PAEDIATRIC SURVIVAL GUIDE NOVEMBER 2020

Darent Valley Hospital

Contents:

Acknowledgements:
This handbook has been the result of excellent work by James Clark with help from previous SHO colleague - Dr Sanwo Olatokunbo.
Update July 2018, Dr A Hasib + Rebecca Bradford-Duarte
Update July 2019, Dr A Hasib +Rebecca Bradford-Duarte
Update November 23 2020, Dr A Hasib

Consultants:

Consultant	Secretary	Secretary Contact number	Interests
Dr Selwyn D'Costa (SDC)	Anne-Marie Pateman Anne-marie.pateman@nhs.net	8219	General Paeds, Rheumatology
Dr Alok Gupta	Julie Hudson Julie.hudson@nhs.net	8752	Clinical Director Diabetes
Dr Ali Bokhari	Tracy Irving tracy.irving@nhs.net	4321	DME Director Paediatrics, Cardiology
Dr Abdul Hasib	Rachel Pithman Rachel.pithman1@nhs.net	8229	Neonatal specialist. College lead
Dr Bharath Gowda	Valerie Strathmore Valerie.strathmore@nhs.net	8230	Neonatal Lead UG lead
Dr Bengisu Bassoy	Debbie Whittlesea Deborah.whittlesea@nhs.net	4675	Allergy Respiratory
Dr Kishanee Kiriella	Valerie Strathmore Valerie.strathmore@nhs.net	8230	Diabetes
Dr Suresh Kumar	Julie Hudson Julie.hudson@nhs.net	8752	Sickle Cell Audit and Governance Lead
Dr Shahinul Khan	Alison Kinnaird alisonkinnaird@nhs.net	8228	Gastro Child protection lead. FY TPD
Dr Chinwe Ude	Debbie Whittlesea Deborah.whittlesea@nhs.net	4675	Epilepsy First seizure clinic
Dr Jatinder Jheeta			HDU Lead Respiratory, Simulation Lead

PAU/AE Consultants
Dr Sophie Lam
Dr Asit Pande
Dr Hussain Ijaz Malik
Dr Abimbola Odeniyi
Dr Sabahat Yar Khan

Please contact consultant's secretaries for assistance with arranging follow up appointments, to chase results and to assist with referral letters.

Timetable

Willow Ward			SpR: no bleep SHO: no bleep
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led
0930-1300	Ward round Ward jobs Clerking new arrivals	Willow Ward	
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1630	Ward jobs Clerking new arrivals	Willow Ward	
1630-1700	Afternoon handover	Doctors office, Willow Ward	Consultant led
1700-2100	Evening SHO x 2 (bleep 319 and 176) cover ward and PAU/admissions		
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led

Paediatric Assessment Unit (PAU)			SpR: 316 SHO: 319 (CRASH)
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led
0930-1300	Clerking in PAU Complete PAU jobs in handover folder	PAU	**Complete PAU jobs in handover folder daily**
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1630	Clerking in PAU	PAU	
1630-1700	Afternoon handover	Doctors office, Willow Ward	Consultant led
1700-2100	Evening SHO x 2 (bleep 319 and 176) cover ward and PAU/admissions		
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led

Walnut Ward /Special Care Baby Unit (SCBU)			SpR: 533 SHO: 176 (CRASH)
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Staff room, Walnut Ward	Consultant led
0930-1300	Ward round Ward jobs Clerking new arrivals Attend deliveries	Walnut Ward	Ensure daily and weekly tasks are completed Keep BadgerNet updated
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1700	Ward jobs Clerking new arrivals Attend deliveries	Walnut Ward	

Postnatal Wards (PNW)			SpR: 533 SHO: 305
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led
0930-1300	Daily review of VTC babies Baby checks	Cedar Ward, Aspen Ward, Birth Centre	
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1630	Baby checks	Cedar Ward, Aspen Ward, Birth Centre	
1630-1700	Afternoon handover	Doctors office, Willow Ward	Consultant led
1700-2100	Evening SHO x 2 (bleep 319 and 176) cover ward and PAU/admissions		
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led

Night shift			Neonatal SpR: 533 Paediatric SpR: 316 SHO: 176 & 319 (CRASH)
Time	**Activity**	**Location**	**Notes**
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led
2130-0800	Attendance at crash calls and deliveries where needed Complete clerkings in PAU ED referrals Ward reviews / jobs		Postnatal wards covered by neonatal SpR unless work demands require flexibility
0800-0900	Ward round	Willow Ward	Consultant led
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led

Willow ward

Timetable:

