

DISCHARGING A PATIENT

Excuse Notes

- You can create school, work, sports, etc. excuses from this tab

The screenshot displays a medical software interface with a top navigation bar containing tabs: Chart Review, Results Review, Workup, Triage, My Note, History, Procedure, Orders, Disposition (active), ED Observation, Chart Completion, Summary, and Immunizations. The main content area is titled 'Disposition' and includes several sections:

- Disposition**: Contains instructions on using 'INTRA-FACILITY TRANSFER' or 'ADMIT' as disposition codes.
- BestPractice Advisories**: Shows 'No advisories to address.'
- Disposition**: A section with buttons for 'Discharge Home/Self Care', 'Admit', 'Transfer to Another Facility (Acute Care)', 'Intra-Facility Transfer', 'Discharge to Skilled Nursing Facility', 'Discharge Home with Services', and 'Discharge to Psychiatric Hospital/Detox'. It also has a search bar for 'Search all dispositions'.
- Comments**: A section for adding comments.
- SmartSets**: A section with a 'Add a SmartSet' button and a checkbox for 'NICU General Admission'.
- Clinical Impression**: A section with a 'Add a new impression' button and a list of 'Suggested by Chief Complaint' items: Shortness of breath, COPD exacerbation (HCC), Pneumonia, Bronchitis, Asthma exacerbation, and CHF (congestive heart failure) (HCC).
- Impressions**: A section with the text 'No impressions to display'.
- MassPat - PDMP**: A section for controlled substance monitoring.
- Prescriptions & Orders**: A section with a 'New Order' button and a note about 'New medications from outside sources are available for reconciliation'.
- Excuse Documentation**: A section highlighted with a red circle, containing a 'New' button.
- Follow Up**: A section with 'Suggestions' for PCP, ED, Care Team, and Other.
- Instructions**: A section with a 'Patient's Written Language' dropdown and a 'Suggested Attachments' section.
- Attached Instructions**: A section with 'No instructions attached'.
- Patient Instructions**: A section with a rich text editor for instructions.
- Chart Status**: A section at the bottom with buttons for 'AVS Checks', 'Reminders', 'Notes', and 'Medication Warnings'.

DISCHARGING A PATIENT

Print AVS

- Preview the After Visit Summary (AVS)
- Print the AVS, attachments and any excuse notes you have prepared.
- The patient's guardian will take the AVS with them as a reference (follow-up phone #s and DC instructions).

The screenshot shows a medical software interface with a top navigation bar containing tabs: Chart Review, Results Review, **Workup**, Triage, My Note, History, Procedure, **Orders**, **Disposition**, ED Observation, Chart Completion, Summary, and Immunizations. The main content area is titled "Disposition" and includes several sections:

- Disposition**: Contains instructions for moving patients between EDs or to inpatient beds, and a "BestPractice Advisories" section.
- Disposition**: A section with buttons for "Discharge Home/Self Care", "Admit", "Transfer to Another Facility (Acute Care)", "Intra-Facility Transfer", "Discharge to Skilled Nursing Facility", "Discharge Home with Services", and "Discharge to Psychiatric Hospital/Detox". It also has a search bar and a "Comments" section.
- SmartSets**: Includes a "Add a SmartSet" button and a checkbox for "NICU General Admission".
- Clinical Impression**: Features a "Add from Problem List" link, a "Add a new impression" button, and a "Suggested by Chief Complaint" section with various medical conditions like "Shortness of breath", "COPD exacerbation (HCC)", "Pneumonia", "Bronchitis", "Asthma exacerbation", and "CHF (congestive heart failure) (HCC)".
- Impressions**: A section for "No impressions to display".
- MassPat - PDMP**: A section for "New medications from outside sources are available for reconciliation".
- Prescriptions & Orders**: Includes a "New Order" button and a "During Visit Medications (3)" section.
- Follow Up**: A section with "Suggestions" and "Other - Lookup" options.
- Instructions**: Includes a "Patient's Written Language" dropdown and a "Suggested Attachments" section.
- Excuse Documentation**: A section with a "New" button.
- Chart Status**: A section with "AVS Checks", "Reminders", "Notes", and "Medication Warnings". It also includes a "Preview AVS" button, which is circled in red, and an "Edit My Note" button.

