

## Inpatient Guide for Outpatient Docs

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### Table of Contents (Hyperlinked)

- [Chapter 1: The Night Before Coming on Shift – The Basics](#)
- [Chapter 2: High Yield Info Before You Start – How to Get Stuff Done](#)
- [Chapter 3: Arriving at the Hospital for Your Inpatient Shift](#)
- [Chapter 4: Getting Started / Pre-rounding](#)
- [Chapter 5: Rounding on Patients](#)
- [Chapter 6: Writing Your Notes](#)
- [Chapter 7: Admitting a Patient](#)
- [Chapter 8: Transferring a Patient into or out of Step-down or ICU](#)
- [Chapter 9: Discharging a Patient](#)
- [Chapter 10: Billing](#)
- [Chapter 11: The Team](#)
- [Chapter 12: High Yield CLINICAL Topics](#)
- [Chapter 13 COVID Specific Considerations](#)
- [Chapter 14: Hospital Specific Information – Anschutz Medical Center](#)



## Chapter 1: The Night Before Coming on Shift – The Basics

### Getting e-mail Signout

On the night before you are about to cover an inpatient service, the current service attending will email your @cuanschutz.edu address with a list of patients on the service and a brief summary of their current care plan and discharge plan.

They will also let you know if there are [residents or APP](#)'s that will be working with you on the service.

### Prepping your Smartphone

Make sure that you have the Epic app called [Epic Haiku](#) downloaded on your smartphone.

Another clinical resource to put on your phone is the UCSF Hospitalist Handbook ([iOS](#) / [Android](#)). This is a comprehensive, yet concise, bedside guide to inpatient medicine. It covers diagnosis and management for common issues in cardiology, critical care, pulmonology, nephrology, hematology/oncology, gastroenterology, endocrinology, infectious disease, rheumatology, neurology, among others.

### Communicating with the Inpatient Treatment Team

#### Epic Secure Chat

As of October 24<sup>th</sup>, 2020, secure texting through Haiku called Secure Chat is the primary method of communication for UCHHealth clinicians. You can view messages and send messages with Secure Chat through the computer version of Epic and on your smartphone Haiku app. You can find all members of the treatment team by either right clicking on the patient on your Patient List (see Chapter 4) or hovering over the attending's name on the patient Storyboard when you are in an admitted patient's chart.

#### How To Page

- Call the number you want and wait for the beep.
- Put in the number at which you would like to be called back.
- Press the \* button and put the last 4 digits of your pager in.
- Text pages can also be sent by clicking on a phone number on [www.amion.com](http://www.amion.com) (login "uco").

#### If you are Paged

Your page may come with some numbers tagged at the end. Here's what they mean:

Page:	Meaning:
-3	Call back within 30 minutes
-2	Call back within 15 minutes
-1	Call back within 5 minutes
911	Immediate call back
* followed by 4 digits	The four digits are the caller's pager number (303-266-XXXX)

## AMION

- The default paging service is [www.amion.com](http://www.amion.com) (login “uco”)
- After you login, find the service that you wan to call and choose the best number
- You can page right from the webpage
- Top tip: on the bottom of specialty pages is a list of WHO to call for WHAT diagnosis

[Go to next chapter 2: High Yield Info Before You Start – How To Get Stuff Done](#)

## Chapter 2: High Yield Info Before You Start – How to Get Stuff Done

Amion is your go-to resource for finding who is on call on different services. To log in, go to: [www.amion.com](http://www.amion.com), use the hyperlink on UCH welcome page OR the Weblinks menu bar at the very top of the page. The login is “uco”. This will take you to the University of Colorado pages.



The first call for each team is typically the resident, fellow or APP. If the attending is the only one listed, you can call them with questions and/or consults. Please note that given the anticipated increase in volumes and exposure risks during COVID-19, consultants are no longer required to physically see and examine patients but the attending on the consult team should notify the attending on the medicine team if this is the case. They should still leave written recommendations in the chart.

### Top Tip: Order the Consult

Place an order in the computer for all consults in addition to calling the team. For IR, you can place a non-urgent procedure request and they will call you if they need additional information.

### Top Tip: The Med 2 Team is available to help with procedures

The attending and resident(s) on Med 2 Team will perform the procedures but the Med 2 attending can also supervise procedures if you have a learner on the team who would like to perform the procedure.

### Line placements or Lumbar punctures

Contact using [www.amion.com](http://www.amion.com).

- Line placement (tunneled or non-tunneled HD lines) – IR
- Line placement (EJ, IJ for access) – Med 2 Team
- Line placement (PICC or midline) – PICC Team
- Lumbar Puncture (LP) – LP Team (under Neurosurgery) or Med 2 Team

### Paracentesis, PEG tubes, ERCP, EUS, or other Endoscopies

Contact using [www.amion.com](http://www.amion.com).

- Paracentesis – Med 2 Team, IR if Med 2 Team unable to perform
- PEG Tube Placement – GI or IR (will depend on the complexity of the procedure but we generally start with IR)
- ERCP, EUS, and other advanced endoscopic procedures – GI Therapeutics (not general GI)

### Other “Go-To” Resources

- Pharmacist – There is a pharmacist assigned to each unit. They can answer questions you may have about dosing, cost, and how to order different medications.

- Diabetes Management Team – They can be consulted if you need assistance with dosing insulin, insulin drips, etc. Both nurses and physicians can place a consult to this team.
- Diabetes Educators – You can consult them for new diagnoses of diabetes and for patients whose diabetes may not be well controlled.
- Case Managers, Social Workers and Care Coordinators – Assigned by team. However, look under the “Care Management Inpatient” tab in Amion to find their information.

## Pathways

Pathways are high-yield decision trees that can help you efficiently care for your patient. There are currently more than 30 pathways available via an Activity tab at the top of the screen labeled “DHM Pathways”. If you do not see the tab, click the “more” button and select “DHM Pathways.”

Current Pathways/PDFs available are:

- UCH antimicrobial stewardship book (PDF)
- Candida infection/invasive candidiasis
- Cellulitis
- C.diff
- Decision making vs mental health
- Diabetic foot
- How to set up OPAT
- Homeless Shelter Resources
- Inpatient sepsis alert
- Lumbar puncture pathway
- Multiple Sclerosis Exacerbation
- Myasthenia Gravis
- Neurology Plasma Exchange
- Neutropenic fever
- Opioid withdrawal
- Pain management iALTO pathway
- Perioperative Management of patients on medication-assisted treatment for opioid use disorder
- Plasma Exchange initiation
- Pneumonia
- Preferred prophylaxis in elective total hip and knee (PDF)
- SBP pathway
- Sepsis alert
- Service to service transfers
- Troponin pathway (broken...we are working on fixing this now[SJ11])
- UCH ACE service line information
- UCH HMS service line information
- UCH Consult Service line information
- UCH Medicine wards Information
- UCH non-beneficial intervention policy
- Use of DOACS in the elderly

- COVID 19 Discharge Anticoagulation

[Go to next chapter 3: Arriving at the hospital for your inpatient shift](#)

## Chapter 3: Arriving at the Hospital for Your Inpatient Shift

You will arrive at the hospital at a designated time and location (For Anschutz, 7am in room AIP2 9.511). At this time, four things will happen:

- a. Pick up your Handoff report
- b. Get an update from cross-cover on any patient overnight events
- c. Pick up any new patients who were admitted to your service overnight
- d. Get verbal signout from the admitting provider and/or pick up a paper copy of their H&P

Every Service has a delegated time and location for MDR which is around 10am. Ask the provider who signed out to you when and where those rounds are.

[Go to next chapter 4: Getting Started / Pre-rounding](#)



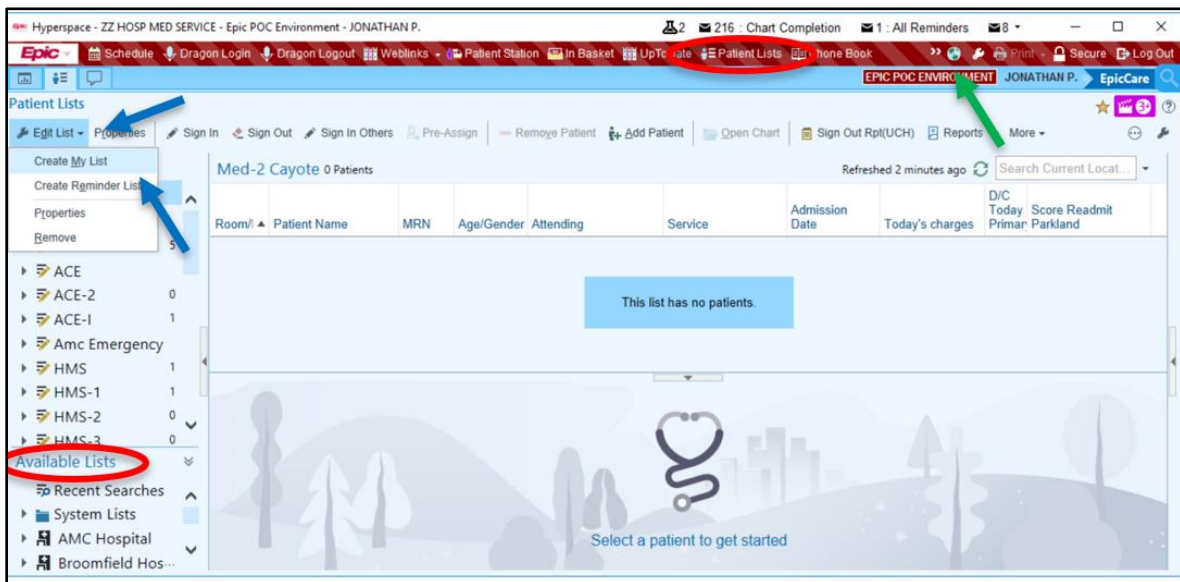
## Chapter 4: Getting Started / Pre-rounding

Log into Epic. Please log into your normal outpatient department rather than an inpatient department.

