

Paediatric Side Handover

Areas:

- Safari – Acute Assessment Ward
Accepts patients from A&E and GP
- Rainforest – In-patient paediatric ward

Safari:

11-7 shifts, handover in the “middle” of the shift at 1630 for roughly 30min

You are expected to clerk patients and help with any ward jobs for any of the patients on the ward. Also remember to check the handover document as this is often missed and the jobs will pile up (it really helps when people put a lot of detail into that document as well). Sadly your job will also involve doing a lot of EDDs as these do tend to build up a fair amount in the EDD box.

If you are unsure of the discharge weight put 999 to push the EDD through and write weight not formally recorded on this admission in the text.

When clerking there is a proforma to use, don't forget to check the throat and ears (unless you suspect Croup), everything will need to be checked/reviewed by a reg or cons so don't worry about making a mistake and give it your best shot, everyone is super friendly.

When printing EDDs, print 2 and give them to the ward clerk/sisters to sort.

Clinic 5 is the paedics clinic and you will often have to book patients in there for blood tests, the best way to do this is make friends with the Safari staff and call the ward clerk desk and ask if they can check and book it for you.

A&E will often refer patients through, just remember that most things need to go through the reg and use them for support, especially when you are unsure or not very confident.

You will see a lot of jaundice so get used to plotting the SBR on the treatment graphs
There is a Doctor's room on the ward to leave bag etc in.

Rainforest:

9-5 shifts on the inpatient ward, expected to attend handover first in Safari doctor's room at 9

There will then be a ward round during which there will be blue ward round sheets to complete, there is a separate physical jobs book so remember to write the jobs on as you go, although there will also be a board round after ward round is complete where you can get any that you missed.

Rest of the day will be spent doing ward jobs, jobs on handover book, updating/doing out of date EDDs and reviewing patients if required.

There are surgical patients on the ward that we do not cover, although we might/will be asked to help or review when/if something goes wrong because surgery can be difficult to contact.

There is a Doctor's room on the ward to leave bag etc in.

Teaching:

Monday Departmental Teaching 1-2
Tuesday X-ray Meeting – during F1 teaching
Wednesday Departmental Teaching 12-2

Protected time that will massively boost non-core hours

Things I wish I had known before starting Paeds:

- All of the handover documents have jobs attached to them which should be checked and updated regularly – these can be found in the paediatric shared drive in separate ward folders

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- NIPE and Care Flow can be found in web based applications
- Care Flow can be used to find parent information and telephone numbers
- Print out 4 copies of the NIPE for the notes
- If you have a DKA child use the BSPED guidelines to generate a bespoke treatment plan with all the calculations created for you
- You can examine all patients, including neonates – neonates have their own stethoscopes though, so just use the one at the bedside
- For heel pricks the cutting device requires you to press two switches down and the second switch will then pop up and can be pressed to cut – also put Vaseline on the heel after the cut to make the blood form a bead better, this makes it easier to collect into the bottle
- Both ward clerks are really friendly and can answer most admin based questions
- ANNUAL LEAVE and rota – WhatsApp the rota co-ordinator Leigh and send an email, then follow-up every couple of days until its done
- Have something going on in the background because there will be quieter times where you can get other portfolio or life admin stuff done

Handover Document – Neonatology (Paediatrics)

Edited by Kelvin Gao

Introduction

Welcome to your paediatrics rotation! Paediatrics provides you with a great opportunity to practice paediatric medicine in a range of environments, including within our inpatient ward (Rainforest ward), acute assessment patient unit (Safari ward), level 2 NICU (Nocton/Neonatal ward) and postnatal ward (Nettleham ward). This document will focus on the information you need to know to prepare you for Nocton and Nettleham ward. Please note that NICU may have very complex patients and many people are not experienced with the intricate management of neonates. Our staff and seniors are very friendly so feel free to ask them any questions if you have any!

Location

Lincoln County Hospital

Lincoln County Hospital (LCH) is a large DGH (District General Hospital) that provides healthcare for the city of Lincoln and North Lincolnshire. When you are placed in Nocton or Nettleham, you will be working closely with Pilgrim Hospital (PHB) in Boston and Queen's Medical Centre (QMC) Hospital in Nottingham. You may sometimes have patients who require stabilisation at LCH before being transferred to another hospital.

Nocton

Nocton is a level 2 NICU, which accepts babies from 28 weeks and older. It is comprised of 15 beds with a mix of HDU and special care. You can find Nocton ward in the Maternity Wing on the 6th Floor.

Nettleham

Nettleham is the postnatal ward, where babies spend their time with mum after delivery. This is where our transitional care (TC) unit is located which are for babies who require daily neonatal input but are not sick enough to be in NICU. We also conduct daily baby checks within this ward. You can find Nettleham ward in the Maternity Wing on the 2nd floor.

Timetable

Normal Working Days

Your work schedule involves rotating through all 3 wards (Safari, Rainforest and Nocton) and spending a week in each ward. F1s only need to attend on the weekdays for these wards, but you will also have 2 sets of surgical nights on the weekends. These nights involving being on-call for all non-admission medical and surgical wards.

To run through a typical day in Nocton (roughly but may or may not be exactly these times)

Time of Day	Task
0830-0915	Morning handover
0915-1030	Preparing for ward round
1030-1200	Ward round
1200-1400	Teaching + Lunch
1400-1630	Jobs
1630-1700	Afternoon handover

Handover at Nocton occurs at 0830 and 1630 and usually happens on time. Please try not to be late for 0830 because as you can imagine, the night team would want to go home. Make sure you give yourself ample time to have lunch and some water – self-care is very important and if you need to have a break then please do inform your colleagues.

