

Student Nurses

Ward 5 North

2023

WELCOME TO 5 NORTH.

5 North is a 40-bed inpatient unit encompassing oncology, haematology, and renal patients ranging in age from teenagers through to older adults, with the majority being middle-aged or older. Nurses are involved in the delivery of all aspects of patient care including the administration of chemotherapy, peritoneal dialysis, bone marrow or stem cell transplants, and renal transplants. Radio-iodine treatments are also performed. The ward has three dedicated bone marrow transplant rooms; apheresis and haemodialysis facilities are also located on the ward.

Wellington Cancer Centre (WCC) is one of six regional centres in New Zealand, providing a comprehensive oncology and haematology service to people in the lower North Island and upper South Island. The Centre provides secondary and tertiary services with an emphasis on active treatment, while also providing palliative and terminal care. WCC cater to a wide age group of patients, ranging from 15 years of age. The majority of patients are middle-aged or older.

The Centre offers a wide range of treatment options including:

- Chemotherapy
- Radiotherapy
- Bone marrow and stem cell transplantation
- Treatment of non-malignant haematological disorders
- Palliative and terminal care (including symptom management)

WCC nurses work across four treatment areas providing different aspects of patient care. These include an inpatient ward (5 North), day ward, outpatient clinics and radiotherapy suite.

Outpatients

Around 70% of the Cancer Centre's patients are seen and treated as outpatients (including Day Ward and Radiotherapy). There is a strong emphasis on collaboration with community health care services. Referral is made to these services with the aim of maintaining patient wellbeing in the community. The service is divided into three sections (collectively known as Ambulatory Care), and the nurses rotate between these areas.

5 North – Student Nurse Orientation book

1. Day Ward

Treatments such as blood/platelet transfusions, chemotherapy and IV medications and other procedures are administered here. Ongoing education and support is continuous throughout.

2. Clinic

The nurses' role is to co-ordinate the clinics. This is a time for nursing assessments to be made, particularly for new patients, and to ensure education appropriate to patient needs is delivered. For some patients this is the only contact they have with the service.

3. Radiation Therapy

Patients are assessed who are receiving radiotherapy, and are followed up as necessary. Nurses are responsible for assessing skin reactions and initiating appropriate treatments.

Wellington Cancer Centre Nursing Statement

Nursing practice in the Wellington Cancer Centre is a partnership with people living with cancer and haematological disorders. In this partnership nurses seek to focus on the responses of the individual and family and to assist them to adapt to the demands of the illness. The oncology/haematology illness experience creates uncertainty and has both chronic and acute features. We consider the patient and family to be more than their illness experience. The nursing care that we offer is to enable patient/family to make a smooth transition between the unit and home. We also value the collaboration with other health professionals in the shared goal of achieving continuity of care.

Community Cancer Nurses

There are Community Cancer nurses working throughout the Wellington area. These nurses receive referrals for patients with a cancer diagnosis from all health professionals. All patients discharged from the ward must have an initial referral and an updated one on subsequent admissions and discharge. It is essential that as much information as possible is included in the referral. We also refer patients to areas outside the Wellington region and the above applies.

Palliative Care

Patients who require palliative care will usually receive input and care from the Mary Potter Hospice in Wellington City and Kāpiti Coast, and by Te Omanga Hospice in Hutt Valley and

5 North – Student Nurse Orientation book

Wairarapa. Both hospices offer an inpatient and outpatient service. There is also a Hospice Palliative Care service within this hospital.

The service provides:

- Specialist symptom management
- Liaison to Hospice service
- Support and advice to patients and families
- Education to health professionals in the acute care setting

Margaret Stewart House

Margaret Stewart House is situated on the hospital grounds and is available to our patients and their families for accommodation. Charges apply and patients and families must be booked in.

Renal Services

Renal Service provides a full renal service for acute and chronic renal disease to most of the central region of New Zealand (Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB), as well as home dialysis services to Nelson/Marlborough DHB. This includes outpatient consultations, inpatient services (in 5 North), renal transplant services and a thorough pre-dialysis service. The service maintains a strong focus and commitment to home based dialysis, both peritoneal and haemodialysis. A satellite centre at Porirua and the In-centre dialysis unit at Wellington hospital cater to the increasing demand for assisted haemodialysis.

