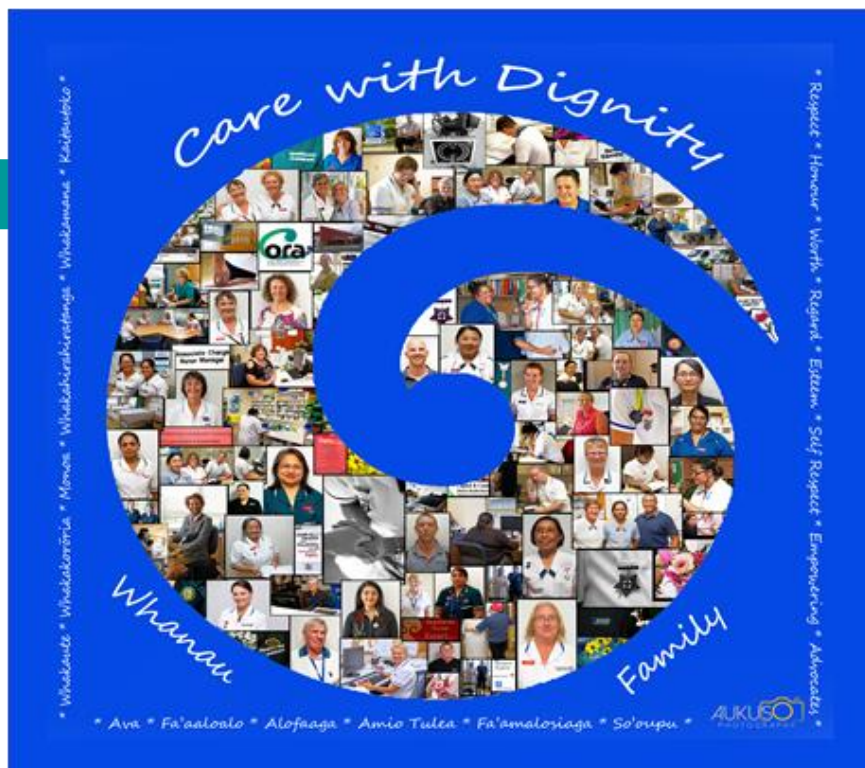


Student Nurses



Ward 7 Surgical Unit 2020 Kenepuru Hospital



Student

Name:

Ward 7 Surgical

Background

Ward 7 surgical is a 20 bed unit made up of mainly elective surgical and orthopaedic geriatric patients with acute orthopaedic procedures as required.

Ward 7 provides services for elective and acute surgical patients, who have been fully assessed prior to admission and are considered to be low risk for significant post-operative or anaesthetic complications. Orthopaedic, Gynaecology, General and Breast surgery are the specialities that operate regularly at Kenepuru. Occasionally patients who have had ENT or eye surgery are admitted.

Orthopaedic procedures range from hip, knee and shoulder joint replacements/repairs, toes, ankle, elbows repairs and removal of internal fixation.

The most common gynaecology procedures performed at Kenepuru are vaginal / abdominal hysterectomies and anterior /posterior repairs.

General surgical procedures include laparoscopic cholecystectomy, Pilonidal Sinus, hernia repairs and haemorrhoidectomies. Breast surgery usually involves mastectomy or lumpectomy.

Ward 7 also provides care for patients that are Non weight bearing for a period of time to which a pathway and guidelines are in place for you to follow ensuring MDT approach is maintained. The multidisciplinary team plays an important role in the treatment and discharge planning for patients. It will be a key component of your role to become familiar with the members of the MDT, and make referrals as required.

The majority of surgical patients are admitted to the ward from the recovery suite, post-operatively. Occasionally, day case patients require admission due to unforeseen complications such as pain, bleeding or social situation.

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Patients who require intensive care or coronary care are NOT admitted to this ward. If a patient's condition changes after admission and they require this level of care they are transferred into Wellington Regional Hospital.

