

## William Harvey Hospital



# Urgent & Emergency Care Emergency Department Induction Pack



Putting patients first



## URGENT AND EMERGENCY CARE

**Syed Gilani**  
**Clinical Director**

Welcome to Urgent and Emergency Care. The services we provide are:

1. Accident and Emergency
2. Acute Medicine
3. Health Care of Older People
4. Specialty Medicine
  - Neurosciences
  - Cardiology
  - Respiratory
  - Rheumatology
  - Gastroenterology
  - Diabetes and Endocrinology
  - Retina Eye Screening

The key service developments include:

- Ambulatory care model
- Implementing use of technology in A&E to support delivery of new clinical indicators
- New pPCI for the whole of Kent and Medway
- Improving patient flow from admission to discharge

The team – Principles and Values

- Communicate openly and honestly at all times
- Work collaboratively in addressing issues that arise and implementing solutions with staff
- Constructively challenge peers and other professionals
- Act as a patient advocate at all times
- Support each other and work as a team
- Hold each other to account

**Treat every patient as you would expect a member of your family to be treated**

**General Information**

## The Trust's Expectation of You

Remember that we are here to serve our patients. At any time any one of our friends or family could need health care, what would you expect for them? Patients and relatives may be frightened about coming into the hospital and this may prevent them from absorbing information and puts them in a vulnerable position.

If we remember that although we are pursuing our everyday work, our patients and their families are experiencing an abnormal and potentially threatening situation, we should be able to respond to them kindly and courteously.

Even if you work in a department where patients are never seen, you still make an important contribution to a total health service. The trust expects you to:

- Show Commitment
- Be Courteous
- Maintain Confidentiality
- Become Involved
- Raise Concerns
- Follow the Dress Code
- Maintain Hospital Security
- Wear Name Badges

For further details on this please see the Staff Charter.

## What You Can Expect From The Trust

- A comprehensive induction to the Trust and to your workplace.
- The provision of appropriate education and training, with regular reviews of how you are performing at work.
- Equality of opportunity - on employment and thereafter.
- To work in an environment which supports, encourages and develops staff.

## The NHS Code of Conduct

NHS staff are required to subscribe to the NHS Code of Conduct and the Trust is required to draw this matter to their attention. It states that "Public Sector Values must be at the heart of the NHS. High standards of corporate and personal conduct, based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of tax payers' money".

The principles of the Code of Conduct, although originally intended for Boards, apply to all staff. These principles include:

- Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgment on propriety and professional codes of conduct
- Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties
- Openness – there should be sufficient transparency about NHS activities to provide confidence between the Trust and its staff, patients and the public.

**"Public service values matter in the NHS and those who work in it have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers**

impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.”

Local rules around general ethical and financial good conduct are set out in the Trust’s Standing Orders (SOs), Standing Financial Instructions, Scheme of Delegation, Fraud Policy and Response Plan (FPRP) and administrative guidance notes. These rules are designed to protect the interest of the Trust and the taxpayer, and protect staff against any suggestion of misconduct.

Most of the rules do not apply to most staff but some apply to all. Staff may not be familiar with the requirements, summarised as follows:

### Bleeps

**To call someone using a bleep**, dial 2000 – followed by the bleep number you require and the extension number you are calling from and follow the instructions given over the phone.

### Car parking

By permit only. For those finishing shift late you may seek assistance of Security Staff to escort to car park when dark.

**PLEASE DO NOT PARK IN THE HOT PARKING ZONES** – without a special disc you will receive a parking ticket

There is a shuttle that operates between sites, a timetable of which can be collected from the reception desk in the Main Reception

### Emergency Number 2222

For bleeping cardiac arrest, respiratory arrest etc. You must say which hospital site you are calling from as the calls go through to a central switchboard based at Kent and Canterbury Hospital.

### Fire Alarm Information

What you will hear is dependant upon where exactly you are in the hospital. There are two distinct areas:-

**Area 1** ward and patient areas – in these areas the following will be heard “STAGE 1 ALERT” – this indicates the fire alarm has been activated within your zone. You are to check your area and evacuate if necessary.

“STAGE 2 ALERT” – indicates a fire alarm has been activated within the building but not in your zone. Check area and be ready to evacuate if necessary.

**Area 2** - Non ward areas – the first message would sound as follows “This is a fire alarm, please leave the building immediately” – indicates that the fire alarm has been activated in your zone and one is to follow the audible request i.e. leave the building immediately.

“STAGE 2 ALERT” – indicates that the fire alarm has been activated within the building, but not within your zone. On hearing this, please check your area and be prepared to evacuate if necessary.

