Handover Station 2 - Notes for candidates

You are an FY1 doctor, you have just arrived for the evening shift covering the medical wards.
Your colleague has arrived to give you handover from the day and to discuss 5 relevant patients.

Station will last 10 minutes.

You will be expected to effectively take part in handover from your colleague.

Basic information will be available for the next station 16 prioritisations.

Handover 2 - Notes for the Actor

Patient 1

- John Brown 70 year old
- Treated as an LRTI - now AKI stage 3
- PMH: Hypertension, Asthma, Heart failure, Diabetes
- DH: Ramipril, Amlodipine, Bisoprolol, Salbutamol MDI, Dapagliflozin, Metformin, Furosemide, PO Co-Amoxiclav
- EWS: RR: 22, O2 - 98%RA, BP: 101/70, Pulse 121, Confused, Temperature 39.5.
- He has been scoring highly since the morning. Maintenance doses have been prescribed in keeping with AKI, Nephrotoxins have been stopped. Stat dose of meropenem has been given. Bloods were taken today but are not back yet. Cultures were taken on admission. Please chase bloods and US KUB and determine whether to continue of meropenem or not after stat dose. Bloods for the past three days have been showing a worsening eGFR and creatinine clearance despite AKI bundle being carried out.
- He has a ward based ceiling of care and a DNAR in place.

Patient 2

- Lewis Smith 65 year old
- Treated as a non-infective exacerbation of COPD
- PMH: COPD, UC
- DH: anti-TNF, Trimbow, Salbutamol MDI, Prednisolone, Co-Amoxiclav PO
- EWS = RR= 26, O2 = 88% on 40% high flow oxygen via Venturi, BP 120/80, Pulse =110, Responsive to voice, Temperature 37.5.
- Investigations: CXR ordered portable not on PACS yet please chase, Bloods have been taken please chase, Dex saline bolus running and is about to finish so can you prescribe another bag as the patient has been drowsy and not eating much. Nursing team have said the patient is appearing more and more drowsy despite finishing back to back nebulisers. You have spoken to your senior who has suggested the patient needs an urgent ABG as could be in respiratory failure.

Patient 3

- Martin Jacoby 57 year old
- Treated for a dental abscess
- Currently on IV CO-Amoxiclav and IV metronidazole
- EWS 1: for O2 94% RA
- PMH: Nil
- DH: Only on antibiotics for current abscess
- Nurses have informed me cannula wasn't working earlier in the day so it was flushed and started working fine. Now they have reported that it has tissued. They require you to insert a new cannula as they are on antibiotics IV.

Patient 4

- Samantha Jones - 53 year
- Has had an out of hospital cardiac arrest from which she sustained multiple rib fractures.
- Current NEWS of 0.
- PMH: Recent cardiac arrest, BPPV, Angina, Previous STEMI 2020
- DH: Aspirin, Bisoprolol, Ramipril, Atorvastatin, Lansoprazole, Paracetamol, Ibuprofen
- She complains of ongoing pain in her back. Nursing team had informed the doctors in the daytime to review analgesia but doctors were busy.

- Patient is now complaining of 8/10 pain despite the pain relief already being given. Nursing team are unable to give anything else due to the minimal interval.

Patient 5

- Emma Miller - A 38 year old
- Treated as a moderate exacerbation of asthma.
- PMH: Asthma, Allergic Rhinitis
- DH: Co-Amoxciclav Day 2 PO, Prednisolone 40 mg day 2
- Allergies: NKDA
- Issue: She is for discharge today. TTO has been completed but pharmacy have rang with an issue that needs amending - the ward Clark took the message and you've been unable to ring back as we're busy with unwell patients. Bed manager has rang a few times as well now.

Marking Rubric

Gathers Information: Asks probing questions. Confident and Structured Demonstrates good clinical understanding Asks questions appropriate to individual case (I.e. not rote questioning)	
Patient - centred Clearly demonstrates that the safety of the patient is paramount Appropriately concerned about the degree of acuity on the ward Picks up on foundation doctors cues (verbal and non-verbal) and adjusts questioning accordingly	
Risk Stratification Demonstrates good knowledge of the underlying cases Enquires about EWS and any investigation results that may aid decision making	
Professionalism Keeps their peer engaged and focussed during handover Does not judge peer for any tasks incomplete or missing/ incomplete information. Shows empathy	

Prioritisation 2 - Candidate Information

You are the FY1 doctor and you have just arrived for the evening shift covering the medical wards.

Your colleague has just completed the handover and discussions of 5 patients from the day. There is an advanced nurse practitioner, a staff nurse, 2 healthcare assistants on the ward.

The station will last 10 minutes.

You will be expected to: Review the patients results then explain to the examiner prioritization and management of the patients.
For each decision you should explain your reasoning.

