Welcome to Chestnut Ward!

A Junior Doctors' Guide

Written by Dr Imran Khan (F1 Cardiology Aug-Dec 2010).

Credit: Dr George Araklitis (FY1 Cardiology, 2009) for original version.

Amended May 2015 Dr Sidhu.

Updated by Matron Denise Claxton April 2017.

Amended by Karen Doyle November 2018 and March 2019.

Updated by Karen Doyle June 2019 & Dr Martin May 2020

Contents

Introduction

Welcome to the Cardiology Department of Darent Valley Hospital! As you already know the department is based on Chestnut ward which consists of 21 Beds (5 cubicles, and 3 bays).

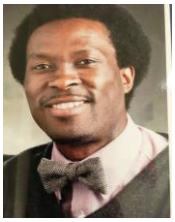
This guide will hopefully give you all the essential information and tools you need in order for you to have a great time and learning experience on Chestnut Ward! It may seem like a lot of important information but over time most of the things outlined here will become second nature.

The Consultant team

 Dr Winston Martin - Consultant Cardiologist

 Dr Ed Petzer - Consultant Cardiologist

 Dr Savio D'Souza - Consultant Cardiologist

 Dr Peter Kabunga – Consultant Cardiologist

 Dr Fabrizio Cecaro –Consultant Cardiologist

 Dr Saqib Ghani –Consultant Cardiologist

The Typical Week

Chestnut ward is known for having one of the highest turnovers of patients of any ward in the hospital. It is also known for its great team and at the forefront of this is the nursing staff who simply are like no other in the hospital! They have excellent knowledge of patients and common cardiac conditions and you should utilise and seek their advice whenever possible!

Melanie Maddison is the Matron for Cardiology and can be contacted via her bleep on 572 if you have any concerns or issues you would like to discuss.

It may be worth mentioning that not all patients are Cardiology patients on Chestnut ward. Some patients are transferred onto chestnut ward as there are simply no beds available elsewhere. The non-cardiology patient's aka *medical patients* will be 'buddied' with a consultant from AMU but you as junior doctors remain responsible for the patient whilst they are on Chestnut Ward.

The nurses on the ward usually split the patients between them by bay and ensure that all their latest **bloods** are printed and placed in the notes (as well as any Cannula and bloods that need inserting/taking are done). They also perform daily **ECGs** and update the **Nurses list**, F1 or other doctor updates the doctors list. This frees up the junior staff to have jobs and discharges done promptly ensuring the smooth turnover of patients and excellent quality of patient care.

Board Rounds /Huddles will take place at 09:00hrs and 12:00hrs daily to ensure all staff are aware of any changes to patients care or planned discharges.

Red to Green Board: Keep up to date

It is advisable that when coming in every day to liaise with the nurse in charge to identify:

1. New patients
2. Patients needing review
3. Patients that could potentially go home
4. Those patients (new or old) that are suitable for Angio/pacemaker

This will allow the ward round to be more structured particularly if a full round is not planned for that day.

~~Br is the timetable for each consultant and style of ward round~~

~~consultant review – flag up these patients~~

~~– flag up these patients~~

~~th~~

~~Dr Ghani~~

~~**Friday**~~

~~Dr Kabunga and Dr Cecero~~

~~NB Consultants cross cover each~~ ~~the~~

~~ward round. There will normally be a copy~~

~~ward.~~

Now Consultant of the Week ('COW') arrangement as of 4th May 2020

Cardiology Clinics

Mon am: Dr Petzer

Mon pm: Dr D'Souza, Dr Kabunga

Tues pm: Dr Ghani, Dr Kabunga

Wed am: Dr Petzer & Registrar

Thurs pm: Dr D'Souza and Dr Cecaro

Fri pm: Dr Martin, Dr Cecaro & Dr Ghani

Requesting/Accessing Investigations and Procedures

PAS – This is used to request most investigations e.g. radiology, Ultrasound, nuclear medicine etc. Remember contrast forms for imaging requiring contrast, otherwise there will be delays! Other tests that are requested on PAS via order coms include Echo's, 24-hour ECG monitoring, Exercise Tolerance Tests (ETT) 24-hour blood pressure monitoring and Myoviews. It is always advisable to discuss any urgent referrals for Heart Centre tests with Pauline Cherek, Principle Cardiac Physiologist and her team in the Heart Centre. Remember to specify if tests are required as an in-patient or out-patient. Blood tests are also requested on PAS via order Coms.

