University Hospitals Coventry and Warwickshire NHS Trust

# UHCW GIM Induction for Medical SpR and Medical SHO 2022

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**UHCW GIM Induction to medical SpR and IMT 2022**

**Contents**

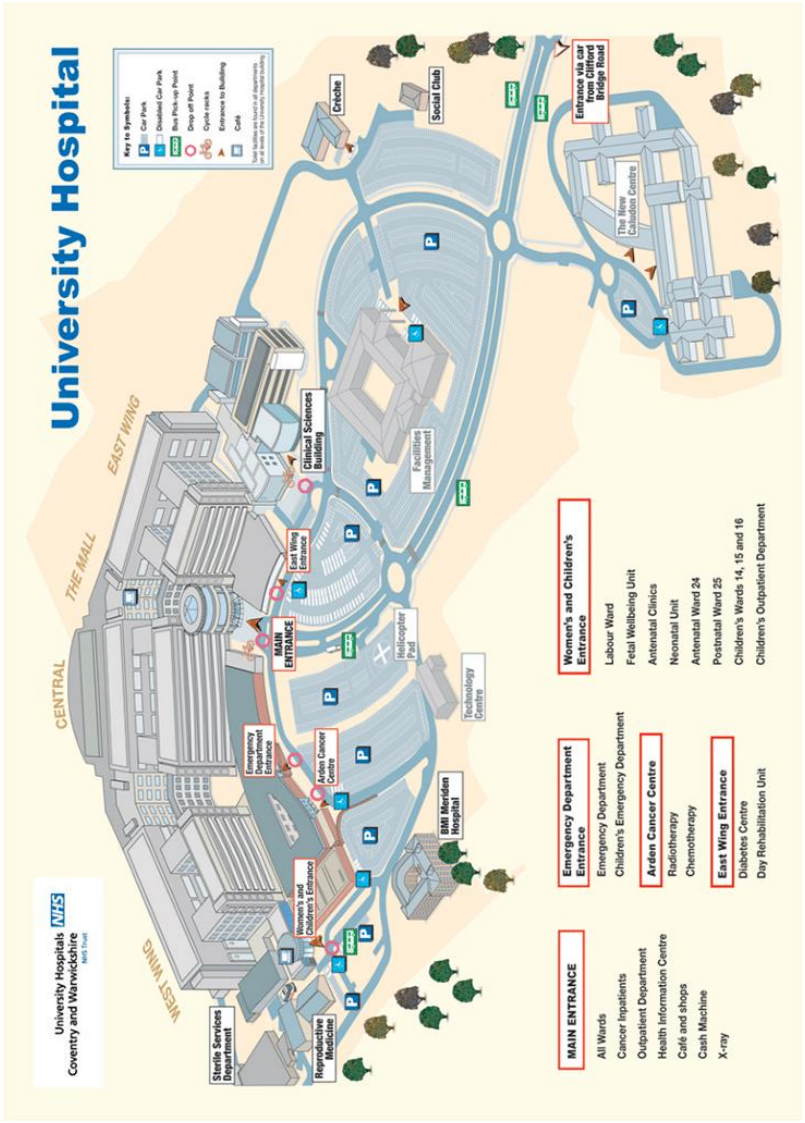
## Section 1. Introduction and background on UHCW

- University Hospital Coventry and Warwickshire NHS trust includes
    - University Hospital Coventry (previously Walsgrave) and
    - The Hospital of St Cross in Rugby, which between them serve a population of over a million people
- It is a principal teaching hospital for medical students from Warwick Medical School, and for nursing, midwifery and AHP students from Coventry University
- The University Hospital Coventry site has 1,064 beds, 26 operating theatres, 30 ITU beds
- Rugby St Cross has 110 beds and 6 operating theatres
    - It has no A&E, it mainly caters for elective surgeries, rehabilitation and stable patients

