AFTER-HOURS REGISTRAR ORIENTATION

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CLINICAL SUPERINTENDENT – MEDICINE

STAFF SPECIALIST HAEMATOLOGIST

PRINCE OF WALES HOSPITAL

03 FEB 2025

OVERVIEW

- Overview of the ASB
- After-hours Registrar Roles and Responsibilities
- Handover
- Code Blue Response
- Code Black Response
- ECMO/ECPR
- Stroke Calls and Radiology
- Critical Bleeding Protocol
- eMR at POWH

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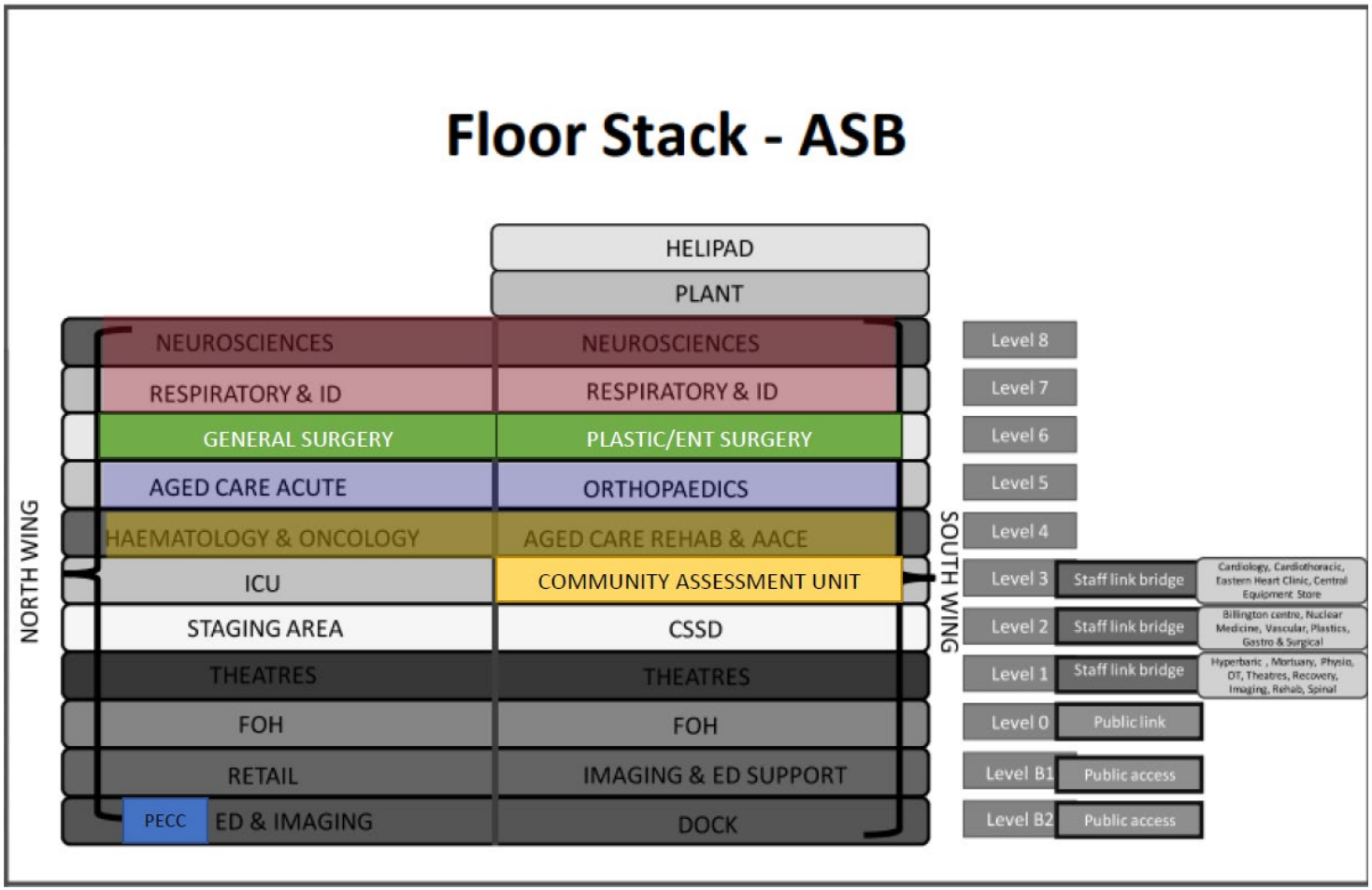
ACUTE SERVICES BUILDING



OVERTIME SHIFT HOURS

- **Weekday evening** 1630 – 2230
  - Afternoon handover 1630 - South Meeting Room 1&2, Level 4, ASB
  - Night handover 2200 - JMO Lounge, Level 3, Campus Centre
- **Weekend / Public Holiday** 0830 – 2230
  - Handover 0830 and 2200 – JMO Lounge, Level 3, Campus Centre
  - Night handover 2200 – JMO Lounge, Level 3, Campus Centre
- **Night shift** 2200 - 0900

AFTERHOURS TEAM MEMBERS: EVENINGS AND WEEKENDS (NOT INCLUDING NIGHTS)

- Two medical registrars
  - Acute Services Building (ASB) medical registrar
  - Dickinson (D) medical registrar
- Six JMOs
  - Four JMOs for ASB
  - Two JMOs for Dickinson building and other non-ASB areas
- Advanced Practice Nurse
- ICU Liaison Nurse
- General Surgical Registrar
  - **Medical Registrars will not get CR and RR calls for surgical patients**
- Orthopaedic Registrar (on-site until 11pm)
- ICU & HDU Registrars
- Anaesthetics registrar

TEAM MEMBERS - NIGHTS

- Two medical registrars
  - Acute Services Building (ASB) medical registrar
  - Dickinson (D) medical registrar
- Four JMOs
  - Three JMOs for ASB
  - One JMO for Dickinson building and other non-ASB areas
- General surgical registrar
- Anaesthetic registrar
- ICU/HDU registrar

WEEKDAY EVENINGS; WEEKENDS; PUBLIC HOLIDAYS		
DUTY	ASB REGISTRAR (ASB and ASBW) Pager 44168	DICKINSON REGISTRAR (D and DW) Pager 44167
Reviews and responds to Rapid Response calls on admitted medical patients **Supervises and supports JMOs (including attending handover)** **Provides after-hours consultative services for surgical and other teams**	Neurology/Neurosurgery (including COU and acute stroke unit) - A8N/A8S Respiratory/ID (including Respiratory COU) – A7N Plastic/ENT surgery –A6N General surgery – A6S Aged Care Acute – A5N Orthopaedics/Urology – A5S Haematology/Oncology/Palliative Care – A4N Aged Care Rehab + AACE – A4S Community assessment unit – A3S	Renal inpatients –DB4 Cardiology/Cardiothoracic surgery (including CCU) – D3N/D3S/CCU General surgery – D2S Plastic/ENT surgery –D2N Peri-operative Unit – D1 Renal dialysis – P3W Discharge Lounge/Ambulatory Care – P2W General Rehabilitation – P1W Spinal Acute & Spinal Rehab – CS1W Recovery + operating theatres – CC1 Kiloh (Psychiatry), Euroa (Aged Care Psychiatry), MHICU Nelune/Bright Alliance Building Royal Hospital for Women + Sydney Children's Hospital PECC – ASB Level B2
Takes calls from the ED to review patients	Nil	All medical admissions
Code blue team responsibility	ASB (EXCEPT Helipad)	All non-ASB response areas
Stroke Calls	ASB (excluding ED)	ED and all non-ASB areas

Gynae-onc inpts at RHW

IN CHARGE MEDICAL REGISTRAR

- ASB medical registrar
  - Leads handover
  - Responsible for identification and management of after-hours medical staffing issues
    - Ensuring that all rostered medical staff have attended; calling in JMOs who are on call; redistribution of workload of JMO staff as required
  - Is the ‘on-site’ medical administrator and liaises with the Executive-On-Call for significant staffing issues and to advise them of administrative risks
  - Assists the Hospital Disaster Controller in the event of an internal or external disaster
  - Assists the Senior Nurse Managers with medical advice on bed management as required

