Student Nurses

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Kenepuru Accident and Medical Clinic 2021

January 2021

Student Name:

The Kenepuru Accident and Medical Clinic

Kenepuru Accident and Medical Clinic (KAMC) is located within Kenepuru Community Hospital (KCH). The address for the hospital is 16 Hospital Drive, Porirua.

Service Description

KAMC is a 24/7, primary care service. The service is a joint initiative between primary care providers (Porirua After-hours Medical Centre) and CCDHB and provides assessment and management of injury or medical problems that are sudden, unexpected and unplanned where patients are unable to access their normal GP. KAMC provides a supportive link between community primary health and tertiary level hospital services.

KAMC services:
• All patients who present to the clinic are triaged according to the Australasian Triage Scale.
• Urgent accident and medical primary medical and nursing services.
• Stabilisation and resuscitation
• Assessment, diagnosis and treatment
• Referral to primary or secondary care as appropriate
• Paediatric acute assessment services
• Diagnostic services such as radiology, laboratory
• An after-hours pharmacy located on site
• Supports primary medical services in the local area for patients who cannot get an appointment to see their own GP.

KAMC goals:
• Local access to quality care
• 24/7 availability
• To reduce inappropriate or avoidable presentations to other services through providing a quality timely service.

Client Community
KAMC provides services to residents of Porirua City, Kapiti Coast District and northern suburbs of Wellington City. Other service users include people from other DHBs and overseas residents.

Welcome!!
We are looking forward to working with you

Contacts

A&M Clinic	Main contact	Email for main contact	Phone number for ward/Unit
Charge Nurse Manager	Karen Barnett	karen.barnett@ccdhb.org.nz	04 3855999 ext 7229 or 04 9182300

Your Preceptor

You will be allocated preceptors prior to your arrival, these preceptors will be responsible for helping you completing your objectives. Both your shifts and your preceptors shifts will be highlighted the same colour on the roster. 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!!). Your preceptor will not complete any evaluations if you give it to them on your last days in the unit.

Expectations of the Student Nurse while at KAMC

The main shifts at KAMC are:

AM - 0700-1530
A930 – 0930-1800
PM – 1430-2300
N – 2245-0715

We have a few expectations of student nurses working at KAMC:

- It is expected that you arrive on time for your shift. If you are going to be late or you are unwell, call the clinic on 04 9182300 or 3855999 ext 7300.
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with the charge nurse manager, preceptor or nurse educator. A lot of learning occurs at quiet times in the unit!!
- If you want to change an allocated shift you must speak to the Charge Nurse Manager or Nurse Educator. Please keep in mind we can only have one student working per shift.
- It is important for your preceptor or the nurse you are working with is aware of your objectives
- Due to infection control a clean uniform must be worn and long hair must be tied back.
- Please ensure you are wearing a name badge at all times.
- Please keep your cellphones in your bag or locker
- If you are not achieving your objective please see the Charge Nurse Manager, Nurse Educator 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

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.

☐	Pyxis Medication Machine	☐	Lockers
☐	Staff allocation board	☐	Clinical policies & procedures
☐	Manual BP machines	☐	"Notes on Injectable Drugs"
☐	Linen supplies	☐	Roster
☐	Charge Nurse Manager and Clinical Nurse Educators office	☐	Triage guidelines
☐	DASH monitors	☐	Suction Equipment
☐	Store room	☐	Tympanic thermometer & covers
☐	Staff tea room	☐	Stationery supplies
☐	Resuscitation trolley	☐	Photocopier
☐	Utility room	☐	Incident reporting
☐	IV fluids and equipment	☐	Drug fridge
☐	Dressing trolley and Materials	☐	Immunisation fridge
☐	Resuscitation trolley and how to break open	☐	Location of all fire exits, alarms and extinguishers
☐	ECG machine	☐	Blood glucose machine and ketone machine
☐	777 number	☐	Duress alarms
☐	Med Tech 32 user password	☐	Location x-ray, lab, maternity, dental and physio services
☐	Action to be taken in the event of a fire alarm or if fire is suspected, fire board and yellow hat	☐	Emergency call bells and patient call bells
☐	urinalysis machine	☐	Sliding sheets and boards
☐	Fresenius pumps, drip stands	☐	Oxygen and Entonox

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
- Practice good infection control measures
- Pain management
- Wound management
- Assessment of an acutely unwell patient

Common Presentations to KAMC

- Asthma
- COPD exacerbations
- UTI (Urinary tract Infection)
- Wounds
- Fractures and dislocations
- Chest pain
- Skin infections
- Allergic reactions
- Gout
- Fevers
- Common colds
- Respiratory infections
- Sexual health issues

Common Medications used at KAMC

- Amoxicillin
- Flucloxicillin
- Augmentin
- Azithromycin
- Nitrofurantoin
- Paracetamol
- Ibuprofen
- Morphine
- Codeine
- Tramadol
- Fentanyl
- Tetanus vaccine
- Diclofenac
- Probenecid
- Cephalexin
- Ceftriaxone

Pre-reading/Resources

Areas within KAMC

Reception

Often the first contact patients and relatives have is at reception. Our reception staff are key to the flow of the department and deal with a whole range of inquiries as well as processing patients electronically using Med Tech 32. The triage nurse works closely with the reception staff. Please note that this is a fee paying service and patients are informed when they book in that there will be a fee to pay.

