



**Department of Medicine
Internal Medicine Residency Program**

DOCUMENTATION BY RESIDENTS AND INTERNS

Third year medical students should write H&Ps on their patients. These H&Ps can be placed in the medical record, as long as proper procedure is followed.

A. History and Physical

Interns are responsible for the initial H&P on all regular admissions to their service. The H&P must conform to the following format:

- Identification
- Chief Complaint
- History of Present Illness
- Past Medical/Surgical History
- Family/Social History
- Allergies
- Medications
- Review of Systems
- Physical Exam
- Laboratory Data
- Assessment and Plan

There must be information for each of the above sections of the H&P. If no information is obtainable for a particular section, this should be documented, e.g., Family History-unable to obtain as patient adopted. The H&P should be written using the EPIC template.

B. Resident Admit Note (RAN)

Residents are responsible for writing an RAN on all regular admissions not immediately staffed by an attending physician in the first 6 months (July-December). This should consist of a summary of the current problems and the immediate plan for addressing those problems. These notes do not require co-signature or the elements listed in Section A.

C. Orders

The intern on service, with routine input and review by the resident, completes orders for admission and daily orders. The resident may write orders in the absence of the intern. The attending physician may write orders as well, but this should be done only in an emergency situation and should be co-signed by the house officer responsible for the patient. All orders

must be dated and timed. Medical students or acting interns may write patient orders, but these will not be carried out unless co-signed by either an intern, resident, or attending physician.

D. Transfer Notes/Orders

1. Transfer of a patient to the ICU or another service:

If a patient needs, at any time during the hospital stay, to be transferred to intensive care or another medicine service, it is the responsibility of the transferring resident or intern to write a transfer note outlining the patient status, hospital course, and reason for transfer. Full orders will be written either by the resident or the intern (with review by the resident) who are on the transferring team to admit the patient to the receiving service. Transfers to other medicine services or to one of the units will not be undertaken unless approved by the receiving resident (or attending on faculty services) and appropriate fellows, if required. Documentation should be timely and accepting resident must receive either in person or over the phone sign out from either the transferring resident or intern.

2. Transfers to services other than medicine:

These may be accomplished as above. In some instances, the receiving team prefers to write their own orders and this can be done by mutual agreement of both the transferring and accepting teams. Some services, e.g., psychiatry, require that the patient be physically discharged from the hospital for readmission to their service. In this case, a written discharge summary should be included, rather than a transfer note, and appropriate discharge paperwork and orders should be completed. The expectation is that transfer notes and discharge summaries are completed before physical transfer.

3. Transfer of patients from another service to medicine:

If a patient needs to be transferred from another hospital service to medicine, the transferring team should write the transfer note and orders. This team can be either the medicine consult team or the non-medicine transferring team. It is the responsibility of the resident or fellow on the transferring team to call and arrange the admission; notify the accepting team resident of the transfer; and provide the patient's current and future location, current problems, and plan of care. The accepting medicine team should notify the medicine attending physician as soon as possible of the impending transfer.

E. Acceptance Notes

Patients that are transferred from the ICU to the floor or from another service need to be evaluated on arrival. An acceptance note must be written and all orders must be cosigned by the accepting housestaff prior to the orders being carried out. The evaluation of the patient and the writing of the acceptance note are to be completed by the resident or intern on the accepting service. Acceptance notes should contain a summary of the hospital course, an evaluation of the patient's current status, and the plan of subsequent care. It is not necessary to duplicate the transfer note in its entirety.

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