CONTACT INFORMATION

**Med-Peds**  
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Rocky Mollere  504-722-3529 (cell)  

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Chief Residents: Emily Harrison  504-390-7739 (cell)  504-896-9329 (office)  
Marcella Houser  504-912-3260 (cell)  504-896-9329 (office)  

**Med-Peds Residency Office**  
1542 Tulane Ave, NOLA 70112 (Clinical Education Building – LSU ID to enter), Room 441 (4th floor)  
Mailing Address: Box T4M-2, 1542 Tulane Avenue, NOLA 70112 (Attention: Vilma Cervantes)  
Fax: 504-568-2127

**Internal Medicine Residency Office**  
1542 Tulane Ave, NOLA 70112 (Clinical Education Building), Room 436 (4th floor)  
Fax: 504-568-7884

**Pediatrics Residency Office**  
200 Henry Clay Ave, NOLA 70118 (Children’s Hospital), 1st floor within LSU Department of Pediatrics  
Fax: (504) 896-2145

**Training Locations**  
- *University Hospital*: 2021 Perdido Street, NOLA 70112, 504-903-3000  
- *Ochsner Medical Center Kenner*: 180 West Esplanade Ave, Kenner LA 70065, 504-468-8600  
- *Touro Infirmary*: 1401 Foucher Street, NOLA 70115, 504-897-7011  
- *Children’s Hospital*: 200 Henry Clay Ave, NOLA 70118, 504-899-9511  
- *LSU Med-Peds Clinic*: 3700 St. Charles Ave (2nd floor), NOLA 70115, 504-412-1366  
- *Harvey Med Care*: 3709 Westbank Expy # B, Harvey LA 70058, 504-348-2310  
- *Daughters of Charity*: 3201 S. Carrollton Ave, NOLA 70118, 504-207-3060
UNIVERSITY HOSPITAL – Logistics

- PARKING: $220 yearly (~$18/month) for parking decal and access to garages, may deduct from paycheck.
  - Roman Street Garage: 425 S Roman St (easy access to UH), weekday entrance is on Roman between Gravier and Tulane, after-hours entrance on left side of the main exit (on same block as entrance)
  - Entergy Garage: 1661 Graver St (access to 1542 Tulane), Gravier between S Robertson and S Claiborne

- IMPORTANT NUMBERS: 903-3000 (operator), 903-0132 (medical records), 2-xxxx (dialing extensions)

- IMPORTANT ROOMS: Eight stories tall, radiology (1st), MICU (2nd), labs and crosswalk to clinics (4th)
  - Morning Report Room: basement, down hallway by patient elevators, on right next to bathrooms
  - Resident Lounge: basement, in cafeteria area near windows to the left, lockers available (bring your lock)
  - Call Rooms: 1st floor, hallway to left just past ER waiting area, go through 2 sets of doors then follow hall to right, go through another door … intern room 7 (code 214), intern room 8 (314), resident room 28 (324)

- DOOR CODES: MUST have a working LSU ID to get through many of the hospital doorways.

- COMPUTER STUFF: Log into computer desktop using your LSUHSC e-mail username and password, be sure to logout when you are done so people cannot send e-mail or surf the internet masquerading as you.
  - PELICAN: Click the PELICAN icon, logon using your LSUHSC credentials (new EPIC-based system)
  - CLIQ: Click the CLIQ icon then logon – an additional way to check labs (being phased out for EPIC)
  - On-Call List: V-drive → MCL Folder → [Excel file with current date in its name]
  - Patient Lists: M-drive → Rotations → Depart of Medicine → Patient Lists
  - Remote Access: www.lsuhsc.edu → Citrix icon top right of page → web interface (must install software)
  - Remote Credentials: When accessing an LSUHSC website off-campus, you must precede your user name with “lsumc-master”, e.g., “lsumc-master\jsmith” (do not need to include “lsumc-master\" if on campus).

- FOOD: Unless on wards or MICU, meals are up to you. Stock in the resident lounge goes rather quickly.
  - Cafeterias: Hospital cafeteria in basement open approximately 7a-5p (M-F) and 7a-2p (Sa-Su), residents on call months receive $15 on ID card each call day. MEB (1901 Perdido St) cafeteria on the 3rd floor.
  - Snacks: Resident lounge is stocked daily with heatable meals, cereal, granola bars, breakfast bars, cookies, and coffee. There are also vending machines in the basement near cafeteria, as well as around the campus.
  - Coffee: Starbucks kiosk is located in MEB on the 3rd floor (same floor as the MEB cafeteria).

- DICTATIONS: For your purposes there are no dictations, as these were rendered obsolete by PELICAN. All H&Ps, consultations, progress notes, discharge summaries, and clinic visits should be entered via PELICAN.

- JEOPARDY: System for resident and intern backup in case someone gets sick or cannot work for some other reason. The jeopardy system rarely gets used, but do not leave town if you are scheduled (or it is useless).

- ORIENTATION: 8a on the first non-weekend day of month, for all rotations except MICU/ER.
UNIVERSITY HOSPITAL – Rotations

- **WARDS**: Teams of one upper level and two interns. There are four general medicine teams and call is q4.
  - **Upper Level**: Sees all admissions and writes Resident Accept Note (RAN) for patients admitted by intern. Admits for Heme/Onc after 5p (weekdays) and 12p (weekends). Sees all patients on team before rounds, though if census is high focuses on sickest ones. Night-float resident covers 8p-7a while upper level rests.
  - **Interns (2)**: Write majority of notes since managing fewer patients. Admit patients with help of resident when on call. Split call days so each intern works 16-hour shift, one intern in day and other overnight. Night-tern sees all overnight admits and takes floor call for wards teams, Heme-Onc, and GMC service.
  - **NOTE**: Patients asked to be seen (ICU or ER) must be seen and a consult note written, even if patient not ready to step down or does not need admit. Becomes your team’s patient for the month (“bounce back”) if leaves ICU or returns to ER. Morning report is at 8a (M-F). Intern presents difficult/interesting case, with discussion led by chief residents. Busy service with diverse cases. Much autonomy but help is also there.