Willow Ward			SpR: bleep 306 SHO: no bleep
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led
0930-1300	Ward round Ward jobs Clerking new arrivals	Willow Ward	
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1630	Ward jobs Clerking new arrivals	Willow Ward	
1630-1700	Afternoon handover	Doctors office, Willow Ward	Consultant led
1700-2100	Evening SHO x 2 (bleep 319 and 176) cover ward and PAU/admissions **See on-call section below**		
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led

Duties:

- Finish ward round with Consultant and Registrar (usually started with night team at 0800).
- Mini Huddle post ward rounds to update to do list;
- Ongoing management of ward patients / ward jobs.
- Ward reviews (e.g. sick patients, weaning from nebulisers/inhalers, monitoring of oral intake).
- Clerking in direct ward admissions.
- Review new admissions from PAU.
- Complete EDN (electronic discharge notifications) prior to discharge.

Paediatric Assessment Unit (PAU)

Timetable:

Paediatric Assessment Unit (PAU)			SpR: 316 SHO: 319 (CRASH)
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led
0930-1300	Clerking in PAU Complete PAU jobs in handover folder	PAU	
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1630	Clerking in PAU	PAU	
1630-1700	Afternoon handover	Doctors office, Willow Ward	Consultant led
1700-2100	Evening SHO x 2 (bleep 319 and 176) cover ward and PAU/admissions **See on-call section below**		
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led

Duties:

- Attend crash calls with PAU registrar.
- Take referrals from ED (referrals may also come from GPs, community midwives and health visitors, but these outside referrals usually go through the registrar).
- Assess patients on PAU, or in ED as required.
- Complete outstanding jobs on handover list and in PAU jobs list (in coordination with Dr's assistant)
- Complete out-standing EDNs
- ALL SOCIAL CARE REFERRAL CALLS ARE TAKEN BY REGISTRAR AND DISCUSSED WITH CONSULTANT. Please take social services number to call back after discussion with Consultant and Safeguarding team
- All CSA referrals should be requested to be directed to the social services.

Tips:

- All children under the age of twelve months attending ED are automatically referred to the paediatric team, except those with injuries.
- Not all referrals have to be automatically accepted. If you are unsure check with the on-call registrar.
- All GP referrals to A&E are seen by the Paediatric team (See ED pathway)
- **NO patient to be discharged by SHO without discussion +/- review by registrar**
- **Patients whom you bring for follow up from PAU/AE– please discuss with hot week consultant and document in handover and in notes (and later inform the named consultant if not the admitting consultant). This is absolutely essential. All acute investigations to be pursued by the acute team.**
- When a child requires admission to the ward let the Willow registrar and SHO know, inform the Nurse in Charge and add the child to the handover list.
- Check the PAU jobs folder on a daily basis and complete the form as part of the patient's medical record.

Walnut Ward / Special Care Baby Unit (SCBU)

Timetable:

Walnut Ward /Special Care Baby Unit (SCBU)			SpR: 533 SHO: 176
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Staff room, Walnut Ward	Consultant led
0930-1300	Ward round Ward jobs Clerking new arrivals Attend emergency deliveries	Walnut Ward	Ensure daily and weekly tasks are completed Keep BadgerNet updated
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1700	Ward jobs Clerking new arrivals Attend emergency deliveries	Walnut Ward	

Duties:

- Ward round on unit.
- Complete ward jobs.
- Update BadgerNet paperwork (on admission to unit, daily update and discharge).
- To attend neonatal crash calls/emergency deliveries

Tips:

- Senior led, so you should not be required to make big management decisions. Don't forget to discuss plan and document in the notes.
- Ask the neonatal registrar/senior neonatal sister carrying the acute bleep to attend all deliveries with you in the initial weeks of your posting until you feel comfortable attending alone (especially in the first 2 weeks of your on call)
- **Ensure all babies who are well enough have a completed newborn baby check within 72 hours.**
- There are variances to the ward round depending on the day of the week:
    - Monday:
    - Tuesday:
    - Wednesday: Multi-disciplinary
    - Thursday:
    - Friday:
- There are several screening investigations that you should review for every patient (including cranial US and ROP screening) on a weekly basis to ensure they are requested as per schedule or have been signed off as requiring no further action/surveillance.
- Out of hours cover is mainly provided by the neonatal registrar so there is very little need to attend unless workload requires some assistance.
- BadgerNet:
    - **Get access password** from senior sisters on SCBU at induction. Introduction while doing the Badger net on the first day on SCBU.
    - Full admission details should be uploaded onto system at time of admission and printed out, signed and added to paper notes. Please input the time of discussion with parents.
    - All NIPE checks should be done at the earliest and within 72 hours.
    - Daily updates of significant clinical events, including infection risk, NEC etc.

