



Stony Brook Medicine Graduate Medical Education

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Responsible Department/Division/Committee:

Graduate Medical Education Committee

Policy:

To establish an institutional policy regarding times when communication must occur between residents/fellows and attending physicians for all graduate medical education (GME) training programs sponsored by Stony Brook.

Definitions:

None

Procedures:

1. The Surgeon or Medical Attending Physician, or for dental programs, Dentist of record (referred after this as Attending of Record), or the designated covering attending is at all times responsible for the care and welfare of the patient.
2. The Attending on-call is responsible for assuring that the residents on-call are aware of the overall patient care plan and the parameters for when residents must communicate with the Attending for each patient.
3. Each training program must have a current set of specialty-specific criteria outlining when the resident and fellow must communicate with the Attending on-call or Attending of Record. These criteria must be updated and

communicated to all residents and faculty in the program (see Policy: Supervision and Communication).

4. Residents on-call are required to notify the Attending on-call (or Attending of Record, if so directed) of any changes in the clinical status of any of their patients using the following criteria:

a. The resident must notify the Attending if a patient meets criteria which trigger a Code Rapid Response, or age-appropriate acute changes.

- 1) Staff member is worried about the patient
- 2) Acute change in heart rate to <40 or >130 bpm
- 3) Acute change in systolic blood pressure to <90 mmHg
- 4) Acute change in respiratory rate to <8 or >28 per min
- 5) Acute change in saturation to <90% despite O₂
- 6) Acute change in level of consciousness
- 7) Acute change in urinary output to <50 ml in 4 hours

b. The resident must notify the Attending if a patient exhibits acute mental status changes.

c. The resident must notify the Attending if a new restraint order is written.

d. The resident must notify the Attending if a patient exhibits clinical findings which pertain to the program-specific criteria as described in section 3 (above).

e. The resident must notify the Attending if a patient meets triggers established in specific order sets developed by each clinical service based on specific cases that are not covered by the first two criteria. These are part of the orders for that particular case/diagnosis (i.e., in a neurosurgical post-op case, the order may include "call attending if intracranial pressure exceeds >20cm H₂O").

5. The Attending on-call and Attending of Record must always treat residents with proper respect and dignity. The Attending on-call must never criticize, belittle, mock, or question the necessity for calls by the residents. In the event that an Attending acts as described or in any other way acts to discourage any resident from calling the Attending, residents should notify the Program Director, Chief of Service, Designated Institutional Official (DIO) and/or Chief Medical Officer (CMO). The resident may also utilize the SB Safe system for such an event as actions which discourage open patient-related communications create a safety hazard for patients.

6. The Graduate Medical Education Committee (GMEC) collaborates with the Medical Staff QA Committee to perform regularly scheduled audits to evaluate compliance with this policy and reports the results of these audits to the relevant department QA committee.
7. The Chiefs of Service (Department Chair, or site Department Chief) are responsible for the implementation of and compliance with this policy.
8. Stony Brook University Hospital provides resources to the GMEC and the Chiefs of Service for implementation and monitoring of this policy.

Program-Specific Criteria for Communication

Anesthesiology

There are no additional special order sets.

The PACU follows the Rapid Response criteria with the following additions:

1. Any airway manipulation (i.e., changing an ETT, extubation, intubation)
2. Prior to transporting patients to SICU
3. When paged for codes or intubations on the floor

Dermatology

Specific criteria for notification of attending

1. New onset of blisters or loss of skin (diagnoses include toxic epidermal necrolysis, Stevens Johnson, pemphigus)
2. Palpable purpura with systemic symptoms or evidence of sepsis
3. Patients on isotretinoin (Accutane) onset of severe headache (possible pseudotumor cerebri)
4. Erythroderma
5. Necrotizing fasciitis
6. Neonatal herpes simplex
7. Disseminated herpes simplex

Emergency Medicine

Residents working in the ED are directly supervised by attending physicians 24 hours/ day. They are required to notify the attending physician of any change in the patient's status in any disease process, immediately.

Family Medicine

In addition to calling the attending based on the criteria developed for the rapid response team, residents are required to notify the Attending on call of any changes related to patients for the following top 10 diagnosis seen on the inpatient service.

