Welcome to the Emergency Department! To help make your Emergency medicine rotation enjoyable, it is important that you know as much as possible about the Emergency Department prior to your first shift. This manual has been prepared to assist you with any questions you may have regarding the operation of the department. Please take time to review the following information before the start of your rotation.
GENERAL FLOOR PLAN

The layout of the ED is essentially a rectangle, with room numbers and beds split into a “front hall” (into which the ambulance bay empties) and a “back hall” in the figure below:

There are also several hallway beds or "T" beds. When the census is high, it may be necessary to place patients in the hall in the "T" beds. This may make it difficult to maintain patient privacy and perform a complete assessment. If it is clear that you cannot perform and adequate assessment to at least begin a work-up, notify the charge nurse so that he/she can help find an exam room for the patient.

SHIFT SCHEDULES

Changes can be made to the schedule that is printed in the ED Physician's Room. Neither “split shifts” nor “double-shifts” are allowed. If you are ill or have a personal emergency, you must call the ED at 619 543-2130 and speak to the Senior EM Resident.

All house-staff should complete the care of patients with whom they are already involved. If a lengthy work-up is in process at the end of your shift, be sure to relay a detailed sign-out to your Senior EM Resident and complete your note in the chart. Before leaving, let your patients know it is the end of your shift but you have given a thorough sign out to physician (whomever
you signed out to) and that they will check in with the patient when there are updates. This will help the patient stay updated and not feel abandoned.

**DRESS CODE**

There is a dress code in the hospital, which applies to the Emergency Department. Identification badges shall be worn with name visible at all times. Please make sure your name badge is displayed on the upper third of your person. Clothing shall be neat and clean. Thongs, beach sandals, T-shirts, torn or frayed garments, or blue jeans are not worn in the hospital. Hair longer than shoulder length should be tied back. Any visible tattoos should be covered. In the ED, neckties should be the clip-on variety only as they could pose a strangulation hazard. Scrubs are acceptable (and what almost all care-providers in the ED wear). There is no particular color or style required. It is strongly encouraged that all physicians wear a clean white coat over formal dress or scrubs.

**GENERAL PRINCIPLES**

Our goal in the Emergency Department is to provide the highest quality medical care to our patients in the most cost effective and efficient manner. The ED is staffed by board certified Emergency Medicine attending physicians and Emergency Medicine residents. In addition, we have interns and residents from the Department of Medicine, Surgery, and Family Medicine rotating with us in the department.

It is important that we provide you with the best experience possible. We are fortunate to have a high level of acuity and pathology in the patients we see, which enables us to give you a valuable learning experience. As part of your rotation, you will learn how to evaluate patients who present to the Emergency Department and how to manage them efficiently. Managing patients efficiently is generally accomplished by limiting ancillary tests to only those that are necessary to arrive at the accurate diagnosis and provide appropriate treatment.

Please keep in mind that the ED is the first encounter the majority of our patients have with our hospital. It is important to treat all patients with courtesy and respect, as the impression we make with our patients is frequently their first and most lasting. The following guidelines should be used at all times:

1. Introduce yourself as a fourth year medical student or “student doctor” to your patients and their family members when entering the room.

2. Treat patients with dignity. Make sure the patient is covered with either a sheet or blanket when examining him/her.
3. Patients in the ED can be emotionally unstable. If the patient becomes verbally abusive or combative with you, attempt to remain in control and not elevate your voice. If you feel you are in danger, the security staff is immediately available to assist you.

4. The ED is usually a very intimidating place to a large number of our patients. This, along with the anxiety related to their illness, may make patients uncomfortable. Try to empathize with your patients' feelings. To help make them feel more relaxed, explain all tests and procedures that are being done. In addition, if there are delays in the patient's management, please let him or her know what the delay is and how long you anticipate the wait may be (i.e., "the surgeon is in the OR but should be down in 30 minutes"). This lets the patient know that he or she hasn't been forgotten, and the patient appreciates knowing why there is a wait.

YOUR ROLE AS A MEDICAL STUDENT:

The rotation in the ED is a valuable experience because you will be able to see a large variety of patients, injuries and illnesses. This rotation will give you the opportunity to learn about things other than just what you may be specializing in. You should strive to encounter all kinds of patients and avoid seeking out those with complaints most related to your area of specialty.

Patients are signed in to the computer by a first-come, first-served basis. All patients presenting to the ED are evaluated initially by a triage nurse. Following a triage evaluation, the patient will be brought back to an exam room as quickly as possible, based on his or her triage classification. If a patient warrants immediate attention, the nurse will notify and MD to come evaluate the patient immediately.

