DEPARTMENT OF PEDIATRICS
PEDIATRIC RESIDENCY TRAINING PROGRAM POLICIES

Sign Out / Handoff Policy for NICU

Work Hours and Handoffs:
The required work hours are 7am – 5pm Monday through Friday for PL2’s and PL3’s. These senior residents will take call every 4th night in the NICU. PL1’s will work daytime shifts from 7am – 5pm or 8pm. PL1’s will do a night shift every 4th night from 8pm – 12noon. Sign in will be at 7am every morning. The overnight resident or Nurse Practitioner will sign out to the daytime residents at 7am. Sign outs will be at 5 pm or 8pm. The daytime residents will sign out to the on call resident or Nurse Practitioner at 5pm or 8pm. The NICU fellow will be present and supervise all sign outs.

Sign outs are done face-to-face with a printed patient summary sheet from EPIC of pertinent PICU data, including, but not limited to: fluids, nutrition, pertinent systems (e.g., respiratory, CV, neuro, etc.), active problems, ventilator settings, lines, medications, recent blood gas, laboratories, radiology imaging and the plan for the evening including labs, blood gases and x-rays to be checked.

The post call senior resident should leave the NICU by 11am. It is the responsibility of the residents to ensure that appropriate sign out is handed over and notes are complete prior to leaving.

On weekends call for senior residents is from 7am to about 11am the next day. You may leave earlier when rounds are completed and work is done. Completing your notes before rounds will help to facilitate attending conference and leaving on time.

*When leaving the unit, please let the charge nurse or attending know. Take the high risk delivery pager with you.
*It is your responsibility to coordinate days off and clinic coverage
*Whenever handoffs occur whether on call or to covering resident, it is expected that the person coming in will examine every patient as they assume responsibility. A written (or computer) sign out should be used.
*The quality of handoffs is critical. It is the joint responsibility of the person giving sign out and the person receiving it to be sure that the plan is clear. If you sign out a colleague’s patient to the on call resident, you should still know the patient and the plan.

*** At the end of the rotation you are required to evaluate the quality of sign outs you received from your colleagues. This will be done thru a “Sign Out Evaluation” form that will be sent to you via E-Value.

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