1. Pneumonia- increasing acidosis/CO2 level on blood gas
2. CHF- new positive troponin/new arrhythmia
3. Chest pain – new positive troponin/new arrhythmia/new EKG changes
4. Syncope -recurrent episode syncope after admission, new arrhythmia, new positive troponin
5. Acute Renal failure – new potassium level >6
6. UTI/sepsis- no additional criteria
7. Cellulitis- no additional criteria
8. COPD exacerbation – increasing acidosis/CO2 level on blood gas
9. Dehydration- no additional criteria
10. Asthma exacerbation- increasing acidosis/CO2 level on blood gas

Internal Medicine

Residents/Fellows on call are required to notify the attending-on-call* (or medical attending of record, if so directed) of any changes in any designated clinical or diagnostic parameters using the following criteria:

Rapid Response Team criteria:

Staff member is worried about the patient

Acute change in heart rate to <40 or >130 bpm

Acute change in systolic blood pressure to <90 mmHg

Acute change in respiratory rate to <8 or >28 per min

Acute change in saturation to <90% despite O₂

Acute change in conscious state

Acute change in urinary output to <50 ml in 4 hours

Also:

- All codes/RRTs
- Any change in code status
- Patient is transferred to a higher level of care
- Patient requests leaving against medical advice (AMA)

If the resident/fellow contacts the attending of record for situations defined above, a note documenting the communication must be placed in the medical record by both the resident/fellow and the attending.

*Attending on call can always be determined by checking the on-call paging system.

Cardiology

1) The Stony Brook Cardiology Fellowship Training Program requires all fellows to communicate with the supervising faculty member urgently whenever the following situations arise. The event must be documented in the patient's chart. The covering resident of the CICU or CACU may also notify the attending in circumstances where the fellow is involved in patient care and unable to call, if the fellow is otherwise unavailable, or if the resident and fellow agree that the resident should call. The purpose of this is to ensure good communication amongst all members of the team—resident, fellow, and attending, and in no way is the resident discouraged or prevented from contacting the attending. The supervising faculty member will co-sign the note within 24 hours.

- All new admissions
- CCU transfers
- Any interval change in patient/family directives or wishes (including DNR or other end of life decisions; per hospital policy the attending must initiate DNR orders)
- Patient death

- Changes in the acuity of the care of CACU or CICU patient
- Patient leaving against medical advice (AMA).

The cardiology fellow must call the supervising attending before initiating any procedure he/she is not credentialed to perform (excluding the procedures enumerated above) in the absence of a fellow credentialed in that procedure available to supervise, unless it is an emergency situation and must be done in an attempt to save the life of a patient.

In addition, all cardiology fellows at all levels must contact the attending physician (or the covering resident must contact the attending if the fellow is involved in patient care and unable to call) when any of the following occur:

- Code Blue or rapid response is called
- Unexpected episodes of hypotension <80 mmHg or new onset sustained hypotension.
- Bradycardia <40 bpm or tachycardia >140 bpm or arrhythmias associated with hemodynamic compromise.
- New onset tachypnea or significant change in respiratory rate/pattern
- Acute change in mental status or new focal neurologic findings
- Oliguria or anuria
- Need for transfusion of blood or blood products if not planned in advance
- New onset seizures or prolonged seizure activity
- Acute life, limb, or organ threatening event
- New onset unexplained pain requiring use of narcotics
- Unexpected or new critical lab values
- New onset fever in an immunocompromised patient
- Persistent angina or ST elevation/dynamic ST changes

Endocrinology

- Pituitary Apoplexy consult inpatient
- Adrenal crisis consult inpatient

Gastroenterology

- Hemodynamically unstable GI bleed
- Hemodynamically unstable cholangitis
- Unstable acute pancreatitis
- Acute liver failure/severe hepatitis
- Toxic megacolon
- Severe inflammatory bowel disease
- Food impaction/Foreign body ingestion
- Sigmoid volvulus
- Pregnant patients
- Post-procedure complications

- Any patient/provider requesting the attending be contacted.