CDU & AMB wards have stand alone fire systems which state “STAGE 1 ALERT” when the alarm is activated. You are to check the area and be prepared to evacuate if necessary.

Kings C2 ward has a stand alone fire alarm system also, which has electronic warblers when activated. Again, on hearing this, check your area and be prepared to evacuate if necessary.

The staff residency and the social club have single stage continuous ringing bells when the fire alarm is activated. This indicates that one should immediately leave the building. The correct procedure to follow for the residency area is also posted in each residential block.

**The Doctors Mess** is on the ground floor. There is a code for entry which can be obtained from the Mess President.

### **The Spice of Life Restaurant**

The Choices Restaurant opens at 07.30 hrs

Breakfast is served 07.30 hrs – 11.30 hrs

Serves Baguettes 10.00 hrs – 14.00 hrs

Lunch is served 12.00 hrs – 14.30 hrs

15.00 hrs – 17.15 hrs serves Sandwiches, Salad, Pasta etc.

Hot meals are served 17.15 hrs - midnight

### **Personal Safety**

If you are concerned about walking to your car or to the residences after dark it is possible for you to contact a porter who will accompany you and see you safely to your on-site destination.

**Registration** - if you allow your GMC registration to expire we will consider you to be in breach of your contract and your salary will be suspended until it is renewed.

The East Kent NHS Trust is **non-smoking** Trust

**Payslips** - You will be paid on 24<sup>th</sup> of each month. All payslips can be collected from the Doctor's post tray in the CDU office.

**On Call Rooms** – if you require an on call room during your 'hot' block or nights this can be booked by emailing [accommodation.whh@serco.com](mailto:accommodation.whh@serco.com). There is a charge for this service.

**Please note The East Kent University NHS Foundation Trust is non-smoking Trust**

### **General**

F2s are not entitled to private study leave

### **Special Leave/Compassionate Leave**

Leave in times of urgent and unforeseen need, for example, bereavement, the illness of a child requiring continual parental or immediate family presence, or house flooding may be granted for up to 3 days with a further extension in certain circumstances of an additional 3 days making a maximum of 6 days in all.

The extent to which special leave is granted will take account of a number of factors not least being the degree of personal loss suffered by the individual, the extent to which the employee is or is not involved in funeral and associated arrangements and the journey distances involved.

### **Leave to Attend Appointments**

Employees will not normally be given time off for routine medical, dental or ophthalmic appointments which ideally should be arranged in the individual's own time. Where, however, this is not possible the time taken may be via flexitime or made up, but in either case advance approval of the absence and covering arrangements will need to be made with the manager concerned.

Management have discretion to give paid time off to attend medical appointments to staff with a chronic medical condition or with a disability.

Separate arrangements exist regarding appointments with the Occupational Health department or antenatal appointments

### Leave to Attend Interviews

We allow doctors to have a maximum of 3 days off to attend interviews; if one requires more than the 3 days for interviews, this time has to be taken as unpaid or annual leave.

### Absence Due to Inclement Weather or Other Crises

In the event of adverse weather or other crises, for example, fuel crisis, staff are expected to make every effort to reach their place of employment even if it means arriving later than their normal start time. Managers may authorise staff who have been able to come into work to leave earlier than the normal finishing time if they are satisfied that the employee's home journey will present difficulties. Where the type of work allows, managers may give the employee permission to work from home in accordance with the Trust Home Working Policy.

Where staff are absent, managers should judge each individual case on its merits before deciding whether paid leave should be granted, or that the time is made up, or taken as annual leave or unpaid leave. In doing so, it is important to consider the degree of effort made and the ability of other staff to attend from the same locality.

Managers should ensure that the circumstances of each individual case are carefully considered so that a fair and reasonable approach is taken.

### Sickness Absence Procedure

It is vital that any sickness related absence is reported to:

Melanie Moss, DSA ext. 723-6719 or Theresa Lilley, Operations Manager. You should also notify the on-call consultant if you fall sick. If out of hours, the Site Manager AND the Nurse in charge/Registrar must be contacted.

Contact must be made as early as possible to ensure service is maintained. This should be prior to the time you would normally be expected to start work.

**It is essential that you speak directly to the consultant and DSA/Operations Manager– it is not acceptable to email or leave messages on answer phones in the event that the message is not picked up in adequate time to ensure locum cover is provided where necessary.**

It is your responsibility to provide:

- brief details of what is wrong
- whether a GP is being consulted
- likely length of absence
- arrangements to keep in touch
- details of any work related issues which require attention. It is vital that adequate notice is given for absence during your on call duties in order to arrange cover

All information provided will be treated confidentially.

