Frequently Asked Questions for Current Residents

General Information:

Attending pager/home/cell numbers are posted on the wall in the call-room (look up and to the right), but if it's not there you can get to it through the UIC website under the UIC website:

http://tigger.uic.edu/htbin/codewrap/bin/com/uhrd/cgi-bin/index/index.php

Faculty/Staff Link -> On-Call Button (Bottom Left) -> Attending Radiology Contacts at the bottom of the page. Additional information on this page includes the following:

- On call Body, Neuro and NM attendings for the months (and Pediatrics soon)
- On call US, IR, MRI, NM Techs and IR Nurse
- Numbers for Kunal, Joe Abraham
- Resident emails, cell phones and pagers
- Mercy phone numbers (attendings, reading stations, administrator – Peter)

If there is a PACS issue, you can attempt to contact Bob Foster /his replacement, his pager is available online. The Information Service number is #37717. They are the ones that can reach out to the PACs contact if the system is down or you are locked out of your account. If they claim they cannot do this, escalated this to the administrator on call. If they cannot help you, call Kunal and he will help you.

For Mercy PACS issues, see the list of call personnel in the department. Generally Fred or Armando are the ones to call. If you can't get a response, call Peter. For talk issues, contact Ruth first, then Peter.

Mercy Reminder:

1. All residents must put a prelim disclaimer on ***all*** reports regardless of whether they are **saved**/*prelim* or actually put through. This is important.

2. All residents must time stamp all reports they do put through. Not just date stamp.

3. This is acceptable at UIC & it would be easier if you did this at both institutions.

Home Back-up:

When you need advice about a case or procedure, call the senior resident on call or your institution. You will find this in the online schedule. It is important for you to determine which resident is covering which institution and to call the right one. Please, attempt to contact him/her at least twice by both page and phone before calling the other institution's home back-up resident. Generally allow at least 15 minutes, but no longer than 30 minutes for the resident to reply.

If neither resident replies after multiple attempts and you still need help, then call the attending. If it is life threatening and time sensitive, escalate to the proper attending physician immediately.

Requesting Attending Reads:

UIC:

Please note that the attending on-call is not always the person covering that service that day or the next day, which is typically who you send your reports to. Instead, there is a dedicated "on-call attending radiologist," which you find as listed at the beginning of these Call FAQs.

Mercy:

The Mercy schedule directly states who is on-call for both IR and diagnostic purposes.

In general for both institutions, attending reads should primarily be given by our attending directly to their attending, with the initial request coming directly from their attending. Neurosurgery will sometimes request final reads on cases that potentially could need anticoagulation (dissections and PEs usually), which can be appropriate and needs to be assessed on a case-by-case basis. When other services call with this request, make sure you obtain their attending's contact information so the information can go from attending to attending.

At Mercy the current protocol for attending requests is to gather the appropriate contact information, including both attending and resident. The on-call resident should then call the MHB resident prior to calling the attending, (usually) even if there is a request for an attending read initially, but do not offer only a senior interpretation when a request for an attending interpretation is made. It is MUCH BETTER to bother the attending for an inappropriate request, and let them deal with it the next day than to stonewall the request. The on-call PGY-5 radiology resident

should have interpreted the study prior to calling the attending so that three separate eyes have seen the study. Let them know that your attending may also want to speak to their attending directly with the results and some attendings will want to speak to the requesting surgery resident as well to go over the images.

You will quickly get a feel for preferences of different attendings. Sone prefer to simply be called without spending time involving the senior backup. Since your backup attending is also the late attending, it is best to get in the practice of asking them for best contact information and their preference while you read out with them before they leave.

Attending requests for attending interpretations are always provided.

If, for any reason, you have difficulty reaching the on call attending, call (in this order), Dr Sepahdari (chairman), the IR attending on call, Dr Bower, Dr Amir Sepahdari, or Dr Meyer.