DISCHARGE ETIQUETTE

- Make sure your **attending agrees** the patient is ready to go home and let the patient's **nurse** know you are getting them ready for DC
- Make sure the patient has **NORMAL VITAL SIGNS** documented before they are discharge -OR- have a **darn good explanation** why they are abnormal.
 - Ex: Patient is still tachycardic, but received a bunch of albuterol for asthma exacerbation. The respiratory rate and O2 sat are otherwise improved.
- Print your own AVS and bring it with you to the patient room
 - Discuss clear discharge instructions with the family **yourself**
 - The last page requires a **signature** from the parent. Have them sign and place this page in the scan bin.



DISCHARGE ETIQUETTE

- If the patient has an IV, *DO NOT* pull it yourself unless you explicitly ask the nurse taking care of the patient and they want you to do so.
- If the patient is ready to leave after you discuss the discharge instructions, you may take them off any monitors and let them leave.
 - BUT you MUST inform the patient's RN and ideally resource nurse
 - This will allow them to get the room cleaned and ready for the next patient promptly.



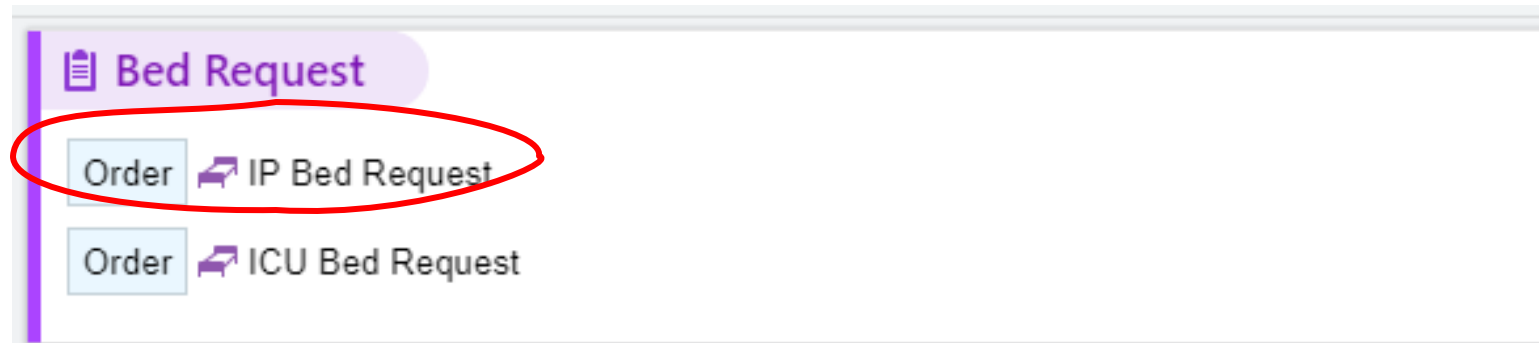
ADMITTING A PATIENT

- If your patient will need admission, use the Disposition tab
- Click the admit button

The screenshot displays the EHR interface for the 'Disposition' tab. The top navigation bar includes tabs for Chart Review, Results Review, Workup, Triage, My Note, History, Procedure, Orders, Disposition (highlighted with a red circle), ED Observation, Chart Completion, Summary, and Immunizations. Below the navigation bar, the 'Disposition' section contains instructions for moving patients between EDs or to inpatient beds. A 'BestPractice Advisories' section shows no advisories. The 'Disposition' section features a grid of buttons: 'Discharge Home/Self Care', 'Admit' (highlighted with a red circle), 'Transfer to Another Facility (Acute Care)', 'Intra-Facility Transfer', 'Discharge to Skilled Nursing Facility', 'Discharge Home with Services', and 'Discharge to Psychiatric Hospital/Detox'. Below this is a 'Comments' section. The 'SmartSets' section includes an 'Add a SmartSet' button and a checkbox for 'NICU General Admission'. The 'Clinical Impression' section has an 'Add a new impression' button and a list of suggested conditions: Shortness of breath, COPD exacerbation (HCC), Pneumonia, Bronchitis, Asthma exacerbation, and CHF (congestive heart failure) (HCC). The 'Impressions' section shows no impressions. The 'MassPat - PDMP' section is visible. The 'Prescriptions & Orders' section includes a 'New Order' button and a note about medication reconciliation. The right sidebar contains sections for 'Follow Up', 'Suggestions' (listing PCP - Sarah Elizabeth McGowan, MD, and ED), 'Instructions' (with a 'Patient's Written Language' dropdown), 'Suggested Attachments', 'Attached Instructions', 'Patient Instructions', and 'Excuse Documentation'. The bottom of the sidebar shows 'Chart Status' with a 'LOS (Unfiled)' indicator and buttons for 'AVS Checks', 'Reminders', 'Notes', 'Medication Warnings', 'Preview AVS', 'Edit My Note', and 'Chart Complete'.