**You will be expected to cover short term/short notice sickness for your colleagues as stated in your contract.**

Following any period of sickness absence, a return to work interview will usually take place on the first day back where possible. This will be conducted by either, Maxine Wanstall, Operations Manager, or your consultant. All forms must be returned to Operations Manager or DSA.

## HR Information

### Doctors in Training European Working Time Compliance – Dairy Card Exercise

As part of the Trust's commitment to ensure that doctors in training work no longer than 48 hours per week, a diary card exercise is carried out twice yearly – usually in March and November.

You will be asked to take part in this and to record the actual hours you are working. It is really important that you complete and return this as we need at least a 75% return rate in each area in order to analyse the information. . By completing the diary card we are able to find out where doctors are being asked to work more than their allocated hours – and take action on it!

### Dignity at Work

The Trust believes that all staff have the right to be treated with consideration, dignity and respect. The Trust seeks to support all staff in their professional development and aims to provide a happy and fulfilling environment in which to work.

Each member of staff carries personal responsibility for their own behaviour and is responsible for ensuring that their conduct is appropriate.

Staff are encouraged to report to the appropriate manager, or trade union representative, or human resources manager, or personal harassment contact, any incidents of bullying and harassment which come to their attention.

Allegations raised regarding bullying and harassment will be taken seriously and treated confidentially. The Trust applies a “zero tolerance” approach to all forms of bullying and harassment. The Trust gives an assurance that there will be no victimisation against an employee making a complaint under this policy or against employees who assist or support a colleague in making a complaint.

Bullying and harassment may be treated as a disciplinary offence and, where allegations are founded, may lead to summary dismissal. Disciplinary action may also be taken if a complaint is found to have been submitted maliciously or in bad faith.

### Interests in Contracts, Etc.

**You must declare if you or any relative or associate has a significant financial interest in a business, which may wish to supply the Trust. The Trust also needs to know if you or they have a beneficial interest in a private care home. You must declare interests of your own, or your spouse, which may conflict with the interests of the Trust, not simply around the supply of goods or services. (SO 8).**

### Commercial Sponsorship

Acceptance by staff of commercial sponsorship to attend relevant conferences and courses may be acceptable, but only where permission is sought in advance, and the Trust is satisfied that acceptance will not compromise purchasing decisions in any way. On occasion when the Trust considers it necessary for staff advising on purchase of equipment to inspect this in operation,

the Trust will consider meeting the cost, so as to avoid jeopardising the integrity of subsequent purchasing decisions. (SO 8). (Further Guidance is given in the Trust's Ethical Guidelines on the Relationship between Trust Employees and the Biomedical Industry).

### Gifts and Hospitality

You should ensure that in no way do you (or any other member of your family) become involved in any conflict of interests with your duties. You must not, either directly or indirectly, accept a gift, reward or benefit, from anyone whom you are brought into contact with by reason of your work other than: modest gifts (e.g. flowers or chocolates from patients) gifts of a promotional nature; gifts on the conclusion of any courtesy visit and normally given by that firm. Other gifts offered or delivered should be returned.

You should exercise discretion in accepting hospitality. Bear in mind how it might affect your relationship with who offers it, and how others might view it. (Further guidance is given in the Fraud Policy and Response Plan and in the Guidelines referred to in 3 above).

Gifts or hospitality in excess of £25 must be declared to the Trust Secretary, as should any offers of such value that you decline. Failure to do this may result in disciplinary action.

### Intellectual Property

As an employer, the Trust has certain legal rights over work carried out by its staff and even in some cases where this has been carried out in their own time. The Trust is entitled to commercially exploit such work but may reward staff if financial benefit is obtained. (SO 16).

### Chaplaincy

The Chaplaincy Teams exist to help meet the spiritual, pastoral and religious needs of everyone in our hospital communities, whether patients, visitors or staff. Confidential and sensitive help and support is available around the clock regardless of a person's faith (or lack of it!). Our aim is to visit every ward and major department at least once a week, but individuals may contact us at other times via the extension numbers given below.

We are happy to provide prayer and other forms of spiritual care when requested or simply to offer a listening ear. We have particular expertise with regard to the blessing of the new-born and, at the other end of the life cycle, support for the dying and bereaved.

We aim to make ourselves available to staff who need to talk with someone who will provide a non-judgemental, confidential listening ear, whatever the problem or difficulty might be. We believe staff are the most precious asset the NHS has, and we want to support you in any way we can, so please do not hesitate to contact us whenever you feel the need.

