

## **RNPH Consult Rotation Tips**

Hope this is helpful by UCLA Geri Fellow Niousha Moini (updated July 2023)

### **Useful numbers**

- If calling an extension from outside of the hospital, call 310-267-xxxx (usually teams will page you with extensions starting with the 7xxxx)
- UCLA Operator 310-206-6766
- Geriatric Medicine Pager 87710
- Make sure the week prior to your start of the rotation you find out who your attending will be. Email them and exchange cell phones. You can then ask what time your attending wants to round each day. Attendings change weekly, just keep that in mind. Usually most attendings like to round around 1pm or 2pm and you meet in the geriatric medicine workroom noted below. Room 4654 in Psychiatry unit.
- Also email Michelle Panlilio before starting as she may orient you for the dementia care program part of the rotation. ([mpanlilio@mednet.ucla.edu](mailto:mpanlilio@mednet.ucla.edu))

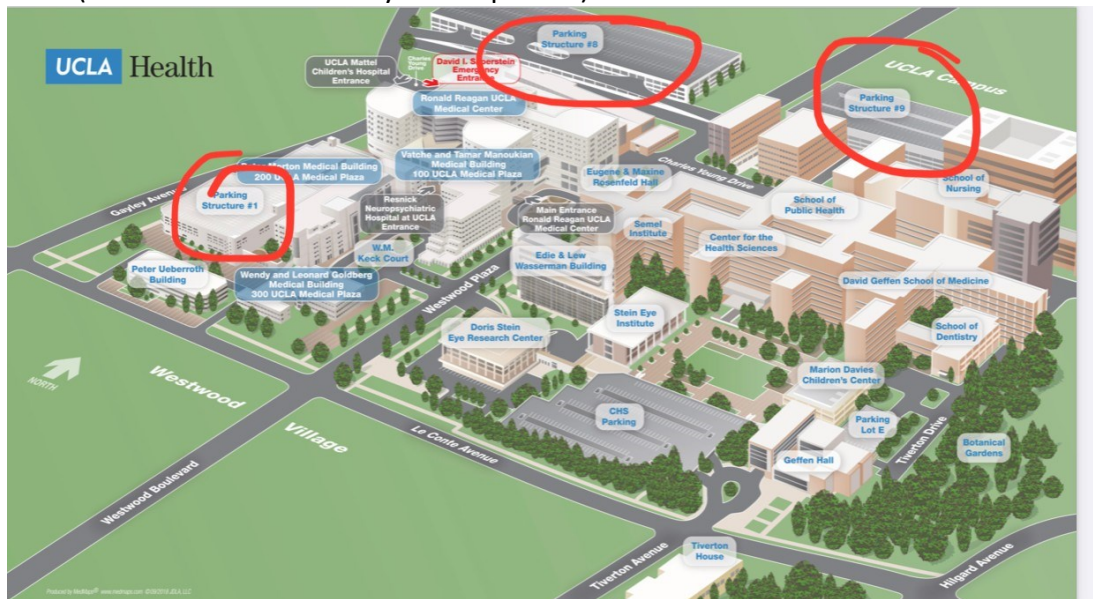
### **Schedule**

- Generally you round at Ronald Reagan UCLA Med Center with your attending 3 days of the week depending on your continuity clinic. If you have continuity clinic Tuesdays (you round Monday, Wednesday/Thursday, Friday) and if clinic on Wednesdays (you round Monday, Tuesday/Thursday, Friday)
- EVERY Thursday 1pm or 2 pm ZOOM meeting with dementia care program specialists and Dr. Reuben
- EVERY Wednesday 3-5 pm our geriatric med weekly didactics
- On this rotation you take UCLA Saturday call
- Tues and Thurs mornings at around 830am you can attend psychiatry rounds. Located in Psychiatry resident workroom (ask nurses if you cannot find it) on 4<sup>th</sup> floor after you enter the Psychiatry ward before the patient areas. See directions below to the psychiatry floor. Use EAST elevators to 4<sup>th</sup> floor.
- Every 1<sup>st</sup> and 3<sup>rd</sup> Thursday at 8AM of the calendar month, you attend ECT(electroconvulsive therapy) for patients with severe depression. Call 310-794-9147 (or 79147 if call from within hospital) the Wednesday prior to confirm with nurse that there is an ECT patient and time and location. ECT is generally located in main hospital, EAST elevators, 4<sup>th</sup> floor, Suite 4217