Pacemakers: Check anticoagulation therapy with Consultant certain anticoagulant therapy can delay pacemaker insertion

Ensure all Patients admitted with ACS have 2nd day bloods requested

SECTRA – Is used to view the results of the investigations ordered including angiographic images and clips

Path lab – View blood results/cultures/serology

TOMCAT – View cardiac procedure reports (angiography, pacemakers etc.). You need to see Marie Bloxham in the heart centre to organise access to this (**recommended**!)

Inpatient Transfers

With five consultants within the cardiology department, inpatient transfer to other hospitals is not routine as most procedures can be performed here in the Heart Centre at Darent Valley Hospital. However, in certain scenarios you may be required to arrange a referral to either St Thomas Hospital or Kings College Hospital for patients such as:

1) Patients with ACS or brady-arrhythmias where slots for Angio? Proceed or permanent pacing are not available within the next 48-72 hours at DVH…. discuss with the consultant first.

2) ACS patients requiring complex PCI e.g. rotablation

3) Patients with severe critical coronary disease or valve disease who require cardiac surgery e.g. CABG or valve replacement before going home

4) Patients with infective endocarditis requiring TOE +/- valve surgery

5) Patients with problematic tachyarrhythmia's requiring ablation therapy

6) Patients with problematic heart failure resistant to medical therapy requiring device therapy

Note: Cardiac MRI is performed at STH so ensure referrals are requested to STH

As a general rule, Dr Martin, and Dr D'Souza refer patients to STH, and Dr Petzer and Dr Kabunga refer patients to KCH. STH tends to respond quicker to transfer requests and therefore most patients, particularly acute coronary syndrome patients tend to go to STH, often via the 'Treat & Return' protocol (see below).

Surgical transfers are generally arranged through an allocated surgical nurse case manager and can be contacted via the relevant hospital switchboard. Patients requiring urgent same day surgery e.g. Type A aortic dissection, flail MV, must be discussed by consultant-to-consultant.

STH & KCH have strict MRSA policies and all transfer patients need to have negative MRSA swabs if in hospital for more than 48 hours.

All referrals to tertiary centres are submitted electronically via nww.networkreferrals.co.uk. To gain access please notify the Senior Sister or ward administrator on your first day, you will need a doctors.org.uk email account. Please attach any necessary investigations to the electronic referral.

Tip: To arrange urgent transfer to STH speak to Cardiology Registrar at STH bleep 0100

Tip: Remember, EDNs have to be done for ALL inpatient transfers!

At times, consultants may do an angiogram here at DVH with no actual coronary intervention because further discussion is required before deciding the next step in management e.g. CABG vs PCI. The patient is generally discussed at STH at the Joint Consultants Committee meeting (JCC), which convenes most Wednesday mornings 8am. Most of the time, Dr Martin/Dr D'Souza will send the information direct to STH from the Cath Lab using MEDCON but it is essential you speak to STH (via Cardiology Admissions or the Cardiothoracic SPR) to confirm the patient will be discussed at the next JCC.

Referrals to KCH

Infrequently patients will need to be referred to KCH as requested by Dr Petzer or Dr Kabunga. These patients are usually referred for electrophysiology studies, RF ablation or pacemaker or ICD/CRT insertion. The same procedure as above applies, referral via www.networkrefferals.co.uk

Tip: Remember to attach all relevant investigations to the electronic referrals (e.g. ECGs, rhythm strips printed from Holter monitor)

Referrals to KIMS: - Patient needing referring to KIMS. Please speak to the Ward administrator on Chestnut ward or the ward manager.

Treat and return for inpatient PPM usually have CXR here and need to have a pacing check at DVH the next morning.

