

EMERGENCY DEPARTMENT POLICIES

SUBJECT:	Emergency Department Housestaff -Job	NO. 18.3
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Original Date of Issue: 1/85

Reviewed:	1/90	5/94	3/97	4/03					
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Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

POLICY:

Physicians on duty in the Emergency Department are responsible for evaluating and treating patients after triage to their appropriate area (Adult, Pediatrics, Urgent Care or Psychiatry). The physicians on duty in the Emergency Department are responsible for the patients' management until discharge or admission.

IMPLEMENTATION:

SCHEDULES

The following guidelines govern the conduct of both junior and senior emergency medicine residents on duty in the Emergency Department; See EM Residents' Policies and Procedures Manual:

- Each physician is expected to be available within the Emergency Department throughout his/her shift.
- All changes in schedules are to be brought to the attention of the Chief Resident of Emergency Medicine.
- The attending or senior EM Resident coordinates meal breaks for his area. If a physician leaves the Emergency Department for meal break or other reason, the physician must inform the attending in his/her clinical area and must be available by beeper.
- For absences due to illness or other emergency, the physician will activate the sick call system and contact the attending in area

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SUPERVISION

All residents must review each case with the Attending Physician.

HOUSESTAFF RESPONSIBILITIES

All residents on duty may admit patients to the hospital with the consent of the Attending Physician. Admissions should be in accord with general hospital policies.

- Housestaff or attendings will review any lab results, x-rays or other studies, which are completed within their patient's visit to the ED and results noted in chart where appropriate. Housestaff must address abnormalities in clinical condition, any instability should be brought to the attention of the ED attending MD in all patients and repeat, treat, or refer for follow up as indicated.
- X-rays and laboratory tests relevant to the patient's problem(s) are to requisitioned at the discretion of the examining physician. The requisitioning physician is responsible for obtaining preliminary results on any stat tests on a timely basis and before discharging the patient from the Emergency Dept. The nurse practitioner or attending physician is responsible for review of those non-stat ancillary tests results which are reported to the ED after the patient's discharge and for recall of the patient, based on such review, where medically indicated. (See Policy #48 - Protocol for Patient Recall System).
- The chart should be concise and oriented towards the problem(s) which occasioned the patient's visit to the Emergency Department. The ED chart should include notation of time seen by provider, allergies, medical history, physician examination, tests ordered (with results charted where available), impression or diagnosis, treatment, disposition (including instructions to patient and clinic referrals), time of discharge and patient signature acknowledging discharge instructions.

HOUSESTAFF MANUAL

Any other hospital wide issues can be found in the Housestaff Manual.