The Charge Nurse Manager, Clinical Nurse Educator, Clinical Liaison Nurse and your preceptor, Academic Liaison Nurse and Colleagues aim to support you during your orientation and placement to ensure that you access all relevant information.

We hope that you enjoy working on Ward 7.

Welcome!!
We are looking forward to working with you

Contacts

Kenepuru Ward	Main contact	Email for main contact	Phone number for ward/Unit
7 - Surgical			
Ward 7 Kenepuru Clinical Nurse Manager	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Manager	Leanne Grout	Leanne.Grout@ccdhb.org.nz	049182007 extn 7033
Clinical Nurse Educator	Carryn Poki	Carryn.poki@ccdhb.org.nz	049182007 extn 7033
Clinical Liaison Nurse	Chantelle Eden	chantelle.eden@ccdhb.org.nz	049182007

The Clinical Liaison Nurse is the student contact for Ward 7 and can be contacted via email chantelle.eden@ccdhb.org.nz this is a part-time position so please do not be concerned by some delay.

Your Preceptor

You will be allocated a preceptor; this preceptor will be responsible for helping you complete your objectives. We will endeavor to ensure that you mainly work with one preceptor; however, due to shift work this is not always possible.

1. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week.
2. **You must provide evaluations and/or other paperwork to your Clinical Liaison Nurse in a timely fashion (i.e. not on the due date!!). Your CLN will not complete** any evaluations if you give it to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact CLN as above. For more information about the hospital such as parking and visiting hours check out the website www.ccdhb.org.nz

Expectations of the Student Nurse while in Ward 7 Surgical - Kenepuru

- ❖ **Shift times:** (be there at least 5 minutes before)

Morning (AM) 0700 to 1530 **Afternoon (PM)** 1445 to 2315 **Night** 2245 to 0715

We have a few expectations of student nurses working in Ward 7:

- ❖ It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and can not come to call the unit.
- ❖ You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator. 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
- ❖ Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working in the floor
- ❖ If you are not achieving your objective please see CNE or your preceptor (before the last week in the unit).
- ❖ Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your CLN will **not** complete any paper that is given to him or her if it is given in the last days of your placement.
- ❖ **Team Handover** should be a brief overview in the staff room then bedside handover for patients new to the ward.
- ❖ **Folders** for patients notes and resource folders (staff office)
Blue – Orthopaedic **Red Strip** – Gynaecology
Black Strip— General surgery **Green Strip** – Medical

Remember ...

We ask that you respect the RN's & HCA's knowledge and experience, our patients and their whanau. All the members of our MDT from the cleaner to the Doctors on ward 7 surgical.

When in doubt, overwhelmed, confused, uncomfortable or unsure please speak up. There is no such thing as a silly question, also feel free to ask to observe procedures that may be happening.

Remember this is your placement, make the most of your learning it will link theory to practice and assist in your development as a student nurse. We are here to support your learning.

Effective communication is the key to ensuring an enjoyable and educational placement.

Please don't expect to leave early, the shift is 8.5hrs long and even if the ward is quiet use this to your learning advantage.

Where possible the CLN will arrange for you to observe a pre-assessment clinic in Outpatient Department and attend Theatre to observe an operation if they are able to take students.

Safety Measures in Ward 7 Surgical

In the event of an emergency situation– don't panic

It is your responsibility to locate your allocated team for that shift and be directed by them.

You must find out this information on your first shift on Ward 7:

- Find out what you should do in the event of a cardiac arrest

- Find out the Emergency Number and staff call system for Ward 7

- What to do in the event of a fire/earthquake?

- **Walk around and find:**
 - Fire hoses/extinguisher, alarms & **Exits**
 - Major Incident folder & 'quick flick chart'
 - Find the Yellow hat—'Who wears it, What is it?'
 - CPR trolley
 - Defib
 - Suction & O2 equipment

- While you are placed in Ward 7 a **swipe card** will be allocated to you or your team. This card number will be registered to you; you **MUST** return it to Leanne Grout or Carryn Poki on your last shift (slide under CNM door if we are not available).

