Elmhurst Hospital: Resident Orientation and Guidelines:

- Elmhurst hospital is a 576 bed hospital located in Queens. It provides services to a large multicultural population. In addition to taking care of general surgery patients, you will have the opportunity to participate in the care of trauma, vascular, and thoracic surgery.
- A shuttle bus is provided during the weekdays which transports all personnel to and from Mt Sinai. The bus stop is located on the Northeast corner of Madison avenue and 99th street. The bus stop at Elmhurst Hospital is immediately in front of the Main Building on Broadway at 79th street. The Shuttle Bus schedule is available online. In addition, Elmhurst can be accessed by the E, F, R and the V trains (74th street/Broadway stop) or the 7 train (82nd street).
- Upon arrival to Elmhurst: The team room is located in the Main Building on the 3rd floor. Room A3-34. There is a padlock on the door. The combination will be given to you once you arrive. Lockers are provided for each resident. Please bring your own locks if you wish to lock your belongings.
- A separate room for sleeping is located at C3-12.
- Surgery inpatients are located on A3 and B3.
- General Surgery Clinic is in the D building/2nd floor: D2-81.
- Breast Clinic and Endocrine Surgery Clinic are in the Hope Pavillion on the 4th and 3rd floors, respectively.
- The Surgery Office is on the 2nd floor: E2-29.
- The operating rooms are also on the 2nd floor in the A wing.
- All records are computerized: the **Quadramed** system for labs, notes, orders, radiology results, and consults. The **PACS** system to view images. The **HR Med** system for access to ED records. The CORI system for colonoscopy reports. (Residents should obtain their own passwords for each of these).
- All supplies are located on the patient care floors and can be accessed with your own code to the PIXIS (the machine which holds the supplies).
- Call is approximately Q3.

Daily Routine:

- 6am: Shuttle from Sinai– 99th / Madison
- 6:30am: Pr-Rounds
- Approxamately 7:00am: Rounds with Chief
- 8:00am: Day Starts

Team 1:

- Monday:
  - 8:00am: OR day
  - 9:00am: Breast Clinic (all interns)
- Tuesday:
  - 9:00am: Team 1 Clinic
  - Attending Rounds follow immediately after clinic
- Wednesday:
  - 8:00am: Morbidity and Mortality Conference
  - 9:00am: Breast Clinic (all interns)
  - 10:00am: OR- only if you are assigned to the operating room
- Thursday:
  - 8:00am: OR day
- Friday:
  - 9:00am: Team 1 Clinic
  - Attending Rounds after
  - 9:00am: Peds surgery clinic (senior resident)

Team 2:

- Monday:
  - 9:00am: Team 2 Clinic
  - Attending Rounds afternoon
- Tuesday:
  - 8:00am: OR day
- Wednesday:
  - 9:00am: Unna Boot Clinic (all interns)
  - 10:00am: OR- only if you are assigned to the operating room

- Thursday:
  - 9:00am: Team 2 Clinic
  - Attending Rounds afternoon
- Friday:
  - 8:00am: OR day

**Floorwork / Consults / Traumas all done in between all

- Approx. 5:00pm: Afternoon Rounds
- Call Team only afterwards

Junior Residents on the Wards:

- Responsible for rounding and floor work for "Inside Patients" -patients on our Primary service (A3 & B3).
- **Morning Rounds:**
    - Always pre-round.
    - All inside patients must be seen by interns, even if a student has seen them.
    - Daily notes needs to be written in the morning.
    - All dressing changes must be done before rounds.
- Senior Residents round on the "Outside" – consults throughout the hospital.
- Keep "the Patient List" updated at all times – we all depend on the list; it's your responsibility to keep it updated!!!
- Labs – hospital has phlebotomist twice a day (morning and afternoon), this is when SCHEDULED LABS are drawn, i.e. ordered ahead of time.
- STAT Labs and all blood cultures: must be drawn by the intern.
- Daily morning labs should be checked by noon.
    - Abnormal labs must be dealt with immediately (abnormal K, low Hct, etc).
- **Xrays –** must routinely follow up w/ Xray Department after radiology ordered to make sure study request was received and scheduled.
    - STAT RADIOLOGY: call to make sure it's getting done.
    - Often it's faster just transport the patient yourself to radiology.
    - CT's – make sure consent for CT w/ Contrast is done.
    - SICU Escort – when patients on your team need to be transported from the SICU (transfers, Radiology, etc); the patient must be escorted by an intern from the Primary Team.
    - Overnights or weekends: the Intern Cross Covering for Both Teams is responsible for this.
- **Preops and Postops**: there is no excuse when these are not done!!
    - Preops: make sure there is consent, including witness or translater if needed.
        - All consents should be on consent form in patient's primary language (often Spanish).
    - Check the schedule the day before for in-house "preops".
- **Consults:** call the consults in the morning so the consulting team has time to see the patients. Follow-up on consult notes.
- **Discharges**: a discharge summary has to be written in the computer. This can be ahead of time and updated as needed. It is essential to talk to the Social Worker everyday as most patients require social work services to be discharged.

