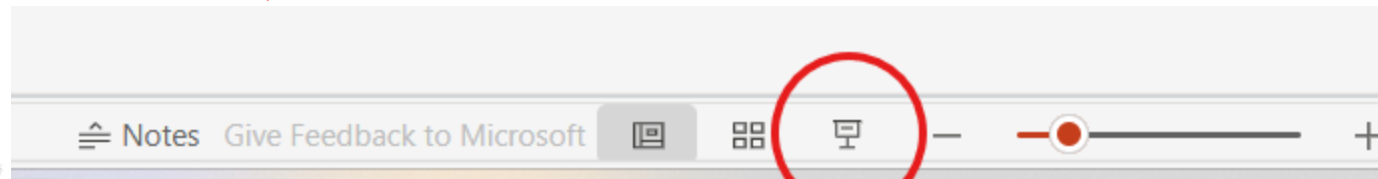


# NIAID RESIDENT INPATIENT ORIENTATION

To begin, please connect your headset, turn up your volume, and select "Presentation Mode".



# PART I: Administrative



# Fellows

# Residents

- Allergy & Immunology
- Infectious Disease



# Nurse Practitioners



Megan Klyczek-Lawn, DNP

Nurse Practitioner  
301.273.4855

Monday – Friday  
Full time  
Day shift



Olga Schiffman, CRNP

Nurse Practitioner  
202.695.9184

Sunday – Tuesday & Thursday  
Full Time  
Evening shift



Trina Edward, MS, FNP-BC

Nurse Practitioner  
301.377.4734

Monday – Friday  
Part time  
Day shift




# ICMOB Clinical Care team

Intramural Clinical Management and Operations Branch



Molly Collette, MHA, RN

Nurse Specialist  
240.457.2937



Lisa Krueger, RN, BSN

Nurse Specialist  
240.669.5119



Kim Pritchett, RN, BSN

Nurse Specialist  
301.312.9642



Gina Montealegre, MD

On-Site Residency  
Director  
301.693.2437



Maura Manion, MD

On-Site Residency  
Director  
301.312.2103



Sue Spisso, RN, MS

ICMOB Branch  
Chief  
301.761.6901

ICMOB is within the Division of Clinical Research (DCR) whose mission is to facilitate efficient and effective clinical operations and research by providing assistance, expert guidance, resources, and issue resolution in support of the NIAID clinical research programs and the NIH Clinical Center

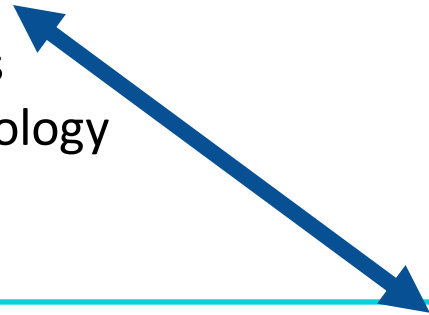


# Where do our patients come from?



# NIAID Labs and Research Teams

LIR/Laboratory of Immunoregulation  
LCIM/Laboratory of Clinical Immunology and Microbiology  
LPD/Laboratory of Parasitic Diseases  
LAD/Laboratory of Allergic Diseases  
LID/Laboratory of Infectious Diseases  
LMI/Laboratory of Molecular Immunology  
and so on...



Click next

## Research Team Example:

Principal Investigator (PI)  
Attending  
Nurse Practitioner/Physician Assistant  
Study Coordinator  
Case Manager  
Patient Care Coordinator

# Ward Team Contacts



Page Operator: 301-496-1211



Office Phone: 301-827-0596



Email: [NIAIDWardTeam@niaid.nih.gov](mailto:NIAIDWardTeam@niaid.nih.gov)



Office location: 5-3480 (near 5SE-N unit)



On-Call Pager: 102-10035 Phone: 240-401-3622



Patient unit: 5NW and 5SE



Pharmacy: 301-402-7077

Click next



# Weekday Schedule

M  
W  
F

SHORT-CALL, LONG-CALL	
0700 - 0730	Pre-round and prepare for rounds
0730 - 0800	<b>Night Float Sign Out</b>
0800 - 0900	- Pre-round and prepare for rounds - Contact Attendings on patients who will not be presented on Inpatient Rounds <b>FRIDAYS ONLY: NIAID Grand Rounds (Lipsett Auditorium or via Zoom)</b>
0900 - 1130	<b>Inpatient Rounds*</b>
Afternoon	- Complete clinical tasks (consults, orders, patient updates) - Complete inpatient daily progress notes - Short-Call Residents to help with admissions and/or cross-coverage, tasks, and update patients on plans after rounds
1430 - 1500	Short-Call Sign out with Fellow, Long-Call resident, and Ward NP
2000	Long-Call resident signs out to Night Float resident

NIGHT FLOAT	
Prior to 0730	- Evaluate patients - Update the Huddle - Finish any documentation
0730 - 0800	<b>Night Float Sign out</b>
0800 - 0900	<b>FRIDAYS ONLY: NIAID Grand Rounds (Lipsett Auditorium or via Zoom)</b>
0900 - 1000	<b>Inpatient Rounds*</b>



# Weekday Schedule

T  
TH

SHORT-CALL, LONG-CALL	
0700 - 0730	Pre-round and prepare for mini-rounds
0730 - 0800	<b>Night Float Sign Out</b>
0800 - 0830	<b>THURSDAYS ONLY:</b> Ward Team meeting with Dr. Lane (4 <sup>th</sup> floor office: Room 4-1479)
0845 - 0930	<b>Mini Rounds* (informal work rounds; via Zoom)</b> Refer to email schedule
1100 - 1200	- Finish writing notes - Finish contacting attendings re: patients not discussed in mini-rounds
1200 - 1300	<b>Resident Lecture (5<sup>th</sup> floor conference room)</b>
Afternoon	Short-Call residents to help with admits and/or cross-coverage, tasks, and update patients on plans after rounds
1430 - 1500	Short-Call Sign out with Fellow, on-call resident, and Ward NP
2000	Long-Call resident signs out to Night Float resident

NIGHT FLOAT	
Prior to 0730	- Evaluate patients - Update the Huddle - Finish any documentation
0730 - 0800	<b>Night Float Sign Out</b>
0800 - 0830	<b>THURSDAYS ONLY:</b> Ward Team Meeting with Dr. Lane (4 <sup>th</sup> floor office: Room 4-1479)
0845 - 0930	<b>Mini Rounds* (informal work rounds; in work room via Zoom)</b> Refer to email schedule
1000	End of Shift



# Weekend Schedule

ST  
SN

LONG-CALL, NIGHT FLOAT	
0700 or earlier	Evaluate patients; Complete inpatient daily progress notes Contact attendings with pt updates
0730 - 0800	<b>Night Float Sign Out</b>
0800 - 1000	<b>Night Float: Complete any unfinished notes</b>
0830 - 1130	Rounds with Long-Call resident and fellow



## Rounds

- M/W/F @ 9:00/9:15am – 11:30am
- Walk Rounds on units
- Coordinator: Kim Pritchett
- Schedule sent the morning of
- 10–20-minute discussion per presented patient
- Educational opportunities for residents
- Attending/covering attending must be present



## Mini Rounds

- T/TH @ 8:45am
- Virtual
- Coordinator: Molly Collette
- Schedule sent the day prior
- “Work Rounds” 5 minutes or less to discuss overnight events, pertinent findings and plan for the day
- ICU patients not routinely discussed on mini rounds




Click next

# Morning Huddle & Sign Out

**Morning sign out for the ward team occurs every morning at 0730**

**Before you leave everyday be sure to:**

- Check in with nursing and your patients to ensure the plan for the day is clear and address any requests/questions
- Provide a written sign out using the Huddle application in CRIS 
- Sign out to the Fellow before you leave every day
- Make sure to leave your pager with the long-call or night float resident

# Pagers and On-Call Phone

## Pagers:

- Long-Call Pager: 102-10035
- Long-Call must carry **ALL** resident pagers as they sign out to you until 3pm. After 3pm, you can just carry the on-call iPhone, which will forward all pages to SPOK mobile.

## On-call phone:

- Home screen/unlock PASSCODE: speak to ward team colleagues to obtain, as it changes often

## SPOK Mobile, enter this information:

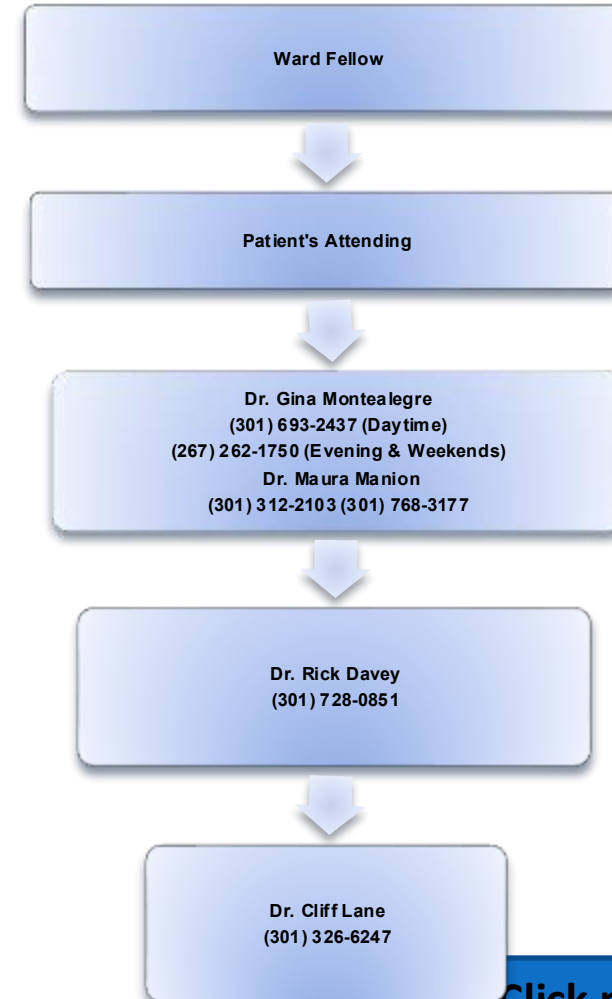
- Username: 2404013622
- Password: 07449065
- MobileIron PIN: 3480
- icloud.com
  - Username: niaidwardteam
  - Password: Wardteam22!



# Communication

- Email string  
([NIAIDWardTeam@niaid.nih.gov](mailto:NIAIDWardTeam@niaid.nih.gov))
  - URGENT communications must be via phone/in-person
- Encryption
- Contacting Attendings
- CRIS Downtime
- Paging system (dial 102, follow prompts)

## Resident Chain of Command



# PART II: Clinical



# Types of Inpatient Admissions

## Planned

- Scheduled admissions
- Planned by the research/lab team

## Unplanned

- A same day, unexpected admission due to acute illness
- From the clinic, outside hospital, home



# Who Admits?

## Ward team

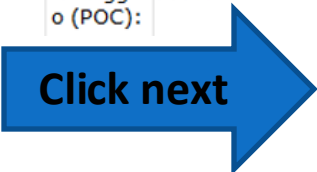
- Resident ward team admits and cares for the patient with fellow and attending supervision

## Lab team

- Lab team admits and cares for the patient
- Resident ward team covers overnight once proper handoff has occurred

# CRIMSON Tracker

Week Day	Date	Patient	Age	MRN	Unit	Admitting	Procedures/Comments	Diagnosis	Protocol	Attending	Lab	Anticipated D/c	Submitte	Submitted L
Monday	05/22/2023													
	05/22/2023	[REDACTED]	23	[REDACTED]	7SW-N	LCIM/Dr. Freeman	Overnight sleep study	Hyper IGE syndrome	00-I-0159	Dr. Freeman	LCIM	05/23/2023	S. Roy (POC): (301)	03/17/2023
	05/22/2023	[REDACTED]	36	[REDACTED]	5SE-S	Ward	Hypertension, blurry vision	LYMPHOPENIA	09-I-0102	Dr. Lisco	LIR	05/25/2023	M. Anderson (POC):	05/15/2023
Tuesday	05/23/2023													
Tuesday	05/23/2023	[REDACTED]	31	[REDACTED]	5NW	Ward	Colonoscopy 5/25/23 at 14:00. Has GJ tube - can administer colonoscopy	CVID/r/o GI bleed/abd pain	89-I-0158	Dr. Fuss	LCIM	05/26/2023	K. Montgomery-Re	
Wednesday	05/24/2023													
	05/24/2023	[REDACTED]	38	[REDACTED]	5SE-S	LPD/Dr. Khoury	Post EGD recovery; Does not have accompanying adult, so must be	Hypereosinophilia	94-I-0079	Dr. Khoury	LPD	05/25/2023	P. Adames Castillo	04/18/2023
Wednesday	05/24/2023	[REDACTED]	26	[REDACTED]	7SW-N	Ward	Has lumbar drain in place	HIV/ Cryptococcal meningitis	14-I-0124	Dr. Lisco	LIR	06/05/2023	Whitney Ewing (POC):	05/22/2023
Thursday	05/25/2023													
Thursday	05/25/2023	[REDACTED]	64	[REDACTED]	5NW	Ward	Knee drained/drain placed/ for overnight observation	knee drainage s/p procedure	11-I-0187	Dr. Lionakis	LCIM	05/27/2023	J. DiMaggio (POC):	05/25/2023



# Admission Travel Voucher (ATV)

Admissions, Travel and Vouchers 2.3

What's new in ATV?  
Quick Reference Guides

Home Contact Us Sign Up for ATV Access Training You are logged onto **ATVPROD** as Submitter

Logout

Session Timeout: 10:10

Find Patient

Find Request

Messages

Preferences

**Find Patient**

Last Name:  First Name:  Sex:

MRN:  Birthdate:

Search  Use SoundEx

Recent Requests:

Id	Request Date	Type	Status	Last	First	Middle	Suffix	MRN	Actions
----	--------------	------	--------	------	-------	--------	--------	-----	---------

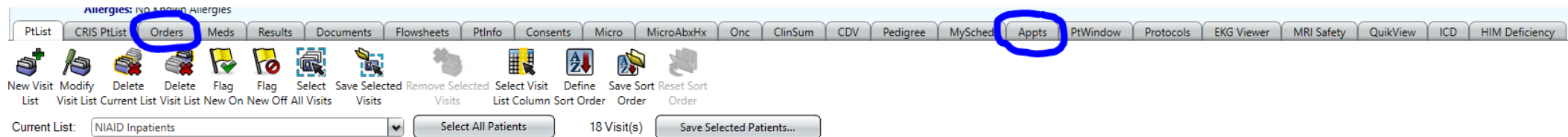
What would you like to do?

- Find your patient or create a new patient
- Change patient demographic information
- Request patient admission
- Enter a reimbursement request for Patient Travel
- Request Government-arranged travel
- Enter vouchers for travel, lodging and meals

- An ATV is an electronic form that authorizes an admission
- Completed by the research team
  - Please contact them to complete if asked by nursing
- Paper forms are available at the first-floor admissions department for urgent need or in the Ward room (folder by the window)

# Admission Orders

- Planned admissions (look at orders and appointments)



- NIAID Admission Order Set
- Vital signs, diet, etc.
- Speak to the Fellow and develop a plan.
- Contact the patient's Attending to report status/assessment of the patient.



# Blood Glucose Management Service

- Consult this service to manage patients with diabetes, hyperglycemia, and insulin pumps.
- Page the [Blood Glucose Management Team \(102-11568\)](#) after you enter the consult.
- Inform the team about patient's anticipated discharge dates so they have time to do discharge teaching.
- Include presence of consult in your sign out.

\*\*\*Please note, if BGMS (Blood Glucose Management Service) has been consulted and will be following patient throughout their admission, you are NOT to manage or enter ANY blood glucose and insulin related orders/issues during entire stay, including nights and weekends.



# Medication Reconciliation

- Completed within 8 hours of admission and prior to discharge
- Please view the Med Rec training videos for “How To” instructions

[Prescriber Admission Reconciliation](#)

[Prescriber Discharge Reconciliation](#)

Also included in the Clinical Orientation email

- [CRIS Educational Resources - Medication Reconciliation \(ORM\)](#)




# Medications



- Residents cannot order investigational new drugs (IND), monoclonal antibodies (if not FDA approved for intended use), research drugs, chemotherapy or biotherapy (for example immunoglobulin replacement therapy).
- The Attending should enter these orders. Allergy/Immunology Fellows should enter the Immunoglobulin replacement therapy orders for their Fellowship training requirements.



# Miscellaneous

- Nursing
  - STAT orders should be verbally communicated to the nurse.
  - Type in “Nursing” or “Prohibition” to find nursing communication orders.
  - Put in an “Off Unit” order to communicate times of tests/procedures if it is not contained within the order or in the  tab.
  - Update the patient’s nurse with the treatment plan.
- Outpatient calls
  - NIAID outpatient calls should be forwarded to the Fellow who will triage and contact the Attending. You may be asked by the Fellow or Attending to see those patients in case they need to be admitted.
- Research orders
  - Not responsible for knowing protocol
  - Do not place research orders
  - Defer research related questions to the research team



# Documentation

- Saving templates
- Open notes
- Copy forward
  - NoteCetera ( ` )
- How to mark as “incomplete”
- Co-signatures
- Monitoring and delinquencies



# Documentation

## Admission:

- H&P within 24 hours
- Med reconciliation (within 8 hours of admission)

## Daily:

- Inpatient progress note

## Other:

- Transfer note
- Free-text note
- Interim summary

## Discharge:

- DC instructions (don't forget to order Take Home meds)
- DC progress note (generates the order)
- DC summary after patient is discharged (within 48 business hours)
- Med reconciliation

## Orders

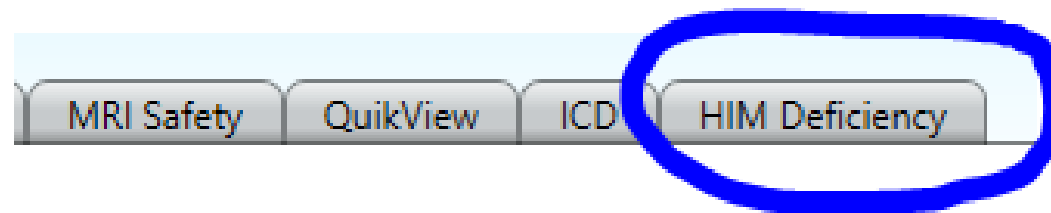
- Sign within 72 hours

[Health Information Management Department  
Medical Staff Orientation \(nih.gov\)](#)

Click next 

# Documentation Deficiencies

- The Health Information Management Department (HIMD) and an ICMOB nurse specialist will keep you informed of any corrections needed to your documents.
- You can also check and monitor by using the HIM Deficiency tab in CRIS

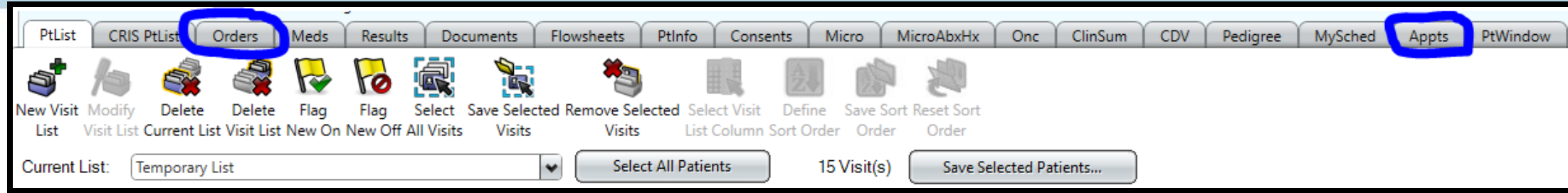


# Discharge

- Discharge med rec
- Take home meds
- Outpatient pharmacy
- Narcotics
- Social work involvement and contact info (care providers in CRIS)
  - Home care face to face (refer to ward guide)
- “Discharge routine progress note” is the discharge order
- Transfer to another facility with MOLST
- Death ([pg. 23 and 24 of the HIMD handbook](#))



# Orders



- Order and schedule
- Appointments tab
- When to contact supervisor for scheduling



# After Hours Radiology Contact

Monday-Thursday 6:30am – 5:30pm

Friday 6:30am – 5:00pm

*An XRAY tech is onsite 24/7 to perform plain film x-rays and non-contrast head CTs in emergencies.*

**For after-hours radiology tests**, or to speak with the radiologist on-call:

- Page the x-ray (radiology) tech by calling 102-1RADS (pager # 17237) or contact them via the page operator at 301.496.1211.
- Can also access it here: <https://app.qgenda.com/landingpage/nih>
- Any issues obtaining emergent/STAT scans should be escalated to the attending immediately.

# Interpreting Services

## Spoken Language

- Cyacom (blue phone) on nursing units
- On-call cell phone
- In-person
  - Must place an order in CRIS for interpreting services

## American Sign Language (ASL)

- Involve ward NP or ICMOB member to assist with the third-party ordering system or follow instructions on next slide



# Interpreting Services

[Remote Interpreter Services](#) – available 24/7 through our phone interpreter contract vendor Cyracom. No CRIS order needs to be entered. The service can be used on a blue phone or any phone with the codes. **1-800-481-3293 Account # 501013226 PIN # 9414**

[Virtual Telehealth Services](#) – Virtual telehealth appointments are available (phone or video) utilizing our interpreters (Spanish) or contractors (other languages). Available M-F, 7:30am -5:00pm.

- Enter a CRIS order 24-48 hours in advance
- Specify date, time, language and method (video)
- An MS Teams link will be generated and sent to the requestor for telehealth. This link can be shared with others.

[In-Person Interpreter Services](#) – for complex care encounters, high-risk encounters, procedures, imaging, consents and encounters where remote communication is not possible: This requires a CRIS order and **advance planning**. Available M-F, 7:30am – 5:00pm.

- Enter a CRIS order 24-48 hours in advance
- Specify date, time, language and method (in-person)

Coordinate with the language interpreter team:

Scheduling desk: 301-496-2792

Program Manager: Brenda Robles [brenda.robles@nih.gov](mailto:brenda.robles@nih.gov) or 301-675-3968

[ASL Interpreting Services](#) – managed by the NIH Office of Research Services. Please call 571-730-4330 24/7 to arrange services.

- Appointments for in-person interpreters can also be arranged through <https://ors.od.nih.gov/pes/emb/interpret/Pages/default.aspx>
- iPads are available to loan from Admissions (first floor of Clinical Center) to use video interpreting arranged through <https://ors.od.nih.gov/pes/emb/interpret/Pages/default.aspx>

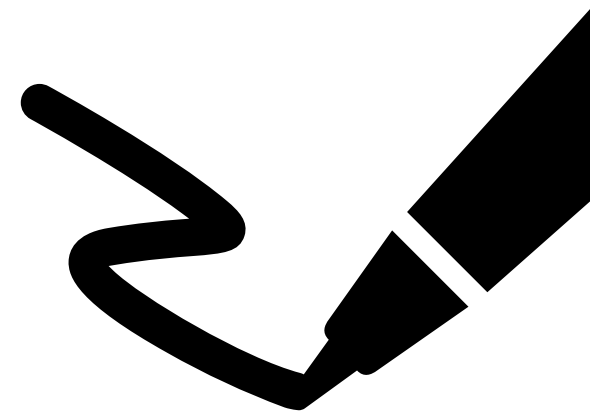


Click next

# Translation Services

## Written Translation

- Send a request well in advance to the [NIH Library](#)
- Reach out to interpreting services for assistance
- Explore the [Research Participant Education Committee site](#) for translated patient education materials



# Code Status Orders and MOLST

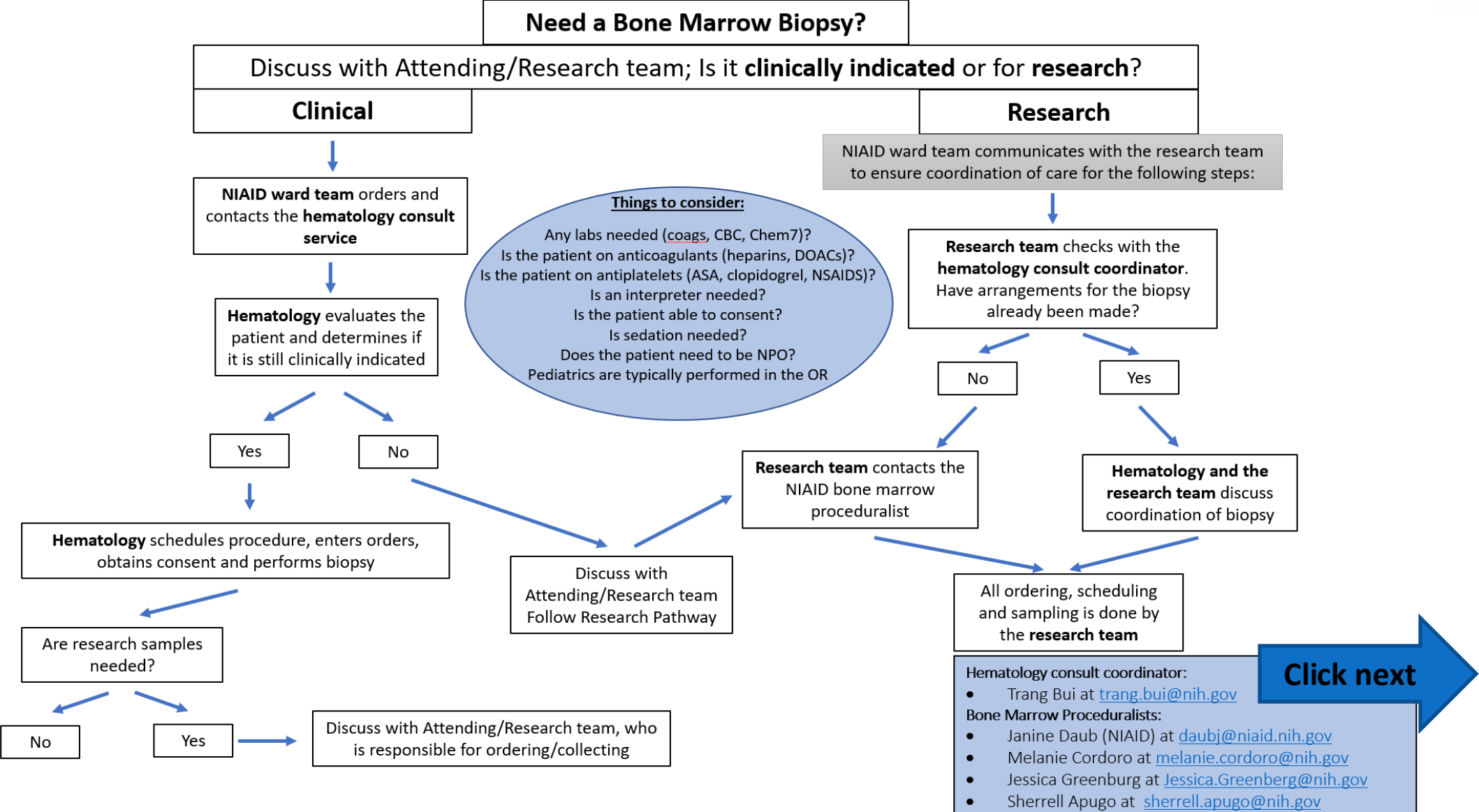
- Please involve the Attending in any code status discussions
- The Attending will need to place the order in CRIS
- The Attending must co-sign any MOLST forms needed for patient transport

MM 3 2013		Page 1 of 2
<b>Maryland Medical Orders for Life-Sustaining Treatment (MOLST)</b>		
Patient's Last Name, First, Middle Initial	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<p>This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician, nurse practitioner (NP), or physician assistant (PA) must accurately and legibly complete the form and then sign and date it. The physician, NP, or PA shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy of the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.</p>		
<p><b>CERTIFICATION FOR THE BASIS OF THESE ORDERS:</b> Mark any and all that apply.</p> <p>I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:</p> <p> <input type="checkbox"/> the patient; or  <input type="checkbox"/> the patient's health care agent as named in the patient's advance directive; or  <input type="checkbox"/> the patient's guardian of the person as per the authority granted by a court order; or  <input type="checkbox"/> the patient's surrogate as per the authority granted by the Health Care Decisions Act; or  <input type="checkbox"/> if the patient is a minor, the patient's legal guardian or another legally authorized adult.         </p> <p>Or, I hereby certify that these orders are based on:</p> <p> <input type="checkbox"/> instructions in the patient's advance directive; or  <input type="checkbox"/> other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records.         </p> <p> <input type="checkbox"/> Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. <b>The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary.</b> If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.         </p>		
<p><b>CPR (RESUSCITATION) STATUS:</b> EMS providers must follow the <i>Maryland Medical Protocols for EMS Providers</i>.</p> <p> <input type="checkbox"/> <b>Attempt CPR:</b> If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.            [If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]         </p> <p> <input type="checkbox"/> <b>1 No CPR, Option A, Comprehensive Efforts to Prevent Arrest:</b> Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.           <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Option A-1, Intubate:</b> Comprehensive efforts may include intubation and artificial ventilation.</li> <li><input type="checkbox"/> <b>Option A-2, Do Not Intubate (DNI):</b> Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.</li> </ul> </p> <p> <input type="checkbox"/> <b>No CPR, Option B, Palliative and Supportive Care:</b> Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.         </p>		
<p><b>SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT</b></p> <p>Practitioner's Signature _____ Print Practitioner's Name _____</p> <p>Maryland License # _____ Phone Number _____ Date _____</p>		

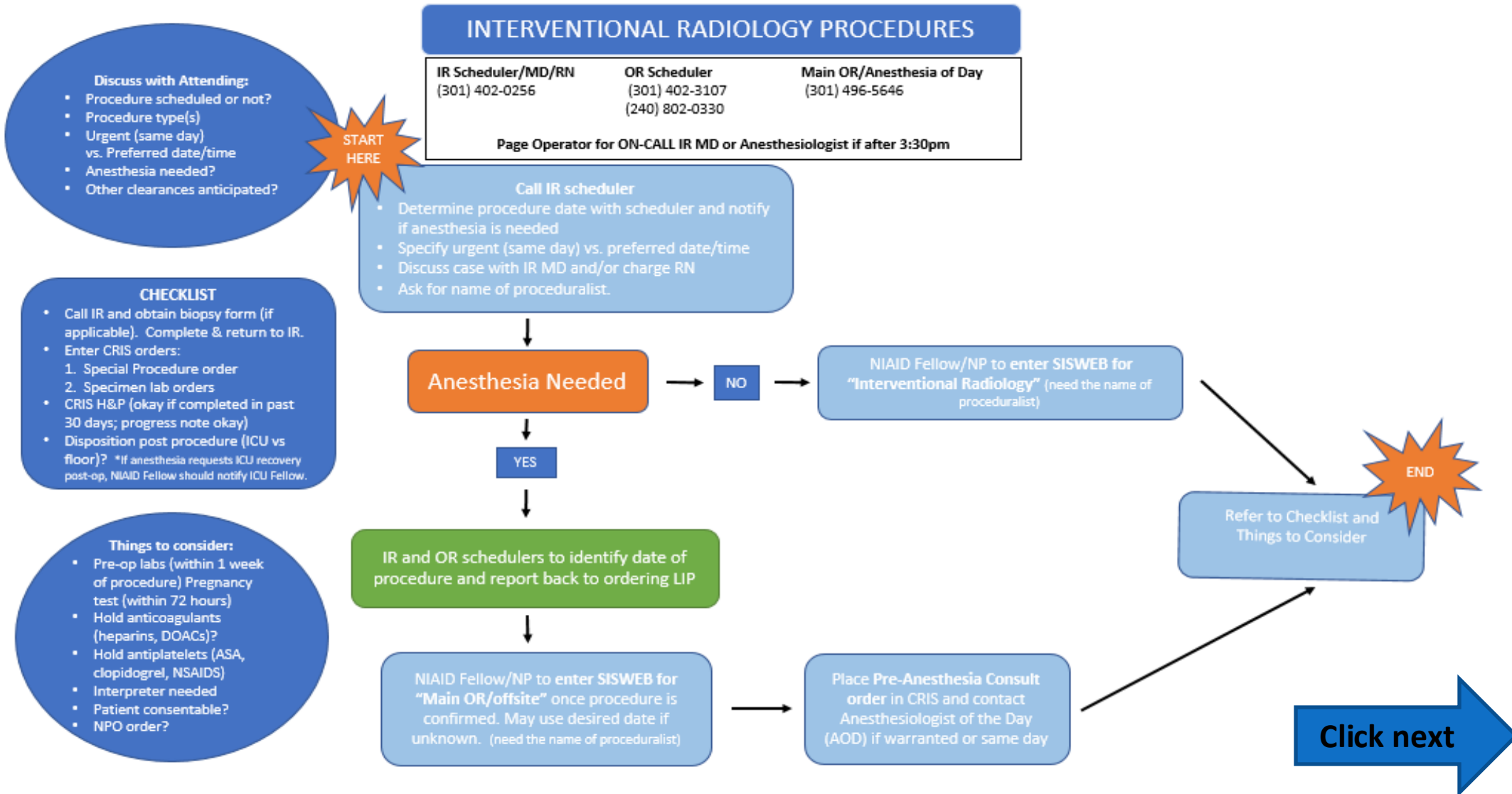
Click next 



# Bone Marrow Biopsy Pathway



# Interventional Radiology Pathway



# Blood Products

- Please ensure that there is an up to date (within one year) consent for blood product transfusion prior to ordering
- Consents are obtained using iMed consent
- If your patient experiences signs/symptoms of a potential transfusion reaction, please contact the **Department of Transfusion Medicine (DTM) Fellow** on-call
  - DTM fellow will provide guidance to the reaction order sets needed



# iMed Consent

## What is iMedConsent?

- iMed Consent is the electronic platform used to obtain informed consent from patients for various protocols, procedures, treatments, and sedation. All consenting should be done electronically via iMed. The clinical center no longer utilizes paper consents.

## How do I access iMed Consent?


1. Go to “Tools” from the top menu in CRIS
2. Scroll down and find iMed Consent on the list, select this option
3. Follow the prompts on the screen
4. Have the patient sign the consent with the signature pad located on WOWs on each unit
5. Always obtain a witness for consents and ask nursing if you have any questions

The screenshot shows the CRIS Sunrise interface. At the top, there is a navigation bar with 'Allscripts Gateway | My Applications | CRIS Sunrise'. Below this is a 'My Applications' section with a dropdown menu for 'CRIS Sunrise'. The 'Tools' menu is open, displaying a list of options. A red star is placed over the 'Tools' menu header, and another red star is placed over the 'iMedConsent' option, which is highlighted in blue. The background shows a patient list table with columns for 'Patient Name' and 'Patient ID / Visit Number'. The first row contains the text 'NIHCCTEST, APOUTPATI...' and '81-30-30-9/202312397...'.



[Clinical Emergency Response Resources | NIH Clinical Center - America's Research Hospital](#)

