On Medical Take:

-The Medical "Take"

- Patients in the ED can self-present, be referred by their GP or be BIBA
- All patients are triaged
- Referral to Medicine can be made by the GP, ED doctors or triage

-Admission & Discharge

- Admitted patients may need a specific ward, bed and/or team
- Patients for d/c may need f/u. This may be with the GP, with ambulatory care, at the Acute Medicine clinic or at a specialist clinic

The Staff:

-The Medical Team on Take

- Medical consultant can complete the senior review
- SpR (Med Reg) in charge of the Take; can complete the senior review
- CT/ST1-2 (SHO) only those post-PACES can complete the senior review
- FY1/FY2 can only complete the junior review

-Other Staff

- Emergency Physician in Charge (EPIC) responsible for the entire ED
- ED doctors specialists in Emergency Medicine
- Nurse in charge v. experienced; provides a clinical and managerial role
- Area co-ordinators experienced nurses; oversee a designated area
- Staff nurses provide patient care; delegate some tasks to HCAs
- Healthcare assistants support staff nurses
- Physician's Assistant takes bloods as requested by nurses and doctors
- Porters move patients around; can take urgent specimens to the lab
- Security can be contacted 24/7 for both actual and potential incidents
- Numerous other teams/personnel are available to help

The Daily Timetable:

-Morning Report

- 0815, every day, level 5 F/G seminar room; led by Acute Med Consultant
- Attended by a Cons/SpR from each Med Speciality & the team on Take
- To discuss all pts seen on Medical Take since prev meeting, as well as....
- ...sick patients, ITU discharges, specialty referrals & unexpected deaths
- Other aims of meeting include staffing issues & medical education
- A junior is expected to bring up each patient's imaging on the projector Handover report lists are printed & contain abbreviated handover info
- If you clerked a pt, ensure proper handover by presenting them yourself
- If you can't attend the meeting, handover to another colleague who can
- Pts not d/c are badged to the right team; those d/c are still discussed
- Some attendees may know your pts (e.g. seen on PTWR, re-attender, etc)
- Most presentations are concise; interesting cases need more detail
- Mention any ideas/issues to lead consultant before/after the meeting

-Post Take Ward Rounds

- WRs to r/v pts admitted from Take who are yet to be seen on the ward
- Weekdays at 0900 & 1630. Bank Holidays/Weekends at 0900
- Take place on each medical ward
- 1 larger PTWR also takes place to r/v outliers (CDU, surgical wards, etc.)

-Niaht Handover

- A daily meeting at 2100 in the Operations Room
- Facing main reception, turn left and enter the first door on the right
- Attended by Med Reg, pm ward cover, CCOT & the Operations Team
- Discuss bed state, r/v CCOT pts, h/o to night team & discuss Take issues

The Shifts:

-The Day Shift (0800-1800)

- ✓ If you were on Take the previous day & the EPIC/Medical SpR/consultant...
- ...agrees, you should go to Morning Report to present your pts
- You're not expected to attend Fri FY1 teaching (email, say you're on Take)

-The Twilight Shifts (1400-2100 & 1600-2300)

- ✓ Attend morning report if on Take prev. day & happen to be around
- ✓ Otherwise, handover fully to the night FY1 who'll present your pts

-The Night Shift (2045-0900)

- The night FY1 is ultimately responsible for The List (see next section)
- But whoever clerked the pt should complete their entry on E-MR
- Leave enough time to make, check & double check the list, & to do jobs
- Sort by the "Handover Notes" column so that presenting pts is easier
- Print 30 copies of abbreviated list (landscape) & staple them together
- At 0800 take lists & Medical Admissions Book to Morning Report

The Info:

-Responsibility

- Pts admitted to med wards during office hours \rightarrow their responsibility
- Office hours include weekdays 0800-1630 (excluding Bank Holidays)
- Pts you admit outside this time are your responsibility until next PTWR
- When your shift finishes you must pass on this baton of responsibility
- Depending on your shift this may be at Morning Report or to an FY1

-Handover

- Include pertinent details of Hx. Ex. Ix. Mx plan, jobs to-do & J+S reviewers.
- For each patient, handover should be done:
 - 1) Verbally, in person
 - 2) Using a legibly written and well-structured handover sheet
 - 3) Using the Medical Admissions Book
 - 4) By completing their electronic entry on E-MR

-Adding Your Patients to the List

- ✓ Add pts as for ward lists under team GMED Medical Handover Report
- Leave Priority, Bed, Ward Round Order & Communications blank
- Complete Tasks (outstanding jobs) & Admission Summary/Problems
- ✓ In Handover Notes write the J+S reviewers' names, e.g. John (J) Kate (S)
- Teams already seeing a patient go in the Available Consulting Teams box
- The Retain on List box must be checked so ad hoc pts appear on the list

