A1 Attending: 11p-7a shift 2/12 Update			
Handoffs	Care Areas	Team	Area Details
 11p: Accept sign out from 3p A1 attending 2a: Accept signout from 6p A2 attending 7a: Sign out to 7a A1 attending ***CC Attending Phone*** 	 11p-2a CC <u>Trauma Only</u> A/G Pod A Ambulance A Triage 2a-7a Critical Care <u>ALL</u> A/G Pod A Ambulance 	 11p-2a Senior resident EM Intern CC Trauma Resident 2a-7a Senior resident EM Intern CC Medical 	 A/G Pod: Prime = best for junior residents A Ambulance: Patients will go to prime, use "orders ready" workflow to trigger nursing Best for PGY2-4 residents A Triage: Behavioral patients heading for D Pod Best for you + senior residents
	∘ A Triage	Resident • EM Trauma resident	

Other Things to Know

• A Triage/D Pod: A Triage is an opportunity to more conveniently see behavioral patients upstairs for chance to screen for badness/discharge potential prior to movement to D Pod. These patients can be seen by you, the APP or senior residents

• A Ambulance

- Please review resident/APP orders before flagging as ready nursing will complete orders en-mass
- You can send a patient to CDU/Vertical or directly DC if appropriate communicate with Expeditor RN
- If busy prioritize patients in actual assignments over A Ambulance nursing can do protocols
- **CC Bumping** We are pushing a culture change with nursing to keep all active CC patients (both not admitted and those admitted to a stepdown/ICU) in A or G pod near their care teams. In order to leave room for these patients we are simultaneously pushing that any CC patient admitted to the floor should preferentially bump to C pod or as a boarder in CDU. In a crises situation (like rooms tripled with incoming patients and no space in A pod) the responsible attending can (and should) approve the movement of non-admitted CC patients to C pod to make space.