Teaching

Teaching does happen every week. Normally these happen on:

Monday 1300-1400 – Departmental teaching by consultant

Tuesday – 1230-1400 – X-ray meeting (You will have F1 teaching from 1230-1400 as well so you can choose to attend one)

Wednesday 1200-1400 – Safeguarding Peer Review/Simulation/Audit+/-Registrar Teaching

Thursday – No teaching

Friday 0930-1000 – Case of the Week / **Friday 1200-1400** – Perinatal M&M Meetings

Please do attend these teachings as they are very useful, and the presenters work hard on creating learning material. As a F1, you may be assigned a case of the week in which you present an interesting case from one of the wards to your colleagues. This can then be put alongside what care the patient has received and how their management aligns with local guidelines. There are regional perinatal M&M meetings that happen on the 4th Friday of every month.

Audit

Doing an audit is a mandatory part of the paediatrics rotation. They are normally assigned to you and your colleagues and may or may not require a presentation. Please do take part in this as doing an audit is part of the mandatory ARCP criteria. Remember to ask for a certificate of participation in the end for proof.

Junior Doctors Forum (JDF)

The JDF runs once monthly to allow you or your colleagues to express their concerns and suggest improvements to your rotation.

Important Numbers

Here are some important numbers that you will need to know on your shift. There are multiple ways to find these numbers:

- Phone directory book
- Induction App
- On the boards

Some of these numbers are listed in this table. This table has been extracted from the induction document created by the Paediatric department.

Rainforest Drs office	573785	QMC Drs priority line	0115 969 1122
Rainforest	573786	X ray	573239
Safari Drs office	597858	Radiology	573452
Path lab	573269	USS	707118/573948
Microbio	(9)03 0333 03712	EEG	572379
Scunthorpe micro	(9)03 033303712	ECG (Clinic 3)	582711
Rainforest SHO	3001	Ophthalmology	572292
Safari SHO	3005	Radiology - CT	573398
Nocton SpR	3004	Physio (Leanne)	Bleep 3271
Ward SpR	3002	QMC paed radiology	Ext. 67121

Your Role as a FY1 – Things to Know

Handover

Handovers happen at 0830 and 1630. It is important to come on time for this as the night team would want to go home. Usually we run through the handover sheet on the computer (shared document) and jobs are written inside the jobs book. Please note that a full set of scrubs and clip on badges (not lanyards) will be needed on NICU for hygiene control. There are a couple of important key points the night doctor will cover:

- Summary of issues
- Background
- Update on changes
 - Respiratory
 - Cardiovascular
 - Infection
 - Feeding

- Social
- Adverse events – emergencies
- Plan
 - Chasing results
 - Ordering/carrying out procedures/investigations
 - Scheduled events e.g. transfers, ward visits, specialist input
 - Follow-up

Ward Round

Preparing for the ward round may be quite daunting at first as you need to get used to reading the observation and feeding charts of the infant, but with practice it will become easier. There is a ward round blue sheet which includes everything you need to put on. Sometimes the night team may partially fill this sheet for you to update. Have a look at them when you arrive on scene.

After you have filled in the sheet and examined the infant, you will be expected to present your patient to the consultant. It is best to present the patient in sections according to the blue sheet and suggest a plan of your own. If you are unsure of what to put in the plan, then you can check previous plans or guidelines to give you an idea of what to put in.

Jobs

Your task will entail a variety of different things depending on your patient. Examples of tasks include:

- Chasing results
- Arranging investigations (e.g. radiology)
- Procedures (e.g. bloods)
- Discussing with specialist teams
- Arranging appropriate follow up or ward visitations by specialists
- Discharge summaries (Badger)
- Communicating with parents
- Clerking transfers/facilitating transfers

Read the LCH or Nottingham University Hospital (NUH) guidelines on why patients are being managed the way they are and what you need to do further.

Procedures

As a F1, the main procedures you do on neonates will mainly be heel pricks for blood or a capillary blood gas. You are not expected to be able to do other procedures like cannulas or lumbar punctures, but please do feel free to ask one of the seniors for supervision to show you how to do one, and perhaps maybe supervise you when you attempt the procedure.

Learning

You have protected learning times, and these take priority unless your job is urgent or the patient is acutely unwell. Learning is a very important part of paediatrics, especially neonates because of how specialist it is. Please see the learning section to know when teaching takes place. Your rota coordinator will also send out a teaching rota, which you can use to see if you are asked to carry out teaching.

Opportunities

Remember that you are a F1 and a lot of the learning you do will be on the job. Please feel free to ask the consultants if you would like to take part in any opportunities such as attending clinic, safeguarding meetings, etc.

Access

Door Access

It is important that you get access to the wards before you start your job. This is usually sorted out on your induction days. Instructions on how to activate your card will be on the instruction sheet given by the consultant during induction. Since you will be having nights on all non-admission medical and surgical wards, you should go to IT and obtain access to all wards firstly so it does not become a problem when you start your shift. Regarding Nocton,

Printer Access

Printer access will need to be sorted out with IT as well, so you can go to them for both door and printer access. The print code is unique to the person's log in, so if you are using a computer that's logged in to someone's account, then follow the steps below to receive the print code.

1. Click on MySafeComPIN icon on the desktop
2. Click on set up
3. The printer code will be shown on the right side of the person's name

Systems Access

Aside from the standard log-ins such for other systems such as Web V, there are 2 main systems that are unique to neonates:

1. Badger – discharge summary system for neonates
2. NIPE – for inputting results of NIPE examinations and any further requests to do with the NIPE exam e.g. referral for hip USS.

Access to these systems are given by Ruth Thoy, she will organise access before you begin working on NICU. If you are still having issues with logins, then email ruth.thoy@ulh.nhs.uk. You will have a formalised teaching session by a live video demonstration on how to use these apps.