**Resident role in Medical Alerts:**

Definition of a Medical Alert:

* Patients ESI 1 (highest acuity level) with an acute decompensation or in need of multiple rapid resources
* Medical Alerts are different from trauma STATs or trauma transfers. Our traumas are primarily run by our surgery team and we have not integrated the ED resident into these resuscitations yet. You are welcome to observe but as the Medical Alert resident you will NOT have an active role in trauma resuscitations at this time.
* Run by a PEM Attending/Fellow (will be the charge MD between 3p-11p, otherwise usually the A side physician or a fellow if available.)
* Upgraded to a Medical Alert PICU when:
	+ Active CPR
	+ Patient is being intubated
	+ Patient is on a vasoactive drip
	+ Anesthesia or ENT consulted for the airway
	+ Plan to give an antiarrhythmic medication other than adenosine
	+ When med alert PICU called other people will arrive including:
		- PICU fellow
		- Anesthesia
		- Respiratory therapy
		- Nursing administrator on call (helps facilitate orders, disposition)

Resident Role:

* We want residents to be involved in Medical Alerts and therefore we are creating a new role. The goal is for one resident to be assigned to Medical Alerts daily. Unfortunately, the only way to know that a Medical Alert is happening is to listen for the overhead page that says Medical Alert and then show up.
* If you are the Medical Alert resident for the day introduce yourself at the MD/RN sign out to the team AND then introduce yourself individually to the Charge MD and the A side MD.
* When arriving in the code room, make sure to don the yellow gowns, gloves +/- goggles. Obtain a sticker identifying you as the MedAlert Resident
* Expectations: In this role we would like you to do the initial assessment of the patient (A/B/C/D) and the examination. This would include (though not limited to) the following:
	+ Being directly at the bedside examining the patient and **clearly vocalizing** your findings
	+ Airway: Is it patent? Secretions? Any obstruction?
	+ Breathing: Spontaneous? Labored? Adequate? Assess breath sounds
	+ Circulation: Heart sounds? Murmurs? Regular or irregular? Pulses radial and dorsalis pedis or if unable to palpate, femoral or carotid? Strong or weak?
	+ Disability: GCS if applicable? Seizure activity? Mental status?
	+ Frequent re-assessments of the patient’s condition as indicated.
	+ Obtaining a brief pertinent history from caregivers and communicating pertinent information to the entire team.
* As physicians we are expected to be the team leader in medical resuscitations therefore we believe it is important for the resident to work with the attending to help gather essential information based on the physical and then work with the attending to synthesize that information and formulate a plan. If appropriate and if you have received the appropriate training, we will have you assist with additional procedures that may be required during the resuscitation (IO, intubation, chest compressions).
* This is a new role and we want to ensure that you get the most out of it. Please provide feedback to Christina Lindgren and clindgren@childrensnational.org about what we can do to improve your experience.