



Student Nurses

*Perioperative  
Services Unit  
2020*

Student Name:

# Perioperative Services

Perioperative services is comprised of four areas:

- Anesthesia Pre-Assessment Clinic (APAC) – responsible for the assessment, testing and preparation of patients prior to the day of admission for surgery.
- Surgical Admissions Unit (SAU) – admission of patients on the day of surgery for elective or acute surgery.
- Second Stage Recovery (SSR) – accommodates day of surgery patients who may be discharged on day of surgery or patients who have an expected 23 hour stay.
- Theatre reception – co-ordinates patients from their point of origin (wards or SAU) to theatres.

## Perioperative Service Philosophy

The perioperative service is committed to open and supportive communication, respecting the rights and the cultural diversity of people/patient/whanau and practicing the principles of the Treaty of Waitangi.

Nursing practice will be professional, innovative and evidence based, supported by on-going education, research and peer review.

## Location

Surgical Admissions Unit (SAU) & Second Stage Recovery (SSR) is located on level 3 of Wellington Regional Hospital. Enter through the main entrance doors into the atrium, turn right and take the orange lifts up to level 3. Report to the SAU reception desk.

APAC is located on level 2 of Wellington Regional Hospital, past outpatients department.

## About perioperative services

### Anesthesia Pre-Assessment Clinic (APAC)

The primary focus of the clinic is to ensure that all necessary tests and preparations are undertaken prior to the patient's admission for surgery. Discharge planning is started in this clinic.

Some patients require considerable information and nursing input to prepare them for upcoming surgery e.g. diabetic patients, elderly patients, patients with several co-morbidities, and those undergoing major surgery. Any specific alerts regarding the patient may be highlighted at this point and theatres informed e.g. high body mass index (BMI), infectious disease, latex allergy, difficult intubation.

## Surgical Admissions Unit (SAU)

Patients for elective (booked) surgery begin their surgical journey at SAU. Here nursing staff complete the surgical checklist and get patients dressed in their theatre clothing. Patients can be very anxious during this time and staff provide support through this period.

## Theatre Reception

Theatre reception is responsible for organising and coordinating the transfer of surgical patients from their point of origin (SAU or the wards) to the care of theatre staff.

Patients are usually transferred as follows;

- South Bay (for theatres 3 – 8),
- North Bay (for theatres 9 – 12) or
- Holding Bay (for theatres 1 – 2, acute theatres 14 - 15, paediatric patients and/or ward patients).

**Note:** South Bay is managed by theatre. North and Holding Bay are managed by Perioperative Services.

## Second Stage Recovery

Second Stage Recovery accommodates day of surgery admissions that have an expected 23 hour stay and day case patients. There are 10 overnight beds and 8 day case chairs. All patients will be over the age of 16 years.

**Hours** - Second Stage Recovery opens Monday mornings at 07h00 and closes on Saturday afternoons at 14h30s. Second Stage Recovery is closed on public holidays which occur on a Monday. We remain open for any mid-week public holidays.

## Patients suitable for Day Surgery

- American Society of Anesthetics Category 1 & 2
- Have a responsible person to drive him or her home from hospital
- Have a responsible person/s at home overnight
- Have written instructions on what to expect post-discharge
- Have written instructions on whom to contact if help is required
- Having a procedure that, generally speaking, lasts less than 30minutes
- Minimal nausea
- Bleeding controlled
- Pain controlled with oral analgesia
- Tolerating oral fluids
- Passed urine
- Vital signs in normal range with BP>95 systolic, Pulse 60-100bpm and temperature >35 and <37.5 degrees Celsius.

Welcome!!  
We are looking forward to working with  
you

## Your Preceptor/ Clinical Liaison Nurse

Due to the rostered and rotation of shifts and nursing skill requirements it is not possible to have the same preceptor for every shift. Your preceptor for the day is allocated on your roster. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. Alex Taylor (CLN) will complete all assessments and you must provide these in a timely fashion (i.e. not on the due date!!). She will not complete any evaluations if you give it to them on your last days in the unit.

## Contacts

Perioperative Services Unit	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Educator			
Clinical Nurse Manager	Angela Roche	angela.roche@ccdhb.org.nz	027 807 6535
Associate Clinical Nurse Manager	Angela Wagstaff	angela.wagstaff@ccdhb.org.nz	027 505 5515
Clinical Nurse (DEU areas )	Alex Taylor	CC-GD- PerioperativeDEU@ccdhb.org.nz	021 596 851 <i>Please call the ward (04 385 5999 extn 80982) if booking off sick</i>

Please contact your allocated CLN via the telephone or email address [CC-GD-PerioperativeDEU@ccdhb.org.nz](mailto:CC-GD-PerioperativeDEU@ccdhb.org.nz) with any questions or concerns.

## Dedicated Educational Unit

The Dedicated Education Unit (DEU) model of clinical teaching and learning in Wellington and is a partnership between organisations, 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 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.

SSR/SSU is part of the Perioperative DEU and there is opportunity to have clinical experiences in theatre and PACU as part of your placement.

