

# **PTWR – POST TAKE WARD**

## **ROUND**

**Starts at 8AM.** Normally I would be there by quarter to 8am. NB: you do have some consultants who start the Post Take a lot earlier than 8AM.

When you are scheduled for PTWR you go to the **HUB in AMU**.

In the HUB you get a **printed CIWL list** from one of the on call members. That list displays the number of patients to be seen on PTWR for MFE and Gen MED.

Once you get the list. If the consultant hasn't started rounds, it's advised to do the following:

- 1) Get an **IPAD for vital PAC review on rounds**. If none available, that's fine. Use the computer to log into your vital PAC.
- 2) Write on the list, the **location of the patients**. It helps a lot to know where the patients are so that you can direct the consultant where to go. NB: sometimes the patients are moved. In that case, check the board.

On the PTWR, the consultant, yourself and normally one of the members of the on call team +/- pharmacist (they normally are with the Gen Med consultants) goes through the patient's notes etc at one of the computer areas and then go to the patient's bedside. At the bedside, either yourself or the member of the on call team writes the post take notes in the patient's file. Try to be present as much as you can in the consultation. Sometimes you won't be there as you have to get things done for the patient during the consultation e.g getting the drug chart, or getting the xray form etc. On your PTWR list, **document the jobs needed to do**. It's basically your checklist for the patient. ENSURE THAT THE TRIAGE placement IS DOCUMENTED in the patients notes.

Please also note, the members of the on call team are expected to be there until 9am I believe. Therefore they may leave afterwards and thus you will have to go through the notes with the consultant and write the post take notes in the patient's file. Sometimes, some of the patients that are for post take are not seen by the members of the night shift, instead they were seen by the long day team members from the previous day.

Once all the patients are seen. The next step is to **UPDATE the PATIENT LIST ON THE CIWL** med take system as well as **take them off the list** as quickly as possible after the rounds. Some consultants are **very keen** that you get this done **ASAP**.

### **To do the ABOVE:**

Go to CIWL from the intranet. **Username is 'medtake' and password is 'medtake'**. You will see 'pop up blocked' in the search area at top right hand corner, click on same and you will get access to the list. There's a drop down to the left hand corner, click 'my lists' and you will see the list of patients on med take.

Once you have access to this list, scroll to the patient of interest. Click on 'document with pen/pencil' icon and change the GIM PTWR/ MFE PTWR to the ward the patient is on which would be AMU. **IMPT: ENSURE THE PATIENT YOU CLICKED IS ACTUALLY THE PATIENT WHEN THE WINDOW OPENS UP!!!**

Many times I have clicked on the patient to adjust their information of and it is not the correct window that comes up. **THEREFORE DOUBLE CHECK THAT IT IS THE CORRECT PATIENT NAME AT THE TOP.**

If the patient is to be triaged to Respiratory for example, in the 3<sup>rd</sup> drop down box click respiratory. However that is not enough though. You also need to click on consultants at the top, and go to 'R' and click respiratory outliers +/- respiratory consultants (I tend to just check both). **(NB: go to 'A' and take the patient off AMISSION list by unchecking the box)**. You go forward clicking next at the bottom. Under one of the boxes (I don't remember which one, risk assessment I think, you can type PTWR \_ ROW (consultant initial) for example and also type where they are triaged to: RESP).

You do this for the rest of the patients.

Once that is done, you go on to do your jobs. **NB: You are responsible for ALL patients that are seen on PTWR with the consultant.** This means that you do all the jobs required to do for the patient until you are certain that the patient was seen by the triaged team that same day.

Normally if for instance a patient from MFE PTWR is triaged to ACM, ensure you let the team know, but I think you still do the jobs for the patient unless they have already been reviewed by the Consultant in AMU. Patients triaged to ACM are normally seen again in the afternoon by the consultant covering AMU. If you have concerns regarding that patient, I believe the consultant is happy to help you with same.

### **MY TIPS/COMMENTS:**

Normally if it's before 8:30a (when work normally starts) and there are patients who have been triaged to RESP **for e.g** I would update the patient information on the med take list after the consultant has seen the patient **immediately** and add the patient to the respiratory outliers list. Doing that tends to ensure the patient is seen by the outliers' team later in the morning or afternoon, as the patient would have been on their list printed after 8:30am.

If you are on PTWR for GEN MED, the days when Endocrine consultants are on, there tends to be 2 consultants covering PTWR. You can easily get frustrated by that; as you won't be present for all patients on the list for rounds, therefore when you go to the midday board rounds for ACM, you won't be able to quickly give a summary of the patient as you were not present. In this case, try to read through the notes and document the jobs needed to be done for the patient.

February 2019  
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PTWR can be extremely stressful at times as well as it can be light sometimes. It varies. If you are on MFE PTWR, it can be a little bit more challenging as you will essentially be on your own and you have no registrar or assistance from anyone else. In that case, if you need assistance with a patient, I tend to contact the consultant that did the post take. If they are unavailable, try to get in contact with the MFE registrar covering AMU or east wing outliers. The registrars on MFE tend to be very helpful.

If you need help with understanding the PTWR, you can always ask anyone on AMU for advice on what to do etc. There is always someone you can ask for help; so don't be afraid to ask.

I struggled with PTWR initially, especially with getting used to the system but over time you will understand the process and it will get easier for you to do what you have to do.

HOPE THIS HELPS!

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SHO (Trust Grade)