Northern Health

Term Description – Handbook – ROVER

1. Term details:			
Health Service:	Northern Health	**Term duration:**	Maximum: 13 weeks
Location/Site:	Craigieburn Health Service	**Clinical experience - Primary**:	B: Chronic illness patient care
Parent Health Service:	Northern Health	**Clinical experience - Secondary**:	C: Acute and critical illness patient care
Speciality/Dept.:	General Medicine	**Non-clinical experience:**	*(PGY2 only)*
PGY Level:	PGY2	**Prerequisite learning:**	*(if relevant)*
Term Descriptor:	*Working hours are 8.30am – 5pm Monday to Friday* *- Covering all pre-MET calls, MET calls and code blues at Craigieburn health service and holds the emergency phone and pager* *- Covering the Day medical unit - consenting patients, signing pathology forms, medical certificates, writing scripts, writing drug charts, difficult cannulas or if any unwell patients need to be reviewed.* *- Dialysis unit* *– review of unwell patient and writing drug charts* *- Seeing Outpatient clinics patients in various specialities with the consultants from Monday – Friday (times table below)* *CDAMS Memory Clinic, Oncology clinic , Renal clinic , Haematology clinic and The Wound clinic*		

2. Learning objectives:		
EPA1: Clinical Assessment	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way.
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Recognises and takes precautions where the patient may be vulnerable.
	Domain 4	Makes use of local service protocols and guidelines to inform clinical decision-making.
EPA2: Recognition and care of the acutely unwell patient	Domain 1	Initiates a timely structured approach to management, actively anticipates additional requirements and seeks appropriate assistance.
	Domain 2	Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required.
	Domain 3	Demonstrates an ability to advocate for health advancement alongside Aboriginal and Torres Strait Islander peoples (patients and colleagues), in the context of an acutely unwell patient.
	Domain 4	Observes local service protocols and guidelines on acutely unwell patients
EPA3: Prescribing	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration
	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.
	Domain 3	Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
	Domain 4	Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.
EPA4: Team communication	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.

– *documentation, handover and referrals*	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Acknowledges and addresses individual racism, their own biases, assumptions, stereotypes and prejudices and provides care that is holistic, and free of bias and racism.
	Domain 4	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

3. Outcome statements:

Domain 1: *The prevocational doctor as practitioner*

☒ 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.

☒ 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.

☒ 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care

☒ 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues

☒ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness

☒ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.

☒ 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team

☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes,

Domain 2: *The prevocational doctor as professional and leader*

☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.

☒ 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.

☒ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.

☒ 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.

☒ 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.

☒ 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.

☒ 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that

Domain 3: *The prevocational doctor as a health advocate*

☐ 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients

☒ 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.

☒ 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.

☒ 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.

☐ 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Domain 4: *The prevocational doctor as a scientist and scholar*

☒ 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.

☒ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.

☒ 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.

☒ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.

and blood products safely, effectively and economically

☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.

☐ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making

impact Aboriginal and Torres Strait Islander patient care.

☒ 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

☒ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).

4. Supervision details:			
Supervision Role	***Name***	***Position***	***Contact***
DCT/SIT	***Dr Chiu Kang***	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	***Dr Carol Chong***	Consultant Geriatrician	carol.chong@nh.org.au
Cinical Supervisor (day to day)	***Dr Julie Wang / Dr Teresa Leung***	Haematologist	Julie.Wang@nh.org.au teresa.leung@nh.org.au
Cinical Supervisor (day to day)	***Dr P Chaal***	Nephrologist	Parvinder.Chaal@nh.org.au
EPA Assessors *Health Professional that may assess EPAs*	• All Consultants • •		

Team Structure **- Key Staff**		
Name	**Role**	**Contact**
Jacqueline Harper	Site Manager (Acting):	Jacqueline.Harper@nh.org.au 83383065
Maha Ali	Administration Support Officer	Maha.Ali@nh.org.au
Dr Carol Chong	Geriatrician and Supervisor of Intern Training	Phone (03) 8468 0758 or 0431 723 563 carol.chong@nh.org.au
CHS HMO portable phone	General HMO	x 83035 (8338 3035)
Emergency department admitting officer	ED Consultant	x 52610
Kath (ANUM Monday-Wednesday), Seema (ANUM Thursday-Friday), Dipti, Lindy, Ramanie and Remi	Day Medical Unit Nurses	x 83096

Pharmacist on duty	Pharmacy	x 83068
Vicki (Monday-Wednesday)/Fiona (Thursday-Friday)	Day Medical Unit Ward Clerks	x 83028
Gastro/Haem/Renal/Oncology/Urology	Registrars	Via switch or Medtasker
Interpreters	Interpreter service	x 58188

5. Attachments:	
R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

6. Accreditation details *(PMCV use only)*		
Accreditation body:	Click or tap here to enter text.	
Accreditation status:	Click or tap here to enter text.	
Accreditation ID:	Click or tap here to enter text.	
Number of accredited posts:	PGY1: number	PGY2: number
Accredited dates:	Approved date: date.	Review date: date.