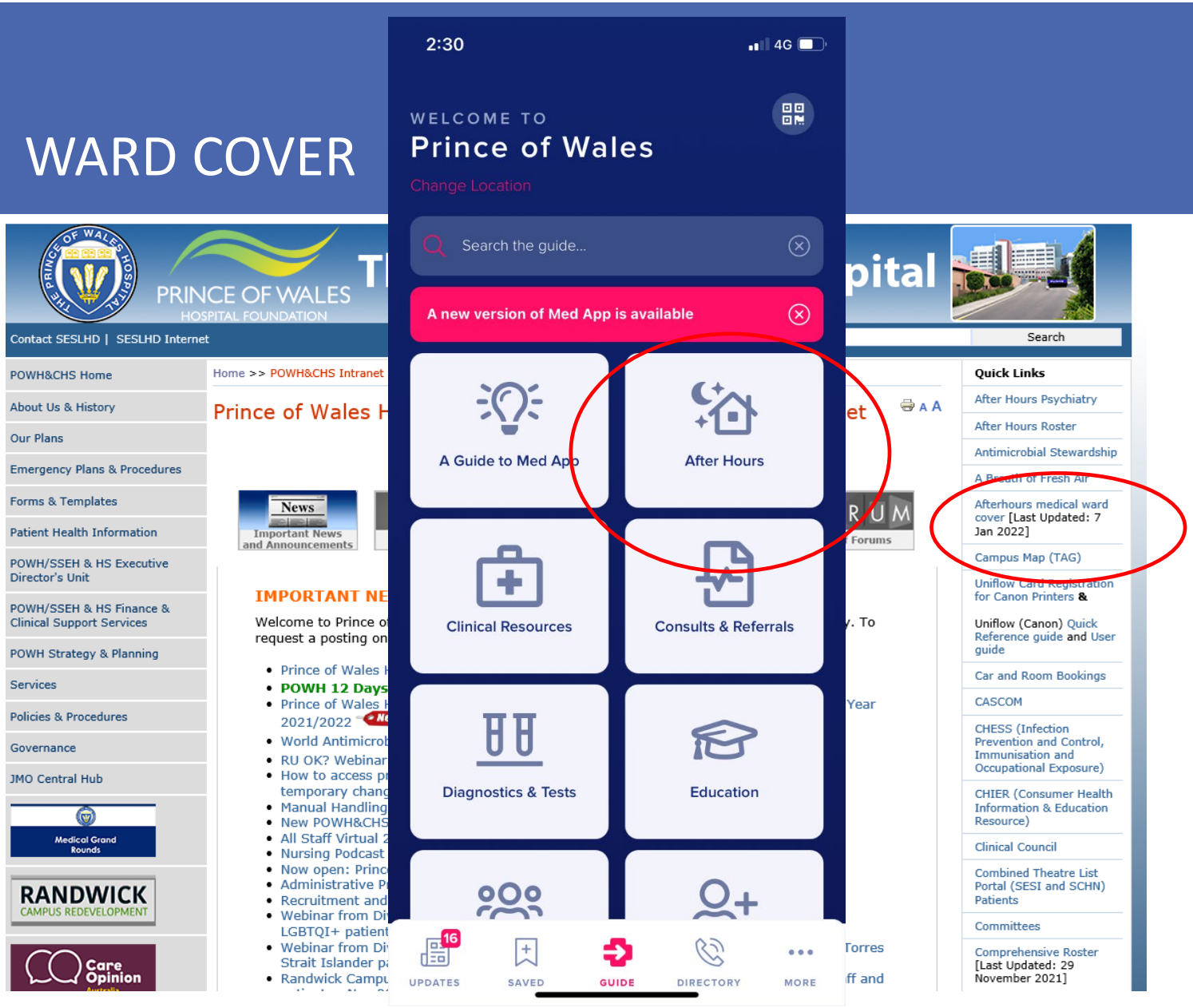
Monday – Friday Evenings 1700-2230; Weekends & Public Holidays 0830-2230		
Role	**Pager**	**Responsibility**
Overtime ASB JMOs		
OA1 RMO	44601	Neurology/Neurosurgery (including COU and acute stroke unit) - A8N/A8S Respiratory/ID (including Respiratory COU) – A7N
OA2 Intern	44169	Aged Care Acute – A5N Orthopaedics/Urology – A5S PECC – ASB Level B2 *(If OD3 in OT - Kiloh, Euroa, MHICU, Nelune/Bright Alliance building)*
OA3 RMO	44603	Haematology/Oncology/Palliative Care – A4N Aged Care Rehab + AACE – A4S Community assessment unit – A3S *(If OD3 in OT – P1W General Rehab)*
OA4 Intern (historically OD2 Intern)	44605	Plastic/ENT surgery –A6N General surgery – A6S Peri-operative (23hr) Unit – D1 Renal dialysis – P3W Discharge Lounge/Ambulatory Care – P2W Recovery + operating theatres – CC1
Overtime Dickinson JMOs		
OD1 RMO	44604	Renal inpatients –DB4 Cardiology/Cardiothoracic surgery (including CCU) – D3S/CCU Spinal Acute & Spinal Rehab – CS1W *(If OD3 in OT – D3N Cardiology)*
OD3 Intern	47469	Cardiology – D3N General Rehabilitation – P1W Kiloh (Psychiatry), Euroa (Aged Care Psychiatry), MHICU Nelune/Bright Alliance Building *(On-call for OT assistance)*

JMOs – evening/wknd/pub hol

Night shift 2200-0830 (Monday-Thursday); 2200-0830 (Fri-Sunday)		
Role	**Pager**	**Responsibility**
	Night ASB JMOs	
NA1 RMO	44601	Neurology/Neurosurgery (including COU and acute stroke unit) - A8N/A8S Respiratory/ID (including Respiratory COU) – A7N Haematology/Oncology/Palliative Care – A4N *(If NA3 in OT – CS1W Spinal Acute & Spinal Rehab,* Peri-operative Unit – D1*)*
NA2 Intern	44169	Aged Care Acute – A5N Orthopaedics/Urology – A5S Aged Care Rehab + AACE – 4S Community Assessment Unit – A3S PECC – ASB Level B2 *(If NA3 in OT - Kiloh, Euroa, MHICU, Recovery + operating theatres – CC1)*
NA3 intern (historically ND2 intern)	44605	Plastic/ENT surgery –A6N General surgery – A6S Peri-operative (23hr) Unit – D1 General Rehabilitation – P1W Spinal Acute & Spinal Rehab – CS1W Recovery + operating theatres – CC1 Kiloh (Psychiatry), Euroa (Aged Care Psychiatry), MHICU *(On call for OT assistance)*
	Night Dickinson JMOs	
ND1 RMO	44604	Renal inpatients –DB4 Cardiology/Cardiothoracic surgery (including CCU) – D3N/D3S/CCU *(If NA3 in OT - General Rehabilitation – P1W, General surgery – D2S, Plastic/ENT surgery – D2N)*