Triage

All patients arriving through the front door by foot or by ambulance will be triaged according to the Australasian Triage Scale. Very ill patients may be transferred straight to a room and triaged there. Triage nurses are experienced nurses, who have undergone further training in order to make a rapid assessment of a patient's condition.

At triage patients can be given information about potential examinations and investigations and any questions that the patient may have are answered. First aid treatments may be carried out, analgesia requested or health education given in the form of verbal or written information. ACC information is collected at this time and information is given about the triage process and expected wait.

Patients are allocated a triage code depending on the seriousness of their presentation:

- **Triage/code 1:** Life threatening-requires immediate attention
- **Triage/code 2:** Emergency-needs to be seen within 10 minutes
- **Triage/code 3:** Urgent- we aim to treat these patients within 30 minutes.
- **Triage/code 4:** Semi urgent -we aim to treat these patients within 60 minutes.
- **Triage/code 5:** Non-urgent i.e. minor strains or sprains, which could be treated by a GP/primary health, care organisation. We aim to treat these patients within two hours.

Some injuries may not be accidental and child protection is always a consideration for the triage nurse as is domestic violence and elder abuse.

- *Ask your preceptor for further information about this system and observe triage in action.*

- *Find out more about the Australasian triage system*

- *Use Capital Docs to find out about CCDHB policies in reference to triage and child protection*

Telephone inquiries

Relatives, friends, health care workers or police may often enquire about a patient's condition. It is difficult to clarify who the caller is and caution is always taken as to any information being disclosed. Particular care has to be taken when a newsworthy accident or event has occurred. If possible get the patient to take the call.
If you are required to answer the phone remember telephone etiquette: "Kenepuru Accident and Medical Clinic, Student nurse….speaking"

If unsure is best to refer all matters to a qualified member of staff and ask for advice.

Cubicles and consult rooms

A nurse will assess the patient and will record baseline observations and depending on the patients complaint further assessments may be required such as pain score, blood sugar, ECG, neurological and neurovascular observations, wound assessment and if necessary the nurse may cannulate and take bloods. Many of our acute patients are transferred to Wellington Regional hospital after referral. Most patients will only require a short period of observation or treatment.

Initially assist and observe your preceptor when they are assessing a patient to see what questions are asked. When you feel confident you can record observations and enter them into the patients electronic record-ensure you enter your name and title for all entries.

Be cautious about patient's property-if a patient has valuables tell your preceptor, as this will need to be accurately recorded. Ensure any clothing is given to relatives or put into a property bag and that it stays with the patient.

Treatment room

Patients are taken to the treatment room for minor injury management including wound closure and fracture management. If you are working on a Wednesday you can observe the fracture clinic in this room.

Many of the treatments in this area appear simple but it is often the verbal and written advice that is crucial to a patient's recovery. All treatments need to be under the supervision of your mentor as for other areas.

Crutches are issued using a loan form. It is vital that any equipment issued is signed for to ensure it is returned. Find this form as ask to be shown how it is completed.

Resuscitation trolley worksheet

Find out the answers to the following:

1. How is the trolley checked and how often?

2. What does AED stand for and how is the machine checked?

3. How many joules are used to shock a child?

4. Adrenaline and Amiodarone are the first line drugs used in cardiac arrest.
   When would they be given, in what dose and by which route for an adult?

5. Choose two other drugs from the resus trolley and find out what they are used for and how much can be given.

6. Which items are not disposable on the airway tray?

7. Intraosseous route may be used if IV access is difficult to get. Some drugs and fluids can be given via this route. Identify the equipment and find out how it is inserted and where. Where is the intraosseous drill kept?

11. Can you name 3 airway management adjuncts?

Chest pain worksheet

1. Chest pain is a frequent presentation at KAMC. It is important to note that chest pain does not always originate from the heart.
   Find out some of the causes of non-cardiac chest pain.

2. Which patients are at risk of myocardial infarction?

3. What are the symptoms of a patient having an MI?

4. What observations and investigations are required immediately?

5. Why are the following given, in what dose and by what route?

   GTN

   Aspirin

6. Some patients require cardiac monitoring while they wait for transfer to another hospital. What colour lead goes to what location?

Analgesia worksheet

1. By which routes can pain relief be administered at KAMC?

2. Which drugs can be given by nurses using the standing orders in A&M, to which patients and what doses can be given?

3. Morphine is commonly given;

   By which route?

   What dose?

   What are the side effects?

4. What is the medication given to patients to reverse the effects of morphine?

5. What is Entonox and when is it given?

6. How and when is fentanyl used in the A&M clinic?

Intravenous fluids and antibiotics

1. What IV fluid is commonly given and in what conditions have you seen it given?

2. What is the formula for calculating flow rates if a pump is not available.

3. What conditions is Ceftriaxone given for and in what doses?

4. If a patient had an anaphylaxis to an antibiotic, what signs and symptoms would they have?

5. Which drug and what dose can be given by nurses via a standing order in the event of anaphylaxis?

Asthma worksheet

1. Define asthma

2. What are the symptoms of an exacerbation?

3. How would a patient look and sound in an acute exacerbation?

4. Why is a spacer used?

5. What discharge advice should be given to asthma patients before they leave?

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