MOUNT SINAI INPATIENT MEDICINE SURVIVAL GUIDE

Updated June 2017

Welcome to Mount Sinai Inpatient Medicine!

Disclaimer

While we have made every effort to ensure this guide is up to date, policy changes throughout the year may render parts of this document inaccurate. We encourage you to use this guide as a supplement to information disseminated by the residency, departmental, and institutional leadership. You are responsible for your actions and verification of information contained here. If you note any errors, please contact one of the Chief Medical Residents so the guide can be updated.

Introduction

The inpatient floors at Mount Sinai can be fast-paced and challenging, but we hope you find your time on the floors rewarding, educational, and fun! You will always be working as a member of a close knit team led by an attending physician and a senior resident who are responsible for teaching and guiding you in the care of your patients. The Chief Medical Residents are committed to your education and well-being, so please do not hesitate to contact them with questions or concerns.

Before Your First Day

Epic Access

Log in to Epic prior to your first day. If you encounter any problems, call 4HELP (212-241-4357) for assistance. Use context "Medicine." If they can't solve your problem, you can either contact the Chiefs or the Medicine office staff (GP 9W-178).

Get Signout on Your Team

Before you start, go to www.amion.com to check your team assignment. Logging in under "mssm" will show you all Mount Sinai services. From there, you can click on "Internal Medicine Residents." A faster way is to log in under "msmed," which will bring you to our page directly (see picture on the next page). As an Internal Medicine intern/resident, this is also where you can find your schedule. Select the date you are starting, and find yourself assigned to one of the teams. Then go back a day to find the intern you are taking over for (if you are taking over on a Monday, you will have to go back to the previous Friday), and either email or page them to get signout. You should read about your patients in Epic prior to arriving for the first day.

Block Call Shift Clinic July 3 Go!

Who's on -- call -- Mon, July 3, 2017 (as of 3:02pm)

Service		Name	Training	Contact	Tel
General Medicine: Red Team					
Red A Early Resident	0730-1500	**Caro, Jessica**	PGY-2	146-209-5390	5390
Red A Early Intern	0630-1500	**Bracionecki, Katrina**	Anesth		
Red B Late Resident	0730-2000	**Haines, Lindsay**	PGY-3	146-209-6642	6642
Red B Late Intern	0630-2000	**Cohen, Sarit**	PGY-1		
General Medicine: Orange Team					
Orange A Early Resident	0730-1500	**Iverson, Ayuko**	PGY-3	146-209-2890	2890
Orange A Early Intern	0630-1500	**McKenzie, Ayaan**	Anesth		
Orange B Late Resident	0730-2000	**Law, Cindy**	PGY-2	146-209-6295	6295
Orange B Late Intern	0630-2000	**Elyahu, Ariel**	PGY-1		
General Medicine: Yellow Team					
Yellow A Early Resident	0730-1500	**Bressman, Eric**	PGY-2	146-209-4917	4917
Yellow A Early Intern	0630-1530	**Garyu, Justin**	PGY-1		
Yellow B Late Resident	0730-2000	**Schwartzman, Monica**	PGY-3	146-209-4270	4270
Yellow B Late Intern	0630-2000	**Lepow, Lauren**	Psych	@myairmail.com	
General Medicine: Green Team					
Green A Early Resident	0730-1500	**Kim, Nina**	PGY-2	146-209-8406	8406
Green A Early Intern	0630-1500	**Croll, Leah**	Prelim		
Green B Late Resident	0730-2000	**Winters, Adam**	PGY-3	146-209-9204	9204
Green B Late Intern	0630-2000	**Mohey, Leela**	Psych	@myairmail.com	
General Medicine: Blue Team					
Blue A Early Resident	0730-1500	**Li, Michael**	PGY-3	146-209-0982	0982
Blue A Early Intern	0630-1500	**Goff, Peter**	Prelim		
Blue B Late Resident	0730-2000	**Qiu, Yue**	PGY-2	146-209-4257	4257
Blue B Late Intern	0630-2000	**Boyd, Chae**	Fam Med PGY-1		
General Medicine: Purple Team					
Purple A Early Resident	0730-1500	**Vogel, Alexander**	PGY-3	146-209-4732	4732
Purple A Early Intern	0630-1500	**Carswell, Timothy**	EHC	146-209-9207	9207
Purple B Late Resident	0730-1900	**Hwang, Michael**	PGY-2	146-209-4906	4906
Purple B Late Intern	0630-1830	**Banga, Jaspreet**	PGY-1		

