

Student Nurses

*Gynaecology
Ward
2019*

Haere Mai!

Student Name:

The Gynaecology Ward

Ward 4 North, Pod A is the Gynaecology ward of the Women's Health Service. Pod B is the ante-natal inpatient area, Pod's C & D are the post-natal pods. The other areas of the Women's Health Service are Outpatients Women's Pre-assessment, Women's Health Assessment Service (WHAS) and Te Mahoe Unit, located on level 3.

Vision Statement: That the Community served by 4 North, Pod A will confidently receive the researched based gynaecological care that it needs, delivered harmoniously by well-motivated and highly skilled team.

Mission Statement: 4 North Pod A will provide the highest attainable standard of professional care to women undergoing treatment for fertility and other aspects of women's sexuality.

Pod A Gynaecology has 14 beds and carries out elective and acute gynaecological and Gynaecology – oncology surgery. Examples of surgery we carry out are:

- Laparotomy: for removal of fibroids, an ovarian cyst/malignancy or to treat an ectopic pregnancy.
- Laparoscopy – for diagnostic or treatment purposes
- Abdominal or vaginal hysterectomy
- Anterior/posterior repairs for bladder prolapses
- Dilatation and curettage, Hysteroscopy
- Incision and drainage of a Bartholin's cyst.
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We also cater for acute early pregnancy care for less than 20 weeks gestation, and post-natal complications after 2 weeks postpartum.

Whatever the operation, it is important to remember that the women we care for are often:

- Experiencing a strong sense of loss
- Fearing of facing menopause, changes in sexual function, loss of pregnancy or fertility
- Apprehensive that treatment may violate their personal, religious or cultural values.
- Facing a change in body image.

The Team

Nursing Staff

- Charge Nurse Manager **Sue Hazelwood**
- Clinical Nurse educator **Marjorie Alcaraz**
- Clinical Nurse Specialist **Chantelle French**
- Clinical Nurse Specialist for Gynae Oncology **Pathmini Murugesan**

There are 21 RN's who work full time and part -time on a rotating roster basis.

Support Staff's are: **Kamla Parbu, Tali Antera, Poko Morrison, Paula Welch, Vaishali Sigh, Heather Moore, Hema Patel, Ronnie Morgan, Karlee Pele, Shifali Madhura:** Health Care Assistants who work throughout Ward 4.

Ward Clerks: **Karen Harris, Lynda Byron & Jo Pailman:** who work a shift pattern covering seven days a week.

Medical Team

There are 14 consultants who have contact with our ward

- John tait
- Amanda Tristram – Gynae Oncology
- Patrick Keating – Gynae Oncology
- Howard Clentwoth – Gynae Oncology
- Jackie Hawley
- Fali Langdana
- Dean Maharaj
- Rose Elder
- Peter Abels
- Nick Bedford
- Jay Marlow
- Simon McDowell
- Karen Leeman
- Chloe Frei
- Leigh Searle

Each Consultant has a Registrar and an SHO assigned to them. One consultant is on call at all times. On call hours for each consultant is from 0800 hours to 0800 hours the next day.

Multidisciplinary Team

- Physiotherapist
- Dietician
- Social Worker

Welcome!!
We are looking forward to working with
you

Contacts

Gynaecology Unit	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Educator	Marjorie Alcaraz	marjorie.alcaraz@ccdhb.org.nz	DD 8062859 cellphone
Clinical Nurse Manager	Sue Hazelwood		DD 8060891 0211998150

If you are ailing please ring the ward (ph 04-8060881) to let the staff know. If you are required to go off the ward for meetings, tutorials or study sessions please let the Nurse in charge know at the beginning of the shift or the day before.

Your Preceptor

You will mainly be working with 2 preceptors while you are on placement at Ward 4, depending on how long you are with us. Due to shift work requirements there may be others who will work with you as well. It would be helpful to discuss your objectives with your preceptors to who you are assigned at the beginning of your placement. They will then be able to work with you to help you achieve them. Show them your assessment book at this time as well. Also please bring this daily for the RN you are working with to sign off any objectives achieved. You must provide evaluations and other paperwork to you preceptor in a timely fashion.