    - Ensure full update of admission events for discharge (try to plan ahead and update these if a discharge is due) and print 5 copies for the nurses to discharge.
- Notify the named consultant and secretary of all follow-ups and investigations arranged on SCBU for a patient; Ensure neonatal outreach follow-up as per guidelines
- Referrals should be made using Patient Centre (see below) and emailed to the relevant secretary for elective ones.
- Any retrieval back should be discussed with Consultant and ensure to enquire whether the NIPE check is done or not.
- Any transfer out to be done via EBS and NIPE should be handed over to the referring unit. Please document on Badgernet whether NIPE is done or not?
- Any NIPE referrals should be mentioned and ticked in the NIPE SMART.

Postnatal wards (PNW): Cedar, Aspen & Birth Centre

Timetable:

Postnatal Wards (PNW)			SpR: 533 **PNW** SHO: 305
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led
0930-1300	Daily review of VTC babies Baby checks Delivery bleep calls	Cedar Ward, Aspen Ward, Birth Centre, Delivery Suite	
1300-1400	Teaching	As per teaching schedule	Most weekdays
1400-1630	Baby checks Delivery bleep calls	Cedar Ward, Aspen Ward, Birth Centre, Delivery Suite	
1630-1700	Afternoon handover	Doctors office, Willow Ward	Consultant led
1700-2100	Evening SHO x 2 (bleep 319 and 176) cover ward and PAU/admissions **See on-call section below**		
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led

Duties:

- Newborn baby checks (as recorded in folders on Cedar and Aspen). Please ensure you have your NIPE and Badgernet password. (Please ask Sue Clarke)
- **If during NIPE – any known antenatal problems or scans problems or anything abnormal postnatally, please discuss and review with Registrar and or Consultant and document in notes.**
- Postnatal ward reviews for **virtual transitional care (VTC) babies** and those requiring ongoing paediatric input (e.g. those on antibiotics for suspected sepsis, jaundice, hypoglycemia) and discuss with Paediatric registrar
    - **These babies require daily reviews with progress documented in the notes**
    - **Once discharged from the paediatric team these babies require discharge documentation:**
        - For VTC babies this is a **Badger Net** summary – 3 copies to be printed
        - For other children (i.e. those under review but not on VTC such as community referrals, those with congenital problems requiring further input etc.) a **Neonatal EDN** is required (1 x copy to parents, 1 x copy to GP – if you are unsure if this will be sent electronically request a paper copy to be posted to the GP, 1 x copy in baby's notes)
- The registrar may ask you to see initially community referrals for babies under 10 days of age (e.g. weight loss, jaundice) and then discuss with them.

Babies with maternal HIV and Hepatitis B -

- Please refer to the guidelines ON ADAGIO and discuss with registrar AND notify the neonatal Hot week consultant.
- Please do the blood tests for the HIV babies as per the guidelines. **NO BCG** and **NO breast feeding(unless antenatally planned by Sadie Hafford and GUM consultant – see mothers plan on Patient centre documents)**
- Please discuss with mother and document about **sharing information** with partners/GP and home address. Ensure confidentiality. Please complete the documentation and clinic letters and arrange follow up with Dr Hasib in 3 months and arrange the follow up blood tests with CRC. Please liaise with Rachel Pithman (Dr Hasib secretary) and Sadie Hafford(HIV Specialist midwife).

Tips:

- Baby checks should be completed within 72 hours of birth, but not before 6 hours of age. If you find something you are unsure about on either baby check or review, **ASK Registrar for discussion +/- review**, no matter how simple or silly it may seem.
- **Baby checks are not routinely performed after 17:00**. They can be re-arranged for the next day or arranged in the community. If the baby is suitable for discharge after the baby check sign the discharge check on the back page of the neonatal notes.
- Refer to 'Common Neonatal Problems' Handbook on how to manage commonly encountered issues. This is available on Adagio.
- Learn the early neonatal sepsis guidelines indications for starting IV antibiotics
- There is no postnatal SHO cover out of hours as both SHOs are covering paediatric referrals/admissions. New ward referrals and management of babies on postnatal ward would be directed to the neonatal registrar, but you may be asked to be flexible if PAU is quiet or if the neonatal registrar is with an unwell baby. It is all about team working.

General information:

Many of the midwives(not all) are trained and able to perform baby checks (see the newborn examination guidelines on ADAGIO for list of indications for midwife baby checks). The midwives are on a Rota to complete midwife baby checks during normal working hours (Monday-Friday 0900-1700). If you are asked to help out with midwife led baby checks during the week or weekend due to lack of availability then please help out as other duties allow.

