Handover for Clayton and Medical on Call

Rota and Timetable explained

- Most of the days you are on 9 am to 5 pm

- B stands for Base Ward which is 9 am to 5 pm, on the ward

- B plus T means Base ward plus Teaching (12 am to 2 pm)

- Day F1 means you will be working from 9 am to 9:30 pm on call, which means you will mostly be at A&E but sometimes, if there is staffing issue, you can go to MEAU to help out. What you do during these shifts will be explained below.

- TWFY1 means you are the twilight help from 4 pm to 12 am, mostly helping in A&E or if staffing issues could be moved to MEAU.

- WESFY1 means you will be working from 9 am to 5 pm on call on the weekend, which involves either going to A&E or MEAU depending on staffing (this has replaced EDD shifts)

- SDT days are 1 full day every month to work on your portfolio (these are pre-allocated)

- Most up to date rota can be found on the old intranet under 'Medicine' → 'Medical Rotas' → 'Current medical rota'

General rules for Clayton Ward

Timeline:

- Board round starts at 9 am all the time and goes on for 20-30 minutes.

- Ward round can vary depending on the intensity of the patient care but mostly done by 11:30am or 12pm

- Ward round is documented on blue 'Plan for daily review' sheets. Different consultants like different documentation. This is explained below.

- If you are Dr Mathews F1 you will always have junior led ward rounds on Tuesdays and Thursdays as he is not there. You may be required to do your own ward round. Ensure every patient has an impression written and all other gaps filled if relevant

- Dr Goyal is usually there every day

- 2 Registrars work on Clayton Ward: Dr Afzal (Dr Goyal's reg) and Dr Arnott (Dr Mathews reg who does Monday-Wednesday). They may choose to see specific patients (e.g. new patients) on ward round and ask you to see the rest yourself (if more simple or MFFD).

- Phlebotomists come at a random time during the day so it may be helpful to print out the bloods and put them in the procedures filing stand (located behind the reception desk) in the morning if you have many bloods to do alongside jobs

- Critical jobs to be done before lunch.

- Lunch times can vary but a good 30 minutes break can be taken

- After lunch, come back to do the remaining jobs along with EDD preparations

- In many of the instances, TRY ASKING YOUR supervising consultant to allocate some time when they are free to do mini cexs and CBDs in the afternoon but on-calls also provide ample opportunity (if in ED) to discuss these assessment and get them signed

- Currently on Clayton ward, the deputy sister is Jo. There are multiple members of the MDT on Clayton all the time: nurses of course, PT, OT, ward clerk, HCAs, Leanne our discharge coordinator and often we gave Rudo from adult social care.

Where to find things on the ward

- Pat is our ward clerk who is a wealth of knowledge of where to locate things. She will also be able to provide smartcard access to the ward. Pat can chase scans, help print stickers etc and is generally very helpful with knowing how to refer etc.

- At the nurses station you will find drawers which have lots of useful forms including history sheets, plan for daily review sheets, prescription charts, end of life paperwork.

- There is a stationary cupboard next to the sluice and opposite the treatment room where you can get more forms needed. In here you will also find blood forms, microbiology forms etc.

- Respect forms are kept on the shelf behind nurses station

- There is a whiteboard behind the reception desk as well that gives the names of the nurses and healthcare assistants in each respective bay

- Pathology bags and the WEBV blank blood forms are below the printer.

- In Clayton there are 2 places doctors can sit to do work, at the nurses station and in the day room - 2 computers in there.

- Bags go in the changing room opposite the day room – you can help yourself to a locker that is not taken (from previous juniors rotating)

- There is a smaller staff room which has a few chairs and a microwave.

Things I have learned over time:

- Log in the teaching sessions as you go along

- Weekly elderly medicine teaching to be logged in as non-core hours (always Wednesday 1-2pm). There is usually always free food for these sessions.