Working with the team:
The Attending Physician and Senior EM Resident are there to assist you with whatever questions you have, either with patient management or ED procedures. Who you report to in the ED will be dependent on which shift you are working, as per the following figures:
Communication with the nurses is encouraged. The use of the computers can allow you to complete a shift in the ED without ever having to speak to a nurse face to face. It is recommended that you introduce yourself to the nurse taking care of your patient - especially when you initially start your rotation in the ED. This will improve efficiency and strengthen the physician/nurse relationship. This is very important since patient care in our department is a team effort.

At any time, if a problem arises with a member of the staff, you are encouraged to discuss the issue with the Attending Physician on duty.

**Seeing patients:**
When treating patients in the ED, the student should identify him or herself as Medical Student and then proceed to obtain a history and perform a physical exam. The physical exam, *with the exception of the pelvic exam* should be completed prior to presentation. Students are expected to formulate a diagnostic and therapeutic plan prior to review with a supervising physician. All patients must be presented to the Senior EM Resident and the Attending Physician. All orders (whether medications or diagnostic tests) should be discussed with the supervising physician. The Attending Physician or Senior EM Resident must electronically cosign orders by students. While it may be very busy at times, it is important that you try not to delay presentation of the patient to the supervising Attending Physician.

All patients should be presented within 15 minutes following your initial evaluation. It is important to make a supervising physician immediately aware of any seriously ill patients (e.g., patients with unstable vital signs, acute problems breathing, stroke-like symptoms) prior to completion of your initial evaluation. Do not delay getting the supervising Physician involved in these cases! All discharge orders must be written by the supervising Physician.

**Consultations:**
While specialty consultations can be called by a medical student, it is prudent to first briefly review the case with the Emergency Medicine Resident or the Attending Physician to ensure that specialty consultation is required, and clarify the clinical question or issue for which the consultation is needed. Document when you call the consult.

**Procedures:**
Part of the experience in Emergency Medicine is doing procedures. Please be cognizant of the following key principles involving all procedures: 1) all procedures require consent from the patient; 2) all procedures must be supervised in person by the Senior EM Resident and/or Attending; 3) appropriate technique and materials must be used at all times; 4) all sharps need to be disposed of; 5) the procedure area/bedside should be cleaned of instruments, empty packaging, vials, and other material after the procedure is completed.
CHARTING

Documentation:
All charting in the ED is done on computer workstations in the ED, in an Electronic Medical Record (EMR) called EPIC. You will have been trained on the ED interface of this program before using it. The use of the program is intuitive and easily learned within a few actual patient encounters. The way to sign up for patients is by adding yourself to the TREATMENT TEAM, not by using the 'sign in' button. The way to do this is to highlight the patient you want to pick up then click the button named "Tx Team." A pop-up window will appear. Type your last name into the area in the treatment team section, then add yourself. If you encounter any problems, such as your name not appearing when you type it into the treatment team field, please contact Nikol Le Vine (nlevine@ucsd.edu or 619 543-3829). After you sign up for the patient, notify the Senior EM Resident that you have done so.

The key elements of the standard medical evaluation should be documented in EPIC including Chief Complaint, History, Past Medical History, Family History, Social History, Review of Systems, Physical Examination, Medical Decision-making and Plan of Care. At any time you can update your note and write a ‘progress note’ during the patient’s stay. All sections of the standard medical evaluation are to be completed for each patient. There are smart phrases and an area with procedure templates that can facilitate charting. The key to charting is to document the entire encounter as completely as you can. All procedures should be documented using the pre-formatted menu selection.

Orders:
Orders are generated on the computer with automatic prompts to the administrative and nursing staff when they are entered. Interventions such as IV, Foley, and NG tube should be ordered as “Nursing MISC” to facilitate nursing acknowledgment of completion. Medications, including IV fluids, are also ordered through a pick list. Only if a medicine is NOT on the pick list may it be entered as a free text order. The decision to Admit should be documented in your note.

EKGs:
Any EKGs ordered should be done within 5 minutes. If you do not see it in that time frame, track it down! Results of EKG and radiographic studies must be documented using the MD Notes section.

When you complete any data entry in EPIC, be sure to "share" the entry. Be sure to log-off the computer when not in use for security reasons.

There is a browse function to view prior ED encounters with the ability to make follow-up addendums to the record, if needed. Once the primary record is submitted, it may not be modified.
LABS

All typical laboratory studies are run STAT by the clinical labs including hematology, chemistry and toxicology. Cultures are followed up by the pharmacists in concert with the attending. Results of laboratory studies are automatically a part of EPIC and found in the ‘results’ section.

Within the ED there is a small lab which is equipped to perform the following tests:

1. Urine dip stick
2. Hemacue Hgb (finger stick Hemoglobin)
3. FSG (finger stick glucose)
4. Urine HCG (UPT)
5. Stool GUAIAC Hematest (Physician performed)

Tests performed by the EMT or ED nurse and the results recorded in the Nursing Notes or in Results Under Point of Care section of the chart.

