**Chief Resident’s Morning Review**

**Chief R3 on Call: Date:**

**Chief Resident on Call:**

**Medical Attending on call: As per amion**

**Total Admissions**

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| **Total Admissions** | | | | | | | | | | |
|  | 7 | 8 | 9 | 10 | 15 | ICU | | | CCU | Total |
| Short Call |  |  |  |  |  |  | | |  |  |
| Night Floar |  |  |  |  |  |  | | |  |  |
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| **Bed Availability Status** | | | | | | | | | | |
|  | 7 | 8 | 9 | 10 | 15 | ICU | | | CCU | Total |
| Short Call |  |  |  |  |  |  | | |  |  |
| Night Float |  |  |  |  |  |  | | |  |  |
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|  |  | **Admissions needs beds awaiting in ED** | | | |  | | |  |  |
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|  |  | ICU | CCU | Medicine | Telemetry |  | | |  |  |
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| MET Code/Code 99 | | | | | | | | | | |
| Location | Name | MRN | | Reason | | | | Outcome | | Endorsement |
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| Mortality Review | | | | | | | | | | |
| Name Initial | | MRN | | Location | DNR Y/N | | | Unexpected Y/N | | |
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| Sick Patients on the floors | | | | | | | | | | |
| Name | MRN | | Age/Sex | Location | Diagnosis | | Comments | | | |
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| Evaluations for MICU/CCU | | | | | | | | | | |
| Name | MRN | | Age/Sex | Location | Diagnosis | Reason for evaluation | | | Accepted/Rejected | Endorsed |
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| Currently Admitted Transplant Recipients | | | | | | | | | | |
| Location | | Name | MRN | Reason for admission | | | | Type of transplant | | Attending/Fellow Informed |
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| Anticoagulation | | | | | | | |
| Location | Name | MRN | Reason | Medication/Dose | PT | INR | Follow up |
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| Pregnant Patient on the floor | | | | | | | | | | | | | | | | |
| Location | Name | | MR number | | Diagnosis | | | | | Weeks of Pregnancy | | | | | | |
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| Prolonged QTc | | | | | | | | | | | | | | | | |
| Location | Name | | MR number | | Diagnosis | | Qtc Interval | | | Electrolytes | | | | | | |
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| Electrolytes Abnormalities | | | | | | | | | | | | | | | | |
| Location | Name | | MR number | | Diagnosis | | | | | Electrolytes | | | | | | |
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| Issues with Hemodialysis Patient | | | | | | | | | | | | | | | | |
| Location | Name | | MR number | | Diagnosis | | | | | Issues | | | | | | |
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| Patients awaiting procedures | | | | | | | | | | | | | | | | |
| Location | Name | | MR number | | Diagnosis | | | | | Issues/labs pending | | | | | | |
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| Transfer to Fulton Psychiatry Unit | | | | | | | | | | | | | | | |
| Location | | Name | | MRN | | Admitting Informed | | | Chief Resident Informed | | | Endorsed to Fulton | | Document in chart | |
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| Patients on 1:1 on the floor | | | | | | | | | | | | | | | |
| Location | | Name | | MRN | | Diagnosis | | | | | | Reason for 1:1 | | | |
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| Urgent Psych Consults for Aggressive Patients | | | | | | | | | | | | | | | |
| Patient Name | | | | | | Room Number | | | | | MRN | | | | |
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| Short Call Admissions | | | | | | | | | | | | | | | |
| Location | | Name | | Sex | | Age | | MRN | Diagnosis | | | | | | |
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|  | **Pending Imaging/Echo for Anticipated Discharge** | | | | | | |
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|  | **Date:** |  |  |  | **Chief R3 :** |  |  |
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|  | Location | MRN | Test Pending | | | Order Date | |
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|  |  | Anticipated Discharge List | | |  | |  |  |
| Date: | | | | Chief R3: | | | | |
|  | Location | | MRN | Discharge Disposition | | Issues to be identified | | |
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