Welcome to Beech Ward!
A Junior Doctors Guide

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Introduction

Welcome to Beech ward of Darent Valley Hospital! As you already know the ward consists of 21 beds shared between the Geriatricians and Nephrologists This guide will hopefully give you all the essential information and tools you need in order for you to have a great time and learning experience on Beech Ward.

The Team

Dr Nihil Chitalia - Consultant Nephrologist
Dr Andrew Coutinho - Consultant Nephrologist
Dr Jonathan Kwan - Consultant Nephrologist
Dr Noshaba Khiljee – Consultant in Nephrology and Acute Medicine
Dr Jeetandra Rathod- Associate Specialist in Nephrology

The Typical Week

Beech ward is known for having a mix of elderly and acute patients. The elderly patients have many social needs to be met and thus their stay is much longer than desired in an Acute Hospital bed. The nursing staff that simply are like no other in the hospital!
It may be worth mentioning here that not all patients are Acute or Elderly patients on Beech ward. Some patients with renal disease or issues are transferred onto Beech ward from Redwood ward.
The nurses on this ward usually split the patients between them by bay and ensure that all their
It is advisable that when coming in everyday to liaise with the nurse in charge to identify:

1. New patients
2. Patients needing review
3. Patients that could potentially go home

The following timetable is what we aim to achieve but fully expect variances due to staffing issues.

Monday am
Ward round.

Tuesday am
SHO/HO ward round

Wednesday pm
SHO/HO ward round

Thursday am
Ward round

Friday
SHO/HO ward round

Renal Clinics

Monday AM, Tuesday PM at DVH and Erith Hospital, Wednesday and Thursday AM at Gravesend hospital and Wednesday PM at DVH, Thurs PM at Sidcup hospital and Friday AM at DVH.

These clinics are staffed by the Consultants on a Rota basis.

EDNs (Electronic Discharge Notice, aka TTOs/Discharge Summaries)

This is a document which is completed electronically which serves as an official discharge letter for the patient. It also serves a few other important purposes:

1. Information for the patient regarding their diagnosis and advice on the future management of their condition i.e. medications, alarm symptoms etc.
2. The GP will usually be sent a copy of the EDN via email and so therefore this document serves as an important communication tool between the hospital team and the GP. If any further investigations are required, tests need or follow up appointments etc., it is usually under "Instructions for GP" within the EDN. To give examples, the most common instructions for the GP would are to arrange repeat U+Es if started on new medications, outpatient referrals and warfarin checks.

3. Pharmacy –it important that the medications is filled in correctly specifying which medications are new, which are old and which have been changed. Liaise with the ward pharmacist who would be more than happy to help!

4. Consultant follow up The Renal consultant will usually make a decision on this on the ward round.

To summarise if all these main points are implemented on EDNs you find that this document becomes very useful for AE, on call team and importantly your team!

Tip: Try and have the patient's medical history in category of diagnosis filled out in the diagnosis section of the EDN and any investigations, ECHOs, CXRs/CTPAs, etc. fill out in the procedure section of the EDN for easy access of the reader.

General Advice

Tip: Always fill in Medication charts in CAPITAL LETTERS to avoid confusion and errors!

Investigations in Renal Patients

Generally these are the same as for any group of patients. However, patients with acute kidney injury should receive a thorough assessment including:

1. Urine dipstick test on arrival on Beech Ward

2. Renal tract ultrasound within 24 hours

3. Serum electrophoresis, serum free light chains and urine Bence - Jones protein (urine electrophoresis) on all patients with unexplained AKI or CKD.

4. ANCA, Anti GBM, C3/C4, Immunoglobulins and auto-antibody screen IF urine dipstick is positive for blood and protein

5. Urine for Protein: Creatinine ratio (plain white top container, early morning sample), for quantification of proteinuria if protein on dipstick

6. "Renal Unit Profile" to be requested rather than Electrolytes as this gives Calcium, phosphate and also bicarbonate

7. Ferritin / B12 and folate in patients with anaemia

8. PTH level in anyone with significant renal impairment (GFR <30) – needs doing once during admission

9. Further specific tests e.g. nuclear medicine scans,should only be done after discussion with the consultants

Marie Martin (secretary) Laura Jarvis (secretary)	8417 4325
King's Dartford satellite dialysis unit	8855/8861
Dr Chitalia/Coutinho/Kwan office	8696
"Doctors Laboratory" Immunology (for urgent ANCA, anti-GBM and auto-antibodies)	020 73077373
Tacrolimus results (immunosuppressant levels)	0203 2993501