

CALL DESCRIPTIONS AT LLUMC

Weekday call at LLUMC

- **Late out aka LO AKA LC6 (6:30am-PRN):** This resident will be assigned to an OR as if for a regular day, but they will be the last resident to leave before LC1. They will still come in at the usual time the following day, and will often be the most “deserving”, which means they will likely be the first one to leave the following day.
- **Late call aka LC (11:00am-PRN):** Generally assigned a week at a time. LC1 comes in at 11:00 each day and gives lunch breaks to any ORs or NORAs doing cases that are appropriate for their level of training (if you’re not sure, don’t be shy about asking the resident doing the case! For example, older pediatric patients can often be cared for by a junior resident safely). Once lunches are done, take a lunch break yourself, then check in with the senior resident on call. They will often have you take over for a resident who is deserving. You will stay until enough ORs close such that the caseload can be handled by the in-house call team. In the unlikely event that LC needs to be kept late enough that they will not have 8 hours off before returning at 11am, the next day’s service director should be notified that they will be coming in later the next day.
- **Junior call (11:00 am-7:00 am):** Arrive at 11:00 and start lunching appropriate cases until all lunches are done. Afterward, Jr. call lunches themselves and checks in with the senior resident, then takes over a room for a deserving resident similar to LC. Working in tandem with the senior call resident, the junior call will typically cover remaining add on cases/ emergencies/ traumas/ ACS cases that come in overnight. Often, some of the best learning and most exciting cases happen while on call overnight. The following day is “post call” meaning they have the day off.
- **Senior call (11:00 am-7:00 am):** Arrive at 11:00 and start lunching senior level cases (focus on cases that the JRs can’t lunch- start with hearts, then pediatrics, then whoever still needs lunch). Then lunch yourself. Take over the senior phone and pagers from the PACU resident before they leave (sometime between 2-3pm). If there is no PACU resident that day, the previous senior call resident gave it to a regular day senior at 7am, so find that person around 11am or soon after and get the phone/ pagers from them. When you get to work at 11am, take a look at the deserving list and write it down/ take a picture so you can start planning the order in which you will be sending residents home. When lunches are done, start working on sending people home as soon as you can. The earlier you can send deserving people home, the happier they will be. Always get out the deserving people first (people who stayed after 6pm), then precall. Other tasks include uploading the next day’s adult and pediatrics schedule to the pbworks website (usually between 3-5pm, the earlier the better). There are instructions on how to do this in the PACU resident office. Also around 3-4pm, work with one of the LM1s/LM2s and service director to see how many CRNA rooms will be running past 5pm and work on a plan for those rooms. Between 5-8pm, start giving dinner breaks to those who will be staying late. Start with the call people first, since you know they will definitely be staying late (SH, Pediatrics, Hearts, LC, LO, JR). Try to give dinner breaks to regular people only if you’re certain they’ll be staying late and only

after the call people have had dinner breaks. Of the late CRNAs, only the LM2s will need dinner breaks, not the LM1s. Throughout the day, work closely with the service director and OR front desk to get cases done and close rooms as appropriate. Make sure you try to get people out at the appropriate times. See the senior call protocol document for further instructions and details. The following day is “post call” meaning you will have the day off.

- **Hearts call (7:00am-7:00am):** This is a 24 hour call (7am-7am). The resident is assigned a first start case and works as if it's a regular day. Priority will be given to these residents for complex cardiothoracic and liver transplant cases. If there are none of these running in the evening and there is sufficient staff for the other cases, the senior resident may send hearts call home for “home call.” This does not apply during block 1 and the first week of block 2 (until August 2nd) as hearts call is in-house given there is no Jr. call during that time. The following day is “post call” meaning they have the day off.
- **Peds call (7:00am-7:00am):** Similar to hearts call, this is a 24 hour call. The resident will have a first start case and work on the pediatric side until the pediatric cases are done. Once they are finished, the peds service director may send the resident home for “home call”. This call rarely works on the adult side other than perhaps during July/Aug and/or to help give dinner breaks. Please always check in with the senior resident once the peds service director doesn't need you on the peds side anymore. The following day is “post call” meaning they have the day off.
- **OB call (7:00am-7:00am):** 24 hour in house call. You aren't assigned to a room. You get the OB pager/ phone and signed out from the previous OB call resident on epidurals that are still running/ cases that may be pending. At 7am, there is a huddle with the OB and OB anesthesia team regarding the cases for the day. From 7am until 4 or 5pm, there is an OB OR resident who will be doing c-sections. Between those times, the OB call person is usually just doing epidurals. Make sure to give the OB OR resident a lunch break if they are stuck in c-sections all day and unable to lunch themselves. After the OB OR person has been dismissed by the OB anesthesia attending (sometime between 4-5 or when c-sections are winding down for the day), the OB call resident is in charge of all remaining scheduled c-sections/ emergent c-sections/ epidurals until 7am the next morning. The next day is “post call” meaning they have the day off.