Discharges

The types of patients that will be discharged are

1. Those that have made a recovery and are fit to go home (e.g. Patient whose heart failure has been controlled on diuretics and can now be managed as outpatient)
2. 'Bed and breakfast patients' – Those who have been admitted electively to have coronary angiography or pacemaker insertion and are to be discharged the next day post consultant review, provided there are no complications. It is recommended once these patients have had their procedure, use their TOMCAT report to write your EDN in advance to save you time post ward round the next day, as most patient will likely be discharged the next day. The TOMCAT report is very useful as the consultant will usually have the patients clinical history already summarised and a plan in place for you to write in the EDN. In the rare event a consultant is not around to assess the patient post procedure the next day, the following is useful in assessing the patient
    a. Post Angiogram – check the entry site (femoral or radial) for bruising, haematoma, tenderness and bruit. Ensure the patient is able to mobilise and they are neurovascularly intact.
    b. Post Pacemaker/ ICD insertion – check the wound site, is there signs of infection or haematoma formation? Check patient observations. Check the CXR – are leads in position, no

pneumothorax. Ensure the pacemaker check done the morning after at the heart centre was normal.

3. Treat and Returns – These are patients that have had their procedures at other hospitals as inpatient transfers but return back to the hospital on the same day post procedure for discharge usually the following day, unless there are other reasons to remain as an inpatient.

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.
   (PLEASE DO NOT USE ABBREVIATIONS UNLESS YOU THINK YOUR GRANDMOTHER WOULD UNDERSTAND THEM)
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 are to arrange repeat U+Es if started on new medications, outpatient referrals and warfarin checks.

   Currently unique to cardiology, "Condition" templates have been developed for use in certain cardiac conditions (i.e. heart failure/NSTEMI) to ensure both patients and GP receive correct information and instructions. These are both available to use in trustNET when completing a patient's electronic discharge notification (EDN). They are located in the 'Diagnoses and Procedures' section. Click on '*Add Diagnosis or Procedure with assistance',* to view the list of the specific templates available. Notes on how to select and complete either a Heart Failure or NSTEMI template are attached as Appendix I.
   Pharmacy –it is important that the medication section is completed 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!
3. Consultant follow up – Remember to always specify which consultant is to follow up a patient. Continuity of care is very important in maintaining quality patient care so if a patient is admitted and seen by one particular consultant, but already has a follow up appointment with another (which you will find a lot!), it would make sense to have them keep their original consultant for follow up and inform them of their admission so they are updated.

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! You'll find many times a patient may be readmitted in the future that you already have seen and so having a good EDN first time round will make their management easier and your writing of the second EDN much easier!

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.

Ensure that you DON'T use Pre -existing condition unless they already have that condition before admission.

Specify in the EDN if hospital at home team (HAHT) are to be involved in the discharge and contact and liaise with them before the patient is discharged! HAHT are a group of specialised nurses who train and help continue the treatment of patients at home. They commonly continue prescribing LMWH until a patient's INR is therapeutic whilst on Warfarin. They can also repeat bloods and monitor renal function/liver function etc. when patients are started on new medication. Please liaise with them

General Advice

It may be worth refreshing your memory of common ECGs by reading "ECG made Easy". I would also recommend reading NICE guidelines for management of:

1. Acute coronary syndromes
2. Heart Failure
3. Bradyarrhythmias requiring pacing
4. Atrial Fibrillation
5. Pulmonary embolus

These are the most common presentations.

Tip: Always fill in Medication charts in CAPITAL LETTERS to avoid confusion and errors and always complete the VT assessment completely on the Medication Chart.

Infection Control

Cannulas

ALL CANNULAS MUST HAVE A PATHWAY. If you insert a cannula you must print a pathway from PAS and complete the sticker. If you do not know how to do this please ask

1. Cannula packs are readily available; ensure these are used for all cannula insertions

2. If prescribing IV medication- it is your responsibility to ensure that they have adequate IV access.

3. Nurses on Chestnut will insert cannulas for you if asked.

4. Ensure you dispose of your sharps safely in the Yellow bins

Hand Hygiene-

Remember what you have all been taught in infection control. Do not feel offended if you are challenged about this, it is an important part of patient care.

When you enter a patient's bed area (beyond the curtain line) you MUST gel your hands, and then on leaving the area you MUST repeat the same process.

Before and after all procedures, after contact with any body fluids you MUST ensure hand hygiene is conducted. You are being watched by infection control.

Make yourself aware of side rooms that require additional barrier precautions before you start your round.

Stethoscopes

MUST be cleaned between contact with each patient.

Medical Notes

Please ensure you are following trust policy in relation to information governance. Notes are to be put away on the shelf when not in use. You must **NOT** leave **ANY** confidential information unattended on the nurses' station; this includes medical notes and your handover sheets.