RADIOLOGY

X-rays are ordered directly through EPIC using a pick list. This generates a paperless request directly to the radiology technician. Most X-rays will be performed in the Emergency Department X-ray Suite. Although this area is close to most exam rooms, regardless, please do not send any patients back to X-ray that are hemodynamically unstable or have a potential airway problem.

The completed radiology studies can be viewed from the IMPAX radiology view station in the physicians' room, or in the IMPAX program on any ED workstation. IMPAX will contain the images. The actual radiology reads will also appear as text within the program, as a “wet-read”, or “I-box” read if preliminarily read by a radiology resident or fellow, or as a formal finalized dictation once read by a radiology attending. IMPAX is easily viewable on any ED workstation. All ED physicians can access this system by their specific ID and password. After reading the film, check to see if the radiologist has already provided a preliminary interpretation or a formal dictation. The radiologist's interpretation is noted either in the I-box (that pops up when the study is opened), or by transcribed report (a text document icon is noted). If there is no preliminary radiology interpretation, the ED physician MUST write a preliminary interpretation in the I-box (after discussion with the senior ED resident or Attending on duty). This action is a critical quality assurance tool and must be completed to insure that the ED and radiology departments are aware of each other's interpretations of radiology studies. If you have any questions, please involve either the senior ED resident or Attending on duty.
ULTRASOUND

Formal radiology ultrasound is available 24 hours a day. However, ED bedside ultrasound is available, and focused ED ultrasound studies are frequently used in decision-making by certified faculty. You will be able to perform these bedside ultrasounds to facilitate the care of patients. Since the images and video clips obtained are automatically uploaded to the IMPAX system, studies should be performed together with the Senior EM Resident and/or Attending so as to A) ensure proper technique (and learning of technique) and B) ensure that the appropriate images are stored and uploaded in the proper manner.

PATIENT DISPOSITIONS

Admitting a patient

All patients who meet criteria for admission should be admitted without delay, especially critical and unstable patients. In these patients, it is important to call the admitting team early to help expedite admission to the hospital. The earlier you contact the admitting team, the earlier you can put in the admit order into the system to get the process started. This admit order will reserve a bed for the patient and enable nursing staff to prepare.

Once the decision to admit a patient has been made, the next step is to call the admitting team, ask who their Attending is, then admit them via EPIC. This will reserve a bed for the patient and initiate admission procedures. The sooner this order is filled out, the sooner the patient will be able to go upstairs. Please discuss and agree upon level of care for the admission (ICU vs IMU vs Tele vs Floor) with the admitting team.

Putting a patient in “ED Observation”

At times, a patient may meet criteria for being placed into ED Observation status, which will typically involve a clinical status in which more time or more data/reassessment is needed before a decision can be made as to whether to admit or discharge the patient. Discuss such a case with the senior resident and Attending, and they will be able to guide you through the process, which involves putting in a short ED Observation HPI note, and ED Observation orders. While consulting services may ask if a patient can be put into ED Observation, the final decision as to whether a patient is appropriate for ED Observation rests solely with the ED Attending.

Discharging a patient

At time of discharge, the Discharge Screen must be completed and is restricted only to physicians. After-care instructions must be provided to the patient. The physician staff generates these, using a program called EPIC embedded in the Discharge Screen. It is important
to include instructions concerning follow-up and any prescriptions written. Please note that patients being evaluated for work-related illnesses or injury must have additional instructions concerning their care and follow-up, using the code WOR.

If the decision is made to discharge the patient, the discharge process involves six primary actions:

1) The patient needs to be provided with a **clinical impression/diagnosis** (You have been diagnosed with...”)
2) The patient needs to be provided with **typed discharge instructions** (typically found pre-made in EPIC) that pertain to each discharge diagnosis
3) The patient’s **medication list needs to be reconciled** (“medication reconciliation”, or “med-rec”) such that he or she knows whether or not he or she should continue or stop taking each of the medications he or she is already on, based on any change in health status that may have occurred.
4) **New medications** need to be prescribed for the patient
5) The patient needs to be **appropriately referred** to someone (either to his or her primary care provider, or a specialist, or both) who can assume care of his or her clinical issues.
6) The **specific “discharge” order** (“To home”, “AMA”, etc...) has to be placed by the resident or attending.

Referral to subsequent healthcare providers may be influenced by certain fiscal considerations.

a. Patients enrolled in Managed Care Programs (e.g., Health Net) can only be referred to their Primary Care Physician. Referral to a specialty clinic requires completion of an authorization form and approval by the attending physician. Please refer all suture removals and wound checks to the patient’s PCP.

b. Patients covered under the County Medical Services (“CMS”) contract or who lack health care coverage should be referred to a community clinic when follow-up is required. Referral to a UCSD clinic should be reserved for cases where urgent follow-up is necessary. All referrals to UCSD clinics require Attending approval.

c. Patients without health care coverage are typically referred to community clinics for their follow-up. They are provided information about applying for CMS or Medi-Cal at the time of registration.

d. Patients covered by a carrier restricting care to another facility (i.e., Kaiser) should be referred to that institution for follow up.

