

Inpatient Service

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Signouts

- Signouts occur at 7am and 7pm promptly on a daily basis. Do NOT be late.
- CORES on the EMR should be updated daily.
- As an intern, you are responsible for your patient's sign out and you are to be present during all of sign out to listen in case of cross-coverage.
- As a senior, you are responsible to know all the patients and you are there to step in when interns need help.

Call Days

- CALL days are designated as Monday's and Fridays. Usually interns will do 24 hour shift on these days. Please refer to AMION for schedule.
- These are days when the most admissions will occur, you are to see them in a timely fashion while still rounding on already admitted patients.
- Seniors will be taking the admissions and distributing to Interns.

Admission Orders

1. Place admit order within 1 hour
2. Go see the patient
3. Do Medical reconciliation
4. Place appropriate general orders
5. Present and see the patient with your attending
6. Modify orders as appropriate
7. Repeat for next admit and curse the heavens that it arrived so soon

Procedure Notes

1. Perform the procedure
2. Find the appropriate procedure note in the EMR
3. Complete the procedure note
4. Sign and send the note to the attending you did the procedure with

Death and Documentation

1. When called for a patient's death, ascertain that the patient is unresponsive to verbal and tactile stimuli without spontaneous respirations (visually and by auscultation), is pulseless and without heart sounds, and that pupillary reactivity is absent. Furthermore, ensure that you have the correct name by ID bracelet.
2. Notify the attending MD, unless the death was expected and you were specifically informed that this wasn't necessary.
3. Notify the next of kin and determine whether an autopsy is desired, also determine whether the family would like to view the body prior to transport to the morgue. It may help the family member to inform them that the patient died peacefully, etc., if this was the case. Have the family sign the release of body (even if they have not yet made funeral arrangements), autopsy request/refusal, valuables forms. Do this ASAP so the family can grieve in peace.
4. Call the coroner according to the reasons below. If in doubt, call the coroner. If a case is felt to be a coroner case, neither you nor the family may touch anything immediately surrounding the patient. It is considered tampering.
5. Fill out the discharge summary, discharge orders, death note in the chart, death certificate which must be done by a licensed physician (if death is imminent for one of your patients, please leave a completed discharge paperwork upon signout as a courtesy to your colleagues). Ask the nurses for help.

Deaths reportable to Coroner (California Government Code section 27491)

1. If patient has not been seen by a physician (or palliative care RN) in the past 20 days
2. If death <24hr in hospital
3. Suspected criminal act
4. Accidental poisoning
5. Controlled substance
6. Occupational disease
7. Contagious disease as the cause of death
8. Death in OR or not fully recovered from anesthesia
9. Prisoners (in custody)
10. Unidentified people
11. Cases where physician is unable to state the cause of death.