- Would be given a chance to present on a topic given by the team, make it interactive and use real life patient scenarios if possible – set by Rosie Arnott (reg)

- Quite a few step-down patients which means patients can be transferred from different wards, before signing off the EDD make sure to see the different medications and their doses are correct before sending them off as most of them do not have a stop date if new, if unsure please do not hesitate to ask the team (Better than making a mistake) – also note that nurse in charge will also double check meds on EDD with prescription chart and meds from pharmacy

- Leanne our discharge coordinator assists with adult social care, arranging package of care (POC), arranging care homes etc. It is always a good idea to ask her at the start of the day who is realistically going to go home today or tomorrow. This way you can prioritise these EDDs. Be prepared for your medically fit patients to stay on the ward for multiple weeks awaiting social care. Usually do bloods 1x week and just ensure EDD is up to date and ready as social care/nursing home can call requesting the patient in a few hours' time.

- Prepare the EDDs along the way as some patients might be in for a while and make sure FUTURE PLANS are always repeated in the Future plans section just to make the life easier for the person doing the EDD.

- Make sure medications, VTE prophylaxis and AMT/CAMS have always been reviewed

- On a good day, if you have the time try to send off urgent bloods by yourself as phlebs most days come past 1 pm.

- Mini Cex and CBD - try to allocate time with the ward registrar and consultant to do cases and sign you off

- Most of the nurses are unable to do bloods, cannulas, catheters etc, this will be your responsibility. As explained phlebs come at varying times throughout the day, usually about 1ish. Make sure the blood forms are prepped the day before as sometimes they come at 9am which is frustrating. They will do cannulas so fill out a cannula sheet located behind nurses station and give these to the phlebs.

Consultant specifics:

Dr Mathew:

- Always bring an iPad on ward round, he wants the bloods, NEWs and any scans ready to access. There will not be time to prep notes, always written during ward round.

- If the patient is new, he will always put PC and age above active problems and always put in PMH.

- Do not add active problems from day before, wait for Dr Mathew to tell you the active problems for the day.

- If patient is no longer new, just put “as previous” in PMH.

- He always wants an impression on the ward round sheet.

- Always ensure the AMT is completed from the clerking documentation, every patient.

- Every patient with a fall needs AMT, LSBP and ECG and bloods including thyroid function, B12, folate etc.

- Social history always put in the bottom section of the ward round sheets that says “information given to patient” – he will mainly ask about ability to do ADLs, mobility, current accommodation and carers

- If he adds, changes or removes a medication, always put the reason why these medications have been altered

- Be quick with what you’re doing because he is quite fast and thorough with his ward rounds

- If a patient does not have DNACPR, prompt consultant as most of the patients on Clayton will be appropriate for DNACPR.

- His office is in Cardiac Short Stay just behind the reception desk when you come in

Dr Goyal

- He is usually there every day

- Not a fan of impression or sometimes the daily review blue sheets

- Happy for pre-prep of the active problems

- Big emphasis on making sure drug charts are always rewritten if necessary

Bereavement

- Given Clayton is elderly care ward we often have end of life patients on the ward. When a patient unfortunately dies make sure you discuss with consultant the cause of death. Often the consultants will document this straight away.

- The bereavement office will email you to come and fill out the death certificate. They are lovely and will help you fill this out if you have never done this before.

Day FY1:

- Attend the handover at 09 00 am at MEAU and then you would be advised to head over to A and E and join the Medics team as A and E is split into A and E team who clerk the patients initially and then signpost them to either medical team (one based at A and E) or the surgery team

- MEAU depends on the doctors you get as F1s are expected to be at A and E, while MEAU expects you to have a senior with you all the time as you are not allowed/implement any decision without an F2 or above unless it's a really bad understaffed situation. You shift would be based at A and E 90% of the times.

- Your job scope includes to review the patients, prep the patients notes from the A and E notes and Summary Care record/Care portal given by the A and E team, take a thorough history, do an examination, try to implement a plan, go through with the reg/consultant, prescribe the medications, tell the nurses what has been done and what is due to be done. Talk to the patient and try to let them know what is going on after all the plans as it will calm them down as they might have been there for hours. It is easy to forget these things when the place is a bit chaotic

- So to get their past medical history and meds, go to the NHS portal on the desktop and then click on the summary care record to get the full updates. Confirm with the patients of the meds as some of them could be a repeat prescription but they might have stopped it a while ago.

