

F1 SURVIVAL GUIDE

Specialty	Haematology
Location/s	Lawrence Ward (Brown Zone, Level 1) Outliers on Phoenix Ward (Green Zone, Level 3) 18 Patients – 2 bays with 3 patients each, 12 side-rooms.
Team	One on-call consultant each week who leads the ward round on Mondays, Wednesdays and Fridays. Ward registrar led ward rounds on Tuesdays and Thursdays. Haematology Consultants: Dr Aldouri, Dr Osman, Dr Arnott, Dr Mendis, Dr Gurung, Dr French Usually, there is one FY1, one FY2 and an IMT in terms of junior doctors assigned to the rotation.

Different Roles / Type of uniform	Head nurse – Navy blue (Lucy) Nurse – Blue CSW – Grey Pharmacists – Dark green tunics Physios – Light blue top OTs – White top
In charge / How to identify	Lucy Collins, the nurse-in-charge, usually leads the board round every day except Wednesdays, when she is off. Her office is the second door on the left as you walk into Lawrence.
Computer Systems - Across the Trust / General	<ul style="list-style-type: none"> • EPR – Patient records, prescribing medications, EDNs, referrals, etc. • 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. CT scans and MRIs are vetted by the on-call radiologist. • Teams: To store and update the ward list with patient details, diagnoses, blood results and treatment plans.
Computer Systems - Specific to department	<ul style="list-style-type: none"> • KCH Neurosurgery Portal: online referral portal if a patient presents with MSEC. • Solus: reports for cardiology specific investigations (24hr tapes, ECHO, lung function tests, sleep study tests) - <i>email line manager for access</i>. • Endoweb: For endoscopy reports.
Induction	Induction is done by the on-call consultant in your first week and involves going through available services, schedules and teaching. The service manager Elisabet Sanchez will also make herself known to you during the first week.

Board rounds	First thing in the morning at 9am, nurse-in-charge will lead the board round and this is an opportunity to for all members of the MDT to clarify plans as well as liaise with one another regarding treatment plans, updates from the night team and discharge planning.
Departmental Teaching	There is an MDM every Friday morning at 9am. Additionally, there is teaching every week on the ward, organised on an ad-hoc basis by the consultant in charge, usually on a Friday afternoon.
Shift patterns	You will be on a supernumerary rota and thus are scheduled to work Monday to Friday 9am to 5pm every week. Elisabet Sanchez will be your first port-of-call for any issues and for sorting out annual leave/study leave.
The typical day / What to expect	<p>Morning Rounds: Board round starts at 9am and the team goes through the entire patient list with the nurse-in-charge, PT/OT, dieticians, CNS and Macmillan Social Workers. It is your job to update the teams list beforehand and print it out for all the doctors present at the board round. You then go straight into the ward round afterwards. To make your life easier have two tabs open on Microsoft Edge for PACS and iLab as well as EPR for documentation throughout the ward round. The ward round usually starts with the sickest patient or if no patient is obviously sicker than the rest, any new patient. Take notes on the patient list for jobs that come up for each patient. Make sure to document the plan on the ward entry so that other staff are aware as well.</p> <p>After the ward round: Notify the nurse responsible for each patient regarding treatment plans or updates regarding discharge. You also must make the pharmacists on the ward aware of any plans for discharge by either speaking to them or calling them on 4309.</p> <p>Prioritise jobs in order of importance and urgency for each patient. Blood products should be ordered first thing after the ward round finishes, with any In-reach referrals second as they have to be completed before 1pm. EDNs that require TTOs (vast majority) need to be completed before 3pm to give the pharmacists enough time to organise TTOs. Routine jobs that come up from the ward rounds include, but not limited to, ordering scans, chasing MDM outcomes, referring to KCH, updating NOK, completing EDNs, discussing a patient with microbiology and re-siting difficult cannulas. Sick patients, and any important jobs that effect clinical management can be handed over to the ward cover FY1 to chase or med-reg-on-wards. Additionally, you will be asked to review outpatients in GDU relatively</p>