Expectations of the Student Nurse while in Gynaecology Ward

Shift Hours:

Morning	: 0700-1530
Afternoon	: 1445-2315
Night	: 2245-0715

We have a few expectations of student nurses in the Gynaecology ward:

- Note that the afternoon shift starts a little later than some other areas you may have worked in. Please be prompt – being late means you inconvenience others, and you may miss something important! Tea and meal breaks will be allocated to fit in with workload. It is important that you go at your allocated time otherwise others will be late in having their breaks.
- Please wear your student I.D. Identification at all times while working in Ward 4.
- Clean uniform must be worn and long hair tied back, cardigans must not be worn when working on the floor for infection control.
- There is a staff shower available in the staff toilet area. Please remember to always close or lock any staff areas as theft is not uncommon.
- Please do not bring any valuable or excess money to the ward. You can put your bag away into the allocated locker for student, on placement. (Please handover the key before you finish at each shift).
- It is important that your preceptor or the Nurse that you are working with is aware of your objectives. If you are not achieving your objective please see the Clinical Nurse Manager, Nurse Educator or you preceptor (before your last week in the ward.)
- Please ensure all documentation you need to complete for Polytech/University is accomplished before the last days in the ward.

The Acquisition of Wisdom

Never a straight forward task! If you have questions please ask – you can guarantee someone else would have asked the same thing. Don't be afraid to ask if there is something you don't understand. You may have to wait an appropriate time but we endeavor to answer any queries you have.

Patient wellbeing and safety are your main concern, if you feel unable, unconfident, uncertain or uncomfortable about doing something please speak to your preceptor.

We have an increasing store of reference material and also several interesting and informative books on Gynaecological Nursing. You are welcome to use them but would prefer if you did not take them off the ward.

There is a treasure hunt attached on this guide. Please take you time on your first day to find the items listed. It will help you to familiarize yourself to the ward and will also be of assistance to the nurse you are working with. Also take some time to look at the list of terminology and abbreviations. Handover will make a lot more sense! It will also help if you do some pre – reading on the types of operations women in Ward 4 North Gynaecology are having.

You will find staff more supportive if you are enthusiastic and interested. If you see a nurse doing something that you like to watch, ask if you can accompany her – however, please tell your preceptor where you are going. It may also be possible to go to theatre to see an operation – your preceptor will let you know if it is appropriate and can help arrange it. Other areas you may visit may include Te Mahoe, Women's Outpatient's and Women's Health Acute Assessment Service.

Safety Measures in the Gynaecology ward

Make yourself familiar with the Emergency Procedures flip chart and the location of fire alarms, fire hydrants and fire hoses. Fire alarms are a regular happening and you will need to know the routine to follow in an event that this happens.

Don't panic if there is an arrest – your responsibility is to be around when needed and follow any directions thrown your way. If you are at the patient's bedside, ring the emergency call bell. For any emergency where, in your judgement, life or lives are at risk the number to call is always the same

777.

Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

<input type="checkbox"/> Pyxis Medication Machine	<input type="checkbox"/> Discharge information
<input type="checkbox"/> Fire hoses/ fire alarms	<input type="checkbox"/> Clinical policies & procedures
<input type="checkbox"/> Emergency bells	<input type="checkbox"/> "Notes on Injectable Drugs"
<input type="checkbox"/> Smoke alarms	<input type="checkbox"/> Roster
<input type="checkbox"/> Observations Equipment	<input type="checkbox"/> Manual BP machine
<input type="checkbox"/> Blood Glucose machine	<input type="checkbox"/> Suction Equipment
<input type="checkbox"/> Bladder scanner	<input type="checkbox"/> Breast pump
<input type="checkbox"/> Intravenous Fluids and equipment	<input type="checkbox"/> Bio-hazard bags
<input type="checkbox"/> Catheterisation pack/ Foley Catheter	<input type="checkbox"/> Tympanic thermometer & covers
<input type="checkbox"/> Student tea room/Locker	<input type="checkbox"/> Stationery supplies
<input type="checkbox"/> Resuscitation trolley	<input type="checkbox"/> Photocopier
<input type="checkbox"/> Dirty utility room	<input type="checkbox"/> Spare batteries
<input type="checkbox"/> Transport swabs/ Chlamydia swabs	<input type="checkbox"/> Laboratory forms
<input type="checkbox"/> Dressing trolley and Materials	<input type="checkbox"/> Sharps Bin
<input type="checkbox"/> Isolation Equipment	<input type="checkbox"/> Oxygen Mask and tubing
<input type="checkbox"/> ECG machine	<input type="checkbox"/> Fire Exits
<input type="checkbox"/> MSU/Stool specimen containers	<input type="checkbox"/> Sterile Gloves
<input type="checkbox"/> Toilets	<input type="checkbox"/> Pads
<input type="checkbox"/> Height and Weight Equipment	<input type="checkbox"/> Patient ID bracelets
<input type="checkbox"/> Yellow Hat	<input type="checkbox"/> Bed pans/Steriliser
<input type="checkbox"/> ECG machine	<input type="checkbox"/> Vomit bowls
<input type="checkbox"/> Public phone	<input type="checkbox"/> Dressing Trolleys
<input type="checkbox"/> Tapes and bandages	<input type="checkbox"/> Sterile Instruments
<input type="checkbox"/> Jugs/mugs/cups	<input type="checkbox"/> Patient lounge

Objectives

Each Nurse is responsible for handing over the patients she is looking after to the Nurse on the next shift. If you are looking after the patient be prepared to handover too, It's good experience!

Each Nurse is responsible for documenting the care the patient has received. When looking after a patient, you will be responsible for recording in the notes the care provided throughout the shift. If unsure what to write ask your preceptor for guidance. She will also probably wish to check what you have written.

You need to consider legal and ethical issues when writing notes. Be objective, ensure each entry has the date and time by it, **sign and also write your name and status.**

By the end of your placement you may be able to gain the following skills during your time on the Gynaecology ward.

- **Observation** of surgical wounds and monitoring blood loss.
- **Observations** – Blood pressure, Temperature, pulse, respiratory rate, oxygen saturation, blood glucose. Abnormal observations. The Early Warning Score Chart (EWS).
- **Administration** of oral medications and sub – cutaneous medications.
- **Administration** of oxygen therapy
- **Assisting** with patient catheterisation
- **Admission** and **Discharge** procedures
- **Preparing** a patient for theatre
- **Assessment** of pain and nausea
- **Managing** post-operative care
- **Preparation** of IV medication and monitoring of IV fluids
- **Removing** drains and indwelling catheters

Observations

Please familiarize yourself with the CCDHB Early Warning Score (EWS) observation chart. When carrying out observations, patients are scored depending on the value of each observation. Mandatory actions are to be taken once a score is obtained. Please inform your preceptor if an EWS has increased or **> 5**.

Blood pressure – report abnormally high or low readings, considering normal baseline observations and any medications. Check BP before giving medication that may affect it as it may have to be withheld.

Pulse – Check radial pulse for 60 seconds. Report anything abnormal. (eg fast, irregular).

Temperature – Report to your preceptor a temperature is over 37.0 degrees celsius.

Respiration – Record respirations on all post – operative patients, unstable patients, patients on opioid analgesia, dyspnea.

Oxygen Saturation – All patients should have their oxygen saturations monitored with a base line reading recorded.

Blood loss – All post - operative patients have their wound, laparoscopy sites and vaginal loss checked regularly. Any unstable patients are monitored for excess blood loss this includes all inevitable miscarriages, acute admissions, and women with menorrhagia.

Assessment of blood loss

- Scant - smaller than 2 inch stain, 10 mls.
- Small - smaller than 4 inch stain, 10 - 25 mls.
- Moderate - smaller than 6 inch stain, 25 – 50 mls.
- Large - Larger than 6 inch stain, 50 – 80 mls.
- Soaked pad - 100 mls.

NB : It is important to use your judgement and assessment skills when considering the relevance of abnormal observations. In isolation one may be unremarkable but in the context of trends, other observations and your assessment of the patient it may be noteworthy. For example a temperature of 37.5 degrees Celsius by itself may be acceptable, but with an increased pulse rate it could be an early indicator of infection.