- **MICU**: Teams of at least one upper level and one intern. There are four teams: LSU IM, LSU ER, Tulane IM, and Cloud (Tulane IM #2 Jul-Dec and LSU IM #2 Jan-Jun). Call is variable with some overnight shifts. Calls are 24 hours for assigning patients to teams, but an overnight team covers the call from 9p-7a. Staffed by LSU and Tulane attendings and fellows, generally in two-week blocks. The on-call team responds to all codes, stroke activations, and rapid responses and cannot leave the hospital during call. MICU is a relatively difficult month with frequent call, very sick patients, and a high census. It provides many opportunities for procedures and is overall a very rewarding educational experience. No continuity clinic during this month.

- **CARDS / PULM / RENAL / GI**: See consults and attend clinic (pulm/renal/GI). Present a case at medicine morning report (two for cards). Weekly conferences. Cardiology is a busy service usually balanced by large number of residents and med students. Pulmonary service is light with opportunities for procedures. Renal is potentially busy. GI service combined LSU/Tulane, so fellows and attendings will be from both programs; GI procedures typically in the mornings with rounds in the afternoon. Work 1-2 weekends per month.

- **ENDOCRINE / RHEUMATOLOGY**: Clinics with an occasional consult. Relatively relaxed months with no weekend duties except to cover one weekend for the GMC service. Medicine Journal Club is mandatory.

- **ID**: See consults and attend clinic. Busy service, especially on months when covering consults for both LSU and Tulane. Experience is staff-dependent, but most are great and you will learn a lot. Work 1-2 weekends.

- **NEUROLOGY / HEME-ONC**: Admits to own service and sees consults. If MAJOR non-neuro or non-H/O issues, patient goes to medicine service. After 5p (12p on weekends), the on-call medicine team admits for Heme-Onc. Heme-Onc team presents a case at medicine morning report. Heme-Onc is typically busy.

- **GMC**: Medicine consulting service. Resident covers consults until 5p (M-F) and admits for on-call wards team weekdays 7a-12p. All but one weekend covered by residents on services without weekend obligations.

- **ER**: As intern only. 12-hour shifts from 7-7, mix of day/night, 18 shifts monthly. Manage 5-6 beds in these fast-paced shifts. Procedures! Clinic and Medicine Journal Club attendance is mandatory, may leave shift.

- **NIGHTFLOAT**: Admit for on-call wards team from 8p-7a. Manage one of the on-call interns. You split this month evenly with another resident and may coordinate schedule with that resident. Present one AM report.
TOURO INFIRMARY – Logistics

- **PARKING**: Free in Delachaise St Garage, with entrance on Delachaise between Prytania and Coliseum. Access and exit are granted via the Touro badge which will be provided upon starting a rotation there.

- **IMPORTANT NUMBERS**: 897-7011 (operator), 897-8375 (medical records), xxxx (dialing extensions)

- **IMPORTANT ROOMS**: Easy to get lost in Touro, ward units arranged in a cross (+), radiology (1st)
  - Morning Report Room: Room A463 on the 4th floor (follow signs to Davita Dialysis), code 1234*
  - Resident Lounge: First floor next to guard station by Prytania entrance, code not needed last we checked
  - Call Rooms: Intern call rooms on 5th floor down the seemingly abandoned hallway to the right of the M5 unit (code 05+plaque#, e.g., 0515), resident call room on 6th floor near elevators by M6 unit (code 0617)
  - Physician Work Area in ER: Dedicated work space for surfing charts and getting your patients admitted
  - Staff Lounge: 2nd floor down the hall from cafeteria, can enter only when hanging out with staff
  - Library: 10th floor, supposedly a good view and nice quiet space for study or computer work

- **DOOR CODES**: MUST have a working Touro ID to get through some of the hospital doorways, there are still punch codes for some of the doors – morning report room (1234*), medical records (0142*).

- **COMPUTER STUFF**: Plenty of computers scattered about the nursing stations and in the resident lounge.
  - Net Access: Labs, radiology, vitals, H&P, d/c summaries, op reports (login info given during orientation)
  - GE Centricity: Vitals, intake/output, transcutaneous bili, nursing notes … for well-baby and NICU only
  - Patient Lists: Computer in morning report room, instructions for access elsewhere is on the patient list

- **FOOD**: Meal cards likely provide all the food and snacks you need but caffeine scarce at night.
  - Cafeteria: 2nd floor. Breakfast, lunch, dinner (all week). Meal cards provided at orientation.
  - Staff Lounge: Nice lunch served daily. Coffee machine! Must be accompanied by attending.
  - Snacks: Not readily available so bring your own or stock up in the cafeteria while it is open.
  - Coffee: Starbucks kiosk near Prytania entrance, otherwise you can check the ER coffee pot.

- **DICTATIONS**: All discharge summaries should be dictated. H&Ps should be dictated when possible. Dictations apply to wards only, not NICU or well-baby.

- **JEOPARDY**: No jeopardy system at Touro, so you must work it out among your colleagues. If you need to activate jeopardy at Touro, please notify medicine chief residents in addition to your staff.