JMOs – nights

WARD COVER


2:30
4G
WELCOME TO
Prince of Wales
Change Location
Search the guide...
A new version of Med App is available
A Guide to Med App
After Hours
Clinical Resources
Consults & Referrals
Diagnostics & Tests
Education
UPDATES
SAVED
GUIDE
DIRECTORY
MORE
PRINCE OF WALES HOSPITAL FOUNDATION
Contact SESLHD | SESLHD Internet
Search
POWH&CHS Home
About Us & History
Our Plans
Emergency Plans & Procedures
Forms & Templates
Patient Health Information
POWH/SSEH & HS Executive Director's Unit
POWH/SSEH & HS Finance & Clinical Support Services
POWH Strategy & Planning
Services
Policies & Procedures
Governance
JMO Central Hub
Medical Grand Rounds
RANDWICK CAMPUS REDEVELOPMENT
Care Opinion
Home >> POWH&CHS Intranet
Prince of Wales H
News
Important News and Announcements
Forums
IMPORTANT NE
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New POWH&CHS
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Strait Islander pa
Randwick Campu
Quick Links
After Hours Psychiatry
After Hours Roster
Antimicrobial Stewardship
A Breath of Fresh Air
Afterhours medical ward cover [Last Updated: 7 Jan 2022]
Campus Map (TAG)
Uniflow Card Registration for Canon Printers &
Uniflow (Canon) Quick Reference guide and User guide
Car and Room Bookings
CASCOM
CHESS (Infection Prevention and Control, Immunisation and Occupational Exposure)
CHIER (Consumer Health Information & Education Resource)
Clinical Council
Combined Theatre List Portal (SESI and SCHN) Patients
Committees
Comprehensive Roster [Last Updated: 29 November 2021]

PAGERS

- Pagers are collected from handover in **South Meeting Room 1&2, Level 4, ASB**
  - **It is the responsibility of the ASB medical registrar to bring the yellow pager box to and from the JMO Lounge (Level 3 Campus Centre) to the Level 4 ASB meeting room for afternoon handover on weekdays**
- Pagers should be handed to incoming team member or returned to ASB L4 meeting room (**in yellow box**) at end of shift
- Please notify switchboard if pager issues such as low battery/malfunction
  - If issues with pages that weren't received or sent to the incorrect people, please notify switchboard ASAP and also email the clinical superintendent
- Exception – Code Blue pagers (Two pagers)
  - **MUST be carried on one's person at all times**
  - **Must have > 3 bars of battery at all times**
  - **Pagers are not to be turned off or turned to silent/vibrate**
  - Business hours – Cardiology BPT and Respiratory BPT
  - After-hours –Dickinson Med Reg and ASB Med Reg

HANDOVER

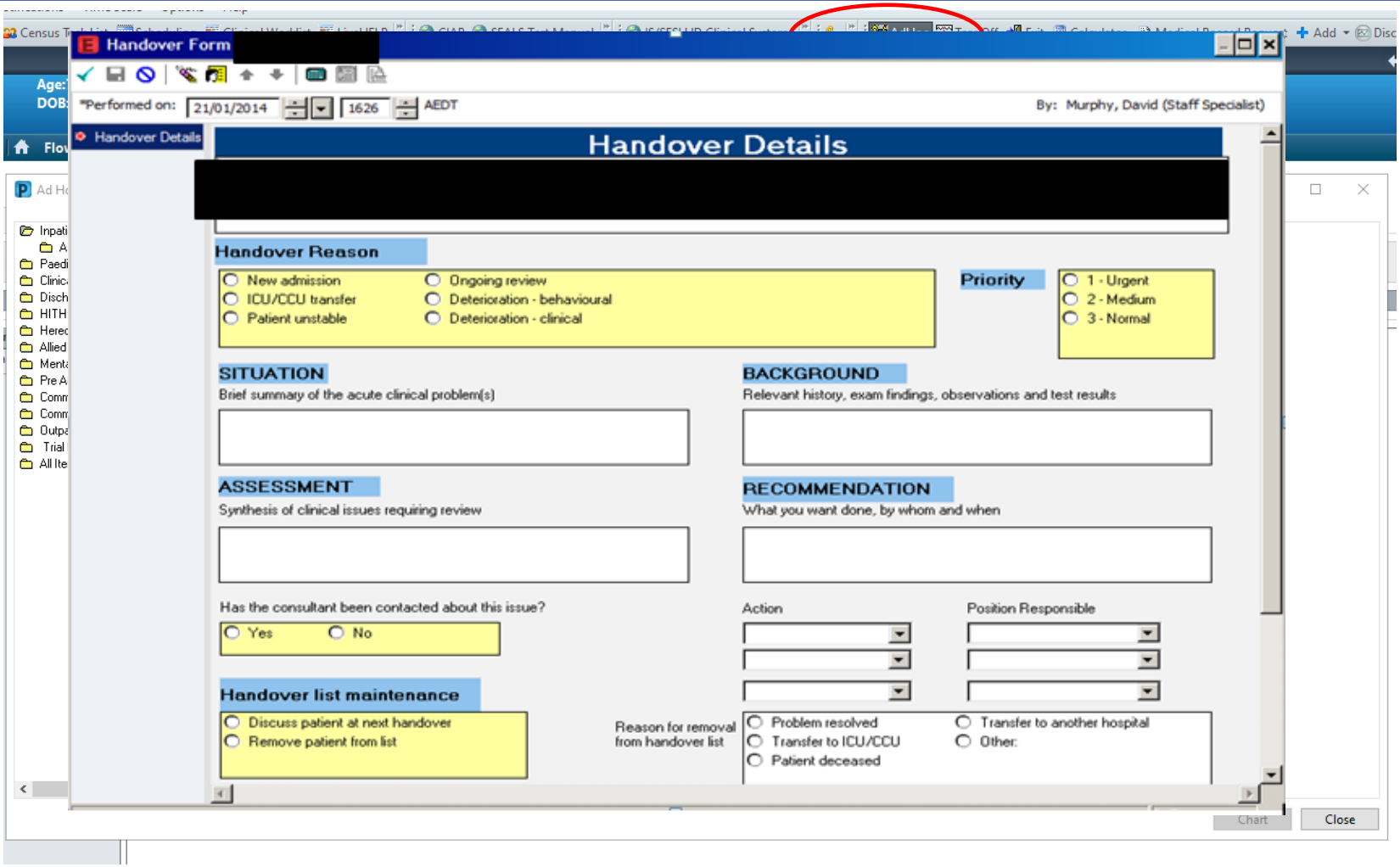
Weekday afternoon Handover (South Meeting Room 1&2, Level 4, ASB)

- Attended in person by after-hours team
  - ASB & Dickinson medical registrars + surgical registrar
  - Six after-hours JMOs
  - Advanced practice nurse and ICU liaison nurse
  - A medical consultant will also be present to oversee handover
- Virtual attendance permitted for those handing over patients
  - Invitation will be emailed to you shortly

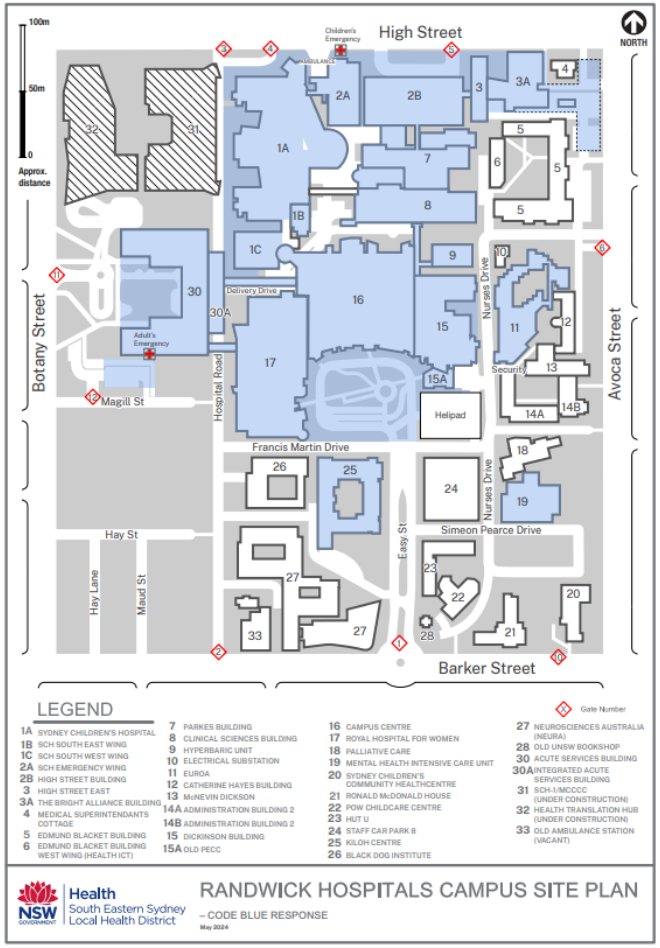
HANDOVER PROCEDURE

- Verbal handovers must be accompanied by electronic handover on Census Task List
- Patients who MUST be handed over
  - Unstable, unwell or deteriorating patients
  - Patients who have a code blue in the preceding shift
  - Patients who have had 2 rapid responses in the preceding shift
  - Patients reviewed by ICU/HDU but not transferred to ICU
  - Patients who have had a code black in the preceding shift
  - Patients with acute behavioural changes who are at risk of needing a code black
  - Patients reviewed during an after-hours shift and considered to require care or review on a future shift
  - Unstable patients transferred from ED or ICU to the wards

