WELCOME TO CHARLESWORTH WARD (ACUTE FEMALE INPATIENT)

Quick guide for F1
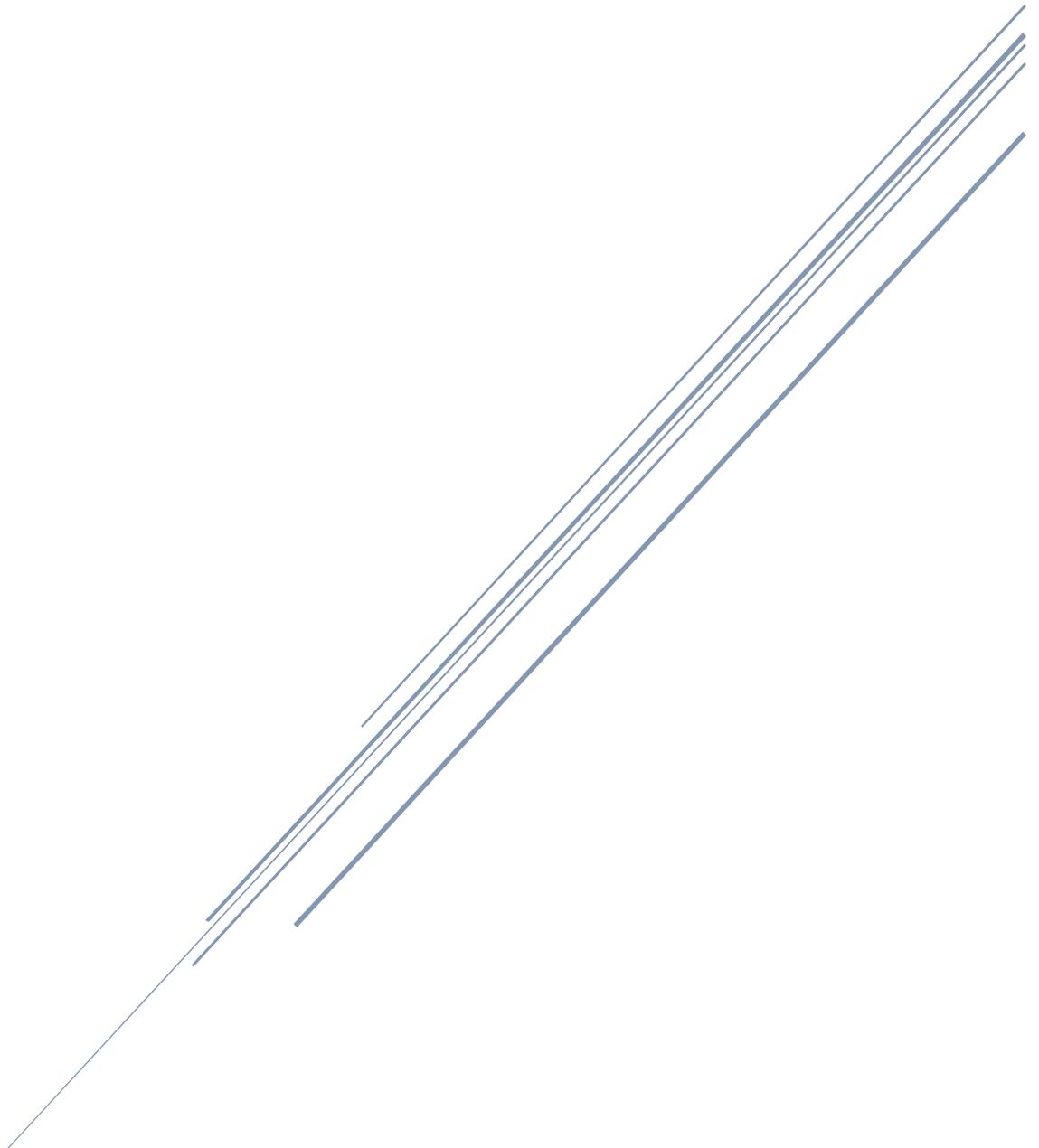
LPFT Junior Doctors

Contents

QUICK OVERVIEW

	MONDAY	TUES	WED	THUR	FRI
AM	Ward Handover – 9:00 Ward Round – 9:30 Inpatient Work	Ward Handover – 9:30 Ward Round – 10:00 Inpatient Work	Ward Handover – 9:00 Ward Round – 9:30 Inpatient Work	Ward Handover – 9:00 (Case Presentation – 9:30 Journal Club – 10:15 Guest Speaker – 11:30) Inpatient Work	Ward Handover – 9:30 Inpatient Work
PM	Ward Round cont Inpatient Work	F1 Teaching – 12:00 Ward Round cont Inpatient Work	Ward Round cont Inpatient Work	Inpatient Work	Inpatient Work

There are no weekends, nights, twilights or bank holidays on the F1 rota.

Computer Systems

- RiO
- Microsoft Teams and Outlook
- Civica ePMA
- SafeCom
- WebV
- Universal Viewer
- Summary Care Portal
- Lincolnshire Care Portal
- Allocate
- eExpense

Job Overview

- Clerking new admissions
- Physical Health Check on admission – ECG, Bloods and General Examination
- Scribing in ward rounds
- Prescribe meds
- Review physical health concerns
- Refer patients
- Discharge letters

THE SOFTWARES

RiO

RiO is the main system you will be using. You should get training on this during Induction, so I will not go into details how to navigate RiO too much.

It is used across the county by Mental Health Services so should contain all the information of any contacts the patient has made with Psychiatry services whilst in Lincolnshire. Its precursor, *Stalis*, can also be accessed through RiO if more historical records are required. Out of Area records are a little harder to come by, but ideally will be uploaded onto the system as separate documents.

You will be using RiO to complete clerking, note physical health checks, write MDT notes, discharges (from service), etc. It has a bunch of templates on it already, so you do not have to worry too much about thinking what information you need to enter. If it does not fit into a template, you can also enter notes as '*Progress Notes*'.

Useful Case Record Menu Items:

- Clinical Assessment & Risk Framework (under *CR - Core Assessments including Risk*)
- Diagnosis (under *CR - Conditions/Diagnosis*)
- Document View (under *CR - Documents and Printouts*)
- Inpatient Discharge Summary Form (under *CR - Inpatient Management*)
