52280 – Taking an Admission from the ED

The great majority of your admissions this month will come through the Emergency Department. Having some sort of plan in the back of your head as to what questions to ask or how to use your time may make everything go a little smoother – especially when you are busy and rushed.

ACT I: The Phone Call

Keep in mind that the ED is a very busy place. Each emergency medicine resident is often evaluating 5 or more patients simultaneously with a limited amount of time and often a jam-packed waiting room.

1. Slow down! If the physician is talking too fast for you to take notes, then there is no point in talking.
2. By the end of the conversation, you should know the following:
    a. Patient's name (don't laugh)
    b. Pt's history number
    c. Brief HPI
    d. Key exam findings
    e. Abnormal labs
    f. CXR / EKG
    g. IV access (no one should come to the floor with a single PIV in their finger)
3. If you have a reasonable request (e.g. an ABG in a hypoxic patient, blood cultures if febrile) ask now.
4. Call the ER lab directly to add on labs (5-9342); remember that they throw extra blood away q shift.
5. Your hour technically starts now; if you are swamped, you may want to warn them and they'll probably cut you some slack.

ACT II: The Computer Biopsy

1. Check VENUS (a HIP appointment scheduling program): For now, this will involve finding one of us, and we'll check the patient's records to determine if the patient is actually a Thayer patient.
2. Fist 15 minutes: Scan EPR.
    a. Check the current labs (& write them down on your H&P)
        i. Everyone should have a H8 c diff, CMP, PT/aPTT, U/A, and a T&S if they are bleeding.
        ii. Everyone should have an EKG and CXR.
    b. Read through the most recent discharge summary.
    c. Make note of who their PCP is
    d. Review their PMH:
        1. diabetes – last HbA1c
        2. ARF – last known GFR / Cr
        3. CAD – last stress or cath
        4. CHF – last echo / EF
        5. CA – treatment hx and last staging
        6. COPD – last PFTs / FEV1
        7. Asthma - # of intubations / baseline peak flow
        8. etc., etc.,

ACT III: Descent to the Basement.

1. Fastest way down: Take the Blalock elevators down to the basement. Go out to the main hallway, and hang a right. The ED door is a big yellow door with a card swipe. (If you forget your ID, go to the main floor, walk over to the Children's Hospital, and take the pediatric ED elevator down one flight, and walk through the ED triage area).
2. On your walk through the ED, stop by radiology (on your left as you walk in) and look at the Chest X-ray or CT (you should look at every study you order). You can also view the film on the PACS system (called Magic View here).
3. Find your patient: Big white board in the front of the nurses station – has every patient's name, bed, and floor assignment if available (which should have been paged to you from MedBed).
4. Look at the patient's triage sheet, ED sheet, and ED orders. Make sure you know what interventions the patient received in the ED.
5. Take a history – don't forget to ask
    a. "Who is your doctor?"
    b. "How do you pay for your medications?"
    c. "Do you take your medications?"
6. When you finish your evaluation, tell the nurse that the patient can be sent to the floor (patients going to the MPC and CCP need to be escorted by a physician).

A FINAL WORD:

A key goal of your evaluation will be whether or not the patient's floor assignment is appropriate (e.g. someone with hypertensive emergency MUST be admitted to at least a step-down bed (MPC or CCP)). If you have ANY questions or concerns, you should call one of the SARs. You will also find the Medical Shift Coordinators to be very knowledgeable and helpful (they are your best friend).