I. **Patient management**
   a. Admission
   b. Transfer
   c. Discharge
   d. Checkout

II. **Rounding**
   a. Prior to rounding
   b. After rounding

III. **Education**
    a. Medical student
    b. Yourself

IV. **Unique orders**
    a. Medication that needs prior authorization
    b. Sent-out test
    c. Meds unavailable for inpatient
    d. PLEX

V. **Tips/Advise**
I. Patient Management

a. Admission:

1) vEEG admission

   *Step 1*
   Place admission orders before the day of admission.
   - Patient’s names are emailed the week before
   - Go to “More” in left lower corner, open “Encounter” in “Encounters”
   - Click “New” and write in “orders only” in “Type”
   - Go to “More” again and choose “Admit to Hospital”
   - Click “Order Sets” and type “IP VEEG” and select “IP VEEG Monitoring”
   - Click “Open order set”
   - Now, you see all the orders you need to complete.

   *Step 2*
   - When pt arrives, see patient and call epilepsy attending to discuss which AEDs should be continued and discontinued.

2) Direct transfer from clinic/outside hospital

   - Usually, you are notified by clinic who is coming, but rarely pt shows up (don’t panic)
   - Place admission order just like vEEG order, see the patient and call attending

b. Transfer

1) Transfer from MICU
• MICU asks you if general neurology can accept the patient.
• We accept patient if there is no medical issue, if consult team already saw and decided to accept
• If you are not sure, ask your attending

2) Transfer to MICU
• Call MICU transfer team.
• You also need to notify AOD regarding the reason for transfer (they need to know urgency, so they can coordinate things smoothly)

3) Transfer to floor of other team than neurology
• They may place transfer orders, but need to ask them what they want us to do
• Notify consult team about the patient so they can follow

4) Transfer to stroke team
• Call stroke attending and place orders if needed. Also talk to stroke team resident.

c. Discharge

1) Process of discharge orders

Step 1. Do med recs
• First, you need to complete med recs where you can prescribe new medication, new outpatient orders (image, outpatient referral) to patient. Don’t forget to make sure about outpatient follow up!

Step 2. Write discharge summary
Step 3. Place discharge order

2) Tips prior to discharge.
   • Do talk to patient and patient family closely about the expected day and place of discharge as early as you can.
   • Do talk to case managers as soon as the patient is admitted to your service.

d. Checkout
   • Give/Email updated list of all the patient to on-call person.
   • Make sure what needs to be checked.
   • If you are not comfortable, you can call attending and double check what to follow at night.
II. Rounding

a. Prior to rounding.

Be ready for rounding! You are the BOSS!!!

1. Time
   - Contact with attending what time s/he wants to start rounding.
   - Communicate well with consult team resident which team rounds first (PGY-3 has clinic in Friday afternoon).
   - Usually rounding starts from H8 workroom.

2. List
   - Update the patient list before rounding and print for you, your senior resident and attending

3. vEEG patient
   - Go to EMU (Epilepsy Monitoring Unit) station and see if any EEG changes during seizures. Better read it by yourself first.
   - If it is Dr. Shihabuddin, text him unless oncall is notified
   - If it is Dr. Khan, read the pending report in incomplete tab

4. Yourself
   - Know everything about patients including history, physical exam, lab result, medication and plan for discharge (when, where)

b. After rounding
• Go over the list and double check with attending what needs to be ordered or followed.
• Go to case manager’s room and update patient’s status and share discharge plans.
• Go to patient’s room again if there is any change in the discharge plans.
• If there is something new to your patient, notify attending and share the updated status of patients. Communicate closely and keep them in the loop.
• Don’t hesitate to ask questions to your senior or attending. Patient comes first.
III. Education

a. Medical student
   - Assign them to see at least 3 patients (can start from 1 or 2 on the first day or second)

b. Yourself
   - You will learn more from actual patients than textbook.
   - Make effort to learn about whatever you see on your patients (anatomy, physical exam, disease (clinical features, epidemiology, natural history), treatment)
   - Try to write a case report or abstract.
   - Share interesting cases with your colleagues
IV. Unique orders

a. Medication that needs prior authorization
   • Contact clinic nurse before discharge (ask attending in that specialty who to contact) and work on paperwork with patient if needed.

b. Sent-out test
   • Order “Miscellaneous” and type in the order ID.
   • Ask Google about order ID. (e.g. Autoimmune encephalopathy serum panel; ENS1. Autoimmune encephalopathy CSF panel; ENC1)

c. Meds unavailable for inpatient
   • Order “Non-formulary” and put information about the meds
   • If it is one of home meds, ask pt to bring and give it to nurse who will take it to pharmacy.

d. PLEX
   • Call pathology and general surgery for CVL
V. Tips/Advise

a. How to shorten hospital stay?

- Not easy, but good communication is the key.
- Talk to patient and patient family as much as you can so they are aware of plans. If they have issues with our plan, listen to them.
- Talk to case manager as soon as the patient comes to your service.
- Depending on patient’s condition, let them know likely placement; home, acute rehab, skilled nursing facility, nursing home, hospice.
- Discharge before weekend comes as much as you can
- Place consult in the morning so they can see and give us recs during working hours.
- Call labs or radiology if order is pending too long

b. How can I finish work by 4?

- Not easy, but if you cannot, let’s start working earlier.
- Your life becomes easier if you read and write/pend notes before rounding.