ADMITTING A PATIENT

- If your patient will need admission, use the Disposition tab
- Click the admit button
- A bed request panel should appear
 - IP Bed Request (5E Wards)
 - ICU Bed Request (PICU)
 - Fill in the appropriate information, you will need the admitting attending's name



ADMITTING A PATIENT – SIGN OUT

- It is not enough to place the bed request
- You must sign out the patient to the accepting team
- For 5E Gen Peds: ask the secretary to page Pedi Admitting
 - The admitting Pedi residents will call and you will give them a verbal sign out over the phone.
 - They may tell you they are tied up and it will be a bit before they can come see the patient – keep a close eye on your patient until they assume care!
 - Once they are seen and have orders, they become "Floor boarders" - they are off the ED service and all orders should be placed by the Pedi Wards team residents.
- For PICU: The PED attending will sign out the PICU attending, who will confirm they accept the patient
 - When the PICU resident comes down, they should find you for sign out.
 - In some scenarios, the PICU resident may be unable to come down before the patient is transferred upstairs. They should be calling down for a sign out.
- There are NO PICU Boarders! The PICU patients remain your responsibility until they are transferred out of the ED

ENDING YOUR SHIFT

- Typically, you won't want to pick up a new patient in the **last 30 min** of your shift
 - If you aren't sure, you can always check in with your attending for the most reasonable plan of action.
- Use that last 30 min to **package up the patients you are currently carrying.**
 - Try to have all of your discharges completed or at least prepared (Patient instructions).
 - Complete all procedures.
 - Make sure all planned consults are called.
 - Make sure all your admitted patients are all signed out.
- If will need to stay in the ED beyond the end of your shift, make sure to sign them out to an incoming resident.
 - Typically sign them out to the resident who will remain in the ED the longest. (Example: the 5P-2A vs the 5P – 12A)
- Let the family know you are going off shift, and that another doctor will be assuming their care

BEHAVIORAL HEALTH CONCERNS/SECTION 12

- You will see many patients with behavioral health/psychiatric concerns
 - Most often suicidal ideation or agitation/aggression
- Many of these patients will come in on a **Section 12**
 - Allows for an individual to be brought against his or her will to such a hospital for evaluation
 - A physician, qualified psychiatric nurse, qualified psychologist, licensed independent clinical social worker, or police officer may apply to admit anyone to a facility if he or she believes that the person would "create a likelihood of serious harm by reason of mental illness."

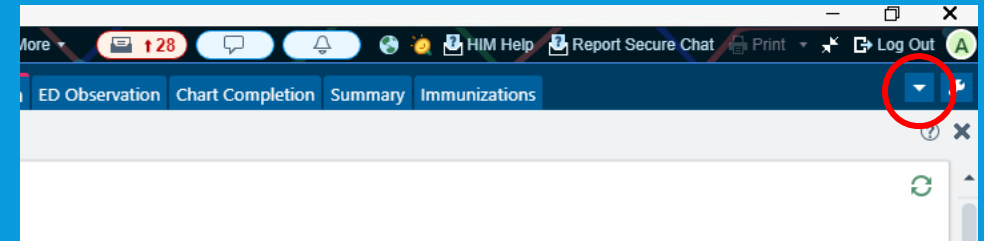
BEHAVIORAL HEALTH CONCERNS/SECTION 12

- Section 12 Criteria:

- The person poses a substantial risk of **physical harm to him/herself** as manifested by evidence, threats of, or attempts at suicide or serious bodily injury; or
- The person poses a substantial risk of **physical harm to others** as evidenced by homicidal or violent behavior or evidence that others are in reasonable fear of violent behavior and serious physical harm from that person; or
- The person's **judgment is so affected** that there is a very substantial risk that the person cannot protect himself or herself from physical impairment or injury, and no reasonable provision to protect against this risk is available in the community.

