

SBGH GYNECOLOGY SERVICE

Welcome to Gynecology at St. Boniface Hospital!

Period:

Current Chief Resident:

Senior Residents:

Week at a Glance

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30 Rounds 3B	7:30 Rounds 3B	7:30 Rounds 3B	7:30 Rounds 3B	7:30 Rounds 3B	8:30 Rounds L&D	8:30 Rounds L&D
	8:00 Gyne Onc Teaching Library 2 nd Floor	7:45 Grand Rounds, Link Room NG002 Nursing Bldg		8:00 High Risk Rounds AG002- 1 South Dining Room		

All teaching sessions and above clinics mandatory for all students and interns.

Service Responsibilities

A. Each Day

- people on call that day please write your name and pager number on the white wipe board

B. Ward Patients

- see assigned patient in am, perform focused history and physical exam
- write note in chart "SOAP" or Issue Based note
- order and follow up lab work and investigations
- if urgent patient issue, notify resident or attending otherwise wait to discuss at noon rounds

C. OR Experience

- Each day divide the OR's and attend
- Meet patient prior to OR and read chart to determine indication for surgery
- After OR, assist with Postop orders and OR Note
- Assist with transfer of patient to recovery room

D. Emergency and Ward Consults

- See patient and perform history and physical
- Fill out consult form
- Review with resident/attending
- If Patient for Admission:
 1. Complete Admission Orders and Admission Form,
 2. Call Report to 3A,
 3. Keep info regarding patient for sign over
- If Patient for OR:
 1. Complete Consent Form
 2. Book OR: 237-2585

E. Gyne Service Pager

- each day held by a member of the housestaff

Samples Notes

Patient Ward Note

Uncomplicated Post Op Patient

July 1, 2007

8:00

ID: 32 y.o POD#1 TAH for Fibroids

S: Doing well, no complaints. Pain control adequate with PCA. Foley d/c'd today and voiding well. Tolerating clear fluids, no N/V and no flatus yet. Ambulating,

O: BP 120/80 HR 68 T 36.5 O2 sat 99%

Abdomen – soft, nontender, BS present, Pfannenstiel incision clean, dry and intact

A: POD 1 TAH stable

P: Await blood work results, encourage ambulation and deep breathing

Complicated Gyne Oncology Patient

July 1, 2007

8:00

ID: 72 y.o. with Stg 4 Ovarian Cancer admitted with SBO

Continues to feel nausea. Vomited 2 times overnight, unable to keep anything down. No flatus. Pain controlled with fentanyl patch and oral breakthrough with dilaudid. Voiding well.

BP 100/64 HR 100 O2 sat 94% RR 10 T 36.7

u/o low with 100 cc over past 4 hours

dry mucous membranes, JVP not seen

Chest: clear, HS normal

Abdomen: distended, scant high pitched bowel sounds, soft and nontender

Extremities: TEDS on, no calf tenderness

Issues:

1. Small Bowel Obstruction – still no improvement, not tolerating CF

Plan: npo

Abdominal X Ray,

check lytes, BUN Cr

Add Kytril and Ranitidine

If continues to vomit may need NG tube

2. Hydration – clinically dry

Plan: 1 L fluid bolus, increase maintenance iv to 150 cc/hr

Accurate ins/out

3. Pain Control – adequate
Plan: calculate breath through requirements for yesterday, will discuss with GyneOnc team potential increase to patch dose
4. DVT Prophyl
Plan: Teds, Heparin 5000 U BID
5. Disposition – OT/PT involved and assisting with ambulation
 - Home care consult pending

OR Note

Dr. Black/A. Dudar R4/L. Smith M3
Procedure: Total Abdominal Hysterectomy
Anesth: GA via ETT
Preop Dx: Menorrhagia, Fibroids
Post Op: same
Findings: Large Fibroid Uterus, 18 wk size
Normal Ovaries and FT bilaterally
EBL: 400 cc
No complications
Pfannentiel Incision

Who to Call

Sick Calls

If you are sick – call in am or pm before

1. Chief Resident or Ward Senior (page through paging 237-2053)
OR
2. Call Paging 237-2053 and ask for “Gynecology Resident on call” to be paged
(Please call each day you are sick)

Call Switches

- need approval from Chief or Senior Resident
- notify paging of switch once approved

Management Decisions for Patients:

Ward Patients

1. Monday – Friday from 8:00 – 17:00, please call the attending the patient is admitted under (after discussing with resident if needed)
2. After 17:00 and on weekends – call the attending on call, there are 2 attending call groups and you are to call the attending on call that works in the same group as the patients primary physician

Emergency and Ward Consults

1. Ask patient if she has a gynecologist,
 - if she does then call the person on call that is part of the same group
 - if she does not then, Call the attending on call that is the “24 Hour Call Person”, you can ask each day which person this is

Call Groups

Boyd Group

Dr. Awadalla

Dr. Best

Dr. Collister

Dr. Sabeski

Dr. Seager

Dr. Taylor

McCarthy (Tache) Group

Dr. Burym

Dr. Hooper

Dr. McCarthy

Dr. Ring

Dr. Robinson

On call for Self and with Boyd Group

Dr. Helewa

Important Phone #'s

3B 237-2762 or 2763

Gyne Service Pager

OR Desk 237-2585

Kim Zeller (Program Coordinator) 787-1988

Pharmacy 237-2161

Paging 237-2053