Handover sheet for Emergency Department – F1s

Parts of ED

Chairs for treatment area (used to be called waiting area was only recently changed) – Mostly patients who were not brought in by ambulance or were well enough to be moved from RAT. However beware some of these people may be quite ill and will need an eye on them (they didn't have a bed so are in a chair)

Majors – 1-15(14 beds) some patients may be under monitoring some may not usually have patients who have been stepped down from RESUS

RAT (Rapid assessment Triage) (6 beds in rooms with curtains and 3 beds in the corridor) – these are patients that will be coming straight from the ambulance (most commonly), if someone in the chair for treatment area is very ill and needs a bed urgently if a bed is available in Rat they will be brought to RAT

Resus – 4 beds where patients who are very serious go (either from ambulance or from other areas of ED)- during the rotation you will have a day in resus timetabled every few weeks. Make sure to let the consultant in charge that day know so that they can send you to resus with the Registrar who will be in Resus.

SDEC – Same day emergency care – sometimes certain patients can go to SDEC if they are waiting for test results and are stable

During the day

8:00am – Handover starts and usually takes place in the plaster room. If the plaster room is occupied, then it will be in a room in the chairs to sit corridor. (usually will be put in the ED group chat)

- During this the night team will let the staff and most importantly the consultant in charge (EPIC) know about patients who might need following up, are being admitted or can be discharged.
- Usually lasts till 8:20/30 but depending on the consultant can be shorter or longer.
- Sometimes there will be a bit of teaching / points to be aware of based on incidents that may have taken place in the past few months
- This is when the ED staff will be assigned to different parts of ED
    - Resus – middle grade/ Registrar will always be assigned and a consultant will join them and RAT at 10am.
    - RAT – usually has an SHO/ACP with an F1 (occasionally F1 or SHO may be alone) and will be joined by the consultant in charge of RAT and Resus at 10 . Until then the patients plans can be discussed with the EPIC (consultant in charge). Nurses are very helpful in Rat as it can get busy so make sure to be kind to the nurses and work together with them.
    - Chairs for treatment – usually might have patients handed over from the night team to follow up scans, results etc.
- After that you will have to start picking up patients and clerking them

    - Majors – Patients who may need follow up investigations/ results or just to be aware of the patient until they are clerked by the speciality team in the morning and moved to the respective wards.
- During the handover the EPIC will also assign specific patients that were handed over to the juniors and middle grades(registrar)-so keep an ear out for what the patient may have come in (the night team will usually give a brief about the patient)
- Sometimes the F1 can be asked to do a quick ward round or majors and the chairs for treatment patients –
    - This means quickly reviewing the patients who have been DTA'd(decision made to admit) ensuring that any medications such as antibiotics/ diabetic meds are all prescribed for the patient while they wait for the consultant from the speciality they have been dta'd to see them in the morning.
    - If these patients have been seen by the speciality consultant in the morning no need to review them.
    - This can sometimes take 30mins to 1 hr.
    - After this we carry on seeing patients in the chairs for treatment area

After Handover you will usually carry on with clerking patients or following up on handover patients.

<u>Teaching</u>

There's a lot of teaching given in this department.
The seniors all love to teach so if you have any questions don't be afraid to ask.
Official teaching

Wednesday –

Post-handover CBD – every week someone new will present a case that they or their colleagues have seen with a teaching point. Takes place immediately after Handover (lasts 10-15 mins) the team will then discuss the case for a few mins.

POCUS (point of care ultrasound) – every 2 weeks(alternating with SIM) there will be a 1 hr session on POCUS based on various topics and these skills can be used to help aid your examination when seeing patients.

Simulation – will take place every 2 weeks (alternating with POCUS)- run by Dr Almasloot (ED Consultant) there will be a team of nurses, F1s, SHOs and registrars – cases that are common in ED will be given – the nurses initially will see the patient and the triage after which the junior usually go in and finally the reg will come in when asked for help. (Sometimes these can be cancelled due to a bust shop floor or no nurses available)