Outpatient clinics are provided at Wellington, Hutt, Kenepuru and Kāpiti. Renal transplantation services are provided for the central region including Mid-central, Whanganui, and Hawkes Bay DHBs, with annual transplant numbers around 30 per year.

Home dialysis

The community dialysis unit located at Margaret Stewart House, 16 Hospital Road, provides training and support for patients at home on self-care peritoneal dialysis and haemodialysis. There is also provision for live in accommodation for out of town patients in training. An integrated group of community dialysis nurses provide training, on-going patient management and support, follow up home visiting and an on-call after hours telephone service. Follow up outpatient and medical reviews for home dialysis patients is managed at Margaret Stewart House. The unit is open Monday – Friday 0730 – 1600 hours.

Pre-dialysis

Pre-dialysis coordinators work in collaboration with the renal medical staff to educate and support patients in planning for the most appropriate modality of renal replacement therapy. A pre-dialysis coordinator visits the patient at home, and maintains contact either in person or by telephone to provide ongoing support and education to facilitate a seamless transition to commencement of treatment. Pre-dialysis coordinators work Monday – Friday 0800 – 1630 hours.

Vascular access coordination

The vascular access coordinators coordinate the vascular access surgical waiting list, scheduling of vein mapping and interventional procedures, and ongoing surveillance of all vascular access, and the coordination of the tenckhoff catheter surgical procedures. There is strong collaboration with the vascular access and general surgeons. They work closely with the staff in the dialysis areas to provide assessment and planning regarding management of vascular access and ongoing staff education. The vascular access coordinator role covers Monday to Friday 0800 – 1630 hours.

Renal Transplant coordination

The renal transplant coordinators coordinate the live donor transplant list and general transplant list for all patients in the central region; provide initial patient education post renal transplant; and coordinate the follow up, support and ongoing education of all renal transplant patients. The transplant coordinator role covers Monday – Friday 0800 – 1630 hours

Admissions

While there is a system of booked admissions, patients are frequently admitted acutely at any time of the day or night, seven days a week. The number of admissions varies from day to day and is not usually predictable. Weekends tend to be less busy, as chemotherapy and radiotherapy is predominantly given during the week. Patients from the Blood & Cancer Centre who require on-going treatment and assessment may come to the ward after-hours and at weekends. All admissions must be authorised by either a registrar or consultant, and the Charge Nurse Manager or the person in charge of the shift. If a nurse thinks a patient should be admitted, they must discuss it first with the appropriate medical staff and then contact the Patient Flow Co-ordinator or Duty Nurse Manager to arrange the admission. All patients being admitted must be tested for COVID-19 prior to arriving on the ward. Due to the number of immunocompromised patients on the ward, any patient who tests positive

5 North – Student Nurse Orientation book

for COVID-19 whilst on the ward will be promptly transferred to the appropriate ward for COVID patients. We do not care for COVID patients on 5 North.

Discharges

Discharge planning starts from the moment a patient is admitted into the ward. Patient problems/needs are identified on admission and those likely to impact on their discharge need to be addressed as soon as possible. Follow-up appointments, prescriptions, medication card, blood test forms and discharge advice are all given as necessary. All patients should know whom to contact if they have any questions or concerns, and should be encouraged to ring the ward however minor their problem may seem. When patients are transferring to another service i.e. hospital or hospice, a full nursing and medical referral must go with them. We have strict protocols for admitting patients who are febrile – particularly for chemotherapy patients who are likely to be neutropenic. They should be educated before discharge about what to do if they feel unwell or have a temperature. You need to familiarise yourself with the neutropenic protocol.

Contacts

5 North	Main contact	Email	Phone number for ward/Unit
Clinical Nurse Educator	Ashleigh Boyce		
Charge Nurse Manager	Connie Rodrigues		
Associate Charge Nurse Managers	Belinda Aquino Emma Greig Rachel Lancaster Emma Bramwell		
Clinical Liaison Nurses (CLNs)	Chrissy Frost Jessica Dyer Jodie Fitzgerald	christine.frost@ccdhb.org.nz jessica.dyer@ccdhb.org.nz Jodie.fitzgerald@ccdhb.org.nz	

Please email Chrissy, Jessica and Jodie (CLNs) with any questions regarding student placements, rosters etc. If you are unwell or unable to come to placement, please phone the in-charge nurse on 027 704 7274.