Hematology/Oncology: they speak to the fellows first. They should call fellows for:

- Any change in status for which there is no standard policy or institutional guideline (for example, neutropenic fever does not generally require a call because there is a standard policy; same for transfusion reactions)
- Change in clinical status (e.g. sepsis, stroke, MI etc) which may or may not warrant a change in level of care.
- Severe or unusual chemo-related toxicity (e.g. acute cerebellar toxicity from high dose ara-C)
- For patients on clinical trials, any grade 3 or higher toxicity needs to be reported to the attending and/or clinical trials office when it opens, unless #2 or #3 above apply.
- Anytime the resident or fellow is uncomfortable with a situation (either clinical or social, for example family member behaving erratically or demanding things inappropriately)

Infectious Disease

- Fulminant sepsis with multi-organ system failure
- Acute bacterial meningitis
- Ebola infection
- Rapidly necrotizing soft tissue infection

Pediatric Infectious Disease

- Suspicion or confirmation of necrotizing fasciitis
- Infant botulism
- Exposure or suspected or confirmed infection with a bioterrorism agent: Anthrax, Botulism, Plague, Tularemia, Viral hemorrhagic fever (i.e. Ebola)
- Suspected or confirmed infection with SARS or MERS
- Suspect measles
- HIV high risk infant (born to HIV mother with no antiretroviral treatment during pregnancy)

Nephrology

- Acute hyperkalemia (Serum K > 6.0 mmol/L)
- Acute hyponatremia (Serum Na < 125 mmol/L)
- Metabolic acidosis (HCO₃ < 10; Ph < 7.20)
- Need for urgent acute dialysis (HD/CVVHDF) in AKI or ESRD for hyperkalemia, acidosis or fluid overload.
- AKI with oligo/anuria (urine output < 0.5 ml/kg/hr for > 6 hrs)
- Acute drug overdose and need for dialysis
- Malignant hypertension (systolic BP > 180 or Diastolic > 120)

- Acute rapidly progressive glomerulonephritis in need of immunosuppression including steroids, rituximab, cyclophosphamide, plasmapheresis

Neurology

To enhance communications between resident/fellows and their supervising attending, regarding changes in patient status, criteria have been established to prompt notification of the attending by the resident/fellow. These criteria have been agreed upon by the Dept of Neurology teaching faculty. Residents/fellows in the Neurology Residency training program and the Child Neurology Training program, as well as the Medicine/Neurology residents rotating on neurology services are expected to contact their supervising attending for any of the following patient criteria:

1. Unexpected change in MAP of more than 30 mmHg
2. New or significant change in focal deficits, new objective neurologic deficit
3. Hemorrhagic conversion of bland infarct
4. Development of depressed level of consciousness
5. Unexpected major laboratory/imaging test abnormality
6. New onset or unexpected seizure
7. Status epilepticus or seizure that doesn't stop with routine measures
8. Abnormal spinal tap
9. Unexpected significant allergic or other reaction to a medication
10. Changes in VC to <20mg/kg, NIF <-60
11. Any acute change in medical condition

These criteria are in addition to any criteria for notification established during the hand off process, written in the patient orders or pat of order sets. These criteria do not replace routine contact with the supervising attending to discuss patient care issues. The supervising attending is identified as the assigned service attending or on-call attending responsible for that patient.

Otolaryngology – Head and Neck Surgery

- All new admissions or transfers to any unit
- ICU transfers
- Any interval change in patient/family directives or wishes (including DNR or other end of life decisions)
- Patient death
- Changes in the acuity of the care of a medically complex patient
- Patient leaving against medical advice (AMA)
- Rapid response team is called
- Unexpected episodes of hypotension
- New onset bradycardia or tachycardia
- New onset tachypnea or significant change in respiratory rate/pattern.

- Acute change in mental status
- Oliguria or anuria
- Need for transfusion of blood or blood products if not planned in advance
- New onset seizures or prolonged seizure activity
- Acute life, limb or organ-threatening event
- New onset, unexplained pain requiring the use of narcotics
- Unexpected or new critical lab values
- New onset fever in an immunocompromised patient
- New onset sustained hypertension
- Staff concern for patient
- Transfer of the patient to an intensive care unit
- An airway that is in distress with stridor that may progress to a surgical airway
- Free flap where there is no further Doppler signal indicating failure, or venous congestion
- Uncontrolled bleeding including epistaxis beyond control of anterior nasal packing

OB/GYN

The Ob/Gyn dept has developed specific order sets for each of the following:

