



# RHCYP Tier 2 Top Tips Handbook



# Introduction

Welcome to your role as a Tier 2 registrar at RHCYP.

As a Tier 2 reg, you will have the exciting job of managing a large number and variety of patients, being a lead in emergencies, supporting junior medical staff, first port of call for OOH advice and more. This can be a daunting but not an impossible task!

This handbook is primarily designed to give an idea on what to expect on an out of hours shift as a Tier 2 and to signpost you to various helpful guidelines, contact numbers etc. for the specialties. The links are to the NHS Lothian Intranet and can only be accessed via a NHS computer.

The specialty sections give a brief overview on how they operate and how OOH management is expected. How each specialty works in the day time can be sought from individual specialties.

It is hoped that with this first edition, the handbook will evolve into being a very handy guide for all Tier 2s. Please feel free to let the trainee reps know and subsequent editions will be updated with more helpful hints and tips!

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# Out of hours - Evening

Evening team: 16:30 – 21:30 (weekdays)	
x1 PARU Consultant #9018	Senior reviews for new PARU admissions
x2 Tier 2 (ST5+) #9424  #9426	Senior reviews for new PARU admissions, first on for outside calls (e.g. GP OOH, MIU) First on for specialty patients
x2 Tier 1 (ST1-4) #9102 #9136 (+/- x1 late shift)	First on for medical admissions Ward cover Occasional Tier 1 to assist admissions from ED
x1 FY/GPST #9109	First on for ward cover
Oncall paediatric consultant for RHCYP	Covers all PARU, Resp, Endo patients

- Handover at 16:30 from specialties and day time PARU team
- Handover at 21:00 to H@N team

# Out of hours – H@N

## H@N team: 21:00 – 09:30

x1 Tier 2 (ST5+) #9424 + #9015	Senior decision maker for PARU and medical specialties Senior reviewing new PARU admission First on for outside calls
x1 Tier 1 (ST1-4) #9102	First on for medical admissions
x1 FY/GPST #9109 + #9292	First on for ward cover
x1-2 Clinical Coordinator	Senior nurse coordinating H@N tasks and assisting medical team
x1 FY Surgery #9107	First on for surgical specialties and surgical admissions
Oncall paediatric consultant for RHCYP	Covers all PARU, Resp, Endo patients

- Handover at 21:00 from evening team
- Handover at 09:00 to PARU day team
- #9015 – 2222 PET lead pager. To be collected from ED consultant at start of shift. Return to ED consultant from 08:30am apart from weekends (to stay with medical team on weekends)
- Surgical FY start at 20:00 and join H@N handover after surgical ward round
- Oncall paediatric consultants are from a pool of specialties: PARU, Resp and Endocrine. First port of call for senior advice available via switchboard.
- Neuro, GI, Haem/onc: oncall advice from respective RHCYP specialties
- Rheum, Renal, Cardiology and Metabolic: oncall advice from RHSC Glasgow Switchboard

# Out of hours - Weekends

## Weekend team: 09:00 – 21:30

x2 Consultants	From pool of consultant body including PARU, Resp and Endo
x2 Tier 2 (ST5+) #9424 + #9015  #9426	First on for medical admissions & outside call advice  First on for specialty advice
x2 Tier 1 (ST1-4) #9102 #9136	First on for medical admissions Ward cover
x2 FY/GPST #9109 #9292	First on for ward cover Assists PARU ward round AM ED support PM

- Handover at 09:00 from H@N to weekend team
- Weekend medical team perform ward rounds reviewing all PARU, resp, endo and surgical shared care patients.
- GI, Haem/onc, Neuro/neurosurg ward rounds are performed by respective oncall consultants

# General tips for OOH

## - Handovers

- Ensure SBARs are up to date for an efficient handover
- Ensure tasks are on H@N Work Bench – helps task allocation, prioritises jobs and used to document completion of tasks

## - Senior reviews

- As per RCPCH standards – all new patients to be reviewed by senior trainee within 4hrs
- To ensure appropriate management plans are in place, catch deteriorating child, collates results for ward round
- If admitted by ST3+, does not need full formal senior review unless clinical concerns
- Can assign patients for Criteria Led Discharge, if appropriate

## - Consultants oncall

- Consider contacting consultant on-call early on in night shift to give them an idea on workload
- Call whenever advice is needed or when workload is high (e.g. multiple senior reviews required and unwell complex specialty patients) or any concerns
- Any hospital to hospital transfer must be accepted by oncall consultant and be admitted via ED