Nuclear Medicine:

For all emergent nuclear medicine requests gather the pertinent clinical information, which includes patient weight, respiratory status (intubated or not), IV access, history of pulmonary HTN for VQs, CXR that is reasonable within 24 hrs, preferably 6-12 hrs (if you think over 50% of the lungs are compromised, the study will not be useful usually).

At UIC you will page the nuclear medicine attending, found on the website (either Dr. Lu or Dr. Blend) and run the study by them for approval. At Mercy these are generally not run by any attending, and

you should page the on-call technologist. Once it is cleared at UIC page the technologist on call (a sheet of numbers is available online as well as in the UIC Jr Call room or front desk for the month), usually the pager is 3999, but sometimes it is not, so look it up first. If you can't find a current sheet and the front desk can't help you, page the lead-tech Tim (312) 249-1647.

VQ scans will not distinguish a new from chronic PE.

We do offer SPECT/CT imaging as well, but only if the service requests it specifically. Otherwise the technologist will do standard planar imaging.

Interventional Radiology:

For emergent interventional procedures at UIC, get the following information: clinical indication, lab values (complete blood count, coagulation profile, and renal function tests), requesting attending, resident contact numbers, and the consentability of the patient.

If general anesthesia is required (e.g. TIPS), the ordering service is responsible for arranging this. A nurse is required for all IR procedures to assist in administering moderate sedation and analgesia (usually this is Neurosurgery requesting these, and the patients are generally NSICU, in which case their nurse will come down with them, but just confirm this with the floor first).

IR attending coverage at UIC

The IR attendings use the Google calendar to keep track of their call schedule.

To access the calendar, go to google and command click on google calendar (or just login through gmail and get to the calendar through there).

To sign on, type in:

login: uicmcircall
password: uicmcircall

The on-call attending will be listed in red at the top of the calendar. Make sure that the "IR Fellow" green block is also clicked in the bottom left corner of the screen, sometimes this hides if the fellow is the first person to call.

If the on call attending does not answer a page for whatever reason, try calling them at home. Also, double check that the fellow is not on call. If they are, call them first before calling the attending.

IR Tech coverage at UIC

The angio tech on call schedule: Primary Tech is for neuro interventional cases. The PV tech is for angio.

We have a radiology angio nurse on call, but generally only until 10 pm. If a nurse is needed for angio that can do conscious sedation, the patient's ICU nurse can cover. If the patient is not in the ICU, call 63725, which is the nursing office. If the patient is on the floor and no nurse is available, the alternative is to transfer the patient to the ICU.

Pulling a Sheath

You may be asked to pull a sheath on a patient who underwent angiography. Make sure the coagulation profile is acceptable before pulling the sheath. Per recently revised policy, first consult with the IR attending on call. If the attending agrees, have the patient's nurse hold your pager while you are holding pressure and tell the secretary at the Radiology front desk that you are going up to the floors.

Enlist the help of your back up resident if you feel like the ER list is out of control, one to pull the sheath while the other interprets cases & provides consultations. Sometimes, if it's during the late morning/early afternoon, the body attending might be kind enough to cover the ER list for you.

Biopsy/Drain Requests

These are usually not emergent and can wait for regular hours. If the service is insistent or persistent, escalate the request to the appropriate service.

Vascular Access and Other Requests

These are the policies of the department as we understand them at this time.

UIC

PICC lines and dialysis catheters are almost never emergent. The exception is for transplant patients, which generally will get done. If in doubt, contact the on call IR attending. If a patient has a clotted AV fistula or graft and needs dialysis, then surgery or nephrology is usually consulted to place a temporary catheter. We can then fill the request, as needed, during regular business hours.