- **ORIENTATION**: 8a on the first non-weekend day of month, will receive Touro logon and ID card.
TOURO INFIRMARY – Rotations

- **WARDS:** Teams of two upper levels and two interns, split into two sister teams of one resident and intern each. There are two wards teams and call is q4. The on-call team handles medicine admits and consults. Touro currently has an open ICU, so wards teams also frequently manage patients needing ICU care.
  - **Upper Level:** Sees all admissions and writes Resident Accept Note (RAN) for patients admitted by intern. Sees all ICU patients, though experienced interns may see certain ICU patients at resident’s discretion. All codes and rapid responses are covered by LSU cardiology fellow, so you are allowed to leave hospital to grab some food but go to codes whenever possible to learn, and always if it is an LSU medicine patient.
  - **Intern:** Write majority of notes since managing fewer patients. Admit patients with help of resident when on call. On call days, sister-team intern stays until 5p; call-team intern arrives near 8p and stays overnight subject to resident discretion. Night-tern sees all overnight admits and takes floor call for medicine teams.
  - **NOTE:** Patients asked to be seen must be seen and a consult note written, even if the patient does not need admit. Becomes your team’s patient for the month (“bounce back”) if returns to ER. Morning report is at 8a (M-F). Intern or resident presents one or two difficult/interesting case (have two ready to roll). Unlike morning report at UH, presenters will be the target of all hard questions at Touro. Expect to read patient’s EKGs and CXRs yourself. Know your case cold and review pertinent guidelines. With the discussion led by Dr. Amoss, the presenters will be in the hot seat while the audience is typically spared. There will be a PHN case management meeting following morning report, so be prepared to discuss all patient disposition issues. Census and number of admits varies greatly, and there are lots of “bread and butter” cases.

- **WELL BABY:** If this is your first time at Touro, be sure to get ID badge and physician number from the Medical Staff Office on the 2nd floor, but there is no need to attend orientation on the first day of rotation. Two nurseries are located on the 2nd floor and designated A2 and M2. A2 is down the hallway next to the cafeteria, and M2 is within the L&D unit. See all babies and have notes written prior to rounds, typically starting between 8a and 9a. You are required to attend 12 deliveries during the month and must document this. Be proactive about deliveries; you literally have to stalk them. Aside from stalking deliveries, this is a fun and rather laid-back rotation staffed by general pediatricians and our Med-Peds clinic staff.

- **NICU:** As above, make sure you have a Touro badge. Unlike the tertiary NICU at Children’s Hospital, this one is residence to primarily feeders and growers. You are required to attend five deliveries during this two-week rotation, so be proactive about deliveries. The NICU is staffed by LSU neonatologists.
OCHSNER MEDICAL CENTER KENNER – Logistics

- **PARKING:** Free in any of the lots adjacent to the building, except for the Chief of Medicine’s spot!

- **IMPORTANT NUMBERS:** 468-8600 (operator), xxxx (dialing extensions)

- **IMPORTANT ROOMS:** Fairly easy to navigate and not too many places to know.
  - Morning Report Room: Bayou Room, on 1st floor across hall from cafeteria main entrance
  - Physician Work Area: computers and desks attached to two rooms on the 4B unit (on 4th floor)
  - Call Rooms: 4th floor within a currently unused unit, subject to change if unit re-activated

- **DOOR CODES:** Security will buzz you into back door after hours, ER entrance (123), ER exit (1234).

- **COMPUTER STUFF:** Plenty of computers around nursing stations, work area, and in the ER, plus cows.
  - EPIC: Click the EPIC icon, logon using your Ochsner credentials (will be provided during orientation)
  - OCW: Older system that may contain some records not yet uploaded to EPIC (need different credentials)
  - IMPAX: Radiology, 4th floor (username: resident / password: resident), ICU (KICU/KICU)
  - Patient Lists: 4th floor in unit 4B doctor’s workroom, computer farthest from door in back left corner
  - Remote Access: ohslink.ochsner.org → Ochsner credentials → Epic folder/icon → same credentials

- **FOOD:** Take advantage of hot meals in physician’s lounge, most pickup food evenings and weekends.
  - Cafeteria: 1st floor near back entrance of hospital, breakfast and lunch (M-F), vending machines.
  - Physician Dining Area: Breakfast and lunch with drink machine accessible until 5p (M-F).
  - Food on Weekends: Call “Food Services” and say you are a resident on call, otherwise go out to eat.
  - Snacks: Vending machines in the cafeteria are your best bet, no meal card for stocking up here.
  - Coffee: Physician’s dining area, coffee pots on units (ICU is usually your best bet).

- **DICTATIONS:** For your purposes there are no dictations, as these were rendered obsolete by EPIC. All H&Ps, consultations, progress notes, and discharge summaries should be entered via EPIC.

- **JEOPARDY:** No jeopardy system at Ochsner, must work it out among your colleagues. If there are currently residents or interns rotating on subspecialty rotations at Ochsner, they may provide emergency coverage. If you need to activate jeopardy at Kenner, please notify medicine chief residents in addition to your staff.

