

A guide to being on-call Urology & Vascular SHO at K&C

On call hours: Day 0800-2000 Night 2000-0800

Handovers:

There are no formal evening handovers in the surgical department, the SHO bleep just gets passed along from person to person. When you come in for your shift, bleep the on call SHO on 7602 (they will probably be in ECC) and meet them to get a brief handover of any patients waiting or expected, and any outstanding jobs that need to be chased. At night, the on call F1 should bleep you and come and handover any ward issues.

In the morning, the night urology and vascular registrars should be in before 8am and will contact you to find out about any admissions. The vascular team have a formal handover in their resource room at 8am. There will be a similar handover for urology admissions either on Clarke ward or in the Middle Grade room between the day and night registrars and the on call consultant before the morning ward round. You will also need to handover any ward issues to the F1s.

UCC:

We are based in the old DVT clinic area of UCC (by the toilets). The UCC nurses will "triage" any patients with surgical sounding problems to you. If patients are unwell, they will sometimes be placed in resus or majors. Patients who have been accepted by the Reg on call and are expected from other hospital A+E departments or GPs will also be sent here. There is currently no dedicated UCC nurse designated to surgery and they are often busy with medical patients, therefore you will generally need to do most things for the patient including bloods, washouts and urine dips etc.

We don't use the clerking proformas seen in medicine, but just use plain history sheets which can be found in the drawers next to the computer in the surgical area.

Keep the UCC nurses up to date with the plans for your patients and what you are waiting for and write it on the board next to the patients details. If a patient needs admission, let them know and they will organise a bed on Clarke or Kent.

Make sure you have booking forms for TWOCs, MDM and stone meeting - there are usually some in the drawers. Take these upstairs to the tray on Clarke ward before you finish.

It can get incredibly busy in UCC and as its just you dealing with the surgical patients, it can be stressful!

Any problems or questions, you can bleep the on call Reg to come down and see the patient.

Don't worry too much if patients breach before you are finished with them - just ask if they can be placed on CDU, they can always be discharged from there or sent up to the surgical wards if it turns out they need admitting.

Referrals:

The on call Regs take referrals and will let you know about any expected patients. Sometimes, they may go straight up to the ward. If its a weekday and in hours, hopefully one of the ward doctors will clerk in the new patients that go direct to the ward, but sometimes you may be bleeped to go up there and do it. Sometimes patients are also referred from clinic, in which case they will be asked to go to UCC and you will see them there.

Weekends:

Generally at weekends the SHO will do the ward round on Kent ward, while the SHO will do the round on Clarke ward (mainly because there are less jobs on Kent). Most of the time UCC is fairly quiet at that time! You may be called down to UCC to see patients if any come in, which is annoying, but is your priority. In this case, you need to handover Kent jobs to the on call F1.

Nights:

At night, you are the only surgical doctor on site. Both Regs are available on their mobiles at home via switchboard and you can call them for any advice and they will come in if needed. The first part of the night is usually busy as you have to juggle UCC with quite a few ward bleeps!

Sometimes at night, patients will present and require CTs or USS. CT KUBs are not done at night, instead you can do IVUs. In this case, you will need to go an inject dye and sit with the patient for 15 minutes afterwards (ask the reg for guidance if you're unsure whether a patient needs an IVU or not, some consultants like them more than others!) If you feel that the patient is stable, you can let them go home and ask them to come in the following morning for their USS or CT - hand this over to the day on call SHO.

At night, the medical team may also ask you for surgical reviews. Do so if you're happy to, otherwise ask them to call your reg.

Lists:

The lists are kept on the computer in UCC, update them as you go along. There are separate lists for vascular and urology. The Night SHO will print them for the morning and take them upstairs.

General Surgery:

Although we don't do any general surgery at K+C, patients will often self-present with abdominal pain and sometimes are brought in by ambulance. We therefore have to see them and investigate the cause. If they need transfer over to a general surgical unit (WHH or QEQM), the vascular reg will come down and see them and speak to the appropriate site.