

Resident: A1C 3p-12a shift

Handoffs	Care Areas	TEAM	Area Details
<ul style="list-style-type: none"> <li>• 3P - Take signout from A1 team</li> <li>• 11P- Sign out to incoming A1 team</li> </ul>	<ul style="list-style-type: none"> <li>• A/G Pod</li> <li>• A Ambulance</li> <li>• <i>A Triage if PGY3+</i></li> </ul>	<ul style="list-style-type: none"> <li>• A1 Attending</li> <li>• 2 Residents (you)</li> <li>• CC Resident</li> <li>• <i>A2 Team will also be seeing patients in the same care areas</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b>A/G Pod:</b> Normal Prime spots - give junior residents first crack but feel free to see</li> <li>• <b>A Ambulance:</b> Patients will go to prime, staff before finalizing orders <ul style="list-style-type: none"> <li>◦ Best for PGY2+</li> <li>◦ A Expediter RN</li> </ul> </li> <li>• <b>A Triage:</b> Behavioral patients heading for D Pod <ul style="list-style-type: none"> <li>◦ <b>Only PGY3+</b></li> <li>◦ Covered by triage nurses</li> </ul> </li> </ul>

Other Things to Know

**Behavioral Patients in A Triage:** This a great senior resident opportunity to focus on some tough judgement calls about capacity you need to learn how to make. This is also much better than having to see them in D pod but we must see them and staff them fast as they will need to move downstairs ASAP for safety reasons. These patients should be shared between you, the attendings and the APPs.

- Staff fast so attending can try to see them before they move
- Please write a full note on these patients and follow them both upstairs and downstairs
- Can transition care to D Pod APP once in D Pod and after medical clearance + discussion with psych or plan for sober re-eval

**A Ambulance:** If your junior sees these patients please closely supervise (or see together). Their orders should not be flagged for execution until attending has reviewed (or given you the ok).