LBVA
NIGHT FLOAT GUIDE FOR INTERNS

NIGHTFLOAT

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BASIC PRINCIPLES

1. For any patient who is unstable or in any scenario where you're not sure what to do, call your senior/resident (even if they are busy).
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.

COMMON CROSSCOVER PAGES

Pain

- Before ordering pain medication, ask for location, severity, and time of onset. Determine if the pain is new or old. For new pain, determine the underlying cause.
- For old pain with known cause, check sign out to see if primary team has any specific recommendations.
    - If sign out does not have specific recs, see Pain Management section below (page 5)

Agitation

- Examine patient to rule out secondary cases of delirium: (ie: pain, medications, withdrawal, hypoxia, infection, etc)
- Always try to reorient patient first: Frequent touch, reassurance, orientation lessens disruptive behavior (NEJM 1995;332:1338)
- Consider 1:1 sitter.
- Check Q-T interval prior to IV/IM antipsychotics. Avoid benzos in elderly patients and non-alcohol withdrawal patients [Cochrane Rev 2009]
- Restraints should be last resort [J Am Ger 2011;59:S269]

Insomnia

- Ensure distractions are minimized in patient room: lights off, TV off, hallway quiet
- Ask if any med has worked in past. Check home medication list to see if pt on sleep med at home.
- If ordering new sleep med, use lowest effective dose.
- Commonly prescribed sleep meds: trazodone, zolpidem, melatonin

Constipation

- Before giving laxative, ensure patient is not impact or obstructed with history/physical. Does pt have abdominal pain? When was the last time pt passed gas? KUB and DRE may assist in evaluation.
- General step-wise approach to constipation:
    - Step 1: Milk of Magnesia PO, or Miralax PO, or Lactulose PO
    - Step 2: Bisacodyl suppository
    - Step 3: Tap water enema +/- soap suds or lactulose enema
- Avoid Milk of Magnesia and fleet enemas in renal insufficient pts. Avoid psyllium in pts taking opioids. Avoid fleet enemas in CHF pts.

Fever

- Differential for fever is broad. As a cross cover physician your job is to triage and initiate a basic work-up and to evaluate for life-threatening conditions
- First, check sign out. Primary team may have recommendations. If not:
- Triage: full vitals, notify senior resident if pt is hemodynamically unstable
- Consider: blood cultures x 2 (should always be drawn before antibiotics), U/A with reflex culture, consider CXR
- If patient is stable, generally no need to broaden/start antibiotic coverage. If patient unstable, should be covered broadly, with narrowing of antibiotics once a source/bug is identified

Hypertension

- When paged about hypertension, evaluate whether:
  - This represents hypertensive emergency (assess for end organ damage of eyes, heart, brain, kidneys)
  - This reflects a more serious underlying process (withdrawal, drug overdose, severe pain, increased ICP, renal failure, etc)
- First, ensure this is an accurate reading: Ensure correct cuff size, re-take BP on BOTH arms
- Chart review: Did this develop suddenly? Does pt have history of HTN, cardiac disease or renal failure?
- Hypertensive Urgency: Elevated BP $\geq$180/120 without end-organ damage. Should be lowered in 24-48 hrs with PO meds. (Crit Care 2003;7(5):374)
- Hypertensive Emergency: evidence of end-organ damage in setting of hypertension. Goal is to reduce BP by 10% in first hour, then another 10-15% in first 6 hours. (Prog Cardiovasc Dis 2006; 48:316)

Hypotension

- While tx for hypotension is individualized, treat all episodes of hypotension seriously. Notify senior resident immediately.
- Immediately evaluate patient. First priority is to stabilize: Ensure IV access present, supplemental O2, trendelenberg position. Determine if IV fluids needed. Consider checking BP again to ensure accuracy.
- Perform history and physical with note to urine output, mental status, and work of breathing. Order stat labs as appropriate. Determine cause of hypotension and if patient is in shock.
- Call rapid response (or code as appropriate) if need to mobilize support faster

Hypoxia

- Treat all cases of hypoxia seriously. Notify senior resident immediately.
- Immediately evaluate patient. First priority is to stabilize.
- Examples of O2 supplementation: Nasal Cannula → Simple face mask →VentiMask → Non-Rebreather Mask → BIPAP → Endotracheal Intubation (Thorax 2008;63vi1)
- Evaluate patient: take history, review recent meds given, lung disease history, thrombotic risk, on exam note lung sounds and mental status. Order appropriate labs/imaging (ie: ABG, CXR)
- Call rapid response (or code as appropriate) if need to mobilize support faster

Hypoglycemia

- If hypoglycemia mild and pt stable, give oral glucose (ie: juice)
- If more serious hypoglycemia, give 50g (1 amp) of D50. Consider starting D5 or D10 maintenance IV fluids.

