

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 (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

Must document list

- 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