



Weill Cornell Medicine

Emergency Medicine

Rotator's Orientation Guide 2023-2024

Welcome to the Emergency Department

We are one of the nation's premier educational and research institutions and our Emergency Department provides the most advanced emergency care, 24-hours a day, to more than 90,000 patients annually at its NYP/Weill Cornell Medical Center campus. During your rotation here, you will work with multi-disciplinary teams of emergency medicine experts, physician residents and mid-level providers. You will have the opportunity to practice and observe cutting edge emergency care on a wide variety of pathology and presentations and participate in the didactics and teaching sessions over your 4 week rotation.

Please review this document prior to the start of your rotation to ensure a smooth and seamless learning experience. Here are some important contacts and information for your quick reference:

EM Chief Resident Email: nypemchiefs@gmail.com

Chief Residents:

Carolyn Stewart (Cornell Admin), Victoria Pereira (Cornell Education), Rachel Rosengard, Juliet Jacobson

EM Chief 24/7 Phone: **917-410-1056**

Cornell ED: 212-746-5026 (main number)

Schedules are available [here](#)

ED Administrative Attending: 212-746-3701

ED Area A Attending: 212-746-9011

ED Area B Attending: 212-746-9012

ED Area C Attending: 212-746-9013

ED Area D Attending: 212-746-9014

NYP IT HELP Desk: 212-746-4357

Here are some Must Know items before your first shift:

Documentation:

History/Physical/Assessment: **ED Provider note**

Clinical Updates: **ED COURSE**

Admission handoff: **Inpatient Handoff Note**

Discharged patient documentation must include:

1. Summary of pt evaluation and medical decision making
2. DC instructions (Next steps/Return precautions)
3. Admitted patient documentation must include required sign out template (see PDF at top of schedules page)

Haiku:

This app is the main form of ED communication
Login using your EMR credentials

1. Should be used for all consults and admitting teams
2. ALL staff in ED if not in person

PPE: Face mask plus face shield/eye protection at all times. N95 and gowns for patient interactions. Discuss high risk procedures with senior residents/attending.

COVID: Latest updates on nypem.net

Guide Summary

Welcome to your NYP Emergency Medicine Rotation! This summary serves to highlight points discussed in the following Off-Service Orientation guide. Prior to your rotation, please review your schedule on www.nypem.net. You are **required** to watch the EM Off-Service Orientation Video, available through the NYPEM website. If you have any questions after reviewing these documents and video, please contact us at nypemchiefs@gmail.com. We look forward to working with you!

BE PROFESSIONAL AT ALL TIMES

- **Be on time** - arrive 5-10 minutes early to prepare for signout
- Wear clean scrubs or professional attire on all shifts (no t-shirts)
- Keep your **hospital ID above your waist**
- **No food or drink** in clinical areas (exception: clear water bottle with water)
- Take a **break** on every shift - discuss with senior resident/attending prior to stepping out
- Schedule changes **must** be approved by the NYP EM Chiefs to ensure you are not violating duty hours (email nypemchiefs@gmail.com for all potential schedule changes)
- Involve your Attending **early**
- If your patient is **sick** or **sicker** than initially triaged, notify attending **immediately**
- Alert attending **prior to procedures**, i.e laceration repair, central line, lumbar puncture, joint reduction etc. (exception: peripheral IV, venous blood gas)

REQUIRED DOCUMENTATION

- **IMPORTANT ED Documentation for ALL patients**
 - **ED Provider Note**
 - This will include HPI, ROS, physical exam, family/social history, assessment & plan
 - Use **.resmdm smartphrase** in the end of your ED provider note to document your assessment & plan
 - **ALL patients require this assessment**
 - **ED Course**
 - This will be where you document clinical updates, handoffs, and final disposition decisions
 - Use **.reshandoff smartphrase** in this tab when receiving sign out on patients
- **Admissions**
 - Document **admission** with *required* **ED Transition of Care Note** by clicking "Inpatient Handoff" in disposition tab and completing the auto-populated ED-PASS *smartphrase*
 - Document **Provider Endorsement** to inpatient team with name and contact # after confirming endorsement is accepted by inpatient team
- **Discharges**
 - **Discharge instructions** in the Follow up Section - reason for visit, summary of pertinent results, medication Rx, when to return, clinic follow up and plan for outpatient exams/imaging/procedures (i.e. finding of incidental lung/liver nodule that requires re-imaging)
- **Procedures**

- “ED Consent for Procedures” note **required** prior to procedures
- Official Time-Out is **required** prior to procedures - RN and MD identify and confirm patient’s name, MRN, DOB, name of procedure
- Pre-Sedation Assessment Note is required prior to performing procedural sedation.
- ED Procedure Note is **required** for procedures, i.e. splint/cast placement, laceration repair, central line, lumbar puncture

COMMUNICATION

- **Notify your attending of all potentially dangerous lab values immediately**
- Epic secure chat is the *standard* and *required* form of communication for all providers in the Emergency Department and consultants.

SIGN-OUT using ED-PASS

ED Disposition- under evaluation, bed requested, endorsed

Patient Summary

Action List

Situational Awareness

Synthesis

EMERGENCY MEDICINE GUIDELINES FOR ROTATING RESIDENTS

CORNELL CAMPUS

Revised 6/2022

Welcome to your Emergency Medicine (EM) rotation! The following guidelines are designed to help make your experience with us more productive and less confusing. Once you've read this document, please feel free to approach us with any questions/concerns you may have (nypemchiefs@gmail.com or, more urgently, 917-410-1056).

LOCATION:

The Emergency Department (ED) street entrance is adjacent to the main entrance of the hospital at 68th street and York Ave in the hospital circle. You will be assigned to one of 3 different areas: Area A, Area C, or Area D (Urgent Care).

The ED residents' room is located on the first floor of the M Hallway in M107, behind area C, down the hall from radiology. You should store personal belongings in this room during shift - ask any ED resident to borrow their key. This room is where you will come for **morning report** on M/T/Th/F at 8:00 AM.

THE SCHEDULE

<https://www.nyp-cc.com/wcmc-rotators>

Scroll down to "Cornell Block Schedule" to view your schedule. The ED formerly asked residents to check the schedule daily, as it is "live" and subject to change. Please check your emails regularly-- occasionally, due to unexpected events or call-outs, the chief residents may contact you to request a shift time be changed to keep the ED fully-staffed. You will not be asked to work extra shifts.

Specific instructions for how to read the schedule are listed on the top of the published schedule. For MSK, anesthesia, ophthalmology and psychiatry rotators, there are three clinical shift schedules in the Emergency Department (ED):

Daytime (D)	7:30am - 7:30pm
Midday (M)	10:00 am - 10:00 pm
Night (N)	7:30pm - 7:30am

OMFS and dental residents may have a shift that is "U" or in area gold, which is our urgent care. These shifts are 8:00 am - 7:30 pm.

Residents are scheduled for 18 shifts per 4 week block. If you are rotating for a shorter period of time (i.e. 2 weeks), you will be scheduled for 9 shifts and there is unfortunately no full weekend off.

Schedule Requests must be made at least 10 weeks in advance of the scheduled *start date* of the EM (Emergency Medicine) Block to have the best chance of being fulfilled. For example, for a block starting January 1 – January 28, requests are due before November 1st. After this deadline, your request is much less likely to be accommodated.

- All requests must be made [here](#) and can also be made on the website.
- Attempts will be made to honor reasonable requests; but requests are not guaranteed. Requests are honored in the order in which they are received. However, certain requests will not be accommodated (i.e. requests for more than one weekend off, requests that may cause duty hour violations, or requests that will not make it possible to schedule your complete shift commitment).

