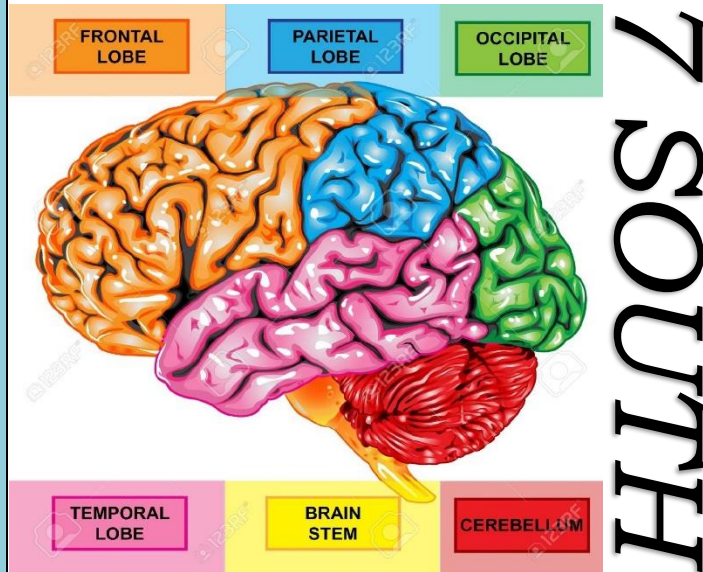


# Student Nurses



## *Neurosciences (Neurosurgery, Neurology and Stroke) 2021*

### ABOUT THE WARD

7 South is a 25 bed Neurosurgical, Neurology and Stroke ward. We have 2 pods, Pod D with beds 1-12 and Pod E 1-25. In 2018 we introduced a 6-bedded Neuroscience Advanced Observation Unit (NAOU) to care for our patients who require more frequent observations either post operatively, from intensive care or after their thrombolysis for stroke. This unit has a staffing ratio of 1 nurse to 2 patients.

We cater for patients with tracheostomy, nasogastric tubes, lumbar drains and external ventricular drains (drains to remove cerebral spinal fluid from the spine and brain) and wound drains. This is a very interesting learning environment for students and we look forward to welcoming you!

### WHAT'S WHAT

7 South is located on the 7<sup>th</sup> floor of the Wellington Regional Hospital which includes: Neuroscience services.

(Common conditions/Procedures that you might want to look up):

#### Neurosurgery

Craniotomy, craniectomy/cranioplasty, burrhole evacuation of haematoma, cerebral angiogram/angioplasty, embolisation/clipping/coiling of a cerebral aneurysm or AVM, endoscopic transsphenoidal, VP/LP shunt insertion/removal, laminectomy/laminoplasty/foraminotomy procedures for spine problems, EVD/ICP insertion/removal.

#### Neurology

EEG monitoring, epilepsy, Parkinson's disease, headaches/migraines, multiple Sclerosis, Guillain-Barre Syndrome and other autoimmune disorders and motor neuron disease. Stroke Cardiac monitor, ischaemic stroke, haemorrhagic stroke, TIA, thrombolysis, endovascular clot retrieval, rehabilitation.

## Brain Conditions

**Headache:** There are many types of headaches; some can be serious but most are not and are generally treated with analgesics/painkillers.

**Stroke (brain infarction):** Blood flow and oxygen are suddenly interrupted to an area of brain tissue, which then dies. A blood clot, or bleeding in the brain, are the cause of most strokes.

**Brain aneurysm:** An artery in the brain develops a weak area that swells, balloon-like. A brain aneurysm rupture can cause a stroke.

**Subdural hematoma:** Bleeding within or under the dura, the lining inside of the skull. A subdural hematoma may exert pressure on the brain, causing neurological problems.

**Epidural hematoma:** Bleeding between the tough tissue (dura) lining the inside of the skull and the skull itself, usually shortly after a head injury. Initial mild symptoms can progress rapidly to unconsciousness and death, if untreated.

**Intracerebral haemorrhage:** Any bleeding inside the brain.

**Concussion:** A brain injury that causes a temporary disturbance in brain function. Traumatic head injuries cause most concussions.

**Cerebral oedema:** Swelling of the brain tissue in response to injury or electrolyte imbalances.

**Brain tumour:** Any abnormal tissue growth inside the brain. Whether malignant (cancer) or benign, brain tumours usually cause problems by the pressure they exert on the normal brain.

