Updated May 2019

Meriter MCTS Family Medicine Resident Orientation

__ How to contact people using Vocera (7-8000, then speak full name of person)

__ How to find out who to call for the different groups

__ Bathrooms, where to get water on the floors

__ Location of board rounds, happens at 8am and 8pm (near 4N elevators behind the reception desk)

__ Location of circumcision rooms on 5th and 6th floors (code 357)

__ Location of cafeteria, doctor's lounge (level 1 and level 4)

__ Scrub machines (level 1 near vending machines, level 5 in last door to the left when walking toward patient care area)

__ Call rooms, (3E: Family Med Resident code 2955, Flex code 7777. 5E: Flex code 456)

__ Sim lab (5E), location of most didactics with OB which occur at 7:30 am on M, Tu, W, F. Peds didactics occur on Th AM (3E conference room).

__ Tracevue Access (talk with charge nurse to get log in)

__ Adding Snapboard to see future inductions

__ Need to log 40 newborn encounters throughout residency. Do this through New Innovations or the Peds Tracker App (one or the other, not both). Contact Jenny White if you have questions.

__ Note templates (triage, H&P, labor progress, delivery, newborn H&P, postpartum)

.FMNBHP
.FMNBPROGRESS
.FMNBDISCHARGE
.FMNBSIGNOUT

.FMOBHP
.FMOBPROGRESS
.FMOBDISCHARGE
.FMOBTRIAGE
.FMOBSIGNOUT

.FMPPPROGRESS
.FMPPSIGNOUT

__ Frequency of note writing (4 hours during induction/latent labor, 2 hours during active labor--can be a "strip note")

__ When and how to contact attendings

- Direct phone calls are preferred, unless told otherwise (see contact list)
- Any time you have questions about management, significant change in status (4-->9 cm), requires epidural, cat 2-3 strips, postpartum/newborn concerns

__ Favoriting order sets (OB L&D, antepartum, discharge) *Newborn order sets placed by RNs*

Cervical Ripening Focused (Sarah Gnadt's)
IV Oxytocin Induction/Augmentation Focused
Labor Admission (Sarah Gnadt's)
Neonatal Circumcision
OB Intrapartum Antibiotics
OB Premature ROM Admission
OB Triage
Pre-eclampsia Admission
Vaginal Birth Postpartum (Sarah Gnadt's)

__ Who to contact when a patient arrives in triage & triage pathways (this is in triage in the white binder and also posted in the 4th fl resident workroom)

Group	Triage pt who will be admitted	Triage pt who will be sent home	If no response after 2 pages (waiting 15 minutes after each page)
GHC	Primary OB care provider	>36 weeks, always Primary FMOB < 36 weeks, Group on-call person	1st try Group on-call person or primary OB care provider if not previously contacted. Otherwise, call MCTS faculty on-call
UW Community	Primary OB care provider	Primary OB care provider	Group on-call person
UW Residency	Group on-call person	Group on-call person	Primary OB care provider
Wildwood	Primary OB care provider	Group on-call person	1st try Group on-call person or Primary OB care provider if not previously contacted.

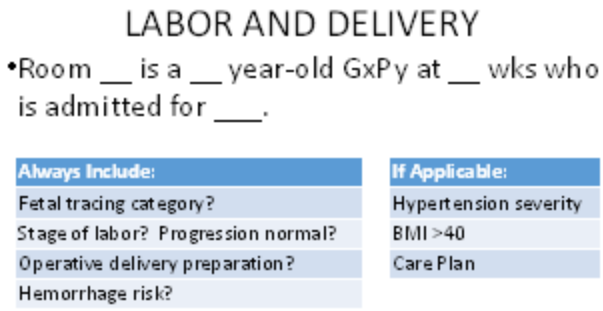
			Otherwise, call MCTS faculty on-call

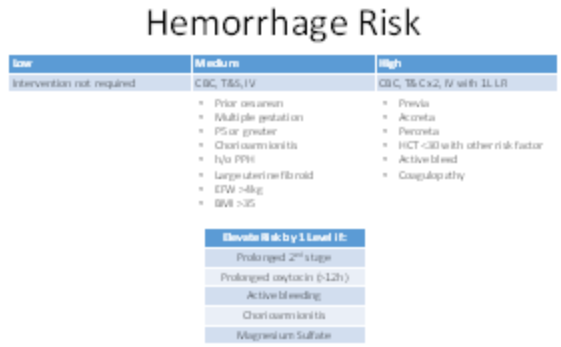
__ Who to contact for postpartum/newborn rounding

You are expected to round on ALL UW residency patients, Access patients (going to the Erdman/Park St clinic) and UW Arboretum clinic patients (unless the continuity resident/attending is seeing them). If the mother is UW residency patient, but was delivered by OB/CNM and plans to have her baby see UW FM, you should round on the baby.

- You are expected to round on ALL Access FM moms and babies of Dr Eichenseher. If the mother is an Access FM patient, but was delivered by OB/CNM and plans to have her baby see Access FM (on Park St), you should round on the baby.
- You are expected to round on Wildwood/GHC/UW community mom/baby dyads if a FM resident was involved in the delivery

__ How to present at board rounds





__ Triage tour (clean room, dirty room, location of ultrasound, putting in orders/discharge)

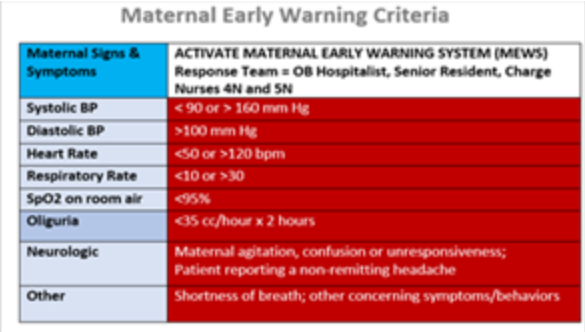
__ Circumcision (orders, notifying nursing, procedure, note)

__ Epidural process (review checklist):

- Make sure H&P is in the chart and an attending has ideally seen the patient prior to calling anesthesia (exception is a patient in triage asking for immediate epidural). You will also need to tell the anesthesiologist who the UW OB is that day (this person will

cover in case the FMOB attending is not in-house and there are complications after the epidural is placed)

__ MEWS (maternal early warning system)



Maternal Early Warning Criteria

Maternal Signs & Symptoms	ACTIVATE MATERNAL EARLY WARNING SYSTEM (MEWS) Response Team = OB Hospitalist, Senior Resident, Charge Nurses 4N and 5N
Systolic BP	< 90 or > 160 mm Hg
Diastolic BP	>100 mm Hg
Heart Rate	<50 or >120 bpm
Respiratory Rate	<10 or >30
SpO2 on room air	<95%
Oliguria	<35 cc/hour x 2 hours
Neurologic	Maternal agitation, confusion or unresponsiveness; Patient reporting a non-remitting headache
Other	Shortness of breath; other concerning symptoms/behaviors

- Service pager will go off if this system is activated for maternal issues. You are expected to go to the room as soon as possible (within 10 minutes or less). If you are an intern and receive this page, you need to either bring your senior or attending to the room to assess the patient.
- You or the OB resident will be expected to write a note for the event and will send this to the appropriate attending

__ NICU transfers: contact the pediatric on-call physician, put in transfer note