EMERGENCY DEPARTMENT (ED) GUIDELINES

Schedule:
The resident’s ED shifts will in general follow the schedule below. The administrative chief residents will provide the ED with a monthly schedule that incorporates vacations and required residency events.

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<th>Sunday***</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<th>Saturday</th>
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<td>R-1</td>
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<td>8:00-5:00*</td>
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<td>xx</td>
<td>5:30-12:30</td>
<td>5:30-12:30</td>
<td>5:30-12:30</td>
<td>10:30-7:30*</td>
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<td>R-2</td>
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<td>4:00-2:00***</td>
<td>5:30-12:30</td>
<td>5:30-12:30</td>
<td>xx</td>
<td>xx</td>
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<td>4:00-2:00</td>
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*When the R2 is not working, the R1’s weekend shifts will be:
  Saturday 5:00 - 2:00 and Sunday 3:00 - 11:00

**When the R1 is not working the R2’s Sunday shift will be
  Sunday 3:00 - 1:00

***On the last Sunday of the rotation, the resident’s need to be able to start on service the next morning at 7:00 (R1) or 7:30 (R2) with a ten hour turn around due to ACGME regulations. Therefore, the shifts on the last Sunday of a rotation will be:
  R1 shift when no R2 working: 12:00 – 9:00; R1 shift with R2 also working: 9:00 – 5:00
  R2 shift with or without an R1 working: 12:00 – 9:30

Vacation:
Residents will be allowed to take one week of vacation (taken en bloc) on their ED rotation. Residents may not take vacation on recognized holidays. Every attempt will be made to avoid resident absences in July and having both the R1 and R2 on rotation gone at the same time. If a resident needs to take a sick day, s/he needs to contact the faculty on call, and the faculty will notify the ER.

Resident Responsibilities on ER Rotation:
A written set of guidelines has been developed by the ED physicians, and will be reviewed with each resident at the beginning of their rotation. Residents receive a copy of these guidelines and an orientation to IBEX during intern orientation. In order to maintain the schedule noted above, the ED physicians have agreed that the resident on his/her ED rotation may stop picking up new patients one hour before the end of his/her shift in order to facilitate completing evaluation of current patients and charting prior to leaving.

NCFM Patient ER Visits:
In general, the Emergency Physicians will see NCFM patients presenting to the ED. If there is a resident on his/her ER rotation, that resident may be asked to see NCFM patients. The resident on Medicine call (pager 95-430) will be available to see NCFM patients in the ED in the following specific situations, if s/he is not involved in a critical situation elsewhere in the hospital:

- Patients who are critically ill.
- Patients who have been discharged from the NCFM inpatient Medicine service in the last week.
- Patient who were seen at NCFM on the same day as the ED visit.

Definition of a NCFM Patient:

- Patients who are seen as outpatients at NCFM (who have not been dismissed from the clinic).
- Patients with post-delivery complications who were delivered by NCFM but don’t have another provider (for 30 days postpartum).
- Newborns who were cared for by NCFM in the newborn nursery and do not have another assigned provider (for the first two weeks of life). Note that this does not include Sunrise and Children’s Clinic patients, who are considered assigned for outpatient care (including ER visits).
- Unassigned patients who have been discharged from the NCFM Medicine or Pediatrics Service in the last 30 days. Note that unassigned patients who have been discharged from an NCFM Service more than 30 days prior and have not established outpatient follow up at NCFM are not considered NCFM patients.
**Medicine Service Admissions/Medicine Service Cap:**

- The medicine service will admit unassigned patients up to the designated cap, and is always open for NCFM patients. The medicine chief will be responsible for determining whether the service is open or closed to unassigned patients, and will update the ED at 0700 and 1730 each day, and when the status of the service changes. Any questions about whether the service is open or closed should be directed to the medicine chief.

- The medicine chief should be contacted for all admissions after ED work-up is complete. The medicine chief will look the patient up in the NCFM Electronic Medical Record to be sure the patient has not been dismissed from the practice prior to accepting the admission. After the chief has accepted the admission (on behalf of the faculty), s/he may ask the Emergency Physician to write interim admission orders (if the junior resident is not immediately available to see the patient). If the junior resident sees the patient in the ED, s/he will write admission orders after evaluating the patient. In some cases, the Emergency Physician may elect to write interim admission orders after the admission is accepted by the service (to facilitate ED patient flow), rather than waiting for the junior resident’s evaluation and orders. As the ED physicians work toward not writing admission orders, this may transition the chief resident giving verbal holding orders over the phone at the time the admission is accepted.

- Patients accepted on the NCFM Medicine Service:
  1. Service Open:
     a. The NCFM Medicine Service will not accept patients who have been dismissed from the clinic.
     b. The NCFM Medicine Service will admit all adult unassigned patients.
     c. The NCFM Medicine Service will admit all adult NCFM patients.
  2. Service Closed:
     a. The NCFM Medicine Service will not accept patients who have been dismissed from the clinic.
     b. The NCFM Medicine Service will admit all adult NCFM patients.
     c. The NCFM Medicine Service will admit patients who have been discharged from the Medicine Service in the last 30 days (even if initially admitted as unassigned).

**Pediatrics Service Admissions:**

The junior resident on pediatrics is involved in the inpatient admissions of all pediatricians and family physicians. There is no cap on this service. After the ED work-up is complete:

- For NCFM patients, Monfort Children’s Clinic patients, and unassigned patients (all of whom will be admitted to the NCFM attending): contact the pediatrics resident directly (pager 95-489).
- For the patients of private (including Sunrise) family physicians and pediatricians: contact the pediatrics resident (95-489) after the private attending accepts the admission.
- For patients who have been dismissed from the NCFM practice: contact the private pediatrician on unassigned pediatrics call to accept the admission, and then contact the pediatrics resident (95-489).

Revised: June 12, 2005

Reviewed and Approved: ______________________________
H. Daniel Fahrenholtz, MD, Program Director

Date Approved: ______________________________

Review Dates: ______________________________ _____________ _____________ _____________

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