### **Preceptor**

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**

Alex Taylor is the Dedicated Education Unit Clinical liaison nurse (CLN) for students and your main clinical contact. Alex will provide you with some structured clinical learning during your clinical placement. Alex has an excellent understanding of your programme 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 complete all assessments and references relating to ACE for third year students.

If you have any concerns or questions do not hesitate to contact the CLN on the contact information provided.

# Expectations of the Student Nurse working in Perioperative Services

## Shift Times

Shift work times are staggered to meet the needs of the Surgical Flow.

Roster	Shift Time
AM07	0700 – 1530 (SSR)
PM	1430 – 2300 (SSR)
Night Shift	2245 – 0715 (SSR)
AM06	0645 – 1515 (SAU)
AM-N	0645 – 1515 (North bay)
AM-R	0700 – 1530 (Holding bay)
AM09	0900 – 1700 (Day cases)
AM11	1100 – 1930 (SAU/ phone calls)
AM-T	1100 – 1930 (Transit RN)

We have a few expectations of student nurses working in Perioperative Services:

- ❖ 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 (04) 806 0982
- ❖ 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
- ❖ Please ask questions and challenge yourself. Your preceptor is expecting to be questioned. The staff you are working with are very knowledgeable

- ❖ Due to infection control a clean uniform (scrubs) must be worn, long hair must be tied back and cardigans must not be worn
- ❖ If you are not achieving your objective please see you CLN 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 – the CLN will **not** complete any paper that is given to him or her if it is given in the last days of your placement.
- ❖ You must report anything unusual, unsettling or that you do not like the look of, regarding patients and their care. In the first instance, report your concerns to your preceptor, or if uncomfortable doing so the following line of reporting can be followed – the senior nurse in charge of the unit, the Clinical Nurse Educator, Associate Charge Nurse Manager, and then the Charge Nurse Manager.
- ❖ Please take the time to evaluate your placement. We are open to feedback so we can ensure that you and future students can be provided with valuable learning experiences.



# Safety Measures in Perioperative Services

Please ensure you are familiar with the Emergency Response Procedures chart that is located on the ward.

This chart covers:

- Hazardous Substances
- Fire
- Fire Alarm Sounding
- Essential Services Failure
- Suspicious Activity
- Aggression/Holdup
- Bomb threat/suspicious object
- First aid/cardiac arrest/collapse
- Earthquake.

## **The Emergency number within Hospital: 777**

State clearly:

- whether it is a cardiac arrest or medical emergency
- whether the patient is a child or adult
- The location including the building, ward and cubicle number where relevant.

Please ensure that you cover emergency procedures with your preceptor or nurse educator in your first few days.

## 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"/> Defibrillation and resuscitation trolley	<input type="checkbox"/> Discharge information
<input type="checkbox"/> Controlled drug cupboard	<input type="checkbox"/> Clinical policies & procedures
<input type="checkbox"/> Blanket warmer	<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"/> CNE/ACNM Office	<input type="checkbox"/> Suction Equipment
<input type="checkbox"/> Emergency Call Bells	<input type="checkbox"/> Scales
<input type="checkbox"/> IV fluid and equipment	<input type="checkbox"/> Infection control signs
<input type="checkbox"/> Store room	<input type="checkbox"/> Tympanic thermometer
<input type="checkbox"/> Staff tea room	<input type="checkbox"/> Stationery supplies
<input type="checkbox"/> IV trolley	<input type="checkbox"/> Wound care trolley
<input type="checkbox"/> Dirty utility room	<input type="checkbox"/> Laboratory Forms
<input type="checkbox"/> Oxygen tubing/masks/cannulas	<input type="checkbox"/> Fire extinguishers
<input type="checkbox"/> Distress call buttons	<input type="checkbox"/> Medication Room
<input type="checkbox"/> Isolation equipment	<input type="checkbox"/> Incident Reporting
<input type="checkbox"/> ECG machine	<input type="checkbox"/> Bladder Scanner
<input type="checkbox"/> Blood glucose monitor	<input type="checkbox"/> Hoist
<input type="checkbox"/> Document destruction bin	<input type="checkbox"/> Pneumatic Tube System (PTS)
<input type="checkbox"/> Staff Tea Room	<input type="checkbox"/> Medication Fridge
<input type="checkbox"/> Cytotoxic equipment	<input type="checkbox"/> Wheelchairs
<input type="checkbox"/> Sharps bins	<input type="checkbox"/> Medical air
<input type="checkbox"/> Oxygen tanks	<input type="checkbox"/> Theatre trolleys
<input type="checkbox"/> Blood fridge	<input type="checkbox"/> Patient property lockers
<input type="checkbox"/> Pregnancy test kits	<input type="checkbox"/> Return of tissue forms
<input type="checkbox"/> Perioperative and nursing related paperwork	

## Objectives

This section includes some of the objectives students should aim to complete during their placement which will also help to focus their learning.

There are a number of skills which can be acquired during this placement. They range from going to theatre, reading our resources, participating in admitting, caring for and discharging patients with the appropriate follow up. When setting your learning objectives it may be helpful to use this list as a guide to some of the clinical skills you are able to acquire on this placement.