Common Presentations to the Gynaecology Ward

The following list are some of the common presentations in 4 North Gynaecology:

- Hyperemesis
- Bartholins Abscess
- Miscarriages <20 weeks gestation
- Endometriosis
- PID
- Endometritis
- Ectopic Pregnancy
- Menorrhagia
- Ovarian Hyper Stimulation
- Mastitis

Here is a simple Explanation of some of the common operations that you may hear mentioned and there are some others that you may come across during your placement. It will help your learning if you have a think about the questions following the explanations.

- **Hysterectomy** – Removal of the uterus and cervix either through the lower abdominal wall (TAH) or vagina. Occasionally only the body of the uterus is taken, in which case it is known as a sub – total hysterectomy. If the ovaries and fallopian tubes are also removed the procedure is known as a TAHBSO (bilateral salpingo-oophorectomy).
- **Laparotomy** – This means an incision into the lower part of the abdominal wall. The length and position of the incision will depend on the reason for the operation. Usually it is about 10-15 cms long, just above the pubic hairline. It may be done to treat a pelvic infection, to remove an ectopic pregnancy, remove a cyst or fibroid or to assist in making a cancer diagnosis.
- **Laparoscopy** – A Laparoscope is a narrow telescope, about the size of a pen. A light and camera system is attached so that the inside of the abdomen can be viewed on a T.V screen. The laparoscope is inserted through a small incision just below the umbilicus. Gas is put into ta abdomen to make space so that the organs can be seen clearly. A second incision is made just above the pubic hairline so other instruments can be introduced. It is done to investigate and/or treat infertility, pelvic pain, ectopic pregnancy, endometriosis, cysts or to perform sterilisation.
- **Hysteroscopy** – An Examination of the inside of the uterus to diagnose the cause of abnormal bleeding. Sometimes small procedures such as removal of polyps will be done at the same time.
- **Examination under Anaesthetic (EUA)** – A manual examination of the pelvis which is easier if the patient is relaxed from anaesthetic drugs.
- **Dilatation and Curettage (D&C)** - This is carried out by gently stretching open the cervix so samples of the lining of the uterus can be removed and tested for abnormal conditions. Some women require a D&C after a miscarriage to make sure that all the pregnancy tissue has been passed.
- **Vaginal Repairs** – The Vaginal wall is strengthened to correct an adjacent organ that is bulging through and may be carried out to treat stress incontinence. If the anterior wall is strengthened it is called an anterior wall repair. A posterior repair will prevent the bowel protruding through.

Te Mahoe Level 3 Women's Clinics

Te Mahoe supports women undergoing first and second trimester termination of pregnancy (TOP) between 5 and 19+1 week's gestation Tuesday-Friday. On Monday's office hysteroscopies take place in Te Mahoe.

Our unit has 10 single rooms, an operating theatre and an area known as Day One where women undergo a medical assessment, they are booked out for their TOP and attend compulsory counselling.

We perform medical TOP's (<9/40), local anaesthetic TOP's up to 15/40 , TOP's under general anaesthetic up to 19+1/40 and 2nd trimester medical abortion. Induction of labour can also be offered. Our service also cares for those women referred by Maternal Fetal Medicine (MFM).

We are a multi-disciplinary team comprising of

- Charge Nurse Manager, 8 Registered Nurses/Midwives & 1 Health Care Assistant
- 5 Social Workers/Counsellors
- 2 Administration staff
- 7 Doctors- 5 SMO and 2 MOSS. 3 of whom are operating doctors.

The Te Mahoe social work and counselling team provides the following service:

- Pregnancy options counselling
- Pre and post termination counselling
- On-going counselling (if required)
- Support services referrals
- Counselling for women and couples who have experienced a pregnancy loss or stillbirth

Te Mahoe is contracted to provide termination of pregnancy services to the following DHBs:

- Wairarapa- second trimester service
- Whanganui- first and second trimester service
- Mid Central- second trimester service
- Hawkes Bay- second trimester service
- Nelson/Marlborough- second trimester service
- Tairāwhiti and other non-central region DHBs- second trimester service

