

5WS Internal Medicine

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Overview of the unit

5WS is an internal medicine unit comprised of both teaching and private medicine patients. Part of the unit serves as observation unit, where patients are admitted for 23 hours only.

Internal medicine service

- Medicine teaching service: service A
- Medicine private service: service B

Service A: covered by 4 medicine teaching teams rotating on call and admitting patients every 4 days. The team comprised of an attending, 1 resident, 2 interns, and 1-3 medical students.

By the end of each month, **Harper Hospital-medicine floor coverage** and **Harper hospital department of medicine Night-call-schedule** (see attached Appendix A) for next month should be available. The above information sheets are located in the bin outside the Medical Education Office (Room 2911) on 2 Brush.

The interns and the resident of each team are responsible for all team patients. Some of the team patients are private patients admitted to medicine A. For private patients, the interns along with private attending rather than teaching attending are responsible for any patient care related issues.

Service B:

1. Traditional medicine B:

Is covered by physician extenders and private attending physicians. Physician extenders (available by pager # 5565 and #5588 24hrs /day) usually see the patients and write progress notes daily. The physician extenders can be contacted first for any issues. You may be referred to the private attending if the issue can not be resolved by the physician extenders.

2. Hospitalist medicine B:

Is covered by private physicians.

There are two hospitalists groups practicing at HUH:

Dr. Saker's group: including Dr. Shahin, Dr. Yazdani, and Dr. Duncan

Dr. Soile's group: including Dr. Dandapantula, Dr. Huang, Dr. Ibrahim, Dr. Mogaka, Dr. Abdel, and Tywana Haywood (nurse practitioner).

3. Dr. Murphy's group

Covered by Dr. Murphy, Dr. Ellison along with Magdalena Balan, the nurse practitioner, and Rocelius Goodson, the physician's assistant

Pharmacokinetics:

- All AMGs and vancomycins are automatically consulted per policy.
- For a new consult, if pt is newly admitted, verify if patient has already received first dose in ARC. This information could be found in several places: the ER order sheet, MAR, and active/inactive MS-Meds medication profiles.
- Evaluate the indication of ordered antibiotics. If the ordered antibiotics are not indicated, do not go further. Instead, switch to appropriate antibiotics by contacting the appropriate physician.

Anticoagulation:

- Pharmacy service is consulted on the majority of patients.
- For a new consult, verify if patient has already been started on IV heparin or LMWH in ARC before giving heparin bolus.
- For subtherapeutic PTT, verify if IV heparin therapy has been interrupted since patients usually go through different diagnostic procedures.
- Consider bridge patient out early if the patient is a good candidate for the outpatient anticoagulant clinic.
- For bridging patient, follow the guidelines in the “bridging binder”

ESRD patients:

- For AMGs and vancomycin, follow dosing guidelines for ESRD patients (see 10WS cross covering nephrology guidelines)
- For anticoagulation, refer to anticoagulation tips for ESRD patients (see 10WS cross covering nephrology guidelines).
- Verify the HD schedule of all patients and schedule antibiotics and levels accordingly.
- Verify the date and time of administering AMG and vancomycin to avoid missing doses, double doses, and administration of dialyzable antibiotics before dialysis.
- Pay close attention to patients with infected dialysis catheter. Patients could miss HD and antibiotics due to absence of access. If this occurs, the schedule of antibiotics and levels should be adjusted accordingly.