

Welcome to Gyn Onc!

General Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Potkul OR cases [OR 13 usually]	Potkul clinic 8-5 +/- Smith cases MS4 Lectures	PCC @ 7:30 Potkul ASC cases +/- Smith cases MS3 Lectures	Potkul OR cases Smith clinic 8-12	Potkul clinic 8-5 +/- Smith cases

Saturday & Sunday: Rounding in AM

Rotation Basics:

- Rounding

- o Pre-round on all your patients BEFORE 5:45am.
- o Meet at 5:45 on the highest floor we have patients
- o Have notes **FINISHED** by 5:45
 - Do not make addendums unless absolutely necessary
 - You are allowed to make mistakes ! ☺
- o Practice presentations with me and/or residents as needed
- o 6:00am – rounding with residents; 6:30 am – Gyn conference in back of cafeteria
- o You will present your patient to Dr. Potkul on rounds at 7-7:15am, after Gyn conference

- OR Cases

- o Check your email the night before for assigned OR cases – I'll send out an email
- o Always read about your patients and the procedure before going into surgery
- o Wait in pre-op holding until your patient is rolled back by anesthesia
 - Don't forget – scrubs, hats, booties, mask, no jewelry
 - Introduce your self to the patient before surgery
 - Page the resident going in on your case **AS** anesthesia pushes the patient back to the OR
 - OR etiquette: Introduce yourself to the nurse, write your name on the white board, pull your own gloves & give them to the scrub nurse, ask if they have a gown for you, offer to help by moving the bed in/out of room, offer to with the foley, always scrub when & how your resident scrubs, pay attention during the surgery [i.e. when to cut a suture, when to grab the retractor, etc.]
- o Once your case is over:
 - Page the next student to come to pre-op holding for the next case **IMMEDIATELY** after the case is finished
 - Offer to write the operative note: if writing the note, ask anesthesia for EBL, fluids, and urine output before writing the note; use the "IP operative note" general template
 - Page me after you are done to find out what we need help with

- Clinic

- o Location of clinic: Cancer Center
- o Dr. Potkul's clinic: 1 student **MUST** be there at all times, and we may need more if busy
- o Call EPIC for access to the schedule; type in CC Gyn to access schedule: #s to try – 15930, 10048, or 73742
- o MS3 role: go in, see the patient and update the medical history and surgical history; do not type a note; you do not need to ask prior to going in to see the patient – just check to make sure that the patient is next in line on the schedule
- o Things to check/ask: read Dr. Potkul's last note in the chart before seeing the patient; note the type of cancer and/or reason for visit, previous procedure [what was done/when/significant pathology], note type of chemo received & number of cycles completed [i.e. carbo/taxol 6 cycles], ask if patient is having any side effects from chemo [weight changes, nausea, vomiting, rectal bleeding, fatigue, etc.], ask history of last mammo, pap, colonoscopy, and if any of these were abnormal
- o Physical exam: you may do a QUICK physical [heart/lungs/abd/ext]; **DO NOT** do a pelvic exam – you will do this with Potkul
- o If you are having trouble with anything – ask me, Ariana, or Millie for help [they are awesome clinic nurses!]

- Misc

- o Things to ask in the morning when seeing your patients: Did they have any nausea, vomiting, fevers, chills, chest pain, shortness of breath, or changes in urination/bowel habits? Have they passed gas [aka flatus]? Had a bowel movement? Pain controlled? Tolerating PO intake? Ambulating? Problems overnight?
- o Physical exam – important parts of the exam include the lung exam [signs of fluid overload/crackles/coarse breath sounds], heart [rate/rhythm/abnormal sounds/murmurs], abd exam [tender/distended/dressing clean, dry, intact/incision intact], extremities [edema], and any other pertinent findings
- o Check the nursing notes in the chart and/or ask the nurse if anything happened overnight
- o Read notes from other services taking care of the patient – include any recommendations in your note
- o Abbreviations:
 - POD: postoperative day
 - TAH/BSO: total abdominal hysterectomy & bilateral salpingo-oophorectomy
 - TVH: total vaginal hysterectomy
 - Ex lap: exploratory laparotomy

Sample Write up:

Gyn Onc Progress Note – MS3

Subjective: ***

Good Luck Guys!!! ☺

Objective:

Vitals: Tm: Tc: BP: HR: RR: Oxygen %: [i.e. 99% on RA – room air]

Gen: alert & oriented x 3 [A&Ox3], no acute distress [NAD], pleasant upon exam

HEENT: within normal limits [WNL]

CV: RRR, normal S1&s2, no S3/S4/murmurs/gallops/rubs, no jugular venous distention [JVD] or carotid bruits

Pulm: clear to auscultation bilaterally [CTAB], no wheezes, rhonchi, or rales [w/r/r]

Abd: soft, nontender [NT], nondistended [ND], + bowel sounds [+bs], no hepatosplenomegaly [hsm] or palpable masses

Wound: appropriate incisional tenderness, no drainage/erythema, dressing clean/dry/intact [c/d/i], staples &/or sutures intact

Extremities: + 2 pedal pulses, no edema or calf tenderness, warm to touch, TEDS/SCDs in place

Medications: use smart link -- .ipmeds

Labs: use smart links – .llcbc, .llbmp, .llica, .llmg, .llphos

**not all patients will have these labs; check to see what your patient is getting

Radiology/Imaging: copy/paste any Xray/CT/other imaging reports

Assessment & Plan:

Ms. X is a 75 y/o female POD#1 s/p TAH/BSO for stage 2a, grade 2 endometrial carcinoma.

- D/c foley, switch to PO pain meds
- Advance general diet as tolerated
- Encourage incentive spirometer [IS], and ambulation

Will discuss with resident and attending.

Name, MS3 Pager: x12345

Sample Presentation:

"Ms. X is a 75 y/o female POD#1 s/p TAH/BSO for stage 2a, grade 2 endometrial carcinoma. Overnight, no acute events. Pain is controlled with morphine PCA. No nausea, vomiting, or other complaints. Tolerating PO intake. Ambulating well. Vital signs stable; afebrile. On exam, abdomen is appropriately tender to palpation. Incision is clean with dressing dry, intact. Post op hemoglobin is 10.4; pre-op was 11.0. Plan for her: d/c foley, switch to PO pain meds, encourage general diet/incentive spirometer/ambulation as tolerated. Discharge planning for tomorrow."

AW