

F1 SURVIVAL GUIDE

Specialty	Respiratory
Location/s	McCulloch Ward (Green Zone Level 3) 4 bays (A-D) and 4 side rooms.
Team	2 different consultants every week split the patients on the ward equally. 1 consultant (MAC 1 consultant) will remain on the ward for the whole week to provide further advice to the ward team and see outliers. 1 consultant will cover the in-reach phone and see patients for respiratory review. Usually, 5-6 juniors on the ward per day, who split the patients amongst themselves and see them with the consultants.

Different Roles / Type of uniform	Head nurse – blue Nurse - blue Respiratory nurse – navy blue with red lining on collar CSW – Grey HCA – Light green tunics Physios – Light blue polo T-shirts OTs – White IDT – Dark green Pharmacists – Dark green
In charge / How to identify	Nurse in charge leads the board round every day. There are 2 board rounds every day in the morning and after the ward round.
Key Contacts	Diane Beacham – For pleural clinic follow up Sally Tring – Line Manager
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.
Computer Systems • Specific to department	<ul style="list-style-type: none"> KCH neurosurgery/ trauma: online referral portal if a patient presents with brain haemorrhage or if there is multiple trauma. Soluslite: reports for cardiology specific investigations (24hr tapes, ECHO, lung function tests, sleep study tests) - email line manager for access.
Induction	Induction is done by the consultants in your first week and involves going through available services, schedules and teaching. Information regarding PDP is also briefly discussed; a PDP day is allowed for each month which can be arranged by emailing the rota coordinators.
Board rounds	Daily occurring at 9am and in the afternoon, after ward round; an opportunity for doctors and nurses to clarify plans, liaise with one another and provide updates regarding treatment plans and discharge planning.

<p>Departmental Teaching</p>	<p>Every Monday at 1.30pm in Trafalgar Seminar Room.</p>
<p>Shift patterns</p> <ul style="list-style-type: none"> • Rota • Breaks 	<p>Ward cover 5 days a week, with 1 day of on-call per week. If working the weekend, you get the Wednesday before off and the Monday after off. Make sure to take a break during your shift!</p> <p>Types of shifts:</p> <p>a. Ward cover: 8.30am - 4.30pm. (aim to leave on time!). Board round starts at 9am and the team goes through the entire patient list with the head nurse, PT/OT, dieticians, and IDT. In the afternoon, we update the nurse in charge to update patient plans on the board. Throughout the day, you handle jobs that come up from the ward rounds, take bloods (make sure to order them for phlebotomy collection the day before), update NOK, complete EDNs, manage sick patients, etc.</p> <p>b. On-call ward cover: 9am – 9.30pm: Pick up bleep from switchboard (either 498/499). Attend cardiac arrest huddle on SDEC at 9am and then head to the ward for board round. Around 5pm you will receive handovers from doctors in the zone you’re covering for any outstanding jobs for the night. At 9pm, head up to the Hasbury room in theatres for night handover (Red zone, level 3).</p> <p>c. Take: 9am – 9.30pm: Attend board round from 9am. At 5pm, log on to the ‘take’ system (under clinical IT systems) and pick up patients to see on the take list. At 9pm, head up to the Hasbury room in theatres for night handover (Red zone, level 3).</p>
<p>The typical day / What to expect</p>	<p>Arrive at 8:30: Prepare the list, shared on one drive. Update the locations, as patients frequently move around on the ward. Ensure bloods have been ordered for the patients, if needed. Update the patient board in the doctor’s room. Ready for board round at 09:00.</p> <p>Ward rounds: Ward round begins after board round. The team splits up and the juniors see a certain number of patients with the consultant. We use the nursing handover document as the patient list. Before seeing the patient with the consultant, you can ‘prep’ them by going through the plans from the day before, looking at their observations, scans and bloods, and any documentation from other teams.</p> <p>New patients: All new patients need to be seen by the consultant during ward round. Before seeing them, go through their clerking and post-take ward round documents to get a history and plan for them. Check that their regular medications have been prescribed. New patients often come up after ward round, in the middle of the day. These are usually patients accepted by the consultants from in-reach and would have been put on the board opposite the patient board, so the team knows to expect them. Look through their clerking document and most recent ward round entry to see if there is any jobs that need to be done for them. If there is no entries, they</p>

	<p>will be need to be clerked and discussed with a registrar or consultant and started on management.</p> <p>After the ward round: Take notes on the handover 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. For any important jobs, such as urgent bloods or medications, notify the nurse. Prioritise jobs in order of importance and urgency for each patient. EDNs that require TTOs need to be completed before 4pm (3pm on weekends). The consultants are always contactable on the phone and the consultant who covers the outliers will come back to the ward in the afternoon to answer any questions you have. Sick patients and any important jobs that can't wait till tomorrow can be handed over to the ward cover FY1 to chase.</p> <p>Useful bloods: Common routine bloods to be ordered for patients are FBC, Coagulation studies, U&Es, LFTs, CRP, Urea. Patients on TPN/at risk of refeeding syndrome will need daily bone profile and magnesium as well. Patients who are in AKI or on furosemide infusion/diuresis need daily renal function tests. Make sure to order them for phlebotomy collection the day before.</p> <p>At 16:00: Update the list with investigations and jobs for tomorrow. Order the bloods for the next day, for phlebotomy collection. Ready to leave at 16:30.</p>
Referrals	<p>Endoscopy forms: Forms are found in the drawers above the desk by the board in the doctors office. Completed forms need to be dropped off at Endoscopy reception (Green zone, Level 1)</p> <p>ECHO forms: Forms are found in the drawers above the desk by the board in the doctors office. Completed forms need to be dropped off at Cardiorespiratory Department (Green zone, Level 3)</p> <p>Lung function tests/Sleep Study requests: Forms are found in the drawers above the desk by the board in the doctors office. Completed forms need to be dropped off at the Sleep Office in Jade Ward (Blue zone, Level 1)</p> <p>VBG/ABG: Closest machines are either at HDU (Green zone, Level 3, across the corridor) or ICU (Purple Zone, Level 3)</p> <p>Specialty referrals: In-reach services are available from 11am-1pm for any cardiology or gastroenterology queries. Other specialty bleeps are available on induction.</p>
Audits	<p>Discuss with SpRs to take part in an audit.</p>
Useful Resources	<p>There are lots of useful apps which will be very helpful in all rotations of FY1 and beyond.</p> <p>Greenbook: Reference tool for Medway staff filled with algorithms and useful management plans</p> <p>BNF</p>

	<p>Induction: Useful store of extensions/bleeps for most teams around the hospital</p> <p>Microguide: Great app with guidelines for antibiotic prescribing</p> <p>MDCalc</p> <p>Uptodate</p> <p>Medscape</p> <p>Patientinfo.uk</p>
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 senior doctors are very friendly and easily contactable throughout the day. 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. 3. Append any discussions with other members of staff regarding the patient plan, or updates to the patient or family. 4. Append any ABG or VBG results to the ward round document or create a clinical update. A lot of these are done on patient's regularly and can get lost in the notes. 5. Take your PDP time to work on your portfolio on days when the ward is well staffed. 6. Support your other colleagues if you think they need help with their jobs list. 7. Take any opportunities you can to learn new skills (and get signed off!) like ultrasound guided cannulas/bloods, chest drain insertion/removal, NG tubes, etc. 8. Use the mess to hang out and relax (especially when on call).