Student Nurses

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Ward 5 South General Medical Unit

2022

PHILOSOPHY

To give the highest quality of care, adopting a holistic approach to each patient, treating each one as an individual person with unique needs

Ward 5 South

Ward 5 South is a 36-bedded ward which caters for general medicine, gastroenterology, respiratory and infectious diseases patients. It is home to the medical high-dependency bay which makes up 4 of the total bed space, a dedicated 4-bedded high-visibility bay for close patient monitoring for patients suffering from delirium and are at high risk of falls and 6 respiratory isolation rooms. Most of our general medicine patients are admitted through the Emergency Department and the Medical Assessment and Planning Unit. Intradepartmental patient transfer is also common as we receive patients from Intensive Care, Oncology and Renal Units to the Medical High-Dependency bay on a regular basis. Ward 5 South caters for a wide-range of medical conditions which includes but is not limited to pneumonia, respiratory failure, cystic fibrosis, eating disorders, sepsis, stroke, hepatitis, alcohol withdrawal, arrhythmias with mild to moderate hemodynamic instability, seizures, etc.

Ward 5 South is staffed with a large number of registered and enrolled nurses, medical consultants, registrars and house surgeons. The multidisciplinary team which includes social workers, occupational therapists, physiotherapists, dietitians, pharmacists, speech language therapist, etc. is also a vital part of the day-to-day running of Ward 5 South. Each and every staff member strives to contribute for a holistic approach and management of patients.

This booklet has been designed, as a guide, to help you orientate to Level 5 South. We hope that you find the contents of this booklet useful. As we adapt to the changing face of healthcare, if you need any help or advice at all, at any time, please do not hesitate to ask. The entire nursing, medical and allied health team will be most willing to support and help you, and you are encouraged to turn to them for advice and assistance as needed.
There will be many learning opportunities for you and we will be most willing to help you gain experience, knowledge and expand the practical skills you obtain to develop professionally.

Finally as a member of the team your presence is valued, so feel free to make any contribution to discussions regarding patient care, nursing systems and the overall nursing experience.

Welcome!!
We are looking forward to working with you

IMPORTANT CONTACTS:

5 South Unit	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Educators	Rose Chu and Georgia Sutton	Rose.Chu2@ccdhb.org.nz Georgia.Sutton@ccdhb.org.nz	**0272694690**
Clinical Nurse Manager	Cory Andrada	Cory.Andrada@ccdhb.org.nz	**0275153704**
Associate Clinical Nurse Managers	Shiowen Tang Lincy Prasanth Jobin George Lonise Misa	Shiowen.Tang@ccdhb.org.nz Lincy.Prasanth@ccdhb.org.nz Jobin.George@ccdhb.org.nz Lonise.Misa@ccdhb.org.nz	**0275153704**
Clinical Liaison Nurses (DEU Team)	Anne Tuliakiono Claudette Dayon Cean Demicello Waitangi Leota Marixelle Fajardo	Anne.Tuliakiono@ccdhb.org.nz Claudette.Dayon@ccdhb.org.nz Maria.Demcello@ccdhb.org.nz Waitangi.leota@ccdhb.org.nz Marixelle.Fajardo@ccdhb.org.nz DEU5South@ccdhb.org.nz	**0272694690**

Anne Tuliakiono is the CLN for Victoria students / CAP students and can be contacted on Anne.Tuliakiono@ccdhb.org.nz

Waitangi Leota is the CLN for Whitireia students and can be contacted on Waitangi.Leota@ccdhb.org.nz

Claudette Dayon and Cean Demicello is the CLN for Massey students. Claudette can be contacted on Claudette.Dayon@ccdhb.org.nz

Maria.Demecillo@ccdhb.org.nz

5 South is a dedicated education unit your main contact are the CLN's. These are part time roles therefore please allow several days for email or phone response

Your Preceptor/ Clinical Liaison Nurse

You will be allocated one main preceptor, this preceptor will be responsible for helping you completing your objectives. We will endeavor to ensure that you mainly work with this preceptor, however, due to shift work this is not always possible. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). You preceptor will not complete any evaluations if you give it to them on your last days in the unit. Your Clinical liaison nurse (CLN) for 5 South 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.
In addition the CLN will compete all assessments and references relating to ACE for third year students.

