# Welcome to ESAU!

The Emergency Surgical Assessment Unit can be a busy place to work, with multiple admissions from A&E and onward transfers to other wards. It can be difficult to keep track of patients and jobs. Some of the nursing team on ESAU have worked here for 20+ years and we all aim to be a friendly, approachable team so hopefully you feel welcomed and well-supported. Please let us know if you have any questions.

**Your responsibilities as the F1 Doctor on ESAU:**

**See patients with the team on ward round, document and attend to any jobs.**

Ordinarily there will be a general surgery and a urology ward round in the morning. If these rounds overlap you cannot attend both at the same time so the ANP should do one round whilst you do the other. Other specialties (vascular/ENT) will attend to see outliers, you may not be asked to attend these rounds but may be asked to do some jobs that result from these ward rounds. Don’t be afraid to delegate these jobs back to the parent team if you are very busy.

**Prioritise your work load**

To make your life easier it’s really important to prioritise what your most urgent jobs are, for example, TTO’s and booking scans are more of a priority than writing a discharge summary, it’s therefore helpful to write yourself a list.

Prioritising is a skill that can be learned, just like any other skill. If you are unsure of the priority of the jobs you have to do please speak to the CST or SpR *before* they leave at the end of the ward round. They will be able to help you to order your jobs from highest to lower priority.

The ANP’s will help you with the following jobs where they can when they are not taking care of their other responsibilities so don’t forget to utilise them.

**Ensure VTEs are completed for all patients.**

Prescribe relevant VTE prophylaxis, taking into consideration if patients are going to theatre that day.

**Ensure regular medications are prescribed for all patients**.

Speak with the patient as they will often be able to give you a list of their medication and tell you if there have been any changes to their medications recently.

NB A&E tend to prescribe on paper charts which are sent up with the patient, look out for things like when gentamicin has been given so you can check the level at the appropriate time interval and avoid giving a double dose in error!

**Clerk patients if you have time.**

Often a patient will arrive from A&E without being seen by any of the treating team. Patients waiting in the GP assessment area may not have seen any doctors at all. It is therefore helpful for you to clerk these patients if possible. Between 4pm and 6pm the daytime FY1 and evening FY1 are both working so this is often the best time to get your clerking done.

**Complete discharge letters and TTOs**.

When you have written a TTO please inform the nurse looking after the patient. They can then chase this with pharmacy to speed up the discharge process.

Discharge letters are a vital piece of communication for our community colleagues. Ideally, all patients should be discharged with a discharge letter detailing the events of their hospital stay. If this is not possible, their notes will be put into the ‘Discharge Letter’ tray for you to complete, ideally the person who has reviewed the patient initially should write the discharge summary but time wise this is not always possible. If you have time this is something you can be getting on with but it should not be a priority over direct patient care.

If a patient is discharged and requires follow-up under the admitting team, put appointment in ward ‘follow-up’ book. If the follow-up is with a different specialty, refer on ICE as well as putting the appointment in the book. When you have finished a discharge letter please inform the ward clerk so that it can be printed and posted promptly.

**Liaise with the Nurse Coordinator.**

Regular communication with the Nurse Coordinator will help both of you. Going through the list of patients on the board together will help identify any issues or jobs. Some of the nurses on ESAU have worked here for over twenty years. Use your clinical knowledge as well as their valuable experience. It is ideal to do this immediately at the end of the ward round and again around 4pm when the evening FY1 joins the team. You may choose to do this at other times too.

**Chase results of investigations.**

Periodically check ICE for the results of bloods and scans. Escalate to the treating team where necessary. Don’t leave this too late in the day. Results that need actioning are best dealt with at 2pm rather than 4:45pm!

**Site cannulae and obtain bloods.**

Often nurses and healthcare assistants will be able to do this too, but it is helpful if we work as a team to split these jobs. Patients on ESAU often need gentamicin levels – chase these results to amend antibiotic prescriptions using the monograph.

**Twilight FY1**

Don’t forget to print out bloods for the ward patient for the next day, the printed forms go in the phlebotomy file in the nurses station. This is really important. If it is not done the daytime FY1 will have to take the bloods themselves!

**Useful tips**

**Adding a printer:**

Click the search icon on the taskbar. Enter: [\\rq6itprint01](file:///%5C%5Crq6itprint01). Find the printer: RLHESAUPLAIN. Right click and press ‘connect’. This should allow you to print. You will have to do this each time you use your logon on a new computer.

**Job for a nurse?**

There is a ‘staffing’ board to the left of the linen cupboard which tells you which nurse is looking after which patient. If you need to let a nurse know that you have prescribed a stat of medication or if you have a question, you can identify the relevant nurse from this board. Similarly if you feel that the named nurse could do a particular task e.g. chase a blood result or speak to pharmacy about a TTO please speak directly with them. Alternatively, you can ask the ANPs ☺

Remember that the Surgical assessment unit is an ever changing busy environment and you will regularly get new patients to look after throughout your shift, if you are struggling or unsure of things ask for help!

Finally - Top tip – go to the mess for your lunch or you will not get a proper break! Always check with the ward manager before leaving ESAU for your break. Tell them how you wish to be contacted in an emergency (bleep or mobile phone). Explain that you will be back and what time – *and stick to this*. Don’t be late back and only come back early if there’s an emergency on the ward.