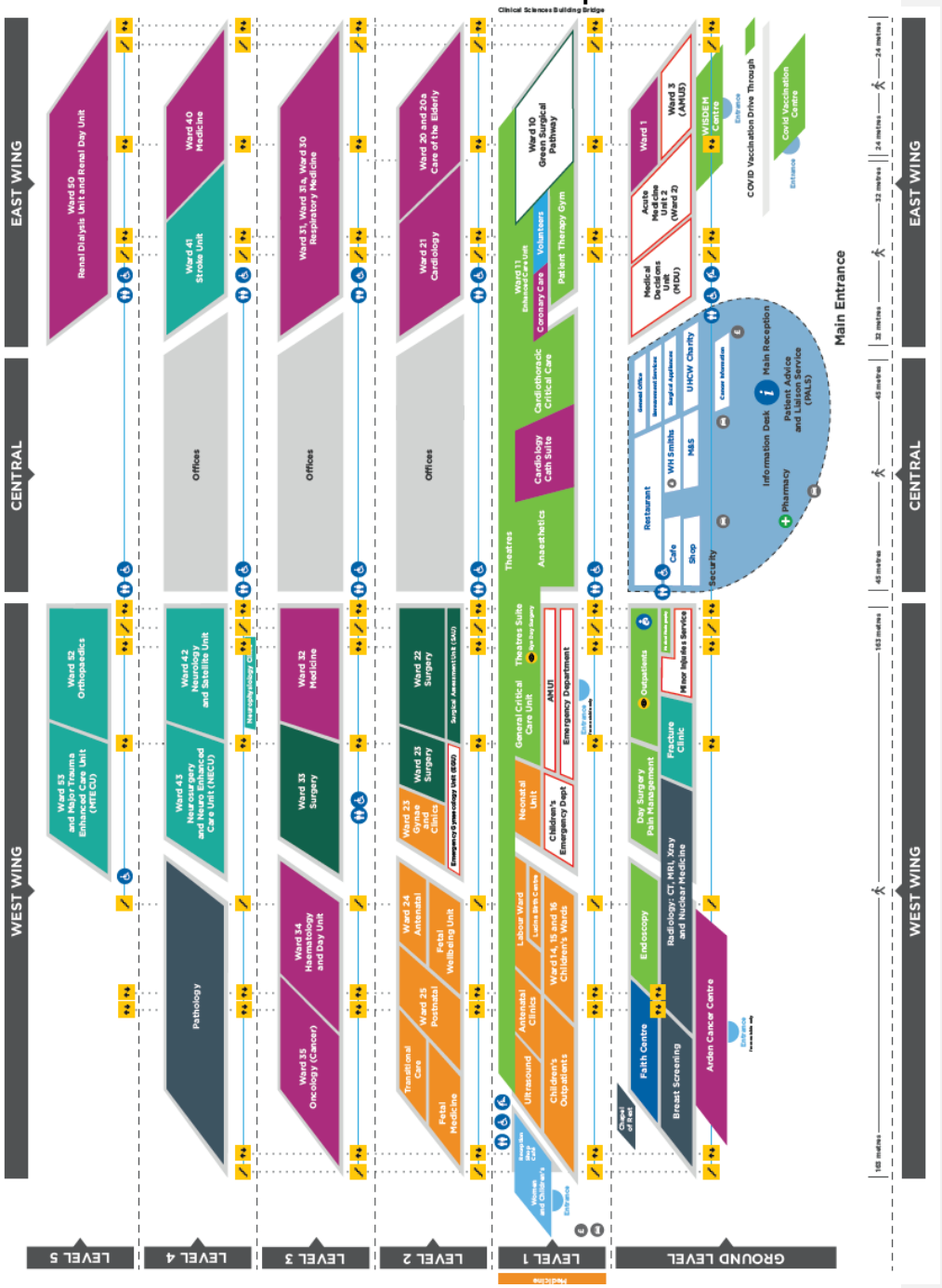


- UHCW has majority of specialities under the one roof and is the main regional trauma centre – with the majority of specialities providing an on-call service
    - The only exceptions are a burns & hepatology which need to be referred to QE, Birmingham
- ***Medical Decisions Unit (MDU)*** is a 24 hours ambulatory care unit in Department of Acute Medicine
    - Located on the ground floor
    - It receives medical patients via A&E, GP or ambulances which are triaged by nurses who are trained in cannulation and venepuncture
    - It also receives acute admissions from medical specialities where speciality beds are not available
    - Once triaged, patients are seen by junior doctors and then senior reviewed by a consultant or Registrar (out of hours only) and patients are either discharged or admitted to appropriate wards/specialities
    - If acutely unwell the patients are moved to AMU1 (Ward 12) where they are monitored until stable to be moved onto the wards.
- ***AMU (ward 12)***
    - Located on the 1st floor
    - It has 3 areas with a total of 34 bed all of which are able to be monitored