- MDT Review - Acute Inpatient (under *CR - Inpatient Management*)
- Mental Capacity Assessment (under *CR - Safeguarding and Mental Capacity*)
- Pharmacy Medicines Reconciliation (under *CR - Pharmacy*)
- Physical Health Check (under *CR - Physical Health*)
- Psychiatric Admission & Physical Examination (under *CR - Inpatient Management*)

I recommend favouriting these as you are likely to use them throughout a patient's admission.

When writing *Progress Notes*, ensure you fill in these boxes before typing!

Specialty	Please Select ⌄
Note Type	Please Select ⌄

Otherwise, it will not auto-save and all the hard work you have done will be lost. Also if you think you are coming back to the notes later, or you are just paranoid about writing notes, change it to 'unvalidated' so you can edit after. Just make sure you validate it once you are done!

Tip! RiO will let you open 'baby tabs', which is useful it you have to look at multiple things at once. Just be aware that these tabs are locked to the patient you opened it for.

Teams

Psychiatry basically lives on Microsoft Teams. Expect to get your calendar populated with all your inductions, ward round appointments and emergency MDTs.

As Teams is where the offsite MDT members attend through, its useful to have it open when you are scribing and having to take note of everyone's roles. Just hover over their name if you ever miss out on their introduction. Members might also write in the chats if their connection is not great.

It is also useful if you ever need to contact anyone (and they need you) as most staff members will be contactable through it. Useful for Pharmacist advice as the team also covers the community.

Make sure you are added to two groups: **Charlesworth Ward** and **Junior Doctors Handover**

- **Charlesworth Ward -> Files -> Handover Sheet1 -> [Year] -> [Month] -> [Day]**
  To get to the handover sheets that the morning meetings are based on
- **Junior Doctors Handover -> Files -> [Month Year] -> [Day]**
  To get the handover from the night doctor and a summary of what they did

Outlook

You will be set up with an NHSmail account while in Psychiatry, for all communications you need to make. Regardless of whether you have had one before, they will give you a new one. It is also separate to the ULHT email you get at Lincoln County.

