Junior Doctor on call

Dr Esther Netto

Types of on call

- Acute Wards
  - AMU / AFU / ACB / GPAU
  - SAU
- Ward cover
- Bleep holder
- ED inreach

- **Out of hours**
  - **Weekends**
  - **After 5**
  - **BH**
  - **Nights**

Which on calls worry you the most?

General approach to unwell pts

Assess by A→ E +/- history

Look in notes for:

- Background: PMH, DHx,
- reason for admission, current management,
- DNAR / escalation plan

DDx

Further management

Senior help

Fall in the toilet

Chase bloods

Prescribe medicine

Chase bloods

Vomiting

Confused patient

Fall in toilet

- Patient walking to the toilet and slipped on IV stand in toilet.
- Unwitnessed
- No evidence head injury, neuro obs ongoing.
- On apixaban

Assess by A→ E

Assess by history

Look in notes for:

- Background: PMH, DHx,
- reason for admission, current management,
- DNAR / escalation plan

DDx

Further management

Senior help

Please chase refeeding bloods

K+	2.7
Na+	140
Mg	0.3
Ph	3

https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Hypomagnesaemia%20UHL%20Diabetes%20Guideline.pdf

Please routine bloods - chest infection

WBC	14
Hb	140
Neuts	12
CRP	37

Please routine bloods - chest infection

WBC	14	**11**
Hb	140	**135**
Neuts	12	**9**
CRP	37	**37**

Assess by A→ E

Assess by history

Look in notes for:

- Background: PMH, DHx,
- reason for admission, current management,
- DNAR / escalation plan

DDx

Further management

Senior help

Vomiting

- 70yo post chemotherapy for bowel ca.
- Drug chart: tried PO cyclizine
- Has been vomiting for past 6 hours since, unable to keep anything down

Assess by A→ E

Asses by history

Look in notes for:

- Background: PMH, DHx,
- reason for admission, current management,
- DNAR / escalation plan

DDx

Further management

Senior help

Prescribe meds - warfarin

Please dose warfarin for patient. Indication: AF

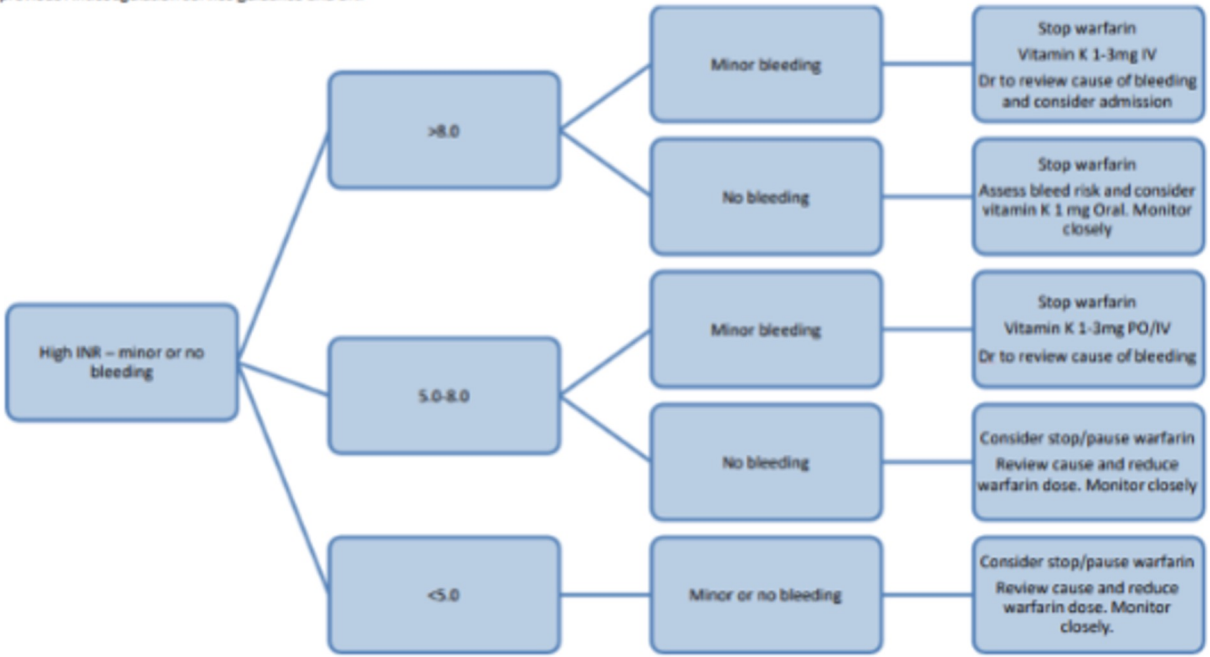
INR	Dose	signed
Monday: 2.5	3mg	EN
Tues: 3	3mg	EN
Weds: 3	3mg	EN
Thurs: 4		

https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Oral%20Anticoagulation%20with%20Warfarin%20and%20Coumarins%20UHL%20Guideline.pdf

Appendix v – Managing an above-range INR with no bleeding or minor bleeding

Notes on managing an above-range INR:

- Vitamin K dose may be 1-3mg (BNF guidance: 1-5mg) – the authors suggest 1mg will be adequate in most circumstances
- For dose adjustments, see INR star and/or appendix vii./INReach
- Adapted from previous Anticoagulation service guidance and BNF



Confused patient

- Patient calling out in bed. Waking up the rest of the bay.

Assess by A→ E

Assess by history

Look in notes for:

- Background: PMH, DHx,
- reason for admission, current management,
- DNAR / escalation plan

DDx

Further management

Senior help

Wellbeing

- Take breaks
- Don't stay late
- Call for help if you need, you are not alone!!
- Remember that you can only do your best
- Treat yourself outside of work