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 – liaise 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

**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 detailed 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