### Set Up Your Patient List

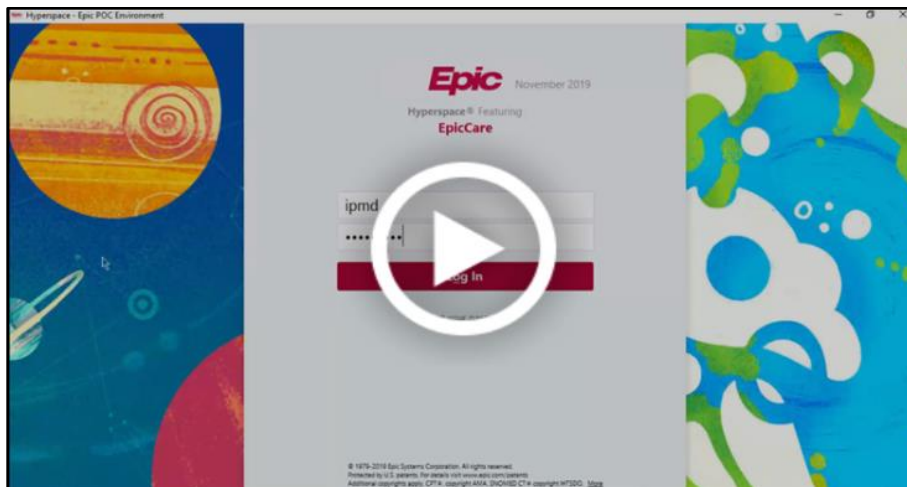
Patient Lists in Epic is like your patient Schedule in outpatient. Selecting a patient and opening their chart from the Patient List will ensure that you are getting the Epic tools you need to take care of inpatients. Here are the steps:

- After you log into Epic, click on **Patient Lists** at the top of the screen (it may be hiding under the double arrows).
- To create your own Patient List for the Service that you will be caring for, click Edit List on the top left and then Create My List.



- A new window opens up where you should name your Service list, then click copy, and enter **322162** which gives you basic columns for your patient list. (You can later edit columns through Properties).
- Once you create a My List, you need to add a service to the list by going to the bottom left corner of the screen where there are **Available Lists** which have folders and subfolders.
- Click on AMC Hospital -> Services (or whichever hospital you are at) and then right click on the service you will be attending on, click Send To, and then send the service to the Patient list that you created.
- You should repeat the same procedure as above to create a Patient List for the Emergency Room but go to Available Lists AMC Hospital-> Units to find AMC Emergency (or whichever ER you are admitting from).

Here is a [video about patient list creation](#).



## Update the attending and Sign In to make yourself First Call

Once you have created your MyList Patient list, you will want to make sure that you are listed as the attending for all of your patients. Here are the steps to take:

- If you are not listed as the attending, right click on the patient, click Assign others, and type in your name to designate as the attending.
- To change the whole list over to you, you can select the whole list by holding down the Shift key while left clicking on the first then last patient on the list.
- Then right click anywhere in the list and select Assign others.
- Next, Sign In as First Call. Go to the **Sign In** button at the top of the screen, select your Role on the top right as First Call, type in your **Contact #**, click the **box or search for the name of the Provider Team you have been assigned to**. You should then Select All to assign yourself to all of the patients on your Provider Team. Click Sign In on the bottom. You should click sign out at the end of your shift.

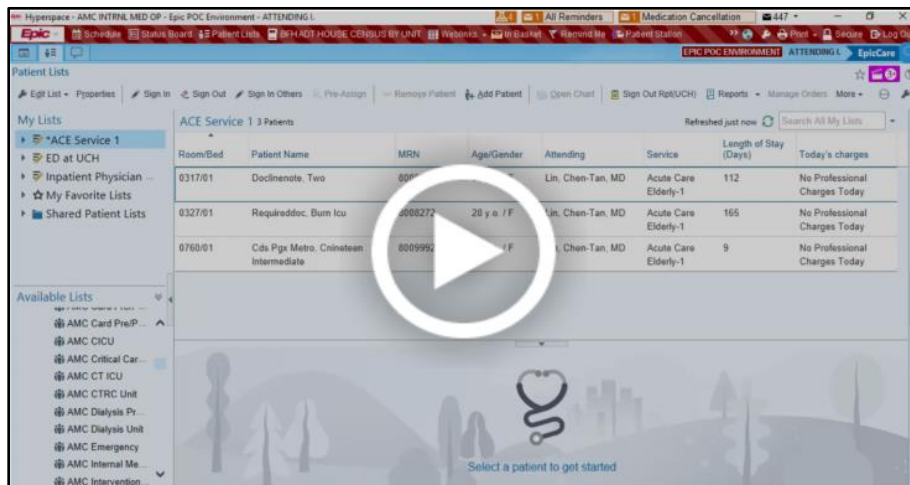
The screenshot displays the Epic Sign In interface. A modal window is open for selecting provider teams. The modal includes the following elements:

- Sign In Header:** Contains fields for Start (2124, 08/12/2020), End (2152, 08/12/2025), Contact # (303-266-0050), and Comment (call 303266-0050). There are also buttons for 8H, 10H, and 12H, and a toggle for Phone/Pager.
- Role and Service:** Role is set to First Call, and Service is set to Medicine.
- Provider Teams Section:**
  - Treatment Team:** 0 Patients Selected. Buttons: Select all, X, and a refresh icon.
  - POC PROVIDER TEAM:** 0 Patients Selected. Buttons: Select all, X, and a refresh icon.
  - AMC Cardiology 1:** 1 Patient Selected. Buttons: Deselect all, X, and a refresh icon.
  - AMC Hospitalist-HMS 1:** 0 Patients Selected. Buttons: Select all, X, and a refresh icon.
- Footer:** Buttons for Update Sign In (1 Patient) and Cancel.

The background interface shows the Patient Lists menu on the left, with options like Edit List, Properties, and Sign In. The main area displays a list of available lists, including Recent Searches, System Lists, and various hospital lists (AMC Hospital, Broomfield Hospital, Highlands Ranch Hospital, etc.).

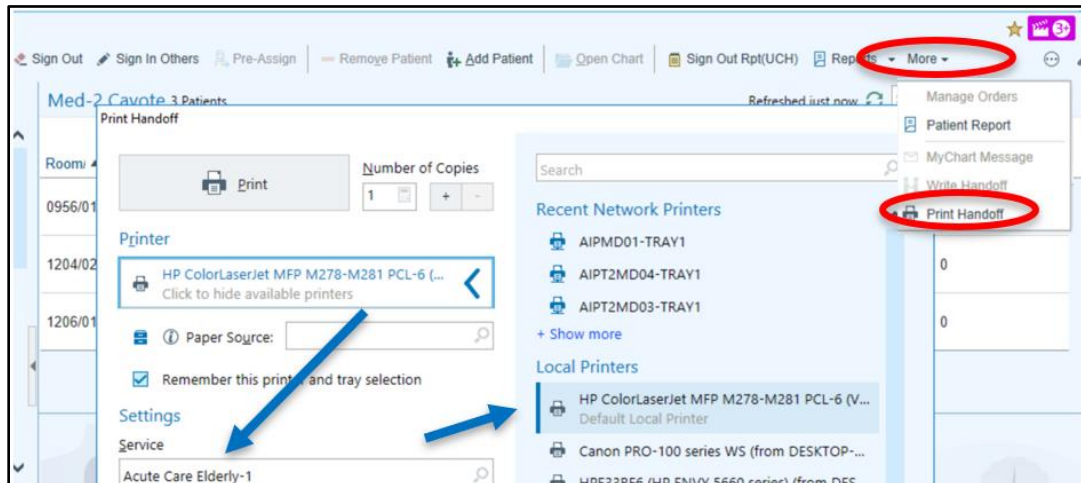
## Outpatient Providers Performing Inpatient Duties EpicCare Inpatient

Here is a video on how to [update the attending and sign in as First Call](#):

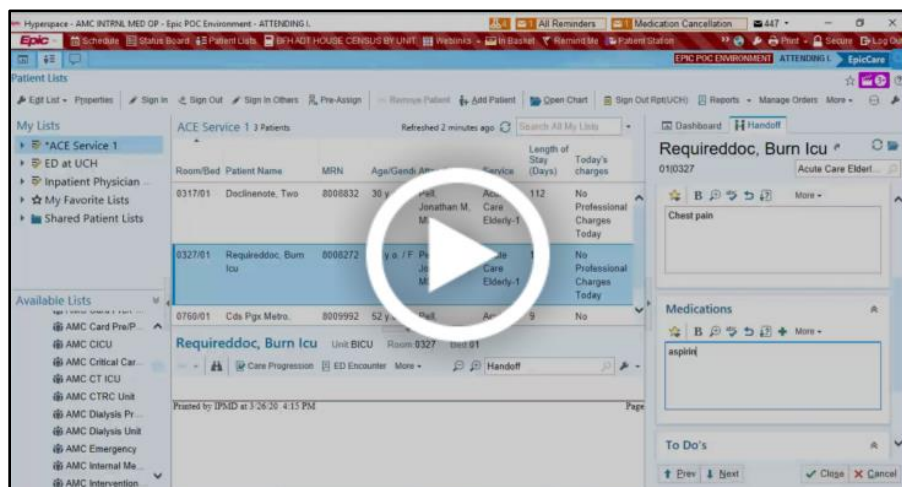


### Printing a Handoff and creating a worklist for the day

You will want to print a Handoff report like the one you picked up from cross-cover. You will use this list to pre-round on your patients and create a checklist of to-do's for the day. While on your service patient list, click the **Print Handoff button on the top right (may be hidden under the More arrow)**. Make sure that your **Service** is selected and that you pick a **local printer**. You can use the To Do's column to make a checklist for things to follow-up on that you order during pre-rounding or rounding.



