Last updated: 14/1/22 by Dr Joseph Vu
Reviewed:

ROVER (Rolling handOVER)

Medical Staff – Casey Emergency

UNIT STAFF MEMBERS – KEY CONTACTS

- Co-Directors of Emergency Medicine Training (for registrars)
  - Dr Eva Chong (Yee.chong@monashhealth.org)
  - Dr Ali Asadpour (Ali.Asadpour@monashhealth.org)
- WBA Coordinator
  - Dr Liam Ryan (Liam.Ryan@monashhealth.org)
- HMO Supervisor
  - Dr Parya Fadavi (Parya.Fadavi@monashhealth.org)
- Intern Supervisor
  - Dr Andrew Dyall (Andrew.Dyall@monashhealth.org)

USEFUL CONTACTS

- **Leah Williams** – Emergency Department Secretary.
  - She is the person to contact for roster swaps and sick leave. The best way to contact her is via phone, not email however you can send an email to confirm once you have spoken to her
  - Works in the office Monday, Wednesday & Friday; remotely on Tuesday and Thursday
  - Ph: 03 8768 1890 (office hours)
  - Mob: 0417 891 114 (in hours, on remote days)
  - Email: Leah.williams@monashhealth.org.au

FEEDBACK

All medical staff are encouraged to obtain feedback from your team leader via QR code provided to you as part of your orientation package via email. For ACEM trainees, this will contribute to your ITAs.

WHERE TO GO ON THE FIRST DAY

An email will be sent out regarding details for a department orientation on your first day here if you have not worked here before. This time is paid (or time taken off in lieu), and attendance is expected.

ROLES / RESPONSIBILITIES & TIPS

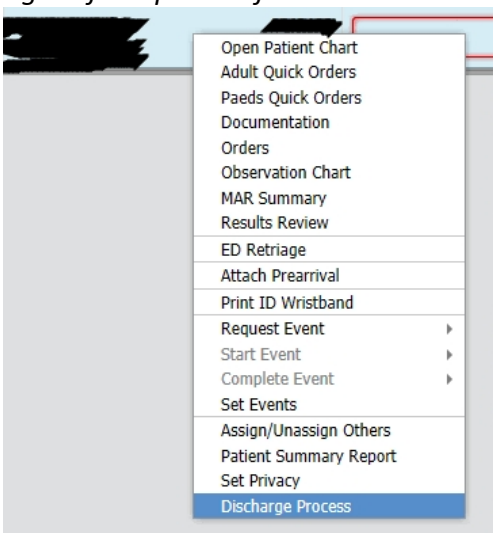
Day to day

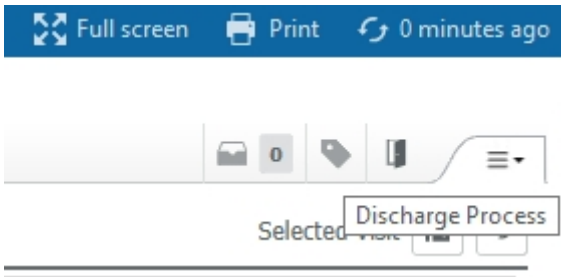
- On arrival – there is usually a shift huddle, particularly on the PM shift.
  - This is held in the corridor outside main SSU on the PM shift, and in the pod on the night shift.
  - There does not tend to be one held for the AM
  - You should make your arrival known to the CIC (clinician in charge) otherwise
- Seeing patients – in general, see the patient next in **time order** that can be physically seen (i.e., yellow/red patient in cubicle, or any green patient)
  - Cat 1 or 2 patients should be picked up as soon as possible by consultant / registrar level staff, and HMO/interns where this has been discussed in advance with the team leader
  - Despite the division of patients into green and amber/red groups, we remain one team – and often we are in a position where the amber/red team are bed-blocked and/or patient load on the green team is very low. If able, **please see patients on the other team but discuss with the respective team's CIC**.

