

Resident: A2D 6p-2a shift

Handoffs	Care Areas	TEAM	Area Details
<ul style="list-style-type: none"> • 6p - Take signout from outgoing A2 Resident (group signout) • 2A- Signout with A2 attending to A1 <ul style="list-style-type: none"> ◦ Leave immediately after signout 	<ul style="list-style-type: none"> • A/G Pod • A Ambulance • <i>A Triage and D Pod if PGY3+</i> 	<ul style="list-style-type: none"> • A2 Attending • 1 Resident (you) • D/A Pod APP (until 12a) • Trauma Resident • <i>A1 Team will also be seeing patients in the same care areas</i> 	<ul style="list-style-type: none"> • A/G Pod: Normal Prime spots - give junior residents first crack but feel free to see • A Ambulance: Patients will go to prime, staff before finalizing orders <ul style="list-style-type: none"> ◦ Best for PGY2+ ◦ A Expediter RN • A Triage: Behavioral patients heading for D Pod <ul style="list-style-type: none"> ◦ Only PGY3+ ◦ Covered by triage nurses

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
- Can transition care to D/A APP once in D Pod and after medical clearance and discussion with psych or plan for sober re-eval

A Ambulance: Please staff these patients prior to flagging "orders ready". Let the attending add any desired orders before as once flagged so they get done in the first round.