Student Nurses

Surgical Assessment and Planning Unit-SAPU 2022

Student Name:

SAPU

SAPU (Surgical Assessment and Planning Unit) is an assessment unit that consists of two acute assessment beds, 4 assessment chairs and 8 short stay beds. On SAPU we assess acute general surgical presentations, as well as care for patients from other surgical specialities.

The aim of SAPU is to improve the patient experience by ensuring the correct patients are in the correct area seeing the correct member of the HCT. We aim to reduce ED length of stay and waiting time and it is one of many initiatives implemented in CCDHB to meet the government target of ED time <6 hours.

We have designated daily radiology and acute theatre slots and a maximum length of stay of 48 hours. After that time the patients have either received the necessary treatment and are fit for discharge, or if their LOS is >48 hours, they get transferred to the appropriate in patient ward.

This enables acute flow to continue 24 hours a day.

The general surgical assessment patients present in a number of ways:

- Direct GP referrals to our SAPU registrar, enabling the patients to bypass ED,
- ED presentations that have been assessed by an ED doctor and then referred to the surgical (SAPU) registrar for a surgical review
- Direct admissions for acute surgery or outpatient follow ups/wound reviews arranged by the general surgical team.

Other surgical specialities can also be admitted to SAPU, however these patient types do not get assessed here – they are assessed in ED. These specialties are:

- Vascular
- ENT
- Urology
- Orthopaedic

Contacts

This should contain information on all the key contacts for the ward/unit

SAPU	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Educator	Nomer Dela Cruz	Nomer.delacruz@ccdhb.org.nz	**Ext: 80929**
Clinical Nurse Manager	Nomer Dela Cruz	Nomer.delacruz@ccdhb.org.nz	**Ext: 80929**
Associate Clinical Nurse Manager	**Nil**	**Nil**	

SAPU has a combined Charge Nurse Manager and Clinical Nurse Educator and no associate charge nurses. Please contact Nomer Dela Cruz for all enquiries during your placement.

Your Preceptor

You will be allocated one or two main preceptors, 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.

If you have any concerns or questions do not hesitate to contact Nomer Dela Cruz on the number above.

Expectations of the Student Nurse while in SAPU

The shifts in the SAPU are:

Morning	:	0700 hrs to 1530 hrs
Afternoon	:	1445 hrs to 2315 hrs
Night	:	2245 hrs to 0715 hrs

We have a few expectations of student nurses working in the SAPU:

- 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 *806 0296*
- 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. Please look professional at all times.
- If you are not achieving your objective please see the CNM/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 preceptor will **not** complete any paper that is given to him or her if it is given in the last days of your placement

Safety Measures in SAPU

Swipe cards:

These are issued by your programme .If you do not have one please talk with your tutor. If you forget to bring it you may borrow a card on the day if the ACNM has a spare one available.

What to do in the event of a fire:

Immediate actions
If fire is discovered or suspected
REMOVE ANYONE IN IMMEDIATE DANGER
 Evacuate all people
ACTIVATE THE ALARM
 Switch on the nearest fire alarm
 Dial 777 and tell the operator where the fire is
 Alert other staff in your area
CONTAIN THE FIRE
 Close the doors and windows if it is safe to do so
EXTINGUISH THE FIRE
 Put out the fire, but only if it is small, and safe to do so

If the fire alarms are sounding constantly
Evacuate – except that in clinical areas, if the cause of the alarm is known and it poses no further danger, patients and the staff caring for them can remain.

If the fire alarms are sounding intermittently
Standby – the fire alarm has been activated in another part of the building. Be prepared to evacuate if necessary.

Appointment and duties of wardens

Floor Wardens
Every area is required to have sufficient Floor Wardens to ensure the fire procedures can be implemented effectively. In clinical areas, the Nurse or Midwife in Charge of the area at any time is deemed to be the Floor Warden. Floor Wardens are responsible for ensuring fire procedures are followed in their area when, either an incident occurs, or the fire alarms sound.

Their principal responsibilities are to ensure:
• They are identified by wearing the yellow warden helmet during incidents
• Evacuation is commenced, and the alarm raised immediately a fire or hazardous materials incident is discovered or suspected in the area
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• Evacuation is commenced when the fire alarms sound constantly in the area
• Evacuation is stopped if or when there is no longer a risk to life (inpatient areas only)
• Standby procedures are followed when the fire alarms sound intermittently in the area
• They report to the building evacuation board and advise the Head Warden; Fire Service; or Emergency Response Team when the evacuation of the area is complete, and/or advising them of any people remaining in the area**.**
Wardens in areas that 'stand by' are exempt from this requirement
Wardens may be required to guard an entrance to a building where the alarms are sounding, to prevent people entering.

Other specific staff actions

All staff
All staff are expected to maintain a current knowledge of fire and emergency procedures (including any specific actions expected of them because of their role in the organisation); and to implement them quickly in the event a fire is discovered or suspected in their area; or the fire alarms sound. Any staff member who reports a fire (or suspicion of fire) is also expected to complete a Reportable Event Report.

