Night Service

Reminder: When taking care of a patient, you are never just a ‘cross-cover’ intern. You should understand the issues of the patient you are caring for no matter what time it is.

The night service system consists of two PGY1s, one PGY2/3 and the PGY4 trauma chief. The PGY 1s are expected to arrive at 5pm for sign-out and the PGY2/3 and PGY 4 residents start their duties at 6pm. Although these individual residents have specific assigned responsibilities as outlined below, it is expected that everyone in-house functions as a team and help each other get the work done. Interns should rely on each other for coverage to share the workload. Always document the interactions with patients that occur at night. Even a short note will help clarify issues that come up overnight.

In addition, there is an ICU attending, a general surgery attending and a trauma attending on-call nightly. The Acute Care Surgery (ACS) service incorporates all new general surgery consultations and trauma activations and is run by the two in-house PGY 4 trauma chiefs that switch between day and night call.

THE TEAM:

PGY 1 (trauma and subspecialty coverage):
There are two interns on night service coverage. One intern is the TRAUMA intern and covers the Thoracic, Transplant and ACS services while the other intern is the FLOOR intern and covers the Colorectal, Surgical Oncology 1 and 2, HPB, Breast, and MIS services. The interns will swap roles midway through the night service rotation.

Trauma activations:
Both interns should have the trauma alert activated on their pagers. The TRAUMA intern will respond to ALL trauma activations – this includes trauma 97, and 99 activations. If there are several trauma activations simultaneously or there is a trauma 99, the FLOOR intern should also respond by coming to the emergency department.

Specific TRAUMA intern responsibilities:
- Receives sign-out from day-time ACS intern at 5pm
- Perform survey on trauma 97 activations, ICU resident or trauma intern will perform survey of trauma 99 activations
- Stay with trauma patient during evaluation in CT scanner or during transport to OR/ICU
- Do trauma H&P form promptly, trauma 97 and 99 H&Ps should be sent to the trauma attending on-call for co-sign
- All trauma patients must be added to ACS Treatment Team list following trauma evaluation, regardless of anticipated disposition. Make sure to add to the trauma list, not the general surgery list
Specific ward responsibilities (both TRAUMA and FLOOR interns):

- Receives sign-out from all respective services being covered at 5pm
- Completion of tasks remaining from the daytime, including post-operative checks, and any follow up of labs or radiographic studies. The two night service interns should assist with these sign-out tasks to help the daytime service interns leave the hospital by 7pm.
- Facilitate any direct admissions to the services with H&P and admission orders – these admissions should be discussed with the senior resident/fellow of that service.
- Meet with each of the service interns in the morning between 5-6 am to provide a detailed sign-in regarding events and admissions overnight and who was notified.

Night-time back-up for the interns is as follows:

- Call in-house trauma chief (PGY 4) for any emergent issues
- Thoracic: home-call cardiothoracic surgery resident
- Vascular: home-call vascular surgery resident (PGY3) or fellow
- Colorectal Red & White; Surgical Oncology 1, 2, & 3; HPB; Breast; & MIS: In-house trauma chief (PGY4) and Chief resident at home. Keep the chief of the service updated of any major events such as ICU transfers, rapid response, or any clinical deterioration.
- Transplant: home-call transplant fellow

**PGY 2 (ICU) (phone: x 53234):**

- Responsible for all SICU patients.
- Respond to all trauma 99 activations
- Provide back-up to interns
- Review critical patients with trauma chief and new admissions with SICU attending

**PGY2 or 3 (consult):**

- Responsible for all inpatient & ER consults for the adult and pediatric patients.
- Present consults to the PGY4 resident prior to discussion with the attending.
- Scrub on all consultations that require an operation during the night.
- Provide immediate back-up to the interns or ICU resident
- Respond to all trauma 99 activations
- Update service chief and service intern of new consults

**PGY 4 (trauma chief):**

- Provide immediate back-up to the interns, ICU resident, and consult resident to see any inpatient of concern or with active issues
- Respond to all trauma 97 and 99 activations
- Review all new consults with consult resident
• Cover night-time senior level operative procedures with consult resident
• The trauma chief should be aware of any major problems or concerns at all times