

# Duty Doctor

Marie Long CT2

Old Age Wards - Balmore/Banff



# Duty Doctor

- Handover
- Referrals
- Assessments
- Transferring patients
- Ward jobs



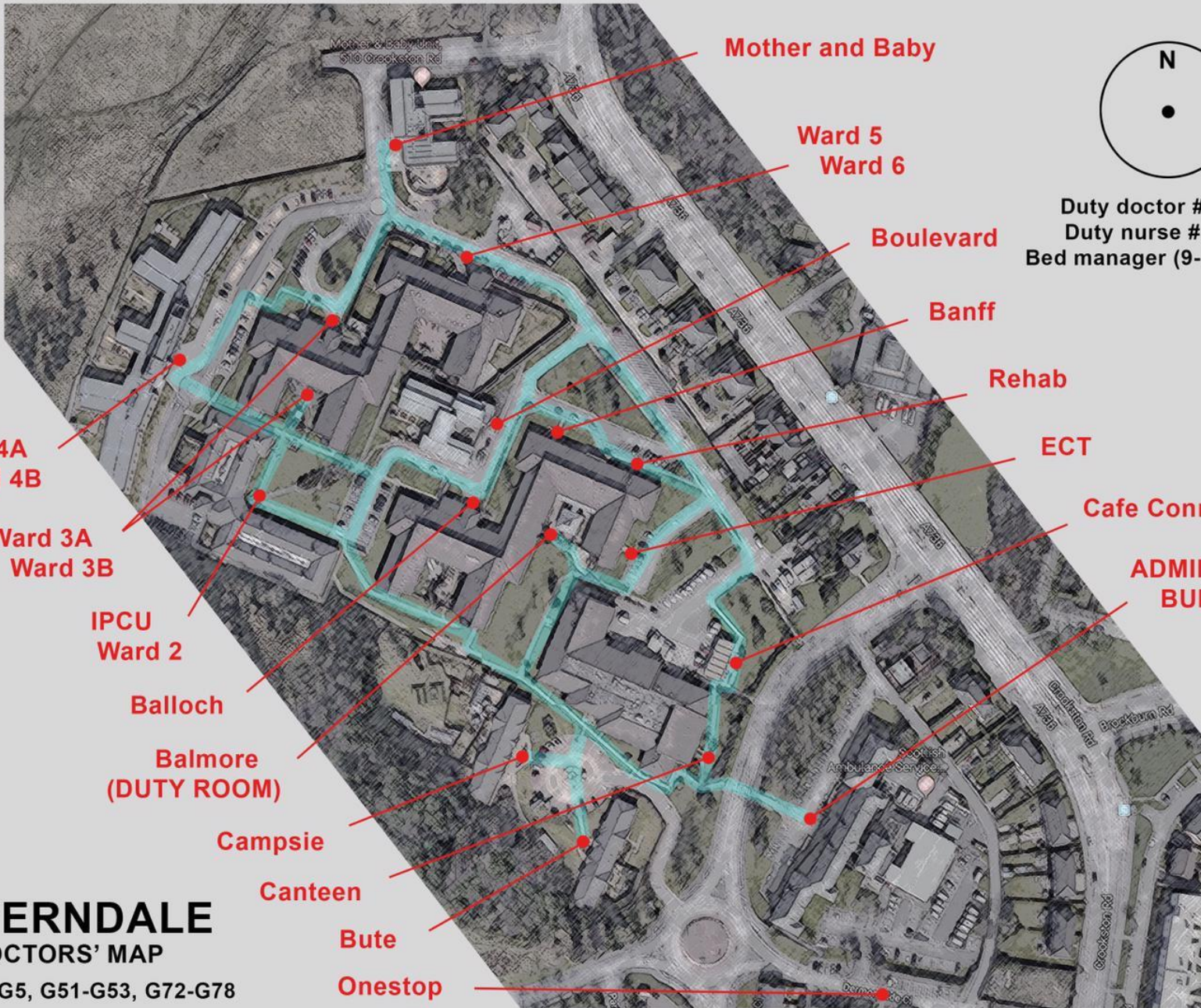
# Handover

- 9am/5pm/9pm in Doctors Room
- Add any jobs to the Duty Diary
  
- Two pagers
- Pin point alarms
- Panic alarm



# Food and Drink

- Doctors room by Balmore
  - 123XY
  - Kitchen/shower/bathroom/bedroom/lounge
- Bring meals and snacks
- Canteen only open at lunch time
- One Stop/Lidl are behind admin building
- Drinks vending machines on Balloch/3A



Duty doctor #19209  
Duty nurse #19210  
Bed manager (9-5) #19212

# LEVERNDALE DOCTORS' MAP

G41-G46, G5, G51-G53, G72-G78

Ward 4A  
Ward 4B

Ward 3A  
Ward 3B

IPCU  
Ward 2

Balloch

Balmore  
(DUTY ROOM)

Campsie

Canteen

Bute

Onestop

Mother and Baby

Ward 5  
Ward 6

Boulevard

Banff

Rehab

ECT

Cafe Connect

ADMIN  
BUILDING

Mother & Baby Unit,  
510 Creekside Rd

Ambulance Service

Breckton Rd

Balmore Rd



# Who is on call?

- Duty Doctor

- 19209

- Bed manager 9am-5pm

- Alan 46565

- Nursing page holder OOH

- 19210

- 46663

- Registrar

- Consultant



Via switch board

# Referrals



9am-5pm

GP

Police

Self referral

Social work

CMHT

A&E

Medical Wards

Liaison  
Psychiatry

Leverndale

5pm -8pm

A&E

Police

Self referral

NHS 24

OOH GP

Crisis Team  
5-8pm

OOH CPN  
8pm-9am



# Referrals

- Each ward covers certain CMHTs
- Each CMHT covers certain postcodes.
- Leverndale covers:
  - G41-46, G5, G51-53, G72-78
- Get current postcode for any referral
- If patient is found locally and is of NFA then they are admitted to the on the NFA rota.