Leaving Against Medical Advice

- See the patient. Ensure patient understands the risk of leaving without standard treatment.
- Use a harm reduction approach: follow up appointments if possible, prescription for essential discharge medications (like antibiotics).
- Ask pt to sign an AMA form under Tools>iMedConsent
- Write a brief discharge note documenting what occurred. See "Discharge AMA" on pg 8 for further details.

Hyperkalemia

- If suspicious for hemolysis, redraw BMP
- Common treatments: Insulin/glucose, calcium, bicarb, B-agonist, kayexalate, dialysis

Patient Loses IV Access and Nurse Cannot Regain Access

- Patients who lose IV's overnight often have poor venous access (ie: ESRD or IV drug user)
- Ascertain that more than one nurse has tried. Some nurses are more experienced with difficult access

pts.

- Determine if IV access is necessary., and if IV meds can be given PO overnight.
- If a patient can wait safely until morning, more experienced staff can place peripherals, mid-line, or PICC
- If patient needs IV access overnight, consider placing an IV w/ ultrasound. Ask for help if not comfortable.

Clarifying Orders Entered by Day Team

- The goal of the night float physician is to fix serious problems, but leave overall, big picture patient management to primary team.
- If any orders are unclear and will not change patient care overnight, write down the question you were paged about and sign it out to the team in the morning.

RUNNING A RAPID RESPONSE OR CODE BLUE

- Review ACLS and BLS prior to night float
- Carry ACLS card with you
- All Rapid Response and Code Blues need an event note, written by the code/rapid response leader

NIGHTLY SCHEDULE

WEEKDAY

4:55pm – Pick up Medicine Triage Binder, intern cross cover pager, senior admit pager, and code blue pager from ED (Ask for Melvin in ED)
5:00pm – Get sign out from no call team. Cross cover begins.
6:00pm – Get sign out from the 2 short call teams.
7:00pm – Get sign out from long call team
7:00pm – 6:30am – Continue cross cover, admit patients with senior, rapid responses, code blues
6:30am – Sign out to day teams. Return Medicine Triage Binder and pagers to Emergency Department

WEEKEND

11:55am - Pick up Medicine Triage Binder, intern cross cover pager, senior admit pager, and code blue pager from ED (Ask for Melvin)
12:00pm – Get sign out from 2 short call teams. Cross cover begins.
6:00pm – Get sign out from long call teams
6:00pm-12:00am – Continue cross cover, admit patients with senior, rapid responses, code blues
12:00am – Sign out crosscover patients to overnight senior, hand over crosscover pager

PAIN MANAGEMENT GUIDE

Basics (WHO Analgesia Ladder, 1996)
- Mild Pain: Tylenol, ibuprofen
- Moderate Pain: Norco, tramadol, codeine +/- adjuvant
- Severe Pain: IV opiates +/- adjuvant

Renal Insufficiency/Failure
- Avoid morphine
- Preferred: Dilaudid, fentanyl, (methadone- w/ palliative consult)

Liver Disease
- Preferred: Fentanyl, (methadone- w/ palliative consult)
- Dilaudid with caution, decrease dose and frequency

Opioid Analgesic Equivalences

Opioid Agents	IV/Subcut/IM (mg)	PO/Rectal (mg)	Duration of effect
Morphine	10	30	4 hours
HYDROcodone	-	30	4 hours
OXYcodone	-	20	4 hours
HYDROmorphone (Dilaudid)	1.5	7.5	4 hours
Fentanyl	0.2	-	0.5 - 1 hours
Codeine	130	200	4 hours

ELECTROLYTE REPLETION GUIDE

	Preferred Route*	**Preferred Formulation**	**Response**
Potassium	***Oral**	Potassium Chloride	.1 increase serum K for 10meq given
Magnesium	Oral – causes diarrhea ***IV**	Magnesium Oxide Magnesium Sulfate	.5 increase for 2g (50meq) IV
Calcium (correct for hypoalbumin)	***IV- acute** Oral- maintenance	Ca Gluc (peripheral) CaCl (central line) Calcium Carbonate	.5mg/dL increase serum Ca for 1g given (1amp = 1g)
Phosphate	***Oral**	Sodium Phosphate (neutra-phos, Phos-Nak)	(varies by patient) ~1.2mg/dL increase serum PO4

THE ESSENTIALS

- The CPRS system may be difficult to navigate initially. Here are some tips for finding *most* of the common orders. (This is found under the “Orders” tab)

