HOSPITALS

and

ROTATIONS
Many rotations and several attendings have changed. Relevant information has been provided that doesn’t really change. Please refer to the electronic rotation guides, which can be updated on a regular basis. This will be important to do with any pertinent changes with your rotations to make monthly signout and your overall intern year smoother. As several rotations will not have these because the service is brand new, they will need to be built.
GRADY HEALTH

Grady is a world unto itself. Always remember you are there for your patient, to protect your patient. Be as nice and courteous to everyone as you can. You may be tempted to do otherwise at times, but this will seldom help.

Before Starting (!)
Before your first shift at Grady, a few things you should get setup first:
1. Dictation setup - during business hours
2. ID/HID Card/Parking
3. Monthly Schedule - Including A, B, Quad call schedule. Released in print on the first of the month at morning report. Email Samantha Bucknor at sbuckno@emory.edu to get this emailed to you monthly.

Home base is now the lounge on the 6th floor to the left of the Trauma Elevator. The door code is 54018. Lists currently kept on shared drive. 7am morning report everyday usually in Glenn Bldg (alt loc on wkends).

Most surgical pts located on 6A/6B (some patients on 5th /9th floors while renovations to 6). ORs on 6, pre-op 6J, ICUs on 7. Clinics on 12D.

Cafeteria is on 2nd floor. Unfortunately no free food here. Other options include McDonalds 24/7, Sweet Auburn Market, and supposedly a 24/7 food stand in the hospital somewhere.

Floor Tips
- Do NOT write for Lasix unless specifically instructed.
- Do NOT give Ativan IV, ever.
- Always see a patient who the RN says is “agitated,” as this may be a very sick patient.
  
  Think hypoxia first.
- IV beta blockers cannot be given on the floor (by policy).
- 6A Multidisciplinary Meeting Tuesday 930, 6B Thursday – helpful for d/c planning
- Goal on receiving patients from ICU is get tubes out, reg diet, OOB, pain control (PT, SW early). Start planning discharge on admission. Be proactive about SW.
- Make sure to check labs orders (they expire after 2 days).
- TPN must be ordered daily before 12pm.
- Stay on top of your discharge summaries. Write them the same day. Attendings get notified immediately of missing ones.

**Discharges:**
To discharge a pt, click the discharge tab on the left side of the pt’s chart. Then, click the med reconciliation link. Complete the 3 sections and don’t forget to add outpatient referral orders for clinic appts (search for ‘referral’ in the orders search box and don’t forget to click the ‘database lookup’ tap on the top right to see all referrals). Any prescriptions will automatically print out at the prescription printer in the unit the pt is located.

If you need to reprint the prescriptions, click the order review tab and then hit the ‘discharge orders’ tab on the top, select the prescriptions you want, and then hit the ‘reprint’ button on the top right. The name of the printer you want to use is usually on the front of each printer. Don’t forget to write a discharge summary. You can then paste your discharge instructions into the ‘discharge inst’ link.

**OR Tips**
Posting cases – you will be asked to do this: Enter an order for the procedure on EPIC as a Case Request and call OR front desk.

To get supplies from the OR for a floor/ER patient – bring a sticker to the front desk.

**Post Op Orders**
Make sure to address: diet, IVF, pain, wound/drain care, DVT prophylaxis, medications, transfer/admit order

Depending on whether the pt is an AM admit or already inpatient, postop orders can be done using the post-op admit or pre-transfer tab on Epic. You then go to med reconciliation and complete the 4 sections. There are several generic order sets that you can use which can be found by typing in ‘sur’ in the order set search box. For nursing orders, you can type in ‘misc’ to get the ‘misc nursing order’ (don’t forget to hit the facility list tab on the top right if you don’t see it). At the end, click the ‘sign-will be initiated by the receiving unit’ to sign orders. Sometimes, the nurses may page you saying they do not have any post-op orders—tell them that they are held and that they have to release them.
This is the other Mothership. Patients tend to be more complex, but your resources are much more vast than at Grady. In general, the ancillary services are very good and treat you pretty well. Everyone expects a higher level of respect here.

The main Surgery Offices are on the 1st Floor near the Library in the newly updated educational wing.

The cafeteria is on the Ground Floor just below this. You can get up to $6 in food in the morning between 630a and 730a and again after 5pm. If you are on at night, the cafeteria is also open from 2-4a.

There is a main base resident “call room” on 10E to the right of the Nurses Station. The door code is 0093. Many people leave stuff in here, but it is not considered “secure”.

In general, Surg Onc patients will go to 9E, and all the other general surgery patients primarily go to 10E and some to 11E or 9E. 11E is mostly GYN and Urology. Transplant (Kidney/Liver) are on 7G. Vascular patients on 5N/S, sometimes 4.

The Surgical ICU is on 5E.

Regular ORs are on 3rd Floor.

The Day Surgery Center is across the street in the basement of the Clinic B building (“Tunnel” Level).

