F1 SURVIVAL GUIDE

Specialty	Paediatrics
Location/s	Dolphin Ward and Penguin Assessment Unit (green zone level 2)
Team	One consultant of the week for Dolphin Ward who usually covers 9-5pm (inpatients). Different consultants cover PAU from 2-10pm, so there is a consultant on site from 9am-10pm. 2-3 registrars; one usually on ward round, one covers PAU 9-2pm and one covers PAU 2-10pm. No junior paediatric trainees, and so SHOs are GP trainees and an FY2. 2-3 FY1s. One will cover PAU for the week while the other(s) are on the inpatient ward.

Different Roles / Type of uniform	Matron (Lorraine)- dark blue Nurse in charge (different each day) who joins handover in the morning and board round after the ward round Nurses (blue) CSW (grey) Play specialists (purple t-shirt) Physios (white/blue tops) Doctors (scrubs/smart clothes) Pharmacists (dark green)
In charge / How to identify	Nurse in charge of the ward is different each day, and so they are identified at handover. They usually don't have patients to look after, but due to staffing, sometimes do
Key Contacts	We often have to discuss our patients with tertiary hospitals (particularly our oncology patients), and so there are useful numbers on the whiteboard in the doctors' office, but going through their hospital switchboard is also a good option.
Computer Systems - **Across the Trust / General**	- **iLab**: Results for bloods, cultures (urine, blood, sputum, stool), swabs (MRSA, COVID) etc. - **PACS**: For radiology scans. - **DartOCM:** To order investigations – scans, bloods, cultures, swabs etc. All scans, including USS, have to be vetted with the on-call radiologists. CTs can be difficult in the paediatric patients due to exposure, so seniors can often help with this.
Computer Systems - **Specific to department**	- **KCH Neurosurgery Portal**: online referral portal if a patient presents with VP shunt blockage etc. - **Hand-written notes**: all patient notes are still handwritten and EPR is not being used, so please be wary of this to document well and clearly. - **Old EDN system**: paediatric discharges are still using the old EDN system, and so re-learning how to do this

	after being on adults with EPR is tricky to ensure things are correct.
Induction	Our induction was done by Dr Mala Kurre, who is the educational lead for paediatrics, as well as Andrea Paris who is the service manager. We also had a session on paediatric prescribing as everything is done by weight, and fluids are very different too. We then had a tour of all the department (including Magpie's= outpatients, but FY1s don't spend time there).
Board rounds	Handover begins at 9am in the handover room on Dolphin. Any sick patients are discussed first, but we go through each patient one by one with SBAR summary, updates from overnight, and then jobs that need completing. Usually it is just the nurse in charge for the day and the doctors, but sometimes other team members can join e.g. OT/PT. They can overrun, which is hard for the night team. After the ward round, we have another huddle with nurse in charge to go over the plans created from the round.
Departmental Teaching	8:30-9am every day. Should be in the Educational Centre, but often is in the doctors' office. Monday morning is radiology meeting, where we discuss interesting cases and our questions from difficult scans.
Shift patterns - **Rota** - **Breaks**	8:30am-4:30pm Monday to Friday, unless you are working the weekend (1:3), where you will have the Friday before and Monday after off, and work Saturday and Sunday 9-5pm. Lunch breaks can be tricky some days, but usually there is time for 30 minutes.
The typical day / What to expect	Teaching in the morning, usually done by the SHO/consultant/reg. This often overruns so handover may start late in the handover room. We run through patients (as discussed above) and then the Penguin FY1 will go to PAU while the other will join the ward round. Each consultant is different- some want every doctor to be there for each patient, but most have the FY1 prep one set of notes and the SHO to prep the other and then we alternate patients. On the ward round, usually you just write notes and don't usually examine patients yourself. Usually the nurse looking after the patient joins you for the ward round, but ensure that you have updated them if they have been too busy to join you. Board round occurs after the ward round, as discussed above. You then create a jobs' list together and get started on these. Normally it will include liaising with tertiary hospitals, chasing scans, and reviewing

	nebulisers/medication requirements. We are expected to attempt blood taking on most patients, but the registrars are really helpful, and so if a patient is difficult to bleed or are young, they will help you out for sure. The afternoon is mainly just completing jobs. On Wednesdays, there should be Consultant teaching for one hour, but this doesn't often happen. If you are on PAU, you help out with patients who are needed to be seen. They are either GP referrals, ED patients who have come up, or red-card holders (patients who have chronic conditions that can be seen on PAU whenever they need and have open-access). You clerk patients in so take a history from patient/parent and then examine them. You create a management plan and then discuss with the registrar/SHO. You cannot discharge patients by yourself and so a senior should always review a patient even if you think they can go home. Often, you can be asked to do the EDNs for the registrars/your own patients, but you can be asked to do backlog EDNs (they have >1000!), but this should not be your job, so try to avoid if the ward is busy.
Referrals	ENT and surgeons have their own patients, but can be sometimes hard to chase up. They should also do their own EDNs and take their own bloods. They are usually on the handover list, but are not usually seen by the consultant unless it is shared care, but some consultants want to see every patient even if under another specialty. As mentioned above, we have to discuss a number of patients with tertiary hospitals to get advice.
Audits	There are some audits that go on- discuss with the consultants/registrars to see if you can join or start one.
Useful Resources	There are some useful referral pathway documents pinned in PAU and the doctors' office that have numbers/email addresses relevant for each referral. This can be helpful with some rarer things that aren't as routine. BNFc is your friend!
Top Tips	When doing EDNs, remember to use the paediatric template: when starting a new EDN, at the bottom before creating, it says "standard" template- switch this to paediatrics. You also need to complete the clinical, medications, and management tabs to actually finish an EDN. The management tab is essentially just saying the patient is going "home", and the discharge tab comes up once all those three sections are complete to finish the EDN.

	Try to see patients on PAU, as it is good learning and more exciting, and don't allow people to make you do EDNs all the time as you don't learn anything. Try to have the doctors and nursing notes to hand for each patient on the ward round as even if you write the current PEWS score in the notes, the consultants will want to see visually the trend. Similarly with blood tests, make sure you write them down in the notes, as well as having them up on the computer. Ask questions whenever you don't understand something or don't feel comfortable doing something by yourself.
Conclusion	Try to enjoy your rotation on paediatrics and get stuck in, particularly on PAU where you can learn a lot if you are able! The junior doctors are all lovely and happy to help!