Set Up Your Default List in Epic

1. Within the "Medicine" context, select "Patient Lists" tab in upper left. 
2. Click "Edit List" → Create My List → Name your list → Copy… → type "med.default" in search box → select "Med.Default (281195)" → Copy. You should now see a number of entries in "Selected Columns" on the right. You can edit this list with the Add and Remove buttons. Click Accept when you're done.
3. You should see a blank list with a number of columns at the top.
4. Look down at "Available Lists." Scroll to the bottom and find "Services MSH" → Medicine → find the patient list named after your team. Click and drag this up to the list you created under "My Lists." You should now see all your patients in the list! If you have any problems setting this up, ask for help when you are getting signout!

Your First Day

What to Wear:

Dress code changes depending on whether you are listed as "Early" or "Late" on Amion.

- Early – Professional Attire: Dress pants, shirt, and tie for men. Slacks/skirt, and blouse or sweater for women.
- Late – Professional Attire or Scrubs: No jeans or open-toed shoes.

Scrubs may be worn on nights, weekends, in the ICU, and whenever you are late call. Scrubs may not be worn outside of the hospital. You may not wear the green Mount Sinai operating room scrubs. You should wear your white coat during the day, regardless of early or late call.

What to Bring:

1. **Mount Sinai ID:** should be on you at all times in a visible place.
2. **Your Life Number:** this is next to your picture on your ID badge, but you should memorize it. You'll need it to access some call rooms and for Pacific Interpreters.
3. **Cell Phone:** smart phone is highly recommended. We communicate regularly by text message and Cureatr. Highly recommended mobile apps include Epic Haiku, UpToDate, Micromedex, and the Mount Sinai Inpatient Medicine app (https://inpatient.careteamapp.com/index - add this page to your home screen to turn it into an app).
4. **Pager:** you must have this on you at all times. Nurses, other physicians, the Chief Residents, and the Medicine office will use it to get in touch with you.

Where to Go:

- Inpatient Floors (days or nights): the team room is on GP 10W. Go all the way to the west side of Guggenheim Pavilion 10th floor, and take a left at the end of the hallway (to the right brings you to the 10W floor). You can hang your jacket and store your bag in the team room. This room is not locked, so leaving any valuables in your bag is at your own risk.
- General medicine floors: your patients will be located in the Guggenheim Pavilion (majority on 10W, 10C, 9W, several other GP floors), the Emergency Department, and MC North
- Cardiology Medicine: 7C, 7E
- Liver Medicine: 9C, 9E, occasionally other floors
- Oncology: 11E, 11C, 10C, occasionally other floors
- MICU: 5W
- CCU: 5E

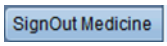
Schedule

Inpatient Floors (Day)

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6:30 AM	Arrive, get overnight signout and pre-round	Arrive, get overnight signout and pre-round	Arrive, get overnight signout and pre-round	Arrive, get overnight signout and pre-round	Arrive, get overnight signout and pre-round	Arrive, get overnight signout and pre-round	Arrive, get overnight signout and pre-round
7:30 AM	Work rounds with resident	Work rounds with resident	Work rounds with resident	Work rounds with resident	Work rounds with resident	Work rounds with resident	Work rounds with resident
8 AM	Attending Rounds	Attending check-in 8:30-9:30 AM Grand Rounds Social Work/ Discharges	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds
10 AM	Social Work and Discharges	Attending Rounds	Social Work and Discharges	Social Work and Discharges	Social Work and Discharges	Clinical work	Clinical work
11 AM	Clinical work	Clinical work	Clinical work	Clinical work	Clinical work		
12 PM	Noon conference	Noon conference	Noon conference	Noon conference	Noon conference		
1 PM	Clinical work	Clinical work	Clinical work	Clinical work	Clinical work		
	3PM signout	8PM signout	3PM signout	8PM signout	3PM signout	8PM signout	8PM signout

- 6:30AM (**at the latest**): Signout
    - Arrive to get signout from night intern
    - Signout occurs in 10W team room
- 6:30-7:30AM: Preround
    - Review vitals in Epic, see all your patients, review labs
    - Assign yourself as “Front Line Provider” in Epic: select all patient on your hemi-team → right click → Assign others → type your Epic log-in → under relationship, type “Front Line Provider”
    - **If a patient looks sick or you have any concerns, call your resident!!**
- 7:30-8AM: Resident-led Work Rounds
    - Discuss each patient with your resident (“run the list”) and plan for the day
- 8-10AM: Attending rounds
    - Discuss each patient with the attending and plan for the day
    - You will round with both hemi-teams, and discuss all patients as a group. While you may need to step away from rounds to return pages or place orders if told to do so by your resident/attending, you should **pay attention to all presentations**, including those of

patients on the other hemi-team, as your hemi-team will be responsible for these patients on late call days.