	<p>frequently by the nursing staff. Don't hesitate to ask for the registrar's opinion if you are unsure after reviewing them.</p> <p>The registrar, and consultant, will leave the ward after the morning round to see the outliers. Junior doctors are not expected to accompany them but can do to aid their own learning. Registrars and consultants are always contactable on the phone for any queries. Any referrals for haematology must be directed by registrar carrying the bleep (673).</p> <p>New patients: All new patients are either inpatient transfers from another ward/A&E/SDEC or are elective admissions for treatment. Elective admissions need to be clerked by the junior doctors on the ward. Make sure to complete the VTE assessment thoroughly, prescribing/withholding any anticoagulation as necessary. Previous eDNs as well as GP records can be used to prescribe regular medication. All patients receiving chemotherapy will have prescriptions for chemotherapy on Aria that junior doctors do not have access to as only registrars and above can prescribe chemotherapy. Please liaise with your registrar to prescribe all the supportive medications from Aria for each patient receiving chemotherapy. For inpatient transfers, always review the acute oncology notes as well as the IP clerking document on EPR for a full history of the patient.</p> <p>Useful bloods: Common routine bloods will be taken for all haematology patients by the nurses each morning and include FBC, coagulation studies and biochemistry (U&Es, LFTs, CRP, Ca²⁺, Mg²⁺, Phosphate). Patients at high risk of Tumour Lysis Syndrome will need twice daily tumour lysis bloods (uric acid, K⁺, phosphate and Ca²⁺) and this will need to be specified. Patients on TPN/at risk of refeeding syndrome will need a daily bone profile and Mg²⁺ as well. Patients who are in AKI need daily renal function tests till AKI has resolved. Lawrence started off as a nurse led unit and, thus, nurses are very proactive in ordering/taking bloods but you must liaise with them daily.</p>
Referrals	<ul style="list-style-type: none"> • Cardiorespiratory Department: Forms to request an ECHO, 24-hour ECG or lung function testing are found in the drawers in the doctor's office. Completed forms need to be dropped off in the black box outside the Cardiorespiratory department (Green Zone, Level 3) • Endoscopy: Forms to request a colonoscopy or OGD are found in the drawers in the doctor's office.

	<p>Completed forms need to be dropped off at Endoscopy reception (Green zone, Level 1)</p> <ul style="list-style-type: none"> • Blood Gases: Closest machines are either at CCU (Brown Zone, Level 2) or SDEC (Blue Zone, Level 2) • Specialty referrals: In-reach services are available from 11am-1pm for any GI or cardiology queries. Neurology has a dedicated email that you must refer to, medwayft.neurology@nhs.net. Spinal referrals must go the spinal team who have their office just outside the doors to Pembroke ward (Red Zone, Level 5). Other specialty bleeps are available on induction.
Useful Resources	<ul style="list-style-type: none"> • Greenbook: Reference tool for Medway staff filled with treatment algorithms and useful management plans • BNF: For drug indications, doses and interactions • Induction: Useful store of extensions/bleeps for most teams around the hospital • Microguide: Guidelines for antibiotic prescribing • MDCalc: Easily calculate scores like PE-Wells or values like creatinine clearance • Induction: contact details for various departments
Top Tips	<ol style="list-style-type: none"> 1. Don't be afraid to ask for assistance – everyone is willing to help and understands that you're new and that you need to learn. The registrars are very friendly and easily contactable throughout the day. The nurses are very proficient at their jobs so work with them to best manage each patient. 2. Document any updates about your patients so the information is easily accessible to other members of the team or doctors who cover your patients when you're off. Ensure the plan for the weekend, the plan in case of the patient deteriorating and TEP forms are completed on Friday so doctors covering Lawrence have an e-guide in how to manage patients over the weekend. 3. Liaise with the other juniors to take your PDP time to work on your portfolio on days when the ward is well staffed. 4. Take any opportunities you can to learn new skills. Lawrence provides some unique opportunities like bone marrow or other biopsies.