Colorectal Intern Cheat Sheet

1. ***Iron Transfusions***
    a. Outpatient
        i. These are done in the day surgical unit, only 4 patients can be booked on any day (not done on Fridays).
        ii. Fill in a booking form (Normal Pink Surgical Booking Form) and take to bookings office to book in your patient. (They usually get you to call and inform the patient with the available appointment day).
        iii. Write Script for Iron Transfusion and deliver to Pharmacy – see below document for dosing. You'll need patients FBC and Iron Studies.
            1. Mater Document Centre - Iron deficiency anaemia management including intravenous iron infusion—all patients
        iv. Write fluid order form and deliver to Day Surgery.
            1. Fluid Rate and Prescription in above document.
        v. Consent can be done of day of procedure.
    b. Inpatient
        i. Prescribe Ferrinject on medication chart and alert Pharmacist who will order up.
        ii. Fluid Prescription on Intravenous Therapy Chart.

2. ***Botox Orders***
    a. Dr Dale and Dr Chakraborty do a number of EUA + Botox – usually for chronic anal fissures and resultant spasm.
    b. Botox Prescriptions need to be signed off by the Director of Surgery Dr Lambley – therefore needs to be done generally on the Monday the week of procedures.
    c. Therese Benelle (2334) will usually approach the resident in clinic on Monday morning to get scripts completed – good idea for you to keep an eye on the 7 Day ORMIS list to what's upcoming.
    d. You need to Fill in:
        i. A Script – 100 IU of Botulinum Toxin A
        ii. An IPU Form- Mater Health Individual Patient Use (IPU) Approval
    e. This then needs to be given to Therese as Dr Lambley will sign in Monday afternoon clinic
        i. If this can't be done she will direct you on an alternative i.e. (can be emailed to him) .
    f. See copy of forms – Appendix A.
    g. Botox will be delivered to Theatre Fridge on Level 5.

3. ***Colonoscopy Pre-Admission Patients***
    a. As Dr Dale will tell you any patient that she books for a Colonoscopy that needs inpatient prep; or any patient that she will be doing the Colonoscopy on that needs inpatient prep will be admitted under her the day of procedure.
    b. Check the Endoscopy Booking form as to what type of Prep the patient requires (at the bottom).

c. Use the Standard/Extended Prep Guidelines attached – make sure you are aware of if the patient is on an AM or PM list. (Should say on booking form or look in L-Drive → ALLUSERS → Endoscopy →Scheduling Tool → Endoscopy Scheduling Tool).
d. Chart this on the Medication Chart
e. Check Perioperative Medicine/Anaesthetics Note re: any changes to medications during the perioperative period (Either in scanned records or correspondence).
f. Chart Regular Medications
g. Document Admission in chart along with discharge plan – i.e. Does the patient have transport home (or need Volunteer Transport); will they have an adult – able to monitor for the next 12-24 hours.

4. Theatre Bookings

a. Inpatient Bookings – Reg will direct you.
b. Bookings on Discharge
    i. Endoscopy Bookings
        1. Endoscopy Booking Form (Green)
        2. Consent – Mater Document Centre (Colonoscopy/Upper Endoscopy)
    ii. OT Bookings
        1. Consent Form (Pink)
        2. Colorectal Care Path
    iii. These all get dropped off to the Theatre Bookings office level 4.
c. Clinic Bookings
    i. Cat 1 and 2 – OT & Cat 4 – Endoscopy – go straight to preadmission clinic after you consent them for OT.
    ii. Take a photo/copy of your notes as this all goes with the patient as soon as you finish clinic.

5. QXR Bookings

a. Inpatient
    i. **Gastrograffin Study** – For Patient w a NG inpatient. Prescribe Gastrograffin/Ultravist on Med Chart. Ensure NG can be spigotted.
        1. Send Request to Radiology w time that Gastrograffin was given.
    ii. **Anastomotic Leak Query** – Check w Reg if they just want CT w IV contrast or also require rectal contrast
    iii. **PICC Line** – Request via Verdi – Call to discuss with QXR but they will do all the consent; sedation etc down there. Usually require a Coag Study Prior to procedure.
    iv. **Interventional Drainage**
        1. Contact QXR and ask to speak to the Interventional Radiologist Oncall/Available regarding patient and drainage required.
        2. Again require Coag Studies Prior to proceeding.
        3. Fax form from Verdi down to QXR with the Radiologist who consented name and instructions.
b. Outpatient
    i. Patient can book time of image for themselves if they have the form/if require a specific time – ring QXR w booking information to get them to secure this for you.

6. 23 Hour Ward (9B)

a. Patient's from surgery which are only expected to stay one night are admitted to 9B.
b. Important to ensure their regular medications have been written up when they arrive on the ward.
c. Scripts for medications (often Metronidazole and Aperients) need to be written on an actual script – (signing off on the medication charts on this ward doesn't work as there is no regular pharmacist). This can usually be done the day before also as the medication prescription is in the post-operative note.
d. Don't forget medical certificates.
e. Helpful to get the DC summary done prior to the patient leaving so you can provide them with the dose of aperients they need to take (especially if you are providing it from the hospital).

7. Post-Operative Patient Special Considerations

a. Clexane – Dr Dale requests 4/52 of prophylactic Clexane for Cancer patients operated on with curative intent (regardless if for chemo/radiation). This needs to be provided (script) on D/C and nursing staff need to be notified post-operatively to being teaching patients how to self-administer.
b. Follow-Up –
    a. Check w Reg/Fellow outpatient review plan. Chart Review/Clinic Review etc. Gets booked by Team Leader/Ward Clerk so communicate with them your follow-up plan on Discharge.
    b. Making Bookings yourself.
        i. Email – Ana Colorectal OPD Co-ordinator
        ii. colorectalopd@mater.org.au
        iii. If Appointment is urgent or important (i.e. F/U for Cancer Patients – check with Fellow/Consultant if overbooking approved and communicate this in the email.)
c. MDT Referral – All patients operated on require an MDT Referral. Check w Reg if they wish for you to refer. Usually done once histopathology is back.
    a. Copy of Form attached
    b. Also Found L Drive → All Users → Medical Handover → COLORECTAL → Templates
    c. Email this through to MDT Co-Ordinator (Same Person either email)
        i. MDT.Coordinator@mater.org.au
        ii. lisa.welsh@mater.org.au
    d. Must Be Submitted Wednesday 5pm on the week of MDT.
    e. Colorectal MDT is every 2nd Friday at 12:30pm (Gastro MDT prior).

8. Stoma Therapy

a. Natasha, Megan, Nicole and Jenny are the Stoma Therapist.
b. Natasha (Tash) – work mobile no. 0478494510
c. Pager No. located on board in 8B
d. Important to notify the team on
    a. Planned procedures for +/- stoma

        i. Helpful if you know if they are being admitted day of procedure/day before
        ii. They will site the patient's stoma to assist the surgeon pre-operatively and do education with patient.
    b. Any new patients who received a stoma in emergency cases over the weekend.
    c. Concerns w any patient with a Stoma (new or old stoma).
        i. I.e. High Output; Breakdown etc.
        ii. They can round with the team in the morning if you give them warning the day before if there are concerns re: healing/retraction/perfusion.
e. When planning discharge for patients with a Stoma –consult with the nurses re: readiness for discharge
    a. Patient need supplies and to be independent with Stoma prior to discharge.
f. They are also the wound care nurses – so feel free to talk to them about any complex wounds.