EMR HANDOVER – CENSUS TASK LIST



CODE BLUE TEAM COVERAGE



- Code Blue Response CBR
- Code Blue Team coverage includes:
  - Members of Public/Visitors on Campus
  - Outpatient Departments
  - Eastern Heart Clinic
- Dual activation for:
  - Royal Hospital for Women
  - Adults in Sydney Children's Hospital
  - POWH Pediatric Code Blues

Emergencies outside these areas are responded to by NSW ambulance

ADDITIONAL AREAS OF COVERAGE

- May be called by Royal Hospital for Women
  - Provide consult service, back up Code Blue response
- May be called by Psychiatric Unit
  - Any unstable patient requiring med/surg input should be transferred back to POWH via NSW ambulance
  - **Non-refusal policy in place following Code Blue**
  - Transfer under appropriate team if diagnosis known, or to ED if unclear
  - Should be cared for by a member of Code Blue team / consultation team until transfer
- Code Blue team may be called to adult emergencies at SCH
- Recovery/theatres - Level 1

AFTER-HOURS ESCALATION

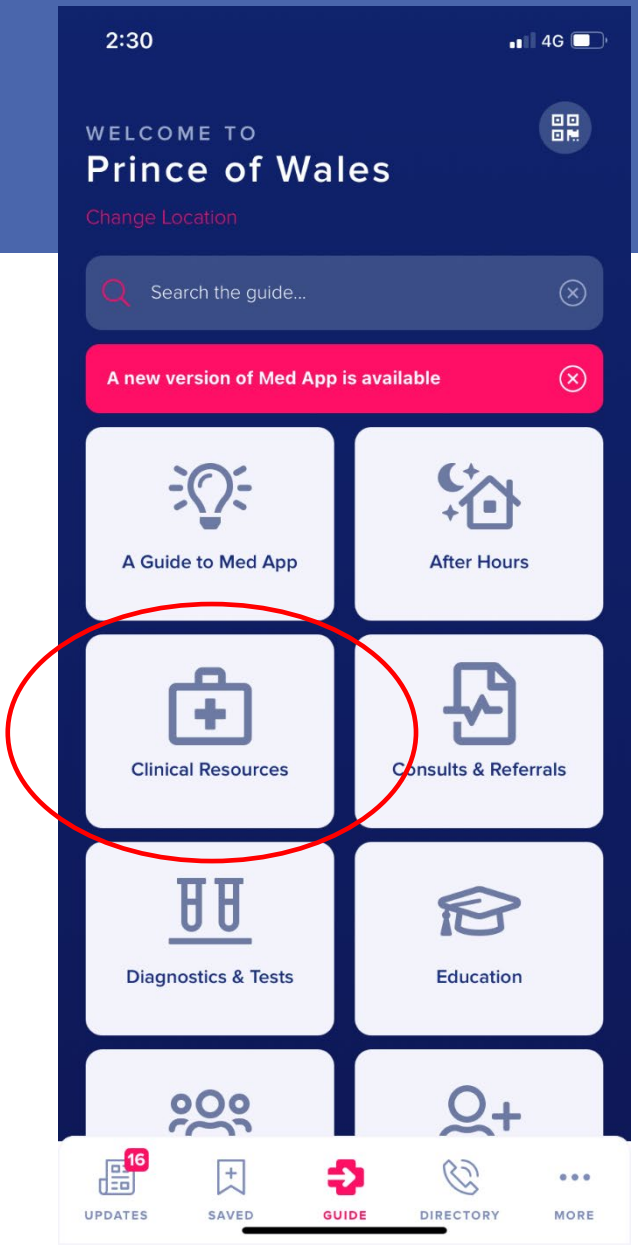
- Specialty teams will have a registrar or consultant as first on-call after hours
  - **Will expect to be notified of issues with their patients**
  - 2 or more rapid response calls should be discussed with the person on-call for that specialty
  - ALL code blue calls and ICU transfers should be discussed with the person on-call for that specialty
  - Notify about patient deaths, even if expected

- Most teams will conduct weekend ward rounds
  - Not all teams round on both Saturday and Sunday
  - Not all teams will review all inpatients (e.g. stable patients)
  - Call early on weekends/public holidays if a new issue requires review

- **Consultants need to authorise changes in BTF calling criteria for ACUTE deterioration**
- **Calls to specialty on-call are best made by an on-site registrar, not an intern/resident**

AFTER HOURS ISSUES

- Refer to clinical business rules
- Escalate as required
  - APN + **after hours nurse manager**
  - Consultant on call for patient
  - Executive on call



CODE BLUE DOCUMENTATION

- **All code blue calls require documentation in PowerChart to be completed ASAP**
- **This documentation is the responsibility of the team leader, but can be delegated**
- The medical entry should at minimum include:
  - The name of the team leader
  - The names of the team members that were present
  - A summary of the clinical situation
  - **A clinical assessment/impression** (ideally with a differential diagnosis list if appropriate)
  - A management plan
  - The names and approximate times that senior staff were contacted and a summary of their recommendations

CODE BLACK RESPONSE

- Medical registrars are not part of the default code black response team
- After-hours medical registrars will receive code black pages
- If nursing or other staff request medical registrar attendance at a code black, **registrars must attend promptly**

RELEASE OF SCIENTIST CALL-BACK OVERNIGHT

- Scientists are occasionally called in overnight to perform tests such as:
  - Urgent CSF MCS
  - Rapid COVID19 testing
  - Processing frozen sections
  - Processing urgent histology or cytology specimens
- **To reduce multiple call backs, the scientist will contact the ASB medical registrar for approval to be released**
- **The night surgical registrar should notify the ASB medical registrar of any urgent surgical pathology samples expected overnight**

ECMO-CPR

- ECPR is available 0800-1600 Monday-Friday only
- Activation begins with resuscitation team leader
  - Refer to simplified inclusion and exclusion criteria
- Activated via 2222 and requesting ‘Adult ECMO’ and patient location
- Team leader, or delegate, discusses suitability with ICU consultant

THINK ECMO

ECMO FOR USE DURING RESUSCITATION (ECPR) IS AVAILABLE

MONDAY-FRIDAY 8AM-4PM

IF THE PATEINT MEETS THE FOLLOWING CRITERIA:

1. **INCLUSION**
   - Age ≤70
   - Known time of arrest
   - Time collapse to effective CPR <5mins
   - Total duration CPR <30mins
   - First rhythm VF/VT or PEA
   - Expected reversible pathology *(e.g. MI, PE, toxidrome, peri-partum)*

   EXCLUSION
   - Age >70
   - CPR >30mins
   - Asystole
   - Arrest due to trauma or exsanguination
   - Known terminal diagnosis
   - Known major chronic organ dysfunction *(e.g. active malignancy, ESRF, NHYC III/IV)*

2. If the patient meets these criteria then activate ECMO by calling **2222** and stating that "Adult ECMO" is required at the patient's current location.
   E.g. "We require adult ECMO at bed 4 Dickinson 4"

3. The caller should ask to be put through to the ICU Consultant on-call to discuss the case. You will need to have relevant clinical details.

