

Prior to rotation: Residents should

1. Make sure they have active CPRS access.
2. Communicate with Dr. Berkson any planned vacation time.
3. Touch base with outgoing residents for sign out on procedures and patients

First Day: Residents to introduce themselves to orthopedic team 8C-100

OR: Scrubs code & pin is 5560. ALWAYS write your name on the board and introduce yourself to OR staff, be professional.

PACU: Ortho responsible to write post-op orders for co-managed patients. Orders may be copied and pasted into "Transfer to Metabolic" for post-op orders, including abx, weight bearing status etc. Write the plan post-operatively in the brief op-note. If you don't know the plan then ask, you are responsible for this.

DAILY SIGN OUT: Chat with the orthopedic PAs and NPs daily to run list prior to leaving and ensure all duties are completed. Updated list must be printed and left with phone number at the gen surg work room desk. Door code is 1357*. Residents should get sign out from ortho PAs/NPs at 5:00. Resident is responsibility for covering VA beeper 5-6pm until night float takes over.

CONSULTS

1. For hand-type VA consults:

- Elbow and distal soft tissue = plastics/VA hand
- Distal radius and bones of hand = plastics/VA hand
- Extra-articular bones of forearm = plastics but might be ortho on case by case basis
- Olecranon bursitis = we'll consult if needed, don't put a needle in it, soft tissue rest
- elbow fracture = ortho
- toe and metatarsal fractures = podiatry
- ankle fracture = ortho

2. The follow up outpatient clinic names are changing at the VA as of January 1.

- If you get a night/weekend ED consult that is **definitely not operative** (i.e. nondisplaced proximal humerus fx, nondisplaced clavicle fx in an 85 year-old, etc), please document the plan and follow up as you normally would, but explicitly state it should go to the "**POR ORTHO GENERAL A-8C**" clinic (previously midlevel clinic) with conservative management, and explicitly state what x-rays should be obtained at follow up.

- If you get a night/weekend ED consult that is **possibly/definitely operative** (or you don't really know), please do the same as above but explicitly send it to the "**POR ORTHO PHYS ACUTE CARE -8C**" clinic (previously acute fx clinic), and explicitly state what x-rays should be obtained at follow up.

Adding on Night/Weekend cases:

Place surgical referral order in CPRS (Outpatient Orders->Ortho->Clinic Checkout, look in the lower right side of the available orders, scroll down if needed)

Consent/mark patient

Verify ortho attending availability

Page/call anesthesia attending on call to discuss case and timing

Call OR General Surgery RN 1st call to discuss case and equipment needs

VA operator available at 503-220-8262, ext 0, to assist with reaching anesthesia and OR RN, be explicit about who you need to talk to or they'll send you to the wrong person

Floor patients:

- 1. Residents round on all patients every day.**
- 2. Chief resident needs to see all patients admitted to ortho service or co-managed with hospitalist service, write a note in CPRS and discuss plan with hospitalist if co-managing patient, and staff attending.**