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"/> Medication cupboard	<input type="checkbox"/> Discharge information
<input type="checkbox"/> Controlled Drug cupboard	<input type="checkbox"/> Clinical policies & procedures
<input type="checkbox"/> Admission Trolley	<input type="checkbox"/> "Notes on Injectable Drugs"
<input type="checkbox"/> Linen supplies	<input type="checkbox"/> Roster
<input type="checkbox"/> Clinical Nurse Manager Office	<input type="checkbox"/> Manual BP machine
<input type="checkbox"/> Clinical Nurse Educators Office	<input type="checkbox"/> Suction Equipment
Ward document - Filing Cabinet	Scales
<input type="checkbox"/> Intravenous Fluids and equipment	<input type="checkbox"/> Bio-hazard bags
<input type="checkbox"/> Store room	<input type="checkbox"/> Tympanic thermometer & covers
<input type="checkbox"/> Staff tea room	<input type="checkbox"/> Stationery supplies
<input type="checkbox"/> Resuscitation trolley	<input type="checkbox"/> Photocopier
<input type="checkbox"/> Dirty utility room	<input type="checkbox"/> Patient charts
<input type="checkbox"/> Clean utility room	<input type="checkbox"/> Laboratory forms
<input type="checkbox"/> Dressing cupboard and Materials	<input type="checkbox"/> Alginate linen bags
<input type="checkbox"/> Isolation Equipment	<input type="checkbox"/> Incident Reporting
<input type="checkbox"/> ECG machine	<input type="checkbox"/> District Nurse Referral
<input type="checkbox"/> Blood glucose trolley	<input type="checkbox"/> Sterile Gloves
<input type="checkbox"/> Where to store your bags	<input type="checkbox"/> Drug Fridge

Objectives

- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including
 - Accurate assessment
 - Competent planning and implementation of care
 - Documentation
 - Referrals

- Gain an understanding of the multidisciplinary team
- Practice good infection control measures
- Pain management
- Fluid management/Fluid balance
- Wound management

Workload:

- **Year 1, 2 & Y1 ENs**

Direct supervision and clinical experience.

- **Year 3, Yr2 EN & CAP**

Direct supervision and clinical experience, taking a patient load planning care and carry out care required.

All of these cares will be explained and demonstrated to you before you are expected to carry them out.

If you have **NOT** been educated, it is out of your level of experience or you are uncomfortable with a task talk to the RN, **DO NOT** do it because you think you should.

Skills that you are expected to become familiar with:

- Assessment, Planning, Implementation and Evaluation of all nursing tasks.
- Monitoring & documenting observations Manual BP, HR, Temp, RR, O2sats, Urine output, BSL, AVPU — (Alert, Verbal, Pain and Unresponsive) & Neurovascular Assessments - Colour, warmth, movement and sensation of operated limb and Pulses (CWMS & P)
- Charting: Fluid Balance Charts (FBC) for **24-48hrs** post op or as requested by medical team, Drug charts, Wound charts and Food charts.
- Medication administration under supervision

(THE FIVE RIGHTS)

- Admission and discharge procedures
- Completing and updating A-D planner/daily Care plan review
- Writing in patients notes—adhering to CCDHB standards
- Patients activities of daily living (ADL's)
- How to mobilise a patient safely
- Wound care and management—including change of dressings (COD), drain removal and entering loss onto FBC.
- Participate in nursing handovers
- Collaborative practice with MDT

Understands use of:

- Pressure Risk Assessment Tool—(Braden Scale)
- Falls Risk Assessment Tool
- Malnutrition Screening Tool
- Early Warning Score Assessment Tool
- The Confusion Assessment Method (CCAM) Diagnostic Tool
- ISBAR – Handover

ISBAR organises information (clinical or other) so that it is clear, focused and relevant.
I - Identity or **Introduction**; **S - Situation**; **B - Background**; **A - Assessment**; **R - Recommendation** or **Request**

Refer to & become familiar with these relevant policies:

- Early Warning Score (EWS)
- Pressure Risk Assessment

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- Falls Risk Assessment
- Nutrition Policy
- Ward resources folders
- Nursing Handover Policy
- Drug measurements' and calculations
- Post operative care pathways
- Non-weight bearing pathway
- Acute Pain Management—PCA
- Medicines—Administration
- Hand Hygiene
- Pre-assessment clinic

Pre-reading/Resources

Please make use of any post operative surgical nursing and fundamentals of nursing care books you can borrow from your tertiary institutions library to support your learning. Pre reading will ensure you have a strong foundation to build on.

