

ROVER (Rolling handOVER)

Dandenong Hospital Emergency Department

UNIT STAFF MEMBERS – KEY CONTACTS

Director: Frank Soden

Deputy Director: Jennifer Kim-Blackmore

Registrar DEMTs: Wendy Lim and Diane Flood

HMO Supervisor: Melanie McCann and Nagendran Mathevan

Intern Supervisor: Richard Haydon and Ken Hii

Admin Officer: Dale Ferguson is responsible for rostering, sick calls, and most administrative issues

- 0488607365, dale.ferguson@monashhealth.org
- Call Dale for sick calls between 0700-2200, after these hours speak to the ED AO

WHERE TO GO ON THE FIRST DAY

0800 start: Staff will congregate in area behind nurse in charge desk for morning briefing
 (Doctors rostered to SSU in the morning should be at short stay desks for handover at 0730)

1430/2300 start: Find respective doctor in charge at orange/silver in charge desks

At the start of the shift, collect a portable phone from the alcove, and put your name/extension in Durasuite

HANDOVER

	Time	Details	Area
Day to Evening	1630: <ul style="list-style-type: none"> • Silver Short Stay • Orange Main dept 1700: <ul style="list-style-type: none"> • Silver Main dept • Orange Short Stay 	<ul style="list-style-type: none"> • SSU HMO (supervised by consultant in charge of respective colour) takes handover of patients in SSU • PM Consultant takes Handover of patients in main department • Doctors not involved in handover start seeing patients 	<ul style="list-style-type: none"> • SSU desk for SSU handover • Respective colour in-charge desks in main department
Evening to Night	2300	<ul style="list-style-type: none"> • Second to most senior registrar oversees short stay handover • Senior registrar in charge takes handover of main department 	<ul style="list-style-type: none"> • SSU desk for SSU handover • Orange in-charge desk in main department
Night to Day	0730: Short stay handover 0800: Main dept handover	<ul style="list-style-type: none"> • Begin with morning briefing behind NIC desk 	<ul style="list-style-type: none"> • SSU desk for SSU handover • Respective colour in-charge desks in main department

ROLES / RESPONSIBILITIES & TIPS

Day to day

Last updated: 19/12/2021 by Dr Matt Brownlow

Reviewed: / / by [Education committee member]

- Doctors will be assigned to teams under the leadership of a consultant or senior registrar:
 - o **ED Clinic** stream receives ambulant, low-risk patients with expected rapid turnover
 - ♣ Clinic has the best opportunities to learn orthopaedic/plastics procedures, and sedation skills
 - o **Silver** and **Orange** teams are evenly distributed all other patients
- Patients are triaged as either Amber (suspected COVID), Green (non-sCOVID), or Red (COVID-confirmed) within both Silver and Orange teams.
- Patients are typically seen in time order, unless identified as being unwell (Triage Category 1-2) or otherwise specified by doctor in charge.
- As a general rule, all patients should be discussed with the consultant in charge within 30 minutes of history and examination, and earlier if you have concerns regarding a patient.
- Taking scheduled breaks and leaving the department are vitally important! (Talk to your in-charge when considering taking a break – timing with the other doctors is usually necessary)

Discharge Summaries

Discharge summaries should ideally be given to patients prior to discharge. If this cannot be done for some reason, most discharge summaries will be sent to the listed GP under the “patient information” tab on the patient’s EMR profile (unless they have opted out of this feature of My Health Record).

UNIT MEETINGS / INTERN TEACHING / SCHEDULE

Find registrar teaching schedules through GCS16: <https://www.gcs16.com>

ED M&M monthly meeting (usually first Tuesday, 2-3pm), check work email for reminder

WORKPLACE GEOGRAPHY

The schematic map below shows a general layout of the department:

- **Resus Bays (A1 – A3)**
- **Isolation rooms (ISO1 & 2):** Negative pressure rooms appropriate for airborne precautions and COVID intubation protocols
- **Behavioural Assessment Room (MH1 & 2):** Mental health presentations will be assessed here before moving to an appropriate area
- **Procedure Rooms (PR1 & PR2)**
- **A4 – A26:** Nursed ED patient beds
- **T1 – T3:** Non-nursed beds behind triage, ideally for rapid assessment/initial treatment of green (non-sCOVID) patients to be place back in the waiting room
- **FT1 – 4:** Non-nursed beds behind triage, ideally for rapid assessment/initial treatment of amber (sCOVID) patients to be place back in the waiting room

ED Clinic is external to the emergency department, and features 7 nursed beds, an ENT/eye room, a women’s health room and a procedure room

PR 2 I the main ED is designated for procedural sedation, orthopaedic reductions +/- I/I use

COMMON CONDITIONS MANAGED BY UNIT/KNOW THE BASICS OF...

ANYTHING EXTRA THAT MAY BE NECESSARY TO KNOW

- Nurses are the backbone of the emergency department, and your best friend when it comes to timely management
- Dandenong ED has access to **phlebotomists** (for venepuncture and ECGs) during hours on most days, as well as **clinical assistants** (final year medical students who are paid monash employees – can do bloods, IVCs, ECGs, and take histories if necessary).

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USEFUL RESOURCES

PROMPT has a wide range of management guidelines on most common conditions. (Chest pain, DKA, hyperemesis gravidarum, and various trauma presentations)
ED intranet home page has many useful handouts (especially when working in ED Clinic)

Orthopaedic:

Matt Woronczak's orthopaedic & MSK guidelines (including guides on casting):

<https://the.emergencyphysio.com>

For external imaging access, go to ED intranet home page under "Resources" tab – you will find passwords for MIA/Capital/Marina etc.

Paediatric:

RCH paediatric management guidelines:

https://www.rch.org.au/clinicalguide/about_rch_cpgs/Welcome_to_the_Clinical_Practice_Guidelines/

Toxicology:

Austin toxicology referece: Find on the App store (it's free)

Other:

Life in the fast lane:

UpToDate is available via the Monash library website – follow the links from the main intranet site