Handover sheets left unattended will be disposed of immediately

DON'T FORGET YOUR INFORMATION GOVERNANCE TRAINING ONLINE NEEDS TO BE COMPLETED

Audits

Within cardiology we take part in a number of national audits to monitor our progress:
MINAP (Myocardial Ischemia national audit project), Heart Failure and Devices are the main ones but in the background there are many small audits being carried out.
Some of you may be required to complete an audit whilst you are on Chestnut ward so please discuss this with one of the cardiology consultants. **Karen Doyle** cardiology and resuscitation audit sister is happy to help. You can contact her on Ext 8203 or at karendoyle1@nhs.net

~~Doctors Administrative Assistant:~~

~~Last but not least Chestnut is one of the wards fortunate enough~~ ~~tant not to be confused with a Physicians Associate. This role was in~~ ~~n department to assist the Junior Drs in everyday jobs~~
~~The Doctors assistant has valuable skills in adm~~ ~~of jobs that can be covered by Julia. If you~~ ~~nd leave the ward on time at 5pm!!!~~

~~**Julia** is available to he~~
~~a) JOBS LO~~
~~b) P~~

We currently don't have a dedicated Doctors' Assistant on Chestnut. The ward clerks can and will gladly help with most administrative issues.

~~she is aware and can chase if~~
~~r~~
~~Ju~~

ADDITIONAL USEFUL INFO

To open Dr's List: On the shared drive , select – GENERAL MEDICINE →CHESTNUT→DOCTORS LIST→2020→(MONTH)→DATE. (Update at end of day)

INTER HOSPITAL TRANSFER (IHT) for Complex PCI, CABG & TAVI.

Keep an eye on this for any updates (there is a guide on how to use this system, good luck!)

KCH & GSTT will usually update patient status in the Journal section for each patient however this is not always done on a regular basis and you will often need to call them to chase.

Once requested you will need to send Echo images via MEDCON (if any) also scan and attach relevant reports - Angio, echo, ECG s. Occasionally, we may refer for Angio and PPM if we do not have capacity in our own cath lab .

INTERHOSPITAL TRANSFER GENERIC PASSWORD : username :dvhdr - password: Chestnut2022

JCC- this is like MDM @ GSTT and Is now jointly held with KCH. It happens every Wednesday morning and usually one of our consultants will request via email for a patient to be discussed. The outcome is usually available the next day, you can contact:

Rajiun Nessa MDT Co-ordinator for this or email the MDT (gst-tr.cardiacmdt@nhs.net)

Our images can now be viewed directly by GSTT & KCH so there is no need to request transfer via our PACS office (they won't do it!) .

Echo images can be sent via MEDCON to KCH GSTT. The MEDCON system is in the echo reporting room in the Heart centre. You can send them yourself or call 6730 and they will help you .

CARDIAC CT: The form for requesting this is in the small metal filing cabinet by the staff room .Send it to the email address on the form .

CARDIAC MRI: Again the request form for this is in the filing cabinet with safety questionnaire form to be filled in by the patient and sent to the email address stated on form .

KIMS MAIDSTONE: Sometimes we refer to KIMS HOSPITAL MAIDSTONE (an independent private hospital) for Angio and PPM. This is **not** done on the INTERHOSPITAL TRANSFER but via email to Anne Hatswell anne.hatswell@nhs.net

Please be very carefully when communicating with others about destination; KIMS can sound like King's and ambulances have in the past taken patients to the wrong destination. Please state clearly if KIMS Hospital Maidstone or King's College and ask information receiver to repeat.

Useful Contacts	EXT	Bleep
CARDIAC ARREST ECHO		**845**
PPCI		**102**
Melanie Maddison Matron	4633	572
Cardiac Care Nurses	6749	259
Heart Failure Nurse	6749	162
Heart Centre		
Pauline Cherek Senior Physiologist	6741	489
Kudzai Sanhanga Senior Nurse Cath Lab	4607	
Day Ward	6731 / 4878	
Cath Lab	4866	
HC Co-ordinator Marie/Jenny	4632	
ECHO Room	6730	
Tape/ Pacing room	4637/4772	
Cardiologists and Secretaries		
Rhonda/Nicky/Kelly	5370 / 8204	
Dr Martin	8848	
Dr Ghani	8942	
Dr Petzer/Dr Cecaro	5370	
Dr D'Souza	8166	
Dr Kabunga	8218	
Rota Manager – Adult Medicine		
Emmanuel Muzoora	01322 428386 (e.muzoora1@nhs.net0	
Hospitals		
William Harvey	#6335	
STH	#6236	
KCH	#6287	