- 10-10:30AM: Interdisciplinary rounds:
    - Attendings go to 9W, 10C, 10W to discuss patients with nursing and social work teams. If your patient is on one of these floors and not under the hospitalist, please go give updates on these patients. Your resident will be at morning report from 10AM-11AM.
- 11-12PM: Clinical work
    - Prioritize discharges, calling consults, radiology studies, procedures early in the day
- 12-1PM: Noon conference
    - Check google calendar for location and topic (Tues always intern report, Wed always intern seminar)
- 1PM-signout: Clinical work
    - Follow up results, write notes, new admissions
    - Preparing for signout:
        1. Create signout for new patients: In patient chart go to Signout Medicine tab 

→ scroll to Handoff → .newsignout → fill in *** details
        2. Update signouts for old patients: Follow same steps as above and make edits in the Handoff section daily. Emphasize Stability and To Do's. **Proofread the entire signout to make sure it is up to date.**
        3. Print signout: Open your patient list → click once on a patient → Use the toolbar (see below) → Report: → Short SignOut → Right click and print

        4. Print the Short SignOut for each of your patients and compile in alphabetical order
        5. Give verbal signout: Run the list with night intern, including one-liner, recent hospital course, important issues for the night shift, To Do's, major possible events
- 3PM (**at the earliest**): Signout for Early Team
    - Early team stops admitting and signs out to late team once clinical work for the day is finished
- 8PM: Signout for Late Team
- Weekend: Same schedule except no conferences or interdisciplinary rounds

Inpatient Floors (Night)

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8 PM	Arrive, get signout from day team	Arrive, get signout from day team	Arrive, get signout from day team	Arrive, get signout from day team	OFF	Arrive, get signout from day team	Arrive, get signout from day team
	Clinical Work: Cross-cover Admissions	Clinical Work: Cross-cover Admissions	Clinical Work: Cross-cover Admissions **POTLUCK!**	Clinical Work: Cross-cover Admissions		Clinical Work: Cross-cover Admissions	Clinical Work: Cross-cover Admissions
8 AM	Attending Rounds	Attending Check in 8:30 AM End of Shift	Attending Rounds	Attending Rounds		Attending Rounds	Attending Rounds
9 AM	End of Shift		End of Shift	End of Shift		End of Shift	End of Shift

- 8PM: Signout
    - Receive signout on patients from the day team
- 8PM-6:30AM: Clinical Work
    - Cover the patients on your team (20 maximum)
        - **See patients when paged by nurses**
        - **Assess sick patients with your senior night residents and escalate care to night hospitalist if escalation criteria are met (see below)**
        - Follow-up pending studies
    - Admit new patients with supervision from your night residents
- 6:30AM: Signout
    - Update day interns on their patient's overnight events and follow-ups
- 7:30-8AM: Resident-led Work Rounds
    - Check in with both residents while they are rounding with their interns, and update them on any notable events overnight (sick patients, studies you followed up on, etc)
- 8-9AM: Attending Rounds
    - Present new admissions from overnight to the team
    - Discuss any sick patients you actively managed overnight
- 9AM: End of Shift

Policies

Professionalism

As a physician, you have a duty and a personal responsibility to your patients and colleagues. Always be on time to signout and rounds (if a patient is sick, rounds should start at that patient's bedside). Follow-up on labs, studies, and paperwork in a timely fashion. Document your care thoroughly in progress notes and event notes. While patient care always comes first, do not neglect your own education; you are expected to attend noon conference every day unless directly caring for a sick patient. Read about your patients' diseases to learn and take better care of them. Last but not least, treat everyone (patients, families, staff, other physicians) with respect.