There are Chaplaincy Teams on all sites:

<p><b>Kent and Canterbury Hospital</b> (There is a service in the Chapel every Sunday at 4.30pm and on Tuesdays at 11am) Tel: 01227 766877 Ex.74212 or 01227 864095</p>	<p><b>Queen Elizabeth the Queen Mother Hospital</b> (There is a service in the Chapel every Sunday at 4.00pm. There is also a short communion service in the Chapel each Thursday at 11.30am) Tel: 01843 225544 Ex.62578 E-mail: <a href="mailto:norman.setchell@ekht.nhs.uk">norman.setchell@ekht.nhs.uk</a></p>
<p><b>William Harvey Hospital</b> (There is a service in the Chapel every Sunday at 5pm) Tel: 01233 633331 Ex.88381</p>	<p><b>Buckland and Royal Victoria Hospitals</b> (A short service is held in the prayer room each Wednesday at 11.30am) Tel: 07811 134383</p>

The duty Chaplains may also be contacted via the switchboards and the Senior Trust Chaplain on 07811 134383 or E-mail: [paul.kirby@nhs.net](mailto:paul.kirby@nhs.net) Please see appendix B at the back of this pack for a copy of the slides used in the chaplaincy presentation.

### Outside Work

The Trust will not try to prevent staff from undertaking additional employment, provided it does not conflict with the Trust's interest or harm public confidence in the Trust. Before taking on outside work, you must obtain written permission from your head of department. If you undertake additional employment, you must not use the Trust's facilities. Use of the telephone will only be permitted in very exceptional circumstances providing that such use is disclosed and paid for.

### Mandatory Training

Every new member of staff that joins the trust is required, as part of their induction programme, to undertake E-Learning, this must be completed within your first week of employment. This training must then be updated during the course of employment. The E-Learning modules that are **mandatory** for every new Doctor are:

- Fire Safety Awareness
- Information Governance
- Infection and Prevention Control
- Health and Safety Awareness
- Equality and Diversity
- Resuscitation training
- Moving and Handling
- Blood Transfusion
- Blood Cultures
- Safeguarding Children and Young People
- Informed Consent

Study leave will not be approved until all modules have been completed.

If you do not have access to a computer in your department there are Libraries on each of the main hospital sites, which are available for your use.

### How to complete the training

E-learning must be completed online. Instructions on how to complete your mandatory training are available on the Trust intranet pages under the Learning and Development section where there will be a section marked Mandatory training; this can also be accessed by clicking on this link

<http://www.ekhuft.nhs.uk/staff/work-life/learning-and-development/statutory-and-role-specific-essential-training/>

If you encounter IT problems while accessing mandatory training contact the Trust IT department on Ext 723 6161.

### Appraisal

Appraisal is a mandatory requirement of all doctors.

All junior doctors are expected to be appraised by their educational supervisor, have an education plan agreed and their level of competence agreed. This must occur within the first week of your post, at 3 months and then 6 months.

For F1 and F2 doctors, there is a foundation programme portfolio, which will need to be completed and signed off by your supervisor. This is something that you need to carry on into the next year of training and you will need it to get your registration. There are various assessment programmes to be completed and details of this will be discussed with the Foundation Programme Director and the Clinical Tutor.

An appraisal portfolio for trainees not in the F1 and F2 can be obtained from the KSS Deanery. The CCHCS staff can help with the necessary contacts. At the first appraisal your Consultant will go through a list of competencies with you and design/plan your education around these. Please refer to following competency forms.

# Welcome to the Emergency Department

## William Harvey Hospital, Ashford, Kent

### THE STRUCTURE

#### **'Resus'**

Used for managing seriously ill patients requiring close observations/resuscitation. Also used for patients requiring procedural sedation/invasive procedures eg. Chest drain

There are 6 numbered bays.

Bays 1, 2, 3, 5, 6 are for adult patients. Bay 4 is for paediatric patients

Bay 3 usually used to assess stroke patients by stroke team

Each bay has a monitor (lifepak15), defibrillator, ventilator (oxylog3000) etc.

Portable x-rays are done here if needed.

Portable Ultrasound machine is located here in Bay6.

Between bay 5/6 – 'clinical space' – you will find here the paper forms, fluid warmer, medications /equipment etc

BAT (red) phone is located in majors and used for the pre-alerts from ambulance control/HEMS

#### **'Majors'**

Occupied by patients brought in by ambulance and requiring a trolley or those patients deemed unsuitable for minors.