Babies suitable for examination by midwives should fulfil the following criteria: see guidelines on ADAGIO

On-call (1700-2130) / Long day

Duties:

- Primarily based in PAU/Willow
- Two SHOs on call every weekday evening (alongside one registrar covering Willow and PAU):
    - One carries delivery bleep (176), other carries Paediatric bleep (319).
- Any reviews requested by the postnatal wards should be attended by the neonatal registrar unless PAU is exceptionally quiet.
- Flexible team working is the key

Nights (2100-0930)

Timetable:

Night shift			Neonatal SpR: 533 Paediatric SpR: 316 SHO: 176 & 319 (CRASH)
Time	**Activity**	**Location**	**Notes**
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led
2130-0800	Attendance at crash calls Complete clerking in PAU ED referrals Ward reviews / jobs		Postnatal wards covered by neonatal SpR unless work demands require flexibility
0800-0900	Ward round	Willow Ward	Consultant led
0900-0930	Morning handover	Doctors office, Willow Ward	Consultant led

Duties:

- Primarily based in Willow or seeing admissions in ED, and attending deliveries overnight.
- Any reviews requested by the postnatal wards should be attended by the neonatal registrar unless the night is exceptionally quiet.
- There are many locum registrars who cover the rota. Many are long term regular locums and are very good, but if there are any concerns please discuss them with the on-call consultant the following morning.
- Escalation -If there are urgent issues overnight that are not being addressed by the locum registrar, then contact the other on-call registrar for advice. If there are serious issues that cannot be dealt with the following morning, then you are able to contact the on-call consultant via switchboard.
- All admissions on Willow ward to be reviewed with the registrar for an agreed management plan.

Weekends

Timetable:

Weekends			
Time	**Activity**	**Location**	**Notes**
0900-0930	Morning handover: For Willow/PAU/SCBU	Doctors office, Willow Ward	Consultant led
0930-1500	For long day SHO (319): - Ward round - Ward jobs - Clerking new arrivals	For postnatal SHO (176): - Postnatal ward reviews - Baby checks - Deliveries	
1500	Handover of bleep to long day SHO		
1500-2100	Ward jobs Clerking new arrivals Attending deliveries	Willow ward, PAU, ED, PNW, delivery suite	If busy ask neonatal registrar to kindly help with deliveries as availability allows
2100-2130	Evening handover	Doctors office, Willow Ward	Registrar led

Duties:

On Fridays there is a handover with the Consultants at 1230 - 1300 before the teaching

- Postnatal SHO (0900-1700), carries delivery bleep (176):
    - Completes postnatal ward reviews as above.
    - Completes newborn baby checks as above for babies going home that day.
    - Not required to attend SCBU ward round. Can help in SCBU after completion of postnatal ward duties if required.
    - Handover to ward SHO at 17:00
- Long day SHO (0900-2130, carries paediatric bleep (319) and delivery bleep from 17:00:
    - Completes ward round and ongoing management on Willow ward as per above.
    - Assesses PAU patients as above.
    - Takes over delivery bleep at 17:00.

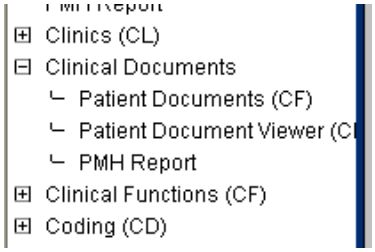
General tips

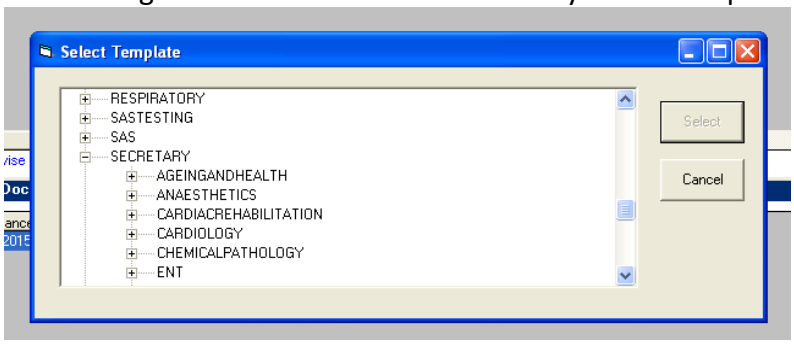
- Try to develop good working relationships with the nursing and midwifery staff. They are a fountain of knowledge, especially for new SHOs.
- Ask the play specialists to help with bloods and other procedures (alongside the patient's nurse) as they are fantastic for distraction and support.
- Some nurses are able to cannulate on SCBU and on Willow, but still take the opportunity to learn.
- You are never completely alone in paediatrics; the registrars are available and approachable, so make use of them if needed.
- IF YOU ARE UNSURE, ASK!