Schedule switches/changes after the release of the official block schedule, any changes must be approved by the EM Chief Residents, at nypemchiefs@gmail.com. This is to ensure compliance with duty hours rules for all individuals involved. Once we make a change to the schedule, both residents involved in the switch will be responsible for any issues that arise from the change.

Punctuality: Timely arrival is strictly enforced for all shifts. Please be a few minutes early to your shifts to prepare for signout, and help your colleagues get home in a timely manner. This is vital in the ED where patient care must be directly transferred from one physician to the next in an efficient and accurate fashion. In the event that you will be late, you must call and ask for the EM attending in the clinical area where you are scheduled to work (212-746-5026) **and** the chief resident on call (917-410-1056) to make them aware.

DAILY RESPONSIBILITIES:

Team rounds occur when there is resident and faculty turnover (7:30AM, 3:30PM, 7:30PM and 11:30PM). They consist of very brief presentations (using EDPASS) of the patients, including the current overall assessment and plan. Following team rounds, the outgoing and incoming residents perform more detailed 1:1 sign-outs. In general, the rounding / sign-out process should take less than 30 minutes. After a patient has been signed out to you, put your name next to your new patient in Epic (“takeover” care) so the team (nurses, clerks, consultants, admitting physicians) know who to contact. For the sicker patients, please reassess the patients at bedside, and include a reassessment in the ED Progress Note.

PATIENT CARE RESPONSIBILITIES:

If the patient is unstable, the ED attending should be informed immediately. Never ignore the incapacitated, agitated or “intoxicated” patient as these may be manifestations of

critical illness. If you are unsure, ask the attending. Never be afraid to ask for help. ALL “critical lab results” need to be reported to the ED attending immediately. If you get called by the lab for a critical result OR informed by the nursing staff of a critical result, YOU MUST IMMEDIATELY RELAY THIS INFORMATION TO THE ED ATTENDING AND SENIOR RESIDENT

Clinical Functioning

During your time in the ED, you are likely to see more undifferentiated patients in a single time period than at any other time of your residency. Here are some general guidelines that will help.

When **patients arrive in the area** of the ED you are working, their names will appear on your screen status board with a status “To Be Seen” highlighted in yellow.

Pick up a patient by putting your name on the ED status board **before** you go see the patient. You can do this by hovering over the patient’s name, right click, and select “Assign me.” The status will automatically turn to “Evaluation” and you are now their go-to provider. This will avoid confusion as to who is caring for the patient. Every patient should have triage vital signs and a triage nursing note already in the chart. Quickly read that note and assess the vital signs. If the vital signs are unstable, please tell the senior EM resident or attending.

PGY1 residents are expected to pick up 1 patient every 1 to 2 hours. PGY2 and above are expected to pick up *at least* 1 patient an hour. Patients must be picked up in the order of arrival unless clinical instability warrants immediate evaluation/intervention. Cherry Picking “easy” patients is frowned upon. If the next patient waiting to be seen is acutely ill, let the senior EM resident know.

Examine your patients early. During the ED’s busy hours, you may get as many as 3- 4 new patients per hour per bay. With each new patient, you should get a brief history, check vital signs and do a brief focused exam. If you are unsure about anything, ask the attending or a senior EM resident.

Order your tests early. As soon as you realize that labs or other studies may be needed, order them. Expeditious ordering allows for timely disposition decisions. Please check to see if orders have already been placed in triage or by the medical screening exam (MSE) provider (oftentimes this is a PA/NP in triage or a Tele MSE provider during daytime hours). Feel free to add any additional imaging or blood tests that you feel is necessary after speaking with the patient. Discuss with the senior resident or the attending prior to ordering any major imaging studies (CT scans, MRIs, etc). Try not to order labs piecemeal as it makes workflow difficult for nursing and also may result in multiple blood draws from patients. Be aware that many labs can be added on by placing an ADDON order, however, certain labs like ethanol level cannot be added on.

As a separate patient flow issue, please note that type and screens should only be ordered for patients with active life threatening hemorrhage, known anemia requiring transfusion, pregnant vaginal bleeding, or stroke/trauma/torsion notifications, or emergent surgery. When an ABO confirmation is needed, it MUST be ordered at least 5 minutes after the type and screen (even in life threatening hemorrhage or emergent surgery).

Treat pain early and aggressively. We have an obligation to relieve pain. This should be done as early in the course of treatment as possible. There are many options available to us and they should be discussed with the attending early in the patient's course. We are obligated to search for horrible, catastrophic and potentially fatal disease. However, it is important to remember that for many patients, pain will be the predominant symptom. Use 975mg of acetaminophen every 6 hours if no liver problems, heat/ cold packs, lidocaine patches, opioids as appropriate, and NSAIDs if you're not concerned about bleeding (including intracranial)/ potential surgery/ reduced kidney function.

Following up on studies ordered is one of the hallmarks to patient care in the emergency department. Sometimes making sure the studies get done is just as imperative as the results- "Lab specimen collected" actually only means that the label was printed. Only when it says "Specimen received by Lab" can you be assured that the test was sent off and received. If you order something, you must see the result through. **Make sure patients ordered for urine studies have a cup and wipe-- missed urine catches have delayed many dispositions for hours.** For cultures and certain tests that extend beyond the time of the ED visit, complete an "NP Follow-up" order with the appropriate information and telephone number of patient so that our NPs can review the results the next day.

If a patient is not already in a patient gown, please provide them with one and ask them to put it on, unless the patient is there for a very minor problem that can be fully visualized. You may miss important physical findings if patients are not appropriately examined.

Specialty Consultations are an important part of Emergency Medicine. In order to maximize efficiency, do not call a consultant without first speaking to your PGY-4 or attending. In addition, always page the consult via an Epic order ("Inpatient consult to...") to document the time of the call, rather than through Infonet. If a consultant is rude or impeding patient care, take down their name and inform your attending to get involved.

When speaking to the consultant, convey your concerns and the clinical question. Here is a framework for requesting a consultation:

Contact	Name Rank and Service Supervising Attending Confirm name of Consultant/Level of Training
Communicate	Clear and Concise story (brief) Accurate recount of case detail (have the chart nearby for exact vitals/lab values) Speak clearly
Core Question	Specific need for consultation Specific timeframe for consultation
Collaborate	Open to Consultant's recommendations
Close the Loop	Review and repeat care plan Thank Consultant