Here is a video showing how to [print a handoff and create a worklist for the day](#):



## Pre-rounding

### Computer Pre-rounding on your Patients

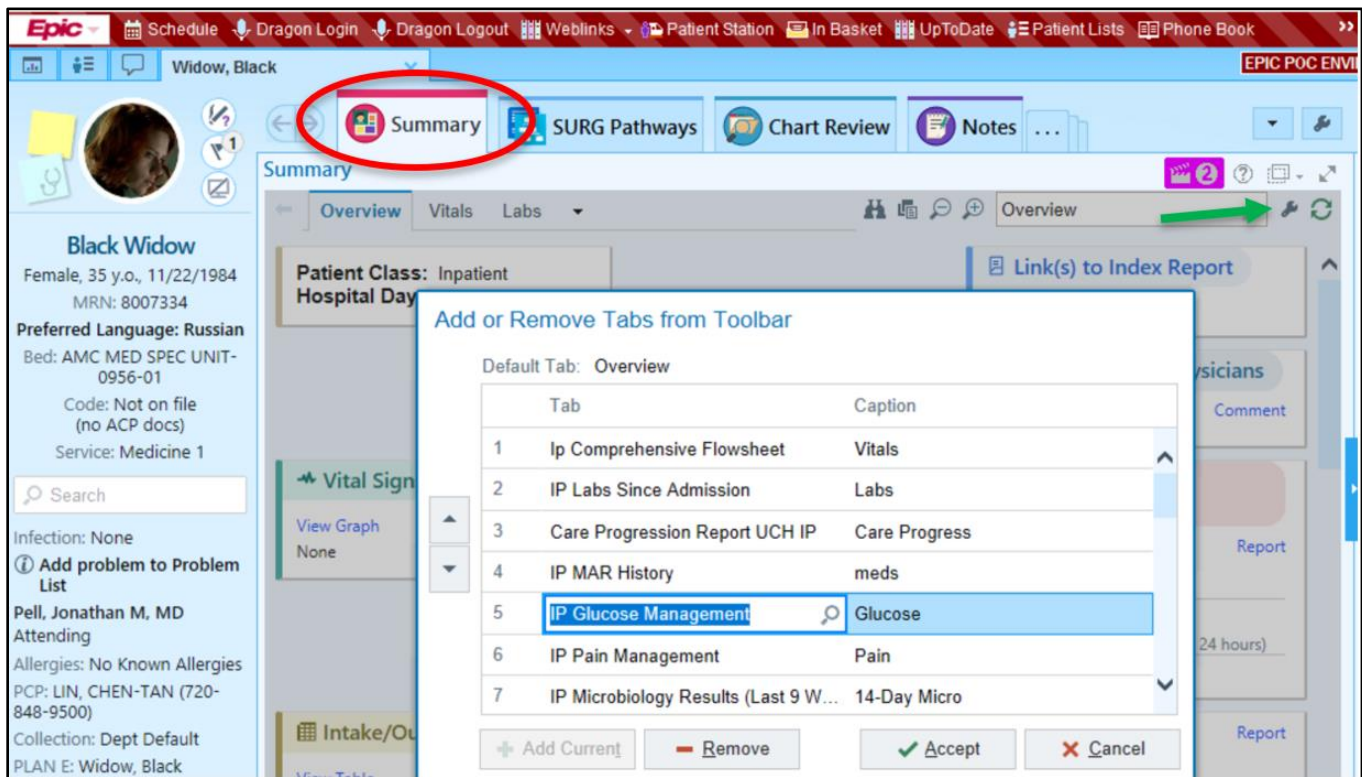
When you select a patient from your service My List, you are taken into their inpatient encounter. You will see the Storyboard to the left just like outpatient with a few different pieces of information like the patient's bed, admission date, etc. You will also default to the **Summary** report tab. This tab contains a bunch of useful reports displaying information for this hospital encounter. The most useful reports for you to **wrench in** beyond the defaulted Overview are

1. IP Comprehensive Flowsheet
2. IP Labs Since Admission
3. Care Progression Report UCH IP
4. IP MAR History
5. IP Glucose Management
6. IP Pain Management

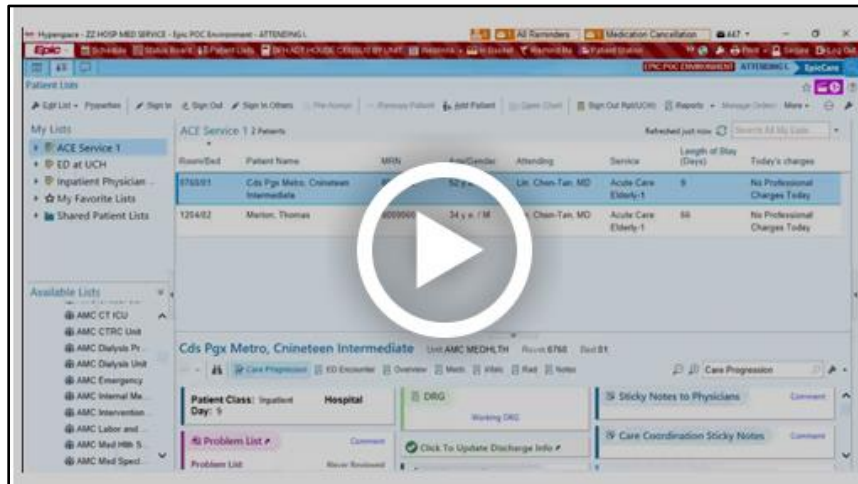
Click a sub-tab to see their content but here you can review your patients' vital signs, labs, discharge planning information, meds with last doses, radiology, microbiology, pain medication usage, and glucoses. You can also use the Chart Review Infectious Disease tab for more detailed microbiology information.



## Outpatient Providers Performing Inpatient Duties EpicCare Inpatient



Here is a [video about pre-rounding](#).



## Top Tip: pre-rounding checklist

- Review notes from consultants from the day before (if not done already)
- Review nursing notes from overnight
- Review vitals, labs, microbiology
- Review Medication Administration Record (provides med list and information about meds takes, meds not given and reason)

[Return to Table of Contents](#)

RA last modified: 11/23/2020, Page 13 of 37

### **Top Tip: Now is the time to call your consults**

This is a good time to call new consults if applicable. Early consultations allow for more flexibility and planning of workflow for you and for the consulting team. Please place the order for the consult at the time of your phone call. Some examples include:

- Consult renal for ESRD patient needing routine dialysis
- Consult GI Therapeutics team for patient admitted overnight for choledocholithiasis requiring ERCP (if not done by the admitting team)
- Consult IR for line placement or procedures

### **Top Tip: Adjusting Medication Doses**

Take note of the times that medications will be administered (morning meds are usually given around 9 AM). Try to adjust medication dosages early if necessary. This is also a good time to order electrolyte repletion if necessary. *Of note, on teams with residents, orders will typically be entered by your resident or intern.*

[Go to next chapter 5: Rounding on Patients](#)

## Chapter 5: Rounding on Patients

### COVID-19 Specific Protocols

Currently, all PUIs (rule outs) and confirmed COVID-19 are being cared for on one of our hospitalist services. If you suspect your patient has COVID-19, please remember:

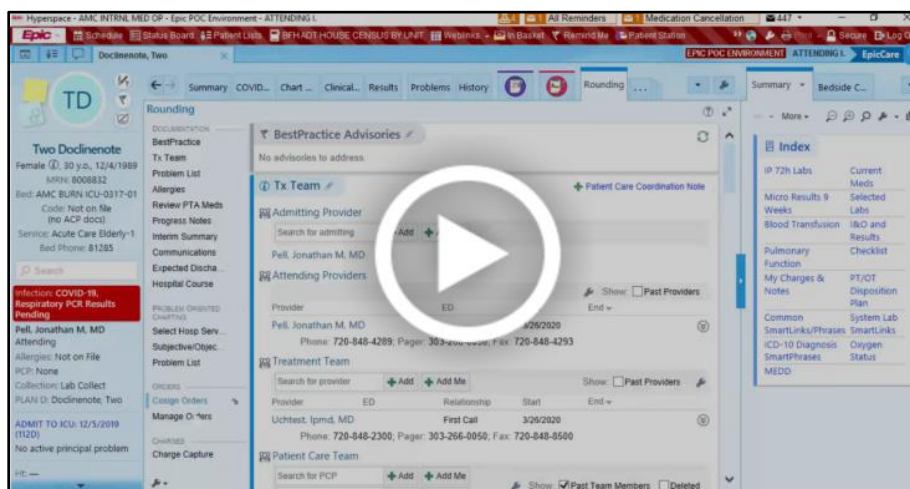
- COVID-19 is a virus transmitted by droplets. Appropriate precautions include contact/droplet with eye protection.
- When you order a COVID test, there is an ordering wizard in Epic that will help you to order the correct test.
- Please refer to the COVID-19 Pathway for specific orders and instructions, **including who to notify for transfer of patient.**

### Note About PPE

All providers are required to wear a surgical mask while in patient care areas. You can wear this mask all day if it does not become visibly soiled or damaged. Please check to make sure your patient is in their room before using any PPE. For details, see these documents regarding [PPE overview](#), the [PPE Conservation Policy](#) and the [PPE Extended Use and Re-Use Policy](#).<sup>[AR2]</sup>

### Rounding on Patients

Here is a two-minute video introducing [patient rounding and orders](#):



### Teams with Residents and Advanced Practice Providers (APPs)

You will meet your intern and/or resident at a designated time and location. There is a high probability your team will not have seen the patient as part of their pre-rounding as we are trying to minimize the number of times and number of team members who enter rooms, mainly to preserve Personal Protective Equipment (PPE) and minimize exposure risk during the COVID-19 Pandemic. In general, we ask that you:

- Call the nurse so they can participate in rounds if available
- Listen to presentations outside of the patient's room
- Only have one person from the team enter the room and examine the patient; this can be anyone on the team and does not have to be the attending.<sup>[AR3]</sup>

- Consider skipping an in-person visit with a patient if they are awaiting placement and do not have any active medical conditions you need to address. You will still need to review labs, vitals, etc. and speak with the nurse. You can call the patient and speak with them via phone, as well. You will need to document that an exam was not performed in your [note](#).<sup>[AR4]</sup>

### Top tip: Teaching Considerations

As academic medicine providers, we all love to teach! However, given the need for efficiency, we would recommend sticking to quick teaching points during rounds (1-2 min per patient) to avoid delaying rounds. Consider bringing in an article related to one of the patients to share with the team. Remember, reviewing imaging and EKGs is an important and quick way to incorporate teaching into rounds. “Chalk Talks” are typically reserved for afternoon teaching and are only done if there is sufficient time to get work done.

### Top tip: Consider using a “working rounds” model.

It is helpful to have one person entering orders, calling consults (you can page them to your cell phone or team phone) and, if there is time, starting a note while other people on the team are discussing the plan of care and examining the patient.

### Top tip: Using your APPs

The APPs on our teams are highly skilled, knowledgeable, and independent. They know the system well, so do not be afraid to ask them questions!

## Determine an Order for Rounding

After computer pre-rounding on your patients, you will plan the order for walk rounding. Some tips:

- Start with sick patients (including overnight admits that you are more acutely ill), then early discharges, and finally a geographic flow that makes sense.
- You will have [Multidisciplinary Rounds](#) at about 10 am, so try and round on patients closer to the MDR conference room as you get closer to 10 am.
- Try to at least start your daily progress notes while you are computer pre-rounding or walk rounding. You do this by going to the Rounding Tab in the inpatient chart and clicking on the Progress Note link. This will give you a few options for progress note templates all in APSO format.
- If you want to place on off orders during rounds, go to **Manage Orders** tab. This acts like the ADD ORDER section in the ambulatory encounter but is located on the right sidebar rather than the bottom left of the screen.

## Multidisciplinary Rounds (MDR)

Every Service has a delegated time and location for MDR which is around 10am. Only 5 people are allowed in the room for MDR rounds. Have your resident do it without you if you are on a resident team. You can ask the provider who signed out to you when and where those rounds are. This is your opportunity to discuss plans of care, case management and social work issues, and medications with the pharmacist. These rounds have been scripted to improve the efficiency of these rounds so refer to the guide that is posted on the wall and/or follow your resident's or APP's lead.

At these rounds, you will be expected to give a brief one-liner on your patient and then discuss any discharge planning needs. You will review the different sections of the Summary report called Care Progression Report. This lists the patients expected date of discharge along with their discharge needs including everything from



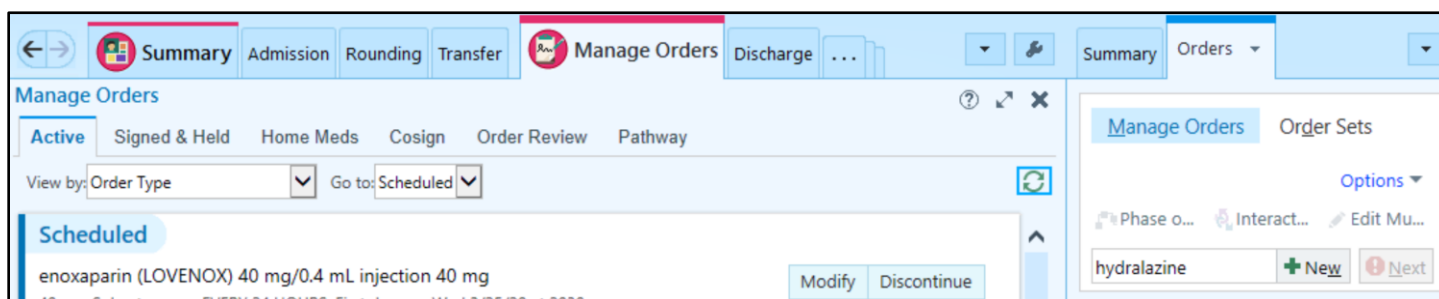
out of pocket cost of medications to the patient to how much oxygen the patient needs on discharge. You also have a Patient Care Coordinator who will give you a call in the morning to discuss any follow up appointments your patients will need or outside hospital records that you need.

## Nursing Calls

While rounding, nurses will be contacting you for patient needs by either [Epic Haiku](#) Secure Chat or on your pagers. Pages are tagged base on acuity:

- 3 = call back within 30 minutes
- 2 = call back within 15 minutes
- 1 = call back within 5 minutes
- 911 = immediate call back

Nurses try not to take verbal orders so place all orders you want through Manage Orders tab.



You can also place orders through [Epic Haiku](#) if you have an iOS smartphone.

## Tip Top: Fielding an Urgent Call

If you are called about any patient who is suddenly ill:

- Ask for vital signs
- Consider CXR, ECG, lactate, ABG, CBC.
- Always go to the bedside if the nurses are concerned.
- Nurses have a protocol for sepsis alerts, stroke alerts, and can call the Medical Emergency Team (MET) if they are concerned about a patient and need resources.

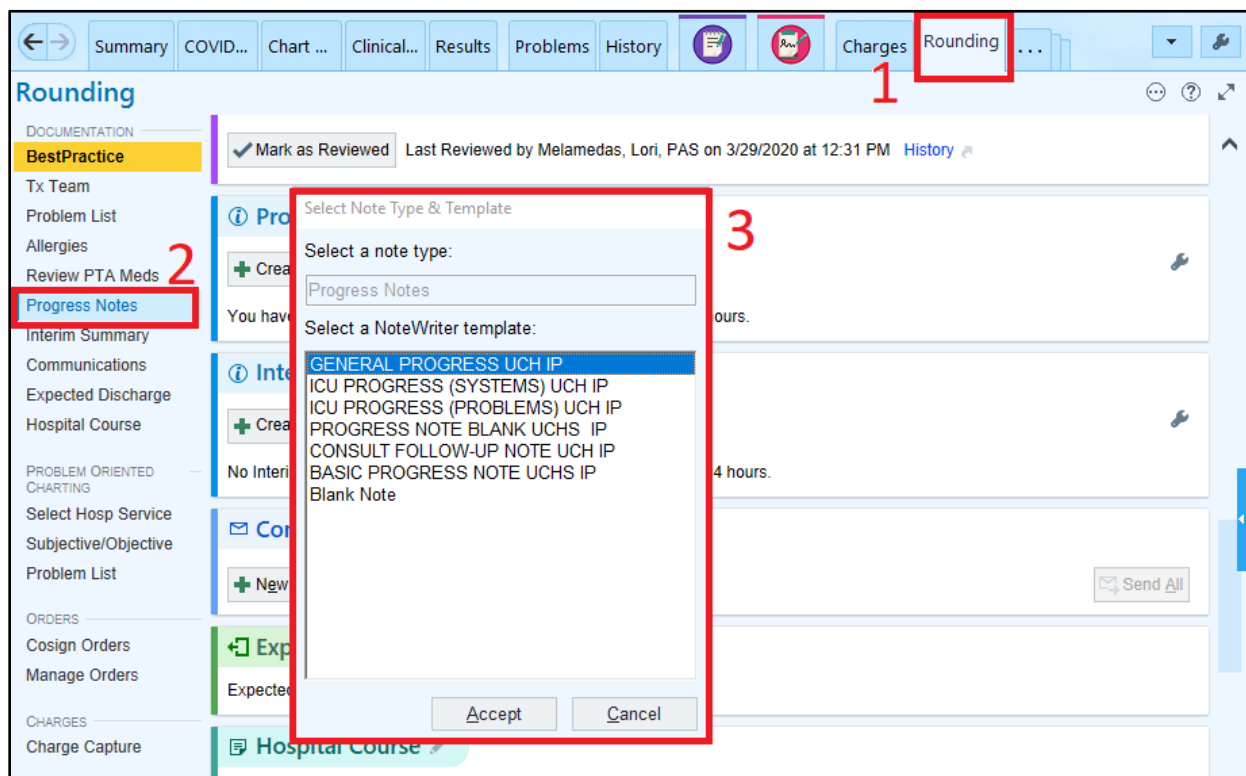
[Go to next chapter 6: Writing Your Notes](#)

## Chapter 6: Writing Your Notes

### Note Templates

In the specific navigators (Admission, Rounding, Transfer, Discharge) there are lists of note templates specifically selected for that activity.

For example, if you 1) select the Rounding Activity and 2) select the Progress Notes tab, a 3) list of templates will appear appropriate to Rounding. The same is true for Admission, Transfer and Discharge.



Utilize the templates for progress notes and H&Ps as these will ensure that you have all the elements needed to bill.[AR5]

You will be responsible for:

- Attesting any notes that the residents or APPs [AR6]write (use .upieval)
- Writing some notes on your own

### Copying Forward

When copying notes forward, please make sure to update the notes as appropriate. It is helpful to begin your note with “Plan for the Day” and bullet points that highlight the major plans for the day. This is helpful to the nurses, consultants, and others who may be reading your notes.

[Go to next chapter 7: Admitting a Patient](#)

## Chapter 7: Admitting a Patient

### Admissions

Most admissions start later in the morning or in the afternoon, although there may be holdover admissions from the night team. You will be notified of an admission by either a Secure Chat message through the Epic phone app Haiku or to your pager by the Triagist (for Anschutz, pager 303-266-0050 and listed on [www.amion.com](http://www.amion.com), login “uco”).

