**Paediatric Anaesthesia Key Module for Training**

Welcome to your three month attachment at the Royal London Children’s Hospital. It is run as part of the paediatric anaesthesia training across the whole of North Thames.

The aim of your attachment is to train you to be able to manage children appropriately as a consultant. If you develop an interest in this speciality, you will need additional paediatric anaesthetic training.

On Wednesday/Thursday, you must all attend the Paediatric Anaesthetic Induction. There will also be a General Induction (inc. trauma & resus) on Thursday . These are very important because these include:

General introduction to department

Acute pain –Uli Sigg/Ambia Ali

Paediatric resuscitation - resus officer

Tour of A&E and isolated areas

Tour of paediatric theatres, wards and PCCU

If, for any reason, you cannot make induction, please make up the missed sessions asap.

You will also be able to sign on with HR, meet with occupational health and obtain Trust ID badges.

The anaesthetic consultants are:

1. Jo Challands, lead for acute pain
2. Anil Visram, journal club
3. Lionel Davis, lead consultant paediatric anaesthesia (Homerton) and journal club
4. David Stansfield, GIC/APLS instructor
5. Dan Lutman, CATS consultant
6. Naomi Edmonds, PCCU
7. Louis Michaels, educational supervisor, induction
8. Breda O’Neill, trauma lead
9. Barry Clifton, educational supervisor, journal club
10. Monica Naik, educational supervisor, SIM training lead, difficult airway
11. Carmel Cassar, educational supervisor, difficult airway, rota coordinator
12. Corinne Stannard, paediatric anaesthetic lead,educational supervisor, QI
13. Sophie Liu, QI, rota coordinator, ACSA lead
14. Mari Roberts, regional anaesthesia
15. Adam Wantman
16. Shy Aravindan, QI,pain, regional anaesthesia
17. Michelle Wright, ACSA lead (maternity leave)
18. Divya Raviraj locum consultant

There is always a consultant present during the day at RLH and one easily available out of hours.

**1. Rota/Annual and Study Leave**

There are nine specialist trainees allocated to this module, which allows for a shift rota.

All leave must be approved by Carmel. Once your leave request has been granted please check on the ‘Leave’ tab on clwrota that it has been correctly entered.

Please remember that your annual leave entitlement is:

A/L 8 days over 3 months module

S/L 7.5 days over 3 months module

Sick leave – bleep 1061 , inform the consultant on-call and the anaesthetic secretaries 41328 (NB: departmental policy for sick leave).

The paediatric module is based mainly on the RLH site where there is general surgery, dental surgery (including special needs adults in ACAD 5), plastic surgery, max-fax, orthopaedics and trauma, radiology, urology, ENT, ophthalmology and endoscopy.

After your shift, you must hand over to your trainee colleague before leaving.

The rota is published on the website blt.clwrota.com (no need for www.). Please check this carefully each week. You will be issued with a username and password if you don’t already have one. Your password may be changed by clicking on the ‘Profile’ tab. If you have problems with your password contact Nasima and use the username ‘guest.g’ and password ‘BLTrota1’. The paeds rota may be found by clicking on ‘Paeds’ under ‘Location Groups’ on the ‘Rota’ tab. You may also find where the paeds consultants or trainees are located by clicking on ‘Paeds’ and ‘Paeds trainees’ beneath the ‘People Groups’ section of the ‘rota’ tab. There is a free iPhone /Android rota app which can be found be searching for ‘clwrota’ .

**2. Guidelines**

The paediatric anaesthetic guidelines are accessed by the departmental Box application. There are also guidelines by CATS (www.cats.nhs.uk) and the Association of Paediatric Anaesthetists (APA).

**3. Acute Pain Service**

The paediatric pain CNSs are Uli Sigg and Ambia Ali (bleep 1109) who work Monday to Friday. Their teaching is invaluable and 1061 attends the pain round at 9.30 with them. There is a weekly consultant round. Bleep 1109 if you are attending an emergency and are unable to join the round. They will do the afternoon round and hand over to you. Please do a solo round during the night shift before helping out on the adult side. Any challenging out of hour pain issues must be discussed with the consultant on call. At weekends 1061 should do a pain round at the start of each shift. If you haven’t done a pain round by midday, you must ring the consultant on call, who will come in and either take over from you in theatres or do the pain round .