There are 12 cubicles plus Gynae room /assessment

All cubicles are monitored -ultra-central monitors located near doctor's desk

Gynae room has more privacy for examination of female patients.

Treatment area: where IV drugs/controlled drugs are dispensed

Sluice -Urine pots (male/female) located here. Urine dipstick done here .

Occasionally patients accommodated in 'middle cubicled area' when department very busy .

Also along corridor which is designated as 'overflow area '

Doctors' desk - has several desktop computers for use to access eCasCard, results etc

## **‘Minors’**

Mainly staffed by Emergency Nurse Practitioners (ENPs) (nurse with experience)

There are 4 cubicles plus 3 trolley bays

Patients are called in to here from the adjacent waiting area where they are seated.

First cubicle occupied by primary care doctor for assessing ‘primary care’ type patients.

Last cubicle also has the Snellen chart/slit lamp required for eye exam.

Wound care dressings/suture packs/plaster trolley/crutches /splints etc. are located here.

Digital camera located here in a secure cupboard and it is used for taking photographs for clinical use. Many patient advice cards are also located on the wall shelf along corridor.

## **‘Purple Zone’**

Self-presenting Ambulatory patients are rapidly assessed here by senior clinicians who may initiate management and refer to speciality team or discharge patients. Some patients requiring further workup are referred to ED doctors for further assessment.

## **RAT (Rapid Assessment and Treatment)**

Normally runs between 1100hrs to 1900hrs Monday to Friday in a designated area. Depending on requirement it is often extended beyond those hours.

Patients arriving by ambulance are assessed here by a team consisting of ED Consultant or Registrar /nurse/technician and directed appropriately. As in purple zone Investigation/treatment is commenced here and further management advised on e-CasCard.

## **‘Children’s Area’**

Open 24hrs. Staffed by paediatric trained nurses and ED Registrar

There is a triage area with a trolley/weighing scales and 3 monitored cubicles

There is also waiting area for ambulatory children.

There is a baby change/breast feeding room/ toilet adjacent to waiting area

This area has limited access for security.

## **‘Observation bay’**

Has six male, six female beds and further chair space for 8 patients.

Agreed pathways exist for use of the ‘obs bay’. seek senior guidance regarding use.

Make use of the area at every opportunity.

## **THE PEOPLE**

CONSULTANTS:	Dr Boon, Dr Gilani, Dr Goel, Dr Joy, Dr Leung, Dr Mortimer
REGISTRARS:	Dr Ahmed, Dr Chew, Dr Concessao, Dr Kandala, Dr Khan, Dr Loukas, Dr Qazi, Dr Saldanha, Dr Sashidharan, Dr Senaratne, Dr.Singh, Dr Small /Dr.Donnelly(part time)
MATRON:	Joanna Williams
CHARGE NURSE/SENIOR NURSE:	Identified by their dark blue uniform
NURSE:	Light blue uniform
HCA:	Dark green uniform
VASCULAR TEAM:	Red
PORTERS:	Pale green
RECEPTION STAFF:	Blue Blouse with diamond shapes
MANAGERS:	Theresa Lilley, Operations Manager, Louise Hughes- General Manager
DSA:	Melanie Moss (for leave/rota etc)
PA's:	Lynne Goble, Gerry Hook

## **CLINICAL SYSTEMS**

**Emergency department PTL-** to determine overall state of department -eg. number of patients, next patient waiting to be seen, wait times etc

**Ecascard** – to record notes of the patient seen by you.

After login. double click on your patient. on left side click > clinical notes. next click on start assessment/treatment. This step records you as the named doctor and your name will appear on the department patient list. When an onward referral is made that specialty will then show instead of you. Previous discharge/clinic notes can be seen on timeline view

**EDN/EPR portal** to access hospital discharge summary/clinic notes/GP records

Individual log-on e.g. Username: mjones. Password: hello

Found on intranet> systems> Electronic Patient Record (ePR) > eDN/ePR login.

Search in History by patient name/number/DOB

For accessing GP record you need patient consent (if applicable)

Also use this portal for making online Neurosurgical /Cardiothoracic referral (use the inter hospital transfer tab)

## **PACS** (to view xray)

Individual log-in. Username: P(+GMC number) e.g. P123456. Password: Hello1. Case sensitive. Found on intranet> systems>WHH PACS. Or on X-ray PCs.

Remember: To search for your patient prefix 'E' in-front of hospital number

## **ALLScripts portal-** for requesting investigations.

Xray /blood forms get printed on the printer connected to the PC.