Most clinics are across the street in the Clinics Buildings (A/B) or in the Winship Cancer Institute.
Currently a combination of general surgery with emphasis on bariatric surgery (Lin, Davis, Srinivasin), colorectal (Sullivan), and surg onc (Rizzo, Cardona, Russell) services. Third year surgical resident works with private vascular service at Midtown (McKinnon) and has limited involvement in rest of service but covers call.

**General Info:**

Most patients end up going to Unit 31 in the Peachtree Building. Rizzo likes her patients to go to Unit 51. The nurses are usually pretty good. They will take verbal orders and will remove drains, etc if you ask. There are particular protocols for bariatric patients and for Dr. Sullivan’s patients.

The PGY-4/5 will make the call schedule for the month. Call is currently from home by the upper levels but this may eventually change. You will have your weekend rounding days.

Clinics are on the 9th Floor of the MOT (the fancy newer building).

Free food (up to $6) like at Emory Main is available in the morning between 630-730a and in the evening after 6pm.

There is a library on the 5th floor of the MOT as well as a resident room with a TV.

Most cases (except Rizzo) are in the Inpatient ORs on the 2nd Floor of the MOT. The pre-op area is here as well.
EGLESTON CHILDREN’S HOSPITAL

General Info:

On the first day, go to the Security Office (to the right of the Information Desk on first floor) after 730am to get your badge. This is the first year you wont get parking along with it.

You get $5 a day to spend on food. You sign your name/print it depending on who is at the cash register.

There is a new office for the Interns back in the Peds Surgery Office on the 3rd Floor. Take the Sunflower Elevators to 3 and go left through the waiting room and another left past the desk to the offices. You will need to make sure that your badge is coded to work there after hours.

The Excel list for the service is kept on the server that can be accessed from those computers. Just make sure you always log in using “echlounge” with the password, “password”.

On your first day, you will get a “Blue Book” that is full of useful information, including common admission orders and basics on most childhood diseases that you will see.

There are a number of specific admission order sets available, just type “SUR” into the order set menu and see what is there. Similarly, there is a “SUR Discharge Orders” order set where you can fill out d/c instructions, wound care, meds, etc. Most pts can follow-up in 3-4 weeks unless told otherwise.

Documentation is KEY! This will be stressed heavily. Some tips…make sure you fill out the problem list in EPIC on pts you admit, H&Ps should be thorough and accurate. There should be at least 7 systems covered on your exam, and you need to mention at least two things in each section.
PIEDMONT HOSPITAL

Quite literally the Land of Milk and Honey. A great rotation as a junior resident. Operative heavy with little scut work, no clinic, and minimal floor requirements. Most of the people (attendings and support staff) are well-adjusted, normal folks.

This rotation will be changing to some degree considering there will now be a full complement of PGY1-5 at the hospital a good portion of the year. As such, the attendings we work may expand but is unknown at this time

**Weekly Schedule:**
Basically OR every day. On Wednesday alternating weeks, there is either resident conference in the Library, or M&M.

**Daily Schedule:**
This may change now: Round on the patients you operated on. You will follow these patients until discharge. Write the daily note, the attendings will come by and cosign them. Unless it's something easy or the attending asks you to, they will write most of the orders, etc.

Most ORs start at 730am. Wednesday is a late start day. On thursdays, go to Grand Rounds and Lecture at Emory, then go to Piedmont to round, etc. The schedule for the next day comes out at about 330pm. Go over the list with the other residents to plan for the following day.

In addition to logging your cases on ACGME, you must add all of the cases to the M&M list which is located on the shared drive. The intern on service is responsible for printing the M&M lists for the previous two weeks, enough copies for everyone attending.

**On-Call:**
You are usually expected to field floor calls during the day at Piedmont. This means you carry the Piedmont cell phone that has all of the attendings' phone numbers in it (with a few exceptions)
You will get called about any of the above attendings that we cover as residents (in flux due to the number of residents at the hospitals). The nurses will take verbal orders. If there is a real problem, you will have to go in from home to see the patient. Some attendings may ask you to go see a new consult in the ER. Jot a note in the chart and then dictate the formal consult note once you have talked to the on-call attending.

On the weekends, the call person and another resident will split all the resident-covered patients to see. It varies based on your upper level whether you will carry the phone on the weekends. The on call person generally gets first pick of cases that are going on the weekend to cover.

**Details:**

**Parking** – park in the North Garage. You will pull a ticket the first day, and then you use your badge to get in and out.

**Security/Badge** – the security office is on the second floor. Just ask the info desk some time on your first day and they will point the way.

**OR Lounge** – located on the main floor. Follow the signs to the Red ICU and keep going. There is a door marked Physicians and you can use your badge or the code is 7890*. There is always sodas, coffee, snacks, etc here. There is also an electronic board so you can monitor your cases.

**IT Stuff** – on your first day, call Kirby, x3896. Or just call the operator and ask for Kirby the IT guy. He will set you up with computer access. I think they are switching to EPIC soon.

**Food** – you can get meal cards from someone. There is free food in the Doctors Dining room between 1130a and 2p.

**Dictation** – there are Dictaphones in the OR lounge. Or, call 404-605-3741 from another phone. Your dictation code is 00001. You should dictate any op notes and ALL discharge summaries.
NOTES: