

Cardiology floor service (CA3) Orientation and Expectations

****At the end of your rotation, send this form to the next group of residents starting CA3****

Structure

- Team room is on PAVA 8-100 side, near room 8-139.
- Resident-resident signout is 7am and 6pm all days of week (be professional, arrive early).
- There is always an in-house fellow able to assist with emergencies.

Handoff

- CA1 handoff: ([Link](#))
- CA3 handoff: ([Link](#))
- Should be concise, aimed at rapid understanding of primary problems and immediate plan
- A/P and To-Do should be updated every shift, day and night
- Please do not delete the last row between the gray headers, or else... 🦴

How CA3 works

- We admit and manage patients with primary cardiology problems (non ICU status)
- Typical patient locations: PAVA 8-100, PAVH 6N or 6W
- If patients get worse and need ICU cares, they usually go to the CCU under a new care team (CA1).
 - When patients improve they come back to CA3

Team structure and responsibilities

- Team: Attending, fellow, residents, pharmacist, nurses, SW/CM
- Attending: Accepting transfers, teaching, assist fellow on leading rounds,
- Fellows: junior attending, supervision, cardiac procedural consent/case requests, ED triage
- Senior Resident: Supervise residents, help out with notes, orders, etc. (especially on single intern days), help with admissions and discharges, follow up coordination, can help fellow with ED triage (if you want the practice)
- Interns: primary doctor for the patients, notes, orders, calling consults, admission, discharges
- Pharmacist: rounds with the team, guidance and dosing for medications

Admissions

- Notes: Update your templates so all admissions have the following:
 - Add this to your note template (if not already included):
 - “The following cardiovascular risk factors and co-morbidities complicate the management of these conditions: {CV comorbidities:40118} @HPROBL@.”
 - Current CA3 H&P template: **standardized template is coming**
 - Current CA3 progress note template: **standardized template is coming**
- Admission Order Set: Cardiology Admission

- Staffing: Generally, new patients are first reviewed and staffed with the fellow, as the junior attending.

Rounding

- Interns are expected to review and see their patients prior to attending rounds. They will present patients on rounds to the fellow and attending.
- Time and style of rounds varies by the attending preference, census, and acuity of patients
 - Most attending start rounds at 8:30-9:00am
- Rounding team: see team structure above
- Location: see typical unit locations above

Discharges

- Cardiac Rehab: robust research shows patients benefit greatly from participation. Most patients should have cardiac rehab referral at discharge.
 - Qualifying diagnoses: ACS/MI, stable angina, cardiac angioplasty, HFrEF, heart transplant, PH, PAD/ Claudication, CABG
 - Katelyn King (exercise physiologist) assists with referrals and tries to see all qualifying patients prior to discharge for an introduction
 - Place the order: “Discharge Ambulatory Referral to Cardiac Rehab” or “Non UK Cardiac Rehab” and make sure to select a qualifying diagnosis (see above)
- Transitions of Care (TOC) Clinic: occurs on Fridays, typically arrange for 1-2 weeks post discharge depending on acuity/risk
- Scheduling: Secure chat Cedrica Douglas to schedule TOC / cardiac rehab
- Med Rec: Med list on discharge should be reviewed as a team to ensure patient is on all appropriate medications (CAD: ASA, statin, SLN NTG; HFrEF: max GDMT – if not, why / titration plan)
 - Controlled substances on discharge: plan ahead and make sure DEA licensed provider is available

Education

- The CA3 service is a rich learning environment. Take advantage of the opportunity even if cardiology is not your future career
- Fellows and attendings are expected to teach. Ask for specific topics at the beginning of the week
- The Cardiology Education Sharepoint site has numerous powerpoints, primary literature, and recorded lectures ([link](#))

Codes

- Get there ASAP, simultaneously alert fellow
- Majority of arrests are VT/VF, so when arriving make sure pads on and rhythm check has been performed, if shockable then shock as soon as possible

Important numbers. More numbers found on top of handoff form.

Heart station 36254	Inpatient sonographers 84277	Bed assignment 32233
ECMO 859-562-7448		
Echo reading room 36947	Outpatient sonographers 36947	Cath lab front desk 36035

CCU Online References

<u>CCU SharePoint</u>		
<u>IBCC VA ECMO Manual</u>	<u>IBCC Impella Manual</u>	<u>IBCC Balloon Pump Manual</u>
<u>VA ECMO Weaning Protocol</u>		
<u>PERT Pathway</u>	<u>hs-Troponin Pathway</u>	
	<u>IV Sotalol Loading</u>	<u>Entresto Initiation</u>
	<u>Dofetilide (Tikosyn) Induction</u>	<u>Dofetilide (Tikosyn) Continuation</u>

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