Mercy

With regards to PICC lines at Mercy, per Dr. Bower, we are essentially a no weekend or after-hours line service. In the event of a request, we should explain to them the above, PICC nurses place the lines at Mercy. An alternative Dr. Bower gave was you can page the on-call IR nurse (they are on the dry-erase board by the IR suite with a check by their name) and ask them if they would like to come in and place it. Based on the request use your judgment as to whether you call or not depending on how overwhelmed you are and how legitimate the request is. If the patient needs access recommend surgery or anesthesia put in a central line for them.

Thoras/Paras

We generally do not perform these procedures while on call. In addition, we are not allowed to "mark the spot" where the clinical service could potentially use as a target for the procedure. We can, however, let them know whether there is or is not fluid based on a limited ultrasound they order. If they are insistent that one needs to be done (i.e. there attending is on the phone with you demanding it) please escalate to your attending physician and this should be handled on an attending-to-attending level.

Lumbar Puncture Requests

UIC

Services must attempt the LP themselves; this includes the resident and attending, with both attempts documented in the chart.

If it is the weekend, neurology should be consulted prior to radiology, and their attending needs to also have made an attempt. Generally, these are supervised procedures and during off hours coordination with attending availability is necessary. On rare occasions, the resident will be allowed to do the LP without the attending physician present, but this

is only after the attending physician has approved the procedure and told to the resident to attempt it on his/her own. A power chart note is sufficient documentation and these procedures cannot be dictated/charged due to lack of sufficient attending involvement.

If that patient is too large, and that is the reason for the request, we can provide a larger needle or it can be obtained from central supply, but the above must happen prior to the radiology attempting placement. Body habitus does not bypass the need for the floor to attempt. Also please remember the patient needs to be able to lay prone and possibly decubitus. Intubated patient's are not possible on the table.

Mercy LP

When a referring service requests an LP, it is actually incorrect to state that we do not do this. It is also not exactly correct to state that it is the responsibility of anesthesia. The answer is in the middle: 'we do not have someone easily available to do this, and very often the in-house anesthesiologist has been able to help in after-hours situations'.

A referring service really should try first. If you are in a position that the LP is still needed without such alternative, you may have no choice. But if you feel uncomfortable, the MHB is your fallback. Attending supervision is required for billing, not for performing. When you perform it, you are acting as an agent of the hospital. Again, this will be rare. The on call (general) attending is your supervising attending. Discuss any LP/myelogram requests with them.

In many respects, what they need is the needle placement in fluoro and many attendings do not think it is unreasonable to ask the referring service to participate: in the interest of time, help you collect the fluid (medical student/resident), provide a kit, provide any needles or other

supplies you may want. At the end, label the fluid and give it to the service. Table limit is ~350 lbs I believe.

With myelograms, supposedly same story (MHB) but incredibly rare (less than once a year). Really, a non-contrast CT is not that unreasonable. You can call the attending to discuss any thoughts.

In the rare event you are called in for an LP or myelogram, the location of the following materials needed are as follows: Within the angio area behind the desk the IR nurses sit at (outside of the angio and patient waiting rooms) there is a room which you need to obtain a key for. Once in this room, there are LP and myelogram trays at knee level. The myelogram trays do not have contrast, however. The contrast and additional needles can be found in the cabinet above the sink the xray techs use to wash their hands right outside x-ray room 5. You can use Omnipaque 240 or osmolar equivalent nondiluted (12-13 cc max administration), Omnipaque 300 or osmolar equivalent (10 cc max). I don't think there's an official key given for the LP/myelogram room; however, you can get security to open the door if needed.

Ultrasounds:

The following questions may arise, usually only very rarely:

- **DVT ultrasounds at UIC** are performed by the vascular surgery department, and have been for multiple years. Have the requesting service contact the surgery resident covering vascular if they are confused.

- **Pregnant female ultrasounds at UIC are performed by the OB department**. So if a pelvic exam is ordered, make sure a beta-HCG is back. If it is positive, the exam is performed in the OB department. If a

pelvic ultrasound is to be performed, make sure a Foley catheter has been placed by the ER nurse. If for some reason the OB ultrasound service is not available (unpageable), we are still not supposed to do them. The technologists are not familiar with what to look for and the attendings do not routinely read them. If there is pressure from an attending, let an attending-to-attending conversation take place and remove yourself from the situation.