A triagist is a Division of Hospital Medicine (DHM) Advanced Practice Provider (APP) who assigns ED admissions, outside hospital transfers, and direct admissions to the medicine teams. They review the chart and determine if the [admission seems appropriate](#) and what team they should be assigned to (Oncology, ACE, HMS, general medicine wards). They will let you know the patient, MRN, and call back number to discuss the patient with the ED or Clinic Provider.

### Admitting a Patient from the ED / elsewhere

If you are admitting a patient from the ED, you can find the patient by going to your Patient List that you created for ED. If they are coming from another service (MICU transfer, direct admit from clinic, outside hospital/ED transfer) you can find them by using Patient Station. Type in their MRN and then click on their Admission encounter to make sure you get your inpatient tools.

### The Four Things

Four things you need to do in Epic when admitting a patient:

1. **Review the patient's chart** (notes, vitals, labs, meds, ECG, radiology, microbiology etc.)
2. **Attending and First Call** – Make sure that you are the attending for the patient and listed as First Call on the Treatment Team
3. **Admission Navigator Work**
  - a. Update the History (Medical Hx, Fam Hx, Soc Hx)
  - b. Medication Reconciliation and writing Admission orders (ADCVANDISML) including morning labs for the next day
  - c. Write an Admission H&P
  - d. Submit a [Visit charge\[AR7\]](#) (see [Billing](#) for more details).
4. **Write your Handoff for that patient**

### The Four Things – in detail

1. **Review the Chart** – This is the same as in the outpatient. For inpatient care, one useful filter to create in Chart Review in the Notes tab is for H&P's and Discharge Summaries. You can also use the Summary reports described in the Computer pre-rounding section, but new admissions will have limited information for the current encounter.
2. **Attending and First Call** – See [update the attending and Sign In to make yourself First Call](#).
3. **Admission Navigator Work** – When you open an inpatient chart, you will default to Summary tab, but will also see a tab for **Admission** known as the admission navigator. This puts together a bunch of useful admission tools. You do not need to complete all the items in the navigator (like the Rooming activity outpatient). The four required activities on the navigator are:
  - a. Update History

- b. Medication Reconciliation and Admission Orders
- c. Write H&P Note
- d. Submit charge

The screenshot displays the EpicCare Inpatient interface for a patient named Widow, Black. The interface includes a top navigation bar with options like Schedule, Dragon Login, Dragon Logout, Weblinks, Patient Station, In Basket, UpToDate, and P. Below this, a patient summary card shows the patient's name, gender, age, date of birth, MRN, preferred language, bed, code, and service. A red circle highlights the 'Admission' tab in the top navigation bar. Red letters 'a', 'b', 'c', and 'd' are placed over specific sections: 'a' is over the 'History' section, 'b' is over the 'Med Rec Status' section, 'c' is over the 'H & P Notes' section, and 'd' is over the 'Charge Capture' section. The 'Med Rec Status' section shows 'Prior to Admission Medications Needing Review' as 'None' and 'Reviewed Prior to Admission Medications' as 'None'. The 'Dosing Weight' section is also visible.

**a. Updating the History**

This is the same as outpatient. If the patient has not been seen in the system before, you may have to fill it out completely. It is a huge help when the patient has a PCP in the system who keeps this up to date.

**b. Medication Reconciliation and Admission Orders**

Click on the Med Rec-Sign or Med Rec Sign & Hold activity to do your medication reconciliation and admission orders.

This is a 5 step process:

1. updating the patient problem list
2. confirming the patient's home medication list
3. decide which hospital/ED medications you want to continue into the hospitalization
4. deciding which of the home medications you want to continue into the hospitalization
5. your admission order set and new orders

The screenshot displays the EpicCare Inpatient Admission workflow. At the top, there are tabs for Summary, COVID-19 Pathways, Admission, Chart Review, Clinical Archive, Results, Problems, History, Notes, and Admission. The 'Admission' tab is selected. Below the tabs, there are five numbered steps: 1. Review and Update Problem List, 2. Review Prior to Admission Medications, 3. Review Current Orders, 4. Reconcile Prior to Admission Medications, and 5. New Orders. The 'Medication Review Statuses' section is highlighted with a green circle. The 'Med List Status' is set to 'Ready for Provider'. The 'Mark as Reviewed' checkbox is checked. The 'Last Reviewed by' is 'Cc Generic Central, Amb/Ip/Ed Physician, MD on 1/14/2020 at 8:39 AM'. The 'History' link is visible. The 'Medication Review Statuses' section is highlighted with a green circle.

Use the tabs at the top or the Next arrow at the bottom left to navigate through the 5 steps.

- Multiple medication errors have occurred because of providers reconciling the prior to admission (PTA) med list before pharmacy has had a chance to verify the list.
- Do not assume that medications listed are correct unless they are marked **“Ready for Provider”** which means the Pharmacy Admission Specialist (PAS) has verified the list. If not, you need to do med rec yourself and verify all meds.
- If you DISCONTINUE medications, then they will fall off the med list and not be available for discharge. DISCONTINUE should only be done if the patient is no longer taking medications at all.
- Medications that have been “flagged for provider review” should be removed during admission or prior to discharge. If this is not done, the med list remains incorrect.
- Pharmacy cannot discontinue medications even if a patient is no longer taking them.

#### To Review ... Medication Review Statuses:

- Blank-default - no one has addressed meds
- Never Reviewed - no review by RN, PAS or MD
- In Progress - being updated by RN or PAS
- Ready for Provider - reviewed by PAS or RN and needs Provider review
- Provider Done - already reviewed by a Provider this admission
- Unable to Access - patient or family unable to help update

During Step 5, New Orders, use an Admission order set which will ensure that you get all the admission orders you need including Code Status, Vital Signs, and VTE prophylaxis. The most useful order set is **UCHS General Medicine Admission Order Set**. After you select the orders that

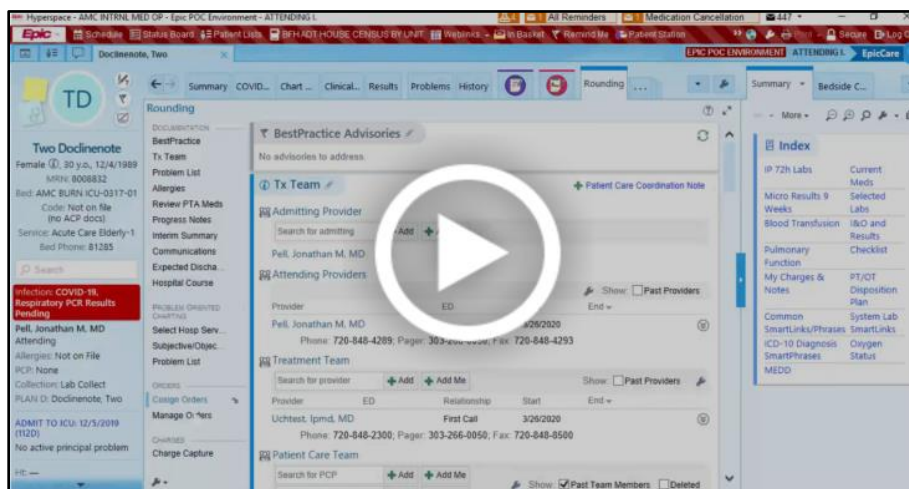


## Outpatient Providers Performing Inpatient Duties EpicCare Inpatient

you want for the order set, you can right click over the name of the order set to make it a favorite for use in the future. Below is a useful list of favorited order sets (for Anschutz).

Favorites	
<input type="checkbox"/> UCH Alcohol Withdrawal	<input type="checkbox"/> UCH Intravenous Patient Controlled Analgesia (IV PCA)
<input type="checkbox"/> UCH Blood Administration: Inpatient and Emergency Department	<input type="checkbox"/> UCH Pneumonia Order Set - ADMISSION
<input type="checkbox"/> UCH Cardiology Admission Order Set	<input type="checkbox"/> UCH Severe Sepsis
<input type="checkbox"/> UCH Geriatric Medicine Admission	<input type="checkbox"/> UCHS General Medicine Admission Order Set
<input type="checkbox"/> UCH Heparin Cont Infusion for ACS/AFib	<input type="checkbox"/> UCHS IP Soft Tissue Infection Order Set

Here is a video on [Medication Reconciliation and admission orders](#).



### c. Writing an Admission H&P

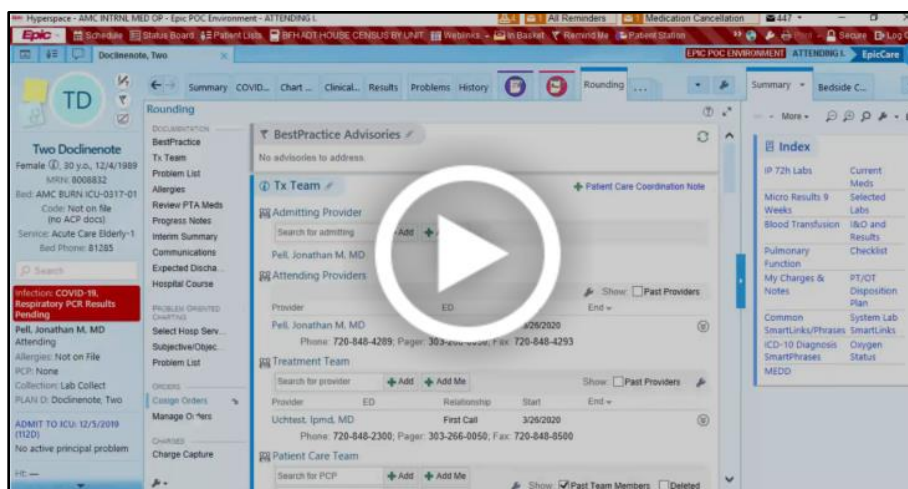
To pull up a list of H&P templates in APSO format, first click on the Admission Activity and then click on the H & P Notes tab.