Apart from getting all the emails for the MDTs, the main use of the email is to send completed discharges/transfers to the secretary to forward to the GPs, and sending leave/discharge medications to pharmacy (as it is offsite).

If you require scans, you can also send them through email (it is a bit hit and miss, you probably want to drop it at Radiology yourself) to Lincoln County Hospital. If an X-ray is needed between 9-5pm, just send them down to radiology with a completed form. CT and MRI have accepted paper request forms, but US is a bit iffy.

Useful emails:

- Debbie Kinch (secretary): debbie.kinch@nhs.net
- Pharmacy: pharmacy.fjx51@nhs.net
- X-Ray: ulh.xray@nhs.net
- CT: ulh.ctrequest@nhs.net
- MRI: ulh.mri@nhs.net
- US urgent: ulh.radiologyurgentrequestsandfindings@nhs.net
- US routine: ulh-tr.radiologyappointmentslincoln@nhs.net
- Medical HR (to book annual leave): lpft.medicalhrhub@nhs.net

Civica ePMA

Civica is the ELECTRONIC PRESCRIBING system. Yes you heard right, in Psychiatry it is electronic prescribing, so do not fear about misspelling those pesky psychotropic drugs. It also comes with dosage recommendations when prescribing regular medication and can identify dosage errors (sometimes). Or if it's a titrating medication like Chlordiazepoxide, it can automatically schedule it for you!

When accessing it, you will immediately be brought to the *Patient Search* page. Ignore it. If they have been entered onto ePMA already, use the *User Dashboard* option as it lists all inpatients by ward already. If you look at Charlesworth, it will have all your patients there ready to click and begin prescribing.

Induction will hopefully go through everything, but just a tip and make sure you have SCR or Care Portal open if the patient is new but on ePMA already. It will force you to enter allergies and confirm existing ones if they are a new patient.

If they are not on ePMA, go here: https://fhirclientlive.customer.civica.com/ as this is where you need to go to enter new patients onto ePMA. Make sure you have their Name, DOB, NHS no and Address. Induction does give you a PDF on doing this too. **Tip!** Bookmark this website.

If a patient needs leave meds, make sure you **click onto leave** and select the leave period (set by the nursing team) in order to start prescribing it. If there is no leave period, ask a nurse to set it. A pharmacist does not need to approve leave meds.

Discharge meds do not require a date to be set, but do require a pharmacist approval. **Do not** print it before they have approved it.

Leave and discharge medication prescriptions need to be printed, signed and scanned to Pharmacy. If requiring for the afternoon, it needs to be sent **before** 11am. If you require it for the morning, it needs to be sent **before** 4pm the previous day. CC the other doctors and nurses in to prove that you have done it.

SafeCom

An online cloud service that is linked to the printing and scanning service used by the ward. Which is useful when you need to print out and sign leave/discharge prescriptions, radiology forms, patient information leaflets, etc. Just make sure you send it to the right cloud!

If you can, get yourself registered on SafeCom ASAP, as it can save bothering the nurses and waiting for them to be free in order to do your printing. The instructions can be found on the intranet, on a document called ''How_to_Register_Your_Smartcard_to_the_Printer''. As the title implies, you can use a smartcard to sign into the machines, or a log-in (which is the same as your computer log in).

The ward has two printers: one in the nursing office, and the other in the MDT room. The former has a card reader and can print AND scan, while the latter requires a manual log in and can only print.

When it comes to scanning, you have two options. You can send it directly to your email, which works sometimes, and other times takes hours to arrive. Or you can scan it onto the cloud and pull it from the storage through SmartScan.

WebV, Universal Viewer, Lincolnshire Care Portal and Summary Care Portal

It is the same as over in Lincoln County. You might obtain a new log-in for WebV, but you will not be able to put any requests through it. LCP is smartcard access, but will not pull from SCP so you will need both.

