

## **Nephrology Rotation:**

- Rounds will begin at approximately 8:45AM. Meet with the attending for that day in the ICU unless otherwise specified.

- By this time please try to have seen all your follow up patients and prepared full SOAP notes (this includes examining the patient daily and speaking to nursing staff about overnight events). In general 3<sup>rd</sup> years should carry 2-3 follow ups and 4<sup>th</sup> years 3-4 follow up patients. Have your notes done before morning report.

- *NOTES:* all residents and students should have notes written. Residents please use the EMR system (“nephrology progress note”), we will review with you on rounds. Students please write a full soap note for practice; it may be easier to compose on written progress notes which will be made available to you, easier for us to review and allows better flow during rounds.

- *Students,* please take charge of the patients you are following! That means knowing their history in full, understanding their hospital course and being aware of up to date results for labs and studies. Be proactive about attaining old labs from primary physicians and baseline information, reviewing medication lists daily, and spending time to get to know the patient as a person. Practice the ability to summarize the history and course of your patient so you can logically explain it to a new attending or resident that may be rounding with you. Organizing information and presenting it in a logical and summarized fashion is a critical and learned skill that takes time and plenty of experience.

- *Residents:* please see new consults in morning from overnight, or assign them to students who do not have patients they are currently following. If there is a dialysis patient that is newly admitted, please find out the patient’s regular outpatient dialysis schedule, when they were last dialyzed, and determine if there is an urgent need to dialyze them and let the attending know about the patient when you meet at 845am. Also we would like for you to take ownership about guiding students in the morning, overseeing them in regards to patients they are following, and being part of their educational process during the month.

\* Residents and students: if there are patients that you believe are seriously ill or is concerning in any way to you, please *bring that to our attention at the beginning of rounds.* Do not assume we are aware.

- During the day please be conscious of the team list, checking back frequently online to see if new consults are arriving. This is especially important when the attending physician is not in-house (ie. at dialysis rounds or at office hours). Residents please complete consults under note titled “nephrology consult.”

- At the end of the day run list with attending or resident to determine which students will be seeing what patients the next day. Continuity is important, but a resident or attending may deem a patient is no longer "educational" and assign a new one. Students should not stop following patients without asking the resident or attending first.

## **Educational resources:**

- See list of general topics that you should be aware of and educated on during this rotation. Certain topics are bolded are more important for you to focus on than others, however if you feel a lack of knowledge in any area, please let us know and we will be happy to review it with the group.
  
  - See **DropBox** account for articles, and feel free to contribute to this growing resource by bringing good articles/resources to our attention. The attending may pull and provide these to help supplement patients you are seeing, but we also encourage you to peruse the list and pull these articles during the month that are related to the patients you may be following or just for your edification. Keep reading! We are happy to take time when we have it and review articles you may find interesting with the group once a week.
  
  - Up to date is an excellent source, but it is *NOT* the only source. As students and residents you should learn to read research papers and review articles. Please run any choices you have by us, there is some real good stuff, and some real garbage out there.
- \* We highly encourage that all residents and students **PROACTIVELY** look up questions that come up on rounds, educate your peers and us!! Giving 5-10minute talks on subjects related to your patient or regarding questions that may have come up during rounds is highly encouraged!

## NEPHROLOGY ROTATION TOPICS OVERVIEW:

### **Chronic Kidney Disease**

- Stages
- Complications: anemia, secondary hyperparathyroidism, electrolyte abnormalities, etc.
- Chronic dialysis and related issues

### **Acute Kidney Injury**

Evaluating urinalysis

**Acute dialysis** (indications and general overview)

**Dialysis modalities (access)**

**Acid Base disorders** (basic interpretation, NAG acidosis/RTA, AG acidosis, etc)

**Electrolyte disorders:**

Hyperkalemia

Hyponatremia

Hypernatremia

Hypokalemia

Calcium disorders

Magnesium and Phosphorus(less important)

**Glomerular disease**

Nephritis vs. Nephrosis/ RPGN

Diabetic kidney disease

**Hypertension management**

Medications/JNC

Urgency vs. emergency

Secondary causes of HTN/ Hypokalemia and HTN

(Renal artery stenosis)

Hypertensive kidney disease

**Nephrolithiasis**

**Kidney transplantation basics**