- **ORIENTATION:** 8a on the first non-weekend day of month, will receive Ochsner logons.
OCHSNER MEDICAL CENTER KENNER – Rotations

- **WARDS**: Teams of two upper levels and two interns, split into two sister teams of one resident and intern each. There are two wards teams and call is q4. The on-call team handles medicine admits and consults. Ochsner currently has an open ICU, so wards teams also frequently manage patients needing ICU care.
  - **Upper Level**: Sees all admissions and writes Resident Accept Note (RAN) for patients admitted by intern. Sees all ICU patients, though experienced interns may see certain ICU patients at resident’s discretion. All codes and rapid responses (METs) are covered by ER attending, so you are allowed to leave hospital to grab some food but go to codes whenever possible to learn, and always if it is an LSU medicine patient. On call days, a float intern shows up at 9p to provide overnight help tasked at the resident’s discretion.
  - **Intern**: Write majority of notes since managing fewer patients. Admit patients with help of resident when on call. On call days, intern stays until 9p then goes home to nap. No leaving early on post-call days…
  - **NOTE**: Patients asked to be seen must be seen and a consult note written, even if the patient does not need admit. Becomes your team’s patient for the month (“bounce back”) if returns to ER. Morning report is at 9a (M-F). Intern or resident presents one or two difficult/interesting case (have two ready to roll). Unlike morning report at UH/Touro, those at Ochsner tend to focus on management including guidelines, and the audience is often pimped and polled for responses. There will be a case management meeting following morning report, so be prepared to discuss disposition issues. Census and number of admits varies greatly, as at Touro, and there are lots of “bread and butter” cases with a smattering of wacky cases. The average age for patients at Ochsner is notably higher than at other hospitals. Case managers are excellent.

- **ICU**: Ochsner currently employs an open ICU, but this might change in the future. If the ICU becomes a closed unit, then residents might rotate through Ochsner on a combined pulmonary and critical care month.

- **CARDS**: See consults. Usually off on weekends. Staffed by Dr. Subramanian who is excellent and truly enjoys teaching. Fair number of consults, but this is a rather relaxed rotation coveted by many.

- **PULM**: See consults and attend clinic. Work 1-2 weekends. Relatively busy service including consults and management of some of the ICU patients. Good primer to MICU or wards with an open ICU. If the ICU at Ochsner becomes closed unit, this rotation might be combined with a critical care rotation.

- **RENAL**: See consults. Work 1-2 weekends. Possibly busy but generally a rather relaxed rotation.

- **GI**: See consults and attend clinic. Work 1-2 weekends. Staffed by Dr. Raines (usually) and a fellow.

- **ID**: See consults. Work 1-2 weekends. Census varies depending on staff, but less busy than at UH.
CHILDREN’S HOSPITAL – Logistics

- **PARKING**: Free in lots adjacent to hospital but avoid spots reserved for patients, difficult to find spots in the middle of the day – additional parking available on levee across railroad tracks at end of Henry Clay.

- **IMPORTANT NUMBERS**: 899-9511 (operator), 894-6779 (medical records), xxxx (dialing extensions)

- **IMPORTANT ROOMS**: Relatively compact hospital, ICUs are stacked above ER, clinics in separate wing
  - **Morning Report Room**: 2-center conference room – 2nd floor next to blue elevators and nursing station
  - **Resident Lounge**: 4th floor in hallway with no patient rooms, last door on left (code 3+5 together then 4)
  - **Call Rooms**: Same hallway as resident lounge, with designated rooms for NICU and PICU residents
  - **Auditorium**: 1st floor near cafeteria, must walk through courtyard by fountain of boy with boot
  - **Library**: 3rd floor next to red elevators (code 0 then 3 followed by *)

- **DOOR CODES**: No badge-activated doors, just a bunch of keypads – buttons on doorknob (3,1); electronic keypad on wall or library (0,3,*); resident lounge and call rooms (3+5,4); red elevators at night (0607#).

- **COMPUTER STUFF**: Decent number of computers scattered about nursing stations and in resident lounge.
  - **Soarian**: Newer system containing labs, vitals, and nursing notes (and soon will do electronic orders)
  - **EDM**: System for completing deficient charts and signing dictations if you are into that sort of thing
  - **Encompass**: Older system that still contains lab results and pathology results but is being phased out
  - **Papervision**: Access to previous admissions which have been scanned into the system, phasing out
  - **Raypax**: Radiology images and reports, username and password will be given at orientation
  - **Patient Lists**: Wards patient’s on computers in resident lounge, Heme-Onc / PICU / NICU in the units
  - **Remote Access**: https://x.chnola.org (x = edm; encompass; raypax), not sure about Soarian remotely

- **FOOD**: Cafeteria serves three meals daily including on weekends, meal cards not given if charts delinquent.
  - **Cafeteria**: 1st floor in hallway connecting hospital and clinic, 7a-5p (every day), $1.50 (if no meal card).
  - **Snacks**: Vending machines in the cafeteria and on 4th floor near resident lounge are your best bets.
  - **Coffee**: Scattered about various patient units, also free in cafeteria when open.

- **DICTATIONS**: We are now able (and encouraged) to dictate discharge summaries, but you may still write them by hand if you prefer. Details about the dictation system will be provided by medical records.

- **JEOPARDY**: System for resident and intern backup in case someone gets sick or cannot work for some other reason. Used infrequently but more than medicine jeopardy at UH, so do not leave town if listed as backup.