Allocate

Exception reporting system.

eExpense

You'll probably only use this to claim back mileage for Breakaway training.

THE JOBS

Clerking

Ideally you will see the patient within 4hrs of an admission. *Psychiatric Admission & Physical Examination* is the proforma on RiO that you use. What you are unable to get from the patient, you can use the AMHP report (found in *Document View*) and Section 136 reports (if they came in on S136). These should give you pretty good information regarding their admission circumstances and sometimes their previous history. The nurses also do their own clerking, so you might get some clue on Progress Notes before you need to do yours.

Alongside the patient and the admission documents, you will be using Care Portal and SCR to obtain further information for the clerking. These are mainly for the physical health and medication bits. Annoyingly, information about previous contact regarding mental health will force you to search through the other documents in *Document View* or through the *Progress Notes* on RiO. Their most recent discharge letter is a pretty good place to start as it sums up inpatient admissions, but community history is a bit slower. If they are a patient who has been known for **years**, you might also need to access *Stalis*, which is the precursor to RiO. Be ready to download multiple documents just to get what you want.

If they are on Stalis, you'll see this.

From experience, this combination of tabs is where you'll find the documents you will need like previous discharges, letters, etc. They are all separate documents that download as 'document.pdf', so remember which ones are which.

Within the proforma, there are also huge sections on physical examination and medication. Do not worry if you do not complete everything immediately. You will likely come back around to it when you fill in the other proforma *Physical Health Check* and prescribe their medication on ePMA. (I was told you technically have 12hrs to complete it? But the patient needs to be seen within 4hrs of arriving.) Basically, some of the later bits are just information repeats to save people from searching through multiple documents like you will have been doing to clerk someone in.

Though there will be admissions that come in during the day, most admissions end up coming in during the evening and overnight.

Physical Health Check

Goes hand in hand with the clerking, so you might end up doing both at the same time. Again, it is a proforma to follow and fill out, so pretty straight forward. Sometimes the nursing team will have started it already (often the height/weight/BMI, smoking and physical observations bit), so just go in and complete the rest.

As part of the proforma, you need an ECG. There is an ECG machine that is shared between the wards. If it isn't in Charlesworth's clinic room, it will be in Connolly's Interview or Clinic room. Not the end of the world if you cannot remember how to do one, the machine has a lovely map for guidance if you need it. It'll even highlight which lead is wrong if the readings it gets seem weird. The main thing for the ECG is **arrythmia** and **QTc**, as they will affect meds. So even if the ECG isn't the prettiest as long as you can see/work it out it is fine. If the auto report flags a long QT, do it manually using **Framingham**. If you see any other weird abnormalities (that aren't an emergency), worth asking highlighting to a senior in case.

There are no phlebotomists in psychiatry so you will have to do the bloods as well. Blue, yellow and purple top bottles for: FBC, U&Es, LFTs, TFTs, Lipids, Glucose, HbA1c, Bone, Coag, Ferritin, B12&Folate and CRP. (The proforma only needs lipids, glucose and HbA1c.) If they are on antipsychotics or lithium, you may want to consider Prolactin and Lithium level as well but these take a bit longer to come back. For heavy alcohol users, request GGT separately as well cause the lab might not do it automatically under LFTs if the rest are normal. For IVDUs, separate bottles and form for Microbiology. For those on Clozapine, **DO NOT REQUEST CLOZAPINE LEVELS** unless you have been told to. There are also grey and white bottles on the ward if you require separate glucose and immunology tests, but for any other weird and wonderful stuff, you will have to send them over to Clinic 7.

Patient stickers are not common on the ward (at time of writing) so you will have to write patient details manually on the blood bottles and forms, and the ECG (although these can be entered on the machine prior to doing the ECG). The bloods will have to be taken to LCH yourself in order to be podded (or Clinic 7), and the results accessed on WebV. (There used to be a porter who helped, but has been on long term sick so check and change this if relevant!)

Apart from yourself and the other juniors, there is also a Physical Healthcare Nurse who can also do bloods and ECGs. Just bear in mind that she is working across multiple wards in LPFT, so might not always be around. However, she will always pop her head in to help out where she can.

