

Medical Toxicology Rotation Essentials

Last updated June 2022

Rotator Information – (URL / login information posted in the tox fellow office)

- Call schedule
- Attending contact info
- Rotation guides and resources

Summary of Required Deliverable Materials

- Weekly picture projects during toxicology didactics
- End of rotation project for all those doing a 4-week rotation (including EM residents)
 - End of rotation project will replace the picture project for the final week
- Completion of Toxicology Modules

Exceptions for Off-Service Rotators

- Rotating residents from internal medicine, pediatrics, psychiatry, and others will not be required to take overnight call during this rotation if they are also on sick call for their own programs (e.g. back up call, pull list)
- 1-2 short calls (9a-5p) each week (weekdays only)
- Residents will be excused for continuity or primary care clinic obligations, please let the fellow and attending know of these dates in advance
- PEM fellows will be limited to 4 days of overnight call during their month rotation (or 2 days for a 2-week block if the rotation is split up).
- PEM fellows will be excused for Wednesday fellowship didactics

Logistics

- Before your first day, please email Dr. Liss (lissd@wustl.edu) to find out the name of the attending on service and the meeting time as well as call schedule
- The Toxicology offices are located on the **5th floor of the Renard Building**
 - Use the Renard Elevators (located near the Admin offices just behind the cafeteria) to get to the 5th floor
 - After you enter the 5th floor office suite, turn left; the fellows' office will be on your left just past the bookcase
 - If the door is locked, find the spare key inside the snakebite antidote kit sitting on the top shelf of the bookcase
- Wear professional dress (scrubs are OK for call and weekends)
- We generally meet at **09:00** on weekdays
 - This may change at the attending's discretion
 - On Tuesdays, you are excused for EM conference; join us after lunch

- We have clinic Friday mornings
 - You are **welcome, but not required**, to see clinic patients
 - Toxicology clinic patients may be interesting and provide a unique experience
- On weekends, **only the person on call** is required to come in
- We split Addiction Medicine consults with Psychiatry
 - Psych: Monday, Wednesday, Sunday
 - Tox: Tuesday, Thursday, Friday, Saturday
 - We may get calls for addiction consults when we are not on service for Addiction Medicine. You may redirect those calls to Psychiatry where appropriate. If the primary service has difficulty reaching Psychiatry or has questions, please contact the fellow or attending on-call. We typically will follow our own established patients.

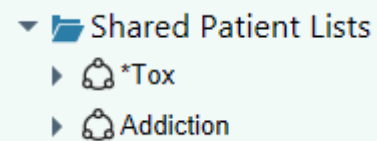
Call

- Normal call rules apply—you must be sober, within 30 minutes of the hospital, and ready to respond at any time
- You will take a **toxicology pager** from the fellows' office
 - The pager number is **314-672-0284**. This number rings all the resident pagers and the fellow pagers. Do **not** give out the specific pager number on the back of your individual pager.
- You will also take the **toxicology iPhone**.
 - This phone has all of the attendings' contact information on it
 - You may use this phone to make work calls while on call
 - Do **not** give out the toxicology phone number—the phone is **not** consistently monitored and we cannot forward the calls to anyone. Only give out the pager number.
- **All calls and consults must be staffed with the attending**, regardless of the time of day
 - *Never* make any medical recommendations without staffing with the attending on call by phone
 - The attending *must* be called with any new consults, any new questions about old consults, and any curbsides or questions
- Consults are seen in person overnight at the **attending's discretion**
 - You may need to come in in person, or you may provide initial phone recommendations and then see the patient in the morning on rounds
 - You may need to place a phone note with some recommendations based on the information provided by the consulting service. The primary team also needs to be okay with us not seeing the patient emergently. Additionally, if we choose not to come in, we can't be upset if we then get called multiple times.
 - The patient should then be seen in a timely fashion the next morning