- **ORIENTATION**: There are no monthly orientations since we do not move around a bunch on pediatrics and all get to know Children’s Hospital very well.
CHILDREN'S HOSPITAL – Rotations

- **WARDS**: Teams of two upper levels and 2-3 interns, split into sister teams of one resident and intern each. The two sister teams alternate short-long days, so “call” is q2 but without overnight responsibilities. On long days, the resident and intern admit patients until about 6:30-7p, when they checkout to a night float team. On short days, the resident and intern may leave whenever their responsibilities are complete, typically about 3p. The night team checks out to all team members at 6:30a, so that is when the team’s day begins.
  - **Upper Levels**: See all admissions and writes Resident Accept Note (RAN) for patients admitted by intern. All PACT calls are covered by the PICU team, so you are allowed to leave hospital to grab some food but go to PACT calls whenever possible to gain experience, and always if it is one of your patients to help.
  - **Interns**: Write majority of notes since managing fewer patients. Admit patients with help of resident when on call. Takes floor call. Responsible for most discharge summaries which are great chances for learning.
  - **TEAMS**: There are two general pediatrics wards teams (purple/green), one Heme-Onc, and one GI/Neuro.
    - Purple/Green: Hospitalist service, endocrine, rheumatology … busy, high turnover, great teaching
    - Heme-Onc: From simple to very sick kids, intermediate-level care unit, steep learning curve, long days
    - Gold: GI, neurology, rehab, allergy/immunology … a hodgepodge dominated by GI and rehab

- **CARDS / PULM / RENAL / ENDO**: These services used to be combined as the Silver team, but they are now their own individual services. This change was made to provide residents with more focused experience in each of these areas. When on cardiology, you attend cards clinics and care for inpatients with a primary diagnosis that is cards. Ditto for pulmonology, nephrology, and endocrinology. There is no overnight call, as inpatients on these teams will be covered by the night float system.

- **NICU**: Upper-level rotation only, with 3-4 residents monthly. Interns used to rotate through the NICU, and the hole left by their absence will be plugged by NICU-trained nurse practitioners. Call is q4 and overnight. The census is typically high. Acuity varies but is generally high since CH takes referrals from other NICUs.

- **PICU**: Upper-level rotation only, with 3-4 residents monthly (sometimes a LSU EM resident). Call is q4 and overnight. Admit and manage critical care patients including surgical and step-ups from wards teams. Great month with excellent teaching and opportunity for procedures. More autonomy than other rotations as there is no critical care fellow, but attendings are always accessible. Census and acuity vary, service is busy.

- **IEU**: Generally consists of subspecialty rotations of interest to you. Examples include A/I, ID, cardiology, pulmonary, renal, GI, endocrine, rheumatology, forensics and child abuse, genetics, heme-onc, neurology, and radiology. An IEU provides more in-depth exposure to a particular subspecialty. Clinics and consults. These months are generally relaxed with weekends off, though you will likely cover a weekend night float and possibly also one or two NICU or PICU shifts.

- **ER**: Sixteen 8-hour shifts over the course of the month, with one weekend of night float. This is a pretty chill rotation but can get busy at times. This is a good month for procedures, and interns have two dedicated days for procedures such as intubations and lumbar punctures. Attend all conferences and clinics. Prepare a case presentation to be delivered to ER attendings and other residents on the rotation.

- **NIGHTFLOAT**: Two teams each with one resident and one intern. One team covers the purple/green teams overnight from 6:30p-6:30a, and the other team covers the heme-onc/gold teams. Runs of night float consist of either two weeks (M-Th) or weekends (F-Su), with the remainder of the month reserved for an elective.
MISCELLANEOUS ROTATIONS

- **DEVELOPMENT**: Attend a wide variety of clinics and therapy centers. Includes a home visit with an early intervention provider, as well as a home interview with a family of a child with special needs. Emphasis of this rotation is on learning the resources available for children with developmental delay or other needs. At the end of the month, you will present a medical home case to attendings and fellow residents.

- **ADOLESCENT**: Attend clinics. Prepare an oral presentation on adolescent health topic to present to staff. Prepare a single-page information sheet that can be used as a reference in clinic. Contact a local, state, or federal advocate and discuss position on a public health issue. Prepare a public health recommendation.

- **GERIATRICS**: Rotate through area nursing homes under supervision of Dr. Cefalu. Emphasis is placed on topics unique to caring for the elderly. Medicine Journal Club attendance is mandatory during this rotation.

- **PALLIATIVE CARE**: Rotate on the palliative care team at Ochsner Main Campus on Jefferson Hwy.

- **AMBULATORY (ADULT)**: Obsolete rotation that is no longer available per national program recs.

- **AMBULATORY (PEDS)**: All residents should spend some time on the CARE team and be involved in pediatric advocacy activities. May also use this to gain more experience with development, adolescent, community, or international pediatrics.

- **LUKE’S HOUSE**: Volunteer clinic to care for patient’s without insurance. We take turns rotating through the clinic on Tuesdays from 6-8p; Vilma will send out the schedule. Located at 2023 Simon Bolivar, enter via walkway on the right side of the building.
# LECTURES AND CONFERENCES

