

LBVA Night Float Cross Cover 6/28-8/28

- Hours: 7pm-7am
- Arrive promptly at 7pm to pick up the cross cover and code pagers from the long call team that day.
- Let the teams know that you will be waiting to take sign out at the 3rd Floor, ICU team room when they are ready.
- Devise your own system to organize your “To Do’s” to ensure that you have completed your tasks. You should also take notes on pages you received and what you did in response to that page.
- You are not expected to manage these patients without support or supervision. Any and all questions are directed to the **ICU nocturnist on call**.
- Please notify the **VA wards attending on call** (schedule attached) for any significant change in a patient’s clinical status or questions that the ICU nocturnist on call cannot answer.
 - In addition, **Dr. Kern and Dr. Tanavoli and Dr. Rucker** have made themselves available throughout the night to field questions or if there are any issues with reaching the nocturnist or ward attending on call.
- You are **not** responsible for any admissions. Your duty is to cross-cover patients for teams 1-4 only.
 - If you are paged by a nurse for patients on the non-teaching team or new admissions done by the attending that night, please kindly let them know to contact the **admitting nocturnist on call**.
- Rapid response and code blue situations: The ICU intern and ICU nocturnist on call will respond to these pages. You are also expected to go to the rapid response or code blue. If you arrive first, you are expected to lead until the ICU team or admitting nocturnist arrives.
 - Keep your ACLS pocket algorithm guides with you at all times!
- Sign out is in the S8 conference room at 6:30am.
- Return the pagers to the ED clerk at the end of your shift.

Basic Principles

1. For any patient who is unstable or in any scenario where you’re not sure what to do then:
 - Call the ICU Nocturnist
 - Call the Ward Attending on Call (schedule attached and on ICU white board)
 - Call Dr. Kern, Dr. Tanavoli or Dr. Rucker
2. When in doubt, see and evaluate the patient.
3. Triage constantly.
4. If a significant event occurred, ie: you assessed a patient for acute hypoxia, write an event note detailing the event, your assessment, and plan.

For helpful tips on Common Crosscover Pages, refer to the [LBVA Night Float Guide for Interns](#), which is posted on the UCI Internal Medicine Residency website > Curriculum > Rotation Curricula > VA Night Float