- **HDU referrals:** to discuss with medical consultant first before escalating to HDU consultant oncall

- ED can admit directly to Castle Mey – criteria in place

- **Clinical coordinators #9278:** Senior nurses who are a fountain of knowledge and support

- **Surgical junior #9107** – Check in on them as they can be lonely and may need procedural support (cannulas/bloods)

- **Procedural equipment:** trolleys in ward treatment rooms or ED cupboards are the best place to look

- **Complex patients:** check Significant Information on TRAK for management plans e.g. escalation of NIV, hydrocortisone dosing, dystonia plans, bespoke seizure treatment, transplant patients

- Remember to get a rest break! (zzz?)

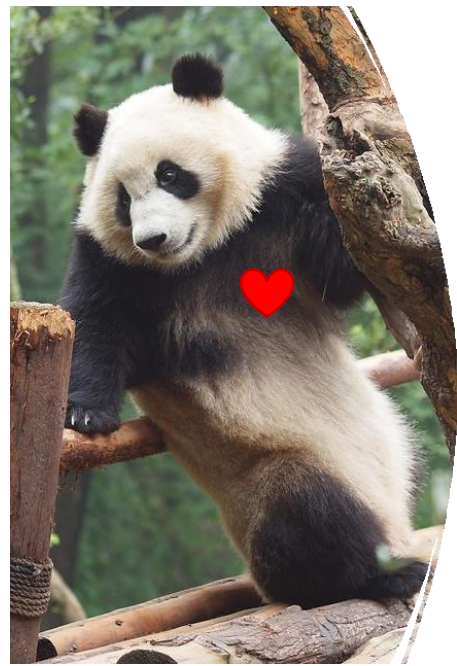
# Respiratory



- Mon - Fri 9am-5pm Consultant of Week
- Reg #9431
- Unwell tracheostomy patients directly admitted to HDU
- Non invasively ventilated patients:
  - If on NIV and not needing escalation of baseline settings, can be admitted to Dalhousie
  - Any increase from baseline requirements or clinical concern
  - > discuss with HDU for admission
- [Chest Drain video and alteplase administration](#)
- [Alteplase/urokinase doses](#)
- Chest physio #9163 (in hours) – acute chest issues, complex resp patients, advice re: airway clearance. Available 24/7 - OOH via switchboard.
- Sleep studies – either admitted to Kildrummy ward (no clerk in required) or to Dalhousie (complex background patients and requires clerk in). Plans in patient's notes.
- If any clinical concerns overnight from sleep studies – for medical review, CBG and treatment as required. Will need to stay for day time respiratory review.

# Cardiology

- Mon-Fri 9am-5pm Consultant #9438
- OOH – via Glasgow RHSC switchboard
- [ECG Checklist - Lothian Intranet](#)
- Discuss with consultant when requesting Echo



# Endocrine/Diabetes



- Mon – Fri 9am-5pm Consultant of Week
- Reg #9187
- No formal OOH Endocrine consultant but COW contactable on case by case basis
  
- Patients with diabetes are admitted to Dalhousie (inc surgical)
- Diabetes ICPs in ED & Dalhousie ward
- All Insulin prescribed by ST4+ in ICPs
- DKAs managed by Tier 2 with HDU nursing staff
- Diabetes phonecalls - \pdia shortcode
- Healthzone app – RHCYP Diabetes
  - [Google Play Store](#)
  - [Apple Store](#)
  
- [Adrenal Insufficiency Guideline - Lothian Intranet](#)
- [Paediatric Endocrine Guidelines - Lothian Intranet](#)

# Rheumatology

- Mon – Fri 9am-5pm Consultant
- Reg #9187
  
- OOH advice via RHSC Glasgow Switchboard

# Gastroenterology



- GI Consultant of Week available 24/7: 07890388650
- Reg #9434
- Weekend: GI patients reviewed by GI consultant
  
- Upper GI bleed -> managed by GI team
- [How to insert Sengstaken tube - Lothian Intranet](#)
- [Major Haemorrhage Protocol](#)
  
- TPN patients: beware temps >38.5C
  - Stop PN
  - Cultures centrally and peripherally
  - Start Teicoplanin and Cefotaxime via central line
  - Start maintenance fluids
- [TPN Guideline and management - Lothian Intranet](#)
  
- [Fasting Guideline - Lothian Intranet](#)

# Neurology/ Neurosurgery



- Mon - Fri 9am-5pm Consultant of Week
- Reg #9436
- OOH Consultant via switchboard
- Weekend: Neuro/neurosurg patients reviewed by neuro consultant
- Neurosurgical patients shared care with neurology (medical team OOH)
  
- Head injuries (+/-NAI):  
    <2yrs neurosurgery with medics  
    >2yrs general surgeons
  
- Neurosurgery Reg oncall ext 50198, 24/7
  
- [Epileptic seizure and status guideline - Lothian Intranet](#)

# Haematology/ Oncology



- Consultant shift
  - Mon 08:30 am – Fri 08:30am
  - Fri 08:30am – Mon 08:30am
- OOH advice via switchboard from oncall consultant
  - Have a very low threshold to contact consultant
- Weekend: Consultant ward round
- Haem/Onc ANNP based in Lochranza ward and daycare
- Reg #9290
- OOH Medical team as first contact for ED attendance
  - Treat as medical emergency and to be seen, assessed and managed within 1hr.
- [Febrile Neutropenia - Lothian Intranet](#)
- [Tumour Lysis Syndrome - Lothian Intranet](#)
- [Blocked CVC - Lothian Intranet \(note out of date\)](#)
- [Haematology/Oncology guidelines - Lothian Intranet](#)

# Infectious Diseases and Immunology



- Mon - Fri 9am-5pm Consultant #9017
- Reg #9225
- Microbiology lab technicians 24/7  
ext 26021 for urine and CSF microscopy
- Antimicrobial guidelines:  
[NHS Lothian Antimicrobial guidelines Intranet](#)

## Renal

- RHCYP Renal consultant Mon – Wed 9am-5pm
- Reg #9225
- Thurs – Sun and OOH: RHSC Glasgow Switchboard
- [SPRUN Guidelines](#)

# Critical Care Unit



PICU	HDU
Consultant shifts Mon – Thurs 8am-6pm Fri-Sun 24/7 OOH Cons on-call	Consultant shifts Mon – Fri 8am-6pm Sat-Sun 24/7 OOH Cons on-call
Ext 51544	Ext 51545 #9222
Reg #9100 24/7	Reg #9220 8am-6pm

- HDU team available for Outreach ward reviews
- Direct admissions to HDU: DKAs, deteriorating NIV patients
- HDU referrals: consultant to consultant
- OOH – discuss patients with consultant oncall prior to discussing with HDU/PICU
- All step down transfers to the wards require consultant to consultant discussion and acceptance
- Step downs require "step down" review after transfer to ensure stability
  
- x2 Gas machines
- Ice dispenser for ammonia and ice baths etc.
- US machine for US guided procedures

# Child Protection



- Mon–Fri 9am-4pm
- CP Hub ext 50499 or 2nd floor CSO
- OOH: CP consultant via switchboard
- NAI admitted under parent specialty with PARU
- Order sets on TRAK "NAI screen CYP"

# CAMHS



- Melville Unit – inpatient CAMHS
- Mon-Fri 9am-5pm ext 50050
- Sat – Sun 9am-5pm ext 51352
- OOH – via switchboard Rota C Psych Dr
- [MEED Guideline](#)
- Ensure security card allows access for emergencies
- If CAMHS patient needs admitting for medical treatment and under detention order, Melville unit must supply nursing support and clear plan.

# Surgical shared care



- Variety of patients that are managed alongside surgical specialties e.g. ortho, ENT, neurosurg, gen surg, plastics, complex spinal patients
- Examples can include:
  - Osteomyelitis with ID input
  - Infected scald/burns with ID input
  - Periorbital cellulitis
  - Obstructive sleep apnoea (pre op)
  - Post gastrostomy insertion (after establishment of feeds)
  - Intussusception (pre op) - medical until proven surgical intervention required
- These patients should be discussed between consultants to decide on shared care plans
- Does not include post op patients or post op complications e.g. post tonsillectomy bleed
- OOH presence:
  - Gen surg reg: will be onsite depending on surgical patients and theatres but not necessarily in all night
  - Ortho: oncall from home
  - ENT: based in St John's Hospital
  - Plastics: based in St John's Hospital
  - Ophthalmology: on call from home

# Emergency Department



- OOH – ED trainee/CF/GPST + ANP
- Consultant presence guaranteed till midnight and longer until ED under control
- #9015: PET team lead, to be carried by H@N T2 and weekend medical team
- Excellent nursing team – can do bloods, PVCs, ECGs, access grippers
- OOH radiographer ext 50120 – onsite till ~midnight.
- x1 gas machine