Letters

Referrals from all areas should be made using the appropriate template found on Patient Centre, with a copy saved for future reference.

- In Patient Centre, select the patient you would like to create a letter for.
- In the right hand sidebar select **Clinical Documents**, and click the **Patient Documents** option (the Patient Document Viewer can be used to see older letters for this patient).
- Click through the options to select the appropriate admission episode.
- Find the appropriate template. For the majority of referral letters you can find the inpatient referral headed letter in the SECRETARY tab: and sign off under the Consultant that you are completing ref for.

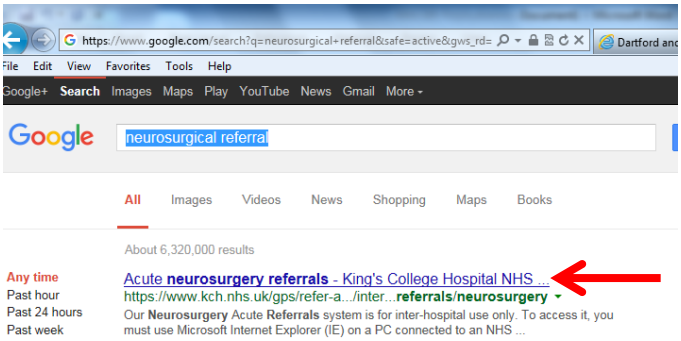




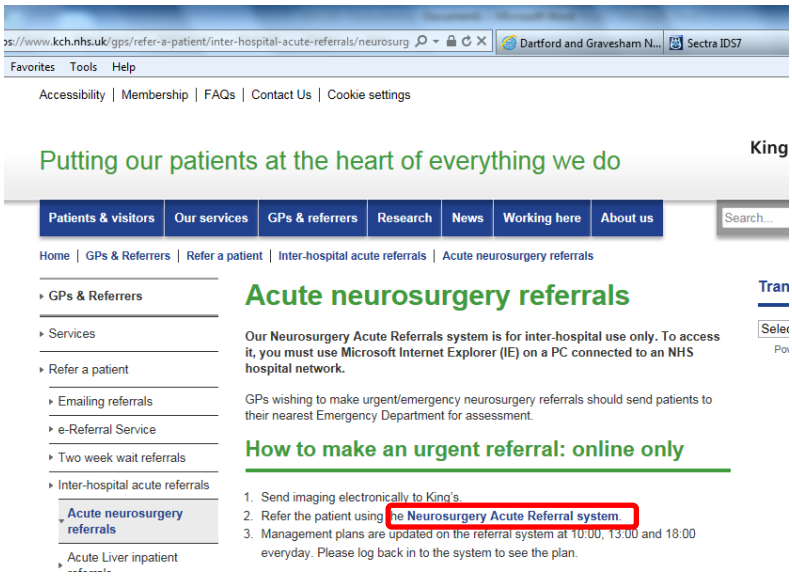
- Once you have completed your letter in the word application opened from Patient Centre, close Word and then save the letter, after changing the name of the letter in the Patient Centre save box. This can then be printed and sent either via email or by post.

Neurosurgical referral

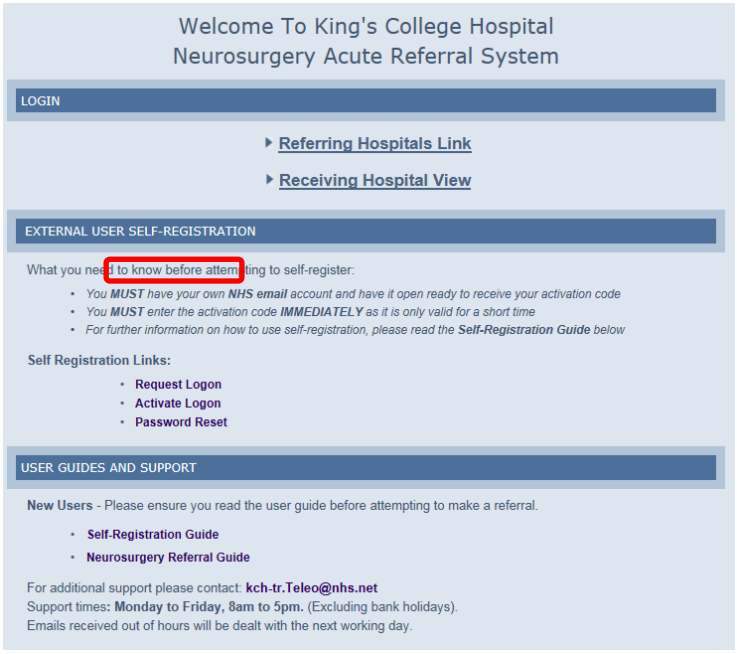
1. Open internet Explorer and search “neurosurgical referral”
2. Select the first link on google