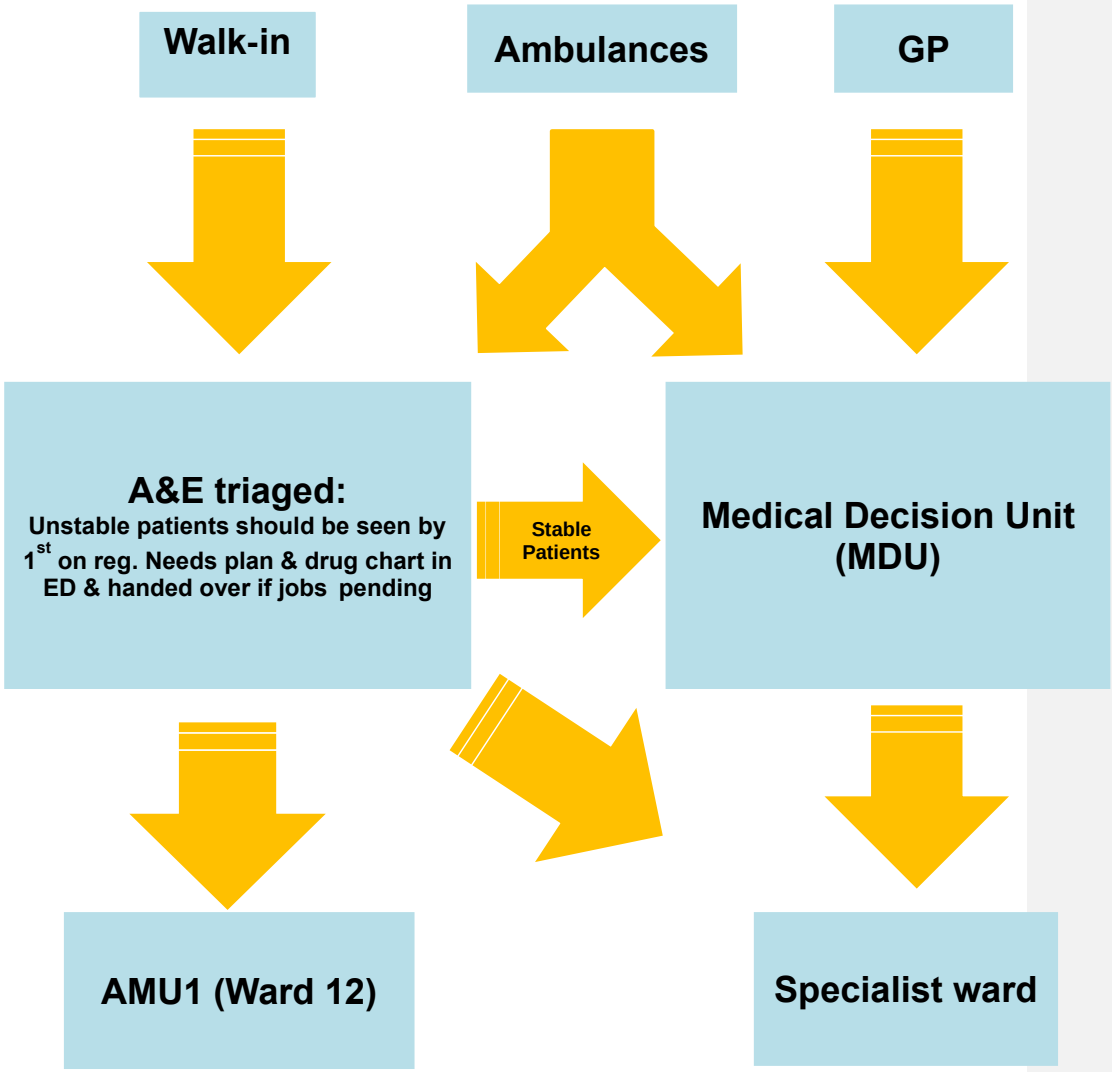
## Section 1. UHCW site map



# Section 1. UHCW Floorplan



## Section 2. Flow of Medical Patients



## Section 3. GIM On-call Team Illustration

**Evening Handover 8:30PM**
1st on & team: Ward 12 handover room
2nd on & team:  Ward 20 handover room

**Evening Handover 8:30PM**
1st on & team: Ward 12 handover room
2nd on & team:  Ward 20 handover room

## Section 4. Medical SpR & SHO oncall role description

**1st on Medical SpR** (bleep 1462)

- 1st on days 08:30AM – 21:00PM
- 1st on nights 20:30PM – 09:00AM
- Attend handover on AMU1 and collect bleep from previous SpR
- See any outstanding unwell patients in ED Resus or ED that have been referred
- You are based in A&E
    - Usually yourself alongside an FY1 (day) or SHO (night)
    - During the day 8am -8pm a consultant will often be around reviewing/post taking patients as well
- ED should provide formal referral of patients in Resus that have been assessed and treated by the ED team and deemed to have a medical problem
- Resus patients to be seen by the Med SpR or Acute Med clinical fellow and consultant review performed prior to transfer (when available)
- Perform senior reviews of patients moving to speciality wards (not AMU1) if clerked by SHO or junior.
- Any sick patients in AMU1 would need to be reviewed especially if handed over
- Attend cardiac arrests and medical emergencies on AMU1 (Ward 12) only
- Lead evening handover on AMU1 at 2030h and highlight any patients of concern or outstanding jobs to the night team

**2nd on Medical Registrar** (bleep 4246)

- 2nd on days 08:30AM – 21:00PM
- 2nd on nights 20:30PM – 09:00 AM
- Attend Ward 20 seminar room for ward handover and collect bleep from previous SpR
- Conduct daily activities as per specialty 9-5 but be aware that may be called to arrest throughout this time
- Act as point of referral for inpatients from non-medical specialties/outlier wards and perform clinical reviews as appropriate
- Attend cardiac arrests and medical emergencies on all wards except AMU1/Ward12
- From 1700h (or at weekends), support junior colleagues covering medical wards or medical outliers on non-medical wards
