



University Hospital Galway

EMERGENCY DEPARTMENT GalwayEM.ie

Intern changeover guide

(<https://galwayem.ie/index.php/index.php/training/2019/2019-10/intern-changeover-guide>)

By Dr. Viren Manshani
ED Intern 2019

1. Never discharge a patient without running it by a reg/consultant. Also document in your notes that you discussed the case with reg/consultant.
2. When in doubt, always ask someone for help. You're better off waiting till a senior is free and asking their advice rather than making a simple avoidable mistake.
3. Make sure you have your Evolve, IMPAX and Mediweb account details ready to go before rotation starts.
4. It's quicker to do things yourself sometimes. If it's an oral medication, chart and give it to the patient yourself rather than asking a nurse because that will take a long time and would affect your patient flow. Also, if your patient can walk and your CT order is approved by radiology, register the patient yourself at CT rather than waiting for the porter.
5. If you book an X-ray/CT and the porter needs to take the patient on a wheelchair/trolley, write the request on the porter's whiteboard near the clinical area. For X-rays, also place an X-ray request form on the tray in clinical area for the porter.
6. Board rounds are held every morning at 8am and then usually at noon and 4pm. This is when the on-call consultant goes through every active case in ED and discusses the plan. Have a verbal presentation with a plan ready.
7. Unlike the wards, we always use flash forms for bloods in ED.
8. Lack of space is a major issue in the ED and most patients you see in a cubicle will eventually be shifted out in the corridor after your assessment. If you need a reg to have a look at the patient as well, make sure you tell the nurse not to move the patient out till the reg has seen them.
9. Head injury is a very common presentation to ED - make yourself familiar with the NICE guidelines for Head CT (adults and peds). They are available on the computers in P: drive under "ED useful guidelines and protocols".
10. Always include an impression/diagnosis along with a plan in your ED documentation.
11. OPD appointment request - (due to change soon).
 - When referring to another specialty OPD clinic, you have to copy your ED notes and staple it to the OPD appointment request form and place it in its box. Ask someone senior to help out for the first time.
 - Some specialties like ENT would prefer to have your ED notes in an envelope and given to patient with a specific date & time given to you over phone.

12. Referring to vascular lab for doppler scans
 - From 9:30-4:30pm on weekdays – fill the vascular lab appointment request form and personally drop it to the receptionist at vascular lab.
 - After 4:30pm on weekdays – fill the vascular lab appointment request form and fax it – ask the ward clerk how to do this. Keep a copy of the fax confirmation along with your notes. Also provide a copy of “dvt not diagnosed” and contact details for vascular lab because the patient has to call them in the morning to confirm the appointment time.
13. Referring to eye clinic
 - GPs send a lot of eye complaints to ED because there is no direct access to eye casualty for them.
 - Eye clinic is only open from 10-4 and close for lunch from 1-2pm. They are tough to reach over phone so you will have to call them 2-3 times before someone picks up.
 - When referring on to them, make a copy of ED notes, put it in an envelope and give it to the patient to go to eye clinic directly. Usually eye clinic sees patients on the same day.
14. Blood book
 - Interns have to check the blood book on a daily basis.
 - Try and get a bit done towards the start of the shift as it only gets busier as your day goes on.
 - The whole purpose of the blood book is to make sure that the bloods that are done at triage are being seen by an ED physician. Some patients leave before being seen and their bloods need to be checked by someone in ED.
 - Cross off their name if they were referred on/admitted to another service (PAS/Navigator), have normal bloods (Weblab) or were seen and assessed by an ED physician (looking at ED notes on Navigator).
 - If they have abnormal labs (eg: raised troponin, very high CRP/WCC) and were not seen by anyone, raise the issue with a reg/consultant/ED-GP.
15. The contact bleeps for admitting teams will be on the white board near clinical area.
16. Referring to cardiology after 5pm
 - First call cardio reg through switch and have him approve the referral.
 - Next call med sho #3 and tell them that cardio reg approved the referral. They will take over care of the patient.
17. Sometimes you will get pushback from admitting teams/radiology, especially if they know you're an intern. Just escalate this issue to your reg/consultant and it should be resolved.
18. If you need to write a letter to a patient's GP, fill out the discharge communication sheet, put it in an envelope and place it in 'external post' tray at reception.
19. If you need a CT after 5pm, call the radiology reg through switch to ask if the scan can be organized for that day. Unless necessary, CT scans like CT-KUB are usually organized for the next morning.
20. Teaching sessions are kept on Wednesday mornings and you may be asked to present a case on one of the sessions in advance so keep a note of any interesting cases you come across in the ED.