Systems

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Tasks:

- [ ] Incomplete Task
- [ ] Follow up Task
- [x] ~~Complete Task~~
- [ ] Important Task

ED New Patients

Preparation

1. Format HPI (OLDE CAAARTS, Why Now, DDx, ROS, GHS, AMI, FHx, SHx, Code)
2. Format Objective (Vitals, Exam, L-MIPPET-C, A&P)

Chart Review

1. Write Chief Complaint
2. Write Vitals
3. Write 1-Liner (previous d/c summaries or notes + chief complaint)
4. Briefly review previous d/c summaries and/or recent notes
5. Write DDx (from The CC/WikEM/UTD) +/- [ ] ROS +/- [ ] Exam

See Patient

1. History
2. Physical

Note Drafted

1. On EMR, note rough draft created
2. On paper, rough A&P
    - Summary Statement/Problem Representation
    - Problem 1 (Chief Complaint)
        i. Assessment
            1. DDx 1: [history], [physical], [risk score], [dx tests]
            2. DDx 2: [pertinent positives], [pertinent negatives], [risk score]
            3. DDx 3: [pertinent positives], [pertinent negatives]. [risk score]
        ii. Plan
            1. Dx: [look up at orders section]
            2. Tx: [from The CC/WikEM/UTD]
    - Chronic: Resume home medications

Orders Placed

1. After staffing with attending, orders placed

Handoff/How is Patient

1. Keep following up with how the patient is doing
2. Keep updating handoff with current patient status

VA IM Daily Workflow

- Before receiving signout:
  - ☐ Print Handoff (efficient) or SOAP templates w/ copy-pasted A&P (detailed)
  - ☐ Broadly review critical O/N events and replete electrolytes
- After receiving signout:
  - ☐ C-SNOH (Chart Review, See Patient, Note, Orders, Handout)
  - ☐ Chart review for each patient
    - Vital Signs
    - DDVAI/O +/- Weight
    - Labs
    - MIPPET-C (Micro, Imaging, Path, Procedures, EKG, Tele, Consults)
    - MAR/Order History (PRN utilization)
- Peri-round Priorities:
  - ☐ Consults
  - ☐ Discharges/Orders
  - ☐ Update notes
    - Copy-forward and adjust A&P, imaging, physical exam
  - ☐ Sign notes
- Late Afternoon:
  - ☐ Order AM labs
  - ☐ Order monitoring (telemetry)
- Before delivering signout
  - ☐ **STAT imaging/laboratory studies** likely to significantly change management
  - ☐ **Any labs** you anticipate in the late afternoon or early evening that would require MD draw (especially blood gases and PICC draws)
  - ☐ **Consult** recommendations or new consults likely to significantly change management (eg. General Surgery consultations on a patient with possible small bowel obstruction)
  - ☐ **Consents** for procedures, transfusions, etc.
  - ☐ **Family discussions**
  - ☐ Where possible, please **time labs to arrive prior to signout** (we understand the limitations in this)
- After delivering signout
  - ☐ Transfer my pager coverage until 7am (p89089 or senior)
- General Advice
  - ☐ After rounds, organize tasks on 1 page and prioritize them (circle/color code)
  - ☐ Follow up on tasks (e.g. \ for placed order, X for resulted order)
  - ☐ Time yourself for pre-rounding (e.g. per pt, 10min chart review + 5min see pt)

IM Admissions

Chart review

- Why did the patient come to the hospital? (chief complaint)
- How sick is the patient? (level of care needed)
- ED course?
    - ED physician's note
    - Vital signs
    - Labs and imaging
    - MAR
- H&P note with problem list

Get signout

- Ask any clarifying questions

Branch points

- If sick, go to the bedside, evaluate, and place orders at the bedside
- If stable, chart review further before seeing the patient
- If stable and you're busy, place skeleton orders

See the patient for H&P

- HPI (1x Open, OLDE CAAARTS Why Now, DDx Questions, ROS)
- PMH (GHS, AMI, FHx, PPGS)
- Social Hx (PCP, A/S/D, Living Situation, Occupation, Functional Capacity)
- **Important:** Medication Reconciliation, Emergency Contact, Code Status
- Physical Exam
- Optional: After introducing yourself, "is it okay if I type as we talk so that I don't miss any details and I can get your admission orders in to get you in line for that hospital bed" (bedside HPI, admission orders, medrec, code status, DPOA)