- **PM Rounds:**
    - Start pre-rounding for PM rounds as soon as possible in afternoon (so things can be ready whenever the chief gets out of the OR).
    - PM rounds: have Labs available for review.
    - Make sure all studies that needed to be done get done.
    - If seniors are not available to see the Outside during PM rounds (i.e. they are in the OR), then interns should see the Outside patients.

Senior Resident and Chief:

- Responsible for "Outside" service: consults (both from the ER and on other wards).
- Oversee the "Inside" service.

Attending Rounds:

- Twice a week, you should attend bedside rounds with the attendings.
- Students are responsible for presenting their own patients (1-2 at the most).
- All other inside patients should be presented by the interns.
- Interns should have the admitting H&P findings, Labs, Xray results for all new patients. Updates are given on all patients that have been previously presented.
- Seniors present the outside patients.
- Will review the next day's OR schedule afterwards.

Clinics:

- All Clinics begin sharply start at 9am; be 10 minutes early.
- Team Clinics: all residents and students are required to attend.
- All Team 1 interns and students are required to go to the Breast Clinic, unless in the OR.
- All Team 2 interns and students are required to go to Unna Boot Clinic (weds), unless in a case.
- See patients independently and present directly to Attendings.
- Minor OR occurs in the clinics once a week (small outpatient procedures). Interns alternate in covering this.
- No one leaves clinic, even for consults, traumas, unless the chief knows.

In the OR:

- Be at the Pre-op Holding area at least 10-15 minutes before the case starts.
    - Patients cannot go into the OR area unless paperwork is done: H&P, Medical Reconciliation form and consent.
    - For ambulatory surgery patients, H&P is done on paper. For DAS patients, H&P is done in the computer.
    - Check labs/imaging etc.
    - Mark the patients.
    - Females need a pregnancy test.
- If the case is not the first case of the day, be sure to keep on top of the schedule; lots of times cases go earlier or later.
- Transport your patient to the recovery room and make sure the following are done:
    - Brief Op Note: in the computer
    - Orders (Admission or discharge)
    - Prescription for pain meds, usually T#3 (if going home)
    - Discharge Instructions: wound care, follow-up (if going home)
        - Pts usually f/u within a 1 week of operation
- After the case, dictation of operative note MUST be done within 24 hours. Any phone can be used to dictate. A dictation phone with a computer is provided in the OR area across from the male locker room.

PAs and NPs:

- Designated for clinic or floor
- Floor NP/PA:
    - Should round with you on morning rounds and run the list after rounds. Will assist with orders, discharges, labs, calling consults, getting studies/Xrays, ordering TPN, after morning rounds.
- PA/NPs do not see consults: these are to be seen by the ED consult intern/resident. Consults notes/Admission notes/Admitting orders should be written by the consult intern. Let the PA/NP know of all new admits and anything they need to follow-up on.
- If PAs and NPs are covering the floor, the INTERN is still primarily responsible for the service.
    - It is no excuse to say “well the PA didn’t do it” – you must follow up!!
- Round with the PA/NP before they leave for the day!

On Call:

- Members of On Call Team:
  - Attending
  - Chief (PGY4 or 5)
  - Senior (PGY2 or 3)
  - ER Intern
  - Floor Intern
  - Med Students

We are all a team. Everyone has their designated roles, but if anyone is getting hammered, then all are expected to help out!!

