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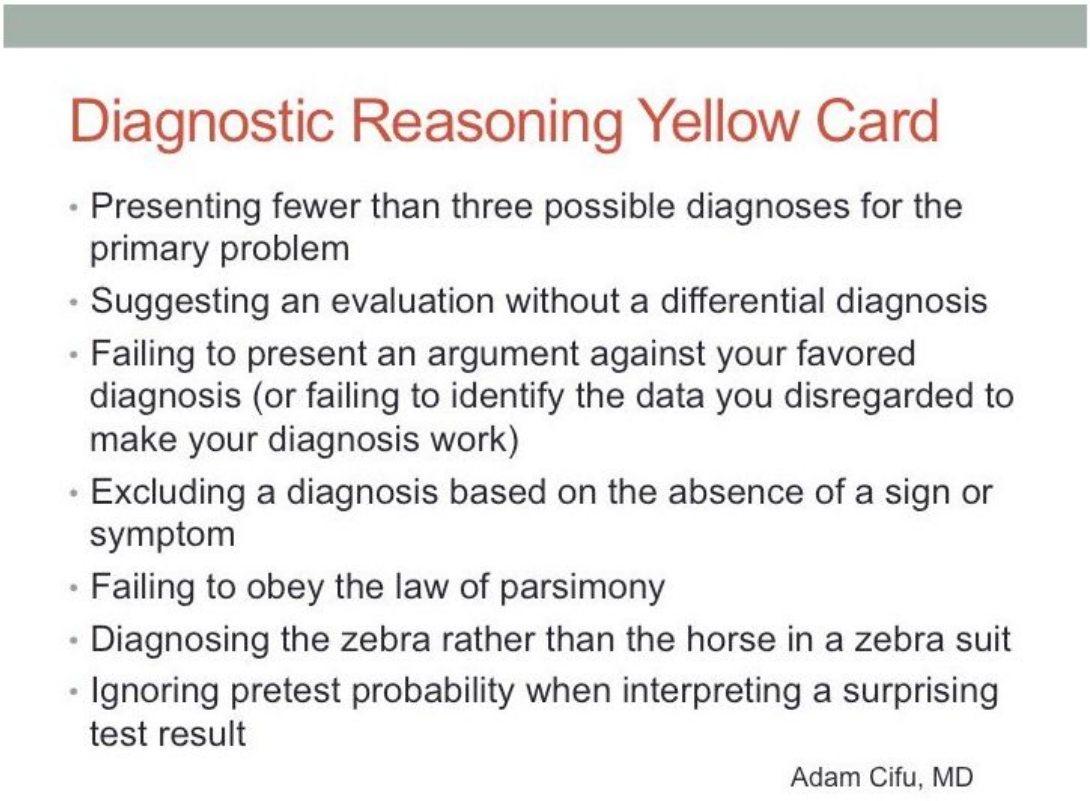
General IM Ward Rules (vJAN2019)

1. You are guaranteed 1 day off per week; work hour rules will be enforced.
2. Education/Medical training:
    a. Provide **specific and timely feedback** to your junior residents and students.
    b. Read thoroughly and **cosign medical students notes daily**.
    c. Teaching as we go. Be present (even if not presenting your patient)
3. Rounding:
    a. Goal: 1-2 hours/day. The senior resident will pick up to FIVE patients that everyone will round on together; the remainder of the patients will be seen either with the senior resident or independently. Medical students are encouraged to round with me one-on-one for more hands-on and educational experiences.
    b. Begin with most critically ill and those with greatest time-constraints on disposition (ex. transfer to nursing home). Immunocompromised patients trump all others if possible.
    c. Be prepared to show radiographs (laptop/desktop) and bring EKGs, rhythms strips, etc. when rounding.
    d. If possible (...and it is...), round with nursing staff
4. Medical documentation and patient care:
    a. **MEDICATION RECONCILIATION** (contact healthcare facilities/family as needed to confirm): Spell out generic (+/-brand) name, dose, route, frequency, indication/diagnosis, AND number each medication. (Ex. **1. Acetaminophen (Tylenol) 325 mg tablet; take 1-2 tabs by mouth every 4 hours as needed for back pain**) -- Must be present in BOTH H&P and Discharge summary
    b. **CULTURES:** Check and annotate pending cultures daily (**may need to call microbiology**); ensure inclusion on discharge summary if cultures are still pending.
    c. Please include in all progress notes:
        i. DVT ppx (unless contraindicated; please provide reason)
        ii. Diet
        iii. Lines/catheters (site, date placed, when to remove)
        iv. Code status
        v. Disposition (...what are the next steps and what is holding up disposition...)
            1. Example: "Anticipate discharge to LTAC in 1-2 days for IV ABx pending TEE."
    d. Never use a TJC unauthorized abbreviation
5. Admissions:
    a. Gather data and physically interview/evaluate patient prior to rounding with attending. If team is especially busy, we may round together ("discovery rounds") to save time.
    b. Consult case management, physical/occupational therapy early (to make discharge more efficient)
    c. **Document smoking (type, quantity duration) and alcohol (AUDIT-C) on all patients (Don't use "~~Denies~~");** if positive, document counseling (must be in discharge summary).
6. Discharges (recommend starting Discharge Summary day of admission):
    a. MY FORMAT: Brief (2-3 sentence each) HPI, general hospital course, and problem focused discharge with bullet-point "to do" list for each problem.
    b. PCM FOLLOW-UP: Document PCM DC summary transmittal, reinforce discharge instructions, and return-to-care precautions for ALL discharge summaries
    c. MEDICATIONS: Order new medications and refill all other medications as indicated
    d. FOLLOW-UP: Annotate labs/rads/studies to follow-up in PCM transmittal and summary (see above)

For free online medical education, visit www.thecurbsiders.com/podcast. If you are interested in helping to write a script (interview, round-table, interesting case), contact thecurbsiders@gmail.com. Also, I recommend http://www.humandx.org for additional cases to review.

    e. Document smoking cessation counseling if history of smoking
7. Orders:
    a. Discontinue any unnecessary daily labs and remove lines/catheters when no longer indicated.
    b. **Avoid continuous IVFs orders**; state rate (cc/hr) and total volume. Clinically reassess volume status. May assess how a patient will respond to 500cc of fluid by elevating legs prior to giving fluids.
    c. Elderly patients (in general) doses: "start low and go slow"
    d. Adjust doses for renal impairment and ensure hold parameters up front for BP & HR altering meds
8. Text/Page me for any of the following:
    a. Transfers to/from MICU, decompensation, inpatient deaths, change of code status, DNR/DNI admissions, active duty admission, prior to D/C from ER, any concerns with patient/family
9. Professionalism:
    a. Careful to avoid HIPAA violations.
    b. Communicate professionally with the nurses/techs and team.
    c. Please let me know of any personal issues/concerns that may arise, suggestions/ideas, etc. We are a team!



- You will receive a yellow-card if you fail to follow the instructions detailed out in the yellow card. If you receive three yellow-cards, something absolutely terrible might happen to you. I'm not quite sure what that is as of yet. (You probably don't want to find out.)