WELCOME TO THE ED!

Stanford Medicine | Emergency Medicine
OVERVIEW

• GOALS
• Expectations
• ED layout
• Resident Shifts
• General workflow
• Efficiency
• LEARN!
GOALS

• Please spend a few moments before your rotation to set some personal goals
• Let your attending know what those goals are
• Examples:
  – I’d like to practice suturing lacerations
  – I’d like to be more comfortable with reading EKGs
  – I’d like to learn how to approach chest pain
EXPECTATIONS

• Show up 5-10 minutes early
• LEARN new procedures
• EVALUATE broad spectrum of emergency presentations
• Practice efficiency
• Be mindful of 3 hour disposition goal
• Practice teamwork
Journal Club (JC) & Conference

• Look out for emails about monthly JC
  – Dinner provided
• Weekly Conference
  – 2\textsuperscript{nd} and 4\textsuperscript{th} Weds are mandatory
  – 1\textsuperscript{st} and 3\textsuperscript{rd} Wed are not required
  – Breakfast and Lunch are provided
• Residents are excused from clinical duties
RESIDENT SHIFTS

• Please reference email from EM chief residents about shift schedule
• Arrive early
• Challenge yourself with a variety of patient complaints
• Goal is at least 4 ACTIVE (meaning unknown disposition) patients at one time
WHO’s WHO

Nurse – grey scrubs
ED technician – green scrubs
Radiology technician – black scrubs
CNA – maroon scrubs
Phlebotomist – powder blue scrubs
Unit secretary – black polo
Attending physician – maroon scrubs
Resident physician – variable
GENERAL ED WORKFLOW

Disposition

- H&P
- Bedside tests & interventions
- Orders
- Note
- Updates & final dispo
FOR PATIENTS FROM WAITING ROOM

• Write orders immediately after evaluation
• RAP MD (in the waiting room from 10a-12a) will order initial work-up
  – Review these orders and modify as necessary
FOR PATIENTS BROUGHT IN BY AMBULANCE (BIBA)

• Follow EMS if you see them bring a patient into the department
• Get report from the paramedics
• Upload imaging/review labs if from OSH
• Start work-up
• Immediately inform attending if patient is critically ill
COMMUNICATE

• Be sure to communicate the medical plan frequently with RNs and patients
• Review the comments section in EPIC for updates/needs (e.g. “pls order pain meds”) 
• Communicate with the attending often
ATTENDING COMMUNICATION

• Depending on work location, you may be working with one or more attendings throughout the shift

• IF patient is SICK (e.g. abnormal vitals, resp distress, etc.) grab the attending or senior resident immediately
ADMISSIONS/CONSULTS

• Place “consult” order in EPIC

• If admitting to the hospital:
  – Obtain admit attending name/bed type form consulting resident

• If admitting to CDU:
  – Call x39904 to speak with the CDU NP/PA about the patient and arrange a bedside “tapout”

• If PAMF (for medicine and certain surgical services like urology, neurosurgery and ENT):
  – Be sure to ask the unit secretary to page PAMF
  – Stanford surgery residents staff the surgical complaints for PAMF
  – When in doubt → ask your attending
DISCHARGES

- Discharge tab
- Follow the Steps
SIGN OUT

• DO not pick up a new patient in the last 45 minutes of your shift
• Have a CLEAR plan for disposition for all patients
• ALWAYS speak with the consultant before leaving (you know the patient best!)
• Have if/then scenarios:
  – “If UA + home with macrobid”
  – “If labs are normal PO challenge, home on pepcid”
• Prepare the discharge material
WHAT TO DO ON YOUR FIRST DAY

• Show up early and make sure EMR logins work
• Grab a phone (from the previous resident or from unit secretary)
• Introduce yourself to the team
• Receive sign-out from previous resident
HOW TO WRITE NOTES

• PLEASE REFERENCE VIDEO FOR GENERAL EPIC TUTORIAL

• ALWAYS SHARE NOTE WITH ATTENDING
  – There is one ED note

• FILL in COMPLETELY
HOW TO WRITE NOTES
(more information on the epic video)

• CREATE NOTE
HPI 

No past medical history on file.
There is no problem list on file for this patient.

No past surgical history on file.

Family History: Her family history is not on file.

Social History: She
SELECT ROS (10 systems please!)