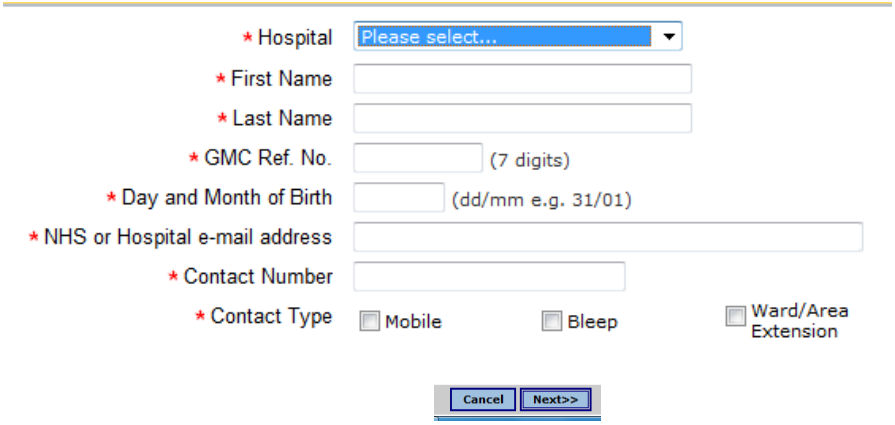
3. Select “Neurosurgery Acute Referral System”



4. Request a logon

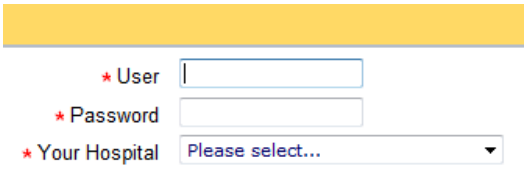


5. Complete the request form. (save password in phone if you tend to forget it.)

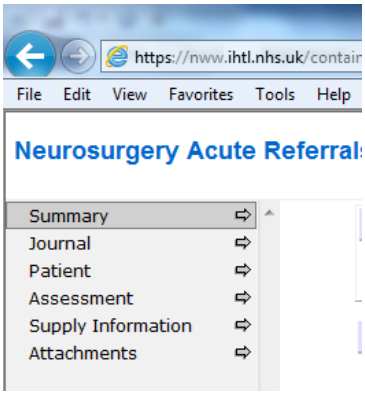


Making a referral

1. Select “Referring Hospitals Link”
2. Login



When making a new referral, complete all the sections, Save then close the form.
To review the referral select the patient’s name then look at “Journal” This will show any input from the neurosurgical team. For paediatric referrals specify that the “Paediatric neurology team” needs to advise.



“List” will take you back to the list of patients that have been referred and the status of the referral can be seen.

EDN Guidance:

1) The details put are in a short summary with no explicit clerking details like heart rate etc...Please don't put too much blood results. Only relevant info like highest CRP, ALT etc...

2) Please don't put sepsis as a diagnosis based on red flags. The final diagnosis is based on clinical impression on ward rounds.

3) Also, please ensure Similac is qualified as **Alimentum** OR **High Energy.**

4) Please round up the dose of medications where possible. I have just seen a patient who had Ranitidine 0.48 ml TDS advised in October. The same patient had 1mg TDS written (instead of 1ml TDS) on another occasion.

5) Lastly, for all age groups including newborn, please don't give Omeprazole in fraction doses. There is a wide dose range (0.7-3mg/kg/day). I usually prescribe 1.5mg (for preterm/IUGR), 2.5mg (term), 5 or 10 mg for older babies.

Tips:

- EDNs for simple presentations (e.g. viral induced wheeze, gastroenteritis) can be concise; you will save yourself a lot of time!
- Try to complete EDNs early in the day to facilitate discharge, **especially those with TTOs – ideally these should be with pharmacy by 11am.**
- Update the list ahead of the afternoon handover before 16:30.
- Referrals should be made using Patient Centre (see below).
- Retrospective EDN for clearing backlog – Please write that you have not been involved in the clinical care of the patient.
- Please highlight sick patients and safety briefing at handovers.

Teaching rota

Please see the monthly teaching rota included in the induction pack, teaching is also available on Microsoft TEAMS and saved in the Archive folder on shared drive.

