Primer for Emergency Department Rotations

Prior to the beginning of your rotation:

Before beginning your rotation you should receive a copy of the resident schedule sent to you by the emergency department chiefs. This will likely be sent at least 2 weeks prior to the beginning of your rotation, if you do not receive this and are scheduled for an ED rotation, please email the Emergency Department chiefs. Any schedule requests are due 90 days prior to the beginning of the block, which is when the ED chiefs begin making the schedule.

When you receive your schedule please look it over for duty hour violations and/or conflicts with ambulatory rotations. The chiefs try very hard to avoid these things but if a mistake is made we absolutely want to know. It is your responsibility to check over your schedule and alert the chiefs to any duty hour violations or conflicts with your ambulatory schedule ASAP. In the emergency department a duty hour violation consists of not having at least 12 hours off between each shift, or being scheduled for greater than 6 days in a row (ambulatory and conference schedules are included in the day count). Each resident will be scheduled for 5 shifts/week, with less shifts if you are on an ambulatory rotation. You may be scheduled to come into a shift after an ambulatory day (this will effectively be a half shift, and hours on the schedule should reflect this). In general, the shifts that rotators will be scheduled for are "swing shifts", which generally begin between 9a and 12p and are 12 hours long. The reason that the ED schedules rotators in these shifts is that earlier shifts take signout, and the resident will generally begin the shift by having between 4-10 patients signed out to him/her. With very few exceptions only ED residents are asked to carry these patient loads.

On your schedule, you will be assigned to one of 4 areas, Acute ED, Green ED, Critical Care ED (Trauma), or Immediate Care ED (fast track). These will be abbreviated on the schedule by putting designations next to the times scheduled. Acute ED (no designation assigned), Green (GR), Critical Care (Tr), Immediate Care (IC).

On the first day of your rotation:

Please show up on time to the designated areas.

Acute ED: Rotators in Acute ED should talk with the senior resident regarding which "team" they are on for the day. Acute ED is set up into 2 teams, each consisting of at least one resident and a specific attending. The red team is responsible for seeing patients on red charts, and the blue team is responsible for seeing blue charts. Charts to be seen will be left upright next to the clerks (clerks have purple scrubs). Depending on the staffing that day, you will be assigned to see either blue, red, or both, and will present to the attending managing that team.

Green ED: Please show up promptly and on time to green shifts, depending on what day of the week you will either be scheduled for 7a-7p or 9a-9p, however you will not take signout. In Green ED you will be alone with one attending until 2pm, so it is expected that you work hard and realize that you are responsible for a bulk of the patient load until that time. Charts to be seen will again be placed upright in front of the clerk (purple scrubs), if you are unsure where these are just ask.

Critical Care: It is unlikely you will be scheduled here, but in the event that you are, the doctors occupy the computers facing room 8, it is 1 attending and (usually) 2 residents. New patients and the rooms they are going into are called out overhead by the clerk and each patient needs to be seen as they are called out by at least 1 resident or attending immediately on arrival. Again charts are located by the clerks.

Immediate Care: Again it is unlikely that you will be scheduled here. Immediate Care / fast track is located in the Green ED and occupies rooms 13-19. Doctors sit in the area facing room 13/14. Charts to be seen are located standing upright in front of doctor stations. This area is fast turnaround, patient heavy, and procedure heavy, with generally low acuity patients. It is expected that you attempt to see the majority of these cases as they arrive, and perform simple procedures such as laceration repairs or incision and drainage of abscess. If you do not feel 100% comfortable doing these procedures it is important that you let the attending know, you will be supervised for all procedures.

Note Writing:

It is very important for billing and liability purposes that notes are written in Emergency Department format. These differ only slightly from normal inpatient notes but are the only types of notes that billers and coders for the ED can view.

To access these notes go to documentation → click on the "reason for visit" tab (or RFV tab) → you will see a highlighted area to type in chief complaint or reason for visit (Ex: if patient has chest pain type "chest pain" in RFV tab and this will bring up a note specific for chest pain) → Type in RFV and double click the note that you want (Ex: Vaginal bleeding may bring up "vaginal bleeding in pregnancy" and "vaginal bleeding", pick the most appropriate)

Important: ED notes are designated by "*ED" at the end of the note, please make sure your note fits this description!

Placing Orders:

If an attending is readily available after seeing the patient ask if you can present to him/her right away, if they are unavailable or busy and the case is relatively straightforward (Ex: Older male with chest pain/stent history -- order troponins), you can place orders prior to speaking with the attending. If there is anything that you are unsure about, wait to speak with the attending before ordering. If you are ever concerned that a

patient is very sick or at risk for decompensating tell the senior or other attending if you cannot find the attending you are working with urgently.

Contacts:

For any questions contact the Kristin Panicello in the emergency medicine office, who can give you the contact information for the ED chiefs.

Phone: 631-444-3880