

How to round on your patients

Organize your thoughts:

Check with covering doctors, nurses, and in the chart for overnight events

Get vital signs and test results

Think about:

The patient's diagnoses: how will you know if this patient is better or worse

Medications—effects and side effects

General hospital care—IVs, pneumonia, GI (eating, diet, constipation, diarrhea)

GU (I and O, urinating, pain) DVT—getting out of bed, prophylaxis, PT,

Pressure ulcers

An open mind to the unexpected

Daily ROS

Spirits

Visitors: family, friends, other doctors

Concerns about work, family, paying the rent, etc

Tests and results, patient understanding

Symptoms related to patient diagnoses and medications

General care symptoms

PE

Vital signs

Check the IV pole (what is hanging—is it the right stuff?)

Tubes, devices: oxygen, foley, pulse ox, venodynes, telemeter, etc—are they needed, are they working correctly?

Focused physical exam based on patient diagnoses, medications, general care

Sum it up

Let the patient know what you think: better, worse, same and what to expect in the day to come: diagnostic tests, consultants, etc, and let them know when to expect you to return, what information you expect to have

What to tell the team: be organized and be brief, but have the details--this is just a sample; for complex patients organize by system

One sentence summary: "Ms Adams is a 32 year old woman admitted two days ago with acute pancreatitis"

Overnight events, VS, exam: "She had a Tmax of 100 yesterday evening and continues to be NPO because of ongoing pain and severe nausea" Other vital signs are stable (be prepared to state what they are). On exam, her abdomen remains quiet with very sparse bowel sounds, but she is less tender with no guarding or rebound."

Results, consults: "Yesterday, she had an abdominal USG which showed no obstruction, but some sludge in the gallbladder. The pancreas was edematous without hemorrhage or pseudocyst. Her amylase and lipase (know the numbers!) are slowly coming down. GI consult thought that we should continue to hydrate her and they will consider doing an ERCP once her symptoms have improved."

Questions or uncertainties: "I was not certain when I examined her legs today: her left leg appeared a bit swollen and I am concerned she could have a DVT, can you take a look with me?"

Social, discharge planning: "Also, she is she is very concerned about her job and that she will be let go if she misses more than a week at work. Perhaps we can talk with the social worker, and have her call to let them know that Ms Adams is in the hospital and when we expect her to be able to return to work."

In summary: "Ms Adams is a 32 year old woman with acute pancreatitis which seems to be slowly improving. She has no known alcohol history and no gallstones were seen on USG. She was on no medications likely to have caused pancreatitis, so the possibility remains that she passed a stone. GI will evaluate this further with an ERCP"