# Transfer

- Patient assessed on base ward
- If informal they make their own way in/community team will bring them in
- If detained the nursing page holder will arrange send staff and transport



# Admission

## ○ Admission form

Patient name:

CHI number:



Medical and Nursing Assessment Form	Date
Leverdale Hospital	Time
	Assessors

Patient Name	GP Name
CHI number	Phone Number
Date of Birth	Address
Address	

Source and Reason for Referral

Presenting Complaint and History (including precipitants, source, duration etc)

# Admission

- Admission form
- GRS

## Clinical Risk Screening and Management Tool

Service Users Name	CHI No /DOB	PIMS No:
Legal Status: Please Select <input type="text" value="informal"/>	Ward / Dept / CMHT:	

<b>Context of Assessment</b>		
On Admission <input checked="" type="checkbox"/>	Engagement with Crisis Service <input type="checkbox"/>	MDT / CPA Review <input type="checkbox"/>
Annual Review <input type="checkbox"/>	Significant change in presentation / circumstances <input type="checkbox"/>	
Other please specify:		

<b>Sources of Information</b>				
Service User <input checked="" type="checkbox"/>	Carer <input type="checkbox"/>	Consultant <input checked="" type="checkbox"/>	Other Dr <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>
Named Nurse <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Psychology <input type="checkbox"/>	CPN <input type="checkbox"/>	Voluntary Agency Worker <input type="checkbox"/>
Pharmacy <input type="checkbox"/>	GP <input type="checkbox"/>	Support Worker <input type="checkbox"/>		
Other please specify:				

<p><b>Guidance</b></p> <p>This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.</p> <ul style="list-style-type: none"> <li>• Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.</li> <li>• This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.</li> <li>• This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.</li> <li>• The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.</li> <li>• If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).</li> <li>• The assessment should include the service user and carer perspective of risk.</li> <li>• The assessment must take account of parenting responsibilities and contact with children.</li> <li>• Please refer to the Clinical Risk Screening &amp; Management Policy for guidance.</li> </ul>
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### Screening Completed by

Print Name: Mark Long	Signature: Mark Long
Designation: CRT	Date & Time:



# Admission

- Admission form
- GRS
- Bloods
- Physical
- ECG



# Admission

- Admission form
- GRS
- Bloods
- Physical
- ECG
- Kardex



# Admission

- Admission form
- GRS
- Bloods
- Physical
- ECG
- Kardex
- Observation level and time out



# Admission

- Admission and management plan needs to be discussed with:
  - CMHT in the day
  - Registrar on call OOH
  - Bed manager



# OOH CAMHs

- Inpatients based at Skye House
- OOH patients over 12 can be assessed by Duty Doctor
- OOH patients under 12 are assessed by the CAMHs registrar
- In cases of deliberate self harm CAMHs liaison will review in RHSC the next day





# CAMHs

- Referral should go to nurse in charge at Skye House
- Joint assessment at Leverndale
- Discuss the plan and send the admission forms to the nurse in charge
- Nurse in charge will arrange follow up
  - [skyehousechargenurse:@ggc.scot.nhs.uk](mailto:skyehousechargenurse@ggc.scot.nhs.uk)



# Detentions

- Discuss with CMHT if available.
- Discuss with Registrar on call OOH
- When possible try to get an STDC
- Discuss with MHO
  - You might be able to do a joint assessment
  - You might be able to do EDC without MHO



# Medical Emergencies

- 2222

- Duty doctor(s)
- Nursing page holder
- Ward responder with medical bag
- Ambulance

- 2222 call goes to switch board then to ambulance control.



# Medical Care

- We cannot manage:

- IVF
- IV Abx
- Sustained oxygen
- NIV
- Blood monitoring/ABG

- Have a low threshold to transfer patients for investigation and treatment



# MBU

- Mothers physical health issues cared for by Leverndale staff
- Prenatal issues should be discussed with the maternity assessment unit
- Babies physical health issues are cared for by their own GP/OOH GP
- Occasional prescriptions for babies as instructed by the GP



# Transferring Patients

- For urgent transfers to A&E phone the consultant to give them the background
- If a patient is unwell but stable discuss with relevant registrar and bed manager for transfer to ARU
- If you need non-urgent treatment discuss with A&E nurse in charge for see and treat



# Ward Jobs

- Routine ward jobs are put in the ward diary
- Try to organise routine jobs for days when a ward SHO is in
- If no SHOs will be in add it to the duty doctor diary
- Jobs add up quickly during your duty week, especially bloods



# Ward Jobs

- Clozapine bloods
  - Collected 2pm Tuesday from 4A/B
  - EDTA purple tube in ZTAS pack
- Lithium bloods/U&Es
  - 12 hours post-dose
  - Serum yellow top bottle
- Routine bloods
  - Handwritten bottles/forms
  - Collected from ward 11am/2pm
  - OOH send in taxi





# Ward Jobs

- Crisis referrals
  - PDF on staffnet
  - Email referral and discuss by phone
- IDLs on Portal
- Routine Imaging
  - Can be done on Trackcare/paper form
  - Discuss with consultant