Xray forms- attach the form to the clip board for attention of porters. mention the cubicle no

Blood forms- need to accompany the sample

CT request

**Special Register** - If you notice a tick next to SR (✓) on the left hand corner on panel above. It indicates an agreed plan is in place for that patient. Access the plan by using the left hand menu.

**The A&E handbook** folder is installed in all desktops in the department which contains useful information.

Also use the app- Emergencies handbook (EKHUFT) available on smartphone

## **HOW TO REFER PATIENT**

**Do try and make the referral within 2.5 hrs of patient arrival to allow speciality teams to assess/clerk. This allows for proper flow of patients from the department.**

**REMEMBER-** you do not need results of all investigations before referral when admission is clearly obvious. But it is important to note the results when available and document in notes.

BLEEP – dial 2000 then BLEEP NUMBER then extension number then hang up.

<b>Specialty</b>	<b>Grade</b>	<b>Bleep</b>
medicine	Registrar	8505
surgery	Registrar	0800-1400hrs - 8772
gynae	SHO	Tbc
paeds	Registrar	tbc
ortho	Consultant	tbc
urology	Registrar	tbc
vascular	Registrar	tbc

What if bleep not answered within reasonable period?

In case of medical registrar, check whether in resus already or dealing with arrest call. If so that takes priority. Use judgement in this case, seek senior help. In case of surgical/ orthopaedics check if not in resus bay as part of Trauma Team before bleeping again. Seek senior help in case of difficulty.

In selected cases referrals can be made to WACU using the Careflow (login required) .

## TEACHING

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Radiology teaching 1300-1400hrs  (optional)	ED teaching 1300-1500hrs, A&E Hub		FY2 teaching 1415-1700hrs	Multidisciplinary teaching 0800-0900hrs, Lecture Theatre, Education Centre  (optional) Contact Fernando for further details

GPST teaching (Mandatory training days- contact Anita for further information)

**ED teaching - every Tuesday:** 13-1500hrs. It is YOUR time, so do not delay in attending. Please fill out the Feedback Forms after the teaching session and return to Lynne Goble in the Secretaries Office.

Format - 1 o'clock doctor to present 30min any case seen which had learning points. If on leave please swap teaching slot with a colleague.

ED consultant to supervise / teach.

X-rays/ECGs etc. to be discussed if time permits

Involvement in audit is encouraged and supported. For details contact Dr.Joy

For other hospital teaching (done in own time) contact Di Gosbee in Education Centre on ext. 723-6694

Besides this there is focused teaching done during the daily handover meeting at 3pm.

Also plenty of on the go 'shop floor' teaching available.

Year 4 Medical students are attached to our department. Use opportunities to teach them what you know.

### CBD/DOPS/CEX

Use every opportunity to get these done regularly. Don't leave these until late

Preferably get the assessor to 'sign off' soon after the assessment.

A folder with list of interesting xrays/ECGs etc is kept in the department. You are welcome to add to this list anything you may find interesting (contact Dr Joy/Gilani)

## **ABOUT YOUR SHIFT ON THE SHOP FLOOR**

Be on TIME especially when relieving the night shift doctor.

Handover meeting occurs twice a day: 8am and 3pm (educational) venue: ED hub

You would normally start off by arriving in 'majors' and greet the Nurse In Charge (NIC) Doctor in Charge (registrar/consultant) near the white board. You will be directed according to the allocation sheet prepared by the consultant in charge.

Remember you are working as part of team.

So communicate clearly and **EARLY** (Face to face and electronically by tracking).

When in doubt ASK (we are a friendly bunch!).

You will need to login to desk top computer located in doctors area using your smartcard. Next-Look at the patient list on Qlik View and select the next patient waiting to be seen (unless instructed otherwise by registrar/consultant) and then track that patient on eCasCard. This step will populate your name on Qlikview automatically thus indicating to everyone that you are the doctor looking after that patient. If unable to locate patient ask the nurse in charge (identified as person wearing a red arm band indicating NIC).

If patient in waiting room and needs a cubicle for examination discuss again with NIC

Electronic white board: You will notice on here the name of the nurse for the bay.

Before commencing to see patient, it is important to be aware of how long they have been waiting (arrival time indicated on Qlik view). This helps with your time management.

Read ambulance sheet if available - they contain useful information.

Always Acknowledge pain and give painkillers - ensure patient comfortable before exam.

If prescribing opioids (as requested by triage nurse) - see the patient briefly before doing so.

Follow Infection control procedures – use of hand wash /gloves/apron/visor as appropriate.

Ensure you track your activity as you go along. It aids the nurse in charge to manage the department and it keeps everybody happy. Tracking includes time when seen, time referred, time discharged etc. **IMPORTANT** - failure to do so may incur huge penalties for the trust.

