

## **CLINICAL ACTIVITIES**

### **Call Schedule**

The call schedule will be arranged by the chief residents unless delegated. R2/3 residents are responsible for first call, with R4/5 residents sharing second call. Any exceptions to these guidelines must be approved by the Residency Director.

Junior and senior residents on the same service will be split so as to take call on separate weekdays in order to provide continuity of care to patients on each service. On the weekends, the call team will round on all inpatients.

If patients treated on call need to be seen by the consult resident in Clinic 9 at 4:30pm the next weekday, the on-call resident must leave a voicemail on 1-8915 and also email both Andrea Koelling and Belen Avila to inform them of the add-on.

### **Clinical Services Issues**

There are now four trays carrying equipment and supplies to treat epistaxis patients. One tray will be kept in the Emergency Room, and three trays will be kept in Distro. Please see the Appendix for a list of the contents in the tray. The patient will be charged for the supplies. In the past, Clinic 9 bore many of these reimbursed costs. Clinic supplies or equipment should not be used after hours.

In order to expedite seeing the patient, when called about a nosebleed, simply ask the caller to have the "ENT Nasal Tray" at the patient's bedside. This will allow enough time to get the tray up from Distro (1-2013).

### **Consults**

All University Hospital inpatient consultations **must be documented in the electronic medical record** by dictation or a typed document. A full history, past medical history, medications, social history, review of systems, physical examination, relevant tests/imaging, assessment, and plan should be described. A brief note should be left in the chart. Primary Children's Hospital inpatient consults must also be dictated. All consult notes should be documented as a full history and physical, including review of systems. Please refer to "Consultation Template Appendix" for expectations of a consult history and physical.

The resident carrying the consult pager is responsible for inpatient consultations, 4:30pm callbacks, and seeing patients as add-ons in Clinic 9 at 4:30. Calls regarding lab results or other orders must be directed to the residents on the appropriate service rather than to the consult pager. Senior residents on each service are responsible for helping the unit nurses to understand whom to call. The only exception is for those rare occasions when an Otology inpatient has an issue that cannot wait until between cases or other appropriate activity breaks; for these infrequent cases, the Otology resident may request that the consult resident be called in to assist.

All consult pages must be responded to within 10 minutes and seen in person within 60 minutes of receiving the page. If the resident is in the OR or clinic, s/he will discuss with the attending if it is best to leave immediately or at a later time, but the resident must see the patient within one hour.

The primary responsibility of the resident carrying the consult pager is to respond in a more time-effective manner to the consulting services. It is not to assist in surgery or clinic except when the primary assignment is completed.

Consult pager assignments:

- Monday – HNL R2/4
- Tuesday – GOLD R3
- Wednesday – GOLD R3
- Thursday – GOLD R3
- Friday – HNL R2/4

### **Maxillofacial Trauma Call**

Maxillofacial trauma call at University Hospital and Primary Children's Hospital is shared with Plastic Surgery and comprises both soft tissue and bony injuries of the head and neck. Otolaryngology sees patients on even days, and Plastic Surgery sees patients on odd days. The patient should be assigned to the service that is on when the consult is called. A facial fracture may be recognized late because other, more severe injuries precluded initial identification. In the instance of a patient admitted on a Monday who later has a facial fracture identified on Wednesday, the team scheduled for facial trauma on Wednesday should care for the fracture. Traumatic injuries and patients requesting specialty coverage for soft tissue lacerations should be referred to the on-call service. Facial trauma call changes at 7AM.

### **Prescriptions**

Residents who do not have a DEA number may not write for any prescriptions, including discharge prescriptions, that will filled on an outpatient basis, **even within the University Health Care system**. The DEA number is required for all outpatient and retail pharmacies to process prescriptions. Residents without a DEA number may only write prescriptions for inpatients of the affiliated hospital where they are practicing. This directly impacts first year residents and any others who are not yet licensed. To write outpatient and discharge prescriptions the physician must become licensed and have a DEA number. The hospital could be fined \$1,000 for each prescription written by an unlicensed resident that leaves the institution.

Prescribers may not write a controlled substance prescription for themselves or their family members. This is considered unethical conduct as well as being a violation of State Law and Hospital Policies.

Several changes have been made to the Utah Controlled Substances Act in the last several years that may impact your practice. The following are key points to remember when prescribing controlled substances:

1. Each prescription for a controlled substance may contain only one controlled substance per prescription, and no other legend or prescription item.
2. Schedule III or IV controlled substance prescriptions may be filled only within six months of issuance (or date the prescription is written).
3. Any prescription for a Schedule II controlled substance may be filled only within 30 days of issuance (or date the prescription is written).
4. Only one prescription for the same Schedule II controlled substance may be issued at any one time, for no more than a 30-day supply of the medication. The date written on the prescription must reflect the date of issuance. Practitioners may not provide patients with multiple prescriptions of the same Schedule II controlled substance.

5. For additional information about how these changes affect prescribing of Schedule II controlled substances, refer to the Drug Information Service's online newsletter at [http://uuhsc.utah.edu/pharmacy/newsletters/sched2\\_faq.html](http://uuhsc.utah.edu/pharmacy/newsletters/sched2_faq.html).