

Important numbers

Can reach each number below by calling either main VA line then immediately dialing the extensions below or can try the direct number on the right.

WLA CLC.

West LA VA main line: (310) 478-3711

Sepulveda VA main line: (818) 891- 7711

215-2: x43005 / [\(310\) 268-3929](tel:(310)268-3929)

213-2: x48489 / [\(310\) 268-4586](tel:(310)268-4586)

215-3: x43048 / [\(310\) 268-3931](tel:(310)268-3931)

Sepulveda CLC

G-35: x38913 / [\(818\) 895-9522](tel:(818)895-9522)

G-63: x38951

Common Calls and Tips

ALWAYS DOCUMENT YOUR CALL!!— your co signer should be the backup attending and then add additional signers to your note for who is following patient in CLC (once you sign note, right click on your note, click identify additional signers and search for the NP or PA or attending following patient there— this is noted at the top middle of patients chart).

I always also send an email too at the end of my call to the providers who's patient I was called about, reason for call, and things to follow up on if needed.

If you send a patient to the West LA VA ER (usually CLC west LA go here since across the street) then make sure you call the ER attending to give signout

West la va er line
[\(310\) 478-3711](tel:(310)478-3711) x 53169

Common calls you get:

1. Elevated sugar- ask for new set of vitals, symptoms, and repeat after their scheduled insulin is given. Often due to food indiscretion
2. Fall- ask for symptoms, head trauma, potential syncope, new set of vitals, and if any symptoms (skin tear, bruising, unable to bare weight, confusion), orthostats. Ask for neuro checks q4h for 48 hours. If anything concerning as fracture or head trauma send to ER

3. Recall CLC cannot monitor patients like a hospital so if anything concerning send to ER. Nurses should call 911. If at Sepulveda and patient stable can consider transfer to West LA ER but may take hours. So often these patients may go to the nearest ER.

4. If Nursing asking for order, for example

- oxygen— ask why, get new set vitals, send to ER if concerned

- antipsychotic or something to calm Patient down — behavioral interventions always first, redirection. If patient needing constant supervision then should be evaluated in ER

5. Remember also before you transfer any patient to ER or call 911, ask if they have a do not hospitalize order or advance directive that states such and if they are DNR

Other considerations of CLC

- Treatments include iv fluids, iv antibiotics-2 max, im/sc meds, nebs, suction q4h, but if needs more than that send to hospital. West LA va can also do trach care, post dialysis care. But Sepulveda va cannot do trach care or post dialysis care
 - Only one RN per 25 people among 50 patients per unit
 - No acls
 - No crash carts, only suction and aed
 - Labs can be ordered for the am to be drawn m-f am, weekend draws, but Sepulveda clc mon/thurs for labs. Labs drawn in 6 am in morning.
 - No iv push meds
 - No physical restraints or sitters
 - We do NOT admit new patients, if contacted about this, then call clc back up physician or dr sohn. Readmissions must go through attending on Friday before. No new admits on weekend. Better for backup attending to manage this, state that to nurse
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Sample CLC Call template

UCLA Geriatric Fellow CLC Call Note

|PATIENT NAME|

Location of patient: [] West LA CLC [] Sepulveda CLC

Code status: [] Full Code noted in postings [] DNR/DNI noted in postings

Date and time of page:

Name of Nurse paging:

Reason for page:

HPI:

|PATIENT NAME| is a |PATIENT AGE| year-old |PATIENT SEX| patient with history of

Recent vital signs:

T: |TEMPERATURE|

P: |PULSE|

R: |RESPIRATION|

BP: |BLOOD PRESSURE|

Ht: |PATIENT HEIGHT|

Wt: |PATIENT WEIGHT|

BMI: |BMI|

Plan: The following treatment plan was made with nursing:

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In assessment and creation of plan above, I personally performed a thorough chart review of patient, including notation of medical history, active medical issues, allergies, current meds/new meds (if any)/recently discontinued meds (if any), recent labs and imaging, vital signs (current and recent history, including urine output, bowel movements), and current treatment plan.

All questions and concerns of nurse answered. Reminded can page me again if any further issues arise.

Strict ER and 911 precautions given to nurse.

This note is flagged to patient's current CLC provider for update of above event