<table>
<thead>
<tr>
<th>Day</th>
<th>Week</th>
<th>Time</th>
<th>Place</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>M</td>
<td>x x</td>
<td>3-4p</td>
<td>1542</td>
<td>GUIDELINES: Led by Dr. Amoss. Guideline must be read prior to lecture; there will be a quiz. Notify Dr. Amoss in advance if you have a legitimate conflict, or you will have to write a paper.</td>
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<tr>
<td></td>
<td>x x</td>
<td>4-5p</td>
<td>1542</td>
<td>MKSAP: Dr. Engel reviews questions from MKSAP bank. This is an excellent way to keep up with studying for the boards.</td>
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<tr>
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<td>x</td>
<td>11:15a</td>
<td>1400</td>
<td>AMBULATORY TRACK: Residents interested in ambulatory medicine. Residents in this track are required to attend.</td>
<td>M,P</td>
</tr>
<tr>
<td>T</td>
<td>x x</td>
<td>12-1p</td>
<td>UH</td>
<td>CASE CONF: Unusual case is presented by a resident along with expert panel discussion. Moderated by IM Chief Resident, and Dr. Fred Lopez gives a topical overview to conclude the case.</td>
<td>M (UH)</td>
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<td>x x x x x</td>
<td>4-5p</td>
<td>1542</td>
<td>HOSPITALIST TRACK: Residents interested in hospitalist med. Residents in this track are required to attend. Great discussions.</td>
<td>M,P</td>
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<tr>
<td>W</td>
<td>x x x</td>
<td>8-9a</td>
<td>CHA</td>
<td>PEDS GRAND ROUNDS: Lectures by various faculty members or visiting physicians. Usually very interesting.</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>x x x</td>
<td>1-3p</td>
<td>1542</td>
<td>MED-PEDS MTG: Business meetings and/or didactics. Specifics and agenda will be e-mailed in advance. Attendance is required.</td>
<td>M,P</td>
</tr>
<tr>
<td></td>
<td>x x x x x</td>
<td>3-4p</td>
<td>1542</td>
<td>CORE CONF: Topical medicine lectures, designed for boards.</td>
<td>M</td>
</tr>
<tr>
<td>F</td>
<td>x x x x x</td>
<td>12-1p</td>
<td>MEB</td>
<td>MEDICINE GRAND ROUNDS: Lectures by various faculty or visiting physicians. Usually very interesting. Teleconferenced.</td>
<td>M</td>
</tr>
</tbody>
</table>

Locations: 1400 = 1400 Poydras St, 3rd floor at Lord & Taylor Medicine Clinic  
1542 = 1542 Tulane Ave (Med-Peds Office), 4th floor conference room  
CHA = 200 Henry Clay Ave, Children’s Hospital auditorium by fountain  
MEB = Medical Education Bldg, 1901 Perdido St, Lecture Room A  
UH = morning report room at University Hospital, in the basement  

## OTHER MEETINGS

- **AM/MORNING REPORT**: 8a at CH, UH, and Touro (9a at Ochsner). See logistics pages for more info.

- **MEDICINE JOURNAL CLUB**: Monthly sessions where interns present articles for discussion. Moderated by IM/EM Chief Resident. Sessions include afternoon lunches and evening dinners.

- **PEDS CASE CONFERENCES**: Resident presentations of unusual cases. Schedule e-mailed monthly.

- **PEDS JOURNAL CLUB**: Monthly sessions via which journal articles are formally reviewed and presented.

- **PEDS NOON CONFERENCE**: Every 12p at CH. Lecture schedules e-mailed prior to each month.

- **PEDS PROFESSIONALISM FORUMS**: Group discussions of ethical situations encountered in practice.
CHARTING OVERVIEW

History and Physical
- **Chief Complaint:** in the patient’s own words no matter how ridiculous or unrelated to the real problem
- **HPI:** chronological account of current illness including pertinent negatives, past medical hx, and social hx, e.g., HIV (CD4 27), SHF (EF 30%). Begin: “46 yo M with (medical probs) was in his usual state of health (USOH) until…” Give details of recent illness and include data from old charts/family. Pertinent positives from ROS belong here (not repeated in ROS). Do not mention objective data (exam, labs, etc) here.
- **Past Medical History / Chart Review:** do not underestimate the power of a good chart review
- **Past Surgical History / Chart Review:** again … it’s very rare for a patient to remember all of this
- **Medications:** include doses and frequency, do not forget about over the counter and herbal meds
- **Allergies and Adverse Reactions:** include the type of reaction, e.g., GI upset is not an allergy
- **Family History:** first degree relatives, no need to go overboard here, e.g., 90 yo F is her own family hx
- **Social History:** employment hx, living situation, travel, sexual hx, EtOH, drugs/illicits, tobacco
- **Health Maintenance:** primary care physician, specialists, last checkup, vaccinations, cancer screening
- **Review of Systems:** do not restate things in the HPI, problems mentioned here go on the problem list
- **Physical Exam:** vitals at ER triage and your assessment (+SpO2, +BMI, ?orthostatics); other areas include HEENT (?cranium, ?fundi, ?TM, +CN, +OP, +nodes, +thyroid, +carotids, ?JVP), heart (+PMI), lungs, thorax, ?breasts, abdomen (scars, HSM, masses, ?bruits), ?GU, ?rectal (GI bleed, unexplained anemia, abl pain, ?impaction, prostate sxs), extremities, skin, neuro (MS, CN, motor, reflexes, sensory, cerebellum) … this is regional-based approach but a systems-based might be more appropriate for your patient, may focus
- **Labs:** include pertinent old labs, e.g., baseline creatinine or hemoglobin, tissue biopsy results
- **Radiology:** include pertinent old imaging, e.g., CT revealing a mass, most recent echocardiogram
- **EKGs:** compare prior EKGs when appropriate, e.g., new bundle branch block in patient with chest pain?
- **Problem List / Plan:** prioritized list of problems. Include all abnormal data from the history, physical, and labs (identify all problems!). Group related problems. Have a plan for each problem. E.g.: 1. PNA c fever, CP, leukocytosis c left shift and abnml CXR: blood/sputum cx, avelox, oxygen, monitor on floor unit…

Progress Notes
- **SOAP format** – Subjective, Objective, Assessment, Plan
- Include new objective data (last 24 hours) and note pending tests. Write vitals as ranges (?trends). Include I/Os and blood sugars. Have assessment/plan for active problems; last two probs should be ppx and dispo.
- Include scheduled meds (dose/route). List antibiotic day. Include IVF, central line day, and foley day when applicable. Include prn meds and how often given (e.g., pain/fever). Ensure all appropriate for current state.

