**Inpatient Medicine Chain of Command and Must Call**

**Must Call List:**

1. Considering escalation in level of care to the ICU, but unsure or disagreement between teams
2. Significant response to treatment that is unexpected (for example, hemodynamic instability that is not stabilizing, or anaphylactic reaction to a medication)
3. Significant change in vital signs or mental status that is not easily correctable or explained
4. Failure to achieve an urgent treatment plan (for example, urgent MAC transfer, diagnostic study or important consult)
5. Unexpected morbidity or death
6. Medical error resulting in significant harm or clinical intervention (always consider submitting an SI report)
7. New Heme/Onc patients when acute leukemia or thrombotic thrombocytopenic purpura (TTP) is seriously considered (call H/O fellow or attending directly)
8. Anytime you are uncertain about patient care or the next step in diagnosis or management

**Must Document List:**

1. Anytime you discuss a case with a supervising physician (please note, includes unexpected morbidity or death of any patient)
2. Change in the patient’s plan of care. This includes new medications or new recommendations from a consultant. (Exception: if the primary team’s note or sign out already states medication to be administered prn [such as IV furosemide based on I/O], then not considered change in plan of care)
3. Critical vital sign notifications
4. Anytime you go to the bedside to evaluate a patient
5. Any escalation in level of care
6. RRT/Code Blue

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USE THE AFTER-HOURS CHAIN OF COMMAND FOR:

1. Any question or uncertainty about patient care, i.e. any time you are not completely sure of what to do in a clinical situation
2. Other examples of important calls to an attending:
   - Unexpected upgrade in level of care (to SDU or ICU), or RRT/Code Blue that is not transferred
   - Unexpected clinical response to treatment (e.g. hemodynamic instability that is not correcting quickly, anaphylactic reaction)
   - Failure in achieving an urgent treatment plan (e.g. delay in urgent consult, diagnostic study, urgent medication, MAC transfer, etc.)
   - New Hem-Onc patient where acute leukemia or TTP is seriously considered in the differential (always call H/O Fellow or Attending)
   - Unexpected transfusion (e.g. more than 2 units)
   - Unexpected morbidity or death
   - Medical error resulting in significant harm or clinical intervention
Examples of appropriate events to document:

- Whenever patient care was discussed with a supervising resident, fellow, or attending
- Whenever the level of care was changed
- Whenever the management plan was changed (e.g. recommendations of consultants, new findings prompting action)
- 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