AMU/ON-CALL SpR INFORMATION

Contents

PTS = Patient tracking system.

EDS = Electronic discharge Summary

PowerChart / CERNER: For electronic request and results

APEX: Also for electronic blood results (username: PATH Password: RESULTS)

SAU = Surgical assessment unit

AMU = Acute Medical Unit

Consultants (bleeps) + specialty interests in addition to Acute Medicine:

Dr Natalie King (543): Clinical lead for Acute Medicine, Physician Associate Lecturer

Dr Radha Selvaratnam (555): Lead for Kingsfold Unit

Dr Padmini Sastry (820): Ambulatory Medicine, psychiatry

Dr Hanadi Asalieh (964): Diabetes and Endocrinology

Dr Martin Dachsel (277): Bedside US and echo, Resuscitation, Intranet, Guidelines, CERNER, rota, procedural competencies

Dr Muhammad Jawad (862): Respiratory

Dr Nick Smallwood (351): Bedside US and echo, TPD Acute Medicine

Dr Andres Acosta (367): Bedside Echo

Dr Sihem Begoul (365): Diabetes and Endocrine

Dr Juliana Barla (865): Echo (BSE accredited)

Dr Borja Moya (887): Intensive care medicine, AKI, Sepsis

Dr Carol Postlethwaite (287): GIM Rota, Maternal Medicine, registrar debriefing,

Ward Round Plan

	WR 1	WR 2	WR 3	WR 4	Board round Consultant
Monday	JB	NS	NK	MJ	NS
Tuesday	AA	NS	BTM	MJ	BTM
Wednesday	AA	NS	BTM	MJ	MD
Thursday	AA	MD	BTM	MJ	MD
Friday	JB	MD	BTM	MJ	BTM

Ward round System

08:00 morning huddle including **Nurse in charge** and **Consultant lead** to distribute patients depending on Consultant number and SAU patients to equalise numbers.

14:00: Board round, lead by **AMU SPR** discussing all patients with Consultant input if necessary

4 Consultants:

WR 1: bay 1 and bay 2 (a to e) (11 patients)

WR 2: bay 3, bay 4 (11 patients)

WR 3: bay 7, bay 8, 2F (11 patients)

WR 4: bay 10, bay 11, SR 5,6,9 (11 patients)

SAU (ED SR1 and 2) patients will be divided, on Monday and Wednesdays the Procedure consultant will do SAU WR

AMU SPR to join WR for educational purpose, senior SPR might lead WR with consultant assessment

3 Consultants:

Consultant missing from WR 1 or 2:

Consultant will see **new** patients on WR 1 and 2
SPR will see **old** patients

SAU will be split between Consultants of WR 3 and 4

Consultant missing from WR 3 or 4:

Consultant will see **new** patients on WR 3 and 4
SPR will see **old** patients

SAU will be split between Consultant WR 1 and 2

2 Consultants:

In very rare cases there will be only 2 Consultants.

WR1: bay 1, bay 2, bay 3, bay 4 and SR 5 **new** patients only
SPR WR1: bay 1, bay 2, bay 3, bay 4 and SR 5 **old** patients only

WR2: SR6, bay 7, bay 8, SR9, bay 10, bay 11 +SAU/ED SR1 and SR2 **new** patients only
SPR WR2: SR6, bay 7, bay 8, SR9, bay 10, bay 11 +SAU/ED SR1 and SR2 **old** patients only

Acute Medicine SPR Roles

NB – minimum 2 SPRs required, 1 on AMU and 1 on Kingsfold (long day). If the AMU SPR on the rota is on leave (or off sick), one the of cover SPRs will need to be on AMU for the day

AMU SPR – based in AMU for the day. Often leads WR4 (see above). May be required to see 'old' patients on one of the AMU rounds depending on consultant availability. If all rounds are covered by consultant, participate in one of the ward rounds for educational purposes. After rounds, ward SPR is expected to assist with the management of acutely unwell patients, perform / supervise procedures and give assistance to the junior doctors / physician associates as required. Perform a 'board round' in the early afternoon to assist with discharge decisions and ensure treatment plans are being implemented.

Kingsfold SPR (long day) – In the morning, run the 'follow up clinic' on Kingsfold Unit (see further details below). After lunch, review the 2 patients in 'DVT hotslots' who will attend the Kingsfold Unit after their ultrasound scans at 1.30pm / 1.45pm. Once clinic patients have been seen, assist with seeing new patients on the unit or with procedures. Hold 247 bleep (see below) unless it is being held by one of the consultants.

