**Hints and tips for daily ward jobs**

Jobs List

Your jobs list is your bible for the day. Make it first thing in the morning, writing down the jobs handed over to you, and add to it as the day goes on and you get other jobs.

Everyone has their own method for ticking off jobs, however here is one popular method used by many during shadowing weeks and beyond…

When a job is given, write it down next to an empty box. Include a patient number for reference (+ ward patient is on, if on call)

When you’ve started the job eg. taken the bloods asked for, strike through the box.

When results are back/ you have the info you need, colour half the box.

When you have documented and acted on the results/ info, complete the box.

A quick list of jobs and boxes, to be kept on your person all shift, helps you prioritise as you go. Just remember to throw in the confidential bin at the end of the shift!

Venesection

Taking blood is one of the most common jobs that you’ll be asked to do on the ward. Some people are more natural with this, but it’s important to remember that everyone meets ‘difficult veins’ from time to time. If you’re having bother, our tips include:

* Try 3 times then escalate to senior
* If you’ve tried once and haven’t got blood, chances are trying in the same place again won’t work. Try somewhere else
* Once the needle is inserted, if you don’t get flashback straight away, pull needle back a tiny bit and reposition rather than taking needle fully out and trying again.
* There are some areas on the arms that lend themselves to venesection more than others. The classic ‘houseman’s vein’, on the radial aspect of the wrist, just below the thumb, is great for taking blood.
* If you’re still struggling to spot a good vein, or if the patient already has a few cannulas, think outside the box. The feet can be a site for surprisingly good veins!
* If all else fails, and bloods are needed urgently in an emergency scenario, an arterial stab can be undertaken. Take a relatively large syringe and small needle, and use the same technique as an ABG. This is often much easier than true venesection. However, do warn the patient that it may hurt a bit more!
* Using the appropriate needle is important. Most trusts stock blue butterfly needles: these are usually the smallest needles available. You don’t get extra points for using a harpoon-like needle on tiny veins, so make life easy for yourself!
* Position the tourniquet as high up on the am as possible, hang the arm off the edge of the bed and tap over your vein of choice – this will all help the veins become swollen with blood and ripe for the taking.
* The best veins aren’t necessarily the ones you can see, but the ones that feel nice and spongy to palpate
* If you find a big vessel, do quickly check for a pulse over it. It may sound silly, but there are plenty of horror stories of foundation docs cannulating an artery. That does tend to get messy, and is no good for the patient!
* Particularly in older patients, wiggly veins and saggy skin can make bloods a nightmare to collect. Fix the vein by making the skin taught (but not too much that you collapse the skin) and try for where two veins converge to ensure the best stability
* If you’re still struggling, asking the patient to drink a glass or two of water (if they’re safe to of course) can help increase their circulating volume a little bit, just enough to spot a decent vein