Last updated: 14/1/22 by Dr Joseph Vu
Reviewed:

- Junior medical staff are expected to discuss their patients with the CIC **within 30 minutes** of seeing the patient to facilitate early decision making and patient flow
- HMO/interns ordering imaging beyond plain films should have this discussed with their team leader prior
- Interns must have all their patients reviewed by their team leader

- COVID swabs – current guidance is all admissions get a swab +/- rapid antigen test but guidance is frequently changing, please discuss with CIC on the day
- Handover – see below
- Discharge – there are few steps to effecting a discharge on EMR
  - Discharge summaries must be completed and given to patients who either don't have a GP or on request
  - Patients NOT admitted to SSU will require the treating doctor to perform the **Discharge Process** by *right clicking the patient on LaunchPoint* or *clicking the door button on the top right of the patient file*





  - Patients who have sustained an injury (this includes physical injury, overdoses) will need an **ED Injury Surveillance** entry as part of the Discharge Process. **This is audited**, so please enter a brief but meaningful mechanism of injury *(yes, it's annoying…we know)*

Referrals

Particularly for junior staff, patients should be discussed with the team leader prior to making a referral.

- To ICU – call ASCOM phone + follow escalation process displayed behind yellow CIC computer
- Wards @ Casey
  - Services available:
    - ♣ **General Medicine** (who have gastroenterology, neurology, endocrinology and haematology available as a consult service to them)
    - ♣ **General Surgery** aka Acute Surgical Unit (who sometimes take Colorectal Surgery patients, depending on complexity and surgeon on call)
      - BISAP 0 pancreatitis are generally managed under Gen Surg, under a shared care model with gastroenterology, unlike other sites where they are admitted under gastro
    - ♣ **O&G**
    - ♣ **Paediatrics**
    - ♣ **Mental Health**
    - ♣ Despite having a dialysis ward, Casey does not have capacity to admit patients requiring dialysis ◊ these need to go to Clayton under Renal

    - Contact:
        - ♣ Medicine – switch (8am – ~9:30pm)
        - ♣ Surgery – switch (7am – ~9pm)
        - ♣ O&G – mobile (all hours) – ASCOM currently broken
        - ♣ Paeds – mobile / ASCOM (all hours)
        - ♣ Night shift – all specialties contact via SmartPage
- Offsite
    - Contact switch who will give you a pager or connect you via mobile
    - Generally, after hours/weekends and surgical specialties (except vascular) will be on a mobile
    - Stable patients going off-site can be admitted to Short Stay
- Mental Health (EPS) – made on EMR and generally made at triage, but do double check as this is missed from time to time

Tips

- It is highly recommended that you complete notes for your patient as you go – memory is fallible and it is a communication tool with other clinicians
    - Patients will not be admitted to SSU without a plan!
- Try not to pick up patients within 30 mins – 1hr prior to handover, in order to ensure your patients are as sorted as possible for the receiving doctor
- **Ensure you take your breaks** – you will function better after one
- Referrals can often be a source of friction between ED staff and inpatient teams – consider reviewing the Prioritising Patient Care policy of PROMPT as to the expected behavior of all teams. In summary:
    - ED make the decision to admit patients to a given unit, and it is expected that they respond within in 1 hour
    - Patients can go to the wards without review provided ED has documented an initial plan, commended investigations and charted critical medications
    - Inpatient registrars are expected to review and either admit, discharge or on-refer to another unit
- With that being said though, admitting registrars have a tough job and anything you can do to make their life easier will surely be appreciated

Last updated: 14/1/22 by Dr Joseph Vu
Reviewed:

HANDOVER

	Who?	Where?	When?
Day to Evening	**Short stay patients** SSU Consultant SSU HMO/Intern	Usually in main SSU	Usually from 4pm
	Main department patients Respective Amber/Red or Green CIC	Amber/Red – Amber TL desk in front of pod Green – in the pod	Usually from 4:30pm
Evening to Night	**Short stay patients** Senior registrar IC SSU HMO/Intern	Main pod	From 11pm
	Amber/Red patients Amber/red junior registrar IC	Amber TL desk in front of pod	From 11pm
	Green patients Senior registrar IC or as delegated	Main pod	Immediately after SSU handover, usually from 11:30pm
Night to Day	**Short stay annex patients** SSU Annex Consultant SSU Annex HMO/Intern	Main pod	From 7:30am
	Main short stay patients SSU Consultant SSU HMO/Intern	Main pod	From 7:30am
	Main department patients Respective Amber/Red or Green CIC	Amber/Red – Amber TL desk in front of pod Green – in the pod	Usually from 4:30pm

