Haematology Handover

Haematology is a consultant led specialty that shares the ward with oncology in Waddington Ward. The haematology ward is covered by one consultant, one registrar or ACP, and two junior doctor.

There are 7 consultants covering hematology distributed between the ward, clinics, the lab, and the two other Trust hospitals. There are 2 registrars and one ACP, typically one of them will be covering the ward while the others cover referrals, clinics, and outliers.

Haematology induction booklet:

The new junior doctor on the ward will be handed a booklet of 11 pages explaining how things run on the ward, how to manage patients in certain situations, and whom to ask for help. The booklet is outdated as some of the names in it are missing; Consultants: Dr Manurie Gamage and Dr Herberth Fernandez, Registrars: Dr Daniel Kajita and Dr Alexander Bashford.

The booklet explains the guidelines regarding managing common haematological emergencies including neutropenic sepsis and tumour lysis syndrome. I would advise you to read it carefully and read it again once you are 2 or 3 weeks into your placement. You might notice that you have missed some things.

You are expected to stay updated with the guidelines of managing those common emergencies through updated sources such as BMJ best practice.

Working day flow:

A typical working day starts with board round, in which the nurse in charge, ward manager, and the junior nurses hand over any overnight concerns to the consultant and junior doctors. Discussions take place regarding plans for some patients and discharging others.

In order to take an effective part in the board round, print out the handover sheet once you have arrived at the ward so that you could write any notes down or share previous plans and thoughts.

The handover sheet can be printed by logging into your account on a computer/laptop. Then go to My Computer, Departments, Wards, Waddington, handover Waddington, and print the document with the newest date.

After that, the ward round takes place which produces a list of tasks that the junior doctors have to chase. There is either a registrar or an ACP most of the time after lunch, and the consultant comes back to the ward sometime around 16:00.

The phlebotomists are the ones who usually take the bloods from patients. If the patient has a PICC line then bloods would be taken by the nurses very early in the morning. If bloods are of importance (to decide on treatment or discharge) and the phlebotomists are late, you should prioritize them and do them yourself.

You might be asked to assess patients on the Oncology Assessment Unit (OAU) or Ingham Suite (outpatient chemotherapy suite) or to prescribe some medications such as anti-sickness. Always try to

finish your tasks as early as possible because you might be asked to clerk a patient at 16:30 to be admitted to the ward from OAU.

At the end of the day, you should update the handover sheet that is printed each morning. If you did not have the chance to do that, make sure it is updated at the end of the week as the weekend is often covered by a different consultant from the weekdays. You should also print the bloods requests for the following day, on Friday, this means printing requests for Saturdays, Sundays, and Mondays.

Important notes:

- Never use the PICC line of a patient as any mistake could lead to sepsis and death. The nurses are the ones trained to use it. If a patient has a PICC line in then there is no need to venipuncture them for bloods and there is no need for a cannulae unless a scan or 2 medications are running at the same time.
- As a junior doctor, you do not have access to the chemotherapy portal (ARIA). You can ask the pharmacist, ACP, registrar, or a senior nurse to open the portal for you to copy the supportive medications. The supportive medications are the drugs that are given adjuvant to chemotherapy to ease the side effects such as ondansetron and dexamethasone + PPI.
- Some chemotherapy regimens have built-in IV fluids, check that before prescribing fluids to patients on chemotherapy.
- GCSF (Filgrastim) is a S/C injectable medication that causes neutrophils to multiply and reduce the stay and risk of infections. It is usually used after chemotherapy and is part of the regimen.
- Most patients are on prophylaxis against shingles by Aciclovir 400mg BD daily, against PCP by Co-Trimoxazole 960 mg BD on Mondays and Thursdays only. Sometime Co-Trimoxazole cannot be administered and is substituted with Dapsone such as when the patient is allergic to it or when the patient is receiving Methotrexate.
- MRI scans are often delayed because the MRI safety questionnaire is not filled. You could either hand it to the patient to fill it or fill it yourself by asking the patient the questions written on it. After that, scan it and email it to MRI Lincoln. Otherwise, no appointment would be given.
- There is a haematology teaching on Fridays either as a group discussion or as slideshow presentation, usually given by the registrars.
- The nurses and pharmacists would fill in a haematology task list on the red notebook on the counter. Check it daily for any tasks regarding patients' medications.
- Always check the drug charts and make sure there are extra space for the drugs to be given on daily basis, and make sure that at least 3 spaces are left for the weekends.

Blood transfusion:

When prescribing blood products for a patient make sure to:

1- Send a blood form through the pods/ by hand to the lab.

2- Use 3 identifications for the patient and that you write everything as clear as possible. The blood bank can refuse the form even if the date or the consultant name is not clear, or even if the gender box is not ticked.

3- Prescribe the blood on the Pink transfusion sheet on the patients drug chart (RBC over 2-3 hours, Platelets over 30 minutes)

4- Write down the name of the patient and the blood product they are receiving on the ward transfusing sheet so that the nurses can keep track and chase them.

5- Notify the nurse taking care of the patient and the nurse in charge about the transfusion.

The goal is to keep HB>70 and platelets >10. In some situations, platelets are kept >20 as in AML or >30 as in APML as patients tend to bleed. Those patients should also be on tranexamic acid.

Discharge Planning:

I would advise to prepare any potential eDDs beforehand if there is extra time during the day. In some days, you may be faced with 4 or 5 discharges and there is no time to prepare all of them from scratch. Some patients maybe MFFD but are awaiting a package of care of physiotherapy. It is a good idea to prepare those.

On writing the discharge summary and the plan, mention the upcoming follow up date and with which doctor, future scans, days to have bloods done, and chemotherapy appointments.

You may have to print a blood form and hand it to the patient to get their bloods taken at the medical day unit or clinic 7. You may have to ring the medical day unit to book the patient in for it.

Check Care Portal for upcoming follow up appointments. If none is available, ask the registrar/consultant about the follow up plans and write it down in the eDD. If a plan is made but the appointment is not booked, you should email haematology appointments with the details.