UC Irvine Department of Medicine
Nocturnist Role and Responsibilities

Overall responsibilities and expectations for ICU and Medicine Nocturnists:

A. General Responsibilities
   1) The Nocturnists will be responsible during the night shift for maintaining the highest safety and quality of medical care provided by house staff (residents) and NP's on all Internal Medicine services within their designated areas of responsibility.
   2) The Nocturnists will advise and supervise the residents and NP, and will take direct responsibility for care when necessary.
   3) The Nocturnists will work cooperatively to manage Internal Medicine resident/NP resources when necessary to complete the night's work (such as all overnight admissions) before morning. Nocturnist involvement may include re-tasking floor or ICU residents to help each other, discuss resources with the on-call chief resident, or more direct Nocturnist involvement in patient care.
   4) Consider needs for urgent consultation with other specialties – particularly for new or deteriorating patients. Advise/supervise MICU/CCU/Ward residents and NPs when they call consults, if possible.
   5) Speak with family members when possible, particularly if it will improve the quality of care and the visibility of that quality.
   6) Triage care and delegate immediate actions when resident/NP services are very busy.
   7) Be receptive if any residents or NPs from any medicine/Family Medicine services call for your assistance

B. General Expectations:
   1) If you are a Fellow, log in as Attending job description in EPIC
   2) Remain available to NPs and Residents under your responsibility the entire shift
   3) Make sure the residents and NPs are comfortable contacting the Nocturnist for any concerns. Be proactive in establishing communication lines with them at the beginning of the night.
   4) Be professional in discussions with consultants and with the Emergency Department.
   5) Document any significant Nocturnist involvement. Document key clinical details for all new admissions. Document any significant involvement with any team especially if it helps facilitate care by primary team.
   6) Use a blank progress note to document Nocturnist involvement, whether billed for or not. Do not attest or cosign resident H&P's. If you write a Progress Note and are not billing for a service such as critical care time, select "do not bill" after you sign the note. Failure to select something on the billing screen will create a medical record deficiency.
   7) If conflicts arise, place the patient in the safest situation. This will often mean admission to the MICU or CCU. DO NOT argue about admissions. Refer to admission policies or contact the on-call Fellow or Attending, but ultimately conflicts should be resolved in the morning among the various service Chiefs. The Department of Medicine policy is the patient goes to the safest place if there is any question or doubt.
   8) At the end of each month, complete a monthly time summary and submit it to dompay@hs.uci.edu by the first working day of the next month.
   9) Both nocturnists will work closely together to ensure all the in-house Medicine patients are cared for, and if one is not busy while the other is, it is expected everyone will help each other.
   10) Call the Medicine Chief Resident on-call if the Nocturnist believes Resident back-up needs to come in.

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ICU Nocturnist

- Covers the following services:
    1) MICU/CCU
    2) RRT/Codes
    3) Unstable Hospitalist patients (non-ICU)

- Shift Assignments
    1) Nocturnist – 6:00pm – 6:00am
    2) Intern – 6:00pm – 6:00am
    3) Senior – 6:00pm – 6:00am

A. Core Responsibilities

1) Directly supervise MICU/CCU residents
2) Personally evaluate each new admission to the CCU and MICU – prior to arrival in ICU, if possible
3) Be directly involved when any MICU or CCU patient clinically deteriorates
4) Go to all Rapid Response Calls and Code Blues. Attendance at Airway Emergencies is not required unless it is one of the floor or ICU patients within the Nocturnist's responsibility
5) Succinctly document Nocturnist evaluation of new admissions, procedures, any time the Nocturnist intervenes or changes the plan, or any major clinical change.
    i. Use a blank Progress Note, briefly summarizing key clinical issues, including history, exam, results and plan.
    ii. If you are not an ACGME Fellow, you may bill for procedures and critical care time on the progress note, when appropriate by selecting one of the critical care codes on the charge capture pop-up after signing the note.
    iii. You may independently write H&P's at your discretion to help the ICU team. If you are an ACGME Fellow, add the ICU Attending as a cosigner to your H&P and "cancel" the charge capture pop-up window when you sign the note. The co-signing Attending will submit the charge capture.
6) Supervise the following procedures, or personally perform them if no Resident is capable: central line insertion arterial line insertion, thoracentesis, paracentesis, lumbar puncture, and emergent needle thoracostomy. This applies to all patients on Medicine teaching services, or non-teaching services if requested by the Medicine Nocturnist. *Always assess the Resident's experience level and certification before procedures. Supervise procedures from start to finish.*
7) Carry the float pager #1010 at all times during a night shift.