Escalation

Your first point of contact for all patient issues should be your resident. Overnight, this role is filled by the Teaching Resident ("**TR**") and Medicine Consult Resident ("**MCR**"). **If a patient ever looks "not right" to you, or you have any concern about a lab or study result, contact your resident. All changes in management must be discussed with your resident**, including management decisions recommended by consultants and pharmacists. You should update your resident when making changes to the plan.

The attending of record (or night hospitalist after 7PM) MUST be contacted for any critical change in the patient's condition, including but not limited to:

- Change to a higher level of care (e.g., stepdown or ICU listing)
- Unanticipated change in mental status
- Significant NEW laboratory abnormality (e.g., K > 6.0, Na < 120, pH < 7.25, lactate > 4.0, bicarb < 12, hemoglobin drop > 3gm)
- Significant NEW abnormality in vital signs (e.g., BP < 90 or drop of 30mm Hg, HR < 50 or HR > 130, O2 sat decrease to < 90%, O2 > 4 LMP NC)
- Death, not expected that day
- Procedure requiring consent
- Change in Code status
- Disagreement with plan of care (with patient, family members, or consultants)
- AMA discharge
- New admissions in RESUS or requiring stepdown
- Any event, preventable or non-preventable, that results in harm to a patient
- Any situation in which an intern or resident feels uncomfortable or has a concern.

Rapid Response Team (RRT) is also available 24/7 to assist with sick patients. They can be reached by paging 1RRT (1778). They should be called for abnormal vital signs, significant changes in clinical status, and escalation to ICU care. When calling RRT, or when another provider calls RRT for one of your patients, you must meet them at the bedside to assess the patient and discuss the plan of care. Your attending and resident must be notified if RRT is called.

Documentation

You are responsible for documenting your care promptly and clearly. Notes in the medical record are an important form of communication with nurses and other services, and should accurately reflect the patient's condition and plan of care for the day. Admission H&Ps, progress notes, and discharge summaries must be co-signed by your attending. Progress notes should be written every day of the patient's hospitalization, including the first day if you received the patient as an overnight admission. **Any significant change in a patient's condition or plan of care should be documented** in an event note; this is especially important at night. If a patient meets the criteria for the sepsis alert, you are required to see the patient and document a sepsis alert note, as well as re-assess the patient 4-6 hours later and document a sepsis re-assessment note. The sepsis alert process also includes an order set for fluids, blood cultures, antibiotics, and other relevant orders.

Procedures

Typical procedures performed on the inpatient wards include drawing arterial blood, placing peripheral IVs using ultrasound, abdominal paracentesis, and nasogastric tube placement. Venipuncture and non-ultrasound peripheral IVs are generally performed by nurses or phlebotomists, but you may be asked to assist with these if patients are particularly difficult sticks. Central venous catheters and mid-lines are placed by line service except in emergency situations, when senior medicine residents will place these on the floors. **You must a procedure (see your procedure logbook) five times with direct supervision by a credentialed resident, fellow, or attending before you will be allowed to perform a procedure unsupervised.** You will receive training on US-guided PIVs by the hospitalists, and before your MICU rotation you will learn how to place central venous cathethers.

Sick Call

If you are too sick to work, you should not try to work. Doing so is bad for your health and exposes your patients to whatever is making you sick! Medicine has a robust sick call system to allow coverage for residents who call out sick. To activate sick call, go to amion and page the Chief On Call. Do not abuse the sick call system; remember that one of your fellow residents has to come in on their elective or day/night off to cover you.

Online Resources

Inpatient Medicine App

We have a smartphone app that contains all the information in this document and much, much more, including:

- Important phone numbers
- Important guides and algorithms (Sinai specific)
- Calculators
- Shuttle schedules
- IMA conference schedules
- If you have a question, check the app as you can likely find the answer there…

Access it by going to https://inpatient.careteamapp.com/index in your phone's browser. You can save it to your home page to make it into an app. Explore it early in your rotation and reference it often!

Medicine Housestaff Web Site

www.sinaimed.org or https://sinaimedchief.wordpress.com

- Education/Lecture Slides
- Manuals and Policies
- Guides and Protocols
- Useful info about various rotations

Survival Guide

The following sections describe the logistics of accomplishing many of the basic tasks on the inpatient wards.

Team 7000 (Cardiac Arrest)

To call Team 7000: press blue button in room (if need help, ask RN and/or BA to call Team 7000). If patient is decompensating but has pulse, call RRT (p1778).

