

## **Intern Call Tips**

When you get a new consult:

Call consulting team and clarify surgical question; try to determine the level of acuity to help with triage (i.e. PEG vs nec fasc)

Add the pt to the list (if unsure which list, add to blue; your upper level can move to the correct list if needed)

Include the pt and reason for consult in the group chat. (Call your junior if the team doesn't utilize a group chat)

Traumas:

P2 :Trauma intern attends (not gen surg intern). Go to the trauma bay as soon as you get the page; ETAs are often unreliable. Call your junior if unable to attend, though this should be very rare (e.g. performing a procedure on the floor)

P1: both interns attend. Typically the trauma intern performs the survey and the other starts on the note.

Multiple traumas close together (2 within 15 min, 3 within 30 min): gen surg intern should call trauma junior to see if they are needed to help with traumas.

For P2 activations, the intern who sees a Trauma pt is to stay at bedside until returned from CT scan, assuming pt stability. (if patient transfers from OSH and has already had some CTs this may not be necessary, but always check with upper level)

For P1 activations: stay at pt bedside until they get to their inpatient bed, or until released by an upper level resident.

### **Phone numbers:**

Trauma intern 76112

Gen surg intern 73374

Sicu resident 78743

Trauma/gen surg junior 78740

HVI junior 78620

Senior 78742

SICU Attending 71899

Xray 74258: call if xray is not at a Trauma activation

CT 74257: call prior to taking a Trauma pt to CT (other team members can call too)

Radiology reading room 79729 ext1: to request reads on completed imaging

If you have any questions or concerns about patient care, call your junior. It is never wrong to call.

For overnight call, clarify your expectations for the next morning with your home service junior or senior prior to leaving the hospital.

How to keep your juniors and senior happy:

1) Before calling with a question about a patient, go see them, know the relevant information (vitals, labs, recent changes, relevant PMH, hospital course, meds), and have a plan in mind for workup and/or intervention. Even if your plan is wrong, it shows you are thinking. If the issue is urgent (rapid response, instability, etc) call your junior on the way.

2) Never delay telling the team about a new consult, especially near the end of a shift.

3) If your junior and senior are in the OR, don't wait until the case is over to give updates. Go to the OR to share critical updates or new consults.

4) If you suspect a consult is operative, print off the relevant consent to have ready when the rest of the team sees them. Scan/photograph completed consents into media. Consents left with the pt in the ED have a tendency to wander off.