

CHIEF NOTES: SURGERY

(last updated 6.2011)

General:

- The chief of the service is responsible for making sure the list is available at 6 am every morning.
 - Continuity is important, when making the list try to assign patients to either the resident who saw them yesterday or who was in on the surgery or post-op'ed the patient.
 - Provide attendings (and those attending trauma rounds) with updated patient list daily , it's also helpful to bring a copy of the OR schedule with you to rounds.
 - Mark the trauma patients with a "T" on the patient list
 - If it is Monday, Wednesday or Friday, try to avoid having the OR resident round on trauma patients (as they will not be there for trauma rounds).
 - Try to have the same resident round on all the patients of a sub-specialist to help ease in rounding/prevent multiple calls to the attending surgeon.
 - Shannon Kaminski can help to round on trauma patients. Utilize her skill! She likes to be texted in the morning with how many patients she will be seeing that morning. She is not there on Fridays or weekends.
 - Surgery team rounds on all peds general surgery and peds ortho patients. Sometimes, it's appropriate to have our Peds hospitalist Dr Flosi be the primary attending on these cases (and surgery as "consultants") if there are other issues not pertaining to their surgery that need to be handled.
 - Gyn patients admitted the night before are added to the OB/Gyn list, please call the OB deck resident at the time of admission of their patient or very early in the morning so they can be put on the OB list which is often made before 5 am.
 - Ortho admits. Please make sure the Ortho attending/PA is aware of the patient for rounding that morning. They should already know because they were paged from the ER.
 - MANDATORY Surgery Morbidity and Mortality Conference at 7am on 3rd Thursday of every month. All surgery residents expected to attend.
 - Please give tumor/chest patients to MedPeds chief by Wednesday each week.

Rounding:

- General Surgery Rounds: 7:30 AM Tuesday and Thursday for teaching rounds.
 - The general surgeons like it if you have time to discuss prepared residents lectures these days.
- General Surgery Rounds 7:15 AM Monday, Wednesday, Friday with Trauma rounds to follow at 8.
 - Call ICU residents when trauma rounds are about 5-10 minutes away so they can prepare.
 - For all new trauma admits, present your patients by their ER/hospital course... ie start with primary survey, then secondary survey, imaging, overnight events and then plan.
- ALL RESIDENTS ARE REQUIRED TO ATTEND ROUNDS UNLESS IN O.R. or on CALL. IF UNABLE TO BE THERE, PATIENTS NEED TO BE SIGNED-OUT TO A FELLOW RESIDENT.
- Bring your progress notes to rounds for the attendings to sign.
- If the surgeon for that patient is not present at rounds, do not make any management changes without discussing with the attending surgeon for that patient. If possible, have all residents with a specific surgeon's patients call him/her at the same time for efficiency.
- Have a plan. The surgeons appreciate that.
- Leave your notes in the chart prior to clinic.
- Prior to weekends: please place on your bulletin board weekend plans for covering residents.

OR:

- Cases to scrub: General Surgery has top priority. You may scrub in on other surgeries if you want and are not needed in general cases. If additional surgeries need a resident, residents should be selected in this order:
 1. OR resident for the day, unless needed in a gen-surg case
 2. Surgery resident on call, unless occupied with admissions
 3. MedPeds intern on call (ask the 2nd year MedPeds resident on call or medicine chief to verify that they're available)
 4. Resident in ortho clinic.
 5. Contact Chief Resident for coverage if all the above are unavailable.
- OR schedule is available the day before. Read up on operative case if able.
- Post op checks: to be done by the surgery team. All team members are to help out prior to leaving for the day. Unless indicated, C-sections do not need routine post op checks. On days with a SLOB, the SLOB will post op all Ob/gyn cases.

Call:

- Starts at 6:30am, ends at 6:30am
- On intern call days, the upper-level on call is off in the morning and does not round. They have an afternoon clinic, and are responsible for finding the intern by 6pm to take over the service.
- Call attending surgeon for **all** admits.
- Code Yellow: respond to all of them; run the code.
 - Interns may not run a code until they are ATLS certified.
 - Only 2nd or 3rd year residents are allowed to intubate trauma patients.
 - If a patient goes to the ICU from the ER, be able to describe generally their condition at rounds in the morning.
 - Mass Casualty Incidents: do not be afraid to call in HBU.
- At night, you cover all gyn and ortho patients. Expect/request sign out. If someone forgot to give it to you the day before, please remind them the following day that it would have been helpful for you to have gotten signout...

Clinic:

- AFMC starts at 9:45 on surgery.
- You should come to work in time to round on patients with the goal of getting to specialty clinic by 9am, never later than 9:45.

C-sections:

- Surgery residents who participate in c-sections while on call are expected to follow the Mom until d/c. Occasionally, the OB list will be a short one, and the OB deck resident should be contacted to see if it would be preferable to have the couplet added to the OB list.
- Make sure baby gets added to the appropriate clinic attending list and that admit orders are written. If off, sign-out for OB team to follow on your off day.
- Any resident doing a C-section should do the initial newborn exam as soon after the delivery as possible. Thereafter, they don't need to follow the baby unless they want to, though couplet care is preferable. Please make sure the peds or satellite clinic MD knows the baby was delivered so that the baby will be seen by an attending.
- *Place a sticker on the OB list with your name so that you get assigned that patient in the morning.*