-Sick Patient Escalation

- ✓ Unwell patients may require the DRABCDE approach
- Inform your seniors; discuss adding them to the sick pts list on E-MR
- The following order of escalation may be appropriate (see Rotawatch):
 - 1) The team on Medical Take
 - 2) Other SpRs on call (e.g. Cardio/Endo,/Renal/Gastro/Resp)
 - 3) Critical Care Outreach Team
 - 4) IDA
 - 5) ITU/NCCU
 - 6) Crash Team (resp/cardiac arrest/peri-arrest)

-Sick Doctors

- ✓ If you're ill do all you can to inform colleagues & help find a replacement. Call Medical Staffing, Morning Report, the Sickness Reporting Line & ED
- ✓ Ask Contact Centre to put you through Medical Consultant covering ED

More Info:

-Spare Time and Self-Care

- ✓ Rarely are there no pts to see, but during the quieter moments:
 - Update the list w/handover sheets/Medical Admission Book
 - Do your (or other people's) outstanding jobs
 - Take natural breaks; 30m every 3-5h
 - Teach or be taught
 - Keep a log of interesting cases/presentations/signs
 - Visit your pts on the wards
 - Complete your ePortfolio (reflect, TAB, PDP, SLE, linking, etc)
 - Quality improvement; how can the Take be made better?
 - Feedback on how we can improve this leaflet (see overleaf)

Discharge

- ✓ Pts can only be discharged by themselves (if capacity) or your seniors
 - If self-discharge, assess capacity & get CasCard self-discharge box signed
- If discharging a pt you are responsible for chasing pending results
- Always advise pts about safety netting & f/u, and check social situation

-Breaching

- Pt safety is the 1° concern & pts shouldn't be moved on prematurely
- But this priority is followed closely by care quality and pt experience
- The time from ED arrival to ED departure shouldn't exceed 4 hours
- This is something the Trust and all ED staff are obliged to live with

The Glossary:

-CasCard

Casualty Card; a pro forma used to structure the patient's ED notes

-JONAH

- The ED computer system to monitor patient flow, structured as follows:
- Basic info name, hosp #, gender, age, location, triage time, waiting time
- Initial Ix displays whether X-Ray/bloods/ECG/CT have been regs/done
- J+S review shows time, name, grade and spec of J+S reviewers
- Notes/Dis MEWS score, pt info and comms between ED staff

-Junior Review

N

- The initial non-compulsory patient clerking by a pre-PACES doctor
- Done thoroughly it can assist the post-PACES senior reviewer
- A fantastic *learning* experience for doctors

-Medical Admissions Book

- The Gold Standard record of all patients seen on the Medical Take
- Used to record pertinent details of the hx/ex/ix and outstanding jobs

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Before:

-Your first shift

✓ Familiarise yourself with the leaflet, ED & JONAH

-Each shift

- ✓ Print this leaflet.
- Meet your team
- Establish your seniors' work preferences, team structure, roles & responsibilities
- ✓ Get 2 named* A4 sheets ± clipboard:

-Each clerking

- *1 Clerking record to handover
- *2 Anonymised clerking record

1 Inspect JONAH

- ✓ How busy is the ED at the moment?
- Who has been "Referred to Medicine"?
- Patients are ordered by waiting time not clinical priority

2 Clinically prioritise patients – consult:

- ✓ The ED nurses
- JONAH (MEWS score, patient location)
- The Medical SpR
- The "Initial Assessment" page of the patient's CasCard

3 Modify JONAH

- ✓ Complete the "Junior Review" column
- Press "Enter" and click "Time See by Clinician"
- May not register; check another computer and ?re-enter

4 Prepare for your clerking

- ✓ Find the patient's CasCard (in box/pigeon hole in nurses station)
- Inspect "Initial Assessment" & think how you'll work up this pt
- Read any referral letters (e.g. from GP, paramedics, care home)
- Check E-MR (previous TTOs, clinic letters, MDT reports, Ix results)
- List the dates & reasons for any previous admissions
- Print out any particularly important/informative documents

5 Place a white sticker

- ✓ 1. In the Medical Admission Book
- 2. On the first few page corners of the CasCard
- ✓ 3. On your named A4 clerking record to handover

6 Perform initial investigations

- ✓ Depending on the PC, some are already done (ECG/CXR/bloods)
- If not, ask the PA or nurses (e.g. urine dip, L&S BP, BM)
- Doing these first can save time and guide your clerking

7 Find your patient using JONAH

- ✓ They may be in Resus ("R"), Area "A"/"B"/"C", Patient/Rapid Assessment and Triage ("PAT/RAT") or the waiting room ("BCH")
- ✓ Finding a room/bed/chair may be left to you

After:

-Each clerking

1 Begin completing Junior Review

- Gather your thoughts and fill in the CasCard
- Reach the limit of your competence/confidence before senior review
- Seek advice? Textbook/hosp. guidelines/seniors/other specialty teams Get further history? D/w GP/family/care home/pt's prev speciality team
- Arrange for any bedside tests or additional observation charts
- Any comms/regs for nurses/PAs: type in JONAH and ask for in person

