

# Med Team: Daily Rounding Expectations

**Be prepared to start pre-rounding and receive sign-out from the night team at 7:00 AM**

**Seniors must see all patients daily**

- If unable to see all patients before rounds, make sure to see them after rounds

**Seniors should lead the education for the team by leading topic discussions or assigning discussions**

**Interns should be familiar with plans for all patients on the service**

**Seniors and interns are responsible for reviewing orders daily**

- Check for orders that can be discontinued (i.e. Foley catheter, IVF, PPI with no indication, etc.)
- Transition IV meds to PO if appropriate
- Consider discontinuing or decreasing the frequency of serial labs
- Adjust medications based on clinical indications (ex. declining renal function, prolonged QTc etc.)

**Review the MAR and pay close attention to treatment durations and PRN's**

**Know patient's vascular access**

**Patients seen by medical students should also be assigned to an intern**

- The intern should *edit the note* and be ready to present the patient on rounds

**Be prepared to present patients and do not read your progress note verbatim**

**Discuss all new consults with the attending and be able to justify your reason for the consult**

- You must **CALL** – *don't just Secure Chat message* – for all **URGENT/EMERGENT** consults

**Feel free to speak up during rounds, we want to hear your thoughts!**

- Ask questions! If you're thinking it, chances are someone else is too.

**Rounds should be completed by 11:40 so noon conference can be attended by all residents & interns**

**Follow-up on all of your patients after rounds/noon conference**

- If the census is light, request and prepare for afternoon teaching sessions
- Keep patient's updated of any new results, changes in therapy, or lab/tests you are ordering on them
- When needed, update family and lead family meetings

**Seek out direct observations and ask for feedback from your attending**

**Many times, key updates/changes/events occur after rounds:**

- If the patient was seen and/or orders were placed, *this must be documented*

**Run the list with your attending at 4 PM daily to discuss changes and anticipated overnight issues**

**Don't leave prior to 5 PM on weekdays unless first discussing with your attending**

- You are expected to be logged in to Epic Chat and take calls on your patients until 5 PM

**Sign out daily to the day AR2 – even if there is no specific sign-out, let them know that everyone is stable**

**You may leave after clinical duties are completed on weekends/holidays, however take calls until 5 PM**