- Complete abdominal ultrasounds from the Peds ER are acceptable if the story justifies the examination. Often a limited study may be all that can be justified from their working diagnosis.

- Neonatal head ultrasound require you call the body attending on call and ask if they will feel comfortable reading the exam. If they do, go ahead and call in the tech. If not, then you can ask one of the neuro attendings on call if they would read it with you. If none of the attendings you've contacted are comfortable with neonatal head US, then recommend a head CT instead.

- Breast cancer imaging is performed during regular hours in the mammography section.

Breast abscess imaging should ideally be performed during regular hours in the mammography section by a trained mammographic sonographer. When requested on call, consultation with the body attending is required before calling in the technologist for the study.

- Make sure that when you fill out the UIC US tech form for after hour exams, the exam indication is correct and can justify the emergent ordered study. Usually, these include ER cases, transplant cases and neonatal heads.

Transvaginal US Guidelines

Performing Transvaginal US's on patients who have never been sexually active **AND** are 18 years or older. (Performing transvag exams on under 18 year olds who are not active/non-emancipated minors is still not a good feasible idea).

Note: Transvaginal scanning can be performed on a woman (> or = to 18 years of age) who is not sexually active if the following conditions are met:

- Consent of the patient (written consent needs to be placed in chart)
- Agreement of the ED physician and radiologist
- Patient's clinical scenario warrants transvaginal scanning and the clinical question has not been answered by transabdominal scanning
- As always, there needs to be a female chaperone in the room

If the question is answered by transabdominal technique, please call the ER, and discuss this, as transvaginal probe may not be necessary. These changes have been made in conjunction with the ER liaison.

UIC Tech Coverage

US techs are IN-House M-F 7am-11:30 pm, Sat&Sun 7am-3:30 pm. After these hours they are available for emergencies by pager. Please make sure the exam is an emergency and cannot wait till 7am.

The protocol for the clinical service to obtain an ultrasound will remain the same. They will continue to need to contact you and obtain approval

for their emergent ultrasound. You will then fill out the request for and give it to the front desk person; they will call the tech in.

Mercy Tech Coverage

If the ER orders an US, the xray techs will page the US tech directly and keep you out of the loop. If you do get a direct call from the ER, just have the xray techs page the on-call US tech. Emergent US from the floor need to be communicated to the resident by the ordering service. If it is ordered and no one notifies the resident, no one will be called in to perform the study as the xray techs do not monitor the non-ER orders. Explain to any residents, nurses or attendings that want to know why their study has not been done that the on-call resident was not made aware of the order so the tech was not called. Educate them to the protocol so it can be avoided in the future.

Pediatrics:

Intussception Protocol

There is an on-call pediatric attending list that is available online in the same area as the other on-call information. Prior to calling the attending you should ensure that the symptoms have not been going on for >24 hrs, the patient is nontoxic, they have a soft abdomen, no white count, and ideally an ultrasound demonstrating an intussusception. If some, but not all of these criteria are met, you need to inform the attending when you call them. Pediatric surgery should be available and have seen the patient. If you have issues contacting the on-call attending, page Dr. Hemmati or the body attending.

Because of absence of a pediatric surgery service, intussusception reduction is generally not done at Mercy. The ER is aware of this, and

you probably won't receive such a request. If you do, it is likely from a new attending or resident. You can politely remind them that we don't have surgical backup and that these patients are generally transferred. If there are any issues, escalate it to your backup attending.

Contrast and Technical Issues:

IV Infiltration

Please see the IV Infiltration section which is under the UIC Radiology website, within the faculty/staff tab and under the residents drop-down tab at the top of the page.