- 1700-2030h should attend MDU and contribute to clerking of new medical patients if workload on the wards allow

## SHO on call duties

**Ward long day (08:30AM – 21:00 PM )**

- 8:30am collect handover from night team in Ward 20 handover room (1st door on right)
- Gastro and Cardiology long day SHOs to collect on-call crash bleep and bag as well
- The long day shift is confined to respective speciality wards. Gastro and Cardio long day SHO to attend medical assistance, peri-arrest and cardiac arrest calls.
- If reviewing patients out of hours please escalate if/when required to 2nd on day registrar
- Evening handover 20:30 in ward 20 handover room

**Ward nights (20:30PM – 09:00 AM)**

- There are 2 SHOs and the floors are split between the two. SHO 1 covers Ward 1-31 and SHO 2 covers Ward 32-53 (Medical patients only). If one SHO much busier than other, team should work to help each other out
- Evening handover 20:30 in Ward 20 handover room. Collect handover from day team
- SHO 1 will carry Cardiology crash bleep and SHO 2 will carry Gastroenterology crash bleep to attend medical assistance, peri-arrest and cardiac arrest calls.
- You will be given an Ipad with your personal login, through which you will receive all jobs that need doing. The jobs will either be red, orange or green. Red jobs are urgent and need to be acknowledged in 10 minutes and to be attended within 30 minutes. Orange jobs need to be completed within 2 hours. Please ensure you acknowledge the jobs that you are on the way to complete and mark it done when completed.
- Please escalate if/when required to 2nd on night registrar
- Morning handover at 8:30am in Ward 20 handover room

**Commented [IZ(C-R1]:** I don't think cross cover needs mentioning personally

**Commented [ML(AMC2]:** Is it worth mentioning cross cover with jobs?

**ED/Ward 12 on-calls (Day 08:30AM – 21:00 PM Nights 20:30PM – 09:00 AM)**

- Morning handover in Ward 12 handover room at 8:30am
- Clerking new patients and ward jobs
- Please escalate if/when required to 1st on registrar (or day consultant)
- Evening handover in Ward 12 handover room at 20:30