US/Procedures/Cover – Based on Kingsfold Unit in the morning. Assist with the elective procedure list on Mondays, Wednesdays and Fridays. On Tuesdays / Thursday assist with follow-up clinic and seeing new patients in the morning. Afternoon is protected time for admin / audit / ultrasound practice.

Acute Medicine / Cover – Based in AMU / ED in the morning. Assist with ward rounds as required. If all ward rounds are covered, either participate in a consultant WR for educational purposes, or go to ED to clerk new patients. Afternoon is protected time for admin / audit / ultrasound practice.

On-call SPR bleeps:

247 (Kingsfold)

- Held by either the Kingsfold SPR or Kingsfold Consultant

- Takes GP referrals for patients <75 years between 8am and 8pm. Between 8am-9am and 5pm-8pm also takes GP referrals for patients >75 years. (Between 9am-5pm, one of the COTE SPRs takes GP referrals for patients >75 years)

- Also receives calls for referrals to the Kingsfold Unit from other specialties (e.g. oncology patients requiring urgent blood transfusion)

- Stable GP patients should be asked to come to Kingsfold Unit for assessment. Unstable patients should be asked to go to ED initially. All new patients accepted onto the medical take (regardless of whether they are coming to Kingsfold or ED) should be added as a 'new patient' on PTS

700 (on-call / take)

- Takes ED referrals and manages acute take.
- Attends all MET calls and arrests in ED and AMU (anaesthetics attend arrests only).
- Updates PTS regularly with referred patients
- Does not get involved in AMU day-to-day work
- Usually held by SPRs on the GIM rota. If rota gaps are present, one of the AMU SPRs may be asked to hold it

251 (on-call / ward cover)

- 9am-5pm continues regular work + answers 251 bleeps (pick up from AMU office @9am)
- 5pm on-call solely for wards
- Attends all MET calls and arrests in all areas of hospital apart from ED/AMU.
- Takes and sees ward referrals for acute general medical problems. Most surgical wards are paired with a medical team who should review medical issues. They should contact these teams directly
- If medical problem is system specific then advise them to seek advice from that speciality i.e. surgical patient with heart failure should see cardiologist.
- Usually held by SPRs on the GIM rota. If rota gaps are present, one of the AMU SPRs may be asked to hold it

NB - There may be a verbal agreement between 700 and 251 about who attends arrest and MET calls depending on 251 day commitments i.e. they may be in endoscopy or angio suite and unable to attend emergencies at short notice. This should be agreed in the morning handover meeting at 9am in the OPS centre

Colleagues' jobs

F1/F2/PAs/SHOs

AMU juniors are rostered to join a ward round OR to be on take and clerking. See their rota/timetable via the link on the AMU intranet page. 2 AMU juniors do 12hour (8am-8pm) shift per day (AMU ward cover from 4pm-8pm). 1 AMU junior is allocated to Kingsfold from 12pm-8pm.

On-Call juniors are rostered on bleeps 701 (SHO), 702 (SHO), 703 (F1), 704 (F1). They will start the day on their home ward and then come down to AMU/ED to join take and clerk patients at midday. If take is busy in the morning above doctors should be called down early from their home ward to start clerking early. 703/704 leave the take at 5pm to do ward cover.

Twilight juniors work 4pm-midnight to clerk.

At night there is an SpR covering the take and all medical patients in the hospital, 2 night SHOs and 3 twilight SHOs / F1s (until midnight) to clerk, and an FY1 for medical ward patients.

There is a critical care outreach team (CCOT) available 24/7 for assistance with unwell patients.

Conditions we do and don't take

Please find conditions we admit under Medicine or Surgery in the hyperlinked document.

If link not working, can be accessed as follows:

Intranet home page -> Workspaces -> Acute Medicine -> Acute Medicine Guidelines -> Housekeeping -> Surgical / Medical Admission Criteria

Post Take

Morning round (overnight patients) – Patients on AMU needing PTWR are seen by the AMU consultants. Elsewhere, the patients are divided according to age (<75 years, > 75 years) and these rounds are performed by consultants from other specialties (COTE / respiratory / endocrinology). Designated teams found on the GIM rota.