Discharge Summary
- **PCP, Date of Admit, Date of Discharge, Attending, Resident, Intern**
- Admit Diagnoses, Discharge Diagnoses (new diagnoses made this admit), Consultants, Procedures
- Brief HPI (include initial presentation), Hospital Course (by dx – discuss each … VERY important part)
- Meds – dose/frequency, include OTC’s … old continued, old discontinued (why?), new/changes (why?)
- Diet, Activity, Follow-Up, Instructions (take all meds, keep all f/u appts, return to ER criteria, etc.)
- Studies Pending at Discharge (and who will follow-up on the studies)
- **NOTE:** cc a copy to PCP and consultants on the case
LSU MEDICINE PROGRESS NOTE

No more vomiting or pain and is ambulating well. Complains of hunger.

Tm 99.5   HR 75-90   RR 16-18   BP 105-132/68-80
SpO2 95-100% RA   I/O 3745/3300 (UOP 1.3 cc/kg/hr)
GEN: AAOx4, NAD, MMM
HEART: RRR, nml S1/S2, no murmur
LUNGS: CTAB, no wheezes or crackles
ABD: +BS, soft, NTND, no rebound or guarding
EXT: +2 distal pulses radial/DP, no edema

CT-ABD (CONTRAST): peripancreatic fat stranding, no evidence of necrosis

Meds: [may optionally refer to MAR]
Lisinopril 10 mg qday
Gemfibrozil 600 mg bid
Arixtra 2.5 mg qday
Lortab 5/500 mg q4 prn pain
IVFs 1/2 NS @ 150ml/hr

A/P: 30 yo M with acute pancreatitis secondary to hypertriglyceridemia, h/o HTN
1. PANCREATITIS: No lortab requested overnight for pain. Amylase and lipase trending down, and CT abd without necrosis. Taking clear fluids without pain or vomiting, advance diet as tolerated and continue IVFs for at least one additional day. Control hypertriglycerides as follows.
3. HYPOKALEMIA: Likely secondary to aggressive IVFs and poor PO intake. Replete orally.
4. HTN: BPs well controlled on home medication.
5. PPX: DVT prophylaxis with enoxaparin. GI prophylaxis not indicated.
6. DISPO: Pending continued tolerance of diet and no further need for IVFs.
CHARTING EXAMPLE – Discharge Summary

SERVICE: LSU Firm A
ATTENDING: Dr. Smith
RESIDENT: Dr. Richards
INTERN: Dr. Boudreaux

ADMIT DIAGNOSES: Coronary Artery Disease, Hypertension, Tobacco Abuse
DISCHARGE DIAGNOSES: Chest Pain

CONSULTS: LSU Cardiology
PROCEDURES: Coronary Angiogram

BRIEF HPI: 50 yo M with h/o CAD s/p multiple stents and CABGx2 presented to the ER with chest pain and associated diaphoresis, dizziness, and shortness of breath. Please see H&P for full details.

HOSPITAL COURSE BY PROBLEMS
1. CHEST PAIN: Troponin of 0.07 on admit, remained stable over three sets of cardiac markers. Continued on home meds including aspirin, BB, and statin. Chart review showed patient has a baseline troponin 0.05-0.08. Given history of coronary artery disease, he was taken to cath lab on the morning after admit. He was found to have a patent LIMA to LAD graft and a chronically occluded RCA with good collateral flow. On further questioning, patient stated he had just received some stressful news and admitted he felt the chest pain may have been secondary to anxiety. He remained chest pain free while in the hospital.
2. CAD: Per cardiology recs, continue optimal medical management for CAD. He is already on aspirin, ACE inhibitor, statin, and BB. He will follow up with his cardiologist upon discharge.
3. HTN: BP slightly elevated in the hospital on home regimen. Increased lisinopril upon discharge.
4. TOBACCO ABUSE: Counseled on smoking cessation, but he is not prepared to quit at this time.

DISPOSITION: home with family
DIET: low fat, low sodium heart healthy diet
ACTIVITY: as tolerated

MEDICATIONS
Old meds to continue: aspirin 81 mg qday, simvastatin 40 mg qhs, metoprolol 50 mg bid, imdur 60 mg qday, NTG 0.4 mg sublingual prn chest pain. Old meds to stop: lisinopril 10 mg qday (increased dose). New meds: lisinopril 20 mg qday (to replace lower dose of this medication).

FOLLOW UP
1. PCP (Dr. Stewart) on July 1, 2013 at 10 am.
2. Cardiologist (Dr. Lee), patient to schedule appointment within two weeks.

INSTRUCTIONS
1. Take all meds as directed and keep all follow up appointments.
2. Return to ER for CP, increasing SOB, dizziness, or other medical emergency or acute concern.
3. Stop smoking.
CHARTING EXAMPLE – Procedure Note

LSU MEDICINE PROCEDURE NOTE – LUMBAR PUNCTURE

Mr. Jones is a 55 yo M with HIV (last CD4 50) who presents to the ER complaining of headache and fever for one day. History is otherwise unremarkable. On exam, he demonstrated nuchal rigidity but did not have any abnormalities on cranial nerve exam, papilledema, or focal neurologic signs. Lumbar puncture was performed to evaluate for a CNS infection.

Procedure was explained to patient in detail and informed consent obtained. He was then placed in the lateral decubitus position, and the L4/L5 interspace was identified by palpation. The area was cleaned with betadine and draped in a sterile manner. 4 mL of 1% lidocaine with epi was used to anesthetize the area. The spinal needle was introduced into the L4/L5 interspace, opening pressure was 10 cm H$_2$O, and 12 mL of clear CSF was removed. The needle was removed and a bandage applied. The patient was instructed to remain in the recumbent position for 1 hour. He tolerated the procedure well without any complications. No blood loss.