Before starting your note, you should click on the History tab along the top to update the patient's Med Hx, Fam Hx, SocHx. If you do this and Med Rec before starting your H&P, it will auto-populate your note template. You can use your outpatient macros for physical exam and ROS, along with a link to pull in recent labs. This way you only really have to type or dictate your HPI section and Assessment and Plan. You can use Dragon to dictate these sections.

Select Note Type & Template
Select a note type:
<input type="text" value="H&amp;P"/>
Select a NoteWriter template:
<div><div>ADMISSION H&amp;P UCH IP</div><div>ICU ADMISSION H&amp;P (SYSTEMS) UCH IP</div><div>ICU ADMISSION H&amp;P (PROBLEMS) UCH IP</div><div>H&amp;P (BLANK) UCH IP</div><div>Blank Note</div></div>
<div>AcceptCancel</div>

## Outpatient Providers Performing Inpatient Duties EpicCare Inpatient

Here is a video on [Admission H&P](#).

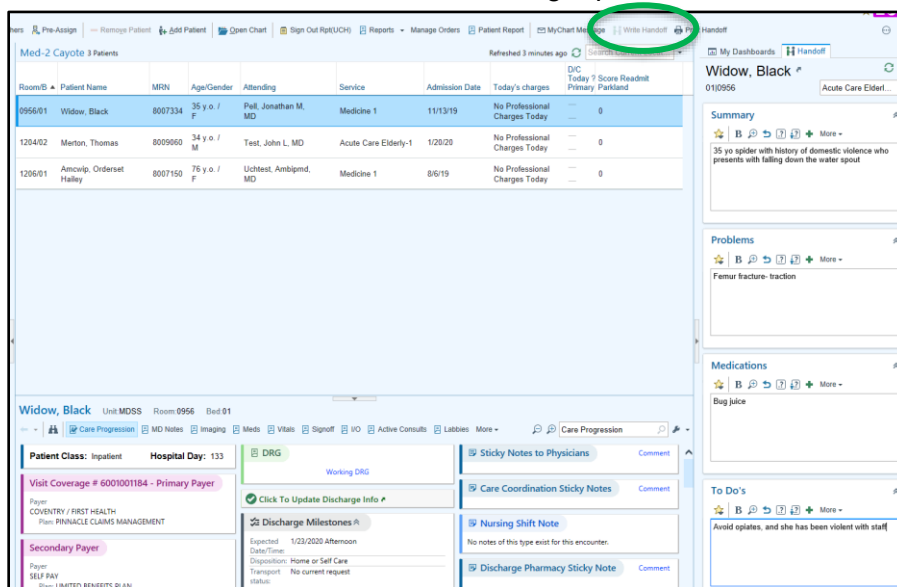


### d. Submit a visit charge

Select the Charge Capture link at the bottom of the admission navigator, find your visit type [AR8], add your diagnoses and click Accept Charges to submit your professional fee for the visit. See [Billing chapter](#) [AR9] for more info.

Here are videos on [Charge Capture](#) and [Attesting Charge Capture When Working with Residents/APPs](#).

4. **Write your Handoff for the patient** – After completing your admission, go to your service Patient List, right click on the patient and click Add Me to make yourself First Call. While you still have this patient highlighted, click on the button on the top right that says **Write Handoff**. This will show up in the sidebar where you will write a short summary about the patient, list their active problems, list pertinent medications and fill out a To Do's section for the overnight providers.



[Go to next chapter 8: Transferring a patient into or out of Step-down or ICU](#)

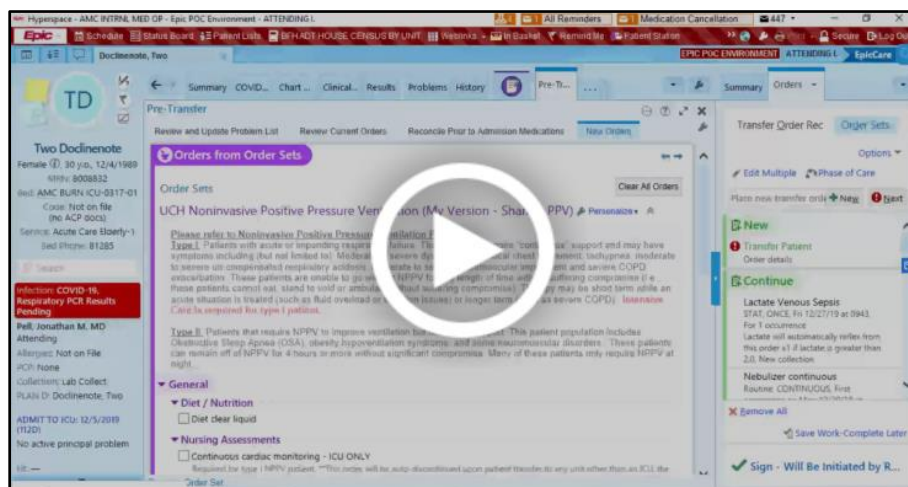
[Return to Table of Contents](#)

RA last modified: 11/23/2020, Page 23 of 37

uchealth

## Chapter 8: Transferring a Patient into or out of Step-down or ICU

Before we get started, here is a four-minute [video about transferring patients](#):



### Transferring INTO a higher level of care

If you think a patient on the floor needs a higher level of care for issues such as hemodynamic instability, worsening respiratory status, q1 hour labs/nursing needs in situations like DKA or acute hemorrhage, then you should always start with an MICU evaluation. Go to <http://amion.com>, enter "uco" in the Login field, click on the Admissions-ICU-Medicine-Floor section, then page the MICU admitting resident and ask for a MICU evaluation. If you need help with this, feel free to reach out to any other hospitalist attending or APP.

All patients going to step-down from the ED should go to the MICU.

You can keep your own patients that are transferring to step down if you want, but all transfers into the MICU need to be on the MICU team (closed unit). After the MICU resident or fellow comes to the bedside and evaluates the patient, you will decide together if the patient needs to be transferred. If the MICU accepts the transfer, the following steps should occur:

- e. Ensure the MICU fellow is assuming the care of the patient before you leave the room.
- f. Inform the nurse - they will write the transfer orders.
- g. The floor charge will call bed control to work on getting a MICU bed for the patient.

### Transferring FROM a higher level of care

If you are transferring a patient from the MICU service to your service, they will do a transfer note. You should do transfer order reconciliation. This is the same as Admission Med Rec except that you use the Transfer navigator tab and do Transfer Med rec and write and accept note. This is essentially a progress note with a brief hospital course at the top of it.



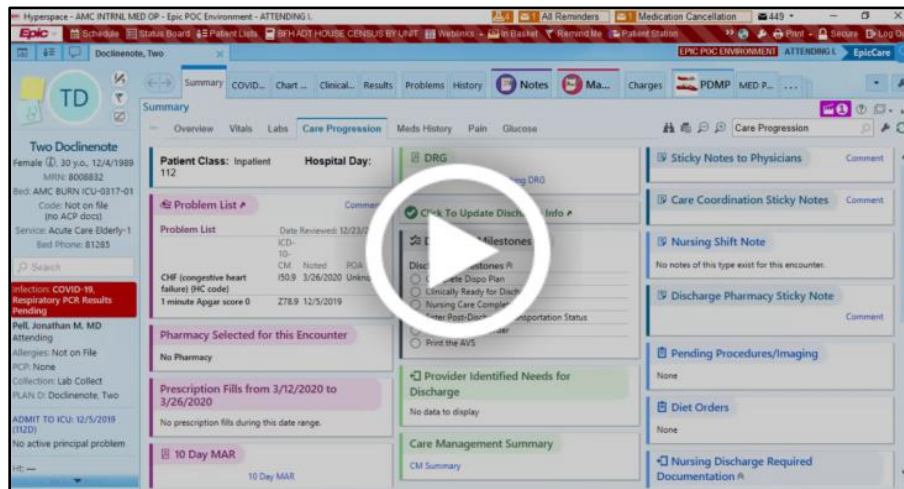
The screenshot displays the EpicCare Inpatient interface. At the top, a navigation bar includes buttons for Summary, Admission, Rounding, Transfer (which is the active tab), Discharge, SURG Pathways, and a search icon. Below the navigation bar, the left sidebar lists various options under the 'TRANSFER DOCUMENTATION' section: Transfer Status, Tx Team, Med Rec/Transfer... (which is highlighted), Cosign Orders, Progress Notes, and Transfer Summary. Under the 'CHARGES' section, there is a 'Charge Capture' option. The main content area is titled 'Transfer' and contains two sections: 'Progress Notes' and 'Transfer Summary Notes'. Each section has a '+ Create Note' button, a dropdown menu, a 'See All Notes' button, and a 'Refresh' button. The 'Progress Notes' section also shows a count of '1 Progress Note Tie In' and a message stating 'You have no filed Progress Notes for this patient within the last 24 hours.'

[Go to next chapter 9: Discharging a Patient](#)

## Chapter 9: Discharging a Patient

Just like admission, discharging a patient is one of the more complex workflows in Epic, and follows a similar flow. This is a high-risk time to assure that patients get the correct discharge medications, services, and follow up that they need to have a smooth transition of care. Similar to the admission process, you will want to review the chart for discharge readiness, perform discharge medication reconciliation, and add all necessary discharge orders to populate a summary of care document that a patient can use to inform them of their discharge plan. Finally, you will need to write a discharge summary and submit a charge.