7. Approval		
Reviewed by:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Delegated authority:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Approved by:	Click or tap here to enter text.	Date:Click or tap to enter a date.

Appendix

Timetable example

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Morning	9. 30-12.30	8.30	8.30	8.30	8.30	Enter Time	Enter Time
	CDAMS Memory Clinic – Carol Chong	Oncology Clinic – Dr Frances Barnette and Dr V Boolell	Renal Clinic DR P Chaal	Grand rounds at TNH Telehealth Iron clinic for Dr Teresa Leung Clinic	Haematology clinic Dr Julie Wang	Click or tap here to enter text.	Click or tap here to enter text.
Afternoon	1pm	Enter Time	Enter Time	1pm	Enter Time	Enter Time	Enter Time

	Wound Clinic	Click or tap here to enter text.	Click or tap here to enter text.	12:30 – 13:30 HMO Education Haematology Clinic Dr Teresa Leung	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

HMO CRAIGIEBURN	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
HMO	0830-1700	0830-1700	0830-1700	0830-1700	0830-1700			0830-1700	0830-1700	0830-1700	0830-1700	0830-1700		

9. Hospital Orientation		
Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time. This is separate to the unit orientation. Follow the link for details, password: NorthernDoctors		
Location	NCHER, Northern Hospital – Epping	185 Cooper Street, Epping 3076
Facilitator	Medical Education Unit	Email: MedicalEducationUnit@nh.org.au
Date	First day of each term	
Start	08:00	

10. Unit Orientation	
Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time. Orientation that occurs outside of your rostered hours should be submitted as overtime on the overtime reporting portal	
Location	Craigieburn Centre
Facilitator	Site Manager
Date	First day of term
Start	08:30am

11. Unit Overview	
Department	Craigieburn Centre
Location	Craigieburn
Inpatient Beds	Nil
Outpatients Clinics	Various
Day Procedures	Dialysis and (Day oncology, day medical - currently at TNH infusion centre as of 16_11_23_

Virtual Unit	N/A

12. Safety
Craigieburn Centre is a standalone outpatient service with facilitates allied health, day rehabilitation and dialysis. As such, patients and their families visit the facility and may become sick necessitating a medical review via Code Blue calls.

13. Communication	
Medtasker	Yes and there is a Craigieburn Centre specific phone for the resident/registrar.
WhatsApp	No
Pager	Yes ?# Pager no.
MS Teams	no

14. Handover Process	
Morning	Nil
Afternoon	Nil
Night	Nil

15. Shift Structure		
	HMO	Registrar
Day	08:30 – 17:00	N/A
Afternoon		
Night		
Weekend		

16. Shift Roles & Responsibilities		
	HMO	Registrar
Day	Arrive at Craigieburn Centre Check in with Craigieburn Site manager Collect the code blue phone and page Attend clinics as rostered	N/A
Afternoon	As above	
Night	N/A	
Weekend	N/A	

17. Common Conditions
1. Dementia - you will learn this in the CDAMS clinic 2. Chronic wounds 3. Various oncology conditions 4. Renal Failure 5. Anaemia 6. Haematological disorders

18. Common Procedures

1. IV Cannulation
2. IDC change for failed TOV

Day Medical Unit:
Procedures they perform:

- Trial of void (TOV) and change of catheter
- Iron infusions
- Blood transfusions
- IV immunoglobulins
- Infliximab and vedolizumab infusions
- Venesections
- Zoledronic acid administration
- BCG administration

19. Clinical Guidelines

The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines
https://intranet.nh.org.au/applications/
ETG- Electronic Therapeutic Guidelines
AMH- Australian Medicines Handbook
Up to Date

PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet - https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/

20. Routine Orders

Pathology	See Section 34 below				
Radiology	See Section 34 below				
Pharmacology	MEDICATION	INDICATION	ROUTE	DOSE	FREQUENCY
	Emergency medications				
	Adrenaline (1:1000)	Anaphylaxis	IM	0.5ml	PRN
	Hydrocortisone	Anaphylaxis/allergic reaction	IV	100mg	PRN
	Premedication				
	Paracetamol	Premedication	PO	1g	Once only
	Hydrocortisone	Premedication	IV	100mg	Once only
	Loratadine	Premedication	PO	10mg	Once only

21. IT Programs	
EMR	The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php Training is compulsory; you will need to complete the elearning within the first week of commencing. Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/ When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well. EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.
CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/