1. Ob/Gyn Vaginal Delivery Transfer
2. Ob/Gyn Cesarean Delivery transfer
3. Ob/Gyn Obstetrical Hemorrhage
4. Ob/Gyn Wound infection
5. Labor and delivery pre-epidural
6. Labor and delivery immediate post partum
7. Labor and delivery premature rupture of membranes
8. Labor and delivery OB triage
9. Labor and delivery newborn immediate post partum
10. Hysterectomy preoperative admission day of surgery
11. Hysterectomy preadmission testing
12. Hysterectomy immediate postoperative
13. Hysterectomy postoperative (daily orders)
14. Gyn postoperative orders
15. Gyn pelvic inflammatory disease
16. Antepartum pyelonephritis
17. Antepartum preterm labor
18. Antepartum hypertension
19. Antepartum hyperemesis
20. Antepartum admission orders
21. Anesthesiology postoperative orders for patients receiving epidural or subarachnoid morphine
22. Admission to labor and delivery

Ophthalmology

- Any patient that needs a procedure or surgical management.
- Any transition of care (transfer or discharge)

Orthopaedics

- 1) Deficit on physical exam not signed out as 'attending aware' or previously directly observed by the examining clinician.
- 2) Change/Discrepancy in physical exam findings from chart documentation, sign out or prior observation.
- 3) Pain uncontrolled by traditional pain control interventions
- 4) Evidence of urinary retention not signed out as 'attending aware' or previously directly observed by the examining clinician.
- 5) Observed or reported neurologic/cognitive change in a patient not signed out as 'attending aware' or previously directly observed by the examining clinician.
- 6) Any concern or perceived uncertainty about patient's condition or change in condition
- 7) Scripted contact parameters contained within preprinted postoperative order sets

Ortho/Hand:

Same as orthopedics

Pathology

Anatomic Pathology communication between residents/fellows and attending physicians

1. Residents-on-call are required to notify the attending-on-call of any request for frozen sections. Residents cannot deny or delay a frozen section without consulting with the pathology attending. The pathology attending will then discuss the case directly with the requesting attending on the clinical/surgical service.

2. Residents on the surgical pathology rotation will notify the attending-on-call of any mislabeled specimens as soon as the error is noted. This includes incorrect patient name or any significant discrepancy in designation of specimen type.

3. Residents on the surgical pathology rotation will notify the attending-on-call of any missing/untraceable specimens (including empty containers received from any clinical site or missing/untraceable specimens/cassettes/blocks in the lab) as soon as the problem is noted.

4. Residents on the surgical pathology rotation will notify the attending-on-call of any cases with an unexpected diagnosis or a significant problem that needs to be communicated to the clinician as soon as the resident becomes

aware of the problem or diagnosis. Examples of such cases are below; however, this list is not exhaustive. Residents should notify the attending on-call of unexpected significant situations, or any situation in which the resident is unsure about the appropriate response.

5. Hand off policies

Whenever a resident is changing rotations or going on vacation and has pending cases, the resident must give these cases to the attending to whom the cases have been assigned without delay. The resident needs to communicate with the attending about these cases; verbal communication is preferred; e-mail is acceptable provided that there is confirmation that the attending has received the message.

Whenever a resident or PA is finishing a period of coverage and there are cases pending for frozen section, or requiring other special handling, this person will contact the resident who will replace him/her and make the resident aware of the issues pertaining to pending cases.

Cases that require submitting physician notification (the pathology resident should notify the pathology attending as soon as possible):

1. Specimen problems, for example:

- Missing specimen
- Irresolvable labeling error
- Improper submission which precludes diagnostic evaluation

2. Significant positive diagnosis, for example:

- Unexpected malignancy
- Significant disagreement between outside slide diagnosis and ours
- Significant disagreement between frozen section diagnosis and permanent diagnosis
- Evidence of complication of surgical procedure
- Necrotic bowel margin
- Preliminary result and notification of final report delayed
- Specific or life threatening infection (includes, but not limited to: TB, Pneumocystis, significant fungal process, endocarditis, and meningitis)
- Reportable infection according to Infection Control guidelines (see below). Notify Infection Control at 4-2239, fax 4-8875. This applies to autopsy, surgical and cytology cases.