Here is a video detailing the below information about [discharging a patient](#):



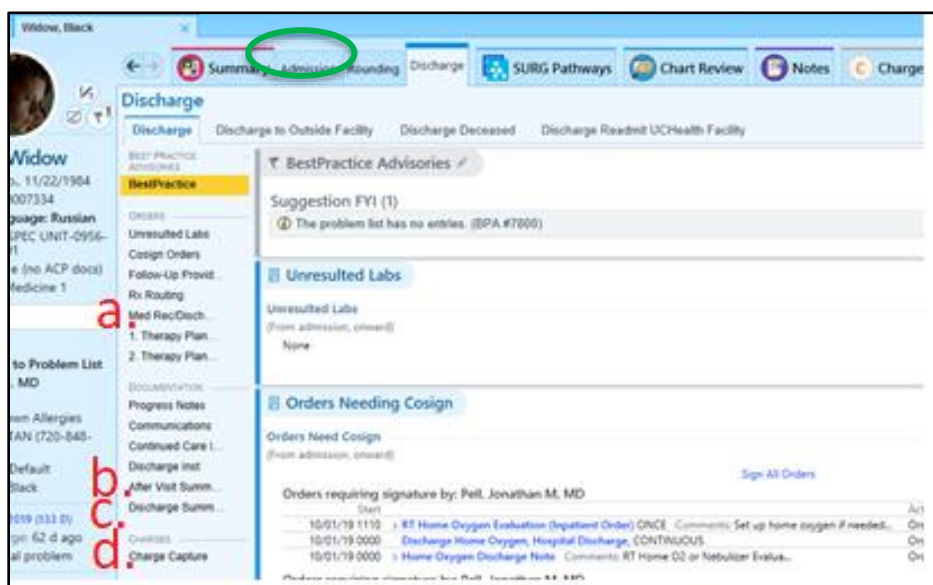
### Reviewing the chart for discharge readiness

Under the Summary tab in the inpatient chart, you should have wrenched in a report called Care Progression Report. This lists the patients expected date of discharge along with their discharge needs including everything from out of pocket cost of medications to the patient to how much oxygen the patient needs on discharge. All scheduled follow-up appointments are listed here including those scheduled in our Epic System and those which were populated by you Care Coordinator.

### Discharge Navigator Work

Like the admission navigator, there is a tab for the **Discharge** navigator at the top of an inpatient chart. This puts together the discharge tools that you need. You do not need to use all of them, but there are **four steps you must complete**:

- Discharge Medication Reconciliation and discharge order set**
- Reviewing the patient After Visit Summary (AVS)**
- Discharge Summary completion**
- Submit a Charge**



a. **Discharge Medication Reconciliation and discharge order set**

The Med/Rec Discharge activity is a **4-step process similar to admission med rec**. You should complete all 4 steps. You can do the following steps ahead of the actual discharge, but make sure that you remove the discharge order from the shopping cart if you want to sign them.

**Step 1** is to update the problem list. You should assign the principal problem for the hospitalization by clicking in the “principal” column in the problem list. This will populate the patients AVS. You should also resolve any hospital problems that no longer exist (like DKA) to keep the outpatient problem list clean for the PCP.

**Step 2** is to fix the patients prior to admission (PTA) med list. If you do not do this, the AVS will not be correct. For example, if the patient was taking simvastatin at home and you did not realize it so you didn’t restart it until the second day of the hospitalization, Epic will think this was a new medication started this hospitalization. The AVS would say “start taking simvastatin” rather than “continue taking simvastatin”.

**Step 3** Review Orders for Discharge is where you decide which patient home medications you want to **restart** on discharge, **modify**, or **stop** (see screenshot, below). You also decide which hospital administered medications you want to continue or stop on discharge. You can use the buttons to the right on the Home Medications and Inpatient Medications bar to restart all home medications and stop all hospital medications with a couple of clicks. For any new medications, make sure you change the Class to no print (except controlled substances you need to print) if the patient is going to a facility.

Discharge

1 Review and Update Problem List 2 Fix any PTA list issues 3 Review Orders for Discharge Discharge Orders

View by: Alpha Find Unreviewed

Home Medications Inpatient Medications

Alphabetical

Not Taking At Home

Not Taking At Home

Not Taking At Home

Continued for Admission

No Active Inpatient Medication

**Step 4** is to use a discharge order set to create the AVS for the patient which will include their diet, activity, what to watch for after discharge, and follow up appointments. Below are a list of useful order sets at discharge, but you should use the **IP General Medical Surgical Discharge Orders** 99% of the time, and fill in all of the hard stops to make sure you populate the AVS correctly for the patient.

If a patient needs home health or is being discharged to facility, make sure to click the radio button in the order set, fill out all the hard stops (choose the skilled services), and type in your signature .td (today's date) and .now (current time) where prompted. This counts as you certifying the medications on the AVS as prescriptions for the facility.

This is another opportunity to add new discharge medications so other useful order sets are diabetes supplies and DME (see below). If there is a pharmacy listed on the bottom right of the screen, all new medications will e-prescribe to that pharmacy on final signing as the Class defaults to Normal just like outpatient, unless you change the Class to Print.

### Top tip: Medication Cost

If price is a concern, you may want to just jump to Step 4 and send a new prescription down the hospital's pharmacy and remove the discharge order so that the pharmacy can process and you can see how much your patient will have to pay for that med.

b. **Reviewing the patient After Visit Summary (AVS)**

It is helpful to review the AVS that the patient will be taking home with them. Make sure the medication section is accurate regarding what medications the patient will start, stop, or continue taking. You can also verify that any new prescriptions were either printed for the patient and signed by you, or you e-prescribed to the appropriate pharmacy.

c. **Discharge summary completion** – If you have completed discharge med rec by the time you start your discharge summary, the discharge medication portion will automatically populate. If you start a discharge summary earlier in the hospitalization, make sure to click the refresh icon to update that section.

Some tips:

- Clicking the Discharge Summary activity from your navigator will pull in the standard discharge template.
- A quick start to your discharge summary prep is to copy the HPI from your admission H&P into the Reason for Hospitalization section and copy your problem-based plan from your last progress note into the Hospital Course by Problem section.
- The dotphrase (Smartphrase) .risrslt will pull in radiology for the hospital encounter under that section. .vitals will give you the last set of vitals taken on the patient and you can copy in the physical exam from your last progress note if nothing has changed on that last day.
- You will see the patient's PCP auto-populated at the bottom of the d/c summary if they have one in the system, and your d/c summary will autoroute to the PCP by their preferred method of communication when you sign it.

d. **Submit a Charge**

Discharge billing is based purely on time, so you either bill for >30min or <30 min spent on the discharge. Click charge capture and submit your charge.

Go to next chapter 10: Billing

## Chapter 10: Billing

Please refer to the [UPI Billing Manual](#) documents [AR10] for billing instructions.

Please make note of inpatient and observation status for your patients and use the appropriate codes.

In general, most patients can be billed at a level 2 or level 3. They tend to be a level 3 on admission due to their acute medical issues and as they improve, they may move to a level 2 (usually indicates they are approaching discharge).

A teal banner at the top of a patient's chart indicates that they are observation status.

Below, you can see the charge groups used for billing an Admission, Subsequent and Discharge visit.

The screenshot displays the 'Charge Capture' window in Epic. At the top, there are fields for Service Date (3/29/2020), Department (AMC PULM UNIT), Place of Service (UCH INPATIENT SERV), Service Provider (Pell, Jonathan M, MD), Billing Provider (Pell, Jonathan M, MD), Referring Provider (Self), and Diagnoses (Associate). Below these fields, a search bar for new charges is present. The main area lists charge groups: Inpatient Admit, Inpatient Subsequent, and Inpatient Discharge. Under Inpatient Admit, there are three checkboxes for different levels of care: 99221 Initial Inpatient Level I [30 min] [99221], 99222 Initial Inpatient Level II [50 min] [99222], and 99223 Initial Inpatient Level III [70 min] [99223]. There is also a checkbox for 99024 Post-Op Exam (included in global) [99024].

[Go to next chapter 11: The Team](#)



## Chapter 11: The Team

The team is vital to your success in the hospital. Here are the team members you should know about:

### Care Coordination - Patient Resident Liaison (PRL)

- Can request records from outside facilities
- Help schedule follow-up appointments
- Help with Durable Medical Equipment (DME)
- On AMION, look under “Care Management Inpatient”

### Care Coordination - Case Management and Social Work

- Assist with discharge planning starting at time of admission
- Please make sure PT/OT have been consulted for patients who may need to discharge to a rehab facility or may need additional Home Health Services
- Make sure you fill out the appropriate discharge orders to resume Home Health Services

### Diabetes Management and Educator

- Consult services available to help with titration of DM medications as an inpatient
- To contact, place consult order in computer
- Can help give recommendations about DM medications on discharge
- Provide patient and caregiver education

### Addiction Medicine Team

- Will meet with patients with substance use disorders
- To contact, place consult order in computer
- Will give recommendations on inpatient and outpatient treatment options, including inpatient management of withdrawal symptoms
- Provide patients with outpatient resources

### Pharmacists

- Pharmacy Admission Specialist (PAS) - can help complete medicine reconciliations on patients
- Anticoagulation Pharmacist – can consult if you need help managing a patient’s anticoagulation, including med teaching with patients and caregivers
- Unit Pharmacist – available to give recommendations on medications, including dosing; will also review med lists in setting of inpatient falls
- Transitions of Care (TOC) Pharmacist – will review medications with patients and caregivers prior to discharge

### Nurses

- Review nursing notes from overnight as they often contain information that was not reported to Cross Cover
- Please try to round with the nurses as they contribute significantly to the care plan for the day
- If a nurse is worried about a patient, you should be worried...go see the patient!

[Go to next chapter 12: High Yield CLINICAL Topics](#)

[Return to Table of Contents](#)

## Chapter 12: High Yield CLINICAL Topics

### The Top 10

Last year, the top 10 inpatient diagnoses seen by UCH Hospitalists were:

1. Sepsis, unspecified organism
2. Acute pancreatitis
3. Chronic obstructive pulmonary disease
4. Acute kidney failure
5. Pneumonia, unspecified organism
6. Type 2 diabetes
7. Alcohol dependence with withdrawal
8. Acute respiratory failure with hypoxia
9. Acute and chronic respiratory failure with hypoxia
10. Pulmonary embolism

### Frequent Inpatient Issues

Here we will present some hospital topics that you might be a little rusty on but which you will see daily.

