Pearls for Swing and night shifts
Swing Attending Physicians

Swing 1:
• 12p-11p.
• To help ATP and Swing 2 with admissions, ICU transfers and staff APP admissions.
• Will get the cross-cover pager (4951) at 7pm and cross cover until 10:30 at which time pager will be passed along to Night1 attending.
• Can help with admissions to Good Samaritan until 7pm
• Will receive email and verbal changeover from BMT APP at around 7pm daily and must forward this to the Night 1 attending.

Swing 2:
• 1p-12a
• Holds the admission pager (6951) from 4:30pm–10:30pm on weekdays & 1pm–10:30pm on weekends, gets calls about patients from ED and outside
• Expected to stay until 12a to help with admissions or tie up loose ends
• In-case there is no Swing 1, will hold 4951 pager
Night Attending Physicians

Night 1:
• 10pm-7:30pm.
• Dedicated time from 10pm-10:30pm for preemptive 9th/10th floor rounds
• Holds the cross cover pager (4951) starting at 10:30pm and cross covers MT4,5,7,9,10 and BMT directly and supervises residents and moonlighter.
• May help Night 2 with admissions.
• Must make sure they have gotten BMT changeover from the Swing 1 attending and must give changeover to the BMT APP in the morning.

Night 2:
• 10pm to 7:30pm.
• Dedicated time from 10pm-10:30pm for resident teaching.
• Holds the admission pager (6951) from 10:30pm to 7:30 pm.
• Supervises admissions with residents, APP, moonlighter.
Swing APP
• 1p-1a 365d a year.
• Can do admissions to direct care teams, help to admit to Good Samaritan until 7pm

Night APP 1
• 10p-8a 365d a year
• Can do admissions to direct care teams

Night APP 2
• 10p-8a
• Occasionally there is a night APP that takes cross cover for mt6/8
• Can help with admissions but less available than Night APP 1

Residents
• Resident/intern combo : on call Team
  • Do up to 6 admits, preferentially to mt1-3 between 7p-7a
  • crossover “call” team and GME
  • Give changeover to resident teams in am

• Moonlighter resident
  • Help with admissions
  • Do MT6 and MT8 cross cover
  • 7p-7a when no night APP2.
  • 6p-10p if there is a night APP2

• Cross cover intern
  • Crosscover “noncall” resident teams with swing/nocturnist as their backup
  • No admissions
Attending Staffing of Admissions after Midnight at Chandler

• The night or swing admitting attending is expected to formally staff and sign the H&P for all admissions to the resident team before midnight

• The admissions after midnight will be staffed by the day attending, who will sign the H&P (it is the day attending’s job to ensure every patient on their service has a signed H&P)

• The night attending will always be available for assistance if requested by the resident team

• If assistance is needed by the night attending, then the attending will be available to discuss medical decision making

• If the night attending spends significant time with the patient and formally staffs the patient, then they can sign the note. This should be an uncommon exception
Reminder about resident hours

• MT1-3 rotate call q3d
• Non call teams can only take pts until 4p.
• “call” team is available to take admissions until 7p and is the ONLY resident team available after 4p
• Team attending is expected to staff those admissions

• After 7pm, fill up the “call” resident team first with resident team appropriate pts.
• if you have patients that you feel are most appropriate for a resident team then you can give it to any of the other residents to admit
Types of calls to the 4951 pager

• **Cross cover** teams MT4,5,7,9,10,BMT
• MT6 and 8 will be covered by it only when no resident moonlighter available.
• Supervises residents for cross cover for teaching teams.
• Supervises moonlighter for cross cover for MT6 and 8.
• Typically get changeover only about sick pts or items that need follow up (labs, imaging results)
Types of calls for 6951 pager

