PAIN ROTATION
FELLOW/RESIDENT RESPONSIBILITIES

A.M. ROUNDS - WEEKDAYS
Please ensure ample time is allowed so you finish pre rounds to meet with the clinic pain attending by 8am for rounds.

For each chronic pain patient at Thornton Hospital please use the blank Acute Pain Service carbon copy progress note form and write your note for the day. The attending will make any necessary addendum to the note. Place the yellow copy in the wall box above in the clinic and place white copy in chart. The inpatient progress note must then be dictated (work type 7). Please use a SOAP format and write legibly. The progress note must include the following information:

1. Date/time
2. Referring attending physician
3. Diagnosis or recent surgery and the post-op day#
4. Current pain treatment plan and changes made overnight
5. Patients response to treatment including level of sedation (pupils, speech assessed, motor, sensory exam, and sites c/d/i)
6. Recommendations

For each regional/catheter patient at Thornton use the Regional Anesthesia progress note form. Fill out as completely as possible and list supplemental pain medications and anticoagulation prophylaxis. Discuss with the pain fellow then round with attending as above. If continuing the peripheral catheter check to make sure there is sufficient medication in the pump. If not refill it. Regional notes do not need to be dictated – the pain attending will enter a computer note based on your written note.

Rounding at Thornton:
1. Chronic patients- Either our patients or consultations.
2. Regional/Catheter pain patients- Primarily epidurals or peripheral catheters. After removing a catheter or identifying any issues related to the catheter, please inform Regional resident so that their list can be updated daily or complications can be identified.

Residents – The resident assigned to Thornton will be responsible for rounding on all regional/catheter patients at Thornton Monday-Friday and assisting with rounds on chronic pain patients. Rounding times will be at the resident’s discretion to allow enough time for him/her to meet with the fellow prior to attending rounds at 8am. The fellow assigned to clinic is responsible for overseeing the resident and for rounding on all chronic pain patients. Team cooperation is encouraged and when census is high resident and clinic fellow should work together to finish rounds. Medical students should also assist and the residents should help coordinate this effort. The students have pagers and can be looked up on paging system.
Hillcrest: The regional service at Hillcrest will round on both acute and chronic patients at HC. If there are complicated pain pts, please d/w Hillcrest resident so that specific recommendations can be made.

**WEEKEND ROUNDS**

The resident or fellow on call will round on all *chronic pain* patients at both hospitals on weekends. Call the attending on call to discuss and formulate a plan.

**INPATIENT CONSULTS**

Inpatient consults will be seen each day at the end of clinic. You are expected to answer pages within 5 minutes. If no response nurses may page your attending in 10 minutes. If there is a Hillcrest consult, every effort will be made to release the resident or fellow early to see the patient. It is the responsibility of the fellow to see all Hospice consults; however, the resident is welcome to accompany the fellow. All inpatient consults should be presented to the on call attending. A brief note should be placed in the chart summarizing findings and outlining the plan. Call the referring service to communicate the plan. If you do not hear back send a text page outlining the recommendations. The next day during rounds present the patient to the clinic attending (may be different than the original consult attending), the resident/fellow will then be expected to dictate a full consult note with history and physical (work type 5). If there will not be pain rounds the next day (ie weekends) dictate the complete consult on the day the patient is seen.

If the consult is from Ortho Spine, place the initial orders in PCIS. We will take calls from the floor M-F during the day. The Ortho resident/fellow will be responsible for all calls from the nurses in the evening or weekends. If there is a question regarding the plan the ortho resident/fellow may call you directly but not via the floor nurse. For all other services communicate the recommendations but they will write the orders and take all calls from the nurses.

**PAIN CLINIC**

The resident will be given a pain clinic assignment schedule on the first day of orientation. This clinic schedule is available on-line. Please ask the clinic staff or the administrative assistants to give you access to this site. Please review the schedule regularly for changes.

**New patient/follow-up clinic overview**

For new clinic patients, one patient is scheduled every 30-40 minutes. For follow up clinics, one patient is scheduled every 15-20 minutes. New patients are mostly in the morning and follow up patients in the afternoon. The resident or fellow should obtain the new patient’s history and do a focused exam. The resident or fellow will present the history and physical to the attending. The attending and resident/fellow will then examine the patient together. The resident/fellow will then be expected to dictate a full history and physical (work type 16 for both clinic consults and follow-up visits). The dictation should include ALL of the components on the History and Physical form provided. On completing the evaluation and dictation, the chart should be placed in the attending’s box for signature and billing. Residents please have the attending sign all prescription forms. With a different resident rotating every month, the patients become confused when they see a different name on their prescription bottle.
Procedure Clinic Overview
Each procedure clinic is staffed by an attending. These are very busy clinics with a wide variety of procedures. The attending will decide how much of each procedure you will do. This depends on the complexity of the procedure and the patient. Keep in mind that unlike the operating room these patients know the difference between the attending and resident. Some of these patients have developed a sound trust in us as their attending and will not allow the residents or fellows to perform the procedure. However, we make every effort to allow the residents to perform as many procedures as possible. So do not be offended if we take the needle ourselves. You will find that the VA will allow for much more independence than the University.

The VA pain procedure suite is located on 3 South. The variety of procedures and general etiquette is the same as the UCSD procedure suite.

Please check the on-line CPM schedule regularly to see when you are assigned to the VA pain service as changes to the schedule are common.

http://anes-cppm.ucsd.edu/

Log in:  CPPM
Password:  Nopain06

DICTION
All notes are dictated at the point of service to all pain patients, whether inpatient or outpatient. The resident/fellow is responsible for dictating all new evaluations and follow ups that they see. The attendings or fellows will dictate procedure notes. Be sure to include the name of the attending you are dictating for in your dictation. All dictations are done through the hospital. You will be given an in-service on this system on the first day. The dictations must be completed within 24 hours. Please sign all dictations electronically via ESA in PCIS the first thing each morning. Failure to sign dictations within 7 days will result in fines being assessed to the department. The attending will review the dictations the following day and sign them.

DICTIONACTICS/EDUCATION
Didactics are given every Wednesday from 8:30-9:30 immediately following the pain department M & M/Conference (7:30-8:30). The resident and fellow are expected to attend both the conference and didactic lectures. The fellow will be responsible for compiling the patients to be discussed at the case conference and selection of articles for Journal Club. In addition to the Wednesday morning lectures each attending is assigned to give one lecture a week to the residents and med students. You will be contacted and pulled from clinic for these lectures. The times will vary each week. A syllabus will be distributed to the new resident every rotation.
**PAIN SERVICE CALL**

Pain service call is split between the resident and fellows. This is beeper call from home and rarely requires trips into the hospital. Most of the calls are from the inpatient service and if there is any doubt on patient care, the attending on call should be contacted. All pages should be promptly returned. The resident on call will accept telephone calls from chronic pain patients, including hospice patients. Use *67 when returning calls from patients at home. All of these calls should be discussed with the attending or fellow. In general we do not refill any medication except through the clinic during regular clinic hours. If in doubt discuss with the attending on call.

**POSTOPERATIVE EPIDURAL MANAGEMENT**

Most of the calls come from the inpatient service. Following are some simple guidelines for the management of postoperative epidurals:

**Lumbar catheters**

<table>
<thead>
<tr>
<th>Surgery Level</th>
<th>Solution Details</th>
<th>Continuous Rate</th>
<th>Bolus Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below T10</td>
<td>1/10% bupivacaine + dilaudid 10mcg/ml</td>
<td>6-10 cc/hour</td>
<td>3-5 cc 30 minute lockout</td>
</tr>
<tr>
<td>Above T10</td>
<td>1/16% bupivacaine + dilaudid 10mcg/ml</td>
<td>10-20 cc/hour</td>
<td>5 cc 20 minute lockout</td>
</tr>
</tbody>
</table>

Clinicin activated dose is 10 cc every hour PRN inadequate pain control

**Thoracic catheters**

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</tr>
</thead>
<tbody>
<tr>
<td>1/10% bupivacaine + dilaudid 10mcg/ml</td>
<td>6-10 cc/hour</td>
<td>3-5 cc 30 minute lockout</td>
</tr>
</tbody>
</table>

Clinicin activated dose is 10 cc every hour PRN inadequate pain control

If you are called for inadequate pain control have the nurse give a 10 cc bolus via the epidural and increase rate by 2cc/hour and bolus dose by 1 cc. If you are called again for inadequate pain control, ask the nurse if the bolus dose was effective. If it was effective, give another dose and increase by an additional 2cc/hour and bolus dose an additional 1 cc. Keep doing this until maximum doses above are reached. If at any time the nurse bolus dose (10cc) is ineffective or the maximum dose is reached, discontinue the epidural and start an IVPCA. Attached is an algorithm for IVPCA management.

**REGIONAL POSTOPERATIVE PAIN SERVICE**

The regional service is responsible for all postoperative peripheral catheters and epidurals. If called on these patients, the nurse should be instructed to contact the on call regional resident or fellow.
REQUIRED READING

Found in the Pain Rotation Syllabus:

Week 1 Pain: Introductory Concepts
  Overview of Chronic Pain
  Evaluation of Low Back Pain

Week 2 Treatment of Low Back Pain
  Interventional Pain Management
  Risk of Bleeding Complications

Week 3 Mechanisms of Action of Clinically Relevant Analgesic Agents
  Pharmacology

Week 4 Regional Techniques for Cancer Pain
  Chronic Intra-spinal Drug Delivery

You will be asked to give a brief (10 to 15 minute) presentation on a topic of your choosing related to pain during the fourth week of your rotation on the last Tuesday just prior to the 4 p.m. lecture.

If you have any questions regarding your rotation schedule, please contact Debra Kerrigan, the fellowship coordinator, at 858 657-7072 or at painfellowship@ucsd.edu