SIGNING INTO EPIC

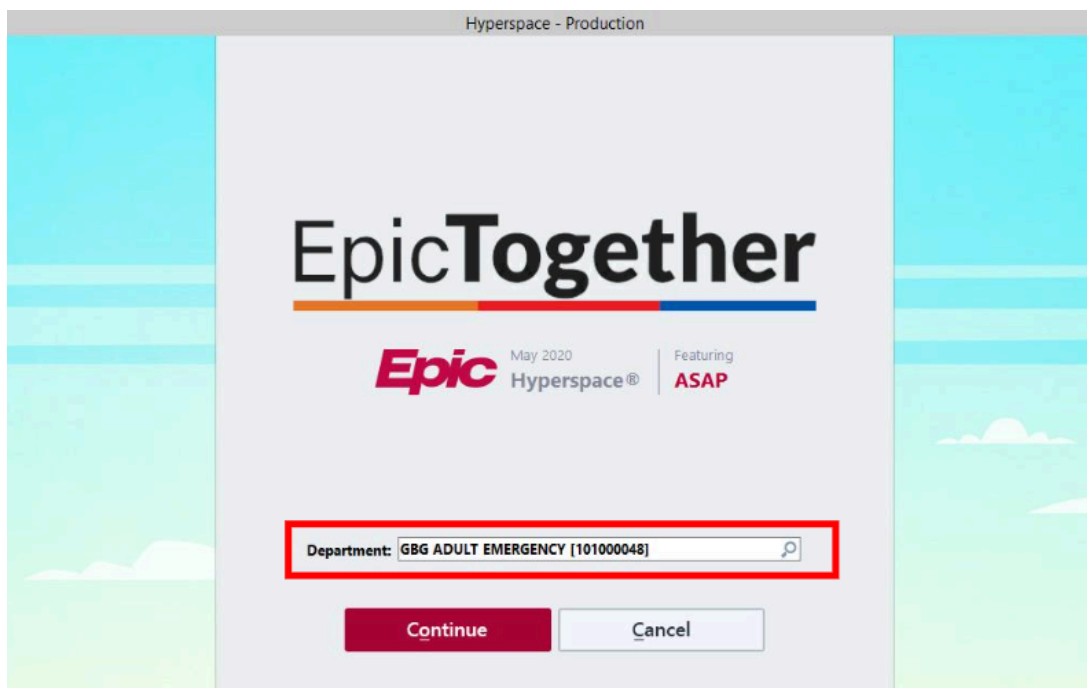
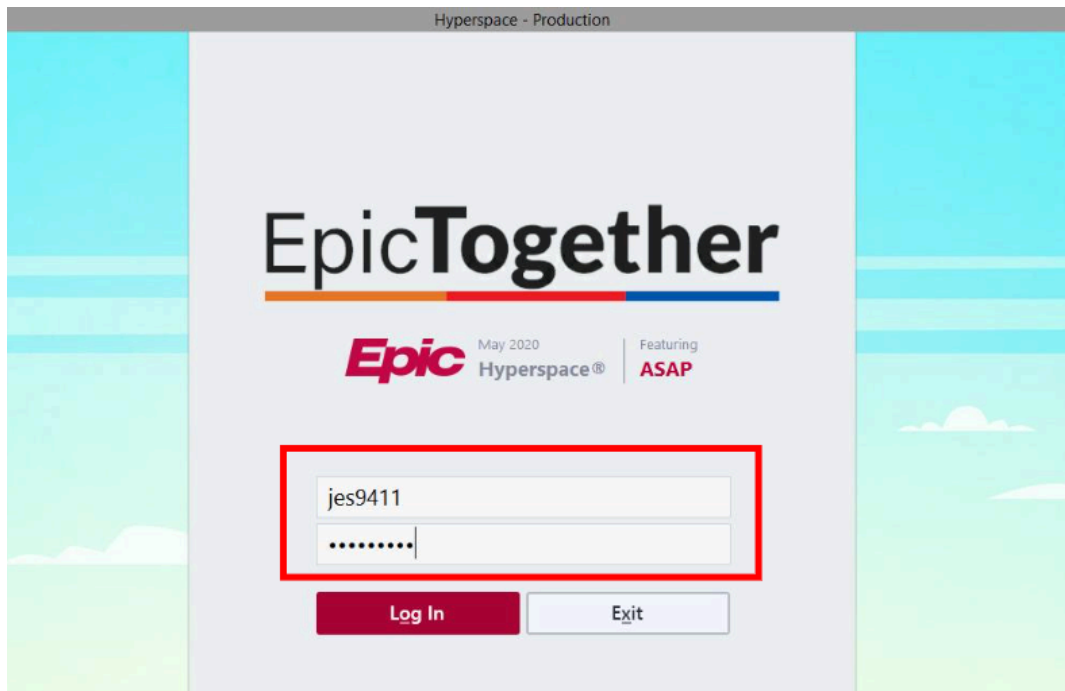
At the start of every shift, you must sign into FOUR things:

1. Epic Production
2. Provider Teams
3. The ED Track Board
4. Haiku

Please carefully follow all four steps to ensure that you are signed in correctly. Otherwise, you will not be able to assign yourself to ED patients, receive messages from consultants, or be contacted for critical test results. If you are unable to perform any of these steps during your first ED shift, please alert your attending immediately and place a ticket with the NYP Help Desk at 212-746-4357.

STEP 1: Sign into Epic Production

1. Click on the Epic PRD icon in the Citrix app store.
2. Sign in with your CWID.
3. Select GBG ADULT EMERGENCY to sign into the Cornell Adult ED.



STEP 2: Sign into Provider Teams

1. You will see the pop-up window below.
2. In the "Role" field, select ED Resident - Primary. Do not use any other role.
3. In the "Service" field, select Emergency Medicine.
4. If you are unable to assign yourself to patients, it is because you did not do these steps correctly.

Epic Home In Basket Chart Encounter Telephone Call Patient Lists Phone Book Links Radiology On-Call Finder

ED Track Board (GBG ADULT ED)

Sign In Dismiss Tg Team Teams Comments CPEP Updates Refresh Expected Pt Add'l Tools Care Team Sign In Care

All Pts (54) Unassigned Room/Team Shared Wtg Room My+Unassigned My Pts Consults Admits Geriatrics Disaster Finish Up Fast

Rad Tracking

Statu	Bed	BH
B...	A02-C	
S...	A02-R	
W...	A03-C	
W...	A03-C	
R...	A05-C	
I...	A05-C	
W...	A05-C	
E...	A05-R	
W...	A05-R	
R...	A08-R	
E...	A09-L	
R...	A09-L	

Sign In

Start: 1934 05/25/2021

End: 0807 05/29/2021 8H 12H 1D

Contact #: 917-555-1212 Phone Pager

Comment:

Role: ED Resident - Primary

Service: Emergency Medicine

Provider Teams

Add teams

☒ WC GBG ED Blue (Area B) Resident (Contact) No patients to select Select all

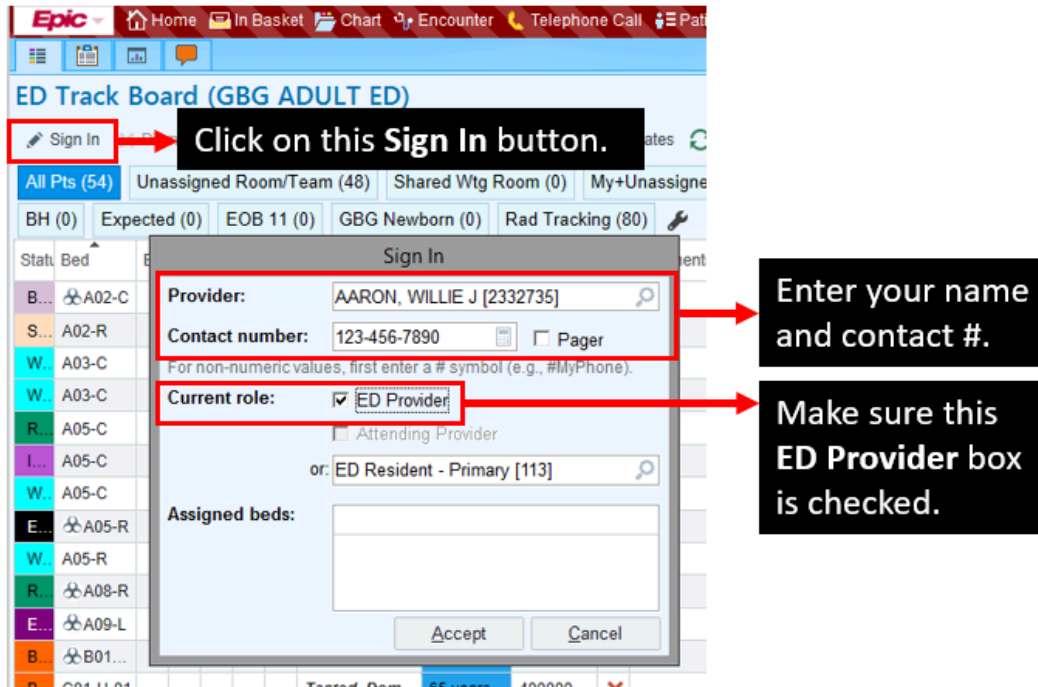
No patients to select

For Role, select ED Resident – Primary.
DO NOT use “First Contact Provider” or any other role.

For Service, select Emergency Medicine.

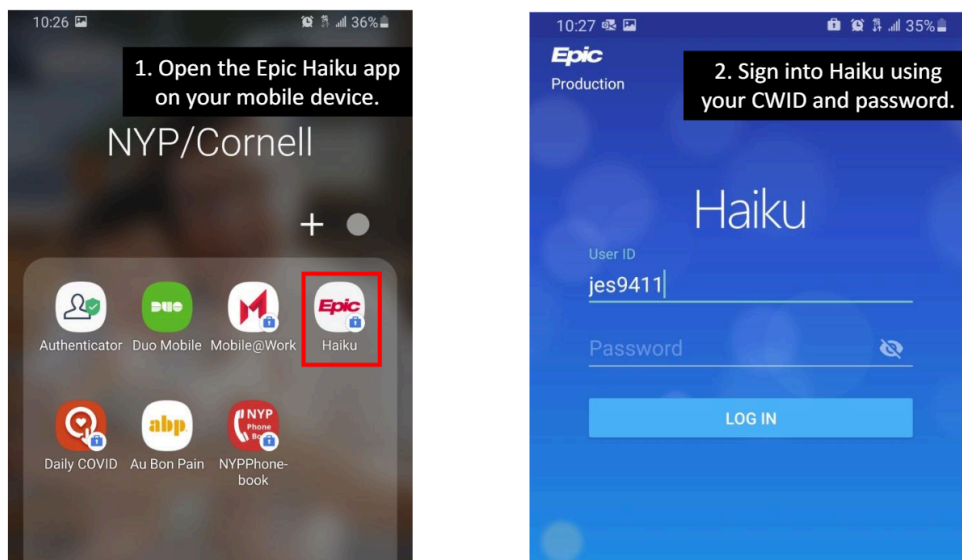
STEP 3: Sign into the ED Trackboard

1. Click on the “Sign In” button on the ED trackboard.
2. In the pop-up that appears, make sure your name and contact # are correct.
3. Make sure the “ED Provider” box is checked under “Current Role.”
4. Click Accept.

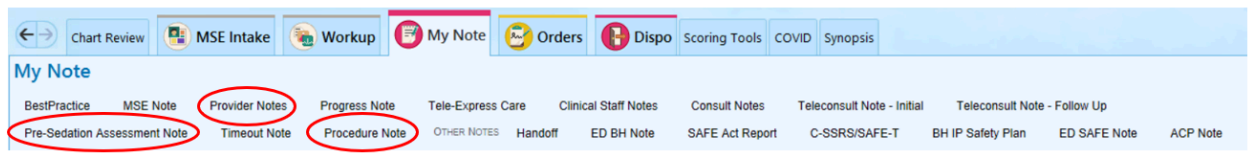


STEP 4: Sign into Haiku

1. Open the Haiku app on your mobile device and sign in using your CWID.



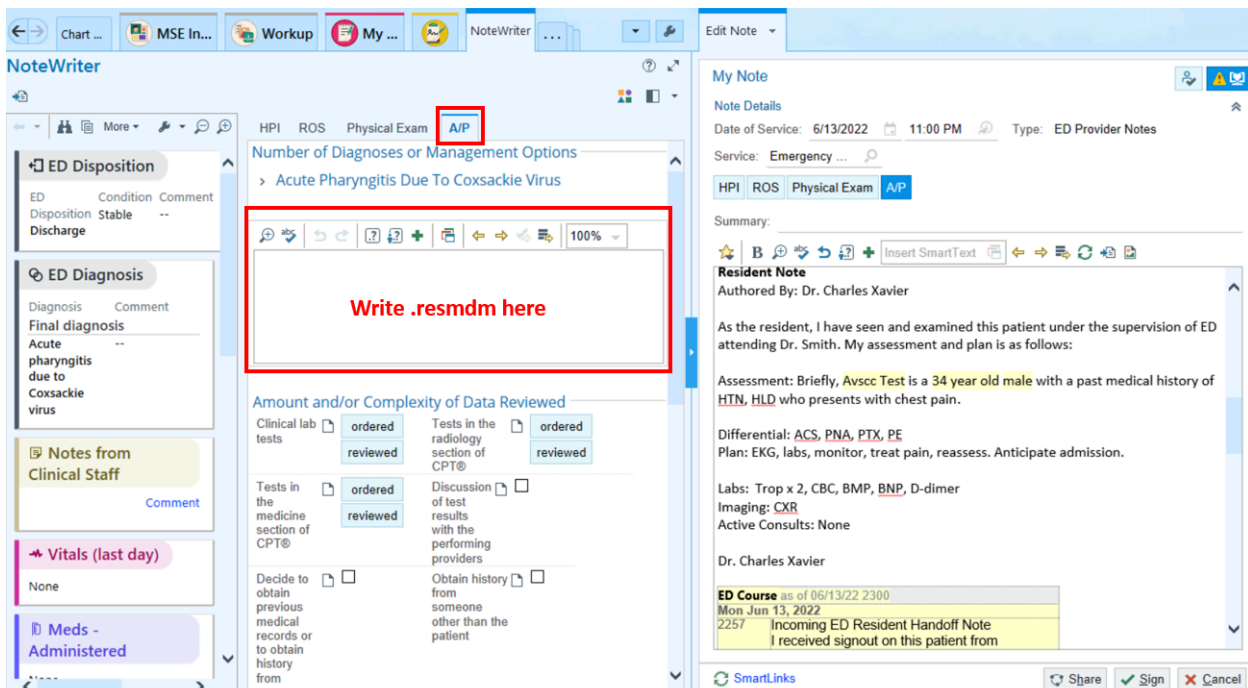
DOCUMENTATION



Documentation on all patients must have a minimum of one note prior to discharge or admission: an **ED Provider Note** (the primary evaluation). This should be augmented with timely **ED Course** updates that will auto-populate into the **ED Provider Note**. Admitted patients require an additional and an **ED Transfer of Care Note**. Make every attempt to write your notes in a timely fashion. Your recall will be better and allow your chart to reflect the patient's progress through their workup. ED charting is different from the more involved inpatient notes that many of you are accustomed to writing. Notes must be focused, concise and relevant to the problem at hand.

ED Provider Note:

- **INITIAL EVALUATION:** Under A/P (Assessment and Plan), **please use the dot phrase .resmdm** and use F2 to fill out all required sections. F2 allows users to search within the document all necessary documentation areas indicated by ***. After you are done with the appropriate sections of the note (HPI, ROS, Physical Exam, Assessment and Plan), make sure to “SHARE” the note instead of signing so that the attending can review and make any changes if necessary.



ED Course:

- **REASSESSMENT:** In the ED Course, please document at least one update on your patient upon disposition (admission/discharge/transfer). You should also document all relevant updates during the course of the patient's ED stay in the ED course tab. This must be done regardless of whether the patient is admitted or discharged. This will timestamp any acute change in a patient's condition. It is also helpful to add any family/contact phone numbers within this area so that it is visible to all providers once the patient is admitted. Please document discussions and updates provided to family members if applicable.
- **SIGNOUT/HANDOFF:** Residents should write a very brief handoff at sign-out for all their patients in the ED Course area, using the *SmartPhrase .reshandoff*. For example-- 1930: patient signed-out to Dr. XYZ who will follow-up on CT A/P results, repeat abdominal exam, PO challenge.

The screenshot shows the Epic EMR interface for a patient named Avscc Test. The left sidebar contains patient information: Male, 34 year old, 12/12/1987, MRN: 4000060174, Total Time: 249:35, Code: Full (no ACP docs). The top navigation bar includes tabs for Chart Review, MSE Intake, Workup, My Note, Orders, Dispo, Scoring Tools, COVID, and Synopsis. The main content area shows the ED Course tab, which is highlighted with a red box. Inside the red box, there is a text area with the text "Write reassessments and .reshandoff here" and a date/time selector showing Date: 6/13/2022 and Time: 2258. To the right of the red box, there is a section titled "Incoming ED Resident Handoff Note" with a timestamp of 2257. The note contains the following text: "I received signout on this patient from Dr. Smith. Avscc Test is a 34 year old male with a past medical history of HTN, HLD who presents with chest pain concerning for r/o ACS. I will reevaluate the patient and follow-up on the following: Pending Tasks: 2nd trop, Active Consults: None, Anticipated Dispo: Admit, Dr. Charles Xavier".

Transfer of Care Note **REQUIRED prior to admission:**

- Once the decision is made to admit the patient, the following documentation must take place: Inpatient Handoff documentation
- Please read the following [guideline](#) for documentation required prior to admitting the patient
- Tip: consider using "Acronym Expanders" for your discharge disposition note to make sure all salient points are captured. Ask any EM resident or attending to review their disposition acronym expander.

ORDERS

The ED Quick List

The ED has a special feature in Epic called Quick Lists that enables you to quickly and accurately place orders. This feature does not exist for any other department, so consider us special! You can access Quick lists from the **Orders** tab from any patient's chart:

Orders

Quick List Active Orders ED Order History Home Meds All Order History

Order Sets

Suggested (8) Adult ED Chest Pain Adult ED Sepsis Adult ED

COMMON (Adult) CONSULTS (Adult) LABS (Adult) MEDS (Adult) NURSING RADIOLOGY

Nursing and Misc

- ☐ Bed Rest
- ☐ No Activity Restrictions
- ☐ Cardiac Hardwire (Bedside) Monitoring
- ☐ Central Line Access (Access Catheter)
- ☐ Continuous Pulse Oximetry
- ☐ Regular Diet
- ☐ NPO DIET
- ☐ Measure weight
- ☐ Nursing Communication
- ☐ Peripheral IV
- ☐ Peripheral IV
- ☐ Rectal Temp
- ☐ Vital Signs
- ☐ Vital Signs-q1h
- ☐ Vital Signs-q2h
- ☐ Vital Signs-q4h

POC

- ☐ ECG 12 lead
- ☐ Perform HCG (Urine Qual, Instrumented), POC

Labs

- ☐ ACTIVATED PTT
- ☐ BASIC METABOLIC PANEL
- ☐ BETA HCG, QUANTITATIVE
- ☐ B-TYPE NATRIURETIC PEPTIDE (BNP)
- ☐ BLOOD GASES: VENOUS
- ☐ C-REACTIVE PROTEIN
- ☐ CBC + DIFF
- ☐ COMPLETE METABOLIC PROFILE (CMP)
- ☐ D-DIMER QUANTITATIVE
- ☐ ESR
- ☐ DRUG SCREEN, URINE W/O CONFIRM
- ☐ ETHANOL
- ☐ HEPATIC FUNCTION PANEL
- ☐ LACTIC ACID ASSAY
- ☐ LIPASE
- ☐ MAGNESIUM, SERUM
- ☐ PHOSPHORUS, SERUM
- ☐ PROTHROMBIN TIME - INR
- ☐ SERIAL TROPONIN (R/O MI)
- ☐ Troponin x1

Radiology

- ☐ XR Chest Standard (PA, Lat)
- ☐ XR Chest 1-View (AP) Portable
- ☐ CT Head without IV Contrast
- ☐ CT Abdomen/Pelvis with IV Contrast
- ☐ CT Abdomen/Pelvis without IV Contrast
- ☐ US Abdomen Right Upper Quadrant
- ☐ GASTROGRAFIN

Medications

- ☐ acetaminophen tablet 650 mg
- ☐ albuterol 0.083% neb x 1
- ☐ albuterol 0.083% neb x 3
- ☐ aluminum & magnesium hydroxide-simethicone oral suspension
- ☐ famotidine 20 mg IV
- ☐ HYDROMORPHONE (DILAUDID) inj
- ☐ ibuprofen tablet 600 mg
- ☐ ipratropium 0.02 % neb
- ☐ ketorolac 15 mg injection (IV)
- ☐ ketorolac 15 mg injection (IM)
- ☐ metoclopramide 10 mg IV

You should ALWAYS use a Quick List or an Order Set to place orders. Never search for individual orders, unless it is a rare or special order that cannot be found in any Quick List or Order Set. This ensures that you will place the correct order for your ED (and not accidentally place an Inpatient order or one that is intended for a different campus).

Please note that there are multiple Quick Lists (for Labs, Medications, etc), which you can select using the buttons at the top of the screen:

Orders

Quick List | Active Orders | ED Order History | Home Meds | All Order History

Order Sets

Suggested (8) Adult ED Chest Pain Adult ED Sepsis Adult ED

☒ COMMON (Adult) ☐ CONSULTS (Adult) ☐ LABS (Adult) ☐ MEDS (Adult) ☐ NURSING ☐ RADIOLOGY

Nursing and Misc	Labs	Radiology
<input type="checkbox"/> Bed Rest	<input type="checkbox"/> ACTIVATED PTT	<input type="checkbox"/> XR Chest Standard (PA, Lat)
<input type="checkbox"/> No Activity Restrictions	<input type="checkbox"/> BASIC METABOLIC PANEL	<input type="checkbox"/> XR Chest 1-View (AP) Portable
<input type="checkbox"/> Cardiac Hardware (Bedside) Monitoring	<input type="checkbox"/> BETA HCG QUANTITATIVE	<input type="checkbox"/> CT Head without IV Contrast

ED Order Sets

In addition to placing orders for your own patients, you may be asked to place orders on critically ill or “notification” patients (Trauma, strokes, Code sepsis, STEMI). There are order sets available to ensure that the nurses can process the orders for these patients in a timely fashion. Please make all attempts to respond to notifications even if you are with another patient. If you are working in area A, you will likely be helping with orders for all A1 trauma patients. Please see the document taped to the computer outside of A1. The senior resident leading the resuscitation/trauma will let you know which imaging studies should be ordered for the patient.