UNIT MEETINGS / INTERN TEACHING / SCHEDULE

Event	Day	Time	Meeting Location	Specific preparation required
Weekly teaching	**Weekly on Wednesdays**	**10am – 2pm**	Zoom, or as noted on teaching website (http://www.gcs16.com)	Multiple streams for Core (JR / HMO / intern), pre-fellowship, primary exam preparation. Generally no preparation required unless for exams.
M&M	**As per email**		Zoom	None, unless presenting

Last updated: 14/1/22 by Dr Joseph Vu
Reviewed:

WORKPLACE GEOGRAPHY

Unit specific information

Location of doctors' room	No specific room – bags can be kept in tea room
Printer location and number	*Prefixed with 'casemgp'* Ambulatory clinic: **46a4** (general) **45rx** (scripts) Main: **43a4** (general) **43rx** (scripts) SSU annexe: **49a4** (general) **49rx** (scripts) *Prefixed with 'casssup'* SSU paeds/main: **05a4** (general) **05rx** (scripts)
Fax number	8768 1962
Consultants' Offices	In Staff Area
Main meeting room	"Fishbowl" or "Pod" in centre of ED
ED areas	- Main department - 4 bed paeds SSU (located further down the corridor from AV) – SSU 13-16 - 12 bed adult 'main' SSU (just further to this) - 10 bed adult SSU annexe (off Ward A…on the other side of the hospital)

COMMON CONDITIONS MANAGED BY UNIT/KNOW THE BASICS OF…

In the main department
Undifferentiated presentations of: chest pain, abdominal pain, shortness of breath
Mental health (mainly depression/suicidal ideation)
Falls, dizziness/vertigo, headaches
Pyelonephritis / cystitis
Renal colic / urolithiasis
Anaphylaxis / allergy
Scrotal pain
Overdose / toxicology
Diabetic emergencies

Significant paediatric case load – some estimates ~25%:
Children with fevers, gastroenteritis, respiratory illness (asthma, croup, and bronchiolitis), poor feeding

In fast track (ambulatory clinic) – lots of musculoskeletal (fractures/sprains), minor wound infections, open wound repair, foreign bodies in children's noses, children with minor injuries, undifferentiated back pain, early pregnancy bleeding, cellulitis, epistaxis, abscesses

COMMON MEDICATIONS USED SPECIFICALLY BY UNIT

Analgesia - paracetamol, ibuprofen, oxycodone, morphine, fentanyl, ketamine,
Anti-emetics / migraine treatment - Metoclopramide, ondansetron, chlorperazine, prochlorperazine
Sedatives for agitated / delirious patients (see PROMPT protocol on this) - particularly olanzapine, quetiapine, droperidol, risperidone, midazolam
Various antibiotics – flucloxacillin, gentamicin, ceftriaxone, ampicillin, benzylpenicillin, doxycycline, cefazolin, piperacillin/tazobactam
IV fluid therapy
Respiratory – salbutamol, ipratropium
Other - pantoprazole, GTN, aspirin, furosemide, loratadine, ADT booster

Last updated: 14/1/22 by Dr Joseph Vu
Reviewed:

PROCEDURES

Common: IV cannulation, venepuncture, backslabs, suturing / gluing wounds
Less common: Lumbar punctures, joint aspirates, speculum examinations, nasal examination / rapid rhino, arterial / central line insertion, intubation, thoracocentesis

USEFUL RESOURCES

Dropbox for rosters
PROMPT – clinical guidelines for a whole range of ED presentations
eTG / AMH (link on intranet) for medication dosages
Handouts from:

- Intranet
- Safer Care Victoria
- RCH Kids Info