NIGHT CHAIN OF COMMAND

Hem-Onc Patient
- Night Float Intern
- Night Admitting Resident
- Hem-Onc Fellow On-Call*
- Hem-Onc Attending On-Call*

Ward Team Patient
- Night Float Intern
- Night Admitting Resident
- Back-up Ward Attending*

Hospitalist Team Patient
- Night Admitting Resident
  - before 12am → Swing Hospitalist Attending**
  - after 12am → Back Up Night Hospitalist Attending*

ICU Patient
- ICU Intern
- ICU Resident
- ICU Fellow
- ICU Attending*
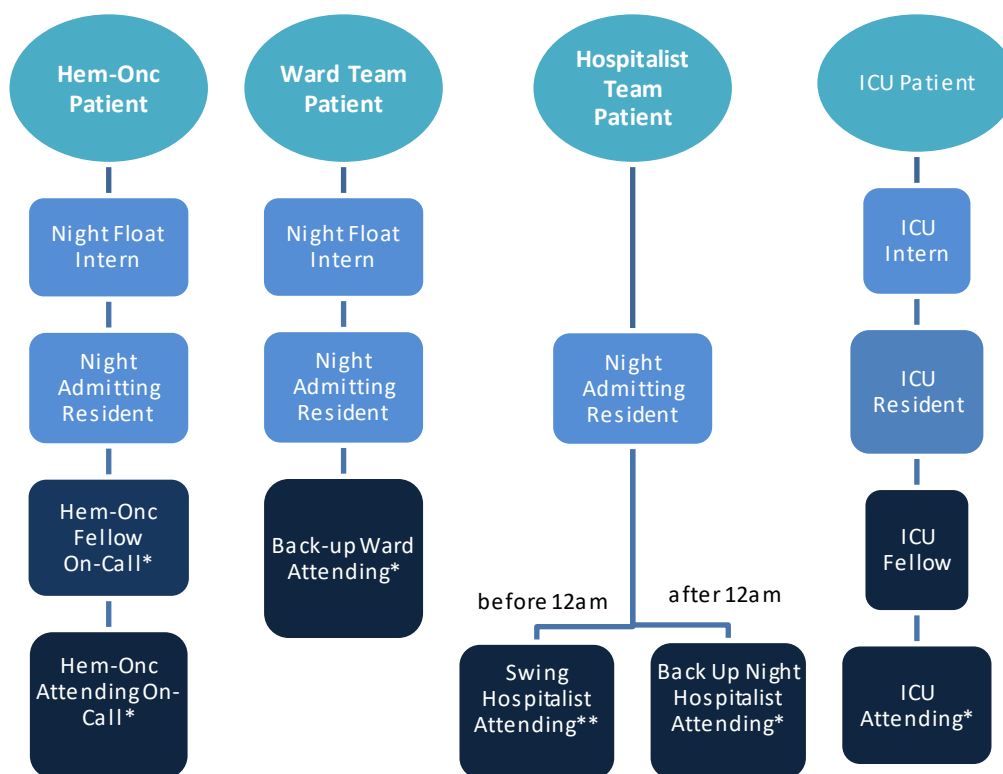
* To identify provider: Call Hospital Operator, check AMION, or check OV Intranet > Departments > Medicine

** Page to Medicine On-Call Pager

WHEN TO USE THE CHAIN OF COMMAND:

- Any question or uncertainty about patient care, i.e. any time you are not completely sure of what to do in a clinical situation
- Significant change in vital signs or mental status that is not easily correctable or explained
- Unexpected clinical response to treatment (e.g. hemodynamic instability that is not correcting quickly, anaphylactic reaction)
- Unexpected upgrade in level of care to SDU or ICU (for non-nursing/pharmacy indications)
- Failure or disagreement in achieving an urgent management plan (e.g. delay in urgent consult, diagnostic study, urgent medication, upgrade in level of care, MAC transfer)
- Medical error resulting in significant harm or clinical intervention (and consider submitting SI report)
- New Hem-Onc patient where acute leukemia or TTP is seriously considered in the differential (always call H/O Fellow/Attending)
- Unexpected transfusion, e.g. more than 2 units pRBC
- Unexpected morbidity or death
- RRT/Code Blue
- Attending requested to be contacted Hem-Onc Patient Night Float Intern Night Admitting Resident Hem-Onc Fellow On-Call * Hem-Onc Attending On-Call * Ward Team Patient Night Float Intern Night Admitting Resident Swing Hospitalist Attending ** Night Hospitlist Attending * before 11p after 11p Hospitalist Team Patient Night Admitting Resident Swing Hospitalist Attending ** Night Hospitalist Attending * before 11p after 11p Reviewed 8/12/2021

DHS MUST CALL ATTENDING LIST:

Must call list with closed loop communication (page attending, if no call back then page again)

- any question or uncertainty about patient care
- significant change in vital signs or mental status that is not easily correctable or explained
- unexpected clinical response to treatment
- unexpected upgrade in level of care to SDU
- any transfer to the ICU
- failure or disagreement in achieving an urgent management plan (delay in urgent consult, diagnostic study, urgent medication, MAC transfer)
- medical error resulting in significant harm or clinical intervention (also consider submitting SI report)
- new patient where acute leukemia or TTP is seriously considered in the differential (page hematology/oncology fellow or attending)
- unexpected transfusion
- unexpected morbidity or death
- unexpected critical result
- RRT/Code Blue, Code OB, or Code Stroke
- patient leaves against medical advice
- any fall in the hospital (must document your exam and your reevaluations)
- any procedures including catheter/line removals
- attending requests to be contacted

WHEN TO DOCUMENT:

- whenever patient care was discussed with a supervising resident, fellow, or attending
- whenever there is an escalation in level of care
- whenever the management plan was changed (such as consultant recommendations or new findings prompting action)
- whenever the patient was re-examined at bedside
- any critical vital signs notification
- RRT/Code Blue
- patient leaves against medical advice
- any procedures including catheter/line removals
- Any issue that the team or other healthcare providers need to know

    Use the Internal Med Inpt Progress Note type with a title of "Cross-cover Event" and free-text template. Forward notes for attending co-signature:
    - to the attending the case was discussed with (back-up attending), or
    - to the primary ward attending of record if not discussed with the back-up attending