FAQ's

1. **Badgernet** - all babies who are on SCBU, and those who are on VTC. Babies, who have required a review on Aspen/Cedar but are not VTC babies, do not require badgernet but may require a neonatal EDN. Clarify at morning handover which babies on postnates are VTC babies so that you do the correct paperwork for them. VTC babies have notes on SCUBU, and also with their mother's notes on the postnatal wards.
2. **Neonatal EDN** - an option when making new EDNs for babies, rather than selecting 'standard EDN', select neonatal EDN and this does not require as much information, and does not require a second signature from the nurses.
3. For SCBU/VTC babies going home on medication who need TTOs, they will also need a **neonatal EDN for the TTOs**. This needs to include a problems list, not just the TTOs. Summary can be copied from the badger net summary.
4. **A&E pathway** - all children under 1 are referred directly from AE to paeds team for review. Other children should be seen by paeds AE team first (unless they have a GP letter). There is a pathway in the Doctor's office and PAU. Any issues/inappropriate referrals/not following the pathway need to be recorded on the clipboard in Drs office/PAU.
5. **Baby Checks** - all babies to have baby checks within 72 hours (even those on SCBU which are easy to miss). There is a folder on both the postnatal wards with a list of the baby checks required for the day - this has a print out on the front page of which babies require a paediatric check and who can have a check by the midwives. Can clarify with the midwives why a particular patient needs a paeds check so you know what you are looking for.
6. **NIPE SMART**- Dedicated computer on postnatal wards for entering NIPE SMART Data at the midwives station. You can then print off this copy and put it in baby's notes and the red book. Make sure you sign the back page of the neonatal notes to say you are happy for baby to go home or they cannot be discharged by the midwives. **Complete the NIPE CPD tool – on the NIPE website, useful tool (and needed for the F2s).** Please note that if NIPE is not working it is necessary to complete the full page about the baby check at the back of the neonatal notes and photocopy this – place one copy in the red book and one in an envelope on the postnatal ward (ask midwife in charge) so the data can be entered at a later date
7. **Log of postnatal problems** by the side of SCBU HANDOVER FOLDER e.g. inappropriate referrals, not enough information given, etc. Any problems during the rotation add to the document within the walnut handover folder on the computer. This can then be reviewed by the consultants.
8. **Log of PAU and AE problems – Please enlist no urgent issues in this folder by the side of willow handover folder.**
9. **Neonate requiring Hepatitis B vaccination:** all relevant paperwork can be found in the Patient centre. Any missing forms can be found on pas under 'ANC screening.' The doctor giving the vaccination is responsible for completing and signing the forms as well as entering the information into the red book. The midwifery screening co-ordinator collects the notes to forward to Public Health after discharge.
10. **Neurosurgical referrals** made via Acute neurosurgery referral Kingshttps://www.kch.nhs.uk/gps/refer-a-patient/acute-neurosurgery-referrals. You need to login and make a new account where you can then send a referral. This is checked 24 hours a day by the neurosurgery team - they will place their replies on there so you need to check it. Anyone can check the replies as long as you have a login.
11. **Interagency referrals** – created via Patient Centre as a referral letter (or dictated on winscribe for non-urgent ones) then printed off and a copy put in the children's notes. Send to the GP and to the respective secretaries who can help you with sending it to the correct team. Please request Sue Clarke – Drs Assistant to help you with passwords.

12. **EBS (Emergency Bed Status)** is the system used to check for PICU and NICU beds across the area (rather than calling from hospital to hospital). You may be asked to call them if you have an acutely unwell neonate. Request for the nearest hospital which has the bed you need e.g. a NICU bed for 2 day old baby requiring intubation and ventilation.
13. **STRS (South Thames Retrieval Service) referrals** are for the retrieval team from Evelina, they will attend to stabilise and transfer the acutely unwell child. They will attend with a specialty trained nurse/Doctor to facilitate transfer. When transferring a child out to another hospital, they will need a transfer letter to go with them.
14. **Spotting the sick child** – **useful RCPCH tool**, has lots of different videos/tools to go through for various conditions.
15. **Deliveries** - attend deliveries with Registrar and or senior neonatal nurse in charge to gain fundamental competence and reasonable confidence (10-20 deliveries). Look at the neonatal handbook to see which deliveries always need a registrar attendance.
16. **How to request for image link** - need to complete the form which is in the second drawer between the 2 desks in Dr's office on willow/ can be printed off from PACS. Complete the form then take this to radiology/X-ray (near A&E). They can then direct you to the radiology secretaries who can complete this for you. Out of hours, bleep the on-call radiologist on 505 and take it to the radiology department to be sent urgently. Recently radiology departments in different tertiary hospital also have access to our radiology systems.
17. **Who to report to if you are off sick** – contact the COW (consultant of the week) via switch or bleep 128(0800-1700). Also Inform Blessing Ukh (rota co-ordinator) from 9am on ext 8416 or by e-mail. You will be required to fill in the relevant forms when you return to work.
18. **First Seizure Clinic** – For children, who have had a first afebrile seizure, please refer to Dr Ude using the specialty referral on pas. Any child under the age of 2 should be discussed with a consultant on call or neurology at KCH first.
19. **Study Leave** – please submit study leave requests to Blessing UKh (rota co-ordinator). If you are not granted leave and it is of importance please escalate to the Clinical Director and your clinical supervisor and to the medical education department.
20. **Drop in session with College tutor every Thursday at lunch time in the doctor's room.** Feel free to discuss any issues with the College tutor
21. **Sepsis guidelines –** Please update yourself with the Paediatric sepsis guidelines.
22. **Deteriorating child and Escalation policy guidelines - Please read.**
23. **Radiology meetings –** Every day ward SHO please add to the list interesting CASES.
24. **RAISING CONCERNS AND SUPPORT ROUTES AVAILABLE TO JUNIOR DOCTORS**