Orders

Quick List | Active Orders | ED Order History | Home Meds | All Order History

Order Sets

Suggested (8) Adult ED Chest Pain Adult ED Sepsis Adult ED Stroke

☒ COMMON (Adult) ☐ CONSULTS (Adult) ☐ LABS (Adult) ☐ MEDS (Adult) ☐ NURSING ☐ RADIOLOGY

Nursing and Misc	Labs	Radiology
<input type="checkbox"/> Bed Rest	<input type="checkbox"/> ACTIVATED PTT	<input type="checkbox"/> XR Chest Standard (PA, Lat)
<input type="checkbox"/> No Activity Restrictions	<input type="checkbox"/> BASIC METABOLIC PANEL	<input type="checkbox"/> XR Chest 1-View (AP) Portable
<input type="checkbox"/> Cardiac Hardware (Bedside) Monitoring	<input type="checkbox"/> BETA HCG QUANTITATIVE	<input type="checkbox"/> CT Head without IV Contrast

How to sign out your patient to the next ED team: eD-PASS

All active patients (under evaluation or awaiting inpatient team endorsement) need to be signed out to the next team at the end of your shift. The eD-PASS signout format is used to improve transitions in care. The components of the eD-PASS format are: **e**mergency **D**isposition, **P**atient Summary, **A**ction List, **S**ituational Awareness, **S**ynthesis.

- **Disposition**
 - Is the pt To Be Seen, Under Evaluation, Bed Requested, MICU/ICU consult pending, Endorsed, or Discharged?
 - What is the final disposition plan (home, admit, ICU, etc.)?
- **Patient summary**

- A brief PMH and history
- reason in the ED
- care thus far
- **Action list**
 - What needs to be followed up? Labs, radiology readings, repeat labs to be done, repeat EKG, consults, etc.
- **Situational awareness/contingency plan**
 - What will screw up your plan
 - If X happens, then Y should be done? Social issues?
 - What will keep the patient from meeting their planned disposition?
- **Synthesis by receiver**
 - Oncoming resident, attending, PA/NP repeats back a short synthesis of the above to the person (allows for a closed loop communication to occur).

Examples of signout using eD-PASS:

(eD) Mr. Patient in A2 is a 42yo man under evaluation with plans for admission.

(P) He has HTN, HLD, DM and came in with 30 minutes of mid-sternal chest pressure associated with radiation to L arm and shortness of breath, resolved with nitroglycerin. First ECG was non-ischemic, unchanged from previous. Labs including troponin and chest X-ray are pending. Aspirin 325mg given.

(A) Once initial labs are back, he should be bed requested for a cardiac workup. Please contact his PMD to inform him/her of plan. Have a 2nd troponin drawn 4 hours after the first, or sooner if there is a clinical change.

(S) If the troponin is elevated or there's an ECG change, discuss with your attending changing the bed request to 4N and/or consult cardiology.

(S) "That makes sense. To repeat back, Mr. Patient has multiple cardiac risk factors and presented with angina. Labs and repeat ECG needs to be followed up, pt needs to be bed requested, and serial troponins ordered."

How to discharge your patient

The following documentation must be done prior to the discharging a patient

1. ED provider Note
2. ED Course updates: indicating the patient's ED course (work up, lab/radiology results), how the patient is doing after intervention/meds, any discussion you had with the patient, documentation that patient is well enough to go home

Things to keep in mind when discharging a patient:

1. Always clear with the attending prior to discharging a patient. Never discharge a patient without attending approval.
2. Reassess the patient to make sure they are actually safe to go home. Is the patient ambulating with a steady gait? Is the patient able to care for themselves and/or have HHA or family members who are available to assist? Is the patient able to tolerate PO and stay hydrated? Assess for these items and make sure to document it in your progress note.

The screenshot shows the 'Disposition' section of a medical system. It includes buttons for 'Admit', 'Admit to Behavioral Health', 'Discharge', 'Left Against Medical Advice', 'Transport to Other NYPH ED/CPEP', 'Transport to L&D', 'Transfer to Other Hospital', 'Expired', 'Walked Out Before Medical Screening Exam', and 'Walked Out After Medical Screening Exam'. Below these is a 'Condition' section with 'Stable' and 'Unstable' buttons. A 'Comments' section is also visible. At the bottom, there is a 'Discharge' section with a '+ New Order' button and a list of orders: 'DISCHARGE PATIENT', 'Vital Signs: B/P, HR, RR, Temp, O2 Saturation', 'NP Follow-up', and 'AMB REFERRAL TO PATIENT NAVIGATION'.

Please also remember to fill out:

1. Follow up: you can often find specific clinic phone numbers and other information by clicking "Other- Lookup"
2. Instructions: you can attach various medical conditions in an easy-to-understand language for patients to take home and read
3. **Discharge instructions for the patient** (under Patient Instructions): Please summarize the ED visit so that the patient can understand clearly what happened during their ED visit. Remember to include any further instructions including new medications, follow up instructions with PMD or other specialty clinics. It is VERY important to include return precautions for patients. Make sure you indicate in your patient instructions that they must return to ED if they develop new or worsening symptoms.
4. Work/school note if applicable

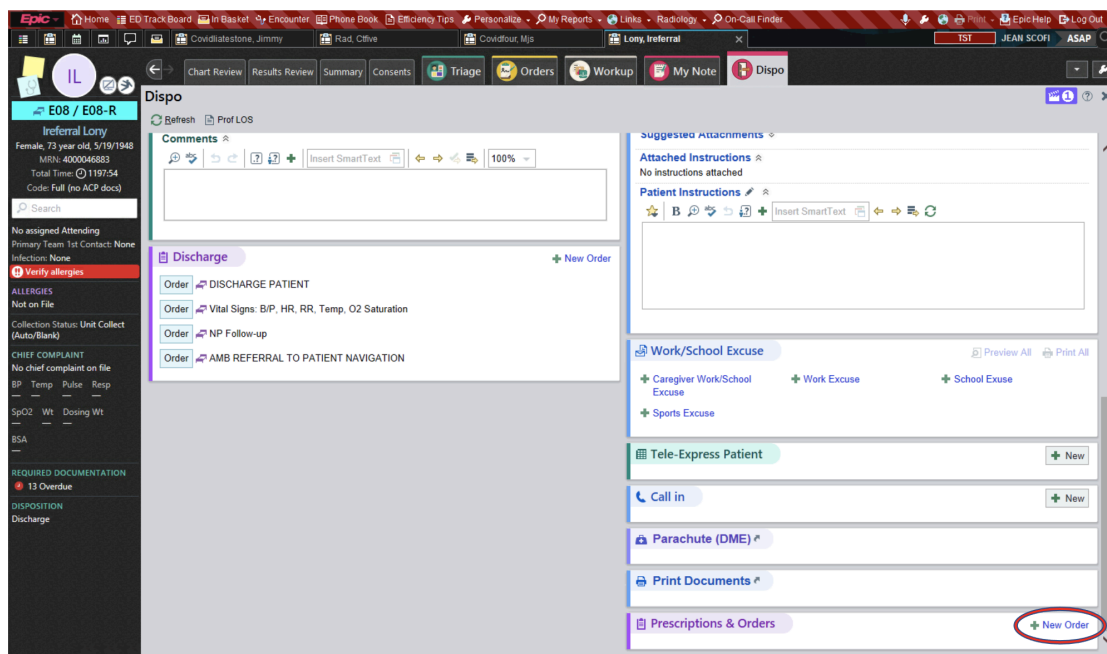
The screenshot shows two sections of a medical system. The top section is 'Follow-Up' with a 'Suggestions' dropdown menu. The dropdown menu is open, showing options: 'PCP', 'ED', 'Care Team', 'Other - Lookup', and 'Other - Free Text'. The 'Other - Lookup' option is circled in red. The bottom section is 'Instructions' with a 'Clinical References' link. It includes an 'Add attachments' button with a '+ Add' button next to it, which is also circled in red. Below this is a 'Patient's Written Language' dropdown menu set to 'ENGLISH'. There is a 'Suggested Attachments' section, an 'Attached Instructions' section showing 'No instructions attached', and a 'Patient Instructions' section with a text area and a rich text editor toolbar.