When Team 7000 is called: Long call teams respond to codes; announced overhead and/or via code pager with location. **Go directly there! Minutes = Myocardium.**

Intern role: Follow all instructions from the code leader (Medicine PGY-3). Most often you will be rotating in and out to do compressions. You may get pointers during the code ("deeper compressions," etc.) from seniors.

Paging System

To page someone in medicine: amion.com (password msmed) → find name and click their pager # → send message

To page someone at Sinai NOT in medicine: amion.com (password mssm) → find service → find name and click pager # → send message

To page using the phone: 41300 → enter 4 digit pager then press # → enter your call back number then press #

Text pages should include your name, brief message, a good callback number and your pager # in case you get pulled away.

Phone Extensions

Extensions at Sinai are 5 digits: for example, Chiefs Office is 43817.

- Extensions beginning with 4 may be dialed from outside as 212-241-xxxx (e.g. 43817 becomes 212-241-3817).
- Extensions beginning with 5 may be dialed from outside as 212-824-xxxx.
- Extensions beginning with 8 may be dialed from outside as 212-659-xxxx.

Most people only remember the outside # for the 4 extensions, so if you are paging someone who is out of the hospital (e.g. a fellow on home call overnight), make sure to page an extension starting with 4.

For long distance, call the operator and provide the phone number to dial. You can also use a Long Distance Access Code if you have one.

Who is..?

- BA: Business Associate, administrative role on each floor
- MAR: Medical admitting resident, will call with admissions at night and Saturdays; Contact x46142 or x49320, p7785
- MAPA: Medical Admitting PA, will call with admissions on weekdays and Sundays
- MCR: Medical consult resident, helps with sick patients, supervises overnight admissions, provides medical assistance to non-medicine services as a consultant; p2125
- TR: Senior teaching resident at night, helps with sick patients and supervises admissions
- RRT: Rapid Response Team (pager 1778), assess sick patients and help with escalation of care

Admissions

During the day, your resident will get paged with the admission and you will go see the patient together. At night, the MAR or MCR will page you for an admission, and you will go see the patient with either the MCR or TR. The following tasks must be completed for all new admissions:

[ ] H&P: In Epic patient chart → Notes (in left column) → New Note → Type (H&P) → Cosigner (your attending) → SmartText (MS IP MD MEDICINE TEACHING SERVICE ADMISSION NOTE) → complete *** fields → Sign your note

[ ] Update treatment team: Admission (in left column) → update treatment team → add yourself as Front Line Provider

[ ] Allergies: just below the update treatment team tab under admissions; document and update

[ ] Med Rec: Admission → Med rec – pt on unit → (1) click on each med as to when last time pt was taking specific med → (2) reconcile home meds (important! Go through each of those to select what you want to resume and what you don't) → (3) Review current orders (can continue or d/c meds that have

already been ordered by ED/other service/etc), must click thru every med → (4) Admission orders (see below) → (5) Review and sign

Admissions orders: Under order sets in "Admission orders," type "general medicine admission," which will allow you to select all the most important items to order when admitting (general admission orders, EKG, CXR, daily and admission labs, supplemental O2, DVT ppx)

Additional admission orders: here is where you add in the new meds you want to start and the admission labs/daily labs you want to order that aren't part of the gen med admission order set

[ ] Signout → see procedure in Schedule section above

Discharges

To discharge a patient, you need to complete:

[ ] 48hrs prior to discharge, place order for IDP (Implement discharge plan) to get interdisciplinary team (RN, SW, etc.) planning discharge

[ ] Let social worker know in ADVANCE. Need to be informed of services the patient will need at home and if patient will require transport home.

[ ] Discharge follow-up appointments: For IMA, email "# IMA Discharge Follow-Up Appointments" (IMADischargeFollow-UpAppointments@mountsinai.org). For other appointments, call specialty directly or outside PCP. Write the dates and times in the d/c summary.

[ ] Discharge med rec: Discharge (tab on left) → med reconciliation → (1) confirm home meds → (2) reconcile meds (decide what you want to resume on discharge and what dose, and what you want to stop → (3) New orders for discharge (new meds you will be starting on d/c under 'place new orders' AND the actual discharge Order Set, 'Discharge Orders- Mount Sinai Hospital') → (4) Review and sign

[ ] Complete discharge summary: Discharge → Discharge summary (your signout will autopopulate or use .dcsummary for template) → right click on blue text → make text editable. To save yourself a lot of time on discharge, update the hospital course on the signout tab every day so when you are ready to discharge the majority of your summary will auto-populate. All discharge summaries are due in the chart within 24hrs of discharge, however if a pt is going to SAR or nursing home, the SW will need this PRIOR to the patient leaving.

