

F1 SURVIVAL GUIDE


Specialty	Neonates
Location/s	Oliver Fisher Neonatal Intensive Care Unit 4 th Floor Green Zone
Team	<p>Long day team (08h30 to 21h30) + ITU consultant</p> <ul style="list-style-type: none"> • ITU registrar x 1 • ITU SHO x 1 <p>Short day team (08h30 to 17h30) + HDU consultant</p> <ul style="list-style-type: none"> • HDU Registrar x 1 day bleep holder (666) • HDU SHO x 1 • TC/MAC SHO x 1 day bleep holder* (interchangeable) (616) • TC Physician Associate x 1 • ± NIPE SHO x 1 <p>Night shift team (20h45 to 09h45)</p> <ul style="list-style-type: none"> • Registrar x 1 night bleep holder (666) • SHO x 1 night bleep holder (616)

Different Roles / Type of uniform	<p>Matron - dark blue</p> <p>Nurse in charge (different each day) who joins handover in the morning and board round after the ward round</p> <p>Nurses (blue)</p> <p>CSW (grey)</p> <p>Play specialists (purple t-shirt)</p> <p>Physios (white/blue tops)</p> <p>Doctors (scrubs/smart clothes)</p> <p>Pharmacists (dark green)</p>
In charge / How to identify	They are identified at handover.
Key Contacts	<ul style="list-style-type: none"> • Dr Ghada Ramadan (Clinical Lead) – gramadan@nhs.net 01634 825862 Amanda Bond (Pathway Coordinator), amandabond1@nhs.net 01634825146 • Dr Bikash Bhojnagarwala (Educational Lead) – Dr Bikash Bhojnagarwala: bikash.bhojnagarwala@nhs.net Michele Hugo((Pathway Coordinator)), michele.hugo@nhs.net 016348245127 • Dr H McElroy (College Tutor) - hmcelroy@nhs.net 01634 976582 Jo O'Brien (Pathway Coordinator) – Joanne.O'Brien@nhs.net – 01634 825257

	<ul style="list-style-type: none"> • Sarah Clarke (Matron) – sarah.clarke44@nhs.net-01634 8255347
Computer Systems - Across the Trust / General	<ul style="list-style-type: none"> - 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.
Computer Systems - Specific to department	BadgerNet: to record all ward rounds, blood test results, and communications.
Induction	2 day comprehensive unit induction. Within 2 weeks of starting you should complete the Local Induction Checklist. Once completed, you should give it to the Learning and Development Team, First Floor, Post Graduate Centre. Retain a copy for yourself as well.
Board rounds	ITU: <ul style="list-style-type: none"> - Weekdays: 08:30 and 16:30 - Weekends: 08:30 HDU: <ul style="list-style-type: none"> - Weekends: 08:30
Departmental Teaching	All teaching programmes will be communicated to the team by the relevant consultant Tuesday: <ul style="list-style-type: none"> • 8.30am journal club or 5 minutes teaching after the huddle (aim to finish by 9am) • PMRT case presentations on the third Tuesday of every month at 11.30am. <ul style="list-style-type: none"> • A neonatal SpR/SHO will prepare the neonatal aspects of the case using a standard template which is provided. • Michelle Hugo or Dr Bhojnagarwala will allocate the PMRT case Wednesday: <ul style="list-style-type: none"> • 08.30-10.00 Grand round – includes: Business meeting as per agenda - minutes taken by day ITU REGISTRAR Presentation of ITU patients by night registrar External presentations/mandatory training/case presentations/journal club when possible

	<ul style="list-style-type: none"> • 14:00 Wednesday SHO/Reg teaching as per teaching programme. This is either Consultant led or talks organised by external speakers <p>Thursday:</p> <ul style="list-style-type: none"> • 8.30am X-ray meeting • Morbidity meeting on the first Thursday of every month at 2pm <p>Alternate Fridays:</p> <ul style="list-style-type: none"> • 12.00- 13h00: SIMULATION
<p>Shift patterns</p> <ul style="list-style-type: none"> - Rota - Breaks 	<p>Daily structure: 08:30 -16:30 Monday to Friday 08:30 - 09:00 is usually teaching/radiology/handover Grand round every Wednesday 08:30-10:00 in the seminar room Weekend shifts are 09:00 -17:00 Our rota is 1 in 3 weekends Friday before and Monday after a weekend are off</p>
<p>The typical day / What to expect</p>	<p>Duties and responsibilities:</p> <ol style="list-style-type: none"> 1) NIPE 2) TC and MAC ward rounds and jobs 3) Occasionally help with HDU and ITU jobs <p>The majority of your time as a FY1 on neonates is split between doing NIPES and covering TC/MAC, but there are opportunities to spend time on HDU/ITU.</p> <p>Jobs as a FY1 usually include:</p> <ul style="list-style-type: none"> - Heel prick blood tests for blood gases, CRP, gentamicin levels and FBC - Examining babies when you are reviewing them before a senior sees them - NIPES - Updating badger (neonatal version of EPR) - Discharge letters on badger - Ensure handover of overnight/ later evening bloods to the long day SHO - 8.30 handover of anything important from overnight <ul style="list-style-type: none"> - Leave before the ITU handover, when the HDU team leave

