**Cross-Coverage Notes**

At the Friday PD meeting, the topic of cross-coverage note writing was addressed. There was general agreement among those in attendance that documentation of significant events during cross-coverage periods should be part of housestaff practice and that it should be standardized. This is most relevant during the overnight shift, however, there are also times when cross-coverage during the day occurs. Often, documentation on cross-coverage patients is only done when a patient is transferred to a higher level of care, however, there are countless times when a patient has some acute care need, which is addressed, but not clearly noted in the chart. Although this is relayed in verbal sign out, a real-time, brief note stating the events and what was done allows all involved in the patient’s care to have an understanding of the situation, allowing for safer patient care. Our hope is to standardize this with the following proposal:

1. When cross-coverage gets called to the bedside to evaluate someone for a change in clinical status or issue that requires intervention, such as labs,XR, ABG, EKG, diuresis, etc., a brief note stating why you were called to the bedside, relevant vitals/exam, a brief real-time assessment, and what you will do/did for the patient should be written.
2. This may reflect a change in practice for some, so it should be clearly and widely disseminated across the program and passed along verbally from residents to interns when starting a rotation that will include cross-coverage. It can also be mentioned during Orientation for the incoming interns as a standard of practice and in the ChOC email.
3. A dot phrase (.crosscoveragenote) can be used as a concise but comprehensive template for the cross-coverage note (see below).

**CROSS-COVERAGE NOTE**

**I was called to the bedside to assess @NAME@.**

**Nursing concerns: \*\*\***

**Patient's symptoms: \*\*\***

@VITALS@

**Key exam findings: \*\*\***

**Labs and other diagnostics: \*\*\***

**Impression**

**\*\*\***

**Next Diagnostic/ Management Steps**

**\*\*\***

**Electronically Signed:**

@ME@

@DATE@

@NOW@