### Example:

**Goal/Objective:** To obtain an accurate set of vital signs and recordings on patient's admission and explain the significance of abnormalities.

**Criteria:** To use both manual and electronic methods to obtain blood pressure, pulse temperature, oxygen saturations, respirations, height, weight and blood glucose if required.

**Resources:** preceptor, textbooks, literature

**Evidence:** Preceptor will confirm appropriate accurate and timely recordings are achieved and the significance of abnormal recordings is listed, explained and acted on appropriately.

# Common Presentations to Perioperative Services

Common presentations to SAU & SSR include (but are not limited to):

- Adenoidectomy
- Breast Biopsies
- Cardioversions
- Carpel Tunnel Decompression
- Closure of Stomas
- Dupytrens Contracture release
- Ear, Nose and Throat
- General Surgery
- Gynaecology
- Haemorrhoidectomy
- Hernia Repairs
- Hot Wire Cautery of Inferior Turbinate's (HWCITS)
- Incision and Drainage of abscesses
- Laparoscopic Appendectomy
- Laparoscopic Cholecystectomy
- Mastectomy
- Open reduction and internal fixation (minor) (ORIF)
- Ophthalmology
- Orthopaedics
- Parotidectomy
- Removal of Metalware
- Rigid Cystoscopy
- Tension Free Vaginal Tapes (TVT)
- Tonsillectomy
- Transurethral Resection Bladder Tumour (TURBT)
- Ureterscopy
- Vascular surgery

## Common Medications

Common medications relevant to SAU and SSR include (but are not limited to):

*Analgesics:* Paracetamol, Ibuprofen, Sevredol

*Anti-emetics:* Ondansetron, Metoclopramide, Cyclizine

*Other:* Insulin (Actrapid, NovoRapid), Midazolam, Fentanyl, Ketamine, Misoprostol, Clexane, Dabigatran, Warfarin, Diamox, Oxybutynin, Paracoxib

Please ensure that you are familiar with these medications before you arrive on your placement

## Medication Administration

All medication is to be given under the direct supervision/direction of a Registered Nurse. Students must not be the second person for checking intravenous fluids or controlled drugs.

The checking process for medication administration of any drug is the use of the 5 rights;

- Right route, (PO, IV, IM , SC)
- Right time and frequency (BD, PRN, QID, TDS)
- Right dose (mcg, g, mg, units, mls)
- Right drug (check carefully for brand and generic names)
- Right patient (ask patient for verbal confirmation, check wristband)

Remember to sign the drug chart and have your preceptor countersign.

(Please read the CCDHB Policy [Intravenous medicine and fluid administration](#) CapitalDocs 1.195).

Please gain a good grasp of pre and post-operative surgical procedures from your surgical textbooks.

## Pre-reading/Useful Resources

Note: policies can be found on CapitalDocs, use keywords or policy number to search.

### Fasting

- [Perioperative fasting guidelines for adult patients](#) CapitalDocs 1.94

### Diabetes management

- [Perioperative management of adults with diabetes](#) CapitalDocs 1.963
- [Patient information and instruction sheet: pre-operative guidelines for diabetic patients](#) CapitalDocs 1.963 (page 19 onwards)
- [Hypoglycaemia management in patients with diabetes at CCDHB](#) CapitalDocs 1.2207
- [Adult subcutaneous insulin prescription and blood glucose monitoring form](#) CapitalDocs 1.103275
- [Adult intravenous insulin prescription and blood glucose monitoring form](#) CapitalDocs 1.758

### Discharge information

- Discharge information sheets: refer CapitalDocs and Healthpoint

### Documentation

- [Perioperative documentation](#) CapitalDocs 1.3121
- [Cancellation or deferment of elective surgery - Wellington and Kenepuru Theatres](#) CapitalDocs 1.682
- [Routine pre-operative investigations for elective surgery](#) CapitalDocs 1.93

### Surgical patient preparation

- [Hair removal \(pre-operative\)](#) CapitalDocs 1.1016
- [Perioperative attire](#) CapitalDocs 1.1024
- [Paracetamol standing order – adults](#) CapitalDocs 1.100491

### Transit RN

- [Transit RN \(tRN\) patient transfer from post anaesthetic care unit \(PACU\) to an inpatient service at WRH](#) CapitalDocs 1.103469

### Theatre/PACU

- [Traffic patterns in the operating suite](#) CapitalDocs 1.1875
- [Operating Principles: Second Stage Recovery, Wellington Campus](#) CapitalDocs 1.8571
- [Discharge Post Anaesthetic Care Unit](#) CapitalDocs 1.1638
- [Discharge criteria – day surgery and day procedures](#) CapitalDocs 1.1818

### Wound care

- [Wound care assessment and management](#) CapitalDocs 1.8242
- [Wound management guidelines for obstetric and gynaecological wounds](#) CapitalDocs 1.2181

## Evaluation of Clinical Experience

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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 Nurse Educator**