- **Attending:**
  - In house
  - Should be only contacted by Chief unless otherwise directed

- **Chief:**
  - All consults, traumas, and admissions should be run by the chief
  - NO patient gets admitted or discharged from ER without the Chief knowing
  - Designates which residents go to the OR for cases
  - During Traumas, will direct from periphery
    - Everyone has a task during the trauma – do what you're assigned to do
    - No questions during trauma …any problems can be addressed later
  - Chief call room is x42332

- **Senior:**
  - Oversees ER Consults first seen by ER Intern
    - Must also see all consults seen by ER Intern
    - Run Decisions/Management by Chief
  - Sees all Yellow Traumas immediately and primarily
    - Run all Yellows by Chief
  - Sees all Floor consults primarily
    - Run all Floor consults by Chief
  - Sees all Pediatric consults primarily
    - Run all Peds consults by Chief
  - Supervise students during procedures (suturing) or consults (give them a manageable task)
  - During Red Traumas, you will be doing majority of procedures (Chest tubes, Central Lines)
    - ALWAYS remain with the trauma patient – No exceptions!!! (even in Radiology, patient transport)
    - Assist chief with major procedures (DPL, ER thoracotomy)
    - ER staff alternates with surgery staff for chest tubes
  - If in the OR, can only hand-off pager to Chief

- **ER Intern:**
  - In the evening, sign out floor work to Floor Intern (you are still responsible for ALL your own preops)
  - Sees all ER consults primarily
  - All consults must be seen promptly (30 min)
  - Present consults to Senior and make sure Senior also sees patient
  - Make sure all admissions are added to the "Team List", orders written, H&P written
  - Minor ER procedures – suturing lacerations, NG tubes
  - You MUST make sure ER studies / procedures occur promptly (i.e. if a patient needs a CT – expidite if the ER is not on it)
  - During RED Traumas – responsible for minor procedures (foley, NG tube, blood draws, filling out trauma board)
    - Order all radiology necessary, get consent for OR / CTs
    - Never Leave the RED trauma patient
  - Supervise Students during procedures (suturing) or consults (give them a manageable task)
  - Will alternate with Floor Intern for covering smaller operations (appendectomies, I&D abscesses)
  - When in OR, hand off pager to Floor Intern

- **Floor Intern:**
  - ER Intern signs out floor work to you
  - Sees all Plastics and Hand consults primarily (Hand alternates call weekly w/ Ortho)
    - Run the consults by the Off-Site Plastics Senior (make sure you know their contact info!!!)
  - Will assist ER Intern to help see ER consults when necessary
  - During RED Traumas – responsible for minor procedures (foley, NG tube, blood draws, filling out trauma board)
    - Order all radiology necessary, get consent for OR / CTs
    - Never Leave the RED trauma patient
  - Will alternate with ER Intern for covering smaller operations (appendectomies, I&D abscesses)
  - When in OR, hand off pager to ER Intern

RED Traumas:

- All major and penetrating trauma activates entire Trauma Team.
- Drop everything you are doing and report to trauma bay IMMEDIATELY unless you are scrubbed!!
- During Trauma, everything Chief says/assigns is the RULE. If you have questions/problems, THIS IS NOT THE TIME; we'll deal with it later.
- ER staff will initiate the trauma management until we get there; then, EVERYTHING is our responsibility.
- ER staff will usually intubate if necessary, Anesthesia is Backup. Trauma team always available in case surgical airway needed (Cricothyroidotomy).
- All team members must stay with Red Trauma patient until designated by Chief (we will escort to radiology / OR).
- Chiefs/Senior will do major procedures and manage:
  - Chest tubes, thoracotomy, DPL, central lines
- Interns/Students/PAs/NPs may be assigned to:
  - Get CT contrast from radiology
  - Fill out trauma board
  - Foley catheter
  - Serial blood draws / IVs
  - Suture/staple lacerations quickly
  - Obtain Surgery / Radiology Consent
  - Pull patient arms down during Cspine Xrays

Yellow Traumas:

- Are ER Trauma Consults: the ER is the primary team, senior resident is consult.
- Senior promptly reports to trauma bay (5 min).
- Stick with: ABCs, Secondary Survey.
- Recommend tests as appropriate.
- Fill out Yellow Trauma Consult Form.
- Run all Yellow Traumas by Chief.
- Periodically follow-up on patient to make sure the ER is on the same page.

All Consults and Admissions:

- H & P form must be completed and available for attending to cosign promptly after consult.
- Make sure admission orders are in.
- All ER admissions / discharges must be cleared by the Chief.
- All admissions: full labs (T&S, CBC, Chem 7, PT/PTT), CXR & EKG if > 50yo
    - Make sure diet clarified (NPO for surgery) and IVF, Abx
    - If for surgery, Consent – use a translator if need and document on consent
    - MUST have full physical including BREAST and RECTAL exam performed and Documented (THIS IS AN INSTUTION RULE and the attendings will check!!)
    - DVT protphylaxis form must be filled out