BEHAVIORAL HEALTH CONCERNS/SECTION 12

- If a patient is NOT already on a section and meets criteria
 - You may fill out a section 12
 - Notify patient's nurse and family
 - If you are not sure if they meet criteria, ask your attending!
 - Most commonly will encounter SI with a plan, SI with attempt
- Fill out Section 12 in Epic!
 - Carrot on top right screen --> **Forms**
 - To the Right of Section 12(a) click "create abstraction"



Forms

FORM FILLER
Section 12A
Section 12B

Section 12A

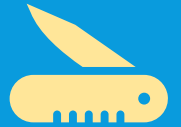
Section 12A Form

None

Create Abstraction

BEHAVIORAL HEALTH EVALUATION

- Your Role:
 - **Get the story**
 - What happened?
 - SI/HI and risk assessment (plan, prior attempts, access to lethal means)
 - Any injuries
 - Any ingestions
 - Any assaults/abuse
 - Any sexual activity
 - Prior psych history
 - Get collateral from guardians (can interview patient and guardians separately) but try not to get too in the weeds
 - **Medical clearance!!!**
 - Physical exam
 - Complete any work up necessary (labs/imaging) --> NOT always necessary
 - Do not get tox screens/drugs of abuse screens unless altered mental status



BEHAVIORAL HEALTH EVALUATION

- Once you have medically cleared the patient, they will need evaluation by Emergency Mental Health Providers.
 - Document that the patient is "**medically cleared**"
- Call EMH and request a "**Doc to Doc**"
 - Sign out the patient to an EMH provider
 - They will come evaluate the patient or move them to EMH but this can take time (never promise a patient or family a timeframe)
- Order **ED Place in Behavioral Health Hold**
- Order **COVID-19 Surveillance of Asymptomatic Patient – EMH ONLY**
- Order **HOME MEDS**
- If the patient is boarding in the ED, you continue to be responsible for their care as an EMH boarder.
- EMH will discharge the patient or keep them on an Inpatient Bed Search per their determination.

TRAUMAS

- Traumas will be called in over the EMS line and paged out.
- You are *not* expected to go to traumas if you are not interested.
- In some cases, you may be *asked to stay in the ED* to help take care of the patients there while the Attending and Fellow go.
 - To find the Trauma Bays, exit the PED on the end closest to the Doc Box and walk straight back through the double doors.
- If you *ARE* interested, ask to join!
 - Ask the attending to define your role (even if that is observer) and where to stand
 - If you are in the way, get out
- After the patient is stabilized, the patient will be transported to a room in the PED.
 - At that point, a resident in the PED will need to assume their care with the trauma team and other subspecialties consulting.



GENERAL TIPS

- Keep your ears out on the EMS call ins, this will keep you aware of what is coming.
- If you have down time between patient evaluations, you can pre-chart the patients in the waiting room.
 - BUT remember, never assign yourself to a patient in the waiting room
- If someone else is doing a procedure, ask to join/observe if you have time!
- **Child Life** can be your best asset for getting procedures or exams done on difficult/anxious kids. Find them and let you know you need help with distraction!
- From 1p-11p there is an additional "**Pod Attending**" doing lower acuity encounters in the Pods.
 - If you have room for another patient, **ask** the PED unit Attending if it is ok to pick up a Pod Patient
 - You will staff the Pod patient with the Pod attending as you would any other patient

GENERAL TIPS

- At the top of your screen the **ED Weblinks Menu** has a lot of useful links
 - UpToDate and other references
 - Call Schedules
 - PowerShare (for looking up imaging done outside of the UMass system)
- Get comfortable dictating!
 - Make sure PowerMic Mobile is working on your phone
 - No one is listening to you anyway, so be brave! (unless you are being obnoxious and shouting your dictation)
- Make sure to follow precautions and gown/glove if needed
 - Avoid the intern ED viral gastro!
 - Wipe down your surfaces, keyboards, phones, stethoscopes