

NACR AND NIGHT FLOAT RESPONSIBILITIES SIGN-OUT AND SIGN-IN PROCEDURES

This policy is designed to:

- a. Delineate the clinical and administrative responsibilities of the Night Acting Chief Resident and Night Float resident and intern.
 - b. Ensure adequate and appropriate supervision of all the medical teams at night.
 - c. Ensure appropriate transfer of information about patient care between residents working day and night shifts.
 - d. Provide guidelines for the amount and type of data that should be presented at sign-in or sign-out rounds.
1. The Night Acting Chief Resident will:
- a. Be a senior resident who will be on duty from 9 p.m. until 10 a.m. Sunday through Thursday nights for two weeks. The days off are from Friday morning until 9 pm Sunday night.
 - b. Be responsible for supervising the night float team.
 - c. The last admission is taken by the night float team at 6:30 am.
 - d. Ensure that patient care is appropriate and that the workload is reasonably distributed between the members of the night team.
 - e. Complete emergent medical consultations.
 - f. Evaluate all admissions to the medical service or delegate to the Night Float resident when available.
 - g. Work with the Nursing Services Coordinator to resolve any issues regarding the assignment of patients to the medical services.
 - h. Function as the liaison to the Emergency Department regarding the initial evaluation and management of patients admitted to the medical services.
 - i. Expected to attend morning report daily.
 - j. Be present for intern presentations to teams the following morning if deemed necessary.
 - k. If R-1 residents are switching to a new in-patient service that morning, the NACR will present admissions to teams to allow the R-1 interns to start their new duties.
 - l. Meet with the associate program director once a week following morning report to review medical consults, supervisory issues, etc.
2. The R-1 night float intern will:
- a. Be the intern on duty from 9pm until 10am Sunday through Thursday nights. The days off are from Friday morning until 9pm Sunday night.
 - b. Admit patients to the ward teams (long call and/or short call teams)
 - c. Admit to the Med ID service if the Med ID intern has capped (up to 5 admissions or as many as the Med ID team cap will allow – see Med ID section for details)
 - d. Present patients admitted by the night team to the respective ward teams.
 - e. Cross cover patients on the medical services and carry out duties as signed out by the ward teams.
 - f. Will not exceed five (5) admissions during one shift.
 - g. Be expected to attend morning report daily prior to presenting new patients to the ward teams.
3. Every team will meet for sign-out rounds in the late afternoon, preferably between 4-5 p.m. but not later than 6 p.m., to review patient management issues. Sign-out rounds are conducted by the supervising residents and at his/her discretion will include the following:
- a. Review of each patient's progress during the day.
 - b. Review of pertinent lab data and results of studies.
 - c. Discussion of potential problems that may arise in the near future.
 - d. List of items that must be completed by the on-call R-1 resident.

4. Each R-1 resident will complete a Night Float Sign-out Sheet that details each of his/her patient's major diagnoses and relevant clinical information. This might include:
 - a. When to do a fever work-up.
 - b. Potential complications that may occur that night.
 - c. Lab data or studies that must be checked and acted on, if necessary.
 - d. Procedures that must be done that night. Whenever possible, these procedures should be done during the day and not be left to the Night Float resident.

Discussed at Town Meeting: 12/14/94 and May, 1998
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