

Med Team: New Admissions Expectations

If called, evaluate the patient – do not “turf” (even to the CDU) 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

All patients evaluated in the ED but with plan for discharge must be staffed prior to discharge

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 it for themselves

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

Obtain an accurate med history & complete a med rec for every new admission and for ICU/CCU transfers

- Do not assume the home med list in EPIC is accurate
- Add/remove home meds to the home meds section of EPIC to reflect an accurate med history
- 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
- It’s okay & expected to look things up before staffing (e.g. use up-to-date or OpenEvidence)

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 - See Overnight Med Team Staffing Policy on the [Residency Policies](#) webpage

All Patients evaluated in the IRP waiting room of ED must be taken to the consult room for any discussion or physical exam due to HIPPA.

Admitting FAQs

- Med Team only accepts Med Team Covered Patients from outside ERs (e.g Green, Wadsworth, Barb)
 - o Unassigned patients are not accepted by Med Team from outside ERs
 - o Med Team patients are managed by USACS hospitalist vs ED team until they arrive to ACH
 - o They are to be seen by whichever AR1 is admitting **at the time of patient arrival to ACH**
- Med Team Covered Patients (not to be confused with unassigned patients) that are accidentally admitted to USACS are to be given to whichever team is currently admitting **when the mistake is discovered**