Student Nurses

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

# Gynaecology Ward 2021

# Haere Mai!



January 18

# Student Name:

# The Gynaecology Ward

Ward 4 North, Pod A is the Gynaecology ward of the Women's Health Service. Pod B is the ante-natal inpatient area, Pod's C & D are the postnatal pods. The other areas of the Women's Health Service are Outpatients Women's Pre-assessment, Women's Health Assessment Service (WHAS) and Te Mahoe Unit (termination of pregnancy unit), located on level 3.

**Vision Statement**: That the community served by 4 North, Pod A will confidently receive the researched based Gynaecological care that it needs, delivered harmoniously by well - motivated and highly skilled team.

**Mission Statement:** 4 North Pod A will provide the highest attainable standard of professional cate to women undergoing treatment for fertility and other aspects of women's sexuality.

Pod A Gynaecology has 14 beds and carries out elective and acute Gynaecology and Gynaecology – Oncology surgery. Examples of surgery we carry out are:

- Laparotomy: for removal of fibroids, an ovarian cyst/malignancy or to treat an ectopic pregnancy.
- Laparoscopy – for diagnostic or treatment purposes
- Abdominal or vaginal hysterectomy
- Anterior/posterior repairs for prolapses
- Dilatation and curettage, Hysteroscopy
- Incision and drainage of a bartholin's cyst.
-

We also cater for acute early pregnancy care for less than 20 weeks gestation, and post- natal complications after 2 weeks post partum.

Whatever the operation, it is important to remember that the women we care for are often:

- Experiencing a strong sense of loss
- Fearing of facing menopause, changes in sexual function, loss of pregnancy or fertility
- Apprehensive that treatment may violate their personal, religious or cultural values.
- Facing a change in body image.

# The Team

## Nursing Staff

- Charge Nurse Manager **Sue Hazelwood**
- Clinical Nurse Educator **Nic Johnstone (0.5 FTE)**
- Clinical Nurse Specialist **Chantelle French (0.5 FTE)**
- Clinical Nurse Specialist for Gynae Oncology **Pathmini Murugesan**

There are 21 RN's who work full time and part -time on a rotating roster basis.

Support Staff are: **Kamla Parbhu, Tali Anterera, Paula Welch**, **Vaishali Sigh, Hema Patel, Karlee Pele:** Health Care Assistants (hospitality) who work throughout Ward 4.

Ward Clerks: **Karen Harris, Jo Pailman, & Lynda Byron**: who work a shift pattern covering seven days a week.

## Medical Team

There are 14 consultants who have contact with our ward

- John Tait
- Amanda Tristram – Gynae Oncology
- Howard Clentworth – Gynae Oncology
- Patrick Keating – Gynae Oncology
- Jackie Hawley
- Fali Langdana
- Daisy Wildash
- Rose Elder
- Peter Abels
- Nick Bedford
- Jay Marlow (MFM)
- Simon McDowell
- Karen Leeman
- Jade Lodge (MFM)
- Leigh Searle
- Sanni Aschenberger

Each Consultant has a Registrar and an SHO assigned to them. One consultant is on call at all times. On call hours for each consultant is from 0800 hours to 0800 hours the next day.

## Multidisciplinary Team

- Physiotherapist
- Dietitian
- Social Worker

# Welcome!!
# We are looking forward to working with you

# Contacts

| Gynaecology Unit | Main contact | Email for main contact | Phone number for ward/Unit |
|---|---|---|---|
| **Clinical Nurse Educator** | **Nic Johnstone** | nicola.johnstone@ccdhb.org.nz | **DD 806 2219** |
| **Clinical Nurse Manager** | **Sue Hazelwood** | | **DD 806 0891** |

**If you are ailing please ring the ward (ph. 04-8060881)** to let the staff know. If you are required to go off the ward for meetings, tutorials or study sessions please let the Nurse in charge know at the beginning of the shift or the day before.

