

OB/GYN Chief Notes – July 2010

Rounding:

- The list for rounding should be made by 6:00am. The OB Chief is responsible for the list being made, but may ask the NOOB to help with this.
- When making the list: first add all antepartum, postpartum and gyn patients (you may need to look in DOU, 3W, 3N, 2W. Assignment priorities are as follows
 1. Antenatal patients (best to keep continuity of care) and gyn patients
 2. SLOB patients where you assist
 3. C section couplets you delivered... you cut, you follow
 4. Vaginal deliveries you delivered
 5. Antenatal patients without a resident
 6. OB attending c sections without a resident
 7. OB attending vaginal deliveries without a resident (OB will not round on mom!)
 8. Satellite clinic deliveries without a resident
 9. No need to include post midnight uncomplicated deliveries
- Resident Caps:
 - Weekday:
 - R1 cap is 4
 - R2 and R3 cap is 5
 - Weekend and holiday schedule
 - R1 cap is 8. On Sunday R1 can only see patients they covered on Saturday
 - L+D resident is 5.
- NOOB resident never rounds. Post NOOB residents on their OB clinical rotation do round.
- Each gyn patient counts as a full couplet
- Surgery patients round on their post c-section moms, unless it is their day off, then OB team covers. HBU and med/peds residents do not round on their c-sections.
- OB back up residents round on their own patient (even on their day off)
- Post C-section care
 - Be familiar with post C-section order forms
 - May stay in hospital up to POD#4 without complications, may leave sooner with surgeon approval
 - D/C staples: ask the surgeon at the time of delivery, some like them out and some like them left in if non-obese and pfannstiel incision
 - Vertical incision is left in place x 7-10 days
 - Schedule 1 week post op check with the clinic 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)

Teaching Rounds/Sign out

- 7:30 am rounds Monday-Friday. Get there with enough time to finish your rounds prior. Don't wait to be asked.
- Be a time keeper: Encourage CME conference attendance and encourage appropriate discussions at am rounds (look at topic list behind the door or possible attached schedule)
 - Especially if ob/gyn grand rounds (look at CME calendar)
 - Encouraged to attend surgery M&M every 3rd Thursday of the month at 7am.
 - Dr Marcum or Dr Flosi conduct weekly newborn rounds at 8am on Friday. Call them prior to guarantee they are coming.
- 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 interns are familiar with paper work (baby chart, discharge forms, op note, delivery note)
- Circumcisions should be done by OB residents and are written on the top of the antepartum board
- PPTL: written on the top of the antepartum board
 - Don't forget to call the OR, NPO past midnight, ensure papers are signed at least 30 days prior to due date
- To Call for a C-section
 - Call surgeon, call anesthesia, call nursing supervisor (at night)
 - Consent patient, NPO, antibiotics, bicitra
 - Call for assistant:
 - During day: SLOB, surgery on call resident, med/peds intern on call
 - At night or weekend: OB back up, surgery resident, Med/peds intern on call, house back up

Gyn Patients:

- Sign out to surgery HO at night for calls