3. Significant negative diagnosis, for example:

- No products of conception (possible ectopic)
- No fallopian tubes or vas deferens in sterilization procedures
- No biopsy site in breast resections with prior cores
- No tumor in resections done for a neoplasia (unless preoperative therapy)

4. Findings consistent with a reportable disease:

See the link below for specific procedures and diseases.

http://inside.hospital.stonybrook.edu/sbuh/epidemiology/contents/IC_Section_3.pdf

Clinical Pathology communication between resident/fellows and attending physicians

1. Unresolvable specimen labeling errors: the resident should contact the attending if the problem has not been resolved after discussing the situation with the ordering physician and/or lab personnel
2. Request for test that are not routinely available on evenings, nights or weekends: the resident should not deny a request for a test without first contacting the lab and the attending.
3. Calling critical values: contact the attending if you are unable to communicate critical value results
4. Other on call questions: contact the attending for any question that is not addressed in the Lab User's manual or the ARUP users manual (the primary reference lab, [www. aruplab.com](http://www.aruplab.com))

Pathology/Blood Services

1. The Blood Service attending of record or designated covering attending is responsible for the welfare of the patient during apheresis or other transfusion therapy events taking place at the Blood Bank Apheresis station and during apheresis at other sites.
2. The attending on call is responsible for assuring the resident and/or fellow on call is aware of the overall care plan for therapeutic apheresis or other transfusion therapy requiring patients.
3. the fellow and/or pathology resident on call is required to notify the attending on call of any changes in the treatment plan, patient status or request for physician action from blood service or other hospital personnel or any physicians. This includes but is not limited to:
 - a. New requests for therapeutic apheresis and the tentative treatment schedule
 - b. Change in the patient status as it relates to the treatment
 - c. New requests for products requiring physician approval
 - d. Consultation requests on blood and component use and complications
 - e. Requests for physician input on blood supply and availability related problem solving

f. Writing orders for apheresis procedures and medications. This encompasses usual orders for apheresis, volume of the planned exchange, volume of replacement such as 5% albumin, FFP, RBCs as appropriate, volume and concentration of IV calcium gluconate solution (if needed) and flow rate, heparin units in citrate solution (if needed), premedication dose and route of administration (if needed, such as Benadryl, Tylenol, solumedrol), target hematocrit for RBC exchange, and use of blood warmer (if needed).

g. Counseling donors, patient and/or their family members on matters of blood donation, transfusion and testing

h. Availability of on call physician on demand to the nurse performing apheresis

Pediatrics

Stony Brook Pediatrics Residency Training Program requires all residents to communicate with the supervising faculty member in a timely manner whenever the following situations arise. The event must be documented in the patient's chart using an SBAR note. The supervising faculty member will co-sign the note within 24 hours.

- All new admissions to any unit (with the exception of the healthy newborns in the Newborn Nursery)
- ICU transfers
- Any interval change in patient/ family directives or wishes (including DNR or other end of life decisions)
- Patient death
- Changes in the acuity of the care of a medically complex patient
- In the Newborn Nursery, PL-1s must call the attending with any of the following:
 - a. All critical lab values
 - b. All new admissions or transfers with Neonatal Abstinence Syndrome
 - c. Concerning or abnormal physical exam findings, such as (but not limited to), fractured clavicle, hip dysplasia, cleft palate, abnormal heart murmurs, unstable vital signs

Additional Level-Based Criteria:

PL-1s must call the supervising attending in the absence of a credentialed PL-2 or PL-3 or Fellow before initiating any procedure he/she is not already credentialed to perform.

PL-2s must call the supervising attending in the absence of a credentialed PL-3 or Fellow before initiating any procedure he/she is not already credentialed to perform.

PL-3/4s must call the supervising attending in the absence of a credentialed senior resident or fellow before initiating any procedure he/she is not already credentialed to perform.