If you have any concerns or questions do not hesitate to contact either of them.

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), Victoria University 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 modes, and peer teaching. The DEU is based on an Australian model and replaces the Preceptorship model to focus on student learning and curriculum integration.

Model of Nursing Care:

The ward is divided up into 3 teams on geographical locations. The teams will compromise ideally of 3 qualified nurses. This will be for both the AM and PM shifts.

During the hours of 0800 and 2130 there will be an ACNM to oversee and assist as required.

At the start and during the shift the team will negotiate how care is going to be divided up and need to catch up regularly to assess progress.
The model of care HCA carries out simple nursing tasks such as washing and feeding of stable and predictable patients.

Handover:

- Handover occurs at the beginning of every shift in each pod.
- Patient lists are updated constantly and are printed out before every shift change. If your patient's condition changes please inform the ACNM.
- AM to PM, around 1430hrs, a team handover will occur in fishbowl or you may be invited to an in-service training, feel free to attend when given the opportunity as these would benefit your learning.
- During handover or shift change, the rest of the outgoing staff will sight the patients on the ward before leaving.

Expectations of you as a Student Nurse

The shifts in the 5 South Unit are:

Morning:	0700hrs to 1530hrs
Afternoon:	1430hrs to 2315hrs
Night :	2245hrs to 0715hrs

We have a few expectations of student nurses working in the 5 South unit:

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call the unit on *phone number* ***04 3855 999*** *extn* ***80540*** *(Coordinators mobile)*
- It is important that you attend your rostered times or if you can't make it then approach your designated CLN or ask any other students on placement to swap a shift and inform your CLN.
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your CLN, 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 your CLN (DEU team) (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 preceptor will **not** complete any paper that is given to him or her in the last days of your placement

Safety Measures in Ward 5 South:

FOR ALL EMERGENCIES DIAL 777!!!

- STATE:
- WHO YOU ARE.
- WHAT TYPE OF EMERGENCY IT IS
- WHERE YOU ARE.

FIRE:

- If you smell or see smoke/fire, hit the fire alarm!
- If patients are in danger, start to evacuate patients to safety, i.e. get at least one fire door between you and the fire to start with and then further away as appropriate.
- Close all doors and windows if possible.
- If there is a continuous alarm. Check with shift co-ordinator. (They will be wearing the yellow crash helmet.) Follow their instructions!
- If the location of the fire is not apparent check all patients and staff are accounted for and reassure them.
- If an intermittent fire alarm goes off, the fire is in another part of the campus. Be Prepared.
- only tackle a fire if it is safe to do so, always be aware of your exit.

Cardiac arrest:

- If you come across a patient/relative or colleague having a cardiac arrest, activate the emergency bell on the wall located just above the patient bed.
- Assess using DRS ABCD etc. and commence CPR. Help will arrive in seconds.
- If you hear the emergency signal look at the annunciator panel to find the source and attend. Your attendance is invaluable.

You can activate an emergency call when you require help quickly, such as dealing with abusive person/s and patient falls. The list is extensive but if you need help quickly do not be afraid to use it.

Swipe cards

You will be allocated swipe cards for access on our staff only areas i.e. drug room, stock room and staff room by your programme. Please keep it safe and handy at all times. You will be responsible for any unauthorized use of your access card. Please report lost or stolen access cards to your tutor and the security orderlies.

Other Important Information:

Policies and procedures:

- P&P can be found on-line via Capital Docs
- Infection Prevention and Control protocols.
- Books and medical dictionaries can be found in the staff resource room as well as the health and safety and infection control folder.
- Stroke protocols are kept in reception.