Note

- As you are writing your A&P, put in orders at the same time so you don't forget later
- Assessments: "Diagnosis #1 is supported by (history, exam, and study findings"
- Inpatient checklist (FASTHUGSBID) and AM labs

Oral presentation to your attending

- Case Frame: xxM/F PMH (relevant hx) p/w (time duration) hx of (S/Sx)

Resources

- Monica Jeong - How to do an internal medicine admission step-by-step

Progress Notes

- General Advice
- Don't use relative terms (e.g. "today" or "tomorrow"). Instead use exact terms (e.g. "7/4/2022")
- Only write medication dosage once (e.g. "continue lasix 20 mg qd" for problem, then "continue lasix" on another problem)
- It is okay to write "as above" for similar plans that apply to multiple problem
- Create a discharge planning checklist
    - Discharge destination (e.g. home)
    - Home health (e.g. PT/OT, skilled nursing)
    - DME/Durable Medical Equipment (e.g. front-wheel walker)
    - Meds need PA/Prior Authorization (e.g. vancomycin PO)
- Track labs in your plan, but delete the plan when they result
    - Displays high attention to detail and ensures note accuracy
- Re-prioritize your problem list based on resolution and severity
- Track your antimicrobial history with dates
- Don't put results in the plan section. Put results in the results section, but you can include some results in your assessment if they factor into your clinical reasoning.
- Utilize templates & dot phrases (e.g. ROS, Exam, Inpatient Checklist)
- When pre-rounding, ask yourself:
    - Has my differential diagnosis changed?
    - Is there a new problem?
    - Should I prioritize my problems differently now?
    - Should our plan change? (especially after consultant recs)

Resources

- Monica Jeong - How to write progress notes efficiently

Problem-based Plans

General Steps

- Go through the chart and list all problems (sorted by acute and chronic)
- Make your first problem the chief complaint or the most urgent problem
- Clump problems that go together
- Prioritize problems by severity and urgency
- Create an inpatient checklist

Detailed Steps

- Open a history & physical note, input template, and scroll down to the A&P
- Start off with the chief complaint as problem #1
- Create a chronic problems section and add the PMH (e.g. T2DM, CAD, HTN)
- Create acute problems as you chart review in the following order:
    - Vital signs (e.g. fever, tachycardia, tachypnea, acute hypoxic respiratory failure)
    - Labs (e.g. leukocytosis w/ neutrophilic predominance, anemia, lactic acidosis, acute kidney injury)
    - Microbiology
    - Imaging (e.g. fractures, pleural effusion)
- Get a history, then incorporate new problems (e.g. productive cough)
- Perform a physical exam, then incorporate new problems (e.g. decreased breath sounds over right lower lobe, right lower extremity swelling)
- Clump problems that go together
    - Example: Fever, tachycardia, tachypnea, productive cough -> Sepsis - most likely 2/2 pneumonia, given high procalcitonin, productive cough
    - Would I write the same assessment for this problem as for another problem? (e.g. fever, tachycardia, tachypnea -> SIRS)
    - Is this a problem that's an abnormality that's associated with another problem that's already on my problem list? (e.g. right-sided pleural effusion in febrile patient, could be pneumonia or cirrhosis complication)
- Prioritize problems by severity and urgency, including problem #1
- Create an inpatient checklist
    - DVT ppx, GI ppx, Lines/Drains/Tubes, Code Status, Discharge Planning

Resources

- Monica Jeong - How to make a problem list

System-based Plans

General Steps

-

Detailed Steps

-

Discharge Summaries

- [VA 3-4 sentences thing]
- [Reddit discharge summaries tip]

Consults

- Items to include in a consult note
    - My service
    - Which hospital and floor the patient is at
    - The fact that it is a new consult
    - Very brief summary
    - Level of urgency
    - Callback number

- Components of a good consultant call
    - Thank the consultant for calling back
    - Introduce myself and state the service I'm calling from
    - Repeat one phrase summary
    - State the patient name, MRN, and location in the hospital
    - Provide a concise story (<90 seconds)
    - Ask consult question(s)
    - Who the consultant should call with recs
- Template:
    - Good morning! New consult for [name-####] for [consult question]. [1-liner]. [relevant info]. Thanks! [name] from [service], [callback number], [pager].
    - Good morning! New [urgency] consult for [consult question]. [name-####] is a [1-liner]. [relevant info]. Thanks! [name] from [service], [callback number], [pager number].