

## **CDU APP Shift Outline: 9am-9pm**

### **Throughout the shift**

- First call for any CDU patient needs or concerns
  - A-side attending as back up for any questions
  - May remove resident assigned to patient from care team at 9am
- Receive sign out from ED provider regarding patients being placed in CDU through 8pm. Ensure medication reconciliation and CDU orders are complete on any patient admitted to the CDU
  - Resident/attending/APP in department is responsible for initial evaluation, note, and initial call to consultant if applicable
- Accept Urgent Care Plus transfers for imaging or consultation that go directly to CDU. When patients arrive evaluate and initiate plan
- Receive transfer of calls from outpatient pharmacies, patients recently seen in ED, and NorDx representative to report critical lab results. Complete documentation regarding pharmacy and patient interactions and take action on critical lab results as appropriate
- Initiate phone calls to patients regarding lab results. Leave messages, when able, and be available for call back from patients regarding results. Use phone interpreter services when needed to contact patients. Document all telephone interactions with patients in EPIC. If unable to reach patient, place request with ED office staff to send certified letter.
- Assist with ED patient management by:
  - Fast track/initiate evaluation at triage
  - Float in main department

### **Management of CDU patients admitted previous day and overnight**

- Round on all CDU patients
  - When CDU census exceeds 10 patients:
    - 8a attending will manage excess patients designated as “EARLY DISCHARGE”, discharge and complete discharge summary
    - These patients will be identified as “EARLY DISCHARGE” by APP the evening before
    - Exception is on Wednesday: 7a-3p PA/NP will manage excess patients
- Ensure testing required that day is ordered correctly and that appropriate departments/consultants have been notified re: patient needs
- Write daily CDU progress note or discharge note for every patient
- Contact hospitalist (or specialty team) to discuss admission for patients who need longer stay , surgery or further testing, e.g. stroke, stress test suggesting ischemia, renal stone with continued pain, dehydration with worsening AKI, vascular surgery candidates, cellulitis patients not improving
- Review notes and contact specialists for ongoing care of CDU patients
- Discharge and arrange follow up as needed
  - Follow up plans with specialty clinics
  - Communication to PCP
  - Medication reconciliation and prescriptions

**8pm-9pm**

- Check lab/study results, consultant recommendations
- Revisit CDU patients to “tuck in” for the night
- Ensure orders and daily home meds are complete
- Write ED sign out tabs with plan and identify “EARLY DISCHARGE” patients
- Sign out CDU patients to the B side (4p-1a) attending