****In addition, all residents — at all levels — must contact the attending physician when any of the following occur:**

1. Acute life, limb, or organ-threatening event
2. Unexpected episodes of hypotension
3. New onset bradycardia or tachycardia
4. New unexplained acidosis pH <7.25
5. Emergent intubation
6. Acute change in mental status
7. Unexpected oliguria or anuria
8. New onset, sustained hypertension
9. Unexpected critical lab value (s)
10. Need to institute anti-arrhythmic, pressors or inotropes
11. PEWS score of orange or red
12. New onset tachypnea or significant change in respiratory rate/pattern
13. Need for transfusion of blood or blood products if not planned in advance
14. New onset seizures or prolonged seizure activity
15. New onset, unexplained pain requiring the use of narcotics
16. New onset fever in an immunocompromised patient
17. The adolescent service must be notified if their patients refuse psychotropic medications

****This policy applies any time of day, any day of the week (24hours/day, 7 days each week).****

Division of Neonatology

Criteria for resident to call fellow

1. all x-rays
2. All blood gases
3. all abnormal critical labs
4. Bilirubin requiring phototherapy
5. Sodium less than 132 and more than 145
6. Glucose less than 50 more than 150
7. Potassium less than 3.5 more than 6
8. Calcium less than 8 more than 11
9. Deviations from the blood pressure protocol
10. All consults to well baby nursery
11. Feeding intolerance/abdominal distension
12. New medication orders
13. Temperature instability

14. Transfusions
15. any increase in FIO2 greater than 10% over baseline
16. Significant, increasing or persistent apnea for bradycardia
17. Infants requiring positive pressure ventilation
18. Arrhythmias
19. Loss of IV access

Criteria for fellows to call attending

1. change of vent mode
 2. CO2 more than 80
 3. Serial bad blood gases
 4. Base deficit more than 8
 5. Ph less than 7.20
 6. Deviations from blood pressure protocol
 7. Anything decided on lightening rounds
 8. Pneumothorax: placement or replacement of chest tubes
 9. Admission to NICU
 10. Existing patient/initiation of antibiotics
 11. transport calls
 12. Deliveries (immediately) less than 32 weeks and/or less than a kilogram
 13. NAS scores requiring ignition of morphine
 14. Bilirubin requiring exchange transfusion
 15. Prenatal consult
- Need notes of anything that requires a call to attending

Psychiatry

There is 24 hour/day, 7 day/week Attending presence in the hospital. The residents contact the Attending to address any and all specific clinical situations that might arise.

Radiology

1. If you are notified of a complication from a special procedure that was performed by our IR radiologists, you must notify the IR attending-on-call.
2. If you are notified of a complication from a special procedure that was performed by our Neuroradiologist, you must notify then neuroradiology attending-on-call.
3. If you receive a request for an emergent special procedure examination to be performed by our IR radiologists, you must notify the IR attending-on-call.
4. If you receive a request for an emergent special procedure examination to be performed by our Neuroradiologist, you must notify the neuroradiology attending-on-call.

5. If you receive a request to perform an emergent enema exam on an infant or child to diagnose and/or reduce an intussusception, you must notify the general radiology attending-on-call.
6. If a question arises regarding a chest tube placed by Dr. Moore, he requests that you call him. If Dr. Moore is not available and if intervention by radiology may be required because of a problem with the chest tube, you must contract the IR radiology attending-on-call.
7. If you receive a request by an attending in another service to speak to the radiology attending-on-call, you must notify the radiology attending-on-call.
8. If there is an emergency declared at Stony Brook, such as a massive number of incoming casualties, you must notify the attending-on-call.
9. If you and your senior resident are unsure of diagnosis in a patient who requires emergent treatment that depends on the correct diagnosis being made by the study, you must contract the attending-on-call.
10. If you are unable to complete your work in a timely manner (e.g. you become ill, or there are a massive number of backed up patients, or there is equipment failure) you must notify your radiology attending-on-call.

RADIATION ONCOLOGY

1. Residents working in Radiation Oncology are supervised by the attending physicians and are required to notify attending physicians if there is a change in the patient's status in any disease process, which may or may not warrant a level of care.
2. They are also required to notify attending of any change in the treatment planning or in daily set up on the machine.
3. Resident is to contact attending for any Grade 2 or higher toxicity which may or may not be related to treatment.
4. Attending is to be notified of any unanticipated break in treatment course or deviation from the intended course of treatment.
5. The attending is to be notified anytime the resident is uncomfortable with a situation) either clinical, or social, for example problems with a patient's family member behaving erratically or demanding things inappropriately).

General Surgery

1. If you discover a complication from surgical procedures that was not previously noted.
2. If you are notified of a patient with an impending airway problem.
3. If you are present at or know of an impending mortality.
4. If you receive a request for an emergent surgical intervention.
5. If you receive a request to accept a transfer from another hospital.
6. If you are fatigued and resident back-up coverage is not available to you

7. If you receive a request by an attending in another service to speak to the General Surgery attending on call.
8. If there is an emergency declared at Stony Brook, such as a massive number of incoming casualties, you must notify the attending on call.
9. If you and your senior resident are unsure of diagnosis in a patient who requires emergent treatment that depends on the correct diagnosis being made by the study.
10. If you are unable to complete your work in a timely manner (e.g. you become ill, or there are a massive number of backed up patients, or there is equipment failure) you must notify your General Surgery attending on call.

Colorectal Surgery

The colorectal surgery resident is responsible to lead the resident and student team in managing all patients and consults on the colorectal surgery service, in conjunction with the attendings.

The CRS resident is supervised by the on call attending at all times. Resident responsibilities for communication include:

1. Always let the attending of record or on call know of any changes in condition of a patient(ie: significant hypotension, tachycardia, oliguria, unexpected changes in labwork, etc).
2. All new patient consultations or admissions must be discussed with the colorectal surgery attending on call.
3. If you receive a request for an emergent surgical intervention.
4. If you receive a request to accept a transfer from another hospital.
5. If you are fatigued and resident back-up coverage is not available to you let the CRS program director know.
6. If you receive a request by an attending in another service to speak to the colorectal surgery attending on call.
7. If there is an emergency declared at Stony Brook, such as a massive number of incoming casualties, you must notify the attending on call.
8. If you are unsure of diagnosis in a patient who requires emergent treatment that depends on the correct diagnosis being made by the study.
9. If you are unable to complete your work in a timely manner (e.g. you become ill, or there are a massive number of backed up patients, or there is equipment failure) you must notify your attending on call and/or the CRS program director.

Surgery/Critical Care

The critical care fellow functions as the leader of the primary critical care team and is responsible for supervision of residents and students assigned to the SICU. Responsibilities include:

1. Direct management of all service patients in conjunction with the entire critical care team
2. Provide technical assistance to the critical care team

3. Consult on all critical care consults in a timely fashion
4. Serve as the liaison with the chief resident on the trauma service and the primary physician or designee for non-trauma patients.
5. Manage bed control for patient admitted and discharged from the SICU
6. Didactic presentations

The SICU attending or fellow will be notified of any clinically significant changes in patient status including but not limited to

1. Episode of hypotension
2. Respiratory insufficiency
3. Emergent intubation
4. Any other condition that is felt to necessitate contact

Vascular Surgery

1. If you discover a complication from surgical procedures that was not previously noted.
2. If you are notified of a patient with an impending airway problem.
3. If you are present at or know of an impending mortality.
4. If you receive a request for an emergent surgical intervention.
5. If you receive a request to accept a transfer from another hospital.
6. If you are fatigued and resident back-up coverage is not available to you
7. If you receive a request by an attending in another service to speak to the Vascular Surgery attending on call.
8. If there is an emergency declared at Stony Brook, such as a massive number of incoming casualties, you must notify the attending on call.
9. If you and your senior resident are unsure of diagnosis in a patient who requires emergent treatment that depends on the correct diagnosis being made by the study.
10. If you are unable to complete your work in a timely manner (e.g. you become ill, or there are a massive number of backed up patients, or there is equipment failure) you must notify your General Surgery attending on call.

Urology

Additional diagnoses:

Renal Stone:

- Temp >101 in untreated stone

Nephrectomy:

- Suspect bleeding
- Need Transfusion
- Hematocrit <27%

Partial Nephrectomy:

- Suspect bleeding
- Need for Transfusion
- Hematocrit < 27%

TURP:

- Bleeding Refractory to CBI

-Catheter malfunctions; unable to fix at bedside.

Simple Prostatectomy:

-Hematocrit < 27

-Drain output > urinary cath output

-Cath malfunction

Transplant Recipient:

-Hematocrit < 27

-Abrupt < in urine output

-Leg Ischemia

Radical Cystectomy:

-Hematocrit < 27

-Signs of Acute Abdomen

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

None

Relevant Standards/Codes/Rules/Regulations/Statutes:

None

References and Resources:

None