[ ] Any post-discharge changes to medications/prescriptions much be cleared with your attending (e.g. if called by pharmacy that one of your prescriptions is not covered by patient's insurance, must discuss alternative prescription with attending)

Progress Notes

Complete as early in the day as possible to keep all caregivers and consultants aware of the plan. Progress notes can be addended later in the day or Event Notes can be written if necessary.

[ ] Notes → Type "progress note" → Cosigner (attending of record) → use SmartText IP GEN PROGRESS NOTE SINGLE COLUMN

Transfers

[ ] Transfer of care note: Notes → Type "transfer of care" → Cosigner (attending of record) → use progress note template, change heading to Transfer of Care, and include HPI and Hospital Course instead of Interval History

[ ] Orders: make sure all meds are appropriate; if coming from one of the ICUs will need to change the timing of daily labs from 1am to 6am

Patient Death

First, take a moment to process. Talk to your colleagues and residents for support.

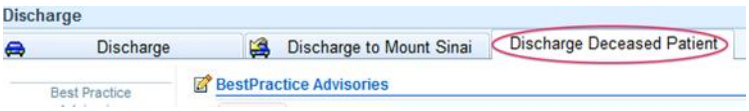
[ ] Call the resident (who will call the attending)

[ ] Death exam: listen for heart sounds and spontaneous breath sounds, check pupils for reactivity, and assess response to touch

[ ] Death note: Notes → event note → SmartText "MS IP MD STANDARDIZED DEATH NOTE" → Document death exam (above), date and time of death, that you informed NOK and attending, document whether or not family wants autopsy

[ ] DAVE → Ask your resident for help. You will need the attending of record's License Number

[ ] Discharge orders/med rec/ etc → Discharge (blue tab on left) → Discharge deceased patient → follow steps 1 through 5 with help from your resident



Consents

Forms are located in 'Patient Works' on desktop. No matter what computer you use, will print to main printer by BA. Ask BA for help if any questions.

Obtain consent from patient or phone consent from proxy or surrogate and place signed consent in front of chart.

Risks of basic procedures:

- Blood Transfusion: fever, allergic reaction, infection, shortness of breath, rarer risk includes damage to internal organs including lungs and blood cells
- Paracentesis: pain, bleeding, infection, rarer risk includes damage to internal organs including bowel (can inform pt that we use ultrasound to significantly decrease risk of damage to organs)
- Nasogastric tube: pain, bleeding, infection, rarer risk includes damage to the airway or GI tract including pneumothorax, rare risk of damage to skull base if placing in an unresponsive patient

Calling Consults

Page via amion (password: mssm). Some services, such as surgery, do not accept text pages and require you to dial 41300 → 4 digit pager # listed on amion. If a service is not listed on amion, call the operator to page them.

- Introduce yourself to consultant including your name, primary team, year ("Hi this is Rachel, Medicine Red A intern!")
- State reason for consult (AKI, hip fracture, etc)
- Give pt's name, MRN, and location
- Prepare a solid, focused story (i.e. If you are calling an ID consult, you should know the fever curve, WBCs, prior culture data, etc. If you are calling a renal consult you should know the electrolytes, urine output, volume status, etc)
- Provide your pager number or cell phone to follow-up for recommendations

Useful Order Sets

- General Medicine Admission: for new admissions
- Diabetic Agent: to order insulin
- Heparin drip protocol: standard target vs. low target
- Stop Sepsis Order set: allows pt to get first dose of abx faster as nurse can get it from the floor instead of waiting for it to come from pharmacy
- Blood Administration Orders: order blood products
- Adult ICU daily order sets (for respiratory interventions such as BiPAP, vent orders; sedation, vasopressors, inotropes) → generally should not be ordering anything from here without discussing with your resident
- FPA Primary Care Diabetes: if patient is being discharged and needs diabetic meds and all new supplies
- CHF Admission clinical pathway and CHF Daily clinical pathway: should be ordered for all pts w/ CHF