**Glioblastoma:** An aggressive, malignant brain tumour (cancer). Brain glioblastomas progress rapidly and are very difficult to cure.

**Hydrocephalus:** An abnormally increased amount of cerebrospinal (brain) fluid inside the skull. Usually this is because the fluid is not circulating properly.

**Normal pressure hydrocephalus:** A form of hydrocephalus that often causes problems walking, along with dementia and urinary incontinence. Pressures inside the brain remain normal, despite the increased fluid.

**Meningitis:** Inflammation of the lining around the brain or spinal cord, usually from infection. Stiff neck, neck pain, headache, fever, and sleepiness are common symptoms.

## 7 South – Student Nurses

**Encephalitis:** Inflammation of the brain tissue, usually from infection with a virus. Fever, headache, and confusion are common symptoms.

**Traumatic brain injury:** Permanent brain damage from a traumatic head injury. Obvious mental impairment, or more subtle personality and mood changes can occur.

**Parkinson's disease:** Nerves in a central area of the brain degenerate slowly, causing problems with movement and coordination. A tremor of the hands is a common early sign.

**Huntington's disease:** An inherited nerve disorder that affects the brain. Dementia and difficulty controlling movements (chorea) are its symptoms.

**Epilepsy:** The tendency to have seizures. Head injuries and strokes may cause epilepsy, but usually no cause is identified.

**Dementia:** A decline in cognitive function resulting from death or malfunction of nerve cells in the brain. Conditions in which nerves in the brain degenerate, as well as alcohol abuse and strokes, can cause dementia.

**Alzheimer's disease:** For unclear reasons, nerves in certain brain areas degenerate, causing progressive dementia. Alzheimer's disease is the most common form of dementia.

**Brain abscess:** A pocket of infection in the brain, usually by bacteria. Antibiotics and surgical drainage of the area are often necessary.

### Members of the team

- Charge Nurse Manager – Amy Nel
- Associate Charge Nurse Managers – Gayle Tristram and Natalie Hallett
- Clinical Nurse Educators – Caroline Woon and Rebecca Lissiman
- Ward Clerks – Urmilla & Raj
- CNS Stroke – Lai-kin Wong & Alicia Tyson
- Consultants
- Registrars
- House Surgeons
- Multi-Disciplinary Team (MDT) – Physiotherapist/Occupational Therapist/ Social Worker/ Speech Language Therapist/Dietitian
- Food Service Hosts: April & Feao

## Contacts

7 South Unit	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Educators	-Caroline	<a href="mailto:Caroline.Woon@ccdhb.org.nz">Caroline.Woon@ccdhb.org.nz</a>	04-3855999 ext 82011
	-Rebecca	<a href="mailto:Rebecca.Lissiman@ccdhb.org.nz">Rebecca.Lissiman@ccdhb.org.nz</a>	
Clinical Nurse Manager	-Amy Nel	<a href="mailto:Amy.Nel@ccdhb.org.nz">Amy.Nel@ccdhb.org.nz</a>	0272856742
Associate Clinical Nurse Manager	-Gayle	<a href="mailto:Gayle.Tristram@ccdhb.org.nz">Gayle.Tristram@ccdhb.org.nz</a>	04-3855999 ext 80933
	-Natalie	<a href="mailto:Natalie.Hallett@ccdhb.org.nz">Natalie.Hallett@ccdhb.org.nz</a>	
Clinical Liaison Nurses	-Tash	<a href="mailto:Natasha.Choy@ccdhb.org.nz">Natasha.Choy@ccdhb.org.nz</a>	04-3855999 ext 80933
	- Dyan	<a href="mailto:Dyan.lariosa@ccdhb.org.nz">Dyan.lariosa@ccdhb.org.nz</a>	
	- Kirimoana	<a href="mailto:Kirimoana.pook@ccdhb.org.nz">Kirimoana.pook@ccdhb.org.nz</a>	
	-Rebecca	<a href="mailto:Rebecca.Lissiman@ccdhb.org.nz">Rebecca.Lissiman@ccdhb.org.nz</a>	
	- April	<a href="mailto:April.corrigan@ccdhb.org.nz">April.corrigan@ccdhb.org.nz</a> <a href="mailto:cc-gd-7SouthDEU@ccdhb.org.nz">cc-gd -7SouthDEU@ccdhb.org.nz</a>	

**\*Please contact the CLNs for all roster and placement related enquires. Allow a week For a reply\***

## Dedicated Educational Unit

The Dedicated Education Unit (DEU) model of clinical teaching and learning in Wellington and is a partnership between organizations, the education provider Massey University (Massey) and Whitireia New Zealand (Whitireia) and Capital and Coast District Health Board. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEU's are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning models, and peer teaching. The DEU is based on an Australian model that offers and *replaces the Preceptorship model* to focus on student learning and curriculum integration.

### Your Preceptor

Your designated preceptors will communicate among themselves so that we can provide continuity of learning opportunities. We will try and assign you with lesser preceptors as possible however, please be aware that due to other orientating nurses, your shift patterns, sick nurses, we may not be able to place you with the same preceptors as much as we would like. Your Preceptor will work alongside you to support your practice and learning during your placement. You will work with your preceptor in a shared care model for your orientation period. This means you will be allocated your own workload and be supported by your preceptor for this time.

### Clinical Liaison Nurse(s)

Dyan, Kiri, Tash, April and Bex are the Dedicated Education Unit Clinical liaison nurse (CLN) for 7 South Ward and your main clinical contact. They will provide you with some structured clinical learning during your clinical placement. They have an excellent understanding of your program and academic study, and will work alongside your academic tutors and yourself to support your learning needs, and complete formative and summative assessments during your placement. If you have any concerns please do not hesitate to contact your CLNs. They will be your first point of contact as they will be the key people in organizing and facilitating your placements in 7South ward.

# Expectations of the Student Nurse while in 7 South

## Shift Times

AM 0700-1530

PM 1445-2315

Night 2245-0730

Long Day 0700-1930

Long Night 1900-0730

If your shift times are different from the above or you will be off the ward for meetings or tutorials please let the nurse in charge know at the beginning of the shift or let your preceptor know in advance. This is so we can ensure appropriate workload allocation and patient safety.

## OPPORTUNITIES

Please liaise with your CLN a week before if you want to spend a day with

- Theatre with Neurosurgeon
- CNS Stroke
- CNS Epilepsy
- MDT (PT/OT/SLT)
- CNM or Nurse Coordinator

## HANDOVER

At the start of each shift all staff meet in the Fish Bowl for a generic handover of the ward. You will be allocated into a Pod and then receive a thorough handover about your patients in that Pod.

# Safety Measures in 7 South

## Orientation

The first thing to do is to get to know your way round the ward. You must know the safety policies of CCDHB and Level 7 South.

SUBJECT	LOCATION
Resus trolley	
Defib trolley	
Fire alarms	
Fire extinguishers	
Emergency Shut off valves (oxygen)	
Supplies for evacuation	
Fire exits	
Patient stickies	
Patient medications	
Stock medications	
Drug info leaflets	
Blood sugar machine	
Observation machines	
Washbowls	
Urine bottles, pans	
Oxygen masks and tubing	
Sterile gloves	
Non sterile gloves	
Dressing packs	
Wound care dressings	
Tapes	
Sharps bin	
Gauze	
Tracheostomy equipment	
Catheters/ bags	
Naso gastric tubes	
Naso gastric feeds	
SCDs	
IV pumps/poles	
Sliding boards/ manual handling equipment	





**THE LINGO**

GCS	Glasgow Coma Scale
A+O	Alert and Orientated
NLD	Nil Limb Deficits
E+D	Eating and Drinking
IDC	Indwelling Catheter
UTT	Up to toilet
Preop	Pre-operative patient
Postop	Post-operative patient
SDH	Subdural Haematoma
SAH	Subarachnoid Haemorrhage
ICB/ICH	Intracerebral Bleed/Haemorrhage
EVD	External Ventricular Drain
VP Shunt	Ventricular Peritoneal Shunt
AVM	Arterial Venous Malformation
SOL	Space Occupying Lesion
GBM	Glioblastoma Multiform
PEARL	Pupils Equal and Reactive to Light
NAD	No abnormality Detected
TIA	Transient Ischemic Accident
CVA	Cerebral Vascular Accident (Stroke)

# Day One on Neuroscience Ward

## Student Objectives

It is the sole responsibility of the student to express the daily objective to achieve. Always think and look for opportunities that you would like to participate in or achieve within your 9 week placement. Feel free to ask to observe procedures that may be happening on the ward or theatre cases. A lot of learning occurs at quiet times in the unit.

It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives, if you are not achieving your objective please see the CLN or your preceptor (before the last week in the unit)

## Focus

Please involve yourself in as many learning opportunities as you can, but remember to stay focus and always stay within your year three scope.

## Punctuality

You are expected to be on time for your rostered shift, if you are sick, late or absent for any reason. You need to ring the Shift Coordinator phone (please do not text), you will be given this on placement.

Leaving early is not acceptable except due to emergency or sickness. Students who frequently ask to leave early will have their placement performance discussed with their Clinical Liaison Nurse (CLN) and their Academic Liaison Nurse (ALN).

## Rosters

Students are expected to follow the roster strictly; any requests for change of roster with must be arranged with the CLN or Nurse educator.

## Uniform

Due to infection control a clean uniform must be worn, long hair must be tied Back. Cardigans nor long sleeve thermals must not be worn when working in the floor. Wrist watches should also be removed.

## Communication

Communication is a key part of getting a positive experience from your placement in neuroscience ward. We realize at times you may feel overwhelmed, scared and uncomfortable.

When in doubt, overwhelmed, confused, uncomfortable or unsure please speak up. There is **NO** such thing as a silly question: we have all asked them ourselves, at one time or another. Please voice any concerns you may have. We also expect students to communicate honestly and openly. Any performance mistakes should be reported immediately. Any communication issues will be addressed during the weekly placement review with your clinical tutor.

## Documentation

Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last week in the unit – your preceptor or CLN will not complete any paper that is given to him or her if it is given in the last week of your placement

## Nursing Student Nurse Conduct

- Learn the basic
- Follow all CCDHB and Ward 7 South Policies
- Be respectful to staff, patient and whanau
- Try not to turn down learning opportunities
- Please do not come in sick
- Do not complete a task unsupervised
- Please listen to your preceptor
- At the end of your placement, elevate your placement as we welcome feedback

# Objectives

## SKILLS YOU ARE EXPECTED TO BECOME FAMILIAR WITH

- Neurological assessment – Glasgow Coma Scale (GCS), National Institute for Health Stroke Score (NIHSS), Spinal Observations
- Observations – Blood Pressure, pulse, temperature, respirations, oxygen saturations & blood glucose level
- Monitoring & dressing surgical wounds
- Suture & clip removal
- Drain removal
- IDC insertion & care
- Patient ADL'S
- Charting: fluid balance, drug charts, food charts etc.
- Medication Administration under supervision
- Admission & discharge procedures
- Writing notes.

## WHATS OKAY AND WHATS NOT

All your neuro observations need to be checked by your preceptor. Any change in neuro observations need to be reported to your preceptor who will let the medical staff and nurse in charge know. We don't allow flowers in our Ward and only two friends/family members at bedside at one time.

## WORKLOAD

You will be able to take a patient load as your skills progress under supervision, especially in your final placement. You will be expected to carry out all cares for your patients and for those cares that you are not able to do you should negotiate with your preceptor a time for him/her to carry them out for you. The cares you will be responsible for include medications, observations, checking surgical wounds and dressing as required and writing nursing notes. All these cares will be explained and demonstrated to you before you are expected to carry them out. Give constant feedback to your preceptor and seek help whenever you need it.

Remember to think of the patients you are working with as holistic and individuals. As well as the technical side of the neuroscience ward don't overlook the emotional side

## *7 South – Student Nurses*

of what your patients are undergoing. They and their families maybe in the process of being told they have a terminal disease or dealing with the fact they are having brain surgery and the risks that involves.