CONTINUE RESUSCITATION EFFORTS REGARDLESS OF THE ECMO DECISION-MAKING PROCESS

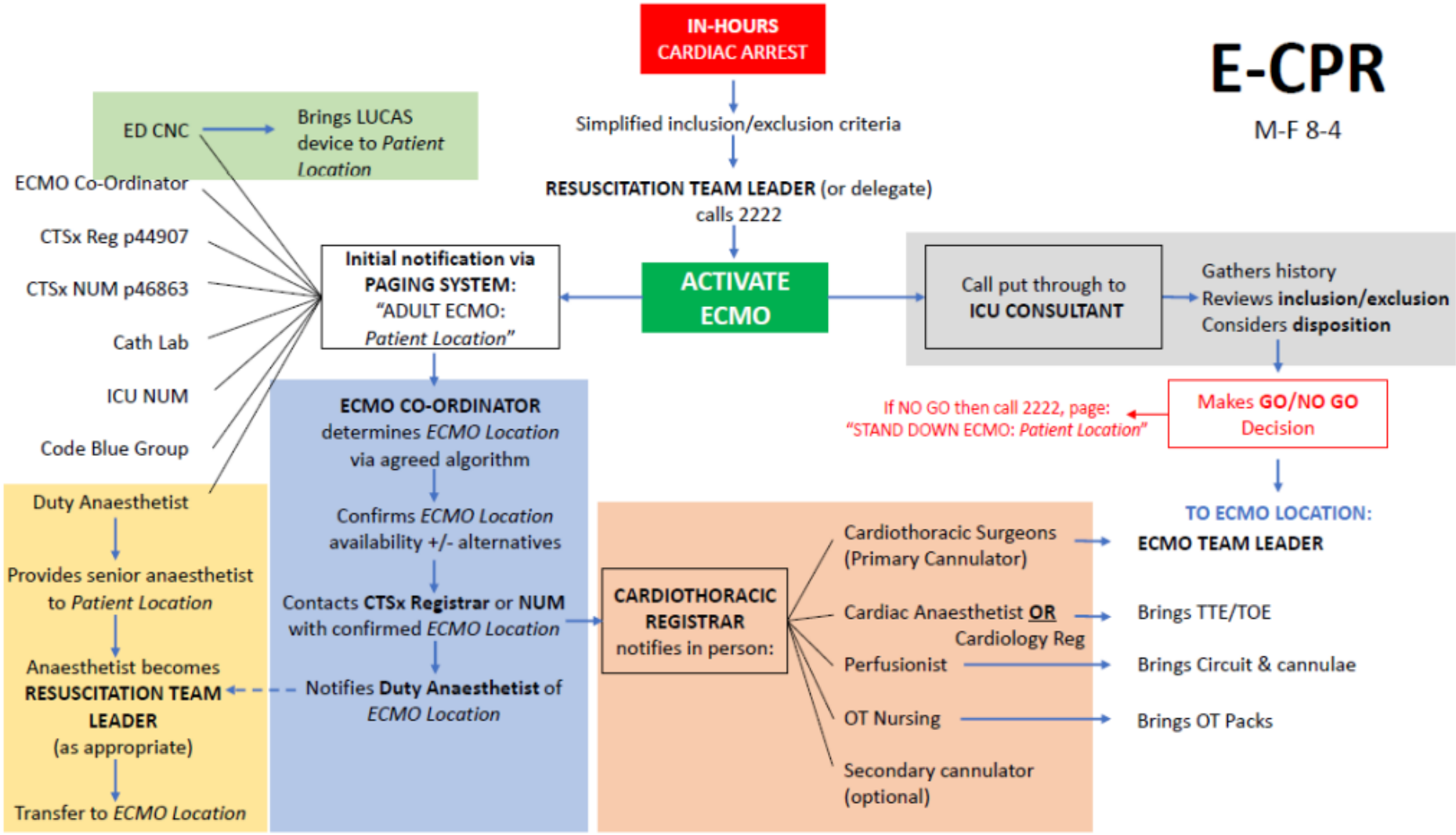


Figure 5.5.2: *Activation Pathway for ECPR*

STROKE CALLS

- ‘Acute stroke call’
  - For those eligible for reperfusion therapies
  - Can be activated by any staff member by calling x2222
  - ED and inpatients on ward
  - **No longer requires code blue to be activated unless airway, breathing or circulation compromise**
- Attendance
  - Business hours: stroke team
  - After-hours:
    - ASB medical registrar for inpatients admitted in ASB
    - Dickinson medical registrar if patient is in ED or an inpatient in a non-ASB area
- RHW + POW Private
  - Local policies then transferred to ED if requiring reperfusion therapies

STROKE IMAGING

- Ordered as ‘CT Stroke Perfusion’ in orders
- Transfer to imaging with nurse and member of stroke team at minimum

REPERFUSION THERAPIES

- Decision determined by discussing with **on-call neurologist**
- Thrombolysis (tPA)
  - Can be given IN ED, ICU or acute stroke unit (ASU)
- Endovascular Clot Retrieval (ECR)
  - Discussed with on-call neurologist. If Large vessel occlusion (LVO) present and ECR indicated, the neurologist will ask you to speak to the INR Neuroradiologist
- Patients can be cared for in ASU after receiving tPA or ECR if they satisfy clinical criteria and agreed by the treating consultants

STROKE CALLS - STAND DOWN

- If acute stroke call activated and patient is not eligible for reperfusion therapies or assessment does not favour stroke – **STAND DOWN** stroke call
- Important for medical imaging
  - CT scanner gets put on hold to allow for urgent neuroimaging
  - It will stay on hold until the stroke call is stood down so please remember to stand down the stroke call if neuroimaging is not required
- <u>Ensure care is handed back to appropriate team (ED or wards)</u>

URGENT IMAGING AFTER-HOURS

Urgent CT imaging after-hours

Please note the below procedures for CT imaging for Prince of Wales Hospital inpatients that do not require intervention or general anaesthesia:

8:00am-9:00pm

- Inpatients are scanned in Medical Imaging Satellite unit, Level B1 ASB CT.
- Adult ED Patients are scanned on Level B2 ASB CT (located in ED)

9:00pm-8:00am

- Level B2 ASB ED CT for all inpatients

Patients requiring CT guided intervention or general anaesthesia will likely be imaged in the Campus Centre CT.

The after-hours procedure for the CT imaging (stroke imaging or otherwise) is as follows:

- The clinician ordering the CT scan, or delegate, should contact the ASB CT radiographer on extension 29210 to confirm the location that the patient should be transported for imaging

RADIOLOGY REPORTING AFTER-HOURS

- 24/7 on-site radiology registrar: **0497 409 043**
- Can be contacted for advice and/or to report scans urgently at any time

CRITICAL BLEEDING PROTOCOL (CBP)

- **CODE BLUE should be activated alongside all CBPs**
  - **CBP flow sheet is present on all arrest trolleys**
- If you need to activate the Critical Bleeding Protocol (previously known as Massive Transfusion Protocol) you need to:
- Notify blood bank on *23232.
- **You do NOT need to get consent from a haematology registrar or consultant.**
  - Blood Bank will ask you if you are using ROTEM or NON-ROTEM algorithm
    - **NON -ROTEM = on the ward**
    - ROTEM = ICU or theatres
- Send a porter to blood bank with the pink blood form (Authority to issue blood products). This is a mandatory requirement.

AUTHORITY TO ISSUE BLOOD PRODUCTS

Please check on Patient Product Inquiry to ensure the blood product is ready for collection prior to requesting the product from Blood Bank.

Unless you have a designated satellite blood fridge please do not request blood products until patient and staff are adequately prepared.