    1. Raising concerns – see enclosed raising concerns pathway for doctors (please see Education website as well)
    2. Support Routes Available to all Staff – additional routes for doctors include:-

<u>Contacts for Doctors with Mental Health Concerns:</u>

Confidential 24/7 Emergency Services **BMA Wellbeing Support Service** on 0330 123 1245 This is the leading mental health emergency service for doctors. It is available to all doctors – you don't have to be a BMA member.

Samaritans on 116123 The Samaritans provide an 'active listening' service open to all.

Confidential Treatment Services:

NHS Practitioner Health Programme on 0203 049 4505 Website: https://php.nhs.uk This is a confidential NHS service all doctors in London, and all trainees in KSS. Simon Stevens announced at the Wounded Healer conference in October 2018 that NHS England will extend the service to all doctors in England.

RAISING CONCERNS AND SUPPORT ROUTES AVAILABLE TO JUNIOR DOCTORS

1. Raising concerns

The Trust has two policies that can be found on the Trust's staff intranet site (ADAGIO) that explain in detail the process for staff to raise concerns in relation to their employment with the Trust. These are the Trust's Dignity and Respect at Work policy and the Grievance policy. The Dignity and Respect at work policy explains that bullying and harassment concerns are treated seriously by the Trust and bullying and harassment is not acceptable.

In summary, members of staff are encouraged in the first instance to raise their concerns informally with their manager who is best placed to look into those issues and agree a way forward. As a junior doctor this could be either your college tutor, educational/clinical supervisor, Director of Medical Education or Clinical Director. If the issues relate directly to a member of staff's line manager the HR department can explain the options available to staff under the relevant policies.

In addition there is the 'Freedom to Speak Up: Raising Concerns (Whistleblowing) policy and procedure' on ADAGIO, explaining the process staff should follow to raise a concern about risk, malpractice or wrongdoing that they think is harming the service we deliver (such as a risk to patient safety, fraud or breaches of patient confidentiality) at the earliest reasonable opportunity.

2. Support Routes Available to all Staff

There are a number of supportive routes available for staff to explore when they may be feeling distressed and anxious. These include:- Staff Side Trade Union representatives, Staff Bullying and Harassment Contacts, Care First (offering counselling support over the phone and face to face counseling) on 0800 174319, Human Resources, Occupational Health, colleagues and line managers. There is also the freedom to speak up guardian and ambassadors. Further details and contact details can be found on ADAGIO in relation to all of these support routes, which members of staff can make a self-referral to. All contacts will be treated confidentially, unless of course there is a risk to a member of staff or a patient and if this is the case, next steps will be discussed with the member of staff raising a concern.

As part of the Trust's Respecting Each Other action plan, developed with and overseen by the Trust's partnership board, the JCC, a diagnostic tool, "am I being bullied", has been created to help staff members identify if they have experienced work place bullying and avenues for further support. It helps consider whether a staff member's line manager or colleague is having a bad day and reacting differently towards them, whilst not acceptable, is probably not bullying. Repeated poor and deliberate behaviour, however, probably is. This 'am I being bullied' diagnostic tool can be found also on ADAGIO.

The following links can be inserted in your web browser at work to take you straight to information on the staff intranet (ADAGIO):

Care First information - employee assistance programme:
https://www.dgt.nhs.uk/adagio/working-here/occupational-health/care-first/

Bullying and Harassment Service:
https://www.dgt.nhs.uk/adagio/working-here/staff-bullying-and-harassment-contacts/

Freedom to speak up Guardian
https://www.dgt.nhs.uk/adagio/working-here/freedom-to-speak-up/