EXTERNAL CARDIOLOGY CONTACTS / REFERRALS

CARDIAC MRI – LUCY HEWITT GSTT -02071885441

CARDIAC MRI – gst-tr.kclcardiacmri@nhs.net

CARDIAC CT – gst-tr.CTCARDANGIO@nhs.net

CARDIAC ADMISSIONS IHT – GSTT JEAN / TYRA 0207 188 1039 /1079)

ST THOMAS' CARDIAC ADMISSION – JEAN LUSENGO 0207 188 7339 jean.lusengo@nhs.net

KING'S CARDIAC ADMISSIONS - INGA 0203 299 4054

TOE –GSTT – ELMO 0207 188 0973/9237/1024

GSTT SITE MANAGER – BLP 0400

TAVI NURSE- GSTT– 0207 188 7520/1093

TAVI NURSE KCH – IGA WOLSKA -0203 299 3813

KCH CATH LAB MNGR –DENNY PATTERSON-02032992664

KCH – CATH LAB – 0203 299 2481/3031/3813

TOE – KCH 02032993750

GSTT – CABG- BINA- 0207 188 3894/8524

JCC – 0207 188 1045 Rajuin Nessa

ARRHYTHMIA NURSE –KCH-0203 299 4008/1279/1581 - carolyn.campbell-cole@nhs.net

KCH – BED MANAGER – BLP 320

ANGIO SEC –KCH – 02032993376

PACS OFFICE GSTTH- EXT. 83438 /83595

Gst-tr.cardiacsurgery@nhs.net (useful for reports and queries re valve/cabg)

HISTOLOGY RESULTS (MAIDSTONE & TUNBRIDGE WELLS): 01622 729000 X8062
Julie.brockwell@nhs.net

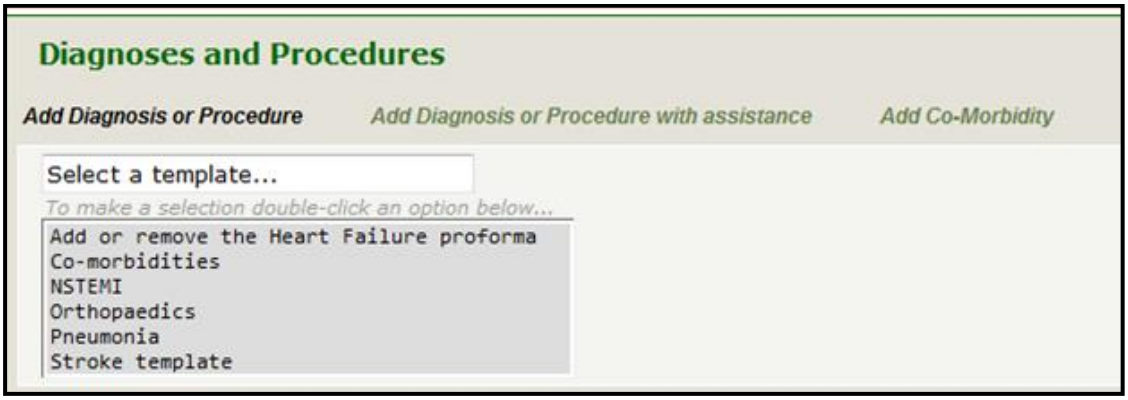
KIMS HOSPITAL MAIDSTONE CATH LAB – ANNE HATSWELL 01622 237782–
anne.hatswell@nhs.net