B. Expectations

1) Participate in Resident sign-out at 6PM and at 6AM. After a shift, report significant issues to the MICU/CCU Fellows. If the Fellow/Attending has sign-out for you, they take priority. **EFFECTIVE SIGNOUT IS EXTREMELY IMPORTANT**
2) Remain in or adjacent to the MICU as much as possible for the entire shift, unless evaluating patients in the ED or otherwise fulfilling Nocturnist responsibilities.
3) Speak with the MICU senior Resident frequently enough to ensure safe, quality care.
4) Personally check on all MICU and CCU patients for safety and quality, and assess the progress of care plans. It is suggested that these rounds should happen after sign-out and again around midnight. For sick or deteriorating patients, visit frequently and remain involved until the situation stabilizes.
5) If the Nocturnist feels a patient should be downgraded from ICU (to open up an ICU bed, for example), write a note and notify the on-call fellow. The ICU team is responsible for the care of the patient until handoff in the morning.
6) The on-call MICU Fellow must be notified of the following:

- new intubation	- code blue
- significant ventilator escalation	- unexpected deaths
- new or significantly escalated pressers	- AMA
- significant neurologic change	- MICU admissions/consults
- emergent need for surgery	- Nocturnist feels fellow/attending should be called

7) Be visible to nurses in the ICU so they know you are there to supervise and help.

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Medicine Nocturnist

- Covers the following services:
    1) Team O/ED Consults
    2) Team L
    3) CDDC
    4) Med Consults
    5) Pre-Op Consults
- Shift Assignments
    1) Nocturnist – 6:30pm – 6:30am
    2) NP – 7:00pm – 8:00am
    3) Team H/Consult Resident (pager 506-6555)
- General Core Responsibilities and Expectations for Team O, ED Consults, Team L, CDDC, Med/Preop Consults
    1) Be directly involved when any CDDC, Team O or Team L patient clinically deteriorates outside of the ICU
    2) Succinctly document relevant information in a Progress Note when the Nocturnist intervenes or changes the plan. If you are not an ACGME fellow, you may bill, if appropriate.
    3) Carry the float pager #4622 at all times during a night shift.
    4) Be visible to nurses on the wards. At least once per shift, walk to 7600, 7800, 3T, 4T, and 5T and identify yourself as the Medicine Nocturnist.
    5) Staff and attest overnight urgent/emergent preop consults. (See details below)
    6) Supervise other medicine consults and attest.

A. Team O/ED Consults

1) Core Responsibilities
    i. Personally evaluate each new "admission" to Team O, ensuring that "Observation" status is appropriate.
    ii. Respond to focused ED consults (requested by the ED attending) for issues that could facilitate discharge home from the ED rather than admission. Complete a consult note.
    iii. Supervise or personally perform all procedures on Team O patients for which you have privileges. If you are unable, contact ICU Nocturnist to perform/supervise. All procedures at night must be supervised or performed independently by a Nocturnist.
    iv. Billing and documentation:
        1. Attendings: Attest and cosign Team O NP H&P's, editing them as necessary for completeness and quality. Complete ED consult notes independently. Select "send to billing" when you sign a consult note, or an H&P. Enter the CPT code for procedure notes (automatically submitted if using NoteWriter procedure notes).
        2. ACGME Fellows: Do not bill. Complete Consult notes independently. Document your evaluation of new Team O admissions in a Progress Note, briefly summarizing key clinical issues, including history, exam, results and plan. Do not attest or cosign the NP H&P's.

2) Expectations
    i. Participate in Team O sign-out rounds at 7 PM
    ii. If you feel an ED admission should go to a different team than ordered by the ED, make sure the ED physician team and ED Case Manager is comfortable with your decision, and then speak with the receiving admitting team (e.g. Medicine or ICU) yourself to give patient sign-out and inpatient criteria. Do not refer the matter back to the ED physician to then discuss with the receiving team. The ED is not expected to mediate among the various Medicine services. Refer to the most updated Team O admission policy for further guidance.