2. Perform blood tests and imaging

- FBC, Cr, LFTs, and VBG are usually already done (call lab to add tests)
- If not, or if urgent, DIY. Otherwise ask PAs (and give them pt's stickers)
- Imaging is automatically performed with some PCs (e.g. CP, SOB)
- If not, order the imaging you need ASAP and phone it through
- Save time/resources by arranging for imaging on pt's way to the ward

3. Provide initial therapy

- If confident in your diagnosis, start basic Rx/modify existing ones
- E.g. analgesia, oxygen, fluids, antibiotics, stopping nephrotoxins.
- Put completed prescriptions in Treatment Box (A&B) & h/o to nurse

4. Complete all necessary charts including...

- Clinical Investigations Sheet (record blood tests nr. back of CasCard)
- Prescription chart including allergies, prescriber's ID, VTE & PRN/STAT
- ALERT sheet & sticker label
- Fluids chart
- DNAR forms (needs senior input)
- Blue diabetic & green anticoag chart (cross-reference to main chart)
- All necessary CQUINS (e.g. dementia screen, frailty score, collateral Hx)

5. Senior Review

- ✓ The level of senior input depends greatly on the junior.
- Present to your post-PACES senior concisely and logically
- It's a good opportunity to improve your knowledge and ePortfolio
- During/pending senior r/v be efficient (e.g. do jobs, see another pt)
- Always look back at the senior r/v, learn from it and act upon it

6. Inform colleagues, patients and relatives

- Tell nurses your plan ASAP. Eg. DDx, bed/ward type, outstanding Ix/Rx
- ?Contact/refer your pt urgently to a specific medical sub-speciality
- Tell pt/relatives details of your plan, ward & likely timescale of events

7. Coding and discharge

- ✓ Complete "Coding" at back of CasCard (PC+Dx+d/c info for GP+name) If pt d/c from ED, next day secretaries use coding info for TTO
- ✓ If pt d/c from CDU, complete full E-MR TTO & leave on shelf in CDU

8. Handover

✓ Prepare for proper h/o by writing on 1) Medical Admissions Book 2) Your clerking record sheet 3) E-MR for the Morning Report list

...each shift

- Complete any outstanding jobs for your patients
- Ensure proper and thorough handover
- Get colleagues' emails & complete ePortfolio (e.g. SLEs, TABs, etc.)
- Read up on conditions that you've seen during your shift
- Dispose of confidential patient information

Useful Contacts:

Phoning Contact Centre wastes time; use and expand this list or dial 0

A&E reception	3062	Medical Staffing	3034/6934						
Biochemistry lab	3781/2406/154489	Medicines Info	3502						
Cardiac nurses	1560603	Morning Report	01223596284						
Crash call	2222	MRI	6363/2458						
Crit. Care OT	152583	MSEU	58335/6/7						
CT head	3208/2458	PACS	2323/56263						
CT reception	3219	Porters	2696						
CT reporting	6718	Security	3333/6606						
Haematology lab	3134/152741	Sickness line	01223217724						
IDA	58144/157180	Stroke nurse	152843						
IT helpdesk	2757	Switchboard	100						
ITU SHO	1560701	X-ray ED	3121/3122						

Final Tips:

- This leaflet is for FY1s but it's recommended for seniors & new staff too
- It can be found on Connect ("Medical Take Leaflet") and in the ED
- You're expected to clerk, senior review & manage 1 pt per hour
- Remember, your clerking will be used by many healthcare professionals
- Write legibly, clearly & in a structured way to avoid confusion
- Accuracy is vital; what you write is taken literally
- 80% of the diagnosis is based on the history
- Baseline functional status is essential; obtain a collateral history
- Common things often present in uncommon ways
- Also, think beyond the ED; where do your responsibilities extend to?
- Know which patients you are responsible for & which are unwell...
- Some patients will need reviewing by you on the wards
- Don't forget about patients that are handed over to you
- When discharging pts into the community, put yourself in the GPs shoes
- GPs have difficulty chasing our test results; write in the coding section!
- If discharging pts, you are responsible for acting on pending results
- Ask for help; nurses will usually point you in the right direction
- Before night shifts start, begin adjusting your sleep pattern
- Modify the Notes/dis box on JONAH to help comms between staff
- Always maintain patient confidentiality

Leaflet Improvement:

- This project was undertaken by George Collins (collinsgeorge@gmail.com), Emanuele Osimo (e.osimo@gmail.com), Yerzhan Rakhimov (eshka86@yahoo.com), Parth Shah (parth.a.shah@googlemail.com), Tim Burton, Andy Fry and Claire Mendes (senior support).
- It is an ongoing quality improvement project so please help improve it!
- How could the Medical Take be improved?
- How could this leaflet be improved? Is it out of date?
- Please email us or give this sheet with your suggestions and ideas to Dr. Tim Burton, Dr. Andy Fry or Claire Mendes at Medical Staffing.