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| **Ward name** | **Speciality** | **Times rounds expected to happen** | **Other protocols undertaken** |
| A1 | Surgery | 06:00-07:00; 10:00- 11:00; 15:00-16:00; 20:00-21:00/21:00-22:00 | Post-operative observations, falls or altered consciousness |
| A2 | Oncology | 6:00-7:00; 10:00-11:00; 14:00/15:00; 20:00 [all]; 02:00 [acutely unwell] | Neurological if altered |
| A3 | Neurology | 4 hourly (10:00; 14:00; 18:00; 22:00; 02:00) or 6-hourly (06:00; 12:00; 18:00; 00:00). Afternoon most as more post-op admissions (2-4pm) | Post-operative observations. |
| A4 | Oncology | 06:00/07:00; 10:00/11:00; 'mid PM' (attended at 14:00), 20:00/21:00. Best times are 10-12 and 14:00/15:00 onwards | First dose chemotherapy do every half hour. Patients who have had an endoscopy may be handed over with higher frequency. |
| B1 | General surgery | 6:00-8:00; 10:00/11:00 (usually 11); 15:00-17:00; 19:00. Best times 10:00-12:00; 15:00-17:00 | PCA, post-surgical procedures |
| B2 | Orthopaedic | 06:00; 10:00-12:00; 15:00-17:00 | Medication changes, post-operative; neurological observations after unwitnessed falls |
| B3 | Medicine | Do not have rounds - dependent on patients. Proposed times when might see most observations were 10:00-12:00 and 14:00-16:00 | RCP - general anaesthetic protocol comes with patient from other wards - but not often |
| B4 | Orthopaedic | 05:00-06:00; 'late morning and after lunch' 'have to do by rounds and deal with all late observations on electronic EWS system and then all 40-60 minutes. 10:30/11:00 probably best time or 16:00/17:00. Avoid lunch at midday. | Neurovascular observations - pre- and post- e.g. compartment syndrome. Spinal patients; neurological observations (trauma and post-fall). Lying and standing BPs |
| C1 | Acute medicine/rehab | Early morning before medications 06:00; mid morning - 11:00; mid afternoon 15:00/16:00 (most likely); before bed 21:00. 'Depends what is going on in the ward' High turnover of admissions and discharges between 8 and 9. 15:00-17:00 period probably best. | Falls, acutely unwell patient (post ITU), post-endoscopy (due to sedation), ICP care pathway |
| **Ward name** | **Speciality** | **Times rounds expected to happen** | **Other protocols undertaken** |
| C2 | Acute medicine/rehab | Early morning before medications 06:00; mid morning - 11:00; mid afternoon 15:00/16:00 (most likely); before bed 21:00. 'Depends what is going on in the ward' High turnover of admissions and discharges between 8 and 9. 15:00-17:00 period probably best. | Falls, acutely unwell patient (post ITU), post-endoscopy (due to sedation), ICP care pathway |
| C3 | Acute medicine | Early morning before medications 06:00-07:00; 10:30-11:30; 16:30-17:30; 20:30-21:00/22:00. Recommend 10-12 as best time to observe | Unwitnessed falls or head struck neurological observations |
| C4 | Surgery | 05:00-06:00/07:00; 10:00-12:00; 15:00-17:00; 21:00-22:00. 10:00-11:00 best time [11:00-12:00 'blood sugar checks etc']; 15:00-16:00 | Post-operative |
| D1 | Acute/rehab | Mixture of 12 hourly and 6 hourly. Before 06:00; around 11:00; 15:00/16:00-17:00/18:00. If done in morning around 11:00 may not be done in afternoon, may be nearer 16:00 than 18:00. Contact ward in morning for best time | Thrombolysis |
| D2 | Older people | Generally do at 13:30-14:00 (more 12 hourly on this ward). Suggest phone in the morning to check | None given |
| D3 | Orthopaedic | Most four times a day; twice a day for non-acute. 06:00; 11:30ish; 15:30/16:00ish (depends on morning); 22:00. Most patients are on more than 12 hourly | Post-operative |
| D4 | Surgery | 10:00; 15:00; 20:00; 'sometimes middle of night or 05:00/06:00 | Post-operative |