#### **1. Parking**

- a. Go to following website to buy a daily permit (costs 6.50). Can buy the day of OR after midnight day prior
  - i. <https://bruinepermit.t2hosted.com/Account/Portal>

b. MAP (I circled in red the lots you can park at)



c. Best lots to park in

i. Lot 1

1. Enter from Gayley Avenue and ENTER the STAFF entrance. You do not need anything to swipe in and don't need to leave any permit in your car. Do NOT park in assigned spots, usually you have to go to the upper levels to park for the day passes you buy. If you take the stairs down, there is a nice pathway to the entrance to Ronald Reagan on the 2<sup>nd</sup> level which brings you out right to where the cafeteria outside eating area is. Look out for the signs for this to find.

ii. Lot 8

1. Enter either from Charles Young Drive OR Westwood Plaza. I liked this lot since you can park on the bottom floor and just walk down Westwood plaza about one block to enter the hospital

iii. Lot 9

1. This is another option and is across the street from lot 8

**2. Getting to the geriatric medicine workroom**

- a. You can work here all day, its your protected area. Sometimes you come there and there are nurses who may be there but just ask them if you can please use the room since its reserved for us. They all know that.
- b. Enter Ronald Reagan main entrance and take the main EAST elevators (next to the visitor check in area, there is a set of 4 separate elevators next to each other. Do NOT take the west elevators near gayley).
- c. Go to 4<sup>TH</sup> floor
  - i. Exit elevator and make an immediate LEFT
  - ii. Make immediate RIGHT (if you are headed to ICU area then you have passed the psychiatry hallway)
  - iii. Go down hallway to doors that are locked. Swipe your badge next to the white badge pass that is lit red. If it turns green then your badge works and you can enter. If it doesn't, then press the visitor button and let the nurse come get you.
  - iv. Once you enter you will then again use your badge to enter the FIRST doors on the RIGHT to enter the patient area.
  - v. Walk into the patient ward and look for the closed door that is number 4654. Swipe this door to enter.

- vi. When you enter this small hallway you will see the janitor room on one side and the other side is your workroom. If locked ask the charge nurse or janitor to open for you.
- vii. This room has one computer and can do all your charting here. It also has a printer and telephone.
- d. Please remember every time you enter the psychiatry ward, you must make sure any other door is closed before attempting to enter through another door

### **3. Getting onto pager system**

- a. Geriatric Medicine Pager number 87710
- b. You cover pager Monday thru Friday 8 am to 10 pm. 10pm to 8 am during weekday and all day Saturday and Sunday, your attending will cover.
- c. To sign onto and off pager, call 310-206-6766 and ask them to cover 87710 pager. Call same number to sign off pager and ask them to put your attending onto pager

### **4. Pages**

- a. If you receive a page for specific medical management, then kindly refer them to call the internal medicine consult team.
- b. Usually we get pages from any team on inpatient, often due to geriatric assessments, history of recurrent falls, agitation, goals of care, cognitive evaluation, discharge planning

### **5. Required consults**

- a. On top of any pages we may receive from any inpatient teams, we are required to see any patient that is admitted to inpatient psychiatry on 4N that is 65 years of age and older

