**Ambulatory On Call Instructions for Residents (2022-2023)**

1. You will receive an email from Dr. Im with the schedule assignment and contact info. Make sure your number is correctly listed. Save the message for easy access.
2. The designated resident is on call overnight Mon eve-Sat morning during the entire ambi block. Make sure to keep your ringer ON loud enough to wake up when you get called.
3. You will receive a TEXT from the call center. Typically it will read like “Reply ##OK to confirm receipt of this message. Ms. Snow White, DOB 6/27/1599, PCP Dr. Shah, CB request for dizziness after eating an apple. 555-555-1111.”
4. YOU MUST TEXT BACK “Reply##OK” to confirm the receipt. They will keep texting or call you if no response from you.
5. BEFORE you call the patient, log in to Allscripts to confirm the patient belongs to OUR RESIDENCY PRACTICE AT LHM (See the list of providers below). If the pt does not belong to LHM, call back the service **516 861 6000 (our account #196)** to let them know of their error. They are responsible for finding the correct doctor to forward that call to. If you clearly see who the PCP is on Allscripts, kindly give them that information since the service staff doesn’t have Allscripts.
6. If the message is about abnormal INR, text back “Reply##OK”, AND forward the text to Miriam Kahn so she can manage directly. Do not call the patient. This creates confusion to the already established dose adjustments that the patient already made in the earlier part of the day.
7. For all other messages regarding our patients, call the patient back to address the issue and document on Allscripts as chart note. If applicable, send a follow up task to the “Blue Team” for any further actions needed for the next day. If prescription needs to be sent urgently overnight, contact the on-call attending to authorize your prescription.
8. If the patient needs the next day eval (non-emergency), send an “urgent” task to 160PASTeam task list requesting to squeeze in the pt in AM with a resident or an NP, and instruct the patient to walk in at 9am, and tell the front desk “the doctor told me last night to come in this morning”.

**Emergencies Warranting ED Referral (not a complete list. Use your clinical judgement and call the attending if any questions):**

Scenarios in which ACS, PE, respiratory failure, sepsis, DKA, hypoglycemia (recommend sugar first) are high on your differential.

Rapidly spreading rashes, serious injuries, serious burns.

Serious accidents, falls (esp in elderly or on antiplatets or anticoagulation tx).

Psychiatric emergencies that put self and others at risk.

**Common Scenarios treatable temporarily with OTC medications:**

URI sx: Guifenesin +/- dextromethorphan; saline or steroid nasal spray; decongestant (e.g. pseudoephedrine or phenylephrine if no contraindications); If patient has HTN, recommend Coracedin HBP as alternate; ibuprofen /acetaminophen; Cepacol or other anesthetic lozenges

For Allergy sx: Diphenhydramine (Benadryl), generic Claritin/Allegra/Zyrtec; Nasal sprays available OTC include Flonase; Eye drops for allergy sx – Visine Allergy, Zaditor OTC

For UTI dysuria sx: Pyridium is available OTC

\*\*\*Familiarize yourself with what is available OTC at drug stores.\*\*\*

**Providers we cover:**

* + NHPP 85th/2nd fl LHM Resident practices with Drs. Dunham, Im, Killian, and Martina Murphy NP
  + LHM patients belonging to Drs. Feihel (not RDC), Li/ Miglino (not 1085 Park), Sonya Shah (not 927 Park)
  + Miriam Kahn NP. “Reply OK” and forward directly to Kahn. Do not call the patient.

**We DON’T cover these. Tell the call-center to reach the correct provider:**

* + Nutrition (Erin Fitzgerald, Melanie Boehmer)
  + Podiatry (Kleyner)
  + Drs. Feihel, Li, Miglino, Shah’s private patients at the above locations listed in ( )
  + Other Northwell doctors including internists and specialists

**For any issues, do not hesitate to contact the attending on call.**

**(CSI v. 5/27/2022)**