Special note about Wednesday mornings: If you are on Sr. Call, Jr. Call, SH Call, Hearts call, or Peds call on Tuesday, your shift ends at 8:45am on Wednesday mornings. If you are on OB call on Tuesday, your shift ends at 7:00am on Wednesday mornings.

Weekend/holiday call at LLUMC

- **3rd call (7:00am-7:00pm):** In house. This is a reimbursed “moonlighting” opportunity (\$750/shift, pre-tax). If a resident is assigned this call they have the option of offering it to other residents. In the unlikely event that no one wants the shift, the resident initially assigned is responsible for covering the shift. The resident comes in at 7:00 am and works until 7:00 pm. There is no post call day for this call.

- **4th call (PRN, 7:00am-7:00am):** You are on call starting at 0700 but don't have to come in until you are called. Keep your phone and pager on you at all times during this 24 hour shift. There is a lot of variability with this call. You may work from 0700 until well into the evening or you may not be called in at all. **This call does not have a post call day.** If it is getting late in the day, please remind the senior and attending of this fact. It is very unlikely that you will be called in overnight, but it has happened. If this were to occur you would be given a post call day.

- **Senior AM (7:00am-6:00pm):** in house. You don't have the following day off.

- **Senior PM (6:00pm-7:00am):** in house. You are post-call the next day.

- **Junior AM (7:00am-6:00pm):** in house. You don't have the following day off.

- **Junior PM (6:00pm-7:00am):** in house. You are post-call the next day.

- **Peds Call (7:00am-7:00am):** 24 hour home call, **but always will come in at 7am** as there will be cases to do. Keep your phone/pager on you at all times during this 24 hour shift. You are post call the next day.

- **Hearts Call (7:00am-7:00am):** 24 hour home call starting at 0700. Only come in if you are called. Keep your phone/pager on you at all times during this 24 hour shift. You are post call the next day.

- **OB call (7:00am-7:00am):** 24 hour in house call. Same as the weekday OB call, but there is no OBOR resident. So, you are responsible for all epidurals and c-sections during this 24 hour shift. You are post call the next day.

SH call (7am-7am), Monday-Friday:

SH is located at 26780 Barton Rd, and we can begin taking call there when we have a medical license (since we are the in-house physician for emergencies at night). Our department covers only weekdays with ENT covering weekends/holidays.

If you are assigned to SH call, the service director will give you an assignment for the day at MCOR. Always check the daily roster. If you are not assigned to a room, do as indicated on the daily roster. Sometimes you may be "extra" and come in to MCOR at 7:00 am. You may be assigned to a room, in which case come in at the same time you normally would to do your cases and work until you are dismissed to go to SH. This is usually later in the evening when their rooms are coming down. The senior will be in touch with SH to determine when you're needed there. When released from MCOR, you should have ample time (30-45 min) to get dinner before reporting to SH.

Your first time taking call at SH, the anesthesia tech is a great resource for orienting you. Start by going downstairs to the ORs; right inside the OR entrance, there is an anesthesia office/workroom on the right where you will often find someone to point you in the right direction. This is also where you will pick up the phone and pager you'll carry overnight. Put your things down in the call room upstairs (on the main level), change into the gray SH scrubs, then check in with the SH anesthesia attending (x51408) as they will have you take over for one of the ORs

that is running late. They will also give you the code blue pager to carry overnight. When cases are done for the evening, you'll be responsible for the patients in PACU (usually the attendings hang out and make sure everyone is stable before leaving, but you'll at least need to sign the patients out).

At some point you will get a call from a urology resident to give sign out on their SH patients. While we are the physician on call for emergencies for all the patients at SH, we are the primary provider for the urology patients overnight. In addition to emailing you a patient list, the urology resident should give you the name and pager number for the urology senior on call in case you get called about a urologic issue (however the nurses are usually good about just paging the urology resident directly for urologic issues). The urology resident will call you again early in the morning to ask if you have any overnight events to sign out to them.

Early in the evening, you should check in with the ECICU attending, whose numbers are listed in the SH call room. To find out who is covering, you may call ECICU directly and ask them or check Qagenda on lluanesthesia.com -->schedules. The purpose of checking in with them is so that you have an established line of communication should an emergency situation arise. The East Campus ICU attending is the one to call with questions about treatment of unstable patients and are also the ones who would come in to supervise procedures like intubations if that is necessary. SH is capable of offering ICU level of care, but if a patient is unstable, they will usually just get transferred to the main medical center. The patient's primary service should be contacted if this is being considered.

You are post call after SH call.