

## Gynaecology - Inpatient Care - Standard Operating Procedure

Reference No.: UHDB/Gynae/02:22/13

### **Standard operating procedure and guidance for the review of inpatients admitted under gynaecology and the principles for review of gynaecology inpatients requiring multidisciplinary teams/speciality input**

1. It remains the responsibility of the admitting nursing team to inform the on call gynaecology doctor regards any patient admitted under gynaecology as an inpatient, be it on the designated gynaecology ward or as an outlier, in a different ward.
2. It remains the responsibility of the duty doctor in gynaecology to clerk the patient once admitted and initiate tests or treatment, as necessary.

It remains the duty of the on call gynaecology doctor to update the necessary details in the hand over sheet and complete the AKI/VTE.

Depending on the nature of the case, opinion and input should be sought as necessary from the on call registrar or on call consultant.

In instances where this patient is already known to a particular firm or specialty, depending on the situation, timing and availability of personnel, an opinion could also be sought from the corresponding specialty or firm.

3. Once a patient is admitted under gynaecology, it is expected that the admitting firm [especially for day 1 post operative elective cases] or the on call team, would be reviewing the patient on a daily basis and provide on-going care, make necessary arrangements for treatment and investigations and plans for further management and discharge. This should be the standard of care for patients under gynaecology as well as in different wards from the standard/outliers.

The nurse looking after the patient/ward coordinator/ward leader is expected to escalate to the on call team if this daily ward review has not happened, within a reasonable time. This review is not necessarily consultant led and the level of input would depend on the complexity of the case.

4. In cases where a different specialty requests a gynaecology review of a patient and/or take over, the gynaecology Registrar on call is expected to review the case and give an opinion. There should be a low threshold for discussion with the on call consultant in such cases, especially in the event of take over of care.

Documentation of date and time at which this take over was finalised is of paramount importance, pertaining to best on-going care and is of medico legal interest. In case of take over of care under gynaecology, the on call gynaecology doctor should be asked to update the hand over sheet.

In the most ideal situation, a request for take over of a case from another speciality should happen at Consultant-to-Consultant level.

5. In cases where Gynaecology requests a review of a case by another specialty, the Registrar in gynaecology is expected to be involved in initiating the discussions. Opinion and input should be sought from the on call Consultant as necessary. Documentation of date and time of request of this review is of paramount interest, pertaining to best on-going care and is of medico legal interest.

In cases where Gynaecology requests a take over of care by another specialty, the ideal discussion initiation is at Consultant-to-Consultant level or by the Gynaecology Registrar, in close discussion with the Consultant. All endeavour should be attempted to avoid any ambiguity about the individual/specialty with whom the care of the patient rests with. Documentation of date and time of request of this request for take over and name and designation of individual who accepted and agreed to take over is of paramount interest, pertaining to best on-going care and is of medico legal interest.

## Documentation Control

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	1	Dec 2021	Mr B Biswas – Consultant Urogynaecologist, ACD, Gynae Risk & Governance Mr J Dasgupta – Consultant Urogynecologist, CD Lorraine Horobin – Matron – Gynaecology Miss N Pope – O&G Consultant, ACD,	New S.O.P.
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