The Telephone System

- Dial 0 for the operator.
- Dial 1 for an outside local land line.
- Phone books are kept behind the ward clerk and there is also a contact directory on the C&CDHB intranet site.
- Fax machine is kept in reception. Most useful numbers are pre-stored.

Food Services

- Diet sheets are also constantly updated on computer and will be double checked by the Food Service Assistant (FSA) every shift. Again if your patient condition changes please inform the FSA and update the diet code on MAP.
- Diet codes can be found around the patient list computer.

Cleaning

- Cleaning is done by a private company, our ward has its own permanent cleaner otherwise you can lodge a request via SMARTPAGE or speak to the shift Coordinator to escalate job.
- Cleaners do discharge beds/spaces, book cleaning through Smart page
- Nursing staff fill up the sanitisers and ensure isolation rooms have been stocked with their own infectious resources – yellow hazard bin-liners, red linen skips, PPE and sharps bins.

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.

☐ Pyxsis Medication Machine	☐ Discharge information
☐ Controlled Drug cupboard	☐ Clinical policies & procedures
☐ Admission Trolley	☐ "Notes on Injectable Drugs"
☐ Linen supplies	☐ Roster
☐ Clinical Nurse Manager Office	☐ Manual BP machine
☐ CNE/ACNM Office	☐ Suction Equipment
☐ Negative Pressure rooms	☐ Scales
☐ Intravenous Fluids and equipment	☐ Bio-hazard bags + PPE
☐ Store room	☐ Tympanic thermometer & covers
☐ Staff tea room	☐ Stationery supplies
☐ Resuscitation trolley	☐ Photocopier
☐ Clean and Dirty utility room	☐ Patient charts
☐ Staff bathroom	☐ Laboratory forms
☐ Dressing trolley and Materials	☐ Alginate linen bags
☐ Isolation Equipment	☐ Incident Reporting
☐ ECG machine	☐ Assessment Room
☐ Blood glucose trolley	☐ Sterile Gloves
☐ District Nurse Referral	☐ Blessing kit
☐ Where to store your bags	☐ Drug Fridge

Objectives

- Identify the roles and contributions of the members of the health and social care team.
- Collaborate effectively with members of the multidisciplinary team, demonstrating understanding of the roles and contributions of others.
- Contribute to the assessment, planning, implementation and evaluation of nursing care under the supervision of registered practitioners.
- Under supervision, communicate effectively with patients and clients to assess their ongoing healthcare needs and monitor and report any problems with this aspect of care.
- Monitor and report any problems.
- Create and utilize opportunities to promote the health and well-being of patients/clients/groups.
- Identify and apply appropriate research evidence to inform clinical practice in a variety of settings and with a range of patients/clients.
- Recognize the importance of purposeful involvement of patients/clients and carers in the delivery of care; demonstrate awareness of the role of advocacy, user and carer groups.
- Utilize a recognized framework, tools, scales, etc., demonstrate skill in clientcentered assessment.

Common Presentations

Common presentations to 5 South unit include:

- Cystic Fibrosis
- Respiratory illnesses i.e. COPD
- GI problems
- Infectious diseases
- Palliative care
- Boarder patients from different specialty
- Mental Health patients requiring medical intervention
- Social admissions and planned admissions
- Diabetes
- Managed withdrawal – drug and alcohol
- High Dependency medical care
- Heart Failure

Pneumonia - Pneumonia is a bacterial or viral infection of the lungs. Symptoms can include fever, chills, shortness of breath, coughing that produces phlegm, and chest pain. Pneumonia can usually be treated successfully at home with antibiotics but hospitalization may be required in some cases. In New Zealand, pneumonia has a mortality rate of between five and 10 per cent.

Stroke - Approximately 8000 New Zealanders have a stroke each year – it is the third biggest killer and the greatest cause of disability in New Zealand. Recurrent stroke is frequent; about 25 per cent of people who recover from their first stroke will have another stroke within five years. The best means to prevent a stroke are to manage related medical conditions (notably high blood pressure) and lifestyle factors. Approximately 8000 New Zealanders have a stroke each year – it is the third biggest killer and the greatest cause of disability in New Zealand. Recurrent stroke is frequent; about 25 per cent of people who recover from their first stroke will have another stroke within five years. The best means to prevent a stroke are to manage related medical conditions (notably high blood pressure) and lifestyle factors.