22. Documentation	
Admission	N/A
Ward Rounds	N/A
Discharge Summary	N/A
Outpatient Clinics	Use CPF outpatient progress notes
CDI Queries	N/A
Death Certificates	N/A
Coroners	https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals	
Internal	You may need to contact the various specialty registrars if there is a particular questions pertaining to outpatients eg. at dialysis, day medical
External	N/A

24. Clinical Deterioration	
Escalation Process	Day Medical issues - Home team if relevant (e.g. gastroenterology or urology registrar) Dialysis Unit - Complex review issues are to be directed to the allocated CHS renal consultants or renal outpatients' registrar. There are 2 allocated consultants who you can contact for any concerns at CHS (dialysis nurse in charge has their contact details). Failed IVC - Can be rebooked by CHS Day Medical Unit. See Appendix (1.2) for further information about Trial of Void patients.
PreMet	N/A
Code	If you assess a patient to be unwell and needing further assessment, then they need to be transferred to TNH emergency department. The key decision to be made when reviewing a patient is: does this patient

	require transfer to ED? If so, ask the site manager to call an ambulance, fill your code note on CPF, contact the ED Admitting officer to handover (x 52610) and if relevant the home unit registrar. You can also contact specialty registrars through switch, periop registrar on 0418 428 781 or ICU registrar on x88226 for advice.

25. Night Shift Support	
Unit	N/A
Periop	N/A
Take 2 @ 2	N/A

26. Assessments: PGY1 & PGY2	
All forms are located on the Northern Doctors website under the Assessments tab	
Beginning of Term	Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion
Mid-Term & End of Term	To be completed at the mid and end of term meetings
EPAs	Minimum of x2 EPA assessments to be completed per term

27. Mandatory Training

- Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
- Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete.
- Hand Hygiene needs to be completed by the end of your first week.
- If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning

28. Unit Education

Please select one of the following optiosn to attend for 1 hour per week in your rostered time.
The links to the sessions can be found on the Northern Doctors website- Education Calendar:
https://www.northerndoctors.org.au/northern-health-education-calendar/
Medical Grand Rounds 8-9am every Thursday (via MS Teams)
Medical Registrar journal club every Tuesday 7:30-8:00 (via MS Teams)
HMO Education every Thursday (via MS Teams)
Intern Education every Tuesday (via MS Teams)

29. Unit Meetings

N/A

30. Research and Quality Improvement

Can discuss with consultants if you have an area of interest you would like to research further.

31. Career Support

Please discuss with any of our consultants at Craigieburn.

32. Medical Students on the Unit

Nil. You may have nursing and allied health students at the Craigieburn Centre from time to time

33. Rostering

Shift Swap

The doctor initiating the roster swap is responsible for arranging with an appropriate colleague.
Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague.
All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior.
All shift swaps should be like hours for like hours.
Proposed shift swaps must be emailed to your MWU coordinator for approval.

Unplanned Leave- Notification and documentation process

Personal Leave documentation required:
For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.
For other days absent due to personal illness or injury the doctor is required to provide evidence of illness.
To be eligible for payment, the doctor is required to notify the Health Service **two hours** before the start of their shift, or as soon as practicable.

In hours Monday to Friday 0730 - 1630	Step 1: Medical Workforce Reception 8405 8276	Step 2: Notify unit	Please ensure you notify both MWU & your unit
After hours Monday to Friday Between 1630 – 2200 After hours Monday to Friday Between 2200-0730	Step 1: Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362 Between 2200-0730 Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit (at a suitable time)	Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.
In hours Weekends & Public Holidays 0700 - 2200	Step 1: Medical Workforce On-call Phone 0438 201 362	Step 2: Notify	Please ensure you notify both MWU & your unit
After hours Weekends & Public Holidays 2200-0700	Step 1: Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit	Please ensure you notify both MWU & your unit

Overtime

All overtime should be submitted into the Overtime Portal
This can be accessed via the intranet whilst onsite at Northern Health

	Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant.

34. JMO Rover

NEW STARTERS

- Receive comprehensive unit orientation from Site Operations Manager on your first day
- Administration Support Officer Maha Ali (Maha.Ali@nh.org.au) will help organise your logins for:
  - CHARM – to check the schedule for Day Medical patients and print CHARM orders
  - Harrison – appointment schedule for PRIME, CDAMS and wound clinic patients
  - Q-Flow – appointment schedule and ticket calling clinic patients. Username and password are your network details
  - CPF
  - BloodSTAR – required to chart check IVIG doses
  - iPM – if you want to look up patient follow up appointment dates
  - iMedX – to dictate clinic letters for CDAMS clinic. If you have any issues with your access, send an email to au-support@imedx.com. You can also download the e-Scription app that you can use to dictate the letters and check them before submission.
  - Televideo access – You will review several patients in clinic via Televideo. If you have any issues with your access, send an email to Tracey Webster (Tracey.Webster2@nh.org.au)
- Parking is onsite ($6.25 per day), or free on Dorchester St near McDonald's, and walk for a few minutes to the centre. (Next to the kindy there is an open gate/door, walk through car park).
- Bring food and supplies: There is no cafeteria on site and you are not allowed to leave the site during lunch breaks as you are the only doctor covering codes and METs.
- Keep in mind that if a patient needs a troponin, they need to be transferred to Northern ED to be collected there. This is CHS policy due to previous troponin results from CHS being missed after transfer.