#### DVT Prophylaxis:

- DVT prophylaxis needs to be considered/reviewed for all patients. Using the Padua score (part of the order set), if a patient is low enough risk, they don't need SCDs or heparin. We encourage ambulation as usual. DVT prophylaxis is part of the Medicine Admission Orderset and it provides guidelines on what would be best to order.
- If they need medical prophylaxis, we generally use heparin (5000 units BID or TID depending on weight) or LMWH (dalteparin, enoxaparin). Exceptions may include someone is coming in with active bleeding or is at high risk for bleeding.
- In the case of active bleeding or high risk of bleeding, we will order SCDs.
- Patients on full dose anticoagulation with just receive SCDs. LMWH (dalteparin) is used over heparin in our Oncology patients.
- If platelets are  $< 50$ , use SCDs instead of heparin.

#### PPIs:

Do not order PPIs on all patients. In general, you should order them in the setting of Upper GI Bleeds and as GI prophylaxis for patients on high dose steroids or scheduled NSAIDs/high-dose. We recommend discontinuing PPIs on patients who are transferred out of the MICU if it is no longer indicated (many patients are started on PPIs because they were intubated)

#### Insomnia:

- We do not recommend reflexively prescribing medication for insomnia.
- First and foremost, find out why the patient can't sleep; there's usually a good answer that might not require medication. Try non-pharmacologic alternatives first: calming music, warm milk, chamomile tea, reducing interruptions (decrease frequency of VS checks, offer ear plugs if available).
- If a medication is indicated, choose a medicine designed for sleep; do not rely on the side effects of medications for other conditions (i.e. Seroquel, Benadryl, Ativan)

Some good options:



- Melatonin 3 mg po qhs PRN
- Trazodone 25 mg po qhs PRN (not if long QT on ECG!)
- Ambien 5 mg po qhs PRN (use with caution in elderly)
- \*Hint: Always remember to give people over age 65 half the dose you would normally use.

Assure good day/night cycle in their room by asking the nurses to turn the TV off after midnight, turn the lights out after 10 PM, turn the lights back on during the day and have them open their blinds in the AM as well. Patients with insomnia are at high risk of developing delirium. Consider using the delirium order set for anyone at high risk.

#### Pain Management:

When patients are reporting pain, we would recommend referring to the [iALTO pathway](#). It gives recommendations on non-pharmacologic approaches to pain and then gives recommendations on how and when to consider starting opioids as well as adjunct medications.

#### Bowel Regimen:

Consider using the bowel regimen order set. If you type in "bisacodyl" it will typically pop up. It is also part of the Medicine Admission order set. All patients on opioids should be on scheduled bowel meds. Miralax and Senna typically work pretty well.

#### Antibiotics:

Starting broad spectrum antibiotics is patient dependent. However, we typically go with Vanc + Cefepime + Flagyl (previously Vanc + Zosyn but Zosyn is restricted) and then try to narrow within 24-48 hours depending on cultures and identified source of infection. If you utilize the different order sets, e.g. pneumonia, soft tissue infection, it will give recommendations on what to start based on patients' risk factors. You can then broaden if patients are worsening or fail to improve. The [DHM pathways](#) include our ID/antibiotic guides as well, which is helpful in choosing antibiotics.

#### **Other Useful Clinical Resources:**

[Intern Survival Guide](#) – a general document with quick refreshers on how to care for very common medical problems seen in the inpatient setting.

[The Saint-Chopra Guide to Inpatient Medicine \(4 ed.\)](#) - A very thorough guide to the most commonly encountered problems in hospital medicine, presented in a handy user-friendly outline

The UCSF Hospitalist Handbook ([iOS](#) / [Android](#)) - a comprehensive, yet concise, bedside guide to inpatient medicine. It covers diagnosis and management for common issues in cardiology, critical care, pulmonology, nephrology, hematology/oncology, gastroenterology, endocrinology, infectious disease, rheumatology, neurology, among others.

[Go to next chapter 13: COVID Specific Considerations](#)

## Chapter 13 COVID Specific Considerations

### Clinical Updates

The latest clinic information on COVID from UCHealth can always be found [on The Source](#).

Here are other high yield clinical links:

- Colorado Department of Public Health & Environment (CDPHE) - [COVID site](#)
- Centers for Disease Control and Prevention (CDC) – [COVID site](#)
- World Health Organization (WHO) – [COVID site](#)

### PPE

- Latest PPE info from The Source [is found here](#).
- for non-COVID patients, we are now strongly recommending wearing eye protection in addition to the surgical mask given our high rates of community spread. Patients all have a mask in their room and we recommend providers ask them to wear a mask when you are examining them.
- you can pick up a surgical mask and eye protection at the PPE distribution center, which is in AOP 2005/2006
- we are now wearing reusable gowns for general contact precaution patients. Donning/doffing videos are here: <https://thesource.uchealth.org/News/Forms/DispNewsForm.aspx?ID=1600>

### Testing

- The ED is sending a rapid test prior to admission for any patient who is symptomatic or had a high risk COVID contact. Their testing pathway can be found in the COVID pathways tab.
- Asymptomatic patients are all getting a screening test, currently taking 24-48 hours to come back. We have had a few patients return positive who were asymptomatic as the community rate rises, hence the recommendation for eye protection and some new learner guidelines below.

### Attire

- Residents are generally all wearing scrubs. Attendings on non-COVID teams have either been wearing normal business attire with white coats or scrubs depending on their personal comfort, home situation, etc.

### COVID exposures

Please refer to The Source for the most up-to-date [COVID exposure information](#).

Note: you may also need to contact CU Anschutz occupational health if you have an exposure and spend time on campus outside of the clinical workspace: <https://www.cuanschutz.edu/coronavirus>

### Learner Considerations

All patients admitted to the hospital are screened for COVID on admission. However, COVID tests take more time to return as the lab faces increased demand and the higher positivity rate requires a slower processing method. As the prevalence in our community rises, please discuss with your team measures to reduce exposures. For patients who are low risk (no respiratory symptoms, afebrile) and admitted to a non-COVID service BUT with a screening test still pending, we recommended altering your educational rounds and team structure in the following ways:

1. Defer bedside educational rounds on new admissions until after the COVID test has returned.
2. Reduce the number of team members that see the patient, particularly during pre-rounds. For example, only have one team member (student, APF, intern, or resident) physically see the patient prior to rounds. Who is best will be determined by the acuity of that patient.
3. Instruct all team-members to wear face masks and eye protection when see ALL patients.
4. Recommend that team-members set a timer when seeing patients and to target 12 minutes or less to minimize the chances of a high-risk exposure (considered 15 minutes or more).
5. Reduce in-person contact with team members such as calling patient phones to gather history or eliminating repeat exams (student, then intern, then resident, then attending...) unlikely to contribute to patient care.
6. For ANY febrile patient, we recommend that the team consider the patient presumptively COVID positive (while following UCH PPE guidelines for risk) until another source has been identified. Consider discussing with the team before *any* team members see the patient.

A quick note regarding medical students: during the Spring, medical students were removed from their clinical rotations. We DO NOT anticipate this will happen again as our students have made it clear that they would like to participate in the care of COVID patients and maintain their presence in the hospital during the pandemic, but this ONLY applies to Phase III (3<sup>rd</sup> year) clerkships. Phase I & II (first- and second year) Foundations of Doctoring Curriculum (FDC) Preceptorship students SHOULD NOT see COVID positive & high-likelihood PUIs face-to-face.

One last thing to consider, there are likely to be some learners who are unable or do not feel comfortable seeing patients with any risk for COVID. Please discuss with your learners and your teams to ensure all members feel comfortable.

[Go to next chapter 14: Hospital Specific Information - Anschutz Medical Center](#)

## Chapter 14: Hospital Specific Information – Anschutz Medical Center

### University of Colorado Hospital (UCH), Anschutz Inpatient Pavilion (AIP) 1 and 2

On call list: [www.amion.com](http://www.amion.com) Login “uco”

#### Locations:

General Medicine Floors: AIP1: 6, 9, 10, 12 AIP2: 7, 9

BMT/Oncology: AIP1/2 11th floor

ACE: AIP1 12th floor

Dialysis Inpatient Unit: Main floor AIP1

Step-Down: AIP1 10th floor

Neuro ICU: AIP2 2nd floor

Cardiac ICU: AIP2 3rd floor

Medical ICU: AIP2 10th floor

ED: Main floor AIP2

Radiology: Basement AIP2

Clinical Lab: Leprino Building 2nd floor

Inpatient Pharmacy (Atrium) Main floor AIP1

Main Cafeteria: Main floor AIP1

#### Food:

- Garden View Café (main cafeteria): Open all days 6:30A-1:00A.
- Courtyard Café: located in AOP, 1st floor, M-F 7:00A-2:00P.
- 17th Avenue Restaurants: Jimmy John's, Dazbog, etc. Predominantly open M-F.

#### Important Numbers and Codes:

- |  |                                       |
|--|---------------------------------------|
| • Main Line: 720-848-0000                  | • Lab Micro: 87084                    |
| • AIP2 3rd floor CICU: 84500               | • Lab Path: 84421                     |
| • AIP2 7th floor MHSU: 88680               | • Radiology: 86343                    |
| • AIP1/2 6th floor IMED: 87680 / 84551     | • Radiology OD: 303-266-6347          |
| • AIP2 8th floor Cards Floor: 87584        | • Interpretive Services: 80397        |
| • AIP1/2 9th floor (Pulm/Med): 87579/84601 | • Long Distance Code: 9*1, 10-digit # |
| • AIP2 10th floor MICU: 85492              | • Atrium Pharmacy: 84083              |
| • AIP1 12th floor ACE: 84751               | • Docline: 82828                      |
| • Lab Main Line: 84401                     |                                       |