Heart Failure - Heart failure is a condition in which the heart can't pump enough blood to meet the body's needs. In some cases, the heart can't fill with enough blood. In other cases, the heart can't pump blood to the rest of the body with enough force. Some people have both problems. The term "heart failure" doesn't mean that your heart has stopped or is about to stop working. However, heart failure is a serious condition that requires medical care.

Sepsis - Sepsis is a potentially life-threatening complication of an infection. Sepsis occurs when chemicals released into the bloodstream to fight the infection trigger inflammatory responses throughout the body. This inflammation can trigger a cascade of changes that can damage multiple organ systems, causing them to fail. If sepsis progresses to septic shock, blood pressure drops dramatically, which may lead to death. Anyone can develop sepsis, but it's most common and most dangerous in older adults or those with weakened immune systems. Early treatment of sepsis, usually with antibiotics and large amounts of intravenous fluids, improves chances for survival.

Atrial Fibrillation - Atrial fibrillation is an irregular and often rapid heart rate that can increase your risk of stroke, heart failure and other heart-related complications. During atrial fibrillation, the heart's two upper chambers (the atria) beat chaotically and irregularly — out of coordination with the two lower chambers (the ventricles) of the heart. Atrial fibrillation symptoms often include heart palpitations, shortness of breath and weakness. Episodes of atrial fibrillation can come and go, or you may develop atrial fibrillation that doesn't go away and may require treatment. Although atrial fibrillation itself usually isn't life-threatening, it is a serious medical condition that sometimes requires emergency treatment. It may lead to complications. Atrial fibrillation can lead to blood clots forming in the heart that may circulate to other organs and lead to blocked blood flow (ischemia). Treatments for atrial fibrillation may include medications and other interventions to try to alter the heart's electrical system.

Respiratory Failure - Respiratory failure is a syndrome in which the respiratory system fails in one or both of its gas exchange functions: oxygenation and carbon dioxide elimination. In practice, it may be classified as either hypoxemic or hypercapnic. Hypoxemic respiratory failure (type I) is characterized by an arterial oxygen tension (Pa O2) lower than 60 mm Hg with a normal or low arterial carbon dioxide tension (Pa CO2). This is the most common form of respiratory failure, and it can be

associated with virtually all acute diseases of the lung, which generally involve fluid filling or collapse of alveolar units. Some examples of type I respiratory failure are cardiogenic or non-cardiogenic pulmonary edema, pneumonia, and pulmonary hemorrhage. Hypercapnic respiratory failure (type II) is characterized by a PaCO2 higher than 50 mm Hg. Hypoxemia is common in patients with hypercapnic respiratory failure who are breathing room air. The pH depends on the level of bicarbonate, which, in turn, is dependent on the duration of hypercapnia. Common etiologies include drug overdose, neuromuscular disease, chest wall abnormalities, and severe airway disorders (e.g., asthma and chronic obstructive pulmonary disease (COPD).

Common Medications

As per hospital policy, student nurses/midwives, 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.
Please research drug classification and mode of actions to ensure safety in medication administration during your placement.

DRUG NAMES

Actrapid
Aspirin
Augmentin
Azithromycin
Ceftriaxone
Cefuroxime
Cilazapril
Clexane
Codeine
Dabigatran
Diazepam
Digoxin
Dilantin
Fentanyl
Flucloxacillin
Furosemide
Gentamycin
Haloperidol
Ibuprofen
Ipratroprium
Lactulose
Lantus
Laxsol
Metoclopramide
Metoprolol
Morphine
Novorapid
Ondansetron Paracetamol
Phenytoin
Salbutamol
Sevredol
Simvastatin
Tazosin
Tegretol
Tramadol
Warfarin
Zopiclone

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: