

# Med Team: New Admissions Expectations

**If called, evaluate the patient – do not “turf” without talking with your attending**

**If the patient needs an ICU evaluation, just staff with the ICU attending yourself & write up the consult**

**Place the admission order ASAP if there’s a clear/obvious need for admission**

**Review all histories and update the Epic history tabs**

**Seniors are expected to personally see all new admissions prior to staffing**

- This ensures an independent assessment by an experienced supervising physician

**Obtain collateral history if the patient is unable to provide if for themselves**

- You may need to contact family members, SNF staff, pharmacy, etc.

**Complete a med rec for every new admission and for ICU/CCU transfers**

- Do not assume the list in EPIC is accurate
- Add/remove home meds to reflect the home med list you’ve obtained
- If you’re concerned about accuracy, call the patient’s pharmacy

**Interns should put in the majority of admission orders *on patients they see***

**Medical student H&P’s should be reviewed and edited by the intern or senior resident**

**Practice with a questioning attitude - If something doesn’t look right, it probably isn’t**

- Confirm all diagnoses yourself and avoid propagating incorrect diagnoses in chart
- Ask “why” for everything abnormal or for anything that doesn’t fit what you expect

**Before staffing, prepare differential diagnoses and planned workup/treatment**

- Commit to a plan before others fill it in for you; learn from your mistakes
  - o It’s okay & expected to look things up before staffing (e.g. use up-to-date)

**Know all details about your patient before staffing**

- Ex. for a COPD exacerbation: when were the last PFT’s and what were the findings?

**Be aware of admission caps and don’t exceed caps**

- Interns can complete 5 new H&P’s in 24 hours – *even starting a note counts towards the cap*
- Seniors can complete 10 new H&P’s in 24 hours – *this includes H&P’s completed by the intern*
- If multiple evaluations at one time, the senior should see (at least) one independently
- AR2/AI2/AI3 will take over admissions when caps are reached

**Staffing overnight**

- From 11pm - 6am residents are to staff with the SHMG hospitalist on call
- If the patient is staffed with SHMG overnight and discharged, route the H&P to that individual
- If the patient is staffed with SHMG overnight and admitted, route the H&P to the med team attending
- If patients are transferred to a different med team, make sure to re-reroute the H&P accordingly