# Your Preceptor

You will mainly be working with 2 preceptors while you are on placement at Ward 4, depending on how long you are with us. Due to shift work requirements there may be others who will work with you as well. It would be helpful to discuss your objectives with your preceptors to who you are assigned at the beginning of your placement. They will then be able to work with you to help you achieve them. Show them your assessment book at this time as well. Also please bring this daily for the RN you are working with to sign off any objectives achieved. You must provide evaluations and other paperwork to you preceptor in a timely fashion.

# Expectations of the Student Nurse while in Gynaecology Ward

**Shift Hours:**

| | |
|---|---|
| **Morning** | **: 0700-1530** |
| **Afternoon** | **: 1445-2315** |
| **Night** | **: 2245-0715** |

We have a few expectations of student nurses in the Gynaecology ward:

- Note that the afternoon shift starts a little later than some other areas you may have worked in. Please be prompt – being late means you inconvenience others, and you may miss something important!
  Tea and meal breaks will be allocated to fit in with workload. It is important that you go at your allocated time otherwise others will be late in having their breaks.
- Please wear your student I.D. Identification at all times while working in Ward 4.
- Clean uniform must be worn and long hair tied back, cardigans must not be worn when working on the floor for infection control.
- There is a staff shower available in the staff toilet area. Please remember to always close or lock any staff areas as theft is not uncommon.
- Please do not bring any valuable or excess money to the ward. You can put your bag away into the allocated locker for student, on placement. (Please handover the key before you finish at each shift).
- It is important that your preceptor or the Nurse that you are working with is aware of your objectives. If you are not achieving your objective please see the Clinical Nurse Manager, Nurse Educator or your preceptor (before your last week in the ward.)
- Please ensure all documentation you need to complete for your tertiary institution is accomplished before the last days in the ward.

# The acquisition of Wisdom

Never a straight forward task! If you have questions please ask – you can guarantee someone else would have asked the same thing. Don't be afraid

to ask if there is something you don't understand. You may have to wait an appropriate time but we endeavor to answer any queries you have. Patient wellbeing and safety are your main concern, if you feel unable, unconfident, uncertain or uncomfortable about doing something please speak to your preceptor.

We have an increasing store of reference material and also several interesting and informative books on Gynaecological Nursing. You are welcome to use them but would prefer if you did not take them off the ward.

There is a treasure hunt attached on this guide. Please take you time on your first day to find the items listed. It will help you to familiarize yourself to the ward and will also be of assistance to the nurse you are working with. Also take some time to look at the list of terminology and abbreviations. Handover will make a lot more sense! It will also help if you do some pre – reading on the types of operations women in Ward 4 North Gynaecology are having.

You will find staff more supportive if you are enthusiastic and interested. If you see a nurse doing something that you like to watch, ask if you can accompany her – however, please tell your preceptor where you are going. It may also be possible to go to theatre to see an operation – your preceptor will let you know if it is appropriate and can help arrange it. Other areas you may visit may include Te Mahoe, Women's Outpatient's and Women's Health Acute Assessment Service.

# Safety Measures in the Gynaecology ward

Make yourself familiar with the Emergency Procedures flip chart and the location of fire alarms, fire hydrants and fire hoses. Fire alarms are a regular happening and you will need to know the routine to follow in an event that this happens.
Don't panic if there is an arrest – your responsibility is to be around when needed and follow any directions thrown your way. If you are at the patient's bedside, ring the emergency call bell. For any emergency where, in your judgement, life or lives are at risk the number to call is always the same …. **777.**