	<ul style="list-style-type: none"> - if NIPE <ul style="list-style-type: none"> - Print off the list from the NIPE system - See Jo or Amanda for a login of NIPE system - Prioritise babies born before 6am that day - It's better to work from oldest baby to youngest - Check with the midwife if there are any babies who are a priority to go home, they'll love you for it. - Sign the ophthalmoscope in and out! Lives with the OFNU ward clerk. - if TC/MAC <ul style="list-style-type: none"> - Grab a handover list from doctors office - Go to TC staff room and start preparing notes on badger - Discuss all patients with HDU reg and TC nurse prior to ward round, to have a plan before seeing babies and parents - Create a jobs list accessible for whole team rather than each have your own. Work through jobs together as a team. - Keep TC nurse updated with jobs and changes, especially discharges. - Handover any jobs for the evening to the long day SHO on HDU (TC/MAC get lumped with HDU team) and write them on the board in the OFNU doctors office - Update the handover list. You'll need to request access to the neonatal shared drive. To do this, log a request via the IT service desk <p>Ward attenders</p> <ul style="list-style-type: none"> - Babies who have been discharged and need follow up, e.g. repeat SBR often come as ward attenders. Midwives can refer from the community. - FY1 occasionally sees them but it is the duty of SHO on call to see them. - If you need to arrange a ward attender appointment, write it in the diary and put the reason
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	<p>for attendance, e.g. Baby X, attending for repeat FBC.</p> <ul style="list-style-type: none"> - This book can be found on the ward clerks desk. <p>On Call We do not do on calls but the SHO and REG carrying the bleep are often called to attend the deliveries. It is a good way to see deliveries and the immediate care needed if a baby is born and there are concerns. They are always happy for FY1 to tag along and often welcome the spare hands!</p>
Referrals	<p>Surgery:</p> <ul style="list-style-type: none"> ○ We have a visiting surgical Consultants (Mr Niyogi and Mr Ade-Ajayi) on Mondays, Wednesdays and Thursdays and they can be contacted on site via phone. ○ On the other days referrals should be made by phoning the King’s surgical team on call <p>Cleft Lip and Palate:</p> <ul style="list-style-type: none"> ○ The CLAPA team need to be contacted regarding this. Please contact them as early as possible before 12h00 noon. A message can be left for them out of hours ○ The contact number for South Thames clef service is 07548152738 ○ The patients are followed up by Dr McElroy <p>Dislocated or Dislocatable hips (more info in resources section)</p> <ol style="list-style-type: none"> 1. Complete details highlighted for all babies with dislocated or dislocatable hips- this should be done same day identified 2. Give to Dr McElroy’s secretary, Jo O’Brien (in Jo’s absence please pass to Amanda or Michele), at weekends leave on secretary’s desk 3. Secretaries to transfer details and email same working day
Audits	There are some audits that go on- discuss with the consultants/registrars to see if you can join or start one.
Useful Resources	 <p>INDUCTION PACK 2022 v Aug 2022...</p>
Top Tips	<p>Top tips for common procedures: <i>Capillary blood gasses</i></p>

	<ul style="list-style-type: none"> - Have the details of the baby written before hand - Make sure you get no air bubbles - Roll the tube to stop it from clotting - Have a buddy to run it- either the other junior, an MSW or a midwife/nurse. - HEEL WARMERS! These make a really big difference when you are trying to bleed a baby. A warm baby is a baby that bleeds. - Do the gas before other bloods - Best for blood to flow freely and minimal squeezing where possible, to avoid iatrogenic high potassium <p>Bloods</p> <ul style="list-style-type: none"> - Same advice as gas - Squeeze and release is the best technique and if you need to, prick the baby again. It is better to prick twice than to be squeezing a foot where no blood is coming out and the baby is getting upset! - Sugar water and a gloved finger is your best friend. Squeeze a bit into the baby's mouth and pop your finger in for them to suckle and that will keep them calm. - It is often easier to take the baby to the resuscitaire in the TC office or Kent ward than doing it at the bedside. Turn the heater on if using resuscitaire.
<p>Conclusion</p>	<p>Have fun! This is very different and a lot more relaxed than most posts- especially if you come from general medicine beforehand! The team are kind and experienced and are happy for you to ask questions. Try to get a varied experience with exposure in all areas of the department.</p>