Your Preceptor

You will be allocated a preceptor to work alongside each shift. 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.

Dedicated Education Unit

The Dedicated Education Unit (DEU) model of clinical teaching and learning in Wellington is a partnership between organisations, the education provider Massey University (Massey), Victoria University and Whitireia New Zealand (Whitireia) and Te Whatu Ora Capital Coast and Hutt Valley. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEUs 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.

Clinical Liaison Nurses

Chrissy Frost, Jessica Dyer and Jodie Fitzgerald are the Dedicated Education Unit Clinical liaison nurses (CLN) for 5 North and your main clinical contacts. They will provide you with some structured clinical learning during your clinical placement. They both have 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 CLNs 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 Chrissy, Jessica or Jodie.

We are aware that all students are at different levels. All we expect from you is a willingness to learn and make the most of your clinical time. We expect you to be open and honest and you can expect the same from the RNs. We will try to provide the best teaching we can but it often depends on the ward on the day. We may have days where you can only observe and we do not have time to teach. On these days you may have to make the most of your learning by reading the many resources available on the ward and looking in depth at a patient's old notes to gain a broader clinical picture. At any stage, if you feel an interesting procedure is going to happen that you would like to observe, please feel free to ask if you can attend. We appreciate your initiative on 5N and it will enable you to get the most out of your placement.

Expectations of Student Nurses while on 5 North

The shifts at 5 North are:

8 hour shifts

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

12 hour shifts

Day	0700 to 1930
Night	1900 to 0730

Students completing their final third year placement will do a combination of 8 and 12 hour shifts, but all other students will do 8 hour shifts only.

Nursing Handover

Each shift starts with a huddle in the fish bowl and then a handover from the preceding shift in your pod. Handover is a good time to ask questions if you are not sure of something.

We have a few expectations of student nurses working in 5 North:

- ❖ 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 ward on 027 704 7274
- ❖ 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 ward
- ❖ 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 or wristwatches must not be worn when working in the floor
- ❖ If you are not achieving your objectives please speak to a CLN or your preceptor (before the last week on the ward)
- ❖ Please ensure all documentation you need to complete for your education institution is accomplished before the last days on the ward – your CLN 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 5 North

During your orientation to the ward, you will cover what to do in the event of an emergency. It is also good to ask your preceptor on your first shift to cover off what you should do in an emergency. Sometimes there won't be an obvious role for you as a student, and the priority at this time must be the patient. However observing what happens in these situations can be a great learning opportunity.

In the event of a medical emergency on the ward, specific equipment and information is needed quickly at the patient's bedside. These include: resuscitation trolley, obs machine, blood glucose monitoring equipment, ECG, patient's notes (black folder) and charts (white folder). You can be helpful during an emergency by assisting with getting this equipment to a spot close to the patient's bed space.

In the event of a cardiac arrest, the defibrillator will be used on the resus trolley, and staff will start chest compressions. Be ready to assist in this situation, however if you feel unsure or unable to carry out CPR, this is ok also. During an emergency it is very helpful to answer call bells from other patients needing assistance.

In the event of a fire, please follow instructions from the fire wardens on the ward. They will instruct you on what to do.

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"/> Pyxis Medication Machine | <input type="checkbox"/> Chemotherapy information |
| <input type="checkbox"/> Controlled drug cupboard | <input type="checkbox"/> Clinical policies & procedures |
| <input type="checkbox"/> Patient lounge | <input type="checkbox"/> "Notes on Injectable Drugs" |
| <input type="checkbox"/> Linen supplies | <input type="checkbox"/> Roster |
| <input type="checkbox"/> Charge Nurse Manager Office | <input type="checkbox"/> Manual BP machine |
| <input type="checkbox"/> CNE/ACNM Office | <input type="checkbox"/> Suction Equipment |
| Kitchen | Scales: sitting, standing, transplant |
| <input type="checkbox"/> Intravenous fluids and equipment | <input type="checkbox"/> Bio-hazard bags |
| <input type="checkbox"/> Store room | <input type="checkbox"/> Tympanic thermometer & covers |
| <input type="checkbox"/> Staff break room | <input type="checkbox"/> Stationery supplies |
| <input type="checkbox"/> Resuscitation trolley | <input type="checkbox"/> Photocopier |
| <input type="checkbox"/> Dirty utility room | <input type="checkbox"/> Patient charts |
| <input type="checkbox"/> Cannulation trolleys | <input type="checkbox"/> Laboratory forms |
| <input type="checkbox"/> Dressing trolley and materials | <input type="checkbox"/> Linen bags |
| <input type="checkbox"/> Isolation equipment | <input type="checkbox"/> Bed pans and urine bottles |
| <input type="checkbox"/> ECG machine | <input type="checkbox"/> Sliding transfer board |
| <input type="checkbox"/> Blood glucose and ketones equipment | <input type="checkbox"/> Sterile gloves |
| Vases | CAPD equipment |
| <input type="checkbox"/> Where to store your bags | <input type="checkbox"/> Drug Fridges |

