ASAP and Workflow QUICK GUIDE

The longer ASAP introduction is very linear and good for an introduction but clearly does not address how you will work. Seeing a patient in the PED in NOT a linear process. A quick guide summary might be:

From the Trackboard, select the most urgent (lowest triage number) FIRST

If a patient has the attending initials in both ATT and R/M column you do not have to see that patient

Select the patient and open the chart

Click on “medical evaluation initiated”

Read the nursing triage note

Briefly see the patient (you may have time to quickly look at PMHx)

Place orders

Write 2-3 sentences for history and pertinent physical findings

**It is very important in real time to do REEVAL using the .edcred**

MDM is also VERY important. In the large box put down your “thoughts” and why you are doing what you are doing. Do NOT just copy your HPI

Before dropping in discharge instructions, you must write a few sentences “personalizing” them. This should include diagnosis, tests and the results and brief treatment plan

At the end after discharge is place, you *must* return to the chart, enter “my note” and **“refresh”** in order to pull in the disposition and clinical impression.

If the patient is to be discharged with a prescription, it MUST be printed and co-signed by the attending!!