

MCMaster PEDIATRICS CTU
WEEKEND AND HOLIDAY CALL GUIDELINES

A. WHAT TIME DOES CALL START

Senior residents, junior residents and clerks will start at 08:30 on weekends and holiday when covering McMaster CTU1/2, and CTU3 (Level 2 Nursery).

B. WHERE IS WEEKEND HANDOVER

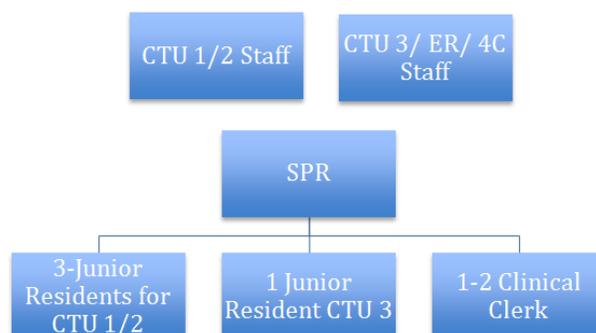
Anyone on call for McMaster CTU should be in room 3C-10 ready to start handover by 8:30am. This includes the Team 3 resident, who should introduce themselves to the SPR before handover starts and then immediately head up to the Level 2 Nursery (on 4th floor in the red section) where they will meet the staff they are working with.

C. WHO IS ON CALL

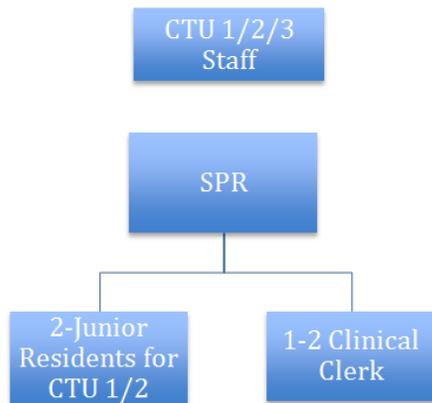
1. There will be one Senior Pediatric resident on during the day (8:30-16:30), and another on during the night (16:30-8:30).
2. There will either be one 24hr staff, or two staff (one 8hr and one 24hr), In the case that there are two staff on the 24hr staff often covers CTU1/2, and the 8hr staff covers L2N/4C, but this can be decided between the staff.
3. There will be three junior residents for day and two for night
5. There will usually be one junior resident on CTU3 for days (8:30-16:30). Note that in exceptional situations, there may not be someone assigned to this position depending on numbers.
6. There will be one or two clerk on-call for CTU1/2

The following schematics summarize weekend day and night coverage at McMaster:

- (i) Call Coverage for Weekend Day Shift:



(ii) Call Coverage for Weekend Night shift:



D. ROLES AND RESPONSIBILITIES

CTU 1/2 Residents

1. All new residents starting their call should print their own lists prior to handover to avoid mass-printing of lists
2. Handover will be given by the JPR residents on call the night previous under the supervision of the SPR residents who may provide feedback or additional details regarding the content of the handover.
3. CTU1/2 residents and clerks will be assigned patients to see. The top priority should be the assessment of acutely unwell patients; please alert your SPR to these situations. Another priority should be assessing patients who can potentially be discharged; again the SPR should be contacted as soon as they have been assessed to review discharge as this can often be done before morning rounds.
4. The timing of rounds should be decided by the SPR in conjunction with the staff. All residents are expected to return to room 3C10 promptly at the decided time.
5. Rounds may either be "table-rounds" or "walk-around", depending on the decisions of the staff and SPR
6. If there are multiple consults from ER at once the CTU 1/2 junior residents may be asked to do consults from the ER

CTU 3 Resident

1. Discuss with staff in L2N how to approach assessing and rounding on patients in the L2N.
2. Round on any Team 3 (complex care patients on the ward)
2. See any 4C consults and follow ups.
3. Will be the first junior resident in line to see any new consults from the ER. In the case that L2N/ 4C is busy, resulting in the team 3 resident being busy/unavailable, the staff and SPR should come to an agreement about which junior resident is in the best position to attend to the ER consultation.
4. If there is not an 8 hour staff available, the CTU 1 and 2 residents may be called upon to help with CTU 3.

E. CONSULTS FROM MCMASTER EMERGENCY DEPARTMENT

Consults will go to pager 1645 the senior resident.

In the case that there is only one staff on-call:

The staff and SPR should decide which of them should go assess the patient and write bridging orders. The team 3 resident should be given first priority to see the consult, followed by the CTU1/2 residents or clerks. Once the junior is finished with the consult, one of the staff or SPR will review the consult. When the team is finished rounding the SPR will assess all new consults in the ER and then assign a junior resident to do the full consult. The SPR should also review this consult with the junior, and then review with the staff. The junior resident chosen will depend on the service load of the various CTU teams.

In the case that there are two staff on-call:

1. The SPR should assess and write bridging orders for the patient. A junior resident should then review the case directly with the SPR who will discuss with the staff. The Junior resident chosen will depend on the service load of the services.
2. In the case that the SPR feels they are still very busy caring for acutely unwell patients even after rounds are over they should discuss their situation with their staff, and whether or not it is a reasonable situation to ask the 8-hour staff to help with ER consults.

F. EVENING HANDOVER

1. All of the team lists should be updated with the day's events prior to evening handover.
2. The residents covering the night shift should print their own up-to-date list.
3. The team 3 resident should handover the list to the resident carrying the Team 3 pager that night
4. All of the residents and clerks on CTU1/2 should be in 3C-10 to handover at 16:30. In the event that they are delayed for any reason it is expected that this should be communicated.
5. Each team list must be handed over in an orderly fashion. All patients must be reviewed for the benefit of the SPR starting their night shift