- If you are called by the **Doctor’s Access Line** or **Children’s Direct** about an outside hospital transfer, you **must have the attending on the call with you**
 - Ask the DAL or CD staffer to patch the attending into the call—they are used to doing this for us
 - Provide the DAL or CD staffer the attending’s cell phone number, and they will call them and add them to the call
 - The attending will usually do most of the talking for OSH transfers
- Addiction Medicine consults are **not after-hours emergencies**
 - You are never expected to go into the hospital for an Addiction Medicine consult received after 5 PM aside from exceptional circumstances
 - You *should* staff with the attending and give the team preliminary recommendations
 - The consult will be formally seen on rounds the next day in a timely fashion
- We **do take curbsides**, at the discretion of the attending on-call
 - Must always offer a formal consultation
 - Must always be cleared by the attending to treat as curbside before agreeing to this format of “consultation”
 - Must always document the conversation and recommendations (use a Significant Event Note)
- Short Call
 - Off-service residents and fellows will be assigned 1-2 short call days per week
 - These will be arranged ahead of time and be added to the call schedule on the tox website
 - Short call is from 9a-5p and a pager will be provided in the tox fellow’s office
 - After 5pm an EM resident or Tox fellow will take over the pager

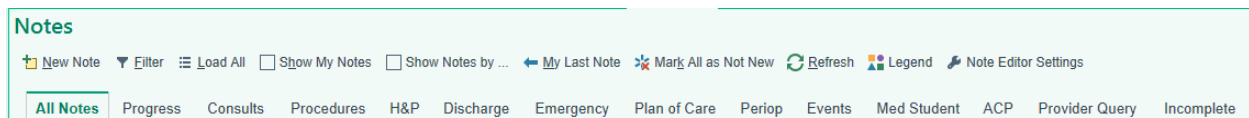
Epic Patient Lists

- Log into the Epic context “WU EM TOX CAM 5A.”
- Go to the Patient Lists tab and open your Shared Patient Lists folder
- You should have **five lists**:
 - Tox: for active **Toxicology** patients
 - Addiction: for active **Addiction Medicine** patients
 - Tox Signed Off: for **Toxicology** patients after we sign off
 - Addiction Signed Off: for **Addiction Medicine** patients after we sign off
 - Tox Auto-Consult: for **Toxicology** and **Addiction Medicine** patients with an active order and no completed consult note.

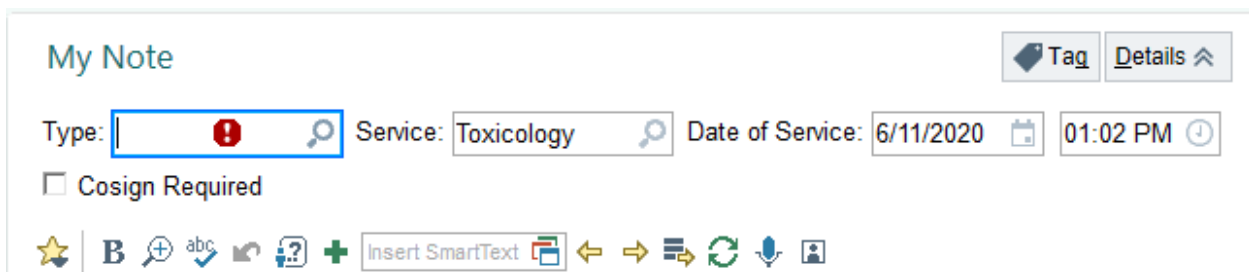


- When we sign off on a patient, you must **add them to the appropriate “signed off list”** before removing them from the active list
- There is also an “auto-consult” list that shows all patients with an active order for a Toxicology consult
 - We are **not** formally consulted until we are paged, but oftentimes teams will forget to call us or assume they do not have to call us
 - When you are on call, especially over the weekend, you are responsible for **checking this list at least once daily** and addressing any patients on it
 - Call the primary team listed and ask about the consult. Frequently it is an addiction consult that has been ordered incorrectly (e.g. sent to us instead of Psychiatry on a Monday/Wednesday/Sunday), in which case you can direct them to cancel the consult order and enter one for Psychiatry.
 - You should be added to this list, if not let a fellow, Andrea Ramirez, or your attending know.
- Unless signing off on a patient, you should update the sign-out patient lists. This can be brief with updates and tasks that need to be done
 - If you don’t know where this is or how to do this, please ask
 - The better these lists are kept up-to-date, the easier it is when we sign out patients to one another

Notes



Start a new note by selecting the “Notes” tab in Epic and hitting “New Note” at the top left.