Contrast Allergy and Nephrotoxicity Protocol

Contrast Nephrotoxicity:

Normal healthy (young) patients do not need a recent Bun/Cr prior to contrast administration.

Per Canadian Association of Radiologists Consensus Statement: The risk of CIN increases with declining renal function. Serum Cr (and GFR) should be obtained within 6 months in the stable out-patient with one or more risk factors, but without significant renal impairment, and within 1 week for inpatients and patients with unstable or acute renal disease.

The main risk factors for renal dysfunction include: diabetes mellitus, renal disease or solitary kidney, sepsis/acute hypotension, dehydration or volume contraction, age>70 yrs, previous chemotherapy, organ transplant, vascular disease.

Patients with an eGFR of >60 mL/min have an extremely low risk of CIN and generally do not require preventative measures or follow-up.

Furthermore, the risk of CIN and in particular poor patient outcomes is twice as bad with intra-arterial (IA) versus IV. Hence, in cases where eGFR is <60 and IA is proposed, preventative measures are recommended. For IV, the risk remains low until eGFR has declined to <45, and in these patients preventative measures should be instituted. Patients are more at risk for CIN when eGFR is <30.

Basic Preventative Measures:
1) Alternative exam (e.g., US, MR, or non-contrast CT), if this will adequately assess the clinical concern.
2) Hydration/IV fluids.
3) Ensure metformin has been discontinued the day of the exam and is not re-started until 48 hours after renal function has been rechecked as is back at baseline.
4) Discontinue other known nephrotoxic medications 48 hours before the exam.
5) NAC is of questionable (if any) benefit.

Exceptions to the above recommendations are sometimes made, but any deviation from institutional guidelines requires an attending to attending discussion with radiology resident documentation in power chart. Also, patient informed consent regarding the risks and potential need for dialysis obtained and documented in the chart, preferably by the ordering service since they are the ones who have decided the benefits of the exam outweigh the risks. Although, the service may have acquired the written informed consent, verification of its presence in the chart is the responsibility of the radiology resident on call.

Repeat Contrast CT Exams within 24 Hours:

Ordinarily, this is not done since it can cause renal failure. However, if the clinical service has a legitimate reason as to why, it might be considered. You need to explain to them the risks and benefits of proceeding, rather than waiting for the 24 hours to be up. Also, the

patient should be consented, which should be reflected in the chart as mentioned above.

Contrast Allergy:

Contrast studies on pre-medicated patients with a history of serious reaction are best done when you're not alone in the department (ie- during regular business hours).

When the referring service calls to ask about how to pre-medicate prior to contrast administration or about contrast-induced nephropathy in general, you can refer them to the hospital policy. To access this:

1. Go to the hospital home page: hospital.uic.edu. If you are outside the hospital, you can access the information by logging on remotely via the application portal and selecting Internet Explorer from the Desktop Basics tab.

2. From the "Policies" drop down tab in the middle of the upper blue bar select Clinical Care Guidelines.

3. Click on the Radiology or Medicine Sections

Premedication and management of reactions information is located in Addendum 4 of the "Management of Contrast Media at the Medical Center".

Giving Gadolinium

If the patient has had no recent lab work, then you need to go by history. If s/he is under 60 years old, has no history of diabetes, hypertension or known kidney disease, or is not on renal-related medications, then

contrast can be given. Otherwise, a BUN and Cr need to be obtained to calculate a GFR.

If the GFR is greater than 60: use 0.05 mmole/ml Multihance per Kg with a limit of 20 ml.

If the GFR is greater is between 30 & 60:

1. Determine if contrast is needed. If not, inform the service & do a non-contrast study.

2. If contrast is needed, use 0.05 mmole/ml Multihance per Kg with a limit of 20 ml.

If the GFR is < 30: no contrast should be used unless:

1. You have talked to the clinical service and your supervising attending radiologist about the case.

2. They have obtained a nephrology consult and it is documented in the chart.

3. The administration of contrast is necessary for diagnosis.

4. The patient has signed a consent form indicating the risks/benefits/alternatives.

5. If dialysis is to be performed, it should be done less than 2 hours after administration.

6. Use half dose Multihance for contrast if needed.

We don't give gadolinium to pregnant patients. You will occasionally be asked to consent pregnant patient's for MRI. Basically there is no proven fetal effect, although long-term studies have not been completed.