### **TIME FLYS!**

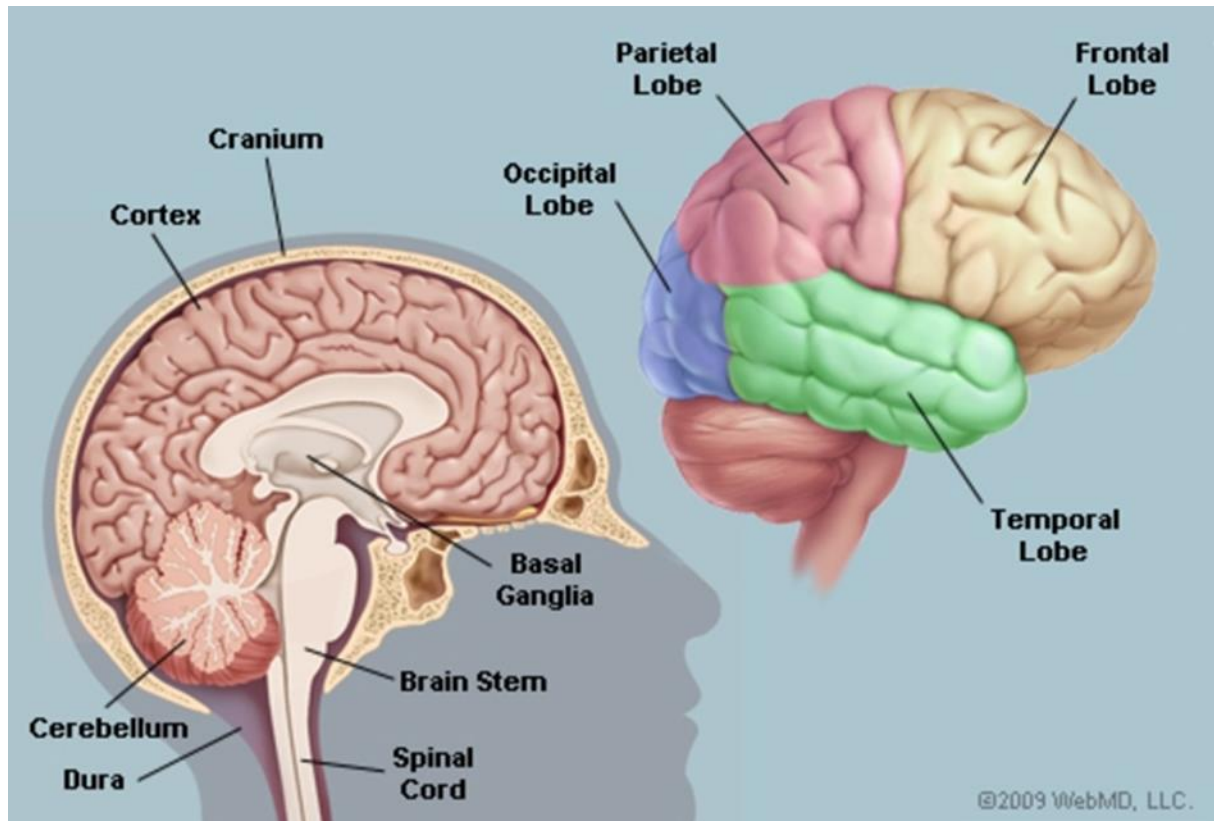
Time management and prioritising your workload is the hardest thing to learn. Your preceptor will help you develop this skill. Communication is the key at all times. The safety of the patients is the ultimate legal responsibility of the Staff Nurse. If you are unable to carry out a task for whatever reason, tell your preceptors immediately, he/she will then be able to tell you if it is a task that can be completed later or if it needs to be completed now.

### **GREAT EXPECTATIONS**

We are aware that all students are at different levels. All we expect from you is a willingness to learn and make the most of your clinical time. We expect you to be open and honest and you can expect the same from all of us.

We will try to provide the best teaching we can but it often depends on the ward on the day. There are various ways of learning and we encourage you to identify your own learning style and to utilize the many resources which are on the ward: reading journals and textbooks, looking in depth at patients notes to gain a broader clinical picture or perhaps observe various procedures occurring on the ward.

We work as a team on 7South and invite you to become part of the team while you are here.



<https://www.webmd.com/brain/picture-of-the-brain#1>

## Common Medications used on 7 South

Drug Name	Classification	Mode Of Action
Amoxicillin/clavulanic		
Aspirin		
Atorvastatin		
Augmentin		
Bisacodyl		
Ceftriaxone		
Cefuroxime		
Cilazapril		
Clexane		
Clopidogrel		
Cyclizine		
Dabigatran		
Dexamethasone		
Fentanyl		
Gabapentin		
GTN		
Ibuprofen		
Insulin		
IVAG		
Lactulose		
Laxsol		
Levetiracetam		
Macrogol		
Metoclopramide		
Metoprolol		
Ondansetron		
Paracetamol		
Pregablin		
Sevredol		
Sodium Valproate		
Span K		
Tenecteplase		
Ticagrelor		
Warfarin		



Welcome!!

We are looking forward to working with  
you

## Evaluation of Clinical Experience

Nurse: \_\_\_\_\_ Date of placement: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Preceptor: \_\_\_\_\_

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
<b>How was the Preceptor?</b>						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

**Additional comments:**

**Please return this form to Charge Nurse Manager or Clinical Liaison Nurse**