SOM 420: EMERGENCY MEDICINE
ORIENTATION MANUAL

INTRODUCTION TO THE EMERGENCY DEPARTMENT

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 initial 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 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, Family Medicine, and Reproductive 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 courteously and with 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 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.

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 and worn on the upper third of your body. Clothing shall be neat and clean. Thongs, beach sandals, T-shirts, torn or frayed garments, or blue jeans are not worn in the hospital. In the ED, neckties should be the clip-on variety only as they could pose a strangulation hazard. Scrubs are acceptable. 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.

PRIVATE ATTENDING PHYSICIANS

Some patients have personal physicians. It is your responsibility to contact the patient's primary care physician (PCP) is the patient or PCP desires that you do so. There will be a computer prompt at the time of discharge that will remind you to notify the patient's PCP prior to discharge (if appropriate). It is not necessary to contact the patient's PCP for a minor complaint (e.g., viral URI) unless the patient requests that you do so.

ADMITTING PATIENTS

All critical and unstable patients should be admitted without delay. In these patients, it is important to call the admitting team early to help expedite admission to the hospital. The sooner you contact the admitting team, the sooner you can put in the admit order in WebCharts. This admit order will reserve a bed for the patient.

GENERAL FLOOR PLAN

There are 20 beds in the main Emergency Department, 7 hallway beds or "T" beds and four in Urgent Care. When the census is high, it may be necessary to place patients in the hall in the "T" beds. This compromises patient privacy and your ability to 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.

TRIAGE SYSTEM

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. We have
adopted a "no wait policy" that has been working well to increase patient satisfaction. We are striving to have no patients waiting in the waiting room. There will be times, however, when it is very busy and this is unavoidable.

**URGENT CARE**

There is an Urgent Care area for patients who are triaged as non-emergent. These patients have relatively minor complaints or illnesses. They are seen in the Urgent Care area across from the main ED. The patients are seen by an Emergency Medicine Resident and the Attending Physician. *Medical Students and rotating house-staff are not involved with the care of these patients.*

**YOUR ROLE:**

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 entered in to WebCharts on a first-come, first-served basis. All patients are assigned triage level 1, 2 or 3. Triage level 1 represents the most acute presentation whereas level 3 is less emergent. If a patient warrants immediate attention, the nurse will notify and MD to come evaluate the patient immediately.

The Attending Physician and senior EM resident are there to assist you with whatever questions you have, either with patient management or ED procedures.

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.

**CONSULTATIONS:**

While specialty consultations can be called by any house officer, 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.
AS A MEDICAL STUDENT:

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 Emergency Medicine Resident and the Attending Physician. All orders (whether medications or diagnostic tests) should be discussed with the EM senior resident and/or supervising physician. The attending physician or senior EM resident must electronically co-sign 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) 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.

CALL SCHEDULES

Changes can be made to the schedule that is printed in the ED Physician's Room. You are not to work 'split shifts' nor is a 'double' shift allowed. If you are ill or have a personal emergency, you must call the ED at 619 543-3120.

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 Emergency 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 Dr. (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.

CONFERENCES

Tuesday: (7:30 to 8:30 AM) Emergency Medicine Case Conferences are held in the South Wing, Third Floor Conference Room (Room 3-310). On the fourth Tuesday of the month, either a case conference or core curriculum conference is held from 12:00 to 1:00 PM instead of starting at 7:30am.

Tuesday: (8:30 to 9:30 AM) Emergency Medicine Core Curriculum Conferences follow the Case Conferences in the South Wing, Room 3-310.

Grand Rounds: This conference is held on the second Tuesday of each month in the Auditorium from 12:00 to 1:00 PM (lunch is provided).
Additional required conferences for the rotating medical students are noted on the conference schedule distributed at the beginning of each block. These usually occur on Thursday mornings. An online copy of the clerkship rotation can be found on our online SOM 420 site at http://emergencymed.ucsd.edu/education/students/Pages/default.aspx

CHARTING

All charting in the ED is done on the computer. You will be oriented to the computer and given a personal access code on your first day in the ED. It is necessary to chart on all patients, even if they are only briefly seen in the ED.

The charting program in the ED is an Internet-based program named "WebCHARTS." The use of the program is intuitive and easily learned within a few actual patient encounters.

The key elements of the standard medical evaluation are formatted in WebCHARTS including Chief Complaint, History, Past Medical History, Family History, Social History, Review of Systems, Physical Examination, Medical Decision-making and Plan of Care. In addition, there are MD Notes that can be used for updates during the patient's stay. All sections of the standard medical evaluation are to be completed for each patient. There are "pull-down" menus and summary choices under some sections that can facilitate charting. The key to charting is to document the entire encounter as completely as you can.

Orders are generated on the computer with automatic prompts to the administrative and nursing staff when they are entered. Please use single line entry for each "type" of order. Labs are ordered through a pick list that generates a paperless request to the ED staff and laboratory. The pick list must be utilized for the ordering of labs. Interventions such as IV, Foley, and NG tube should be single line entries 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 with an order. When a consultation is requested, there is a "button" in WebCHARTS to document the time of request.

Results of laboratory studies are automatically "imported" into WebCHARTS. There is a prompt to alert you to the return of the studies. When you have viewed the results, it is required that you comment on and interpret them with particular emphasis on abnormalities.

Results of EKG and radiographic studies must be documented using the MD Notes section.

All procedures should be documented using the pre-formatted menu selection.

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.

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.

When you complete any data entry in WebCHARTS, be sure to "Submit" the entry or it will be lost. Be sure to log-off the computer when not in use. For security reasons, there is a time-out initiated by the program. If you leave the computer for extended periods, any un-submitted data will be lost. If you leave a screen without submitting your entry, it will be lost.

MINI-LAB

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 Hemetest “GUAIAC” (Physician performed)

Tests performed by the EMT or ED nurse and the results recorded in the Nursing Notes in the chart.

LABS

All typical laboratory studies are run STAT by the clinical labs including hematology, chemistry and toxicology. There are some studies such as Beta-HCG that require special communication to facilitate. Cultures are followed up as part of the Urgent Care EM resident responsibility.

RADIOLOGY

X-rays are ordered directly through WebCHARTS using a pick list. This generates a paperless request directly to the radiology technician. The pick list must be utilized for all X-ray requests including CT and Ultrasound.

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. 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. 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.

ADMISSION AND DISCHARGE POLICY

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 WebCharts. This will reserve a bed for the patient. The sooner this form electronic order is placed, 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.

If the decision is made to discharge the patient, provide the patient with an outpatient referral as their medical condition warrants. This referral 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 and indicate when the sutures should be removed.

   b. Patients covered under the County Medical Services 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.

   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.

Please make sure that all patients are given "EPIC" instructions as part of their discharge. These are typed, detailed instructions of their illness and medications. If the person is a Workers' Comp. patient, make sure that you give him or her discharge instructions that include "WOR" to specify any work restrictions he or she may have. The patient needs this sheet to give to his or her employer. Therefore, after the instructions are printed out, it is necessary to fill out the work limitations prior to the nurse discharging the patient.
At any time, if you have any questions, please do not hesitate to ask! You are here to learn Emergency Medicine but in order to do so you also need to know how to get things done. Thanks for reading!