Avoid ambiguous abbreviations in your notes

**Remember: your electronic notes are uploaded and are there for everyone to see anywhere in the hospital. A&E Clinical Note keeping is audited regularly against the Trust's standards.**

**REMEMBER – if it's not written down it didn't happen!**

Always ensure privacy/dignity for your patients. Communicate your name/designation.

If any treatment/additional investigation e.g. urine dipstick required for your patient inform the named nurse for the bay or NIC and also make a note on the whiteboard.

For prescribing antibiotics use the trust guidelines available on the intranet.

Avoid dispensing medicines on your own especially if unfamiliar as nurses do a better job.

When finished put the folder (drug chart/ambulance notes/ecg etc) back in the correct slot of the card tray.

Time your breaks appropriately **(make sure you do take a break)**. Always ensure colleagues are aware when you leave for break. Hand over if needed.

When finishing your shift preferably complete the patient encounter. If the patient is still in the department after you leave (e.g. end of shift, teaching) verbally hand over to a colleague (also write in the notes and inform the charge nurse).

**Views Score** - Familiarise yourself with this Early Warning score as it is used for every patient in majors. You may be asked by a nurse to review patients scoring high indicating a problem. If you are concerned contact a Senior as soon as possible.

### **DO NOT LEAVE THE DEPARTMENT WITHOUT A PLAN FOR YOUR PATIENT.**

If felt that discharge is more likely –

Think mobility (get patient to stand upright/walk, if safe, whilst awaiting blood results)

Think safety/social circumstances      Think transport if required

Think communicating with NH/GP

If an outpatient clinic follow up is required, eg. Fracture clinic, contact ED reception staff.

For patients discharged back to their nursing home complete the 'pink form'

For patients admitted in obs bay under ED complete appropriate form & drug chart.

Some examples of patients that get admitted to observation bay under an ED consultant are those:1) Awaiting transport 2) Awaiting psychiatry assessment 3) Awaiting CT KUB 4)awaiting blood results 5)awaiting assessment by rapid response team etc.

Inform senior doctor /charge nurse of such patients.

Site managers are doing a job too. Be courteous to them when they chase you enquiring about your patients. Use their help if needed eg. Delay in getting investigation results, Speciality teams not answering bleep etc.

### **INVESTIGATIONS**

**ECG** - very often you will be requested by nurse/HCA to 'sign off' an ECG which may or may not be your patient. If not already volunteered ask pertinent history and analyse ECG looking predominantly for ischemic changes. If noted ACT on it. If in doubt seek senior help. Do not mark on the ECG. Note your findings and sign. If appropriate, request a further ECG. You may keep a copy of interesting ones and use to discuss later.

**Blood** - In most instances blood tests would have been done by the Vascular team (0800-2200hrs) before you have seen the patient. If out of these hours, it would be done by a nurse/HCA. If it has not happened it is more likely that the nurse was busy with something else or was unable to get venous access. In these instances, you may require to do the same yourself. Kindly request appropriate investigation for your patient. It is also very important you have noted the results and documented the same. **Ensure you follow up interim results.** Contact the Vascular team for help and also teaching about complex lines.

**ABG** - use this test judiciously. Remember this is very painful for the patient. If unsuccessful seek expert help. You may be requested to 'look at' and sign the venous gas results.

**Urine** - test for HCG in women with Abdo pain. Beware of labelling patients as? UTI

**X-rays** - when requesting x-rays input relevant data in clinical information. X-ray forms are clipped to an X-ray board and a porter will take patients in order of priority. Refrain from requesting irrelevant x-rays eg. Abdo x-ray where obstruction is not suspected, xray skull etc

**CT scan** - head (follow NICE guidelines), KUB. If contrast is needed you will require creatinine result.

**Bedside ultrasound** - a portable sonosite scan located in resus bay 1 can be availed in suspected AAA, FAST, venous access, echocardiography.

**MRI** - normally requested by specialist teams eg. Stroke, orthopaedics.

## **PRESCRIPTIONS-**

Ensure written in block letters/date and time and sign

For TTOs- use prescription pad located in drugs cupboard. Keys with NIC.

Take special precautions in prescribing controlled drug. If unsure ask senior.

## **ADDITIONAL INFORMATION**

### **Etiquettes:**

Refrain from using computer for access to non-medical sites whilst on shop floor.

Refrain from eating, using mobile phones (unless official) whilst on shop floor.

### **Police statements:**

Ensure it is done promptly and handed to Mel (reception)

Seek help if needed

To be done outside clinical time - you get paid for it.