# CEPOD

1

#9260 CEPOD coordinator with details  
Cannot add patient >48hrs in advance

3

Email CEPOD anaesthetist  
RotaWatch:  
"Anaesthetics (RHCYP) CEPOD"

5

Night reg or day time spec team to attend CEPOD meeting @0815 in Theatre Recovery

2  
Add patient details to theatre diary in "Recovery"

4  
Ensure fasting plan in place

[Pre op fasting guideline \(intranet\)](#)

2

4



# PET 2222



#9015: ED cons or T2 ST5+

ED Reg/Fellow (ST3+/CF/GPST)

#9102: Tier 1 ST1-4

#9292: FY/GPST

#9278: Clinical coordinator

#9100: PICU Reg





PICU Charge Nurse

#9152: Anaesthetic Reg

- ED reg/fellow can range from ED trainee, clinical fellow or GPST in OOH
- PICU reg can range from adult anaesthetic trainee, paediatric trainee or clinical fellow
- Anaesthetic reg can range from anaesthetic trainee in paediatric rotation or DCN anaesthetist covering RHCYP OOH

# Helpful Apps



- Induction app 
  - Directory of phone/bleep numbers
  - Able to add and edit existing numbers
- Healthzone – RHCYP Diabetes 
  - Diabetes handbook
  - Sickday management
  - Pump management guide
  - [Google Play Store](#) [Apple Store](#)
- BNFC 
- Neomate 
  - Neonatal app from London Neonatal Transport Service
  - Neonatal calculations – fluids, medicines
- ScotSTAR
  - [ScotSTAR Drug Calculator - Excel download link](#)
  - Excellent drug chart that can be personalised with weight of child
  - Can be downloaded onto phones and used
  - Can be printed for reference

# JUNIOR DOCTORS: WHO SHOULD YOU ASK FOR HELP?

For most issues, your **Clinical and Educational Supervisors** are the best first points of contact. This guide shows you some additional options of who and how to escalate different types of concerns.

1

2

3

**WORKING ENVIRONMENT**  
Rota, annual leave, IT, rest facilities, changing/showering facilities, induction

**CLINICAL LEAD/  
CHARGE NURSE**

**SITE ADME  
(MED ED TEAM)**

**TRICKLE**

**COLLEAGUES**  
Bullying, discrimination, undermining, micro-aggressions

**CLINICAL LEAD/  
CHARGE NURSE**

**SITE ADME  
(MED ED TEAM)**

**FOUNDATION  
PROGRAMME  
DIRECTOR/TPD**

**SUPERVISION**  
Clinical, pastoral, training

**FOUNDATION  
PROGRAMME  
DIRECTOR/TPD**

**SITE ADME  
(MED ED TEAM)**

**ASSOC  
POSTGRAD DEAN  
OR GP DIRECTOR**

**TRAINING ENVIRONMENT**  
Educational opportunities, study leave, on-the-job training, other training opportunities, teaching

**CLINICAL  
DIRECTOR OF  
DEPARTMENT**

**SITE ADME  
(MED ED TEAM)**

**FOUNDATION  
PROGRAMME  
DIRECTOR/TPD**

**PATIENT SAFETY**  
Always consult the supervising consultant immediately

**SUPERVISING  
CONSULTANT**

**CLINICAL LEAD/  
CHARGE NURSE**

**SITE ADME  
(MED ED TEAM)**

**TRAINING CURRICULUM**  
Portfolio, ARCP requirements, competency sign-offs

**TRAINING  
PROGRAMME  
ADMIN**

**FOUNDATION  
PROGRAMME  
DIRECTOR/TPD**

**ASSOC  
POSTGRAD DEAN  
OR GP DIRECTOR**

## SPECIALISED ISSUES

HR can help with employment issues. For your health, see your GP or occupational health.

## PEER SUPPORT

Don't forget you can always speak to trainee reps or chief registrars for help as well.

## CONFIDENTIAL OPTIONS

If you have concerns and wish to remain confidential, you can use SpeakUp or TRICKLE .

See more details like contact information and what kinds of responses you can expect by scanning the QR code >

Thoughts/suggestions/feedback on this poster welcomed at: [cdf@nhslothian.scot.nhs.uk](mailto:cdf@nhslothian.scot.nhs.uk)