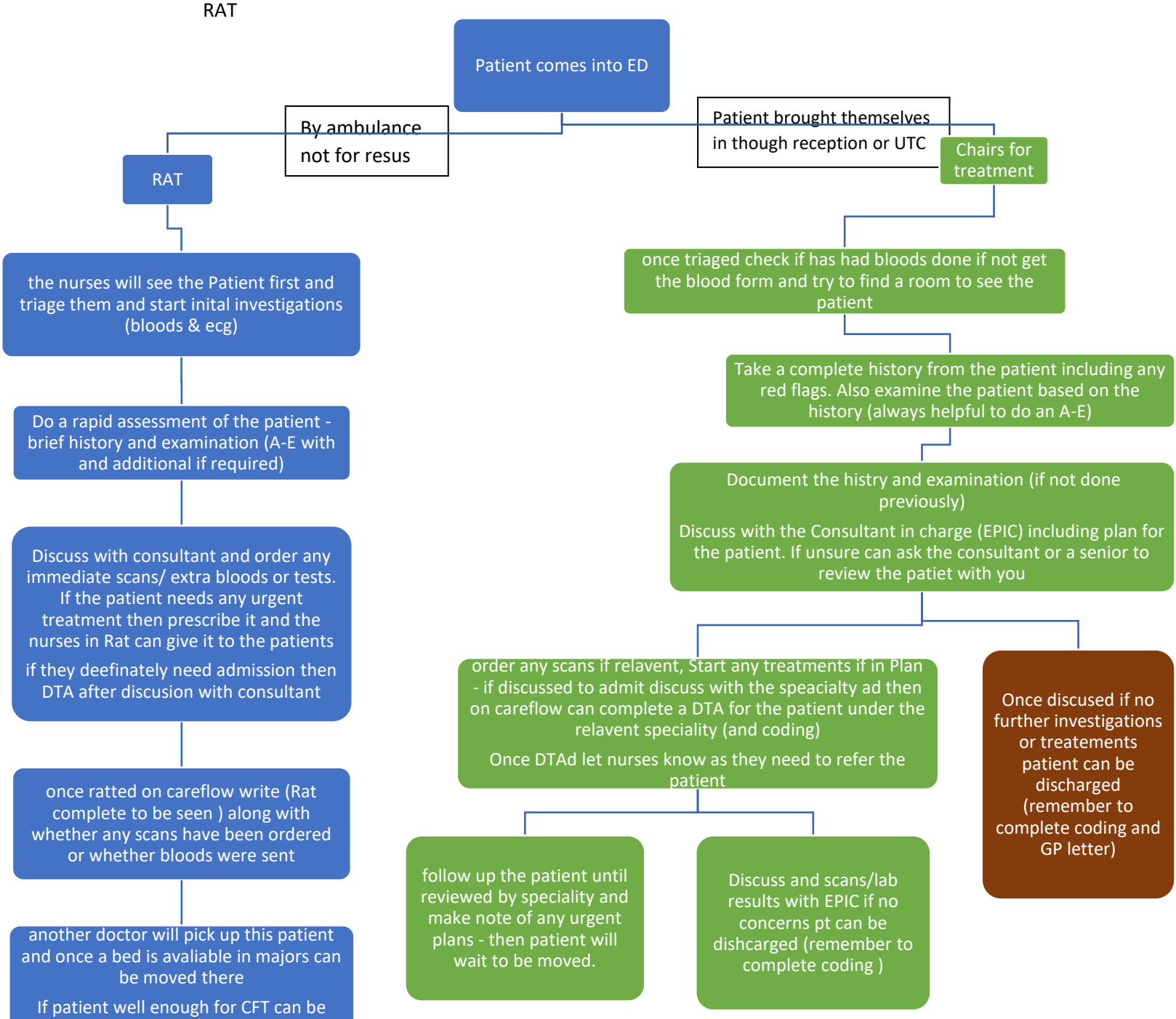
Friday

Departmental Junior teaching - every week 3 topics focusing on ED will be delivered by various staff in ED ranging from F1s to consultants

Clerking patients

- Patients can be picked up from the care flow application on the computer – will show the patients in Lincoln ED (ask someone to show you how care flow works in the first few days)
- Once triaged they will be categorised based on the different severities from 1-5. Patient who are category 1 go directly to resus
- The others are who you will be clerking – Initially we were advised to pick up cases in categories 3 and above but as the rotation progressed we were able to start seeing patients in category 2 a well.
- You will have to put your name beside the patient you are going to see on care flow

This flowchart below will show how to clerk patients in the chairs for treatment (CFT)area vs RAT



In Rat sometimes you may need to do a complete clerking and follow the patient up yourself (depends on the consultant I charge that day and how busy ED is

Coding is something that needs to be completed on Careflow – selecting what treatments, investigations and medicines have been given for the patient. Also a diagnosis (provisional if unsure)

When completing this you will also need to write a few lines like a brief discharge summary as to what has happened while they have been in ED and whether you would suggest any further outpatient treatments – **be careful how you word this** e.g. – if you (GP) think appropriate then would it be worth considering X scan/test/treatment.

If started on any medications to take home until 6pm can write a white prescription which the patient can only collect from the hospital pharmacy.

A few Tips for an F1 in ED

- Don't pick up a patient if you only have 1 hour of work left (3pm if on a 84 shift or 5 if on a 10-6 shift)
- Know about dosages for common drugs, analgesia, antiemetics, fluids
- Sometimes porters are very busy and there may only be one so if your patient is in the Chairs for treatment area that would be better to take your patient for X-ray/ CT yourself (unless they are in a bed (if urgent you can ask the nurses/ HCAs to help take the patient yourself) if in a wheelchair you can go back after a short while to bring them.
- Before taking a patient to CT ensure that you ring them up and ask whether its ok to bring the patient around (sometimes they say put it on the porters list if they do you can take the patient around [unless they are very high risk and need a clinician with them] and let the porter know the patient details and they will let CT know the patient is there)
- If you are seeing a patient who hasn't had bloods done yet you can ask the nurse in charge whether a blood form is printed take it and do the patients bloods (insert cannula if needed (always try pink or green – blue only for patients who have very difficult veins))
- Make friends with the ACPs, they are really knowledgeable about the outpatient services and day services for treatment
- Being a pack lunch as it's opposite end to canteen and takes a while to go and get lunch (breaks are for 30 mins)
- Dr Abdelsadek has some case reports that may need help so might be useful to ask and you could get involved
- Try to complete the ESR module for the blood gas machine and try to get the code almost every patient gets a VBG