View Orders
Active Orders (includes Pending & Re

Write Delayed Orders

Write Orders
Add New Orders Clinicians w/Mec
Allergies
Ambulatory Care Order Sets
Barium Enema Order Set
Blind Rehab Service
Blood Bank Request
CBOC/PC/EYE Menu
CT Order Set (Inpt)
CT Order Sets (OutPt)
Radiology Procedure Orders
Cytology Request
Tissue Exam Request
Diet
Tube Feeding
Code Status Orders
ED Order Sets
Acute Hemodialysis (Inpt)
Chronic Hemodialysis (Outpt)
Procedures
Peritoneal Dialysis Orders
Plasmapheresis Orders (Inpt)
Imaging
Inpatient Ward Order Sets
IVP Order Set
Labs Other Groups
Labs Primary Care
MRI Order Set
NHCU Pre OP Order Set
Nuclear Med Order Set
Nursing Admission Consults
Non VA Meds
Outpatient Meds
Outpatient Order Sets
PET Scans
Ortho X Ray Series
Restraint Order Sets
RTC Orders
SDS/SDA Order Sets
Special Registry
PACU Orders
Ultrasound Order Set
Vaccines/Skin Tests (Inpt)
Vaccines/Skin Tests (Outpt)
Women's Health Orders

ORDER SETS (ALL)

Active Orders → This indicates you are looking at all active orders, the default view.

Write Delayed Orders → Click here to **START ADMISSION** or **DISCHARGE** orders. These delayed orders will be “released” by nurses when the time is appropriate (ie: when pt arrives to medicine floor)

Ambulatory Care Order Sets → Outpatient medications or labs. Most useful for those with VA outpatient clinic, also may be used when discharging patient.

Blood Bank Request → **BLOOD TRANSFUSION.** If you do not know patient’s blood type, use orders under “Unknown Blood Type” (right column)

Before transfusion:

1. **Obtain consent**
   - At top of screen, “Tools”→”iMedConsent”
2. **Check if pt’s blood type is known:**
   - On bottom of screen, click “Reports” → “Blood Bank Report”

Imaging → **X-RAY, CT, MRI**, and all non-nuclear imaging

Inpatient Ward Order Sets → Then click “Medicine Admit/Transfer Order Set”. This is our **MOST USED ORDER SET.** See Figure 4 for details.

- Includes nursing orders, diet, meds, labs, respiratory orders
- Tips: Warfarin is hard to find: Go to #54, scroll to bottom
  IV fluids is #55

Nuclear Med Order Set → For bone scans, RBC tag, V/Q scan and other **nuclear imaging**

Restraint Order Sets → Restraints

GUIDE TO ADMISSION ORDERS (IN PROGRESS)

	Step 1: Click “Write Delayed Order” (see above)
○ Release new orders immediately ◉ Delay release of new order(s) until OK Cancel Event Delay List: ADMIT TO MEDICINE ADMIT TO MEDICAL STEP DOWN ADMIT TO MEDICINE ADMIT TO MEDICINE STEP DOWN ADMIT TO MICU ADMIT TO N4-M	**Step 2**: Choose “Admit to Medicine”