Ward _____

Theatre _____

Please deliver to the messenger:

Surname: _____

First Name: _____

MRN: _____ D.O.B.: _____

_____ units Packed Red Cells
_____ units Paediatric Rell Cell Packs
_____ units Platelets
_____ units Extended Life Plasma (adult size)
_____ units Fresh Frozen Plasma (adult size)
_____ units Fresh Frozen Plasma (paediatric size)
_____ units Cryoprecipitate
_____ 4% Normal Serum Albumin 500mL
_____ 4% Normal Serum Albumin 50mL
_____ 20% Normal Serum Albumin 100mL
_____ 20% Normal Serum Albumin 10mL
_____ grams Intravenous Immunoglobulin Immunoglobulin (specify) _____
_____ grams Subcutaneous Immunoglobulin (specify) _____
_____ Anti-D 250IU
_____ Anti-D 625IU
_____ Prothrombinex-VF®
_____ (other, please specify)

Special Requirements

☐ Irradiated
☐ CMV negative
☐ Other: _____

Critical Bleeding Protocol

☐ **NON ROTEM**
  ☐ Pack 1
  ☐ Pack 2
☐ **ROTEM**

Authorised by: _____ (print)

Signature _____

Date: _____ Time: _____

Note:
1. The messenger must deliver the blood product to the ward/theatre immediately after collection
2. The blood product must not be stored in a ward or domestic fridge
3. If there is a delay in administering a blood product or it is no longer required it MUST be stored in a satellite blood fridge (red cells only) or returned to Blood Bank within 30 minutes of the product being dispensed
4. Single use dispensing applies unless critical bleeding protocol has been activated, apheresis procedure or satellite blood fridge is available to store red cells.

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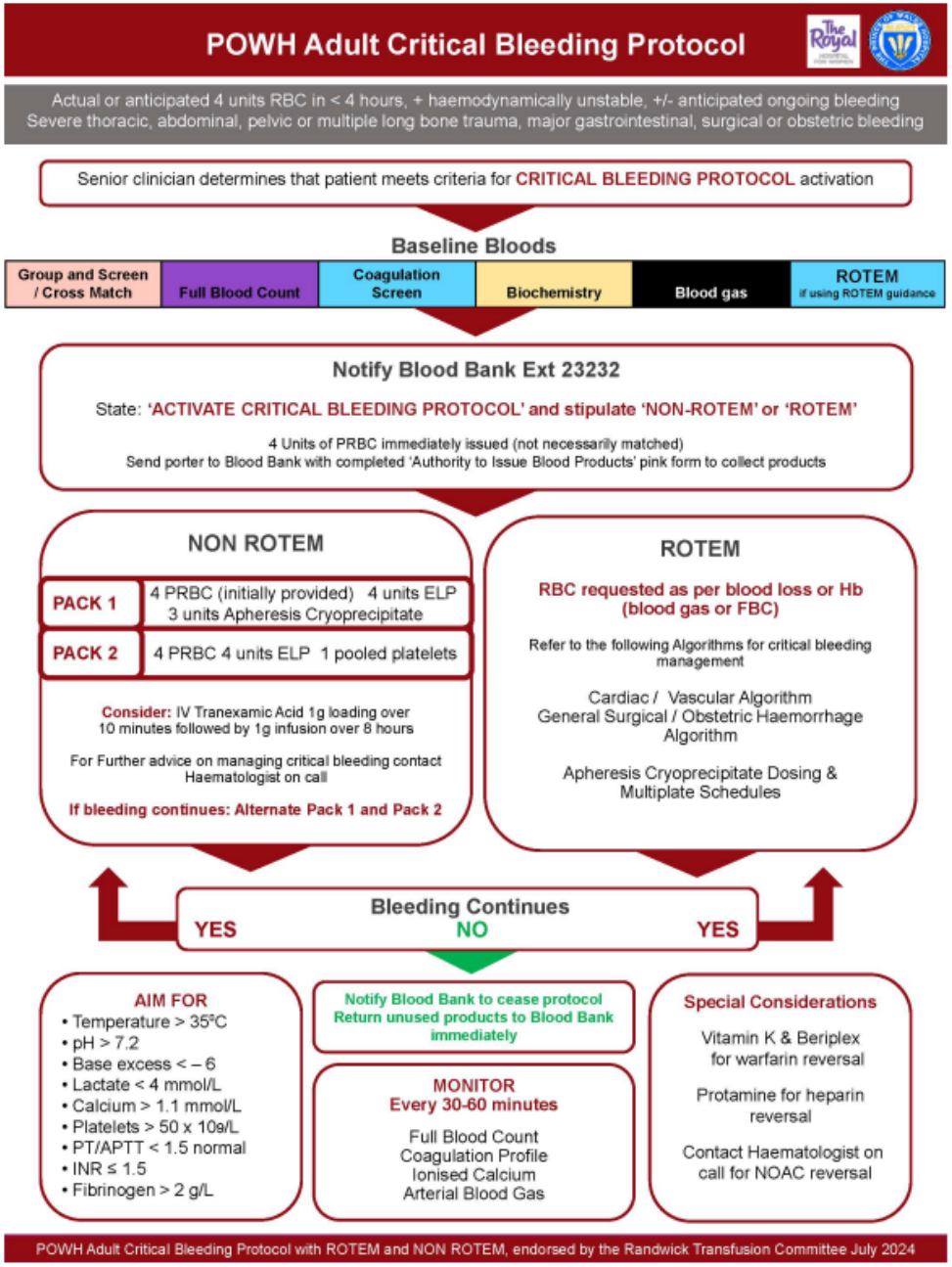
See Over


POWH Adult Critical Bleeding Protocol
Actual or anticipated 4 units RBC in < 4 hours, + haemodynamically unstable, +/- anticipated ongoing bleeding
Severe thoracic, abdominal, pelvic or multiple long bone trauma, major gastrointestinal, surgical or obstetric bleeding
Senior clinician determines that patient meets criteria for CRITICAL BLEEDING PROTOCOL activation
Baseline Bloods
Group and Screen / Cross Match
Full Blood Count
Coagulation Screen
Biochemistry
Blood gas
ROTEM if using ROTEM guidance
Notify Blood Bank Ext 23232
State: 'ACTIVATE CRITICAL BLEEDING PROTOCOL' and stipulate 'NON-ROTEM' or 'ROTEM'
4 Units of PRBC immediately issued (not necessarily matched)
Send porter to Blood Bank with completed 'Authority to Issue Blood Products' pink form to collect products
NON ROTEM
PACK 1
4 PRBC (initially provided) 4 units ELP 3 units Apheresis Cryoprecipitate
PACK 2
4 PRBC 4 units ELP 1 pooled platelets
Consider: IV Tranexamic Acid 1g loading over 10 minutes followed by 1g infusion over 8 hours
For Further advice on managing critical bleeding contact Haematologist on call
If bleeding continues: Alternate Pack 1 and Pack 2
ROTEM
RBC requested as per blood loss or Hb (blood gas or FBC)
Refer to the following Algorithms for critical bleeding management
Cardiac / Vascular Algorithm
General Surgical / Obstetric Haemorrhage Algorithm
Apheresis Cryoprecipitate Dosing & Multiplate Schedules
Bleeding Continues
YES
NO
YES
AIM FOR
• Temperature > 35°C
• pH > 7.2
• Base excess < – 6
• Lactate < 4 mmol/L
• Calcium > 1.1 mmol/L
• Platelets > 50 x 10⁹/L
• PT/APTT < 1.5 normal
• INR ≤ 1.5
• Fibrinogen > 2 g/L
Notify Blood Bank to cease protocol
Return unused products to Blood Bank immediately
MONITOR
Every 30-60 minutes
Full Blood Count
Coagulation Profile
Ionised Calcium
Arterial Blood Gas
Special Considerations
Vitamin K & Beriplex for warfarin reversal
Protamine for heparin reversal
Contact Haematologist on call for NOAC reversal
POWH Adult Critical Bleeding Protocol with ROTEM and NON ROTEM, endorsed by the Randwick Transfusion Committee July 2024

