



SERVICE-AT-A-GLANCE

(MGH) Thoracic Surgery

Location

- 11 East

Population

- Surgical patients with:
 - lung cancer
 - esophageal cancer
 - gastric cancer
- Occasionally off service patients (trauma, plastics , ortho , ACS)

Impact of illness/injury

- Restrictions post-op
 - Espohagectomy: blenderized diet until day 14 or 21
 - Post thoracotomy (dr.Sirois) : honey thick liquids and puree
- Pain control issues
- Anxiety : Dealing with new diagnoses (cancer)
- Swallowing difficulties/diet texture changes

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

- Pain medications
- GERD medications

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

- Functional evaluations and discharge planning
- Swallowing assessments
- Optimizing function while in hospital setting (eg: ROHO cushion, built up handles, positioning suggestions...)
- Continuity of care – liaison with assistant nurse manager for any specific OT recommendations for rehab, convalescence or home care needs

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: #46100
- Head Nurse: 44530
- Assistant Head Nurse:
- Liaison Nurse: #23687 #23618
- OT: pager: 514-406
- PT: pager: 514-406-6304 and 514-406-3372
- SW: 514 406 2579
- Dietician: 514 406 4633

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

- Wednesdays from 11am -11:30am on 11E

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

- Thoracotomy /Chest tubes
- VAC therapy for wound management
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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.

- Bedside swallowing
- Modified barium swallow

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

- DSIE for rehab referrals /convalescent center/ CLSC
- Dysphagia clinic follow up (Glen , IUGM)

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

- Always check for what textures the Medical Team want to assess (i.e. they may not want solids to be assessed)
- Thoracics team prefers MBS over Bedside Swallowing Assessment
- Remind Resident to fill out the OT consult form and enter MBS request in OACIS
- Liaise directly with the Residents to discuss MBS recommendations (if not available, write a details note in the chart with recommendations and speak with patient’s nurse)
- Make sure a copy of the swallowing assessment report follows the patient (discharge envelope) when patient is d/c to rehab/conval