Common Presentations to Ward 7 Surgical

Research and provide brief definitions for the following procedures and outline important **nursing** points to remember.

Common **surgical presentations** to ward 7 Surgical include:

- Total Hip Joint Replacement (THJR)
- Total Knee Joint Replacement (TKJR)
- Open Reduction Internal Fixture (ORIF)
- Arthroscopy
- Anterior Cruciate Ligament (ACL)
- Hallux valgus
- Laminectomy / Discectomy
- Shoulder Replacement
- Richard screw and plate or Richard Compression screw & plate (RCSP)
- Total Abdominal Hysterectomy
- Hemiarthroplasty
- Vaginal Hysterectomy
- Meniscectomy
- TVT & Monarc Repair
- Myomectomy
- Anterior & Posterior prolapse repair
- Hysteroscopy and D & C examination
- Laparoscopy
- Cholecystectomy
- Haemorrhoidectomy
- Hernia Repair
- Pilonidal Sinus

Medical conditions:

- CVA/Stroke
- UTI (Urinary tract Infection)
- Exacerbation of COPD
- Pneumonia
- Heart Failure (HF)
- Asthma
- Dementia
- DVT

Common Medications

Student nurses/midwives

Direction of the student nurse/midwife must be provided directly by the registered nurse/midwife throughout the entire process of medicine/fluid preparation and administration. Accountability for safety and risk management remains with the RN. Student nurses, who are fully endorsed by their Tertiary institutions, will be supported from their 2nd year of training onwards, to develop the skills necessary to safely administer IV and related therapies.

Education

Before administering any medicine, ensure that any questions that the patients and their careers may have regarding their medicines are responded to, and upon their request, provide them with any patient information leaflets on the medicine (where available).

Provide relevant education to patients about the specifics regarding the method of administration e.g.: how to use inhalers, instilling eye drops, how to take sub lingual medicines. Contact the ward pharmacist, if required.

Check five 'rights'

Adverse medication reaction

The person administering the medicine (and the supervisor – in the case of student nurses) must be aware of the common complications and side effects associated with the medicine.

Early recognition of undesired side effects is of great importance and should be evaluated on a regular basis.

Based on this assessment, and in consultation with medical/dental staff, the pharmacist or a professional colleague, determine whether it is appropriate to withhold the medicine.

Below are some common medications used in Ward 7 Surgical – you must fill in some basic information; you will be required to have an understanding and share your knowledge with your preceptor/s and patients.

Drug type	Action	Indication	Nursing consideration
Anti-infectives			
Amoxicillin&Clavulanic Acid (Augmentin)			
Flucloxicillin			
Trimethoprim			
Cefazolin			
Cardiovascular Drugs			
Digoxin			
Diltiazem			
Frusemide or Furosemide			
Metoprolol			
Simvastatin			
Central Nervous system drugs			
Risperidone			
Codeine			
Oxycontin(slow release) Oxynorm(fast release)			
Sevredol			
Anti-inflammatory drugs			
Aspirin			
Diclofenac			
Paracetamol			
Gastrointestinal Tract Drugs			
Metoclopramide (Maxalon)			
Omeprazole (Losec)			
Anti-diabetic drugs			
Gliclazide			

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Metformin			
Miscellaneous			
Salbutamol (Ventolin, Salamol)			
Enoxaparin (Clexane)			
Warfarin			

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 the Clinical Liaison Nurse