<table>
<thead>
<tr>
<th>Constitution</th>
<th>Eye discharge</th>
<th>Cold intolerance</th>
<th>Allerg/Immuno</th>
<th>Env allergies</th>
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<tbody>
<tr>
<td>Activity change</td>
<td>Eye itching</td>
<td>Heat intolerance</td>
<td>Food allergies</td>
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<tr>
<td>Appetite change</td>
<td>Eye pain</td>
<td>Polydipsia</td>
<td>Immunocompromised</td>
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<tr>
<td>Chills</td>
<td>Eye redness</td>
<td>Polyphagia</td>
<td>Neurological</td>
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<tr>
<td>Diaphoresis</td>
<td>Photophobia</td>
<td>Polyuria</td>
<td>Dizziness</td>
<td></td>
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<tr>
<td>Fatigue</td>
<td>Visual disturbance</td>
<td></td>
<td>Facial asymmetry</td>
<td></td>
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<tr>
<td>Fever</td>
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<tr>
<td>Unexptd wt chnge</td>
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<table>
<thead>
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<th>Endocrine</th>
<th>GU</th>
<th>Allerg/Immuno</th>
<th>Neurological</th>
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<tbody>
<tr>
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</table>
SELECT Physical Exam
Complete Procedure/US notes as indicated.
Complete Procedure/US notes as indicated

• Only fill in ultrasound note in EPIC if you saved the images on the ultrasound machine
• Speak with your attending about how/when to save images (depends on attending privileges)
<table>
<thead>
<tr>
<th>Labs &amp; Imaging:</th>
<th>Critical:</th>
<th>UA:</th>
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</thead>
<tbody>
<tr>
<td>CBC:</td>
<td>No results for input(s): LAC in the last 72 hours.</td>
<td>No results for input(s): XUCOL, XSPG, XUKET, XUBLOOD, XUPH, XUPROT, XNITRITE, XLEUKEST, XURBC, XUWBC, XUBACT, XSQEP, XMUCUS, UCMT in the last 72 hours.</td>
</tr>
<tr>
<td>Electrolytes:</td>
<td>No results for input(s): TBIL, AST, ALT, ALKP, ALB, LIPASE in the last 72 hours.</td>
<td>Invalid input(s): XUGLU</td>
</tr>
<tr>
<td>No results for input(s): WBC, HCT, PLT in the last 72 hours.</td>
<td>No results for input(s): TNI in the last 72 hours.</td>
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<tr>
<td>ECG</td>
<td>***</td>
<td></td>
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<tr>
<td>Image prelim reads:</td>
<td>ED Physician Interpretation (for Limited US, complete procedure note): ***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Radiology Interpretation:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No orders to display</td>
<td></td>
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</tbody>
</table>

**Initial Ddx, assessment and plan:**

Ddx includes but not limited to: ***

Initial assessment & plan: ***
UPDATE clinical course/consults

Work up ordered in Emergency Department
No orders of the defined types were placed in this encounter.
None

Data Reviewed, Interpretation and Emergency Department Course
10:52 AM There were no vitals taken for this visit.
{DATA REVIEWED AND INTERPRETATION:28399::"Labs and/or imaging above interpreted and notable for:  ***"}
***
ED Course
There is no data filed.

Summary of assessment: ***
Diagnosis: Data Unavailable
Disposition: Data Unavailable Follow up: No follow-up provider specified
New Prescriptions
No medications on file

Resident: ***
Attending: ***
Efficiency

• Hospital metrics encourage disposition times of < 3 hours
• This is not possible in every patient, but is our goal
• This goal SHOULD NOT replace learning
• EPIC MACROS and .dotphrases can help
  – Ask previous residents or EM residents for assistance with this
FAQs

• Can I Eat?
  – YES, usually better to bring some food. Also feel free to take a quick break to grab food. Tell your team!
  – Grab some drinks/snacks from the resident fridge

• What if I’m running late?
  – Call 650.723.7337 and ask to speak to the senior resident on duty

• What if I’m sick?
  – IF IM resident → immediately contact your IM chief and EM chief on call
  – IF other resident → immediately contact EM chief

• EPIC won’t work?
  – Call Help desk at 4-EPIC

• Can I schedule meetings/trainings during my ED shift?
  – No, it is expected that you are present during your entire shift. The team and patients depend on you!
FAQs

Where do I find...?

- Phone battery - at unit secretary’s desk
- Free coffee/tea - nursing lounge in Child zone
- Food after the cafeteria closes - coffee cart (located in cafeteria) is open till 2am
- Bathroom - nursing locker room in hallway near Bravo hallway 4 bed/side exit
FAQs

Where do I find...?

- Procedure kits – trauma room (A8-A10), central supply rooms (behind main fishbowl and near child zone)
- Ultrasound machines – each zone has 1-3 machines, usually stored in the hallway
- Suture kits/materials – carts behind the main fishbowl
- Guaiac/hemoccult cards – green supply cart, 3rd drawer (may need to ask around for developer)
FAQs

How do I call a consult?
- Place an order in Epic; the unit secretary will place the call for you

How do I contact a social worker/interpreter/everyone else?
- Ask the unit secretary – they know how to get in touch with everyone!
Contacts

• Scheduling/absence/sick ➔ Contact chief residents

• Other questions/concerns ➔ contact me (blindqu1@stanford.edu) OR chief residents