Admit Patient: (Delayed ADMIT TO MEDICINE) Event: ADMIT TO MEDICINE Orderable Item: ADMIT TO MEDICINE Treating Specialty: GENERAL MEDICINE Expected Location: Attending: Primary: PGY 1: Admitted for SC Condition? Diagnosis: Condition: Instructions: Start: NOW Stop: T+30	**Step 3:** Fill out Admission information:
MRSA MEDICINE ADMISSION ☑ MRSA PCR TEST ADMISSION ☑ MRSA NARES CULTURE ☑ MRSA SURVL NARES DNA ☑ Thrombotic Prevention in hospitalized medical pts ☑ THROMBOTIC PREVENTION IN HOSPITALIZED MEDICAL PATIENTS ☑ ENOXAPARIN 40MG SC Q24H ☑ ANTICIPATED DISCHARGE DATE ☐ ORDERS TO FOREGO CPR AND OTHER LIFE SUSTAINING TREATMENTS ☐ ATTENDING WARNING FOR DNR ORDER ☐ CODE STATUS ORDERS ☐ PN WARNING FOR DNR ☐ MEDICINE ADMISSION/TRANSFER ORDER SETS Stop Order Set	**Step 4:** Complete pop-up order set. Hint: - Ask about code status in every initial interview - VTE prophylaxis: Avoid lovenox in CKD/AKI pts
CLICK HERE FOR MRSA NARES SCREENING **ISOLATION** Isolation Precautions **DX RELATED ORDERS** Acute Coronary Syndrome Community Acquired Pneumonia Heart Failure Hospital Acquired Pneumonia **Order #2 if pt has New Allergy or no "A" in the posting box** 2 Allergy Enter/Edit 3 Regular Diet 3a NPO 3b Diet Orders... 3c Common Diets... **NURSING ORDERS** 3a Notify MD upon arrival to ward 3b Nasogastric 4 Activity 5 Vitals: Routine 5a Weight 6 I & O: Q Shift 7 Accuchecks (Use Insulin Quick Order for SS) 7a Insulin Sliding Scale (QAC&HS) 8 Turn patient 9 Precautions 10 Limitations: 11 GU Care 12 Bowel Care 13 Wound Care 14 Peak and Trough **FREE TEXT ORDERS CAN NOT BE USED FOR MEDICATION DIET OR LAB ORDERS** 15 Free Text Orders to Nurse 16 Free Text Orders to Clerk **Select this item for other** 16 Patient Care Orders... **RESPIRATORY ORDERS** 17 Respiratory Care 18 Suction **MEDS** 50 MOM 30ml po qhs prn 51 Acetaminophen 650mg po q4h prn 52 Maalox Plus 30ml po q4h prn 54 Medication Quick Orders 54a PRN QUICK ORDERS 54b VACCINES/SKIN TESTS 54d CHEMOTHERAPY PROTOCOL... **VTE PROPHYLAXIS** Pharmacologic Agent Intermittent pneumatic compression **IV'S** 55 IV FLUID QUICK ORDERS... 57 IV DRIPS/ELECTROLYTE REPLACEMENT... **PCA Orders** Morphine Sulfate PCA Orders Hydromorphone PCA Orders (Restricted to Surgery 58 Insert Saline Lock & Flush Q Shift 59 Convert IV to Saline Lock 60 D/C Saline Lock **ANTIBIOTICS** IV Antibiotic Quick Orders Hospital Acquired Pneumonia **LABS** 70 Sodium 71 Potassium 72 Chloride 73 BUN 74 CO2 75 Creatinine 76 Glucose 77 Albumin 78 Calcium 79 Magnesium 80 PO4 81 CBC w/Diff Legionella Ur Ag & SPUTUM Culture AFB Culture & Smear X3 (sputum) TB Ova & Parasites (stool x3 days)	**Step 5:** Complete your orders (isolation, diet, nursing orders, meds, IV fluids, labs)
DISCHARGING AND AGAINST MEDICAL ADVICE DISCHARGES	
Discharge - Click "Write Delayed Orders" (see above), then click on "Discharge"	

Release new orders immediately
Delay release of new order(s) until

OK
Cancel

Event Delay List:
DISCHARGE

DISCHARGE
RECOVERY ROOM
RETURN FROM PASS
TRANFER TO BLIND REHAB
TRANSFER POST OP MEDICINE
TRANSFER POST OP MICU
TRANSFER POST OP SCI
TRANSFER POST OP SICU
TRANSFER POST OP SURG S/D
TRANSFER POST OP SURGERY
TRANSFER TO ACUTE PSYCH
TRANSFER TO ASIH
TRANSFER TO CCU
TRANSFER TO DOU OBS
TRANSFER TO DOU-M

Effective Date:
Today

Discharge Against Medical Advice

- In pop-up after clicking on "Discharge," choose "Irregular" under "To" (see below)
- Discharge AMA require, at minimum:
    - Discharge order
    - Brief discharge note
    - Signed AMA form by patient, if possible. Go to Tools>iMedConsent
-

DISCHARGE PATIENT (Delayed DISCHARGE)

Event: DISCHARGE
To: Irregular
Orderable Item: DISCHARGE PATIENT
Transfer Out To:
Other:
Date of Discharge:
Discharge Diagnosis:
Discharge Follow up:
Special Instructions:
Start: NOW
Stop: T+30

LOCATION

MAIN BUILDING (Building 126), by floors:
1 – Radiology, Outpatient clinics
2 – Labs: Chemistry, Heme, Microbiology, Pathology, Cytology labs
3 – ICU/CCU
4 – "**4 North**", "**DOU**" (Direct Observation Unit)
5 – OR
6 – Surgery offices
7 – Surgery offices
8 – **CONFERENCE ROOM FOR SIGN OUT, Resident Call Room, "8 South"**, fellow work rooms
9 – GI Procedures
10 – **"10 South"**, Neurology, Outpatient EKG, Outpatient echo,
11 – Sleep Clinic

X-POD/Y-POD: Spinal Cord Injury patients, CLC (SNF) patients
M-POD: Inpatient Psychiatry patients