**The Intern’s Guide to Med Team**

1. Admitting days

1. Day starts at 7am and ends at 6:30pm, though most times, it will be later than that, but you will usually be out by 7:30
2. It’s normally just you and the senior plus any medical students rotating. You will be responsible for writing notes on most of if not all of the patients.
3. New admissions
   1. Senior will call you with new evaluations from the ER
   2. Start with going through labs to make sure you don’t want anything else added on
      1. If you get them added on before you see the patient, they will be back by the time you’re done evaluating them
   3. Go through EPIC and any information brought with patient to ER to get patient history and past workups
   4. Go see the patient—this should normally take ~ 30 minutes
      1. If the patient is unable to give history, call their family/care provider
   5. After you see the patient, write out you assessment and plan *before* you talk to your senior; this will allow you to work through the thought process and get your thoughts on paper
      1. This is part of the learning process…it’s okay if you’re wrong! We’ll work through it together
      2. Use .immedteamhandp for new admissions/consults
   6. After you staff with your senior, he/she will go see the patient and then add anything in
   7. Staff with attending and get their recommendations
4. Order entry
   1. If patient getting discharged from ER
      1. make follow-up appointment in EPIC for patient
      2. Discuss with ER **attending** and explain thought process and follow up plan
      3. ER will normally place discharge order, clarify with ER attending.
   2. If patient being admitted
      1. Put admit from ED order under medicine attending
      2. Discuss with senior whether patient meets HOP or inpatient criteria
      3. Complete general admission order set
      4. Order AM labs
      5. Do home med rec and admission med rec—order hospital meds off of admission med rec
5. \*\*\*Make sure all are pending admission
   * 1. Enter sign out note
        1. .immedteamhandoff | .immedteammednotes |.immedteamtodo

2. Post admitting days

1. Day intern
   1. Round on patients admitted from previous day and patients ‘left over’ from previous admit days
   2. Get sign out from night intern before they leave
      1. Use .immedteamprogressnote
2. Night intern
   1. Round on patients admitted from previous night

* + 1. Only patients with notes **dated** before midnight need progress notes (when the note is started). Notes dated after midnight will not need a progress note **UNLESS** there are changes in management, an updated note should be made
    2. Use .immedteamprogressnote

3. Normal days

1. There should be a minimum of 3 patients per intern, though this might not always happen depending on hospital census
2. Round on your patients in the morning—check labs, medications, prn medication use, vitals, etc.
3. ALWAYS put a disposition line in your note—we should be looking at what needs the patient will have at discharge as soon as they are admitted
   1. If you have time, talk to the TCC/social worker; the seniors will touch base with them also
4. You should know your patients well, you won’t have very many to follow
   1. This means health screening, vaccinations, psychosocial
   2. Also know the rest of the patients on the team as you will likely need to cover for the other interns (due to clinic etc, post call etc)
5. Pay attention on rounds and ensure that all orders have been placed that were discussed
6. Round on your patients in the afternoon
   1. See how they are doing
   2. Get them ready for discharge (see next section) even if they aren’t getting discharged that day
      1. You never know when you’ll have an especially bad day and then you’ll be glad things were prepared ahead of time!
   3. Ensure that sign out notes are done and indicated AM labs are in for next day
      1. .immedteamhandoff | .immedteammednotes |.immedteamtodo
      2. Not every patient needs lab work every day; think about what you are looking for before you order it

4. Discharge

1. ALL patients need:
   1. Discharge med rec
   2. Written scripts for narcotics/controlled substances
   3. Follow up appointment with PCP
   4. Follow up appointment with any specialists they need to see
   5. Discharge orders
   6. Discharge Summary
2. Patients going to SNF/ECF/LTAC:
   1. COC form (TCC usually starts in chart but Physician section will need completed)
   2. Scripts for any controlled substances
3. Patients with other PCP’s:
   1. Make appointment for patient with their PCP