How to send prescriptions

This is a short guide on how to prescribe medications for patients being discharged from the ED. If you have trouble sending prescriptions or if you have ANY question at all, please speak with your senior resident or attending **in REAL TIME**. It is a patient safety issue when patients are discharged without proper prescriptions for their medications. Please do not discharge your patients without ensuring that the prescription has been transmitted to the pharmacy.

You will need a separate security set up (DUO Mobile) for **prescription of controlled substances**. Please speak with your senior resident or attending about how to correctly send controlled substances.

1. When the patient is ready to be discharged, go to Dispo Tab, click “+New Order” under Prescriptions & Orders



2. Search for the medication you would like to send. Make sure to specify dosages, frequency, and instructions on how to take the medication. Ensure that the order is under **“New Discharge Orders”** NOT **“During Visit Orders.”**

After Visit Medications									
Medication	Sig	Disp	Disp I	Ref	Type	Drug Type	Formulary	Copay	Coverage
acetaminophen (TYLENOL) 325 MG Ta...		30	ta...		Medication	Generic OTC	Preferred Lev...		
Acetaminophen 325 MG Capsule		100	ca...	0	Medication	Generic OTC	Unknown		
acetaminophen (TYLENOL) Cap 500 mg	Do not exceed 8 capsules...	100	ca...	0	Medication	Generic OTC	Preferred Lev...		
After Visit Procedures (No results found)									
During Visit Orders									

Dispo Orders

Order Vital Signs: B/P, HR, RR, Temp, O2 Saturation

Order NP Follow-up

Order AMB REFERRAL TO PATIENT NAVIGATION

New Discharge Orders

Ibuprofen 600 MG Tablet

Take 1 tablet by mouth Every 6 Hours As Needed. Indications: Pain • Disp-30 tablet, R-0 • ePrescribe • Indications: Pain

This medication will not be e-prescribed. Invalid Items Patient

Duane Reade 14375 | 1327 YORK AVE NEW YORK, NY 10017-5304

Remove All Sign

3. Be sure to verify and send the prescription to the correct pharmacy. You can see the patient's pharmacy indicated on the light above “Sign.” You can also change the pharmacy by clicking the name and the address of the pharmacy.

Pharmacy Search

Results found: 100, more results to load.

Name	Store No.	E-Rx?	E-Child?	Type	Mail Order?	Phone	Fax
Health Wise Pharmacy 1494 York Ave New York, NY 10075-8816 212-472-5600		Yes	Yes	External		212-472-5600	212-472-5600
Duane Reade 14375 1327 YORK AVE NEW YORK, NY 10021-5304 212-737-6240	14375	Yes	No	External		212-737-6240	212-737-6546
92 PHARMACY, INC. 1938 2nd Ave 100 Street NEW YORK, NY 10029 212-426-6484		Yes	Yes	External		212-426-6484	212-426-9913
Ajanta Pharmacy 2718 8th Ave New York, NY 10030 212-283-6228		Yes	Yes	External		212-283-6228	212-281-2635
Aphorp Pharmacy Inc 2191 Broadway New York, NY 10024-6203		Yes	Yes	External		212-877-1581	212-769-9095

Health Wise Pharmacy | 1494 York Ave New York, NY 10075-8816 | 212-472-5600

Address: 1494 York Ave New York NY 10075-8816

Operation: Hours: Not open 24 hours E-Prescribing E-Prescribing controlled substances

Send to Multiple Pharmacies Accept Cancel

Duane Reade 14375 | 1327 YORK AVE NEW YORK, NY 10017-5304

Remove All Sign

4. Sign the prescription. You may use the attending physician as your Cosigner. Please include information about the prescribed medication in your discharge instructions for the patient.

The screenshot shows the Epic EMR interface. On the left, a patient's chart is visible for 'A05 / A05-L', a 27-year-old male. The 'Dispo' (Disposition) window is open, showing the following information:

- Ordering Information:** Order mode: Standard; Ordering provider: RESIDENT, THIRD YEAR PHYS A.
- Authorizing Providers:** For medications: RESIDENT, THIRD YEAR PHYS A.
- Prescriber Information:** Third Year Phys A Resident; 83 Gold Street, New York NY 10038-1908; 212-312-5070.
- Cosigners:** For medications: (empty field).

The window also includes 'Accept' and 'Cancel' buttons at the bottom right.

SICK CALL POLICY

In the event of illness that precludes work, alert us as early as possible to allow sufficient time to arrange coverage for your shift. You are required to do the following:

For off-service rotators calling out from shift - the off-service resident must:

1. **CALL** the EM CHIEF PHONE *FIRST* (917-410-1056) (please **call** and **do not text**).
2. Then send an email to your PD, your chiefs, the EM PD, EM chiefs, EM program coordinator, EM associate PDs regarding the call out

You will find the complete list of all those to be contacted for your call-out below:

Your Program Director: (varies with the service)

Your chiefs: (varies with the service)

Manish Garg (EM PD): mag9475@med.cornell.edu

Christie Lech (EM associate PD): chl9247@med.cornell.edu

Maria Yioupis (EM program coordinator): may2004@med.cornell.edu

EM chiefs: nypemchiefs@gmail.com

David Bodnar (Cornell Ops Site Director): djb9004@med.cornell.edu

If you will be off duty for illness for more than one day, we require a note from your personal physician or occupational health (Workforce Health and Safety Office). Sick call from IM rotators will be covered by the IM department. As a part of our administrative protocol, all sick calls may be discussed with the home department's chief resident and program director.

JURY DUTY/COURT APPEARANCE

If you are called for jury duty during your emergency medicine rotation, please notify the chief residents and your chief as soon as possible.

If you are subpoenaed to appear before court for hospital related trial, please notify your and the EM chief residents as soon as possible.

DIDACTICS

Emergency Medicine has a long tradition of intensive bedside teaching. Bedside teaching is supplemented by a comprehensive didactic curriculum.

Morning Report occurs Monday, Tuesday, Thursday, Friday from 8am-9am in the ED Resident's Room, M-107. Please report to your assigned area of the ED at 7:30am for sign-out rounds. Proceed to the morning report *after* rounds and sign-out is complete; it is mandatory for all residents working a weekday 7:30am-7:30pm shift.

These are semi-informal teaching sessions with a variety of teaching methods such as lecture, case-based discussion, and procedure skill instruction. Tuesday morning reports are typically a SIM session - please ask your EM senior resident if it will be in the A1 Resus bay or another location.