### **6. How to find the required psychiatry consults**

- a. Sign onto EPIC
  - i. If signing on from home go to [mednet.uclahealth.org](http://mednet.uclahealth.org)
  - ii. Click access care connect remote on the right hand of webpage
  - iii. Sign in using duo mobile from your phone
  - iv. Click care connect icon and open downloaded file and sign onto epic
  - v. Department selected does not matter, but I usually pick Geriatrics WW MP2 365 (this is the default for the ucla geriatric clinic)
  - vi. Click patient lists in top middle of page
  - vii. On left side of page, you will see available lists. Click system lists
  - viii. Click units-NPH
  - ix. Click NP 4N (the 4North unit where the psychiatry patients are)
  - x. You will now see a list of patients. Click on admission date to arrange the patients from most recent admission date to oldest.
  - xi. This will allow you to see which are the newest patients admitted and often you can see how many open beds there are. This unit has maximum 25 patients. If you see blank rows that means its an open bed.
  - xii. You click on the patients that have not been seen and who are recently admitted who are over age 65 years.
  - xiii. In psychiatry patients, it will signal BREAK THE GLASS to open the chart. Click that you are part of "treatment team" and then it will make you put in your login password again.
  - xiv. Now you can chart review. The summary tab is the default tab and you can see most recent nurse notes, vitals, current meds, input, output and recent labs. If you want to do a more deep dive into chart, you can click chart to see older notes.
  - xv. Note clicking chart then cardiology you can see ECG results (QTc is often something we want to see if patients are on antipsychotics or other QT prolonging meds). Chart then imaging can see old MRI or CT brain if there are any. Chart then notes can find old PCP or specialists notes.

- xvi. If you click the notes tab then you can see the history and physical, nurse notes, consult notes (consult notes is where you see also PT/OT notes, speech eval etc)

## **7. Finding and saving the Template for the notes**

- a. You can either copy and paste it (I have put it at the end of this tip sheet) or you can copy it from an attending that has it. Let's just go ahead and pick Dr. Koretz and copy the template from him. How do we do this? I will tell you, follow the steps below:
  - i. When you sign onto epic, click on the RED EPIC with down arrow in the top left corner
  - ii. Click on smart phrase manager
  - iii. Smart tools tab will pop open. Where it says USER that is the color WHITE with a magnifying glass next to it (it may have your name already there), clear the name that is there and type KORETZ. Click on Koretz, Brandon and all of Dr. Koretz' smart phrases/templates will pop up.
  - iv. In the SEARCH button right below type NPH and press enter
  - v. You will now see his template NPHGERICONCONSULT
  - vi. Double click it
  - vii. Click create copy in the lower right hand side
  - viii. You can name it whatever you want so that you can bring it up when you start a new note. I just named it the same NPHGERICONCONSULT
  - ix. Now click SAVE
  - x. Then click ACCEPT
  - xi. Now you have the template!

## **8. To write your note**

- a. Enter patients chart as above
- b. Click notes
- c. Click new note
- d. "Type" will be consults and "service" will be geriatric medicine and "cosigner" is your attending
- e. There is a template for this service which is great and thorough. Since you followed the previous step in saving the template, now all you do is to bring up that template into your note is,
  - i. Click into the empty blank note
  - ii. Type .NPHGERICONCONSULT (remember you need the period and the name, you may have named it something else). If the template does not pop up, sometimes the system may need to update so click REFRESH in the lower left hand side of the popup menu of the templates that come up, this will often generate your template if its not there the first time you go to write a note.
- f. Now you just go through the template and write your note.
- g. Remember your recommendations are always at the TOP and should be succinct, simple, BOLDDED and to the point. Maximum recommendations you want is 4 at most. If there are things that need outpatient evaluation, you can make that as recommendation (stating, we recommend the following to be done as outpatient).
- h. Also make note in your note before you sign it if you discussed your results with the team who consulted you by phone.
- i. Also make note if you will continue to follow or you sign off. Note that at the bottom of the template there is already a documentation if you are signing off.
- j. Usually for the psychiatry patients unless there is a continued need for geriatric team, you sign off after the initial evaluation

