

General surgery Handover – with help from Nav, Dawn, and Dia

Covering different specialties

General surgery F1s don't routinely do jobs for ENT, max fax, or ortho

We do cover urology patients, breast patients, and medical outliers but don't prep the ward round notes

Breast – most commonly EDDs

Urology – don't need to prep ward round notes for urology, but check the notes following ward round. This is usually written on history sheets. If possible get a handover from the urology team or ACP following their ward round for the plan for the patients. If you have any queries throughout the day you can contact the urology ACP. We also do urology EDDs, though the urology team will often book follow up scans. Include any follow up outpatient appointments on the EDD so secretaries can book these.

EDDs – if the patient has been in for <24 hours e.g. on SAL, and has no medication changes or follow up appointments the nurses can do the EDD

To include on EDDs/useful to ask on ward round if patient is going home

- Are they going home on any antibiotics, if so how long for?
- Do they have any sutures or clips to be removed?
- Do they require any follow up scans, outpatient appointments, or elective surgery waiting lists?
- Has their catheter been removed or are they going home with a long term catheter?

General surgeons whatsapp group chat

This is often used to update colleagues and ask for senior reviews

If you are the cover doctor, pop a message on the group that morning to let everyone know

You can request a senior review or ask queries on the group chat but do not include any identifiable patient details

SEAU

- Attend handover in the SEAU office at 8am and 8pm
- Patients often move to other wards e.g. Hatton or Greetwell. Check the board regularly and check in with the ward clerk or nurse in charge to see which patients are being admitted or are being moved.

SEAU Handover list

- To create a new handover list you can duplicate the latest one.
- Update the handover list during the day or by 7pm at the latest. Add on any new patients admitted. Remove any patients who have moved to other wards as long as they do not require surgery and have been seen by a senior. Also remove any patients who have been discharged.
- The handover list should include the progress of the patients that day e.g. most recent bloods, scans, and management plan. It should also include any outstanding tasks – alert the night team if any of these cannot wait until the next day.
- On the handover list you can put blood results under ‘current progress’ If you click the magnifying glass icon in the top right hand corner it will bring up the blood results on the same page. One written in you can close the current progress page, it will save automatically.
- Finish the handover by 7.50pm, check with the ACPs and SHO they have no further edits to make. Then ‘submit and close current handover’. Open the submitted handover on webV then print to pdf. Save the PDF then print it. Print multiple pages on one page to save paper. Print 7-8 copies in total.
- Don’t leave handover sheets lying around SEAU, shred these when done with them!

Friday weekend ward handover

Add on any patients who require jobs doing by the F1 over the weekend or who require senior review.

It helps the cover doctor if under outstanding jobs you write Saturday and Sunday then specify which jobs that day need doing.

If the patient requires senior review, please specify the reason for this, as well as suggested plan over the weekend from Friday’s ward round. Discuss with the nurse in charge who they feel should be seen over the weekend.

If the patient requires senior review please also tick this on the whiteboard.

If weekend bloods are needed print these for the weekend and put on the handover for the cover doctor to review the results.

Try to prep EDDs before the weekend if you suspect the patient may be going home, please also check the drug charts to make sure they don’t need rewriting.

Weekday cover shift

Put a message on the group chat prior to starting to let everyone know you are cover doctor for the day. Collect the 7777 bleep from reception.

1. **8am: Handover.** Start your day by attending handover at the H@N office on Greetwell at 8am. If you have any handover for Greetwell, Hatton, or Digby head there to let the ward F1 know.
2. **Prep level 1 ward round** - Following handover prep the Level 1 ward round (some doctors come in slightly before 8am to do this but don't feel obliged). If the reg has asked you to meet them on SAL at 8am then head there first.
3. **Ward round on SAL** with the reg – do any quick jobs as you go along e.g. quick prescribing or printing blood forms for the phlebs/nurses. Ward round usually finishes around 9-9.30am.
4. Then head to Hatton for **Level 1 ward round** – finish prepping if not already done. (You don't need to see the level 1 urology patients or prep their ward round notes but do the jobs). Put a message when the notes are prepped for the consultant to join you to start ward round. This is usually around 10am.
5. If the consultant is wanting to start level 1 ward round and you are on SAL, don't be afraid to send them a message to let them know you'll be over in a few minutes
6. Spend your day doing jobs for SAL, the level 1 patients, and Branston. Branston outliers are seen by the SHO or reg, you don't usually need to join for ward round.
7. **5pm Handover** Before 5pm head round Greetwell, Digby and Hatton for handover from the other F1s. If it's a Friday try to find out who needs senior review over the weekend and why. These patients should be on the weekend handover.
8. 5-8pm complete any urgent jobs and as many outstanding jobs that you can
9. **6pm – do Level 1 ward round again** with the consultant. You can prep the notes at the same time as you prep the morning ward round notes. Though you may get additional level 1 patients throughout the day.
10. **8pm head to H@N office** to handover to night team