Intra - take is done 8am-10pm by an AMU consultant – can be found on the rota on wall in AMU office

Post-take is by a medical consultant from 5/6pm - they can be found in the first column of the GIM rota

9am and 5pm Gastro PTWR – patients can be added to this by selecting the 'gastroenterology' tab on PTS

8am Cardiology PTWR - patients can be added to this by selecting the 'cardiology' tab on PTS

Kingsfold Unit – Throughout the day. Consultant presence on unit from 9am-8pm

NB - Any patients who remain in the emergency department after their PTWR remain under the care of the PTWR consultant from the day of admission (according to age, <75 or >75). You can find this via switch/bed manager/cerner top line when on patient record. The exception to this is patients who remain in ED side rooms 1 and 2, who are looked after by the AMU team.

Oncall handover

09:00 and 21:00 safety huddle and hand over in Ops centre attended by whole medical on call team and cardiac arrest team (including anaesthetics, CCOT and resus officers)

Admission avoidance

Patients in Sussex can be referred to Clinical Assessment Unit in Crawley Hospital (see table below)

- Clinical assessment unit CAU (Monday- Saturday: 8 am-8 pm: No referrals accepted after 6pm, All patients MUST be processed through ONE CALL, only for patients >18 years, Telephone: 0845 092 0414:

Conditions that may be treated in CAU	Conditions that will not be accepted
Patients – with conditions who are stable enough to be seen in Ambulatory setting but who are at risk of deterioration & admission if not seen & treated	• **Medical & Surgical emergency cases needing a procedure i.e. blood transfusion, chest drain etc** • **Malignancy & TWR where specific pathways exist** • **Patients requiring routine follow up in specialist clinic** • **Patients with:** ○ **Unstable symptoms requiring monitoring / immediate intervention** ○ ***MI – acute chest pain / Acute LVF / Arrhythmias** ○ **PE – unstable** ○ **Possible underlying surgical diagnosis** ○ **Major upper or lower GI bleed** ○ **Acute psychiatric disorders & confusion.** ○ **Diabetic ketoacidosis & hyperosmolar coma** ○ **Acute stroke** ○ **Unconscious patients or GCS < 14** ○ ***Patients with vital signs outside the following** ○ **parameters:** ○ ** Systolic Bp below 90 or over 200** ○ ** HR below 50 or above 120** ○ ** Respiratory rate below 10 or above 30** ○ **O2 sats below 94% or 90% in known COPD** ○ ** Temp below 35 or above 40**

- Stable patients who are unlikely to require emergency interventions – if referred late in the day, can be asked to attend Kingsfold Unit the following morning. Add to PTS as usual, include time patient told to arrive

Certain conditions should not be admitted directly under medical take:

- Acute stroke with ongoing neurology should be advised to attend ED via ambulance (stroke call)
- Acute Chest pain (ongoing and suspected cardiac): need to go via ED with blue light ambulance (chest pain call)

- Suspected temporal arthritis: GP/A&E can start steroids and then refer urgently to Rheumatology. Advise GP to contact rheum SpR via switchboard

Catchment area

- East Surrey (Dorking, Redhill, Reigate, Leatherhead, Caterham, Oxsted, East Grinstead (bloods might be analysed in Pembury Hospital)
- West Sussex (Crawley and Horsham)

DVT pathway

- Surrey GPs: Wells >2 or positive D dimer and suitable for ambulatory pathway:
    - GP to perform bloods (FBC, clotting, U+E, LFT, CRP, ddimer), commence anticoagulation and book ultrasound (booked direct with radiology).
    - If provoked DVT/negative scan – GP to follow up and manage
    - If unprovoked DVT or complex DVT to refer to Kingsfold for further investigation
- Sussex GPs: Wells >2 or positive D dimer and suitable for ambulatory pathway:
    - GP to perform bloods (FBC, clotting, U+E, LFT, CRP, ddimer), commence anticoagulation and book ultrasound (if US available on same day, await result then treat with anticoagulation if required). Should be done via Crawley CAU
    - If provoked DVT/negative scan – GP / CAU to follow up and manage
    - If unprovoked DVT or complex DVT to refer to Kingsfold for further investigation
- ED patients:
    - If DVT suspected following ED assessment, ED team contact Kingsfold SPR on bleep 247 to book a 'DVT hotslot'.
    - 2x slots daily at 13.30 / 13.45 (weekdays) or 11.00/11.15 (weekends)
    - On weekdays, patient should attend their US then report to Kingsfold Unit for review with the results. Patients should be reviewed by the Kingsfold SPR.
    - At weekends, patient should attend their US then report to Main Outpatients for review by the Kingsfold / Ambulatory SPR. (NB – this may change during the winter if Kingsfold is opened at weekends)