Wednesday Conference is 8am-12pm every Wednesday and includes lectures, simulations and/or skill labs. All residents scheduled for D shifts must attend. Missing conference is akin to missing a clinical shift. Location rotates between Cornell (room M107, typically) and Columbia campuses. The 7:15 am intercampus shuttle leaves from in front of 1305 York Ave. The MSK TY Coordinator should be forwarding you the ED conference schedule every week. If you are scheduled for a daytime shift on a Wednesday, you should attend conference in person, or, if the conference is via Zoom, you may attend the conference remotely, but then report to duty in the ED as soon as conference is over. Should you decide not to attend conference, you must show up to your shift as scheduled at 7:30am. **Please note that there is no conference on the Wednesdays of Thanksgiving, the Wednesday of Christmas week and the Wednesday of New Year's. There is also no conference on the day of the emergency medicine ITE (typically late February). If you are working one of these shifts, you must show up for your shift as scheduled (at 7:30 am).**

GENERAL PRINCIPLES:

Patient respect: Patients and their well-being are the primary focus of our work. The vast majority are polite, patient and appreciative of our efforts. Some may be unpleasant, frustrating and difficult. Regardless of their demeanor, we are charged with caring for them and should treat them in a professional, compassionate and polite manner at all times. If you are moving towards an uncomfortable interaction, it is always advisable to get your ED attending involved. Sometimes just stepping away for a moment or involving another person in the discussion is enough to avoid a bad interaction. Patient Services is also readily available to smoothen issues over 24/7.

Dress Code: Residents must follow hospital dress code, which includes keeping your hospital-issued ID visible above the waist at all times. Hospital issued scrubs, dress shirts and pants or scrubs with a white coat are acceptable. Wearing a plain t-shirt or sweatshirt alone or under a white coat is unacceptable as a top. Clothes should be clean and presentable. This is especially important for white coats. Wearing a white coat with soiled sleeves or clearly visible stains is unacceptable. Large amounts or ornate jewelry is discouraged. Wearing garments or accessories that may be pulled by a combative patient may do you harm. The wearing of any garments or buttons that are of a political nature or provide advertising, etc, is prohibited.

Hand Hygiene: All residents are expected to use standard precautions and perform appropriate hand hygiene when caring for patients. Alcohol-based gel dispensers are available in all patient care areas including patient rooms, curtained areas, and on the walls outside of rooms. After seeing patients with suspected *Clostridium difficile*, hand hygiene should be performed using soap chlorhexidine-based soap and water as the alcohol-based hand gels do not appropriately clean hands/destroy pores of the bacteria. We encourage thorough washing of hands, as our environment can often be challenging, with so many acute and close quarter situations.

Safety: It is critical that you function safely within the ED. Be extremely careful with needles and sharps, especially during notifications / resuscitations when working closely with other staff. Make sure you use standard precautions and appropriate barriers.

If you get injured or have a needle stick during a shift you must notify the attending **immediately**. You should by no means feel embarrassed or guilty, the EM senior resident and attending are present to help you. From our perspective, the team's safety is of utmost priority. If you need any additional help in these situations, please notify the EM Chief Residents (917-410-1056). We will assist you in the matter, as we feel it is VERY IMPORTANT that any safety issues are handled professionally, and that residents feel safe reporting such situations so they can be appropriately cared for.

Violence: If you are involved in or witness a situation which involves a patient, guest, or staff member where violence is being threatened/used or a person's safety is being compromised, attempt to de-escalate the situation with a safe distance between you and the patient or family member, and call for security IMMEDIATELY. Call 911 from any phone to get hospital security, use the overhead pager if very emergent, or ask a nurse or clerk to call for "security in room ___ STAT." Security will come running to your assistance. If a weapon is involved, remove people from the vicinity, take cover and make sure security is called overhead and via the phone, and that the police 9-911 is called. Do not leave a provider alone in a threatening situation. There is safety in numbers.

Group huddles/Interdisciplinary rounds typically occur after morning reports and are led by the administrative attending on duty in order to introduce the team members to one another. The ED is divided into patient care teams geographically by area consisting of a supervising attending, nurses and one to four residents. You should be present to introduce yourself.

Special roles: EM-PGY-3 residents run resuscitations, see patients primarily and are always available for any help you may need. EM-PGY-4 residents act as "pre-attendings." They are responsible for running their ED bay and you will present all of your cases to them. They will direct management of all of your patients and then discuss your patients with the attending. If there is no EM-PGY-4, you will present cases directly to the attending in your area.

Multi-tasking is a critical skill to the work of the emergency physician. It is only with teamwork and communication that one can become proficient at caring for multiple patients with different disease processes in an efficient and effective manner. We hope that over the course of this rotation that you will become more comfortable with the evaluation and management of multiple acute and undifferentiated patients simultaneously.

Teamwork is a key concept in Emergency Medicine. During notifications (when EMS calls ahead of an ambulance's arrival) or during resuscitations you should participate and be part of the team if they are in your Area. You will hear an overhead call "NOTIFICATION ON 65" which means there is a phone call on line "65" for the charge nurse and an ambulance is calling ahead to "notify" us of a potentially critically ill patient. Immediately when you hear "Notification in A1," you *should immediately excuse yourself from any other patient encounter, explain that there is a very sick patient arriving, and go to A1 to help with the critically ill patient.* This is one of the most unique experiences you will have in the ED so you should participate in as many as you can. EM-PGY-3 or EM-PGY-4 residents will run the resuscitation in A1.

Work with your team: Keep the nurses apprised of your thought process, progress and decisions. Feel free to ask for their input as we are fortunate to have many veteran nurses amongst our staff. The ED does not work like the floor – simply writing an order in the computer is often not enough for a time critical action. Politely share the order and background thinking with your nurse colleague. Make sure you value their input and guidance, and thank

them for the work they do for the patients. For pending discharges, update the patient on the plan and then place “PFD” (prepare for discharge) on the electronic board comments. This helps your teammates know to repeat vital signs and remove the patient’s IV.

Procedures always require pre-approval from the ED attending, except for the more basic of procedures, e.g. blood drawing. If you are not yet certified in a procedure, you must inform the ED attending or third/fourth year EM resident. They must directly observe and guide the procedure. If you are certified, then the ED attending must be available to assist as needed. We require that you notify an attending if you are having trouble performing a procedure or have two failed attempts. Informed consent for many procedures must be signed in EPIC

(“ED Consent for Procedures” note) and charted prior to the performing of an invasive procedure in accordance with NYPH hospital policy. Time-outs are required for major invasive procedures (e.g., lumbar puncture, arthrocentesis, joint reduction, etc.) All consents and time-outs are done electronically. It is at the discretion of the ED attending as to which procedures are deemed appropriate for a resident to perform. Consideration will include the scope of practice of the service to which the resident belongs, the level of training of the resident and the condition of the patient.

Blood and Blood Products must have patient consent placed in EPIC prior to transfusion.

Never guess: If you have any questions, please feel free to ask any member of the staff. ED attendings are happy to answer your questions and should always be involved if you are unsure. Most importantly, “primum non nocere:” DO NO HARM.

Personal well-being: ED shifts can be draining. You should take a 20-30 minute break for rest and food, and appropriate restroom breaks, when your shift does not include conference. Please discuss the timing of these breaks with your attending or your senior resident on shift. If you leave the ED for any reason or will be unavailable for any time (aka extended bathroom break, personal phone call), make sure to tell the senior resident or the attending so they know to cover for you.

Formal feedback is provided via MedHub. However, since you will be working very closely each shift with a different attending, please solicit the individual feedback from the attendings you work with during or at the end of your shifts. The attending physicians are very approachable and more than willing to provide you with constructive feedback on a daily basis when asked.

FINAL THOUGHTS:

Despite the immense detail in this guide, please don’t be apprehensive about the ED rotation. Ask us questions, share your concerns. Every shift, you will have the opportunity to diagnose

disease, stabilize the sick, and truly help fellow New Yorkers. We look forward to you joining us and welcome your feedback on this exciting rotation!