



SERVICE-AT-A-GLANCE

(MGH) Surgical Unit (General Surgery, ACS, Trauma, OMF and Plastics)

Location – *Are you located on one floor or in several locations in the hospital?*

- 18th

Population – *Describe in point form the characteristics of the patient population.*

- General surgery

Age range

- Adults

Impact of illness/injury

- Post-op patients from General Surgery, ACS, Trauma, OMF, and Plastics. Occ. off-service patients from Thoracic Surgery/Ortho

Medications: *be aware of their indications as well as side effects affecting functions and precautions*

- Pain medications
 - Marcotics
 - Dilaudid

Role – *Describe the role of your service in point form.*

- Swallowing Ax
- Functional Ax + assistance with discharge planning
- Cognitive appreciation and driving screen
- Positioning
- Optimization/maintenance of functional status
- Treatment plan (acute/chronic/end stage?),
- Continuity of care (rehab/convalescence/homecare/community/LTC/palliative?)

Team and Key Contacts– *Indicate if you work in a multidisciplinary team; who are the key players, staff doctors, consulting CNS's and other specialists.*

- Unit Coordinator: # 46800
- Head Nurse: 44801
- Assistant Head Nurse: #44802
- Liaison nurse: #23618
- Geriatric nurse: spectra 23841
- PT: pager: 514-406-6304 and 514 -406- 6581
- OT : 514 -406-1689 and 514 -406-0967
- SW: ext# 45905
- Dietician: ext: 514-406-0619

Rounds – *List the day(s), hours and location(s) of the clinical rounds for your service.*

- Tuesday/Thursday at 11am (generally not attended by OT but welcome to attend)

Medical Tests – Describe in point form the principle/**most frequent** risk factors that you assess specifically related to your patient population.

- X rays
- MRI
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Assessments - Describe in point form the principle/**most frequent** forms that you complete specifically related to your patient population in addition to the psychosocial assessment.

- DSIE
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Resources - Describe in point form the principle/**most frequent** hospital and community resources that you allocate specifically related to your patient population.

- Out –patient referral for OMF patients to SLP head and neck clinic for follow-up
- DSIE for rehab applications/conval
- Referral to CLSC for services

“Insider” Info – List any tips, cautions, fast-tracks, templates or lists that would help facilitate a quick-start for someone new to this service.

- Swallowing:
 - If MBS recommended, speak with Service directly (page/talk in person). Speak with them directly about swallowing recommendations as well.
 - If patient will need swallowing re-assessment as outpatient, remind Service to write consult for Dysphagia Clinic for repeat MBS
 - If patient is d/c to rehab/conval on modified textures, ensure copy of swallowing assessment report is included in discharge envelope
- Discharge Planning:
 - If there are recommendations for CLSC, speak with liaison to let her know (give her copy of OT report)
- OMF:
 - OMFs have their surgeries on Wednesdays and they sometimes page for a foot drop splint for the fibula flaps (day of OR-place FDS rather than cast). I usually provide the largest FDS we have since I have not seen the patient-give it to OR receptionist. I do not get the consult right away but I eventually do as the patient will be seen for swallowing post op. For the radial flaps, they usually ask for hand splint in first few days post op. I usually do it on POD 2 or 5 depending on how busy I am.
 - OMFs page OT once patient ready for swallowing evaluation. Prefer MBS be done, over bedside eval. Usually do not assess solids as contraindication for 6wks by OMFs-can ask OMFs if can assess solids when they page.