For **new consults**, enter the note type “Consult” in the Type box (with red stop sign, above). For **daily progress notes**, enter the note type “Progress Note.” For phone notes or general update notes, enter the note type “Significant Event.” **Be sure the service is set as “Toxicology”**.

My Note

Tag Details

Type: Service: Date of Service:
 Cosign Required signer:

Please choose the associated consult orders:

	My Specialty	Associated Orders	Order Report	
Date/Time	Order Name	Provider	Specialty	Status
<input type="checkbox"/> 06/10/20 0829	Consult to Vascular Access Team			Completed
<input type="checkbox"/> 06/06/20 1124	Consult to Toxicology		Medical Toxic...	Sent
<input type="checkbox"/> 05/28/20 0920	Consult to Vascular Access Team			Completed

Next, assign a Cosigner (the attending who sign the note), in the box with the red stop sign above. If this is a **new consult**, check the box next to the “Consult to Toxicology” order to link your note to the consult order.

Next, you’ll drop in the appropriate **toxicology dot phrase**. The names are straightforward. Select from one of the following:

- Tox adult consult note ".toxnote"
- Tox adult progress note ".toxprogress"
- Tox pediatric consult note ".toxpednote"
- Tox pediatric progress note ".toxpedprogress"
- Addiction adult consult note ".toxaddnote"
- Addiction adult progress note ".toxprogress"

After inserting the appropriate dot phrase, go through and type the note.

HPI ROS Physical Exam

Service: Date of Service:

Cosign Required

★ B abc ↶ ? + Insert SmartText ↷ ↻ 🔊 📎

{Tox / Addiction:43363::"Medical Toxicology"} Consult Note

{encounter type:41961::"This was an in-person encounter."}

Reason for Consult: {reason for consult:41963}
Requesting Provider: {requesting provider:41964}

For a **new consult note**, you must enter the requesting provider. This **must** be the **FIRST and LAST NAME** of the **ATTENDING PHYSICIAN** requesting the consult, *not* the APP or resident. There is one exception—if we see a consult in the ED and there is *only* an APP taking care of the patient (e.g. in EM3), it is OK to put down the APP’s name.

Make sure the service is TOXICOLOGY.

It is critically important that your note contains all four of the following: (1) past medical history, (2) social history, (3) family history, and a (4) review of systems. You **must** double check your note to ensure that there are usable items entered for all of these sections. **“Non-contributory” or “none available” are not acceptable.** “Unable to obtain” may be used if you truly can’t obtain the information (e.g. patient intubated). For family history to be valid there must be both a diagnosis and relationship. For example, “No family history of diabetes in mother” is valid whereas, “No family history of diabetes” is not.

Toxic Forms

- We participate in the Toxicologic Investigators Consortium (Toxic), a group of medical toxicologists that includes almost all clinical toxicology services in the country
- Every consult that is seen by the attending (whether Tox or Addiction Medicine in-person or virtual) **needs a Toxic form completed.**
 - Curbsides (i.e. patients never seen by the attending) **must not** have Toxic forms
- Toxic forms are kept on top of the metal shelf on the wall of the fellows’ office
- The form is **tricky to fill out** because of the way the Toxic database defines and codes things like reason for consultation, signs, symptoms, and exposures
 - The first time you fill out a Toxic form, **sit down with a fellow or attending** to go through it and make sure you’re entering data correctly.
- **If you see a consult, it is your responsibility to ensure that the Toxic form is completed.**
- After you are done with a Toxic form, place it on one of the fellows’ desks for review.
- This database is free for you to use for research projects. Speak with Dr. Liss if interested.

Poison Control Center

- We notify the Missouri Poison Control Center (PCC) about all of our toxicology cases to ensure that their database is as complete as possible (this is a major source of data for toxicology research and public health policy)
 - We do **not** notify the PCC about addiction medicine cases
- To reach the PCC, call **800-222-1222**. You must call from a phone with a Missouri area code—you are automatically routed to the PCC that corresponds to your area code.