# 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 | ☐ | Discharge information |
| ☐ | Fire alarms | ☐ | Clinical policies & procedures |
| ☐ | Emergency bells | ☐ | "Notes on Injectable Drugs" |
| ☐ | Smoke alarms | ☐ | Roster |
| ☐ | Observations Equipment | ☐ | Manual BP machine |
| ☐ | Blood Glucose machine | ☐ | Suction Equipment |
| | Bladder scanner | ☐ | Breast pump |
| ☐ | Intravenous Fluids and equipment | ☐ | Bio-hazard bags |
| ☐ | Catheterisation pack/ Foley Catheter | ☐ | Tympanic thermometer & covers |
| ☐ | Student tea room/Locker | ☐ | Stationery supplies |
| ☐ | Resuscitation trolley | ☐ | Photocopier |
| ☐ | Dirty utility room | ☐ | Spare batteries |
| ☐ | Transport swabs/ Chlamydia swabs | ☐ | Laboratory forms |
| ☐ | Dressing trolley and Materials | ☐ | Sharps Bin |
| ☐ | Isolation Equipment | ☐ | Oxygen Mask and tubing |
| ☐ | ECG machine | ☐ | Fire Exits |
| ☐ | MSU/Stool specimen containers | ☐ | Sterile Gloves |
| ☐ | Toilets | ☐ | Pads |
| ☐ | Height and Weight Equipment | ☐ | Patient ID bracelets |
| ☐ | Yellow Hat | ☐ | Bed pans/Steriliser |
| ☐ | ECG machine | ☐ | Vomit bowls |
| ☐ | Public toilets | ☐ | Dressing Trolleys |
| ☐ | Tapes and bandages | ☐ | Sterile Instruments |
| ☐ | Jugs/mugs/cups | ☐ | Patient lounge |

# Objectives

Each Nurse is responsible for handling over the patients she is looking after to the Nurse on the next shift. If you are looking after the patient be prepared to handover too, it's good experience!

Each Nurse is responsible for documenting the care the patient has received. When looking after a patient, you will be responsible for recording in the notes the care provided throughout the shift. If unsure what to write ask your preceptor for guidance. She will also probably wish to check what you have written.
You need to consider legal and ethical issues when writing notes. Be objective, ensure each entry has the date and time by it, **sign and also write your name and status.**

By the end of your placement you may be able to gain the following skills during your time on the Gynaecology ward.

- **Observation** of surgical wounds and monitoring blood loss.
- **Observations** – Blood pressure, Temperature, pulse, respiratory rate, oxygen saturation, blood glucose. Abnormal observations. The Early Warning Score Chart (EWS).
- **Administration** of oral medications and sub – cutaneous medications.
- **Administration** of oxygen therapy
- **Assisting** with patient catheterisation
- **Admission** and **Discharge** procedures
- **Preparing** a patient for theatre
- **Assessment** of pain and nausea
- **Managing** post-operative care
- **Preparation** of IV medication and administration of IV medications
- **Removing** drains and indwelling catheters

## Observations

Please familiarize yourself with the CCDHB Early Warning Score (EWS) observation chart. When carrying out observations, patients are scored depending on the value of each observation. Mandatory actions are to be taken once a score is obtained. Please inform your preceptor if an EWS has increased or **> 5.**

**Blood pressure –** report abnormally high or low readings, considering normal baseline observations and any medications. Check BP before giving medication that may affect it as it may have to be withheld.

**Pulse** – Check radial pulse for 60 seconds. Report anything abnormal. (e.g. fast, irregular).

**Temperature** – Report to your preceptor a temperature is over 37.5 degrees celsius.

**Respiration** – Record respirations on all post – operative patients, unstable patients, patients on opioid analgesia, dyspnea.

**Oxygen Saturation** – All patients should have their oxygen saturations monitored with a base line reading recorded.

**Blood loss** – All post - operative patients have their wound, laparoscopy sites and vaginal loss checked regularly. Any unstable patients are monitored for excess blood loss this includes all miscarriages, acute admissions, and women with menorrhagia.

**Assessment of blood loss**

- Scant - smaller than 2 inch stain, 10 mls.
- Small - smaller than 4 inch stain, 10 - 25 mls.
- Moderate - smaller than 6 inch stain, 25 – 50 mls.
- Large - Larger than 6 inch stain, 50 – 80 mls.
- Soaked pad - 100 mls.