Weekend cover

This now has 2 FY1s on Saturday and Sunday. One could cover Hatton (including the level 1 patients) The other could cover Greetwell ward. The other wards (SAL, Digby, Branston) split between you depending on how busy you both are.

The same as weekday cover, head to H@N office for handover. Also remember to print the weekend handover document.

You can then go to Greetwell or Hatton to prep ward round notes for the patients who require senior review. The Hatton doctor should prep Level 1 first and message the group to let the consultant know when you are ready to start level 1 ward round. The other patients requiring review will be seen by the SHO or Reg on call for the weekend. Following level 1 ward round you can join the SHO/Reg to see the rest of the patients on Hatton, then SAL, Digby, Branston...

Sundays – same as above though now has H@Day to coordinate your jobs instead of being bleeped. You will be given a phone the same as your night shifts. Encourage the nurses to put all jobs, including the ones from ward round, onto nerve centre instead of bleeping you.

Respiratory

The day starts with board round at 9am on RSU and then Witham. All the staff discuss the ongoing plan for the inpatients, expected date of discharge, and anything keeping them in hospital. If you have been in earlier that week it is a good idea to know the patients you have looked after as you may be expected to update the team.

Following board round decide between the juniors who will cover witham and who will cover RSU. It is usually at least 2 juniors per ward.

The consultants will ward round on RSU first – there is often little time to prep ward round notes, but also less patients to see. RSU can sometime be a less busy day than on Witham, if you have no jobs head over to witham to see if the other juniors need a hand.

Witham – ward round notes should be detailed and well documented. To prep the notes document NEWS and bloods (WebV), any recent scan results (PACS). For new patients have a quick look through the GP records, recent clinic letters, EDDs if applicable. Dr Soden likes the blood results each day to be documented in the blood results page of the clerking proforma so that the trend can be seen on paper as it is on WebV.

Occasionally when the consultants or Regs are at MDT/clinic the F1s or F2s may be asked to do ward round for any existing patients. Later in the day the reg or consultant will see any new patients or anyone you have concerns about.

At the end of the day any outstanding urgent jobs should be handed over at MEAU A side at 5pm.

Medical on calls – Day FY1, Twilight FY1

Day F1 9am-9.30pm

Attend MEAU handover at 9am. You will usually be sent to A&E to clerk, so take note of any outstanding jobs for any A&E patients. Occasionally you may be asked to cover MEAU if they are short staffed. Attend handover again at 9pm.

Twilight F1

Head straight to A&E when you start, meet the medical team there.

A&E

Meet the medical team, usually at the main desk in majors. They keep a list on the desk of medical patients to clerk. You can update the list from careflow which shows a list of all the A&E patients.

Take the next patient on the list to clerk and write down your name next to them, except the ones in resus as the registrars see these.

Prep the clerking proforma before you go to see the patient. Fill out a list of their regular medications from care portal, you can confirm this is correct with the patient when you go to see them. Have a quick look at the bloods, current scans, AE notes, any pmh on careportal, any recent EDDs/admissions.

Then go clerk the patient, take a history and examine them. Make sure you fill in every page of the clerking proforma including VTE and delirium assessment.

Come up with an initial management plan and begin to implement this e.g. requesting scans or prescribing analgesia, antiemetics, antibiotics.

Any scan that is not an x ray or CT head needs to be vetted with the radiologist (ask for the on call radiologist via switchboard). Write the details of any patients going for scans on the porters list in A&E.

Discuss your patients with the consultant during their post take, or with the registrar if the consultant is not around e.g. post 5pm. Update the patient of the plan following this, they have often been waiting for hours in A&E and it is important to keep them in the loop.

Nurses in A&E can do procedures such as bloods, cannulas, catheters and NG Tubes.

Try not to handover jobs to the night team such as scan requests or referrals. To avoid this try not to pick up any new patient to clerk in the last hour before you finish. Instead you can follow up jobs for patients you have already clerked or help your colleagues with any of their jobs.