

# Paediatric GI team clinical arrangements

## Consultants

Dr Butt and Dr Hii on call on alternate week.

On call time covers from Monday 09:00 to Monday 09:00

Dr Abul-Eis on-call on every Friday unless on leave during working hours

Consultants can be contacted via switch board (mobile)

The named consultant will look after their own gastro patients unless the named consultant is on leave, then the other consultant will look after the patient.

## *In-patient*

Consultant ward round happens on:

Tuesday at 12:00 after MDT Nutrition Round (PN patients only) which starts at 11:00 am in level 8 meeting room. The ward round may be split up if there are many patients.

Thursday-10:30 (Dr Butt), 11:30 (Dr Hii)

Consultants may do additional ward rounds depending on patients' needs ie, IBD patient with relapse.

Registrar ward round on weekdays from Tuesday to Friday as required when on duty

The on-call consultant takes new in-patient referrals and he decides if the patient needs follow-up.

## *Day case*

Patients who attend the day care are under the care of the named consultants. Biologic patients will be reviewed by gastro CNS Joanne Parker who will liaise with the responsible consultants. The named consultant will need to be informed about their patients who have positive breath tests and he will advise the subsequent plans.

## *Outside referrals*

The on-call consultant takes outside referrals. During the normal working hours (09:00-17:00), the referral team needs to contact the switch board who will then direct the phone call to the on-call consultant. Out of hours, the referral team outside the hospital has to contact the paediatric registrar on call first who will then contact the on-call consultant.

## **Joanne Parker/Ali Albayati**

### *In-patient*

Get handover from weekend night registrar about gastro patients (old and new).

Ward round on weekdays as required. Check with consultants if they would like to do ward round, outside their normal ward rounds days (Tuesday and Thursday). Need to feed back to the named consultant about their patients after ward round so that correct decisions and plans are in place.

Tasks- chasing up results, writing prescription, arranging investigations and liaising with other appropriate health care professionals (surgeons, dietitian, psychologists and community team, GP).

Update GI patient list daily

### *Nutrition Round*

Chris Smith and other dieticians will prepare PN patients for nutrition ward round.

### *Day case*

Review gastro/nutrition patients

All GI investigations need to be chased and discussed with named consultant

### *Endoscopy/Theatre*

SHOs clerk patients who come for endoscopy. Ali can obtain consent from patients and their parents for gastroscopy procedure. Please check last clinic letter/instructions in the surgical calendar if blood tests are required in the theatre. If required, prepare the blood forms and blood bottles. Go through the endoscopy list 1-2 weeks in advance and identify the potential problems early (ie diabetic children). Blood results will need to be chased for those patients who have blood tests in the theatre. Prepare the pH probe for pH study. Arrange CXR after probe is inserted. The paediatric team will need to be informed about patients who need to stay after endoscopy (ie, new IBD receiving treatment).

### *Phone calls:*

Jo in charge of all IBD phone calls. Ali takes on non IBD phone calls for

patients/parents who need medical advices. Prospective cover when one is on leave.