Admissions

STEP ONE: **ED Admit Tab -> Order Reconciliation**: Here you will reorder/discontinue home medications. Be sure to ask patient which medications they are actively taking. ***Dispense Report*** *is a great tool for this*

STEP TWO: **Add "*Medicine Admission Order Set*"**, important tips below:

- Treatment Team: For overnight admissions "Medicine Resident Admissions", all others, use the team you are on.
- **Code Status**: MUST ASK every time you do an admission.
- **Diet**: Usually regular, however NPO for aspiration risk, renal/Low K for HD pts, DM Liberal for diabetics
- **Pain Regimen**: Usually 500mg Tylenol q6 is fine. Avoid Tylenol in Liver Failure patients.
- **VTE ppx**: *Lovenox* for most EXCEPT those with AKI/CKD (*Heparin* for kidney patients); *SCDs* for those with bleeding risk
- **Labs**, daily BMP/CBCd for most, PT/OT

Important MDCalc to Save

NIH Stroke Scale (NIHSS)	Self-explanatory
Corrected QTc	Corrects QT interval for manual calculation.
Wells' Score for PE	Risk of PE
Child-Pugh Score	Cirrhotics, helps guide tx
Sodium Correction for Hyperglycemia	Recalculates Na in hyperglycemics[1]
SIRS & Sepsis Criteria	Determine whether meets sirs vs sepsis criteria

[1]: do NOT correct for Sodium when calculating Anion Gap (ex. DKA)

How to Discharge a Patient

M	**M**ed Rec	Cont/Dc home meds, prescribe new meds, call Meds to Beds
O	Discharge **O**rder	Discharge vs Conditional Discharge
I	Discharge **I**nstructions	Plain English for patients (not needed for SNF)
S	Discharge **S**ummary	Include hospital course and to-do for OP providers. *Can Use .MCDISCHARGE at end of default note*
T	**T**ime for Appts	Referrals Placed and f/u appts -> Unit Secretary vs msg *"CC Virtual Desk"*

- Meds to Beds #: **87364**. Have patient MRN ready and just confirm new meds.
- Cardiac Monitor #: **85117**
- Keep up with SW/PT/OT notes, they help with dispo planning

Electrolyte Repletion

Electrolyte	Dose	Δ
Potassium	10 mEq (PO, IV)	+0.1
Magnesium	1000mg (IVPB)	+0.1

- For cardiac patients (A Fib, HF, etc), keep K > 4, and Mg > 2.
- For Potassium, PO tablets are large & hard to swallow, PO liquid has poor taste, and IV can burn.

Checklist Prior to Signing Out (NO DUH)

N	Notes	Notes should be signed
O	Orders	Should be done from rounds
D	Discharge/Transfers	Complete discharges, *SHARE* transfer notes
U	Update Family	Call to update family on major changes

Checklist Prior to Signing Out (NO DUH) (cont)

H	Handoff	Update treatment plan and to-dos.

- For handoffs, ***ANTICIPATE*** needs of night team in terms of pain control/blood mgmt. **Only pertinent to-dos**. Actionable follow-ups ONLY (ex. *"f/u 10 PM BMP for hypoK and replete PRN"*)
- **IPASS** (Illness Severity, Patient Summary, Action List, Situation Awareness, Synthesis): watcher vs stable status, summarize patient, to-dos, situational awareness (ex. patient intermittently hypotensive overnight), ensure understanding)