

OB/GYN Chief Notes

Last updated 6.2011

Rounding:

- The list for rounding should be made by 6am. The OB Chief is responsible for the list being made, but may ask the NOOB to help with this. Encourage Friday appt's to be made before the weekend
- When making the list: first add all antepartum, postpartum and gyn patients from previous day's list, then add the deliveries and surgeries done that day (from stickers at bottom of list). Then look in DOU, 3W, 3N, 2W for patients who have OB/Gyn attendings listed as the primary and add those to the list if the bulletin indicates they should be on the OB list.
 - Resident assignment priorities are as follows
 1. Antenatal patients (best to keep continuity of care) and gyn patients
 2. SLOB patients to the person who assisted
 3. C-section couplets delivered (you cut, you follow)
 4. Vaginal deliveries by the resident who delivered them
 5. OB attending C-sections
 6. OB attending vaginal deliveries (Remember there will be no OB will rounding on mom!)
 7. Satellite clinic deliveries
 8. Uncomplicated deliveries that occurred after midnight may be omitted for resident rounding that day

At this time, we are not rounding on Clinicas C-section patients

- Resident Couplet Caps: (Each gyn patient counts as a full couplet)
 - Weekday:
 - Cap is 4 for R1.
 - Cap is 5 for R2 and R3.
 - Weekend and holiday schedule
 - Cap is 8 for R1. Intern can get assigned new couplets on Sunday even if worked on Saturday.
 - Cap is 5 for L+D resident.
- NOOB resident never rounds. Post-NOOB residents on NOOB shift in their OB clinical rotation *do* round.
- Surgery residents round on their post c-section moms. If it's their day off, the OB residents cover. If the OB list is short, you might offer to take over the C-section couplet for the surgery resident, as surgery rounding can be very busy. HBU and med/peds residents do not round on their c-sections.
- OB back-up residents round on their own patients (even on their days off)
- Post C-section care
 - Be familiar with post C-section order forms
 - May stay in hospital up to POD#4 if no complications; may leave sooner with surgeon approval
 - D/C staples: ask the surgeon at the time of delivery. Some like them out before discharge, and some like them left in if non-obese and pfannenstiell incision
 - Vertical incision staples are left in place x 7-10 days
 - Schedule 1-week post op check with the clinic where they had their c-section consult, or with the operating surgeon. If unsure, send them to women's clinic (Women's, MB, Las Islas Women's, Santa Paula). Schedule 6 week postpartum visit with PMD.

Teaching Rounds/Sign out

- 7:30 am rounds Monday-Friday. Finish your rounding prior.
- Be a time keeper: Encourage CME conference attendance (especially if ob/gyn grand rounds) and encourage appropriate discussions at am rounds (look at topic list behind the door)
 - The OB/Gyn team is to attend surgery M&M every 3rd Thursday of the month at 7am. OB round that day at 8am. NOOB to cover until then
 - Dr Marcum or Dr Flosi conduct weekly newborn rounds at 8am on Friday. Call them prior to guarantee they are coming. Make sure the team is done rounding by that time so all can participate in this opportunity
- Be available to guide interns on deck or R1 or R2 on SLOB

- Give possible tumor chest cases to med/peds chief by Wednesday of each week.

On Deck:

- Ensure that interns are familiar with paperwork (baby chart, discharge forms, op note, delivery note)
- Circumcisions should be done by OB residents and are written on the antepartum board
- PPTLs are also written on the bottom of the antepartum board
 - Don't forget : confirm with patient they haven't changed their mind, call the OR to add onto list, NPO past midnight, IVF, ensure papers are signed at least 30 days prior to due date
- ****To Call for a C-section****
 - Call surgeon, anesthesia, (and nursing supervisor if at night)
 - Consent patient, make NPO, order antibiotics and bicitra
 - Call for assistant:
 - During day: (1) SLOB, (2) Surgery on call resident, (3) MedPeds intern on call
 - At night or weekend: (1) OB back up, (2) Surgery resident, (3) MedPeds intern on call, (4) House back up

Gyn Patients:

- Sign out to surgery HO at night for calls
- Should be presented (by two line summary) to the OB/Gyn on deck that day in case Attg to Attg signout was not given (Assume it hasn't been) and to allow for case teaching if applicable

SLOB

- Must be available for all OB/Gyn surgical cases from 7am to 5pm (Scheduled C-sections, unscheduled C-sections, PPTLs, gyn cases)
- Will do admissions for Gyn cases during the day. Surgery resident to do admissions after 5pm
- Writes post-op orders, does post-op checks, signs out to surgery resident on-call

OBBU

- Can be signed up for by residents after the completion of their first 6 months and is available on the OB floor.
- OBBU will be taken by the fellow one night per week for the first 6 months to allow the fellow to hone their surgical skills in the OR (Tuesday nights in 2011)

CLINIC

- Mandalay Bay Fri AM High Risk OB clinic should be staffed only by a senior resident (R2/R3)
- Mandalay Bay Wed will be attended by residents R1-R3