Ward Round Scribing

If it is the first time a patient is being seen after being admitted, you can use *Progress Notes* to scribe. This is because it is unlikely a full MDT can be organised for them just yet, but they do need to be seen by the medical team before a new week rolls around.

During MDT Ward Rounds, you will be using a different proforma, *MDT Review - Acute Inpatient*. Technically, this should be accessed and filled in by all the MDT professionals attending but you often find that the juniors will be the ones entering the entire thing as otherwise it is just repeating work (some professionals prefer to just use the *Progress Notes* if they choose to enter anything.) Always ensure you communicate with the other juniors about who is scribing, as you might end up with three separate documents ongoing.

The important things of the document that you must enter is the time and date, who is chairing the MDT (often the consultant or a senior), who attended the MDT and their roles, and the planned outcome. If you can fill the entirety of the feedback and the MSE that is great, but you can revisit this at a later date if the MDT is a long and complicated one. You may choose to scribe the feedback in Word and fill in the proforma after if you find the scrolling too much.

During the MDT, you will also want to bring up Teams. Most professionals will join online rather than in person, and because most will be using a LPFT account you can hover over their names to find out their role. Otherwise you will have to ask them yourself. Please make sure you get everyone, including other people in the room and others who might be sharing a camera.

If a decision in treatment has been made, you might need to complete a *Mental Capacity Assessment* as well. It might be appropriate to complete it within the MDT itself, or you might have to complete it at another time.

In a similar vein, under 'Outcomes of MDT', there is a question about consent to treatment status. Most will fall under 3 month rule, but for longer term patients they may be a T2 (consent to treatment) or T3 (not consented to treatment). It is best to confirm these with a senior if it is not immediately apparent, as these will be requiring additional paperwork anyway.

Other things you might find useful to have open are ePMA (to review and modify medication), WebV (bloods), Universal Viewer (especially if they've had a scan) and *Progress Notes* (in a 'baby tab'). If there are other juniors present in the MDT, get them to have at least ePMA up as it will often kick you off when inactive. This will also mean any outcomes involving medications can be actioned immediately.

Prescribing Medication

As covered in the Software bit, Psychiatry uses ePMA. LPFT uses Lincolnshire Formulary (lincolnshirejointformulary.nhs.uk) which lists all the formulary medication that can be ordered in the Trust. For Antibiotics guidance, LPFT use Community Guidelines. They can be found https://www.lincslmc.co.uk/attachments/downloadS3/4341717 or on Microguide under Lincolnshire STP – Community Antimicrobial Guides.

When a patient is first admitted, all the medication they are on should be prescribed onto ePMA, so that the nursing staff can administer it. Their current medications should be on SCR if they have one. Other alternatives are eDDs and paper prescriptions. There is a Pharmacy Technician who also completes a medicine reconciliation in the morning, and will often highlight if they find anything missing through email or on *Pharmacy Medicines Reconciliation* on RiO. They will also highlight if there are things non-formulary and can suggest alternatives. If you absolutely cannot find any information to complete admission medications, ask the pharmacist.

Be aware when prescribing that many mediations need to be ordered in and are not readily available on the ward. If something is prescribed and ordered (as in a nurse or pharmacy technician **is notified** to order it) before 11am, it might arrive for the afternoon; and if ordered before 4pm it will arrive the following morning. Some medications, like antibiotics, might be available from the emergency box to be given immediately. You can check this with the pharmacy technician or pharmacist.

When ordering **nutrition supplements**, inform the pharmacy technician first! This prevents months for supplements being ordered.

As an F1, you can prescribe controlled drugs on ePMA but you will not be able to approve the order for them. So when you are given a 'Controlled Drugs Order Form', you'll need to find someone else to complete it for you.

The same with FP10s. These will mainly be used in emergency discharges and last minute discharge changes. Even though you cannot write them, you might be sent to pick it up from the Secretaries. Be sure you know who it is for and what medications will be put on it as the secretaries have to record it.