CARDIOLOGY SECRETARY GSTT – Judith.swan@gstt.nhs.uk

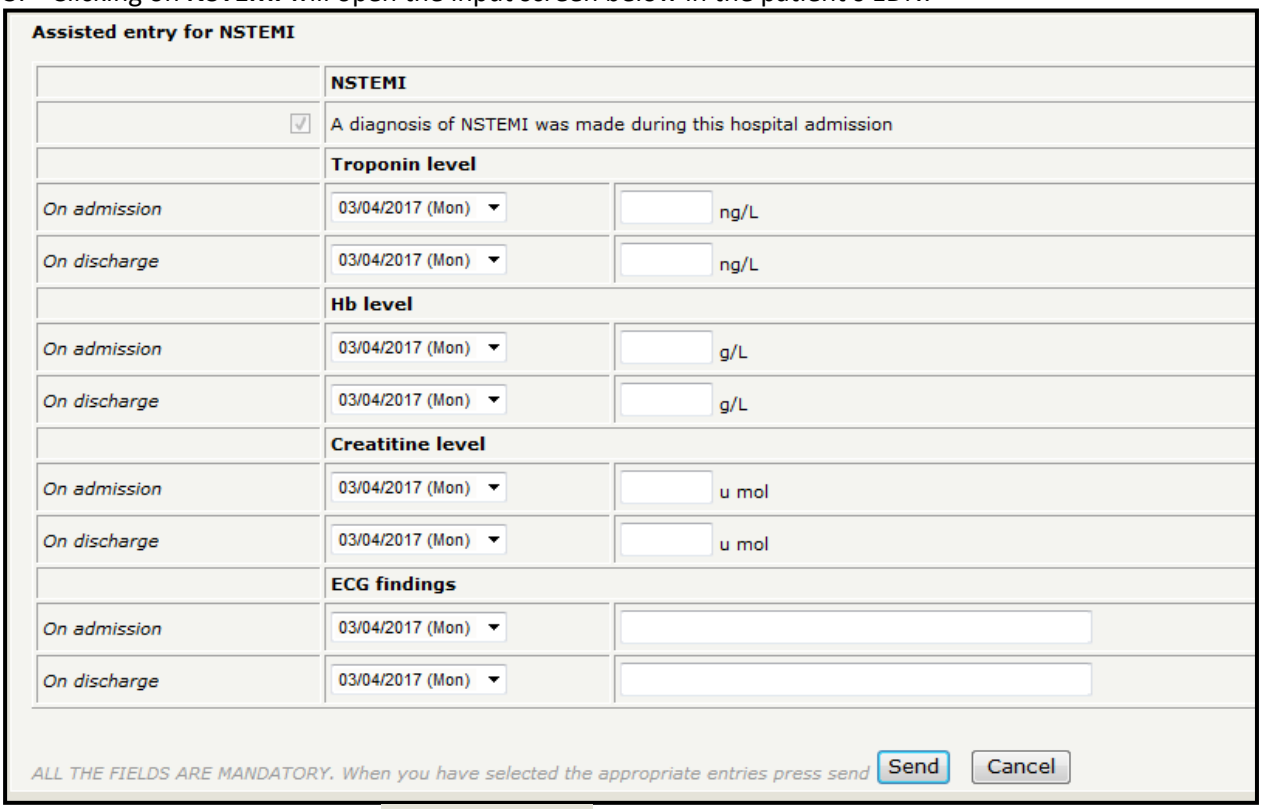
TAVI NURSE GSTT -REBECCA REID (Structural Heart Disease Clinical Nurse Specialist)
Rebecca.reid14@nhs.net 0207 188 1093/2374

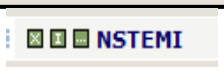
Appendix 1:How to add and complete a Heart Failure or NSTEMI section to a patient's Electronic Discharge Notification (EDN)

1. In trustNET, select the patient's EDN in the normal way
2. Click on the **Diagnoses and Procedures** section. Next, click on *Add Diagnosis or Procedure with assistance.* The list will appear as shown below:



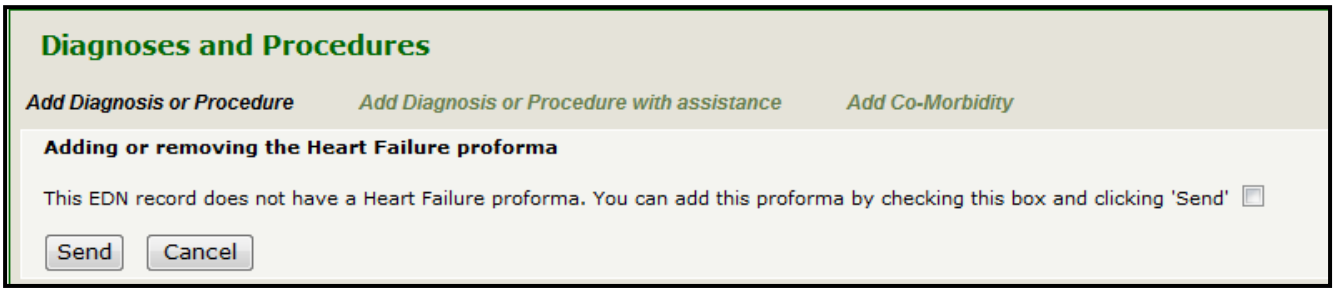
3. Clicking on **NSTEMI** will open the input screen below in the patient's EDN:



