Seeing Patients in the Emergency Department with Reuben

It's a pain in the ass but less so if you read this first

How to present to an EM attending: emupdates.com/present

Many residents feel pressure to move faster; picking up multiple patients at the same time is not moving faster, it's just the illusion of moving faster and screws up flow in a number of ways. Please pick up no more than 2 at once. If you're ready to discuss and I'm busy, pick up another one.

Don't make promises you can't keep.
Worst: "The CT should be done in the next 30 minutes."
Bad: "CT should be done soon."
Better: "I don't know when the CT will be done."
Best: "I don't know when the CT will be done, it can sometimes take many hours, unfortunately. Is there anything I can do to make you more comfortable while you wait?"

Before you pick up a new patient, always run your list and for each patient ask, what is this patient waiting on? Do I need to reassess this patient?

Discharging a patient who is ready for discharge is a very high priority; higher than seeing a new patient. If you see a patient who you think can be discharged straightaway please discuss with me ASAP.

Everyone eats. Unless the patient is unsafe to swallow (from neurological/neuromuscular disease) or has psychogenic polydipsia, they should eat/drink. Patients who wish to eat and have the following conditions **should eat**: might have appendicitis, might have a bowel obstruction, have a broken bone, are waiting for a CT, are back from CT, are vomiting, are hyperglycemic, might need an operation or procedure today. If you think the patient is *definitely* going to have an operation in the next 6 hours, and they want to eat, talk to me before telling them they can't eat, because very, very few patients in the ED who want to eat are going to get an operation in the next 6 hours.

Discharge. Tell the patient that they should return to the ER immediately if they have new or worsening symptoms. Feel free to paste this into the discharge instructions, if the patient isn't totally crazy: Return to the emergency room immediately if you have any new or worsening symptoms. If you have any concerns, call me, Dr. Reuben Strayer, at (917) 512-9585.

Labs and Imaging. Please discuss with me before ordering a CT on a patient <40 years old (though feel free to get a patient drinking PO contrast if you think a CT abdomen is warranted). Please do not order a plain film of the abdomen. Do not skip the dimer in well patients who you think have a PE.

Consults. Please discuss with me before consulting. Please do not consult psychiatry on intoxicated patients. A wise man once said *ABC/NBC: always be closing, never be consulting*.

I dislike admitting patients. I do it, but reluctantly. The main reason to admit is the patient is not safe to send home. Please do not admit without discussing with me.

I rarely use opioids for exacerbations of chronic pain. Please be familiar with red and yellow flags for opioid misuse and if the patient has flags, discuss with me before ordering an opioid. [emupdates.com/help] **I rarely prescribe opioids**. Do not tell patients they will be discharged with opioids without talking to me.

I rarely give days off of work. Please discuss with me any patient who requests a work note. My usual work note states, "Mr. Jones was seen in the ED on June 10th from 11am-4pm, may resume usual activities as tolerated."

If the patient has chest pain, I'm probably going to ask you about what testing, if any, is needed to exclude the 7 dangerous causes of chest pain. If the patient has a headache, I'm probably going to ask you about what testing, if any, is needed to exclude the 13 dangerous causes of headache. I also like the differential diagnosis of hypotension. It's an important differential.