Sign-out Process

Logistics:
1. Wards
   - Signout in the AM takes place in 2C160 (resident's lounge) promptly at 6:30am
   - Signout in the PM takes place in 5B 104 (blue), 5B 105 (red) starting 4:00pm
2. ICU
   - Signout in the AM in 5BN starting at 6:30am
   - Signout in the PM in 5BN/5BS starting at 3pm for non-call teams, 8pm for call team

Signout Format:
   - Standardizing signout- IPASS Method

I	Illness Severity	• Stable, "watcher," unstable
P	Patient Summary	• Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • Plan
A	Action List	• To do list • Time line and ownership
S	Situation Awareness and Contingency Planning	• Know what's going on • Plan for what might happen
S	Synthesis by Receiver	• Receiver summarizes what was heard • Asks questions • Restates key action/to do items

   - Example: Mr. James Sanchez. He is stable and full code. He is a 64 yo M with hx of DM, HTN who presented with SOB found to be in acute decompensated heart failure.
     - He is more SOB today, so we are giving him Lasix 40mg IV. He had 4 beats of NSVT the other day, so we gave him potassium 40meQ for K of 3.6.
     - For tonight, he has a midnight I/O check. If he is not at -1L, please give Lasix 40mg IV x1
     - If he develops worsening SOB, please get a stat CXR. If he gets chest pain, please order stat EKG and troponin
     - Do you have any questions?
   - Ok, Mr. Sanchez is a 64 yo M presenting with SOB from CHF exacerbation. I will check his I/O at midnight and give Lasix if I/O not at -1L.

Triage:
   - If you get calls from nursing about any concerning things, please see the patient
   - When in doubt, see the patient
   - Whenever you see a patient, make any changes to their care, leave a brief progress note in the chart

Sign out in the morning
   - Review overnight events and what intervention was done
   - Example: Mr. Sanchez had SOB overnight, CXR was normal, I gave additional Lasix. I checked his I/O and gave additional Lasix.

Backup
- 1st call: 2 night admitting residents (they correspond to your color)
- Other backup: night hospitalist attending before midnight, ICU resident, long call resident

Tips:
- Ask questions! When something is unclear, ask questions to clarify
- Follow up and complete urgent/emergent tasks before signout
- Do not leave any loose ends for signout. The night float's job is to watch over your patients overnight, not completing your work for you
- Even if signout starts at 4pm, please finish all your tasks before signout and call all consults