All pain documentation (prescriptions / audit sheets) is kept in theatres 2,3 and 4 anaesthetic rooms and recovery.All PCAs/NCAs must be connected to the patient. Complete an audit sheet and inform 1109 and 1061 about any child commenced on PCA, NCA, nerve blocks or epidurals or other complex pain issues to ensure review. Each time you review a child please write on CRS and fill in the pain audit form. Put the audit sheet in the blue pain folder in theatre recovery and hand them over each shift. Don't see the chronic pain children, unless there is an acute pain problem. The PCA/NCA and epidural pumps are kept in theatre recovery and the keys are with the 1061.

**4. NICU**

The neonatal unit, ward 8D has both surgical and medical neonates. We provide pain management to non-ventilated neonates.

In order to provide informal training to support this, we can arrange for you to attend a ward round. Daily ward rounds start at 8.45, except Wednesday which is 9.30 after teaching at 8.30, on the NICU at RLH.

1. **PCCU**

The PCCU is ward 6C. The Unit is open to three beds at level 2 care - single organ failure and 4 beds at Level 1 care - HDU. All children requiring PCCU care should be discussed with the consultant on call for the unit. Inform the outreach team (PCCOT) about children returning to the wards who need a review.

The unit has seven consultants, trainees and PCCOT. On long days go to PCCU briefly to check if any patients may potentially need anaesthetic expertise in a crisis. If you wish to spend a day on PCCU this can be organised.

Unit numbers: 40381, 40382, 40383,

PCCU Fellow: Bleep 0956 DECT phone 45667

PCCOT: 45785

**6. Audit and Research**

You will be encouraged to participate in audit and research projects during your 3 month attachment. Anybody wishing to get involved with audit talk to any of the consultants. If you wish to get involved with research, contact Corinne. If you wish to help in updating/formulating guidelines, contact Jo/Shylesh. There are ongoing research projects that may require your input in terms of form filling and occasional minor procedures.

On audit/educational half-days, you are expected to attend the Anaesthetic Audit meetings .

Paediatric journal club is at 12.30 on Wednesday in the PCCU seminar room. At induction one of you will get the job of doing the rota so that you all have the opportunity to present a paper. If you can’t do your allocated date, it’s your responsibility to swap. **PAPERS MUST BE DISTRIBUTED BY THE PREVIOUS FRIDAY**. Please email it to Nasima Begum (nasima.begum22@nhs.net, anaesthetic secretary) who will forward to the relevant people and also send out on the group WhatsApp.

Paediatric anaesthetic and trauma M+M – Monday 12.45-13.15

Paediatric anaesthesia small group teaching will take place most weeks, usually on a Wednesday at 4.30.

The paediatric x-ray meeting is on Monday 13.00-14.00 in the clinical radiology meeting room 1st floor.

Paediatric tracheostomy round Monday at 12.00 ward 7F

Adult journal club runs at 7.45 Wednesday in the anaesthetic department.

**7. Competency Assessment**

A competency assessment will be conducted for each trainee at the end of your attachment. This feeds into the formal ARCP process. It comprises a mini-CEX, CBD, DOPs, topic discussion, resuscitation and clinical judgement, attitudes and behaviour with a final summative assessment meeting with 1 or 2 consultants at the end of the module. It is your responsibility to ensure that these are completed.

**8. Further Paediatric Anaesthetic Training**

Talk to any of the consultants during your attachment for further guidance. Local opportunities for training include paediatric research and trauma fellowships supervised by Corinne and Breda, PCCU and GOS fellowships. We have contacts in many excellent departments both in the UK and abroad.

9. **Emergencies**

All emergencies are booked through CRS and bleep 1061 or DECT phone 45661,and discussed with the on-call consultant as appropriate.

Any other special requests (e.g. CT/MRI) should also be discussed with the on-call consultant

You are expected to attend all trauma calls and paediatric resuscitations.

**10. Consent**

Please fully discuss the anaesthetic with the patient and parent and record the discussion on the anaesthetic chart.

**11. Safeguarding Children**

It is mandatory that you do Levels 1 and 2 Safeguarding Children and Young People training. If you wish to do level 3 training this can be booked through the Trust intranet.

**12. Wellness**

Currently there are 2 wellness sessions Monday and Thursday from 8.15 -8.45.Yoga is in paediatric theatre recovery. Tony Allnatt runs a coffee club for trainees and will email you. Please use these sessions.

Enjoy your paediatric anaesthetic module!

**Jo, Anil, Lionel, David, Dan, Naomi, Louis, Breda, Barry, Monica, Carmel, Corinne,**

**Sophie, Mari, Adam, Shy , Michelle and Divya.**

**Paediatric Anaesthetic Consultants**