POSITIVE BLOOD CULTURES

- The after-hours medical registrar must communicate all positive blood culture results received from microbiology to the treating team
- The registrar must also document discussion and plan in the medical record

ORDERING URINE MICROBIOLOGY

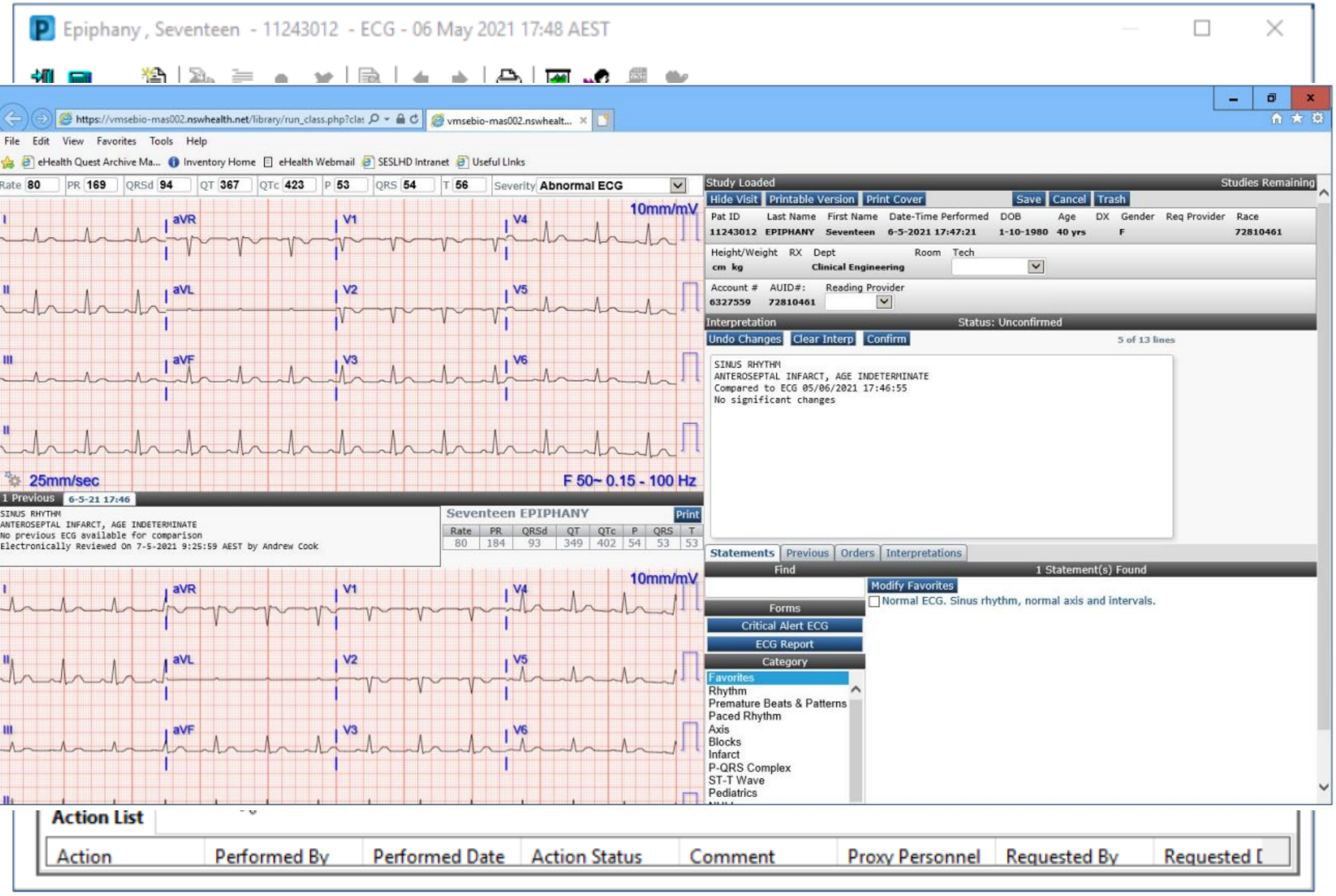
- Over-ordering of Urine MCS results in over-treatment as many treat indeterminate results (contaminated specimens, mixed growth, absence of pyuria)
- **APPROVED INDICATIONS**
  - Dysuria, frequency, urgency, haematuria, suprapubic pain, renal angle tenderness
  - Sepsis
  - Fever and leucocytosis without identifiable cause
  - Delirium with leucoytes on urinalysis
  - Unexplained fever in an immunosuppressed host
  - Autonomic dysreflexia in a spinal patient
  - Asymptomatic: pregnancy screen or pre-urological procedure

ORDERING URINE MICROBIOLOGY

- **NOT INDICATED IF:**
  - Cloudy, discoloured or malodorous urine alone
  - Routine testing on or during admission
  - At time of catheter change
  - End of therapy for UTI
  - Fever and leucocytosis without urinary symptoms prior to excluding other causes

ELECTRONIC MEDICAL RECORDS

- eMeds
- eFluids
- Integrated ECGs
- Advanced Care Planning and Resuscitation Forms


Epiphany , Seventeen - 11243012 - ECG - 06 May 2021 17:48 AEST
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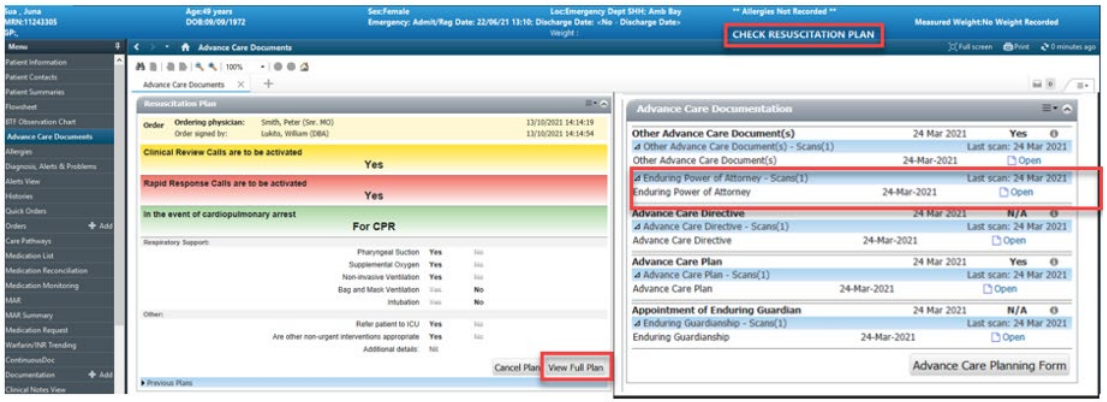
File Edit View Favorites Tools Help
eHealth Quest Archive Ma... Inventory Home eHealth Webmail SESLHD Intranet Useful Links
Rate 80 PR 169 QRSd 94 QT 367 QTc 423 P 53 QRS 54 T 56 Severity Abnormal ECG
10mm/mV
I aVR V1 V4
II aVL V2 V5
III aVF V3 V6
II
25mm/sec
F 50~ 0.15 - 100 Hz
1 Previous 6-5-21 17:46
SINUS RHYTHM
ANTEROSEPTAL INFARCT, AGE INDETERMINATE
No previous ECG available for comparison
Electronically Reviewed On 7-5-2021 9:25:59 AEST by Andrew Cook
Seventeen EPIPHANY
Print
Rate PR QRSd QT QTc P QRS T
80 184 93 349 402 54 53 53
10mm/mV
I aVR V1 V4
II aVL V2 V5
III aVF V3 V6
Study Loaded
Studies Remaining
Hide Visit
Printable Version
Print Cover
Save
Cancel
Trash
Pat ID Last Name First Name Date-Time Performed DOB Age DX Gender Req Provider Race
11243012 EPIPHANY Seventeen 6-5-2021 17:47:21 1-10-1980 40 yrs F 72810461
Height/Weight RX Dept Room Tech
cm kg Clinical Engineering
Account # AUID#: Reading Provider
6327559 72810461
Interpretation
Status: Unconfirmed
Undo Changes
Clear Interp
Confirm
5 of 13 lines
SINUS RHYTHM
ANTEROSEPTAL INFARCT, AGE INDETERMINATE
Compared to ECG 05/06/2021 17:46:55
No significant changes
Statements
Previous
Orders
Interpretations
Find
1 Statement(s) Found
Modify Favorites
Normal ECG. Sinus rhythm, normal axis and intervals.
Forms
Critical Alert ECG
ECG Report
Category
Favorites
Rhythm
Premature Beats & Patterns
Paced Rhythm
Axis
Blocks
Infarct
P-QRS Complex
ST-T Wave
Pediatrics
Action List
Action
Performed By
Performed Date
Action Status
Comment
Proxy Personnel
Requested By
Requested D

EMR ACP AND RESUSCITATION PLANS

Advance Care Documents

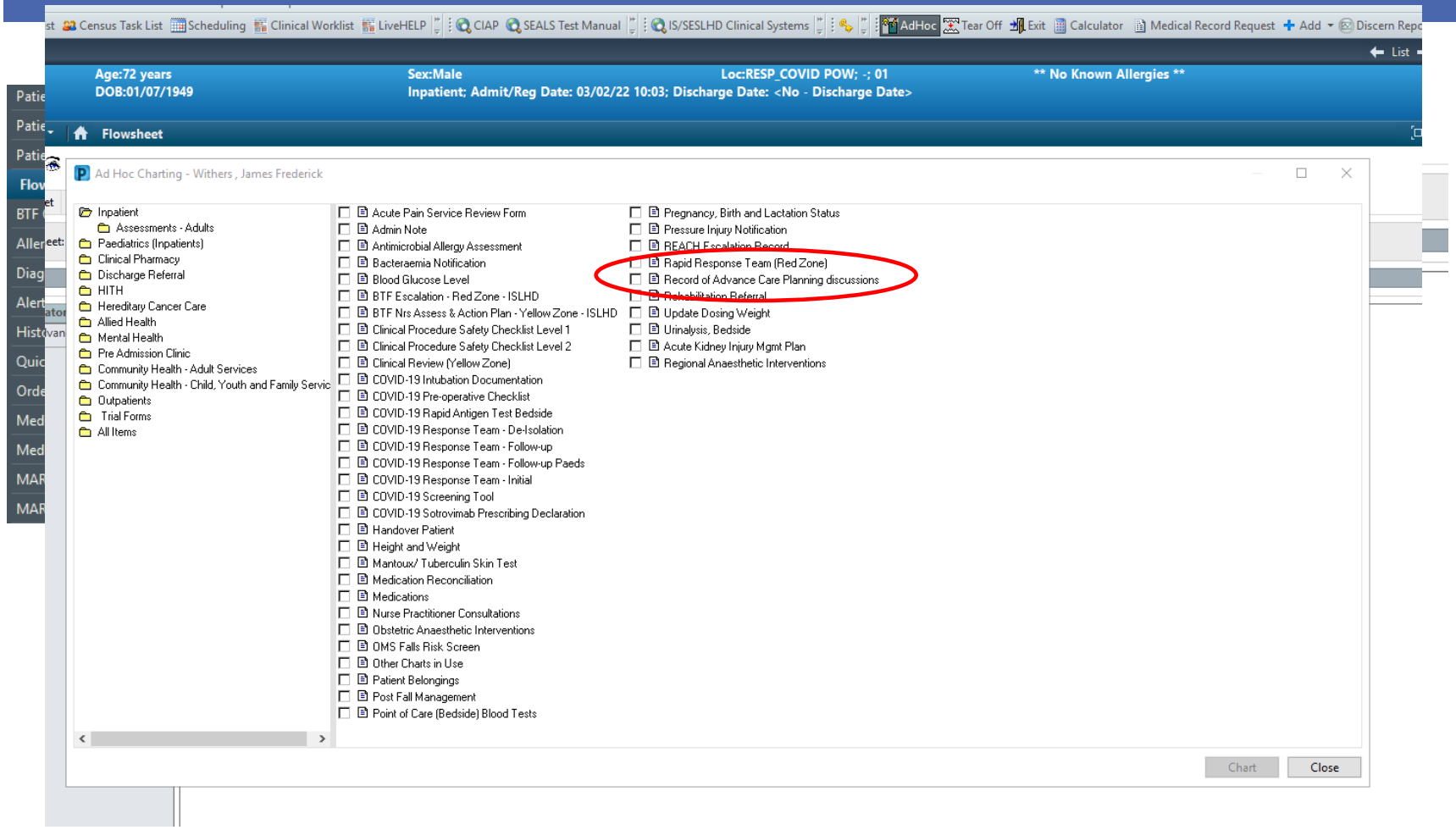


A patient may or may not have a resus plan.

Any scanned documents can be viewed easily from a central place.

NSW GOVERNMENT | eHealth

ADVANCE CARE PLANNING DISCUSSIONS



DOCUMENTATION IN RETROSPECT

- Notes must be signed and timestamped as accurately as possible
  - Avoids errors
  - Accurate reflection of what happened during case reviews
- **Mark draft notes as “note in progress”**
- **Sign notes as soon as possible**
- Write and sign a new note for significant updates
  - New clinical information
  - Change in management

Dr X (ASB Med Reg)

Obs stable afebrile

ADDIT 1700hrs

Hypotensive

Plan
1. 500mL N/S fluid bolus

ADDIT 1800hrs

Hb 70

Plan
1. 1u PRBCs

ADDIT 1900hrs

Code blue activated
Patient transferred to ICU

```
Note signed 1930rs


Dr X (ASB Med Reg)

Notes in retrospect due to competing priorities

Patient reviewed initially at 1700hrs:
- hypotensive
- clinically volume depleted without other localising features
- charted 500mL N/S fluid bolus

Pathology reviewed at 1800hrs:
- Hb noted to 70 g/L
- no clinically overt bleeding
- ordered and charted 1u PRBC

Code blue activated at 1900hrs
- see code blue documentation by code blue team leader
```

SICK LEAVE PROCEDURE

- If you are unable to work your **after-hours/night shift** due to illness, please see below for who you are required to notify as early as possible:
- Usual business hours: Monday to Friday 0800hrs – 1630hrs (not including public holidays)
  - Please notify the Medical Workforce Unit (9382 2111; SESLHD-JMOPOW@health.nsw.gov.au)
  - **Medical registrars please also email Shivam Agrawal and Alison.See1@health.nsw.gov.au**
- Outside usual business hours
  - Please contact the ASB Medical Registrar via Prince of Wales Hospital switchboard (9382 2222)
  - Please also notify the Medical Workforce Unit via email (SESLHD-JMOPOW@health.nsw.gov.au) such that Health Roster can be updated during usual business hours
  - **Medical registrars please also email Shivam Agrawal and Alison.See1@health.nsw.gov.au**
- If you are unable to work a day shift, please notify (by phone) your consultant and registrar (if applicable) and also notify the Medical Workforce Unit via email (SESLHD-JMOPOW@health.nsw.gov.au) such that Health Roster can be updated.
- Any sick leave > 2 consecutive days requires a medical certificate. If you take > 2 days sick leave without a certificate, sick leave will only be paid for 2 days until receipt of the medical certificate

ID CARDS

- ID cards must be carried at all times
- Please make sure your ID cards are not expired/expiring soon
- If your ID card doesn't allow you to activate code blue mode on the ASB lifts please email me

CONTACT DETAILS

- Shivam Agrawal
  - shivam.agrawal@health.nsw.gov.au