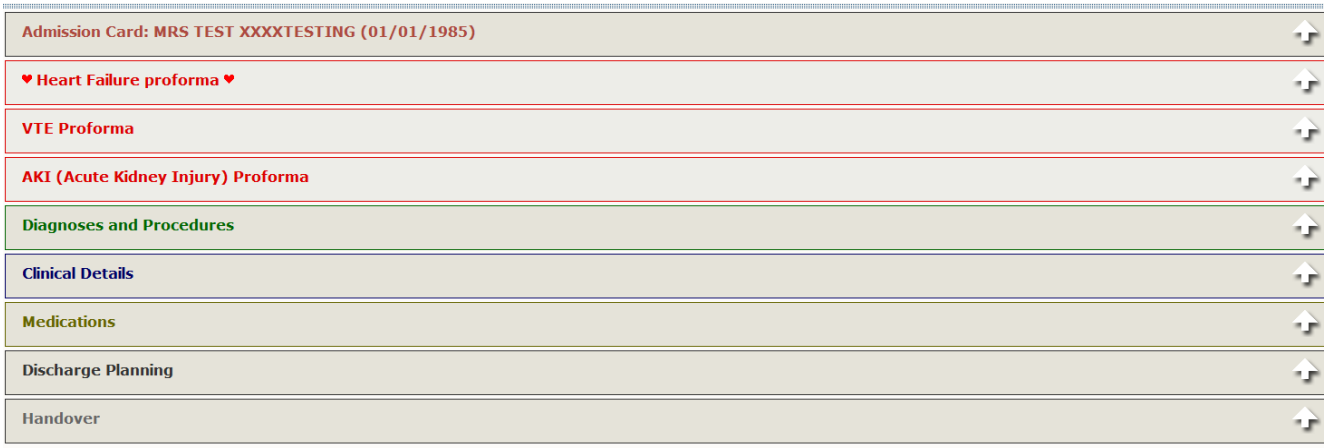
Once completed click Send and 

will appear in the Diagnoses and Procedures section to indicate a NSTEMI form has been completed.

4. **To add a Heart Failure proforma**, follow steps 1 and 2 above, but at this stage click on 'Add or remove the Heart Failure proforma'. Instructions below will display:

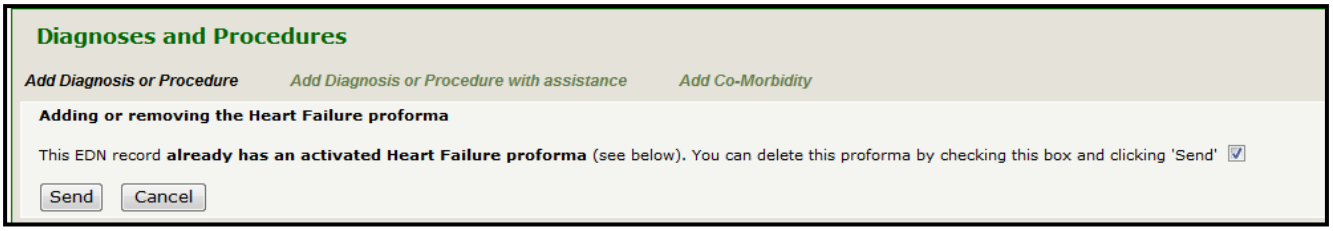


Follow the instructions to add the proforma and then click Send. At this point a new Heart Failure proforma tab will be added to the patient's EDN:



Click on the new Heart Failure proforma tab and you will be presented with a comprehensive form to complete. Once completed click Send. Information from this proforma will be incorporated into the EDN summary sent to the patient's GP.

If the Heart Failure proforma tab is added in error it can be removed. Follow steps 1 and 2 above and again click on the option 'Add or remove the Heart Failure proforma'. As one has been added the instructions will appear as:



Follow the instructions as given and click Send. The Heart Failure proforma tab will be removed from the patient's EDN.