What to do in the event of an emergency

Activating the Cardiac Arrest / Medical Emergency Team
• In clinical areas, push the emergency bell to alert others to the emergency

or

activate the emergency call system in the room.
• Dial 777 to report the emergency
• State clearly the nature of the emergency, if it concerns an adult or child, the location, including building, ward/unit/area and cubicle number where applicable
• The C&C DHB operator will notify the appropriate emergency response team
• **777 calls cannot be cancelled.** The team may be stood down after they have arrived on the scene of the 777, if they are no longer required
• **Note:** The Call Centre staff **will not** cancel a call if requested.

Who will attend: Wellington Hospital Cardiac Arrest/Medical Emergency team (on group page)

• Registrars: 'long day' or night
− ICU or anaesthetic registrar
− Medical registrar
− Sub speciality medical registrar (Monday to Friday 1700 – 2300, Weekends 0800 – 2300hrs)
• House Surgeons:
− Medical first on 0800 – 1600hrs
− Medical second on 1600 − 2230/2300hrs
− Medical Night Float officer 2300 – 0800hrs
• Senior security orderly and duty security orderly (responsible for bringing defibrillator, airway tray and 02).
• Clinical Nurse Specialist - Resuscitation 0800 –1600 hours, Monday to Friday, when available.
• Duty Manager 1530 – 0800hrs and weekends and public holidays - 24hours.
• Patient at Risk Team Nurse 24/7
— Any other unit/ward specific issues resus trolley

Resuscitation trolleys
All resuscitation trolleys across the organisation will only contain equipment as specified on the contents list, which is attached to each trolley. Any area wishing to stock equipment/drugs on the emergency trolleys outside the approved list must first seek approval from the Resuscitation Committee.

Chest pain management algorithm for Nurses and Midwives

Notify appropriate medical or ambulance personnel immediately and consider calling 777 and stating Medical Emergency if the patient/client:

• Is cool/clammy, hypotensive or has intensifying pain; OR
• Is experiencing a first recurrence of pain after an acute coronary episode; OR
• Has pain at rest when it has previously been with activity only; OR
• Has no relief from pain after 15 minutes; OR
• If you have any doubts.

History
• Of pain
• Type, nature, location.

Assess:
• Airway, breathing, circulation
• Measure: blood pressure, heart rate, respiratory rate and oxygen saturations.

Position:
• Sit at 45°

Administer:
• Oxygen @ 6 litres/minute via Hudson mask.
• Glyceryl Trinitrate (Nitrolingual® and Glytrin®) spray – 1 to 2 puffs sublingual if charted (in-patients) or if patient normally takes spray (outpatient/
community).
• Total of 3 doses at 5 minute intervals (maximum of 3 doses in 15 minutes).
• If the patient is in the community ask them if they are allergic to aspirin (wheeze, swelling or rash). If the patient is not allergic and aspirin is available, give 300mg chewed or sucked.

Monitor:
• Effect of spray on nature/severity of chest pain
• Blood pressure and heart rate prior to each dose of
spray
• Potential side effects of spray

If pain persists/intensifies and not already done so call 777 and state Medical Emergency and:
• Prepare for ECG, bloods, intravenous line, transfer (via ambulance if in community)

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
			Scales
☐	Intravenous Fluids and equipment	☐	Bio-hazard bags
☐	Store room	☐	Tympanic thermometer & covers
☐	Staff tea room	☐	Stationery supplies
☐	Resuscitation trolley	☐	Photocopier
☐	Dirty utility room	☐	Patient charts
☐	Clean utility room	☐	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		Lamson Tube System
☐	Where to store your bags	☐	Drug Fridge

Objectives

- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including

  - Accurate assessment
  - Competent implementation of care
  - Documentation
  - Referrals

- Gain an understanding of the multidisciplinary team and their roles, such as:

  - Medical teams for various specialties
  - Pharmacist
  - Physiotherapist
  - Dietician
  - Social worker (including PFC)
  - Occupational therapist
  - Stoma therapist
  - Acute Pain management service (APMS)

- Practice good infection control measures
- An understanding of the PAR Team and the EWS system
- Pain management
- Fluid management/Fluid balance
- Wound management
- Preoperative care
- Emergency management and your role in the event of:

  - MET call
  - Cardiac arrest
  - Earthquake and fire
  - Emergency evacuation for other reasons
  - Security incident

Common Presentations to SAPU

An overview and basic understanding of the following conditions is expected by the end of your placement:

- Appendicitis
- Cholecystitis Cholelithiasis and Choledolithiasis
- Hernias
- Bowel obstruction – sub acute, small and large bowel
- Diverticulitis
- Tonsillitis and post tonsillectomy bleed
- Epistaxis
- Management and types of abscesses
- ERCP

The following types of conditions are also encountered quite regularly but are more complex; you will not be expected to fully understand them, although having an overview would be an advantage:

- Pancreatitis
- Peritonitis
- Sepsis
- Cholangitis
- Arterial or venous disease and the problems associated with this
- Urology conditions
- Orthopaedic conditions

Common Medications

This is a list of some of the common medications used on SAPU:

- Paracetamol
- Tramadol
- Codeine
- Sevredol
- Morphine IV
- Ibuprofen
- Ondansetron
- Metoclopramide
- Cyclizine
- Omeprazole
- Cefuroxime
- Metronidazole
- Gentamycin
- Flucloxacillin
- Dexamethasone
- Enoxaparin
- Aspirin
- 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 Charge Nurse Manager or Clinical Nurse Educator. Thank you