# Clinical Emergency Response

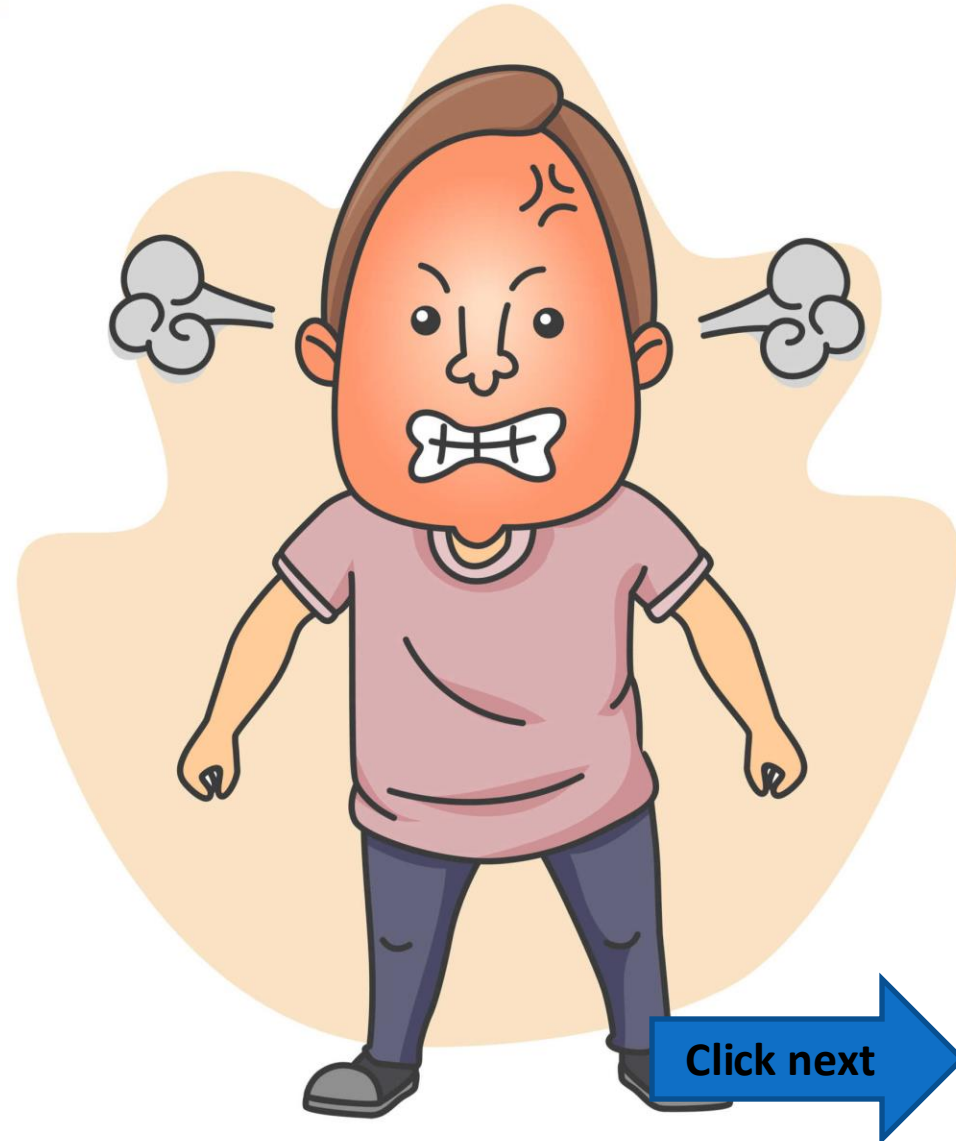
	CRITICAL CARE CONSULT	RAPID RESPONSE	CODE BLUE
	<b>301-451-0567</b>	<b>301-451-0567</b> <small>Back-up Number: 301-256-5774</small>	<b>111</b>
<b>WHO MAKES THE CALL</b>	A Licensed Independent Provider (LIP) formally requests a consultation from the ICU physician.	<ul style="list-style-type: none"> <li>Nursing staff, LIPs, Respiratory Therapists</li> <li>Patient, family, visitors</li> <li>Anyone involved in the care of a patient</li> </ul>	Anyone on the scene of a medical emergency.
<b>ESTIMATED RESPONSE TIME</b>	Up to 1 Hour	Up to 20 Minutes	Up to 5 minutes
<b>WHO WILL RESPOND</b>	ICU Physician	<ul style="list-style-type: none"> <li>ICU Physician</li> <li>ICU Charge Nurse</li> <li>Respiratory Therapist (if appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>2 Physicians</li> <li>Anesthesiology</li> <li>2 ICU Nurses</li> <li>2 Respiratory Therapists</li> <li>NIH Police &amp; Fire Dept.</li> <li>Messenger Escort Service</li> </ul>
<b>EQUIPMENT BROUGHT TO THE SCENE</b>	None	None	ICU ACLS Cart
<b>KEY FEATURES</b>	LIP to LIP consultation about a patient's clinical condition and <i>possible</i> transfer to the ICU	<ul style="list-style-type: none"> <li>Formal request by anyone (including patient/family member) involved in the patient's care for prompt ICU assistance when a patient's condition is deteriorating.</li> <li><b>Rapid Response Team</b> coordinates with the primary care team and nurses to address the patient's acute needs and facilitate transfer to the ICU, if needed.</li> </ul>	<ul style="list-style-type: none"> <li>Actual or potential life-threatening medical emergency involving patients, visitors, or staff.</li> <li>First aid or basic life support (CPR and AED) is provided by those on the scene</li> <li><b>Code Blue Team</b> provides immediate evaluation, intervention, &amp; triage to appropriate level of care.</li> <li><b>Code Blue Team</b> determines if Difficult Airway Response Team or Brain Code is activated.</li> </ul>
<b>INFORMATION PROVIDED BY THE CALLER</b>	<b>Clearly state: Critical Care Consult Request</b> <ul style="list-style-type: none"> <li>Hatfield or Magnuson Building</li> <li>Unit and Room Number</li> <li>Patient's name and age</li> <li>Call-back number</li> <li>Description of patient's clinical condition</li> </ul>	<b>Clearly state: Rapid Response Request</b> Stay on phone to answer all questions: <ul style="list-style-type: none"> <li>Hatfield or Magnuson Building</li> <li>Unit and Room Number</li> <li>Patient's name and age</li> <li>Call-back number</li> <li>Your name</li> <li>Description of patient's acute change in condition</li> </ul>	<b>Clearly state: CODE BLUE</b> Stay on phone to answer all questions: <ul style="list-style-type: none"> <li>Hatfield or Magnuson Building</li> <li>Specific Location, Unit and Room Number</li> <li>Patient's age range (Child or Adult)</li> <li>Call-back number</li> <li>Your name</li> </ul>

Code Blue Team determines if Difficult Airway Response Team (DART) or Brain Code is activated



# Code "BERT" (Behavioral Emergency Response Team)

- For uncontrolled, escalating, disruptive or violent behavior
- The Code BERT responders will carry one bag with mechanical restraints and one box with medications that can be used to assist in managing an escalating patient.
- Can be called to assist in verbally de-escalating family members and visitors