NB – a number of Surrey GP practices have 'opted out' of the above pathway and arrange DVT scans via the Kingsfold SPR. These patients can be given a DVT hotslot and asked to attend for review as per the ED patients

If the patient meets any of the below criteria, they are NOT considered suitable for this pathway and should be referred to Kingsfold Unit for assessment (or ED if clinically unstable)

- Age <18 years, pregnant, symptoms of PE, Systolic BP >180 or diastolic >115, anticipated compliance problem (even with support), severe renal impairment (eGFR <15ml/min/1.73m^2), known liver failure, active cancer, potential bleeding lesions (e.g. GI, GU, or intracranial bleed <4/52), complex haematological issues (e.g. bleeding disorder or platelets <90), already on anticoagulant, on contraindicated drugs, gross limb oedema with ischaemia.

Kingsfold Unit

Open 8am-8pm daily. Numerous patient streams run simultaneously each day as including:

- 'Follow up' Clinic – see below
- Assessment of stable / ambulatory patients on the medical take, predominantly GP referrals although some patients will be transferred from ED when the department is busy.
- TIA clinic – run by stroke team, except at weekends when patients are seen by the Kingsfold / Ambulatory SPR
- 2x 'Nurse led procedures' daily – blood transfusions, ferrinject, iv antibiotics etc. These patients are not seen by the medical team unless the nurses are concerned. Referral forms held by ward clerks. Must be completed by Kingsfold SPR / consultant and given back to ward clerk. Ensure the referring team has a follow up plan in place and is not expecting us to arrange further investigation. Slots are booked on the Kingsfold Diary Spreadsheet.
    - NB – this should be used for patients requiring urgent transfusion / ferrinject etc. If not urgent, patients can be referred to Comet Ward at Crawley Hospital
- Procedure clinic – For elective / semi-elective procedures on patients not requiring admission. Runs on Monday, Wednesday and Friday mornings. Slots booked on the Kingsfold Diary spreadsheet.
- Pleural clinic – run by respiratory team on Wednesday mornings
- 2x DVT hotslot reviews (pm)

- During busy periods, Kingsfold may be used as an escalation area with up to 15 overnight patients. These patients should be selected by the Kingsfold Consultant / nurse in charge and should have a realistic chance of being discharged within 24 hours.

Kingsfold Follow-up clinic:

- Patients must be referred by AMU consultant / SPR and are booked on the Kingsfold Diary spreadsheet. The ward clerks will print out a list of the patients booked into clinic each morning. The patient list can be accessed via the 'Scheduling' tab in Cerner (search for 'RTP Kingsfold')

- 6x slots daily (although sometimes gets overbooked)

- Slots used for patients discharged from either Kingsfold Unit or AMU who require medical review +/- repeat bloods / scans within the next few days.

- These slots are ONLY for patients who have been assessed by the Acute Medicine team. We do NOT offer post-discharge reviews for patients discharged from general medicine / specialty wards.

- If there are outstanding investigations after a patient has been seen, these can be added to the 'AMU / Kingsfold Investigations' spreadsheet available via the Acute Medicine intranet page and the AMU secretaries will contact you when the results are available. You may wish to keep your own record of outstanding investigations in addition to this.

- In general, patients should not be seen in the follow up clinic more than twice. If further follow up required at this point, consider referral to specialty clinics.

Role of the weekend Ambulatory / Kingsfold SPR:

- In the morning, see TIA clinic patients (maximum 2) and DVT hotslot patients. TIA patients need fasting bloods, CT head and US carotid Doppler. They can be discussed either with stroke consultant on call (via telephone) or with the Acute Medicine Consultant. If they need MRI head or a stroke consultant review, they can be brought back to a weekday TIA clinic slot (liaise with stroke nurse on bleed 455).

- In the afternoon, work with the ambulatory consultant / ANP with aim of seeing medical take patients who may be suitable for a same-day discharge.

- Carry bleep 247 and take GP referrals

- NB – in winter when Kingsfold Unit is open at weekends, you will be based on the Kingsfold Unit. In summer, you will be based in Main Outpatients / AMU / ED

SASH at home – Ext 2041 or 2042

- Virtual ward for SASH in the community
- Patient remains under care of hospital consultant and team
- Consider for patients that are stable and don't requiring regular monitoring
    - IV antibiotics
    - Blood monitoring
    - Medication administration
    - Anticoagulation therapy
    - Complex would care and dressings
    - Catheter care
    - Drain management
    - Physio and occupational therapy
    - Rehabilitation
    - Stoma care
    - Bridging support for patients awaiting care package