Useful pre-reading:
RACP dementia lectures, PBS criteria for cholinesterase inhibitors (Donepezil, galantamine and Rivastigmine) and for NMDA inhibitor (Memantine) and side effects of these 4 drugs. Use of Addenbrooke's Cognitive Examination, Geriatric depression scale and MMSE. Definition of mild cognitive impairment.

You should watch the RACP Oncology lectures, especially high yield – Breast, Colon, Lung cancers, Chemotherapy + Immunotherapy side effects. (Focus on: Trastuzumab, SERMs and AIs, Everolimus, Capecitabine, FOLFOX/FOLFIRI, Bevacizumab, oxaliplatin). BRCA1/2 is useful as well. ECOG.

RACP lectures – especially CKD, dialysis. Diabetic/hypertensive nephropathy. Management of hypertension and guidelines for BP targets in diabetes and CKD. Indications for starting dialysis and when to begin planning for access can be helpful. Nutrition in CKD. Useful to read around ADPKD and glomerulonephritis as you will appreciate better the investigations ordered.

Workup of iron deficiency including low intake, malabsorption, blood loss, red flags for CRC/GI malignancy and CRC screening guidelines. Menorrhagia management (including role of TXA). The RACP lectures on haematology are of great benefit. Focus on the commonly encountered issues: iron deficiency anaemia, myeloproliferative disorders (PRV and ET), haemochromatosis, multiple myeloma, CLL and DLBCL.

In order to build your confidence it can be useful to read and print summaries of ALS protocol, anaphylaxis protocol, acute transfusion reactions (transfusion.com has useful summary cards), non-anaphylactic reactions to IVIG, iron infusions, infliximab, vedolizumab (TNH has policies for some of these as well), acute stroke management, low conscious state, acute seizure management, STEMI and Non STEMI initial management, Acute AF management and acute COPD/asthma protocols.

DIALYSIS UNIT

Occasionally the dialysis unit nurses will ask you to review a patient. Most commonly it is for hypotension. It is managed according to a set protocol depending on whether the patient is asymptomatic or symptomatic.

There are 2 allocated renal consultants who you can contact for any concerns at CHS (dialysis nurse in charge has their contact details). You can also contact the renal consults registrar. You may get asked for simple requests such as re-writing medication charts. You should not be asked to review dialysis orders and the renal consults registrar should be contacted directly by the nurses if clarification is needed.

Information about Trial of Void patients

(Re: patient presenting in acute urinary retention, referred from ED or the wards).

If you suspect BPH, have the following organised when they fail a TOV at CHS (most elderly men seem to fail when they come to CHS 1-2 weeks later).

1) Referral to urology if this was not done.
   Check with ward clerk or iPM for appointments or CPF for referrals. If nothing visible then complete an internal referral. You can also contact the urology registrar/resident to help facilitate early triaging of the appointment
2) Request a renal tract ultrasound (only TNH can do them if an IDC is in situ)
3) Start them on duodart if they've not tried it/are coming back for a 2nd TOV and you suspect BPH
4) Do a PSA and UEC (though PSA less useful if recent catheterisation)
5) Explain to the patient what is going on and provide written information – You can draw diagrams of bladders and prostates. Going into AUR and TOVs can be very stressful for these patients. Explanations help.
6) Refer to RDNS if there has been no contact for ongoing catheter care. (Day Medical nurses will give you the forms)

If they have a successful TOV then continue duodart or alpha blocker and refer to urology to be seen in 3 months with voiding flow rate (VFR).

Patients are given fluids prior to removing the IDC, be mindful about the amount of fluid as some patients have fluid restriction.

- Successful trial of void: Complete bladder emptying with no or minimal post-void residual over three consecutive voids.
- Unsuccessful trial of void: Patient unable to initiate any urethral void or small volume voids with high post-void residuals.
- Incomplete bladder emptying: The significance of a post-void residual is variable and requires individual patient assessment. As a guide, a post-void residual of one-third to one-half of the voided volume (up to approximately 300mls) can often be acceptable.

Patients who are unable to form sufficient urine during their 6 hours stay for TOV are considered oliguric/anuric and need to be assessed urgently especially if they have a history of CKD.

35. Document Status		
Updated by	Dr Carol Chong and Dr Medhanie Amarasekara	1/6/23
Reviewed by	Dr Natina Monteleone	18/01/2024
Next review date		April 2024