### **Dementia Care Program Component of Rotation**

1. Usually the head of the dementia care specialists Michelle Panlilio will orient you.
2. In addition to the consults you will get, each Monday you will get an email from one of the NPs/dementia care specialists who are from the UCLA Dementia Care Program. This email will include usually around 3 patients that they are following in the program and you will call the caregivers to see how the patient is doing and to see if any updates. Usually the email you get will notate for you what you should follow up on. These patients are denoted as RED patients since they are the most acute patients.
3. At the Thursday ZOOM meeting with the dementia care program, Dr Reuben will refer to you to discuss updates on any patients you have called. You present a succinct update.
  - a. State a one liner so we are aware of the patient
  - b. Give updates on what you discussed with caregiver
  - c. Give your thoughts/recommendations
  - d. The team will then discuss
  - e. You will then have the following week to implement any changes you discussed with team
  - f. Helpful items to know as they may come up during these meetings are
    - i. Insurance of patient (generally can find this notated on the left hand side of a patient's chart)
    - ii. Know details of caregiving if they are not in a facility (specific days and times and who is with patient)
    - iii. Helpful to know as well amount of money patient may have that they are getting for example from social security or if they have savings. This will help team decide on what resources the patient and family may need.
    - iv. Ask about behavior issues, falls, sleep, appetite, concerns for aspiration, cognitive changes, recent ER visits (if any), changes in meds (if any), number of PRN doses for behavior issues (and if helpful)
4. Documenting your notes for these patients.
  - a. Log into EPIC
  - b. Click the RED EPIC sign with the down arrow in the top left
  - c. Click ENCOUNTER
  - d. Search for your patient
  - e. Click NEW
  - f. Under TYPE select EXPANDED SERVICES
  - g. The patients chart will open up and you will see an area that you can click PROGRESS NOTE and you can click there to type your note.
  - h. There is ALSO a template for this.
    - i. One template is for patients you attempt and call and they don't answer phone
    - ii. Another template for the patients you are able to reach and discuss in the team meetings
  - i. Follow the above directions I gave to finding templates
    - i. Again click EPIC red tab on top left when sign onto epic
    - ii. Click smart phrase manager
    - iii. In the USER area use one of the dementia care specialists name, we can choose and pick Panlilio, Michelle.
    - iv. Search for ADCGERIFELLOWS
    - v. Open this template, click create a copy, name it same thing ADCGERIFELLOWS, save
    - vi. Also create a copy and save the no answer template that Michelle has. This is under MTPMISSTELE

- vii. Again when you go into write a note, type .ADCGERIFELLOWS or .MTPMISSTELE (make sure that you change any names already there that do not pertain to you, I believe Michelle's name may be on as signature for the missed telephone note)
- j. Make sure you also make note in your note that patient's case was discussed at weekly dementia care program team meeting.
- k. I have pasted the two templates for the dementia care program below if you want to just copy and paste it into your own smartphrases
- l. In your note make sure you mark off the box RED in the template.

## GERIATRICS INITIAL CONSULTATION

@NAME@ is a @AGE@ year old @SEX@ admitted to Dr. @ADMPROV@ for @ADMITDX@. The patient was seen and examined by the geriatrics consults team specifically for a comprehensive geriatric assessment. The domains assessed, findings, and recommendations follow.

### Summary of Recommendations:

\*\*\*<insert high-priority recommendations from below here for easy visibility for other users>

## COGNITION ASSESSMENT

Screening for Delirium with the confusion assessment method (CAM) is: {Desc; normal/abnormal:11317}  
Screening for cognitive impairment with the Mini-cog is: {Desc; normal/abnormal:11317}

### RECOMMENDATIONS: Cognition

- Σ Monitor CAM daily
- Σ Delirium prevention recommendations include: encourage sleep hygiene, minimize overnight interruptions, make vision and hearing aids accessible, monitor for substance withdrawal syndromes, encourage frequent mobilization, frequent reorientation
- Σ \*\*\*Consider further cognitive testing
- Σ \*\*\*Re-evaluate mental status and cognition after discharge

## MOBILITY & FALLS ASSESSMENT

The patient currently ambulates {Select:27552}.

The patient {is/is not:304903} afraid of falling and has fallen {Numbers; 0-4 (with >4):33091} times in the past year and has the following additional risk factors for injurious falls: {RiskFallsMultiple:33536}

An examination of gait revealed: {GAIT:18030}

### RECOMMENDATIONS: Mobility and Falls

- Σ This patient {is/is not:304903} able to safely ambulate without assistance.
- Σ To maintain current level of function, we recommend that the patient ambulate under guidance of unit staff with {AMB RHB PT GOAL AMBULATE ASSISTANCE:21631} {assistance:26823} 5 - 15 minutes twice daily for 5 days per week
- Σ \*\*\*We would encourage patient to spend time outdoors on deck during break time as able
- Σ \*\*\*Please order Falls Precautions per unit protocol
- Σ \*\*\*Please order physical therapy consult for further evaluation treatment recommendations
- Σ \*\*\*Avoid and treat delirium and orthostatic hypotension that may contribute to the risk of falling

## HEARING AND VISION ASSESSMENT

The patient {has/has no:305019} hearing loss. The patient {hearing aid use?:304939}.