CSF was sent for Gram stain/culture, glucose, protein, cryptococcal antigen, fungal stain/culture, and HSV PCR, with any remaining CSF to be saved for further studies.
MEDICAL KNOWLEDGE RESOURCES

General
- **UpToDate:** may access freely at [www.uptodate.com](http://www.uptodate.com) on main campus, or [intranet.lsuhsc.edu/uptodate](http://intranet.lsuhsc.edu/uptodate) with entry of LSUHSC e-mail credentials (lsumc-master\jsmith and password) from any computer or device. If you have used this then you probably realize what an invaluable POC reference it is. When referencing the articles here, however, keep in mind they reflect the opinions and practice habits of the article’s author(s).
- **NEJM:** may access freely at [www.nejm.org](http://www.nejm.org) on main campus or via Citrix. NEJM contains articles which span all aspect of medicine, videos in clinical medicine, image of the week, etc … lots of good resources
- **PubMed:** comprehensive and freely available index of medical publications at [www.pubmed.gov](http://www.pubmed.gov), if accessed via the LSUHSC Library website on campus (or via Citrix) you can download many of the articles for free
- **Guideline Central:** may access freely at [www.guidelinecentral.com](http://www.guidelinecentral.com), also free app for mobile devices
- **Pharmacopoeia:** Tarascon’s, Epocrates ([www.epocrates.com](http://www.epocrates.com)), Micromedex ([www.micromedex.com](http://www.micromedex.com)), etc.
- **Sanford Guide:** de facto standard when it comes to choosing and dosing antibiotics, pocket book or mobile
- **Red Book:** AAP’s reference for infectious diseases, free copy from peds – choose book or mobile format

Medicine
- **Pocket Medicine:** little red (now green) spiral-bound book packed with many useful medicine facts
- **The ICU Book:** excellent reference for ICU month, good read overall, larger version has more explanations
- **Lange Current Diagnosis and Treatment:** overview of many important medicine topics, published annually
- **Cecil’s or Harrison’s:** excellent reference, a bit dense but packed with information when you really need it
- **MKSAP:** board preparation program used by most, Dept of Medicine will likely buy it for you at some point if you are an ACP member, current version is 16

Pediatrics
- **Harriet Lane Handbook:** not-quite-pocket-sized quick reference for peds, excellent drug section, get one!
- **Zitelli’s Atlas of Pediatrics:** really heavy, not very well written overall but packed full of very useful pictures
- **Nelson’s:** excellent reference – pediatrics equivalent of Cecil’s and Harrison’s, a hefty tome of knowledge
- **PREP:** board preparation program purchased for you by Dept of Pediatrics – contains boat loads of review questions, an excellent monthly publication *Peds in Review*, and downloadable monthly audio lectures
RECREATION

The New Orleans metropolitan area boasts countless entertainment options, cultural opportunities, and culinary delights that residents somehow find time to enjoy. Jazz is the soundtrack to the city, with numerous jazz clubs in the French Quarter area including the legendary Preservation Hall and the House of Blues. The CBD is home to The Howlin’ Wolf, which hosts an eclectic mix of artists, and Uptown locals flock to Tipitina’s to see local bands as well as national stars perform rock, jazz, funk, soul, and Cajun music. Each year, thousands of visitors flock to hear big-name bands perform at Voodoo Fest and Jazz Fest, two events that guarantee a good time. Many major concert tours have stops in New Orleans with performances at UNO’s Lakeside Arena or the New Orleans Arena. The performing arts are well represented at The Saenger Theatre, where many Broadway productions can be seen. The Louisiana Philharmonic Orchestra delights audiences with classical as well as contemporary favorites. Royal Street in the French Quarter is home to numerous intimate art galleries, and larger exhibits may be seen at the New Orleans Museum of Art, the Contemporary Arts Center, and the Ogden Museum of Southern Art. Sports fans will want to get tickets early for the New Orleans Saints as they stomp their home turf in the Superdome. A New Orleans Hornets basketball game is always a fun and inexpensive option. Every year, New Orleans hosts the Sugar Bowl and the Zurich Classic (PGA tour event). Few visitors think of New Orleans without quickly thinking of Mardi Gras, a marathon celebration prior to Lent that includes indulgence in great food, fantastic music, countless social events, and countless prize-laden parades, many of which are family-friendly and in local neighborhoods. Our Aquarium of the Americas has been rated one of the top five in the U.S., and the Audubon Zoo is also one of the best in the country. During December, City Park displays thousands of twinkling lights during the Celebration In the Oaks. For history buffs, a cemetery tour allows you to snake between many of New Orleans’ uniquely elaborate and ornate aboveground graves. If romance is in the air, the Cajun Queen’s jazz dinner cruise on the Mississippi River is a must. No description of New Orleans would be complete without mention of the gastronomic joys the city has to offer. New Orleans has one of the highest number per capita of restaurants in the country. The jazz brunch buffet at Court of Two Sisters is an absolute must, and the jazz brunch at Commander’s Palace is truly exceptional. Emeril’s, GW Fins, Arnaud’s, Muriel’s, Jacques-Imo’s and countless other restaurants offer world-class and unique Cajun, Creole, and fresh Gulf seafood dishes. Neighborhood restaurants like Dick and Jenny’s and La Crêpe Nanou probably don’t take reservations because an empty table never sits for long, but it’s worth any wait you might have. In New Orleans, the difficulty isn’t in finding something to do; it’s in choosing…