

Cardiology

Introduction:

Cardiology Wards are Cardiac Short Stay, Johnson, and Coronary Care Unit. The Cardiology team consists of the consultants, consultant nurses, heart failure team, junior doctors of all levels, and ACPs.

Cardiac Short Stay has four bays with 4 patient's beds each, four side rooms, and one procedure room. Most of the time, patients admitted to CSSU are the ones with valvular diseases who are waiting to be transferred for replacement surgery, heart failure patients, ACS and stable angina. CSSU ward round is consultant nurse led rounds and a cardiologist joins 2 days per week.

The minimum staffing is 2 junior doctors. Each will be responsible for 10 patients.

Johnson ward has 18 beds in total divided as the following

- 2 sides: 7 beds for males and 8 beds for females.
- 3 side rooms

Patients admitted to Johnson are usually more complicated than CSSU and the ward rounds are cardiologist/ registrar led rounds.

Duties:

We are now using EPMA, electronic prescription, instead of the manual drug charts. It is our responsibility to transfer the patient's medication to the electronic application.

Day 1, Dr Jonathan Man usually do a local induction where he will talk about the ward and what to expect (EPMA, Governance day, teaching day, fire safety

After the board round at 9 am, junior doctors start preparing the blue sheet (progress note) where all the active problems, relevant PMH, ECHO reports, new

bloods, and vital signs should be noted. Consultants usually start with sick patients, the new ones, or MFFD patients.

Once the ward round finishes, junior doctor should start do the ward jobs allocated to them; most common ones are: Requesting ECHO, 24-hour tape, referrals and do bloods, cultures and cannulas.

We are now using the EPMA which is an electronic prescription application that you will find on the desktop of all the computers and laptops.

On Wednesdays, we have teaching day where you have an opportunity to present a lecture in one of the seminar rooms at the medical educational center using PowerPoint.

Guidelines:

You should familiarize yourself with the management guidelines of the following:

- Acute coronary syndrome (UA, NSTEMI, and STEMI)
- Syncope
- Heart failure
- Infective endocarditis
- Valvular diseases
- Arrhythmias (Tachy and brady)
- Pacemakers

Guidelines and care bundle are available on the intranet.

Things to keep in mind:

- **ACS:**
Most of the patient will undergo coronary angiogram and an IP/OP ECHO.
Medications that all ACS patients should be on:

- ACE/ARB
- Beta blockers
- Statins
- DAPT (Aspirin and other anti-platelet e.g. Clopedogril/ Ticagrelor)
- GTN

Once the patient is fit to be discharged, a referral to the following should be mentioned in the EDD:

- Cardiac rehab
- Post ACS clinic
 - ❖ If the patient is Diabetic, you will refer to the cardio-diabetic clinic not post ACS clinic.

Heart Failure:

We have a heart failure team who takes care of HF patients. There are 5 lines of treatment we usually put the patients on :

- Furosemide IV/ Oral
- Bumetanide
- ACE/ARB
- Beta blockers (if stable)
- Eplerenone
- Entresto (Stop ACE 36 hours before commencing it)
- SGLT-2 (Dapagliflozin/ Emapgliflozin)

Knowing how to monitor a heart failure patient is crucial to decide when to introduce the next line of treatment:

- JVP
- Basal Crackles
- Lower limb oedema
- Symptoms

Cardiology induction

If you are about to begin your rotation in cardiology then I have to say WELL DONE! This is perhaps one of the best specialties to begin or even be on through your junior doctor rotation.

I will try and keep this document concise and to the point. The things you need to know and address your potential worries. I have split this document into two sections: what you need to do before starting cardiology and the potential worries

What you need to do before start cardiology?	Worries
<ul style="list-style-type: none"> • Try and understand how to work the ePMS (it's the new online prescribing system they have instead of the good ol' paper drug charts) <ul style="list-style-type: none"> ○ You can ask or do the online training for ePMS and it won't take you long. 1 hour max! It's EASY • Be familiar with reading ECGs but don't worry its senior led but knowing ECG helps • PLEASE apply for holidays very early on. I had to fight for mine. Usually 6 weeks is more than enough but just be careful there • When discharging the patient, please ask the consultant these questions: <ul style="list-style-type: none"> ○ Does this patient need a follow up? If so, when and what type? ○ Any changes to medicines? ○ Any tests, if so, what test they need to do and when? ○ Also, just have a read of the notes and check if any tests were requested previously by a consultant when the patient is discharged and if so, make sure you document that in the discharge letter 	<ul style="list-style-type: none"> • Don't stress. This is a senior led speciality so you won't need to worry too much but don't be afraid to be a little independent • All the nurses and consultants are incredibly nice and approachable and they all know what they are doing • Try and get your mini-CEX signed off by doing your examination and do you CBD as well whilst there. There will be plenty of opportunities • You will be doing ED cover and MEAU and during those days, make sure to get your mini-CEX signed off as well as any CBDs • Get your DOPs (which are directly observed procedures) such as cannulas, ABGs, NG tube etc. and they can be signed off by F2s or IMG so make sure you get them done as well

I hope this helps. You are more than add more if you things if you think I may have missed any 😊

ENJOY YOUR TIME!