- Also if the med Reg is nice try to get their number or even their bleep number so you could call them directly if you feel like a patient is too unwell/ or if the nurse says they need a review by Reg immediately do a quick a to e and call the reg.

- Also, some consultants prefer post take for patient to be done if an F1 is clerking. See what the on call consultant for your day says, cos I thought it would be adequate for the reg to say okay to the plan but the consultant said it is important the consultant sees the patient even though the med reg

has approved the plan to be safe and so that transfer to the right ward can be done in a timely manner. Bear in mind this is before you move on to the next patient.

- When writing the drug charts, ALWAYS WRITE H for start date if patient has been taking the medication from home, easier for the ward team to prepare the eDD and take care of the patient

- Time management can be a bit tough but patient safety is more important so make sure you try to do all the jobs before handover/ handover like chasing the jobs to implement the plan to night team. It would be best not to handover things like requests or referrals to the night team, as they might have to start from the top about seeing a patient before requesting things, just for some time sensitive patients. It would be best if you could do it as it would be easier as you would know the patient better. Try not to pick up anything new in the last hour unless it's absolutely time critical or the patient is really unwell.

- Always have NHS number ready when handing over things and make a task list after post-takes from consultants – do a quick check in the last 30 min to see if results are back so night team don't have to chase them

Twilight FY1:

- Go to A and E and report to the medical registrar and he will tell you where to go and what to do.

- Same jobs as those required for the DFY1 shifts.

- There is no official handover at the end of the shift so give jobs to the night SHOs in A&E.

Elderly care specifics

- Falls assessments - patients on our ward are high falls risk. There is a falls protocol to follow. This includes doing a full examination of the patient, including injuries, alongside BMs, ECG, bloods, observations and CT head if head injury or unwitnessed fall. Have a high suspicion if on anticoagulants.

- AMT - it is key all patients have an AMT. The key to delirium is the inability to count back from 20 to 1.

- Respect forms are key for our patients in their best interest. You will have lots of family and patient discussions around this

- Be careful with fluid, usually 250ml boluses.

- Collateral histories are key. Very important to understand a patients baseline mobility, who is at home, POC etc.

- We have a dementia care practitioner who will assist with dementia patients. He is called Alex and is very useful.

- FRAX score - especially after a fall to assess if patients need bisphosphonates.

- Many of our patients have postural hypotension - LSBP is important and ensuring lifestyle advice.

- For every ward round need to know if the patient is eating and drinking well, bowels opened, any urinary issues.

- Eating well is key in our elderly patients - may need dietician help.

- Delirium - a very common presentation to elderly care wards. Very commonly due to UTI or chest infection. Important to distinguish this from their underlying dementia - need collateral and AMT.

- Parkinsons disease - another common presentation/PMH. Prof Sharma is a consultant specialist in this and David Smith is the PD specialist nurse- very useful contacts.

- Assistance at home – if patient lives in their independent home then ask if they require support – may need to discuss with Leanne regarding POC

- NOK – inquire about known NOK (these are usually the people you will be updating), LPA and DNACPR in community (if applicable)

- Commonest presentations: delirium with UTI/CAP, falls, worsening dementia (often a social admission due to family not coping), weight loss (frequent new cancer diagnoses unfortunately), hypernatraemia/hyponatraemia

WESFY1

- Weekend shift lasting from 9 am to 5 pm

- Either in MEAU or A&E according to demand

- Same role as in Day FY1 and Twilight FY1

- Before starting the shift, go to the morning handover in the MEAU nurses office at 9AM

- Before ending the shift, handover your patients to the doctor next covering MEAU, this is usually the doctor that crosses over from 9AM-5PM A&E to 5PM-9PM MEAU (this is not an official handover)

Good luck on Elderly care and Clayton Ward. Work together and you will do brilliantly.

Best Wishes

Kelvin, Chloe and Dhikshitha :)