**MDU shifts**

- Patients waiting to be seen will have notes in the 'Awaiting Doctor' tray. Please inform the coordinator of the patient you have picked up
- After seeing a patient, the plan must be communicated to the coordinator
- All patients should be presented to a senior colleague for review, but if one is not immediately available then the notes should be placed in the senior review tray and the next patient seen.
- All admitted patients or patients staying for longer need drug kardex completed
- All patients seen that are discharged from MDU should have a discharge summary.

## Section 6. Arrest Team

- Arrest team handover bleep takes place on ward 20 handover room at same time as ward cover handover (8:30am-9am & 8:30pm – 9pm)
    - Teams handover bleeps & mask & visor bags – check that the bags are stocked up
- Areas covered by arrest team:
    - UHCW site including car-parks
- Not covered by arrest team:
    - Caludon Centre
    - ED arrests
    - Paediatric arrests
    - BMI Meridian (private hospital)

## Section 7. FAQ

1. Borderline Cases – departmental agreements @ UHCW
    a. Pancreatitis (surgical unless liver disease patient particularly alcoholic pancreatitis)
    b. Pyelonephritis (medical)
    c. Limb cellulitis/skin lesions (usually medicine but some may need plastics input)
2. NIV on Ward 30 only via bleep 2902 (24/7) or ITU if no capacity
3. Referrals to sub-specialities
    a. Accepting patients to medicine from other specialities
        i. This is done via consultant to consultant referral. If not directly to a speciality/out of hours would need to discuss with GIM consultant oncall
    b. Medical outlier responsibilities
        i. Outlier team
    c. Neurosurgery & Spinal surgery queries
        i. Spine is managed by T&O or Neurosurgery depending on day of the week – contact switch
    d. Stroke (covered 24/7 by Stroke but OOH may require med reg support as only junior medical cover)
    e. Thrombectomy (not on this site)
4. Hot Clinic / early discharge
    a. Currently still work in progress
    b. In hours can try calling speciality registrar on call
5. Getting portfolio sign offs
    a. Best opportunity is on ED and MDU shifts.
6. Blood Gas machines
    a. Available on MDU, Ward 12 and ward 31
7. Acute Upper GI bleed
    a. Contact on call Gastro consultant via switchboard
8. Available assistance calls
    a. Cardiac arrest,Peri-arrest and Medical assistance
    Day time: Medical Registrar, 2 x Medical SHO, ITU registrar, ITU SHO and one member of the Resus team
    Night time: Medical Registrar, 2 x Medical SHO, ITU registrar and night sisters
    b. Massive haemorrhage protocol
    Porter with emergency blood, please ensure 2 x cross match are ready to be taken by the porter

## Section 8. On-call Speciality bleeps

| Role | Bleep number |
|---|---|
| **1st on Medical Registrar** | 1462 |
| **2nd on Medical Registrar** | 4246 |
| **Medical SHO on call 1** | 2008 |
| **Medical SHO on call 2** | 1826 |
| **Stroke Registrar** | 1911 |
| **Gastro Registrar** | 4314 |
| **Cardiology Registrar** | 2119 |
| **Neurology Registrar** | 1281 |
| **Renal Registrar** | 4134 |
| **Rheumatology Registrar** | 5173 |
| **Respiratory Registrar** | e-referrals |
| **Haematology Registrar** | 1316 |
| **Oncology Registrar** | 1660 |
| **Endocrinology Registrar** | 1698 |
| **Surgical Registrar** | 1460 and 2798 |
| **T & O Registrar** | 2699 |
| **Urology Registrar** | 4061 |
| **Neurosurgical** | 2300 |
| **Anaesthetic Registrar** | 5149 |
| **Vascular Registrar** | 2503 |
| **Gynaecology registrar** | 2570 |
| **Ophthalmology registrar** | 1780 |
| **Heart failure nurse** | 1713 |
| **ENT SHO** | 2436 |
| **Surgical SHO on call** | 2585 |
| **Medical SHO on call Rugby** | 4127 |