Information available for the candidate

John brown

- Pre- Prioritisation information:
- Blood tests:
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FBC	08/03/24	07/03/24
WCC	17.4	11.2
Hb	125	129
CRP	198	101
eGFR	17	25
Urea	28	22
Creatinine	235	200

- US KUB: No hydronephrosis, dilation of ureters, calcifications seen.

Lewis Smith

- Pre- Prioritisation information:
- CXR: Significant mucous plugging
- Bloods:

FBC	08/03/24	29/02/24
WCC	9.0	8.9
HB	115	116
U&E	08/03/24	29/02/24
eGFR	>90	>90

Na+	135	137
K+	4.6	3.9
CRP	<5	15

Martin Jacoby

- Pre-Prioritisation information: Antibiotics were given at 14:00 hours next due at 22:00 so there's a few hours left. You are able to also look at his bloods.

FBC	08/08/24	07/03/24	06/08/24
WCC	11.5	15.5	17.9
CRP	70	45	90

Samantha Jones

- Her drug chart is seen

Medication	Dose	Time given / Next dose due
Paracetamol (Weight < 50 kg) regular	500 mg 4 hour interval	14:00 / 18:00
Ibuprofen PRN	400 mg Max TDS	15:00 / 23:00

Emma Miller

- Her TTO is available

Medication	Dose	Route	Supply
Prednisolone	40 mg	PO	3 days
Co - Amoxiclav	1.2 g	IV	3 days

Pharmacy rang again and the nurse took a message to say antibiotics have been prescribed as IV on the TTO which needs amending before they can approve. They've also received yet another call from the bed manager about querying availability of beds as ED is getting full.

Prioritisation Levels:

John brown

- **Priority level 2:** Patient is also acutely unwell. Most likely sepstic. However, sepsis six bundle has been carried out mainly. They have been given a stat dose of meropenem. You can see that their US KUB is normal therefore the likely cause of AKI is either renal/ pre-renal, most likely renal sepsis driven. This also a sit is not something you have to act upon urgently. They also have a DNAR in place with a ward based ceiling of care so you do not need to contact ITU. They will need a fluid status assessment to determine the rate of fluids you will need to prescribe but their blood pressure is above 90 systolic so that is also reassuring. Given bloods are worsening they will need to continue on meropenem so you will need to prescribe this but given the stat dose next dose of meropenem will not be due immediately. You may also consider renal referral if one is not in place already and speak to your senior.

Lewis Smith

- **Priority Level 1:** Patient is acutely unwell and needs a prompt assessment. They are requiring quite a lot of oxygen any higher and ward based care will not be appropriate. Their fluid status needs to be checked before prescribing more fluids. You also need to figure out why they are drowsy and confused. A prompt ABG needs to be done as no changes post medical management usually means that patient may be entering respiratory acidosis and therefore may need NIV. This needs arranging and the you may have to also refer them to the respiratory registrar for a review. This is something that only you can do so therefore not much you can delegate.

Martin Jacoby

- **Priority level 5:** because the patient is settled, has had antibiotics that will cover until you are free to put another cannula in. You can ask the HCA/ Nurse to flush the cannula and if it has tissued can ask them to remove it so the patient is comfortable in the meantime.
- Some nurses can also put in a new cannula so you can delegate to the nursing team.
- WCC is falling, patient is clinically stable, CRP can lag so in the worst case scenario can be converted to PO ABX.

Samantha Jones

- **Prioritization Number: 3** as the patient is symptomatic, has been complaining of pain since the morning so does need a review sooner rather than later. Can be a lesser priority because scoring a 0 on NEWS so are clinically stable and have had some background analgesia already. However, they are still in pain and the NEWS score is objective only but the patient may be in absolute agony. The advanced nurse practitioner is able to assess pain and prescribe so you may be able to delegate this task.

Emma Miller : 5

- **EM Prioritization number: 4** because the issue is an amendment to a TTO which is last in terms of clinical priority. However, we all have to be aware of lack of flow in the hospital which may mean patients are kept in ED and not moved to appropriate wards where the nurses may be better trained to look after them. As this is a TTO that you haven't completed before completion you will require time to ensure it is correct as it will be you that signs it off post amendment. Can delegate this task to nurse practitioners as they are able to sign TTOs.

Marking Rubric Prioritisation 2

Prioritisation of tasks Reviews available results and prioritises tasks appropriately Explains that certain tasks are less urgent Explains that sick patients take the priority Demonstrates sound reasoning behind their decisions	
Management Clear understanding of the management required for the presented cases Good knowledge of each case	
Senior Review Recognises the acuity on the ward and that help is required Explains in a sensible way what further staff would be needed and why Appropriate delegation of staff Calm and confident	
Summary Summarises the actions and the reasons behind them	