

## F1 SURVIVAL GUIDE

<b>Specialty</b>	Obstetrics and Gynaecology
<b>Location/s</b>	<p>Delivery Suite – Green zone level 4</p> <p>Kent ward and Pearl ward – Green zone level 4</p> <p>Kingfisher ward – Green zone level 4</p> <p>Sunderland Day Surgery Centre (SDCC) – Green zone level 1</p> <p>Main Theatres – Red zone level 3</p>
<b>Team Members</b>	<p>Most staff working in these areas wear scrubs.</p> <p>Doctors typically wear blue or green.</p> <p>Midwives usually wear purple.</p> <p>Midwife Support Workers/MSWs typically wear pink or grey.</p> <p>There will be an obstetric consultant in charge of labour ward. You can find out who this is by consulting the live rota which you will be directed to.</p> <p>The consultant will be supported by an SpR and SHO.</p> <p>It can sometimes be hard to identify people but other staff can help you.</p> <p>There is a midwife in charge who can be identified by asking the midwives.</p>

<b>Pearl and Kent Ward (P&amp;K)</b>	<p>Arrive 08:45 for morning session and 13:00 for afternoon.</p> <p>Kent = Postnatal Ward, Pearl = Antenatal Ward</p> <p>Kent ward is largely midwife run but some patients require a doctor's review before discharge, examples of patients needing review include:</p> <ul style="list-style-type: none"> <li>• EBL &gt;1000 mls</li> <li>• IV Antibiotics</li> <li>• PET</li> <li>• 3<sup>rd</sup> or 4<sup>th</sup> degree tears</li> <li>• Hyperemesis Gravidarum</li> </ul> <p>Midwives on Kent ward will fill in a jobs book of patients that need reviewing. You will need to review these patients and state if they can be for midwife led discharge.</p> <p>Pearl ward patients will all have a plan in place from a consultant or registrar who will usually do a ward round in the morning. Jobs on Pearl may include reviewing patients or completing jobs in the plan.</p> <p>All discharges should be discussed with a registrar or consultant and if you need to discuss a patient there is usually a Consultant on Pearl ward in the mornings or you can discuss with the on-call Labour ward SpR.</p> <p>When assessing patients be sure to ask about pain, PV bleeding, urine and bowel function.</p>
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	<p>Examination should include an abdominal exam and a review of the dressing over the surgical site if patients have had a caesarean section. Bleeding is normal post-delivery but soaking through a pad in 30 minutes is abnormal. You do not need to routinely review perineal tears.</p> <p>Examples of common postnatal reviews <i>EBL &gt;1000mLs</i> – check Hb post delivery, if &lt;100 prescribe ferrous sulphate for 4-6 weeks and ask the GP to review. If Hb &lt;80 screen for anaemia symptoms and consider a blood transfusion. <i>IV Antibiotics</i> – check bloods, most patients receive at least 24 hours of antibiotics IV and if they are well can be discharged on oral antibiotics.</p> <p><i>VTE Prophylaxis</i> – VTE risk calculated for all patients with Fragmin prescribed on discharge for those that need it, this is usually inside the drug chart</p> <p>There are lots of guidelines available on the intranet if needed and the midwives and seniors are always willing to help if needed.</p> <p>Notes, medications and observations are kept on paper.</p>
<b>Gynaecology On-call</b>	<p>Handover at 8:30 on Kingfisher. Gynaecology ward round reviewing patients on Kingfisher and outliers around the hospital.</p> <p>Duties include carrying out jobs from the ward round for inpatients, reviewing referrals and assessing patient presenting to the Gynae Assessment Unit (GAU).</p> <p>GAU reviews patients in early pregnancy with complications such as miscarriage and PV Bleeding. They also review patients with acute gynaecology issues such as severe PV bleeding and PID.</p> <p>There is a gynaecology handover list on the intranet which all inpatients should be added to. You will be shown how to find this and provided with a login during your induction.</p> <p>Kingfisher/GAU is on Green zone level 4.</p>
<b>Labour Ward On-call (LW)</b>	<p>Arrive at 8:30 for board round followed by consultant lead ward round. Following this, the day is filled with jobs for inpatients and reviewing patients in Triage.</p> <p>Triage involves reviewing patients presenting with pregnancy complications such as PE, PV bleed and abdominal pain. There are board rounds throughout the day but they are not all attended by all staff.</p> <p>Labour ward is on Green zone level 4.</p>

<b>Elective Caesarean Sections (ELCS)</b>	<p>Arrive at 8:00 for morning lists and 13:00 for afternoon lists. Lists start with a team briefing before patients are brought into theatre.</p> <p>Duties involve assisting with surgery/ELCS and completing discharge summaries and operation notes (Euroking for ELCS).</p> <p>Elective sections take place in theatre 2 on delivery suite (Green level 4)</p>
<b>Same Day Surgical Care Centre (SDCC)</b>	<p>Arrive at 8:00 for morning lists and 13:00 for afternoon lists. Lists start with a team briefing before patients are brought into theatre.</p> <p>Patients are seen preoperatively by the consultant or registrar.</p> <p>Duties include assisting with the operations and completing the discharge summaries (on EPR).</p> <p>Patients in SDCC are typically attending for smaller procedures or are fitter and so can be discharged the same day. Patients in main theatres are typically more complex and require admission.</p> <p>SDCC is on floor 1, green zone. Main theatres are on floor 3, red zone.</p>
<b>Computer Systems</b>	<ul style="list-style-type: none"> <li>• eDN – used for writing discharge summaries <ul style="list-style-type: none"> <li>○ used for gynae oncall and P&amp;K</li> </ul> </li> <li>• Euroking – view antenatal appointments and notes on delivery</li> <li>• iLab – review blood test results</li> <li>• iLab Medway – search blood groups</li> <li>• DartOCM – order blood tests and imaging</li> <li>• EPR - Patient records, prescribing medications, EDNs, referrals, etc. <ul style="list-style-type: none"> <li>○ used in SDCC and main theatres</li> </ul> </li> </ul>
<b>Induction</b>	<p>There is a comprehensive induction held at the start of the rotation.</p>
<b>Departmental Teaching</b>	<p>Thursday (evening) – consultant led departmental teaching (optional) Every other Friday (PM) – Junior led teaching Monthly Audit meetings</p>
<b>Shift patterns</b> - Rota - Breaks	<p>Shifts are typically 08:45-16:45 but start and finish times may vary according to the area you are working in that day.</p> <p>Breaks can be taken when appropriate according to clinical need. Best to liaise with the registrar you are with for that day.</p> <p>F1s in O&amp;G are ‘Supernumerary’ and so do not work weekends or nights. Most of you time will be spent on Pearl and Kent ward or in Theatres.</p>

**Top Tips**

You need to wear scrubs for your Obs & Gynae rotation which can occasionally be found in the changing rooms. If none are available you can use the ScrubEx machines in SDCC and Main theatres.

Don't be afraid to ask if you're not sure!

Obs & Gynae is heavily senior led and they will expect you to ask for their input regularly. If you're not sure about what to do or don't feel comfortable ask a registrar or consultant for support.

There are loads of guidelines available on the intranet which have lots of helpful information and policies.

Obs and Gynae offers a unique chance to be involved with one of the most memorable times in a families' life and provides lots of interesting learning opportunities so don't forget to enjoy it!