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B. Team L

1) Core Responsibilities

i. Independently admit Team L patients after hours. Personally evaluate; summarizing key clinical issues, including history, exam, results and plan; place admission orders; and contact the Team L Attending to discuss the case and management plan. Team L attending or fellow must be made aware of all admissions soon after your evaluation for possible immediate disease-specific management.

ii. Respond to medical management questions raised by nursing staff, pharmacy, etc in a timely manner (e.g. pain management, electrolyte replacement, fluid management, dose adjustments of non-oncolytic therapies, work up and management of febrile events).

iii. IV Chemotherapy and oncolytic orders are exclusively the responsibility of Team L Oncology NP/Fellow/Attending, not the Nocturnist. Nocturnists cannot place chemo or oncolytic therapy orders. Exception: Oral Hydroxyurea, corticosteroids, and oral outpatient oncolytic therapy can be continued by the Nocturnist.

iv. Personally perform all urgent overnight procedures on Team L patients or supervise Residents performing them if you have requisite privileges. If you are unable, contact ICU Nocturnist to perform/supervise. All procedures at night must be supervised or performed independently by a Nocturnist. If you are not an ACGME Fellow, you should bill for procedures you perform or supervise by writing or attesting the procedure note and selecting the appropriate procedure CPT code (automatically submitted if using NoteWriter procedure notes).

2) Expectations

i. Arrive at the DH7830 workroom no later than 6:30 PM for sign-out with Team L NP/Heme-Onc Fellow

ii. The Nocturnists will provide sign out to the Team L APP staff member at 6:30 AM

iii. The Nocturnists will be on first call for general internal medicine (not oncolytic therapy) issues

iv. The Nocturnists will admit patients who arrive or are transferred to UCIMC after sign out. This will entail obtaining and documenting an admission history and physical and formally presenting the case to the Team L Attending to review the admission and the initial management plan.

v. The nocturnists are not expected to perform procedures (e.g. bone marrow biopsy) nor order IV chemotherapy. Oral Hydroxyurea or corticosteroids can be ordered, and oral outpatient oncolytic therapy can be continued.

vi. The Nocturnists will interface with the ICU team for any potential ICU transfer of Team L patients.

vii. It is extremely important that the Nocturnist keep the Team L attending informed of major clinical developments in real time. Decompensations are often related to leukemia-specific treatment issues and aspects of their recognition and management may fall outside the Nocturnist's expected base of knowledge.

C. CDDC

1) Core Responsibilities

i. Personally evaluate each new admission to the CDDC overnight unit.

1. Attendings: Attest and cosign H&P's, editing them as necessary for completeness and quality. Select "send to billing" when you sign the note.
2. ACGME Fellows: Document your evaluation of new admissions in a blank Progress Note, briefly summarizing key clinical issues, including history, exam, results and plan. Do not assign a co-signer and select "do not bill" on the charge capture pop-up window.
3. Prior to staffing the case with the Nocturnist, Resident must evaluate the patient and write a draft of the H&P using the department-provided template for CDDC H&P and Pre-op evaluation for GI procedure

D. Urgent Medicine and Pre-op Consults

1) Core Responsibilities

i. Supervise all overnight general medicine consults. The resident should discuss all medicine consults with the Nocturnist, who can escalate to the on-call Hospitalist (714-506-2112) if they need further preoperative expertise.
   1. First morning surgery case or hip fracture surgery scheduled prior to noon are considered emergent/urgent consults and should be fully staffed by Nocturnist, who should examine the patient and document oversight of patient care. Handoff to the Team H day Residents.
   2. All other consults are considered non-urgent and should be supervised by the Nocturnist, but they are not responsible to physically evaluate the patient unless necessary for medical decision making. Handoff to Team H day Residents.

ii. Prior to staffing the case with the Nocturnist, Resident must evaluate the patient and write a draft of the H&P/Consult note using one of the following department-provided templates:
   1. Standard Pre-op consult
   2. H&P and Pre-op consult (for patients being admitted to a medicine service)

iii. Documentation of oversight of emergent/urgent consults:
   1. Attendings: Attest and cosign Resident H&P or Consult notes, editing them as necessary for completeness and quality. Select “send to billing” when you sign the note.
   2. ACGME Fellows: Document your evaluation of new consults in a blank Progress Note, briefly summarizing key clinical issues, including history, exam, results and plan. Do not assign a co-signer and select “do not bill” on the charge capture pop-up window.

E. Internal Medicine Night Float Supervision

1) Core Responsibilities

i. Check in with the night float Residents nightly around 8pm to introduce yourself and offer help for the night. Cross cover pager: 714-506-6575
ii. Assist the Internal Medicine night float Residents with any questions about floor patient care, if needed.
iii. Assist the Internal Medicine night float Residents with the care of any unstable floor patients, if needed.
iv. Assist in Rapid Response Calls or Code Blues if help is needed and the ICU Nocturnist is unavailable.
v. Supervise procedures on Internal Medicine floor patients if resident supervision is needed and the ICU Nocturnist is unavailable.