**NB**: It is important to use your judgement and assessment skills when considering the relevance of abnormal observations. In isolation one may be unremarkable but in the context of trends, other observations and your assessment of the patient it may be noteworthy. For example a temperature of 37.5 degrees Celsius by itself may be acceptable, but with an increased pulse rate it could be an early indicator of infection.

# Common Presentations to the Gynaecology Ward

The following list are some of the common presentations in 4 North Gynaecology:

- Hyperemesis
- Bartholin's Abscess
- Miscarriages <20 weeks gestation
- Endometriosis
- PID
- Endometritis
- Ectopic Pregnancy
- Menorrhagia
- Ovarian Hyper Stimulation
- Mastitis

- Chronic Pelvic Pain
- All Gynae Oncology cancer- ovarian, cervical, endometrial, vulval

Here is a simple Explanation of some of the common operations that you may hear mentioned and there are some others that you may come across during your placement. It will help your learning if you have a think about the questions following the explanations.

- **Hysterectomy** – Removal of the uterus and cervix either through the lower abdominal wall (TAH) or vagina. Occasionally only the body of the uterus is taken, in which case it is known as a sub – total hysterectomy. If the ovaries and fallopian tubes are also removed the procedure is known as a TAHBSO (bilateral salpingo-oopherectomy).

- **Laparotomy** – This means an incision into the lower part of the abdominal wall. The length and position of the incision will depend on the reason for the operation. Usually it is about 10-15 cms long, just above the pubic hairline. It may be done to treat a pelvic infection, to remove an ectopic pregnancy, remove a cyst or fibroid or to assist in making a cancer diagnosis.

- **Laparoscopy** – A Laparoscope is a narrow telescope, about the size of a pen. A light and camera system is attached so that the inside of the abdomen can be viewed on a T.V screen. The laparoscope is inserted through a small incision just below the umbilicus. Gas is put into ta abdomen to make space so that the organs can be seen clearly. A second incision is made just above the pubic hairline so other instruments can be introduced. It is done to investigate and/or treat infertility, pelvic pain, ectopic pregnancy, endometriosis, cysts or to perform sterilisation.

- **Hysteroscopy** – An examination of the inside of the uterus to diagnose the cause of abnormal bleeding. Sometimes small procedures such as removal of polyps will be done at the same time.

- **Examination under Anaesthetic (EUA)** – A manual examination of the pelvis which is easier if the patient is relaxed from anaesthetic drugs.

- **Dilatation and Curettage (D&C)** - This is carried out by gently stretching open the cervix so samples of the lining of the uterus can be removed and tested for abnormal conditions. Some women require a D&C after a miscarriage to make sure that all the pregnancy tissue has been passed.

- **Vaginal Repairs** – The Vaginal wall is strengthened to correct an adjacent organ that is bulging through and may be carried out to treat stress incontinence. If the anterior wall is strengthened it is called an anterior wall repair. A posterior repair will prevent the bowel protruding through.

## Terminology and Abbreviations

| | |
|---|---|
| Amenorrhea - | absence of menstruation |
| Dysmenorrhea - | Painful menstruation |
| Dysuria - | discomfort in passing urine |
| Menorrhagia - | Excessive vaginal bleeding |
| Colp - | Vagina |
| Hyster - | Uterus |
| Oo - | Ovary |
| Salping - | tube |
| Coele - | Hernia or swelling (eg rectocoele) |
| Ectomy - | Excision of (eg Salpingectomy) |
| Oscopy - | using an endoscope for direct visual examination |
| Ostomy - | formation of an opening |
| Otomy - | Surgical incision or cut into (e.g. laparotomy) |
| BGND | Bilateral Groin Node Dissection |
| BHCG - | Beta Human Chorionic Gonadotrophin |
| BSO - | Bilateral Salpingo Oopherectomy |
| Cx - | Cervix |
| D&C - | Dilatation and Curettage |
| G - | Gravida |
| ERPOC- | Evacuation of Retained Products of Conception |
| EUA - | Examination Under Anaesthetic |
| G&H - | Group and Hold |
| HVS - | High Vaginal Swab |
| IUCD - | Intra Uterine Copper Device |
| IUFD - | Intra Uterine Fetal Death |
| IUP - | Intra Uterine Pregnancy |
| LAVH - | Laparoscopic Assisted Vaginal Hysterectomy |
| LIF - | Left Iliac Fossa |
| LMP - | Last Menstrual Period |
| MTOP | Medical Termination of Pregnancy |
| P - | Parity |
| PCA - | Patient Controlled Analgesia |
| PID - | Pelvic Inflammatory Disease |
| PLND - | Pelvic Lymph Node Dissection |
| PONV - | Post- Operative Nausea and Vomiting |
| RIF - | Right Iliac Fossa |
| ROS - | Removal of Sutures |
| RPOC - | Retained product of Conception |
| RTOV - | Retrograde Trial of Void |
| SROM - | Spontaneous Rupture of Membrane |
| STOP - | Surgical Termination of Pregnancy |
| TAH - | Total Abdominal Hysterectomy |

| | |
|---|---|
| TLH - | Total Laparoscopic Hysterectomy |
| TOP - , | Termination of Pregnancy |
| TOV - | Trial of Void |
| USS - | Ultrasound Scan |
| VE - | Vaginal Examination |
| WLE - | Wide Local excision |

# Common Medications

The administration of drugs involves the expanded 5 rights of Medication administration.

- Right route
- Right time
- Right dose
- Right drug
- Right patient
- **And write it Right**

When administering medications **RE THINK** the checking RIGHTS, know the drug and reason for it, make sure it's the best fit for the patient then WRITE IT RIGHT including the patient's response.

You may check and give oral, SC and IM medications under the supervision of a Registered Nurse if he/she is confident for you to do so. Student nurses endorsed by their Tertiary institution provider from year 2 onwards may also be able to prepare/give IV fluids/medications, under **direct direction** of a registered healthcare provider (CCDHB IV therapies administration and management policy). However you may not be the second person to check IV fluids/medications.

**Controlled Drugs** – are kept in the Pyxis machine, two qualified RN's are required to check out drugs from this machine. All medication charts are counter- signed.

## Analgesics

- Paracetamol
- Ibuprofen
- Diclofenac
- Tramadol
- Codeine
- Morphine Sulfate (e.g. Sevredol, M-Eslon)

- Fentanyl
- Gabapentin
- Amitriptyline

## Antiemetic's

- Metoclopramide
- Ondansetron
- Cyclizine
- Prochlorperazine
- Domperidone

## Antibiotics

- Metronidazole
- Cephazolin
- Cefuroxime
- Amoxicillin
- Clindamycin
- Flucloxacillin
- Amoxcillin Clavulanate
- Piperacillin/Tazobactam
- Meropenem
- Trimethoprim
- Doxycycline
- Gentamycin

## Other common Drugs in the ward

- Tranexamic acid
- Folic Acid
- Iodine
- Pyridoxine
- Thiamine
- Methotrexate
- Misoprostol
- Mifepristone
- Zoladex
- Medroxyprogesterone (Provera)
- Bisacodyl
- Enoxaparin

# Pre-reading/Resources

It will help if you do some pre reading on the common Gynaecology conditions and operations.

And Review CCDHB's Clinical Information on the following:

- Intravenous IV Therapies Administration and Management – Capital Doc. – Document number (ID 1.101584)
- Code of Conduct
- Professional Boundaries
- Social Media Guideline
- ISBAR Communication
- Direction and Delegation
- Infection Prevention and Control

We hope that you enjoy your placement on **Ward 4 North Gynaecology** and that you gain the most from your experience, and we appreciate the feedback that you give us.

# 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**