The patient {has/has no:305019} vision loss and {does/does not:200015} wear glasses.

### RECOMMENDATIONS: Hearing and Vision

- Σ \*\*\*Ensure patient has access to glasses at all times
- Σ \*\*\*Pocket talker to facilitate communication
- Σ \*\*\*When communicating with patient turn off TV or other extraneous noise, raise bed up and stand close to head of bed
- Σ \*\*\*Audiology evaluation as outpatient

## MEDICATION SAFETY ASSESSMENT

The patient has been prescribed the following medications prior to this admission, which were reviewed for potentially inappropriate medication use:

@PTAMEDS@

The following potential age-related side effects were identified and listed below along with recommendations that may minimize these side effects:

| Medication name | Potential SE | <i>Recommendation</i> |
|-----------------|--------------|-----------------------|
|                 |              |                       |
|                 |              |                       |
|                 |              |                       |
|                 |              |                       |
|                 |              |                       |

Scheduled Inpatient Meds:@MEDSSCHEDULED@

PRN Meds:..@MEDSPRN@

The following possible drug-drug interactions were identified on review of current inpatient medications above.

| Drug 1 | Drug 2 | Interaction |
|--------|--------|-------------|
|        |        |             |
|        |        |             |
|        |        |             |
|        |        |             |

## INCONTINENCE ASSESSMENT

The patient is {continence:19529} of urine and {continence:19529} of stool. \*\*\*

### **RECOMMENDATIONS: Incontinence**

- Σ D/C foley\*\*\*
- Σ Condom catheter\*\*\*
- Σ Prompted voiding\*\*\*
- Σ Urinal at bedside\*\*\*
- Σ Straight cath q\*\*\*
- Σ Bedside commode\*\*\*

## SKIN ASSESSMENT

{SkinNPHGeri:33565}

## MOOD/AFFECT ASSESSMENT

The patient's mood is being followed by the inpatient psychiatry team.

### **RECOMMENDATIONS: Mood/affect**

- Σ Appreciate ongoing Psychiatry evaluation and management

## NUTRITION SCREENING

@LASTWT(3)@

The patient {HAS/HAS NOT:20194} lost weight without trying.

### **RECOMMENDATIONS: Nutrition**



- \*\*\*assist patient with meal selection and at meal time as needed
- \*\*\*consider discussion with internal medicine consult service regarding unintentional weight loss
- \*\*\*consider consultation of inpatient nutrition services

## FUNCTIONAL & SOCIAL ASSESSMENT/DISCHARGE PLANNING

Prior to this hospitalization, the patient was able to complete the following ADLs and IADLs:

| Task                                                                                 | No Help Needed           | Help Needed              | Who Helps |
|--------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------|
| <b>Katz ADLs:</b>                                                                    |                          |                          |           |
| Feeding Yourself                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Transferring<br>(Getting from bed to chair)                                          | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Getting to the Toilet                                                                | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Getting Dressed                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Bathing or Showering                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |           |
| <b>Lawton iADLs</b>                                                                  |                          |                          |           |
| Using the Telephone                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Taking and Managing Medications                                                      | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Preparing Meals                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Managing Money<br>(keeping track of expenses, paying bills, going to the bank, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Moderately strenuous housework                                                       | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Doing Laundry                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Shopping for personal items or groceries                                             | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Driving                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |           |
| Getting to places beyond walking distance<br>(e.g. by bus, taxi, or car)             | <input type="checkbox"/> | <input type="checkbox"/> |           |

The patient {places; lives with:5711}.

Education:

Occupation:

At this point it is likely that he will be discharged to {Discharge Destination:18313}. However, this plan could change depending upon the patient's medical progress.