Weight Limit for Tables (according to the techs)

Angio table is 550 lbs.

MR scanner is 350 lbs.

CT scanner is between 400-425 lbs.

Nuc Med scanner is ~450 lbs

Injectable Lines

For CTAs or CTs per PE protocol, the patient needs to have at least a 20G IV in his/her forearm or AC or a purple Power PICC in place. Smaller IVs or those within the hand or wrist are not acceptable. For regular CTs with contrast, these rules do not apply. You will frequently receive calls about difficult sticks or patient's that have terrible access and terrible veins, or lines in interesting places. Small IVs in peripheral spots are very likely to infiltrate or produce non-diagnostic studies. Various requests will be injections through triple lumen catheters, external jugular IVs, IVs in fingers/toes/hands, etc. Offer alternatives such as VQ if it is a PE rule out. If you are unsure call the attending and let them know.

At Mercy: Triple lumen lines housewide ARE power injectable approved and may be used, provided the port is so labeled, and there is a

blood return. Power injectable ports may be used. The bard ports can be identified by the letters "CT" on the port, visible on the scout image.

MRI Compatibility – mrisafety.com

For MRIs and devices, look in the MRI safety book or MRIsafety.com. Most patients have cards with the device number on it.

If the patient reports a history of lodged bullets, shrapnel, etc, get plain films of the region to ensure that the objects are not located in or adjacent to vital organs (i.e. the spinal canal, large vascular structures, brain, or eye).

MRI and Aneurysm Clips

No patient gets an MRI without record of the exact type of aneurysm clip.

Even here at UIC, 99% of the clips are MRI compatible, but there is one type of clip that is NOT compatible, the "special." Nobody should instruct you to "just do the MRI because all clips at UIC are MRI compatible." They are not. You need documentation of the clip type for the MRI tech.

If the clip is from before 2000, take extra special care to have proper information before sending someone into the scanner.

UIC MRI Tech Coverage:

Monday-Friday: 6:30am-10:30pm

Saturday: 7am-3:30pm

Sunday: 8am-2:30pm

AIC: 7:30am-4:30pm Monday-Friday. No weekend coverage as of right now.

MRI Requests

There may be occasional requests from Neurosurgery regarding NOVA studies. This is a study that not all the on call technologists can perform. Fortunately, NOVA studies are usually not an emergent study. If the service is insistent, escalate this to the attending on call.

Other than this most requests are generally approved. Use the same form as for US requests and make sure the patient can tolerate the study, is not >350 lbs, is not claustrophobic, is MR compatible, and is not planning on leaving AMA before the tech arrives.

Pregnant Patients

All MRI and CT exams ordered on pregnant patients need to be protocolled by the radiology resident. Gadolinium cannot be administered to a pregnant patient.

When performed, written consent must be in the chart prior to CT.

This info is direct from Eric Hall's radbio website.

3 periods of gestation:

1. Preimplantation: 0 - 9 days

2. Organogenesis: 10 days - 6 weeks

3. Fetal period: 6 weeks to term

Effects of radiation:

1. During preimplantation. It's an all or nothing event. Either the embryo survives and does fine or dies.

2. During organogenesis. IUGR, which can be recovered. Mental retardation occurs secondary to radiation during 8-15 weeks. The other concern is microcephaly.

3. During fetal period: IUGR, which is irreversible. Continued concern for microcephaly and/or mental retardation.

At all times during gestation, the fetus is being placed at risk for future development of pediatric cancer, especially if exposed during the 3rd trimester.

CT Perfusion

CT Perfusion studies are occasionally, requested by neurology or neurosurgery for stroke patients, and they are offered by the department at all times. The technologists are all trained to do these. If the technologist claims they are unable to perform the test you should page the administrator on call to help with this. All residents have been trained in interpretation, but when uncomfortable escalate to the senior resident on call. If the senior has difficulty, the senior resident should escalate the case to the attending on call.

Miscellaneous

UIC

To sign in your pager for call, dial 136, then *9847, then 311, then enter your pager number, then hit #.

To forward calls, 106 connects phones and 107 breaks the connection.

The general consult phone is 60268. The call room phone is 60266. The front desk 60276. The ER Tech 32104.

The Café downstairs is open 24/7 and your meal FOB will work there.

To see examples of what radiopaque instruments/sponges look like on PACS, perform the following:
Go to ALL EXAMS, then under patient name enter INSTRUMENT INSTRUMENT, OR will be listed and you can scroll through the radiographs. Use these images for help, but certainly continue to use common sense if you see something out of the ordinary.

To find numbers for the Hospital Floors, Reading Rooms, Technologists, IT and more:
Go to the main UIC Radiology website (http://tigger.uic.edu/htbin/codewrap/bin/com/uhrd/cgi-bin/index/index.php#)
Then, under the About Us tab, click on Important Phone Numbers and choose the appropriate selection.

Mercy

If you get hungry, you can knock on the kitchen door, which is #271 (next to the display case on the second floor) and tell them you're a resident on call and ask for a patient tray. Make sure you have your Mercy ID with you. Also, please note that the Mercy cafeteria is closed for dinner on the weekends. There are vending machines by the café that sell ready to eat sandwiches and frozen TV dinners that can be heated in the call room.

To forward calls it is *2 + the number to forward to. To break the connection it is #2.

Passcode to the call room: 0911 Please do not share this code with non-radiologists, and report any unauthorized personnel to security, an attending and the chiefs. We want to keep this area safe. For your convenience, the call room is equipped with refrigerator, microwave, TV, DVD player and coffee maker. Please keep the equipment clean.

In Closing:

1. Be nice to each other.

When I'm on night float, I like to call the other resident who is at the opposite hospital and just check in with them. It's really nice to do, especially when you start to go crazy in the middle of the night from solitary confinement.

2. Just do it.

The vast majority of requests are legitimate and should be satisfied. Some requests may not make much sense, but usually refusing studies will only result in angry services and calls from attendings. If you think you are doing an unindicated study document where it came from and the details surrounding the request. Pass the information along to Dr. Michals and/or the chair, Dr. Hemmati, in the morning and let it be ironed out at a Chairman to Chairman level.

3. You are not alone.

Don't ever feel like you are doing this all by yourself. If you don't know something, that's okay and to be expected. A great resource is statdx. Many have also found it useful to look up "normals" in PACS as

comparisons, which is pretty easy to do at UIC. Of course, you can (*and should*) call your back-up person or even the attending, if requested, but if it's around slow periods (like 4 am or 4 pm), you can also consider calling your counterpart at the opposite hospital. Many residents have done this multiple times for a second opinion, and they have all found it very useful.

As for contacting attendings, if that's requested, just ask the referring service in return for their own attending's contact info, saying that your attending will contact them directly. This sometimes curbs impulsive orders made by a rushed requesting resident, as opposed to their actual attending. Please remember that patient care is the top priority and calling Sr. back-up and an attending is appropriate if you need help.

4. Do whatever it is to keep you sane and happy.

Before I am on call, I go on a big food run to Trader Joe's. If you're going to have a potentially stressful call, you may as well eat good food. Other residents swear that exercise is key. I've also found it nice to bring my own laptop to work in case I want to watch movies, study, do work, etc. during downtime in the middle of the night. If you have trouble accessing a website at Mercy, you can consider going through Internet Explorer via the UIC application portal.