**Court attendance:**

In the unlikely event you are required to attend court don't be scared.

Inform secretary in advance if/when you will be absent so as to arrange cover

Seek help from seniors/MDU/MPS etc. You get paid for court attendance too.

*PLEASE ENSURE YOU HAVE APPROPRIATE INDEMINITY COVER*

**SICKNESS**

Please don't be sick ☹ If you are..... let us know ASAP

Procedure- If during the daytime speak to Mel (DSA, x723-6719) & consultant on call

If Out Of Hours then ask for both Site Manager & Nurse in charge /Registrar as well as Consultant on Call.

Try to estimate how long you may be off for.

**STUDY LEAVE**

Ensure mandatory training is complete- NO study leave will be approved.

Apply at least 6 weeks in advance. Avoid taking when on night shift- swaps can be taken.

Contact DSA for further details.

**Enjoy your time with us**

## **USEFUL NUMBERS**

Consultant office	723-6023 /8179
Consultant mobile:	
Dr Boon	07855 127836
Dr Gilani	07966 968957
Dr Goel	07861 666397
Dr Joy	07850 119265
Dr Leung	07525 491228
Dr Mortimer	07734 054061
DSA	723-6719
ED secretaries	723-6270 / 6171
Reception	723-6207 / 6208
Reception Fax	01233 616116
Matron	723-6725
Clerking station	723-8185
Resus	Bay1: 723-8851 Bay 3: 723-8853 Bay 2: 723-8852 Bay 4: 723-8854
Children's Area	723-4413 / 4414
Majors	723-8737 / 8185 / 1846
Minors	723-4053 / 4054 / 4055
CDU	723-6672 / 6673 / 8175
CT scans	723-8997
Xray	723-8226
IT help desk	723-6161
WHH hospital	01223 633331
Education Centre	723-8011 or 01233 616063

Occupational Health

723-6059

AMU

723-1877

## **SOME THINGS NOT TO MISS**

### **(acknowledge pain and do something to alleviate it)**

**Headaches:** Subarachnoid haemorrhage (if suspected clinically - even if normal CT will need LP)

Meningitis (If suspected give antibiotics first and then discuss with speciality team)

Acute glaucoma ( an eye emergency)

Raised intracranial pressure (Tumour/abscess/ head injury/blocked VP shunt)

Temporal arteritis (give high dose steroids if suspected)

**Chest pain:** ACS (beware of excluding cardiac ischemia based on reproducible chest wall tenderness, Normal ECG)

PE (normal ABG does not exclude)

Aortic dissection (normal looking chest x-ray does not exclude it)

**Back pain (non trauma):** Leaking AAA

Cauda Equina (leg weakness/bladder/bowel problem)

**Abdo pain:**

**Children:** appendicitis, torsion

**Adults:** pancreatitis / perforated bowel/leaking AAA/intra-abdominal sepsis/MI (discuss ALL patients with known AAA with the vascular team on call if they present to the ED with abdominal pain)

**Females:** Ectopic pregnancy /ovarian torsion

**SOB:** PE

DKA (beware of diagnoses hyperventilation/hysteria/anxiety/panic attack)

**Collapse:** AAA

PE

**Fever:** Neutropenic Sepsis- Patient on chemo therapy

**Neck pain:** Vertebral artery dissection

## **Specialities not available at WHH-**

1) Urology - Canterbury .if indicated e.g. suspected ureteric colic obtain CT KUB before contacting registrar for referral/advice

2) Vascular Surgery - Canterbury

7) Neurology- Canterbury

4) Dermatology - Canterbury

3) Plastic Surgery (burns) - East Grinstead – this usually involves taking pictures on digital camera, located in minors cupboard and uploading the images along with clinical info via TRIPS, a secure website .This is followed by telephone call to duty trauma co-ordinator (nurse) who will communicate a plan usually after discussion with a doctor

4) Neurosurgery - King's College, London. This usually involves requesting our radiology department to send images across to Kings. Also make online referral using EPR portal /neurosurgery tab

5) Cardiothoracic surgery - St.Thomas /Kings's London (depending on the day of the week)

6) Paediatric surgery (Urology) - Evelina hospital,London

7) Interventional radiology- Canterbury

## **The following groups of patients require discussion with Consultant/Registrar before discharge home:**

1. Atraumatic chest pain in patients aged 30 years and over
2. Fever in children under 1 year of age
3. Patients making an unscheduled return to the ED with the same condition within 72 hrs of discharge
4. Abdominal pain in patients aged 70 years and over