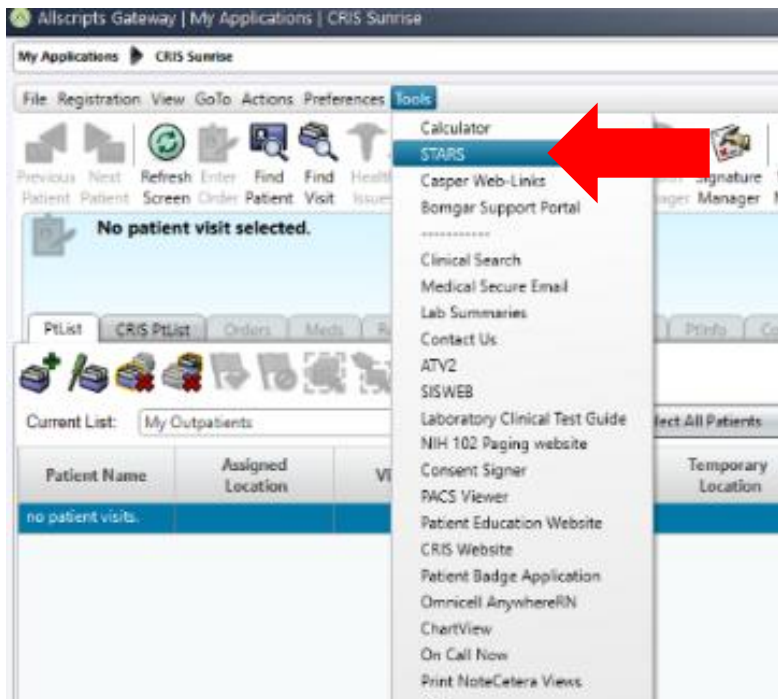


# PART III: Miscellaneous

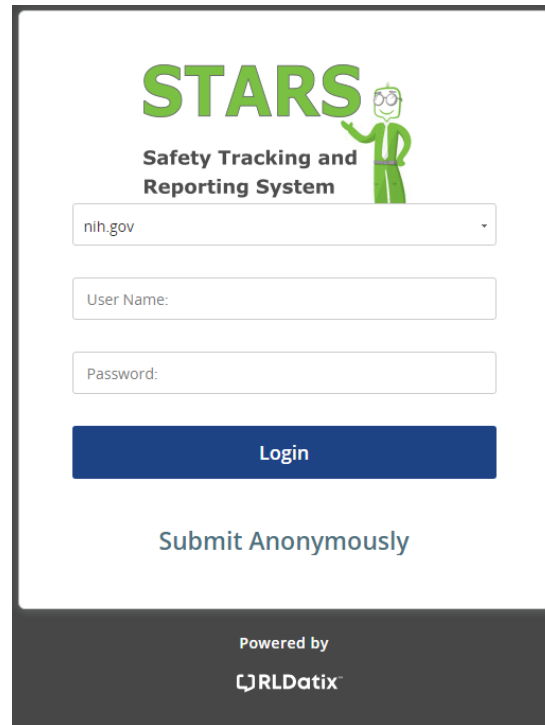


# STARS (Safety Tracking and Reporting System)

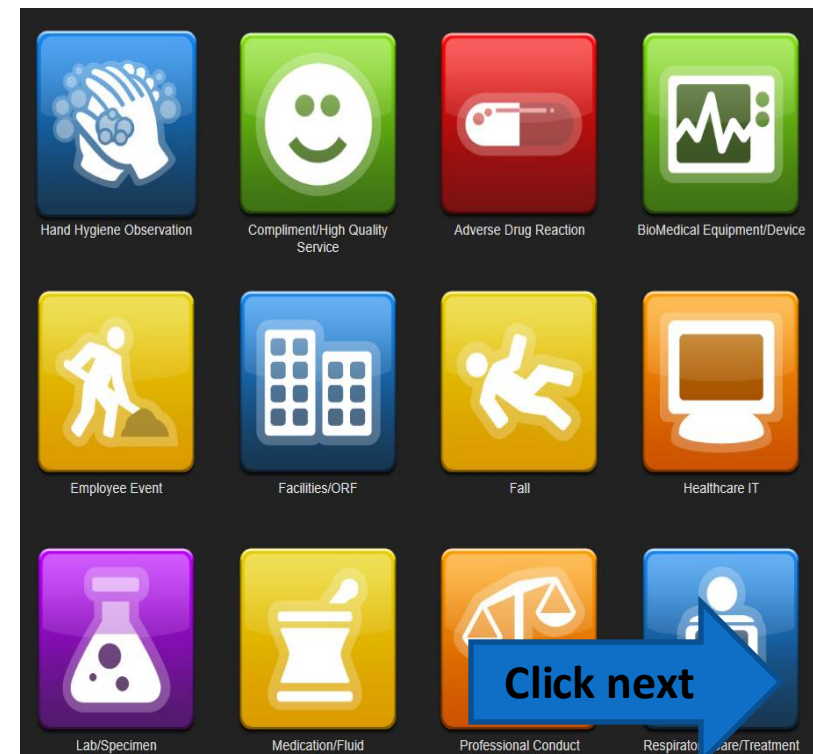
1



2



3

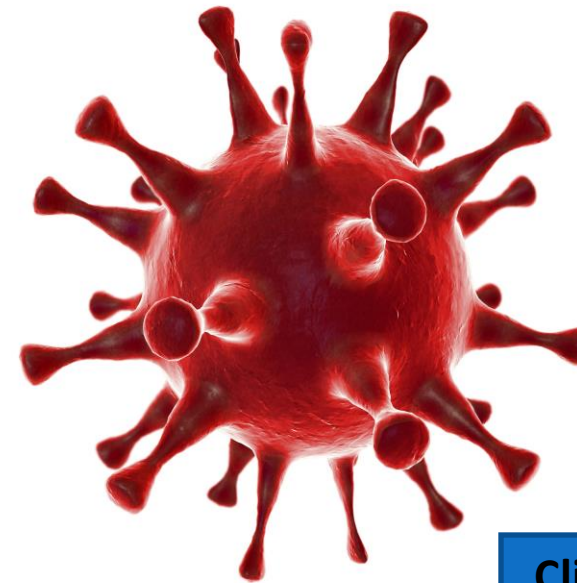


# Hospital Epidemiology Service (HES)

## Contact Info:

- Monday through Friday, 7:30am until 4:00pm
- Office phone number: 301-496-2209
- URGENT after-hours requests should be placed through the page operator: 301-496-1211
- Non-urgent email inquiries will be answered on the next business day
  - <https://intranet.cc.nih.gov/hospitalepidemiology/index>
  - od\_HES@mail.cc.nih.gov

**Contact prior to any discontinuation of isolation!**



Click next

# Pediatrics

Pediatric Hospital Medicine (PHM) Service:  
Contact Phone Numbers:  
7am-7pm 240.858.2634  
7pm-7am: 240.858.2635  
Email: CC-PEDSPHMTeam@mail.nih.gov

- All pediatric inpatients will be cared for by the PHM (Pediatric Hospital Medicine) Service which consists of pediatric hospitalists and advanced practice providers.
- All residents are encouraged to attend daily pediatric rounds
- The NIAID Ward Fellow and/or Ward NPs are required to see all pediatric admissions and compose the inpatient H&P. The NIAID Ward Fellow is expected to attend pediatric rounds daily, given there is no time conflict with MWF rounds.
- \*If the NIAID Ward Team Resident is contacted regarding a pediatric inpatient at the NIH, please refer the caller to contact PHM Service via the phone number below or via the page operator. Any calls pertaining to pediatric outpatients should be referred to the NIAID Ward Fellow.
- Daily Rounds: PHM Pediatric Rounds take place in the 1NW treatment room; times vary



# End of Rotation

- Surveys
- Departure meeting with on-site residency directors
- Documentation
- Interim Summaries
- Government badge
- Parking keycard



# Questions?

Please contact Molly Collette for questions or additional orientation support

[molly.collette@nih.gov](mailto:molly.collette@nih.gov)

240-457-2937

Click next



# Contacts



Page Operator: 301-496-1211



Office Phone: 301-827-0596



Email: [NIAIDWardTeam@niaid.nih.gov](mailto:NIAIDWardTeam@niaid.nih.gov)



Office location: 5-3480 (near 5SE-N unit)



On-Call Pager: 102-10035 Phone: 240-401-3622



Patient unit: 5NW and 5SE



Pharmacy: 301-402-7077

Click END