Patients are given medications to take home for leave and discharge, so these need to be ordered in rather than using ward stock. This was mentioned already under the Software bit, but I'll put it here too.

If a patient needs leave meds, make sure you **click onto leave** and select the leave period (set by the nursing team) in order to start prescribing it. If there is no leave period, ask a nurse to set it. A pharmacist does not need to approve leave meds.

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Concerns on the Ward/Ward Jobs

If you are not in Ward Round, you will likely be on the ward and helping to address any concerns reported by the patients or nursing team. Most are quite common complaints such as pain, constipation, and infections. There may be some wounds that require looking at and cleaning. On rarer occasions there will be catheters and NG tubes to place and remove.

Monitoring bloods will be needed for patients on Clozapine and Lithium. Lithium will need to be at 10am (unless they are following an alternative schedule) in yellow bottles 5-7 days after their dose is changed, and Clozapine is purple for FBC and taken to the Clozapine clinic weekly (if the clinic is not open, let the ward pharmacist or pharmacy technician know).

Any scans you require will be undertaken at LCH, and you will need to fill out a paper request form. X-Rays can be done as walk-ins during opening hours. For MRI and CT, if you take the form down to Radiology yourself, you might get an appointment fairly quickly, as the team you email otherwise is an outpatient team and can take weeks.

Another job that sometimes pops up is Seclusion Reviews. Patients in Seclusion will need to be reviewed by the medical team to ensure that there are no physical concerns. You will have to document these reviews and the outcome, as well as discuss with the team regarding the seclusion.

If you are finding some equipment is running low on stock, look in the stock cupboard and message the Ward Administrator to place orders. It is unlikely to arrive the next day, but hopefully there is enough to tide over.

One thing to remember is that you should not work outside of your comfort zone. If you have concerns about how a patient is doing that you cannot manage, escalate. You are limited in what you can do on an acute mental health ward. You can examine them, do bloods, get an ECG, give some medications, and give limited high flow oxygen. If there is anything else, you will likely have to send them over to A&E or even consider an ambulance. You will want to do more, but the equipment and staff needed to do so are not present.

Which brings the next topic on…

Referring Patients

Use Induction for extension numbers and mobiles in order to avoid going through Switchboard. Though they might not be able to come and see the patient (different Trusts seems to be the main issue, though some may come and see regardless), you can still ask for advice. You might be able to access e-Referral (unsure) for departments that require it, otherwise you may have to contact them through Switchboard.

There are discussions ongoing via the Safeguarding Team regarding patients we may need to transfer to LCH, but for now any emergency concerns need to go through A&E and they will try to liaise if appropriate. Patients in LCH still often remain under LPFT and are 'jointly' managed with ULHT.

Discharge Letters

There are two outcomes that lead to discharge letters: discharge from service and transfer to another ward. This will affect whether you complete the discharge on RiO or via a template letter, although both will include the same information.

If a patient is being discharged from inpatient services to community, use the *Inpatient Discharge Summary Form*. For the most part, most boxes will auto-populate with relevant information, or provide a dropdown box for selection. If a diagnosis has not been entered, or a new diagnosis has been made, it will need to be entered via *Diagnosis* and the page refreshed before it can be selected. In 'Treatment Received on the Ward' include not only the medication changes, but also section 17 leave and engagement with other services, which is something different compared to hospital medicine. *Clinical Assessment & Risk Framework* can be used to not only populate the Safeguarding section, but also the discharge plan of care as the nursing staff will also often include something there. The medication section will have to filled in again (including depots), and double check with a senior if you are confused if a certain medication will be sourced from LPFT instead of the GP (this is rare). Nearly all patients will have Crisis arrangements and Community support, though the teams might not be known yet. The best people to check with are the nursing team for this, or via *Progress Notes*. When you complete it on RiO, you can then save it as a Word document via *Printouts* and selecting the Discharge Summary.

If a patient is being transferred to another ward, the template letter is used as it would mess up RiO otherwise. The content you need to include is basically the same and self-explanatory, except you need to populate and format everything yourself.

Once you complete the discharge letter, email it to the secretary so they can forward it to the GP.