- Answer calls from **UK ER** and triage patients – sometimes must see to decide best course.
  - accept to medicine at Chandler (and Samaritan until 7pm)
  - direct to other services as appropriate
- Answer calls for possible **transfers** from other services to medicine or Samaritan to Chandler
- The floor will call if a **direct admit** arrives
- Answers calls for **outside transfers** via UKMDs
  - Capacity command should be on the line to assist with information about bed availability.
  - Decide level of care
  - Beds are not often immediately available and thus pt will go on a list to be transferred when a bed is found.
- OSH ER calls are accepted to come to UK ER for quick triaging.
- Should add all accepted pts to sharepoint [https://clinical.ukhc.org/hospital_medicine/default.asp](https://clinical.ukhc.org/hospital_medicine/default.asp)
- Capacity command may notify you when a transfer is on the way.
General ideas about pt distribution

Resident teams

- Rare or bizarre diagnoses
- Need active workup
- Need many procedures
- Need many visits/assessments per day

Direct care teams

Cap 18 (mt4/5) and 14 all others

- Cystic fibrosis: Chandler
- Sickle cell anemia: Samaritan
- Lower educational yield

Mt6 – around 12

- Takes the patients with a KNOWN diagnosis of cancer who are ACTIVELY receiving treatment (chemo or radiation) especially if they are treated by Markey cancer center physicians.
- Mt6 is NOT for workup for suspected cancer but for symptom control or for management of advancing disease
- Consider sending progressive pts to alternate teams
- Hepatocellular carcinoma does not go to mt6 unless pt following with Markey oncology
Useful numbers and General tips

- UKMDs 7-5522
- Chandler Admission Pager 330-6951
- Good Sam Admission Pager 330-0304
- Bed Control 3-2233
  - bed availability at Samaritan or Chandler
- ER utilization review RN 33070
  - Advice about OBS vs full admit
- Capacity Command 73014
  - Status of transfers

- Use the APPs as a resource if you do not know how to do something because they primarily do admissions.
- Delegate, delegate, delegate when you have the pager.
- Being Organized is a key for smooth pager shift.
  - Record team census at beginning of shift and make a record of destination team for each shift
  - Some hospitalists have made their own worksheets that they will be happy to share. Some are available in ms669
General tips

• We do not accept family medicine patients as family medicine has a service at Good Samaritan. For all UK ER calls, please check in SCM under Patient info → Visit history

• Ask every admitting personnel to send a detailed sign out email checkout to receiving service.

• At the end of your shift, make sure to send electronic check out with cross cover issues and names of new admits and what teams they were assigned to with the name of the person who should give full checkout.

• If a direct admission/Outside transfer arrives, do not forget to check SharePoint for information about them and delete them from SharePoint once they are admitted.
<table>
<thead>
<tr>
<th>Pt description</th>
<th>Probable best distribution</th>
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<tbody>
<tr>
<td>• Lung cancer pt with prior chemo and radiation here. Admitted with seizure and new brain mass</td>
<td>Chandler Mt6 or teaching team</td>
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<tr>
<td>• TTP</td>
<td>Chandler teaching or direct care team</td>
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<tr>
<td>• Post-Kidney transplant pt with UTI, AKI</td>
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<tr>
<td>End stage dementia with failure to thrive</td>
<td>Good samaritan or Chandler direct care team</td>
</tr>
<tr>
<td>New onset DM with DKA</td>
<td>Chandler Resident team or progressive care at good samaritan</td>
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<tr>
<td>Cystic fibrosis with an exacerbation</td>
<td>Chandler direct care team</td>
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<tr>
<td>• Acute pancreatitis from alcohol, uncomplicated</td>
<td>Good samaritan or chandler direct care</td>
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<tr>
<td>• Sickle cell anemia with pain crisis but not chest syndrome</td>
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<tr>
<td>• Alcohol withdrawal</td>
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<tr>
<td>• Syncope from orthostasis</td>
<td>ED Observation unit or good samaritan</td>
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<tr>
<td>• Mild AKI from gastroenteritis</td>
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<tr>
<td>• Acute respiratory failure from suspected PCP in a known HIV pt</td>
<td>Chandler teaching team</td>
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<tr>
<td>• Acute liver failure from tylenol overdose</td>
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<tr>
<td>• Cirrhosis needing paracentesis and thoracentesis</td>
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