The above being said, if a patient needs definitive, time-sensitive follow up with a specialist, one can always refer to a UCSD specialist and inform the patient that they should check with their insurance provider first – to see if an alternative in-system referral if available - before
they follow through with the UCSD referral. Since these referrals are easily accessible in the Discharge screen in EPIC, referring patients to specialist at discharge will facilitate things for the patient.

If the person is a Workers' Compensation (“Work Comp”) patient, make sure that you give him or her discharge instructions that specify any work restrictions he or she may have. The patient needs this sheet to give to his or her employer. There is a separate Work Comp form in EPIC that does this. Therefore, after the instructions are printed out, it is necessary to fill out the work limitations prior to the nurse discharging the patient.

**CONFERENCES**

Conferences are typically on Tuesdays, and generally start at 7AM, with a typical conference day consisting of a case conference, a core curriculum lecture, and more, depending on the day. The content is dynamic, so it is important to check with the Department of Emergency Medicine office for the exact schedule and content the month you are rotating, but in general, the conference structure is as follows:

<table>
<thead>
<tr>
<th>The first Tuesday of the month:</th>
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<tbody>
<tr>
<td><strong>TIME</strong></td>
<td><strong>TYPE</strong></td>
<td><strong>LOCATION</strong></td>
</tr>
<tr>
<td>0700-0800</td>
<td>EKG</td>
<td>HC 833 (8th floor of Hillcrest Med Ctr)</td>
</tr>
<tr>
<td>0800-0900</td>
<td>Adult case conference</td>
<td>HC 833</td>
</tr>
<tr>
<td>0915-1010</td>
<td>Core curriculum lecture</td>
<td>HC 833</td>
</tr>
<tr>
<td>1015-1110</td>
<td>Core curriculum lecture</td>
<td>HC 833</td>
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<tr>
<th>The second Tuesday of the month (“Grand Rounds Tuesday”):</th>
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<tbody>
<tr>
<td><strong>TIME</strong></td>
<td><strong>TYPE</strong></td>
<td><strong>LOCATION</strong></td>
</tr>
<tr>
<td>0700-0755</td>
<td>Core curriculum lecture</td>
<td>HC 833</td>
</tr>
<tr>
<td>0800-0910</td>
<td>Adult case conference</td>
<td>HC 833</td>
</tr>
<tr>
<td>0915-1015</td>
<td>Pediatric case conference</td>
<td>HC 833</td>
</tr>
<tr>
<td>1200-1300</td>
<td>Grand Rounds</td>
<td>Auditorium</td>
</tr>
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<tr>
<th>The third Tuesday of the month (“Sim Tuesday”) at the UCSD School of Medicine “MET” (Medical Education and Telemedicine) building, La Jolla:</th>
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<tbody>
<tr>
<td><strong>TIME</strong></td>
<td><strong>TYPE</strong></td>
<td><strong>LOCATION</strong></td>
</tr>
<tr>
<td>0715 - 0815</td>
<td>Critical care conference</td>
<td>Med Ed SIM Ctr Room LC145</td>
</tr>
<tr>
<td>0815-1215</td>
<td>SIMULATION</td>
<td>Med Ed SIM Ctr lower level (LL) rooms (e.g., LL133, LL152, LL161)</td>
</tr>
</tbody>
</table>
The fourth Tuesday of the month (“Journal Club Tuesday”), which starts later in the morning:

<table>
<thead>
<tr>
<th>TIME</th>
<th>TYPE</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>1100-1155</td>
<td>Ortho lecture</td>
<td>Auditorium</td>
</tr>
<tr>
<td>1200-1255</td>
<td>Adult case conference</td>
<td>Auditorium</td>
</tr>
<tr>
<td>1300-1355</td>
<td>Core curriculum lecture</td>
<td>Auditorium</td>
</tr>
<tr>
<td>1400-1455</td>
<td>Research conference</td>
<td>HC 833</td>
</tr>
<tr>
<td>1500-1555</td>
<td>EM radiology conference</td>
<td>HC 833</td>
</tr>
<tr>
<td>1600-1655</td>
<td>EM trauma conference</td>
<td>HC 3-310</td>
</tr>
<tr>
<td>1800-2030</td>
<td>Journal Club</td>
<td>TBD (typically at a faculty member’s house)</td>
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**In addition,** rotating medical students have additional required conferences on Thursdays, starting in the morning. These will be noted on the conference schedule distributed at the beginning of each block.

At any time, if you have any questions, please do not hesitate to ask!

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