Terminology and Abbreviations

Amenorrhea -	absence of menstruation
Dysmenorrhea -	Painful menstruation
Dysuria -	discomfort in passing urine
Menorrhagia -	Excessive vaginal bleeding
Colp -	Vagina
Hyster -	Uterus
Oo -	Ovum, egg
Salping -	tube
Coele -	Hernia or swelling (eg rectocoele)
Ectomy -	Excision of (eg Salpingectomy)
Oscopy -	using an endoscope for direct visual examination
Ostomy -	formation of an opening
Otomy -	Surgical incision or cut into (eg laparotomy)
BHCG -	Beta Human Chorionic Gonadotrophin
BSO -	Bilateral Salpingo Oophorectomy
Cx -	Cervix
D&C -	Dilatation and Curettage
G -	Gravida
ERPOC-	Evacuation of Retained Products of Conception
EUA -	Examination Under Anaesthetic
G&H -	Group and Hold
HVS -	High Vaginal Swab
IUCD -	Intra Uterine Copper Device
IUD -	Intra Uterine Death
IUP -	Intra Uterine Pregnancy
LAVH -	Laparoscopic Assisted Vaginal Hysterctomy
LIF -	Left Iliac Fossa
LMP -	Last Menstrual Period
P -	Parity
PCA -	Patient Controlled Analgesia
PID -	Pelvic Inflammatory Disease
PLND -	Pelvic Lymph Node Dissection
PONV -	Post- Operative Nausea and Vomiting
RIF -	Right Iliac Fossa
ROS -	Removal of Sutures
RPOC -	Retained product of Conception
RTOV -	Retrograde Trial of Void
SROM -	Spontaneous Rupture of Membrane
STOP -	Surgical Termination of Pregnancy
TAH -	Total Abdominal Hysterectomy
TLH -	Total Laparoscopic Hysterectomy
TOP - ,	Termination of Pregnancy
TOV -	Trial of Void
USS -	Ultrasound Scan
VE -	Vaginal Examination
WLE -	Wide Local excision

Common Medications

The administration of drugs involves the expanded 5 rights of Medication administration.

- Right route
- Right time
- Right dose
- Right drug
- Right patient
- **And write it Right**

When administering medications **RE THINK** the checking RIGHTS, know the drug and reason for it, make sure it's the best fit for the patient then WRITE IT RIGHT including the patient's response.

You may check and give oral, SC and IM medications under the supervision of a Registered Nurse if he/she is confident for you to do so. Student nurses endorsed by their Tertiary institution provider from year 2 onwards may also be able to prepare/give IV fluids/medications, under **direct direction** of a registered healthcare provider (CCDHB IV therapies administration and management policy). However you may not be the second person to check IV fluids/medications.

Controlled Drugs – are kept in the Pyxis machine, two qualified RN's are required to check out drugs from this machine. All medication charts are counter- signed.

Analgesics

- Paracetamol
- Ibuprofen
- Diclofenac
- Tramadol
- Codeine
- Morphine Sulfate (eg Sevredol, M-Eslon)
- Fentanyl
- Gabapentin
- Amitriptyline

Antiemetics

- Metoclopramide
- Ondansetron
- Cyclizine
- Prochlorperazine
- Domperidone
- Hyoscine

Antibiotics

- Metronidazole
- Cephazolin
- Cefuroxime
- Amoxicillin
- Clindamycin
- Flucloxacillin
- Amoxicillin Clavulanate
- Piperacillin/Tazobactam
- Meropenem
- Trimethoprim
- Doxycycline
- Gentamycin

Other common Drugs in the ward

- Tranexamic acid
- Folic Acid
- Iodine
- Pyridoxine
- Methotrexate
- Misoprostol
- Medroxyprogesterone
- Docusate and Senna
- Lactulose
- Loratadine

Pre-reading/Resources

It will help if you do some pre reading on the common Gynaecology conditions and operations.

And Review CCDHB's Clinical Information on the following:

- Intravenous IV Therapies Administration and Management – Capital Doc. – Document number (ID 1.101584)
- Code of Conduct
- Professional Boundaries
- Social Media Guideline
- ISBAR Communication
- Direction and Delegation
- Infection Prevention and Control

We hope that you enjoy your placement on **Ward 4 North Gynaecology** and that you gain the most from your experience, and we appreciate the feedback that you give us.

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						
How was the Preceptor?						
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 Nurse Educator