### **RECOMMENDATIONS: Functional and Social Assessment/Discharge planning**

Σ Appreciate ongoing Social work evaluation

Σ PT/OT evaluation {Orders:20942}

## ADVANCE DIRECTIVES

The patient has the following emergency contact(s) listed in the EMR. The patient states that they {ATTESTATION AGREE:196001} with the following contact to act as a surrogate decision maker:

@EMERCNT@

The patient has the following advance directives available for review in CareConnect: {ADVANCED DIRECTIVE DOCUMENT:20008}.

The patient's preferences for code status are {STATUS:30169} and is currently ordered in CareConnect as @RRCODESTATUS@

\*\*\*Unable to be determined at this time due to patient's medical condition.

**RECOMMENDATIONS: Advance Directives**

- Σ \*\*\*Give patient DPAHC, POLST to complete at discharge
- Σ \*\*\*The primary team should consider a family meeting to discuss goals of care.
- Σ \*\*\*Update CareConnect to reflect patient's wishes as above

**SPIRITUAL CARE**

The patient {would/not:18918} like a spiritual care consultation.

**RECOMMENDATIONS: Spiritual Care**

- Σ \*\*\*Please order spiritual care consultation

**TRANSITIONS OF CARE**

The patient's primary care doctor is @PCP@.  
PCP Phone:

Geriatrics team will sign off for ongoing patient care needs, but please do not hesitate to contact us for questions, further evaluation, or management of any of the above or new issues.

Patient seen and discussed with \*\*\*

@ME@  
PGY-4, Geriatric Medicine  
Geriatrics Consult Pager: 87710

UCLA Alzheimer's and Dementia Care Program  
Missed Telephone Call

Date: @TODAY@

Name: @NAME@      MRN: @MRN@

DOB: @DOB@      Sex: @SEX@

Phone Number: @PH@

Mailing address: @ADD@

Caregiver/Decision maker:

Name/Relationship: @EC1NM@

Phone Number:@EC1HPH@

Email: @EMAIL@

Reason for contact: I attempted to contact \*\*\* by telephone \*\*\*. I left a voicemail with my contact information with the family, requested a return call.

Alzheimer's and Dementia Care Program Acuity

|        |                          |  |
|--------|--------------------------|--|
| Green  | <input type="checkbox"/> |  |
| Yellow | <input type="checkbox"/> |  |
| Red    | <input type="checkbox"/> |  |

**UCLA Alzheimer's and Dementia Care Program**

**Dementia Care Telephone Call**

**Time Start:** \*\*\*

**Time End:** \*\*\*

**Date:** @TODAY@

**Name:** @NAME@

**MRN:** @MRN@

**DOB:** @DOB@

**Sex:** @SEX@

Phone Number: @PH@

Mailing address: @ADD@

**Caregiver/Decision maker:**

Name/Relationship: @EC1NM@

Phone Number: @EC1HPH@

**Primary Care Physician:** @PCP@

**Dementia Care Specialist:** \*\*\*

**Purpose for contact:** \*\*\*

**Interim:**

\*\*\*

**A/P:**

\*\*\*

Medical Recommendations:

\*\*\*

Behavioral Modification Recommendations (for the caregiver):

\*\*\*

Social Recommendations (for the patient):

\*\*\*

**Follow-up:**

\*\*\*

@MECRED@

VA-UCLA Geriatric Medicine Fellowship Program

UCLA Alzheimer's and Dementia Care Program

@TODAY@

## Alzheimer's and Dementia Care Program Acuity

|        |                          |  |
|--------|--------------------------|--|
| Green  | <input type="checkbox"/> |  |
| Yellow | <input type="checkbox"/> |  |
| Red    | <input type="checkbox"/> |  |

I have spent \*\*\* minutes to review patient's medical records and/or care coordination related to dementia after direct patient care.

- ☐ Dementia workup (including TSH, Vitamin B12, RPR, brain imaging)
- ☐ Neurology, Psychiatry, Neuropsychology consultation note, progress notes, H&P, PCP notes
- ☐ ER/hospitalization/NPI admissions/SNF stay
- ☐ Advance Directive/POLST
- ☐ Family telephone meeting (Discuss behavioral issues, disease progression, safety concerns, medication management, caregiver distress, etc.)
- ☐ Consultation with other providers