- On the PCC phone tree, hit “1” and then hit “2.”
- You can also call **314-612-5761** to skip to the front of the line.
- Be prepared to give the PCC demographic information (name, birthdate, hospital) and a clinical summary including lab results and treatment (they are permitted to collect HIPAA protected health information).
- If we are **actively following a patient**, we should be calling the PCC with daily updates on their condition and hospital course.
- The PCC may occasionally **page us** to request a specific update or tell us about a case—their number will show up on the pager as **314-612-5761**.
- Sharing information with the Poison Center is NOT a HIPAA violation and does NOT require patient consent.

Didactics

- We have didactics weekly
 - Didactics are usually on **Thursdays**, 10:00-14:00
 - During the second week of each month, didactics are on **Wednesday** 10:00-14:00 to avoid conflict with the EM faculty meeting
- During didactics, we review journal articles or textbook chapters
 - You will receive copies of this material during the week prior to the didactic
 - You will be assigned to cover a certain portion of the material during the week prior to the didactic
- You are expected to prepare a presentation for each didactic session you attend
 - You will either present a **picture project** or an **end of rotation project**
 - **Picture project:** Brief (5-6 slides) presentation, with lots of visuals, on a toxicology topic that is not frequently encountered in clinical practice, such as toxic plants, marine envenomation, or industrial chemicals
 - There is a list of topics in the fellows’ office—pick one and be sure to put your initials and the date next to it so someone else doesn’t repeat the same topic
 - **End of rotation project:** More in-depth presentation (~15 minutes) on a toxicology topic of your choosing. Should involve some review of the primary literature.
 - You must clear your topic with a fellow or attending before beginning work on your presentation
 - **Submitting your slides:**
 - Submit your slides on rotator.stltox.com (See below). **BE SURE TO INCLUDE THE DATE, YOUR LAST NAME, AND PRESENTATION TYPE.** Please convert Google Slides or Apple Keynote presentations to an acceptable format (PowerPoint, PDF, etc).

Upload Presentation

This server is not HIPAA compliant. DO NOT UPLOAD ANY CONTENT CONTAINING PHI!

Accepted file types: doc/x, ppt/x, pdf, jpg, png, gif, tif. Max file size 50MB.

Please name your file: "yyyy-mm-dd Last-name type one-or-two-word-descriptor.extension" (e.g. 2

Include your name and title (MS3/4, resident / fellow) on the first slide so those of us on Zoom know who you are!

Read our [disclaimer](#)

Please be patient and wait, you will receive a confirmation below the upload button when complete.

Browse... No files selected.

Upload File(s)

- If you have problems uploading, try a second time and if that fails e-mail your presentation to ramireza@wustl.edu .
- Every resident must present **one end of rotation project** during their Tox rotation. All other presentations should be picture projects.
 - For example, if you attend four didactic sessions during your rotation, you will present one end of rotation project (usually at the last didactic session you attend) and three picture projects.

Toxicology Modules

- Residents will complete 15 toxicology modules during their rotation. These are short and question-bank based.
- Go to <https://emcc.peaconline.org/register> and select User Group "Washington University Emergency Medicine" and use passcode "was".
- You are responsible for the following modules:
 - Approach to the Toxicologic Coma
 - Organophosphate Poisoning
 - Paraquat Poisoning
 - Toxicology: Acetaminophen Poisoning
 - Toxicology: Antidepressant Toxicity
 - Toxicology: Antidiabetic Medications
 - Toxicology: Carbon Monoxide and Methemoglobinemia
 - Toxicology: Caustic Ingestions and Hydrocarbons
 - Toxicology: Digoxin Poisoning
 - Toxicology: Lithium Toxicity
 - Toxicology: Salicylate Poisoning
 - Toxicology: Sedative-Hypnotic Poisoning
 - Toxicology: Sympathomimetic Poisoning
 - Toxicology: Toxic Alcohols
 - Toxicology: Toxidromes
- Please let Dr. Liss know when you have completed the modules or if you have any questions

MAT Waiver Training

- Many of you were offered MAT (buprenorphine) waiver training during EM conference. If you were unable to complete the training, you have the option of completing it during your toxicology rotation.
- Free 8-hour online training is available at <https://learning.pcssnow.org/p/onlinematwaiver>
- Please ask Dr. Liss if you have any questions.