Objectives

At the end of your placement you should:

- Be aware of the ward layout and routines, location of equipment and location of administrative and resource documents.
- Have an understanding of and be able to safely admit, transfer or discharge patients
- Have gained experience in providing excellent basic nursing cares – bed washes, showers, mouth cares, turns and bowel cares.
- Have an understanding of and be able to safely undertake vital sign observations – Temp, Pulse, B/P, O2 Saturations. Calculate an EWS and act on it appropriately.
- Have an understanding of and be able to safely administer oral medications (under supervision)
- Have an understanding of intravenous access devices commonly used in the oncology / haematology/ renal setting, including implanted port (eg Port-a-Cath) and skin tunnelled central venous catheter (eg Hickman line), haemodialysis catheters
- Have an understanding of the purpose and care of the various types of dialysis access: Tenckhoff catheter, Arteriovenous fistula, haemodialysis central venous catheters
- Have an understanding of and be able to safely set up IV fluids under supervision (2nd & third year students)
- Have an understanding of safe administration of blood products and be aware of relevant CCDHB policies and procedures
- Have an understanding of and be able to provide safe and effective management of the immunocompromised patient
- Have an understanding of and be able to provide safe and effective care for patients receiving radiotherapy
- Have an understanding of nasogastric feeding
- Have an understanding of and be able to safely assist with assessment and dressing of simple wounds
- Have an understanding of and be able to assist with safe and effective management of the patient experiencing pain

Common Presentations to 5 North

Common presentations to 5 North, that you may wish to read more about include, but are not limited to:

- Neutropenic sepsis
- Hypercalcaemia
- Small / large bowel obstructions as a result of oncological disease
- Spinal cord compression
- Work up for stem cell transplantation
- Renal transplant (live and cadaveric donor)
- Peritonitis (CAPD patients)
- Surgery for Tenckhoff catheters (insertion or manipulation)
- Elective admissions for chemotherapy or radiation therapy
- Investigations for new oncological / haematological diagnoses

Specific chemotherapy regimens are numerous, and you will potentially see many whilst you are with us.

The Lingo

We use lots of abbreviations on the ward. Here are some of the common ones.

ALL / CLL	Acute Lymphoblastic Leukaemia / Chronic Lymphoblastic Leukaemia
AML / CML	Acute Myeloid Leukaemia / Chronic Myeloid Leukaemia
BCC	Basal Cell Carcinoma
BMT	Bone Marrow Transplant
BNO	Bowels not opened
BO	Bowels opened
Ca	Cancer
Chemo	Chemotherapy
CVC	Central venous catheter (eg Hickman line)
IDC	Indwelling catheter (urinary)
IV	Intravenous
Mets	Metastases
MUD	Matched Unrelated Donor (ie for BMT)
NHL	Non Hodgkins Lymphoma
O2 Sats / SaO2	Oxygen Saturation
RT	Radiotherapy
SCC	Spinal Cord Compression (also Squamous Cell Carcinoma)
SOB	Short of Breath

SOBOE	Short of Breath on exertion
ESRF	End Stage Renal Disease
ARF/AKI	Acute Renal Failure/ Acute kidney injury
GN	Glomerulonephritis
SLE	Systemic Lupus Erythrematosis
JVP	Jugular Venous Pressure
AXR	Abdominal XRay
RTW	Returned to Ward
S/B	Seen by
D/W	Discussed with
BKA	Below knee amputation
DNR	Do not resuscitate
CAPD	Continuous Ambulatory Peritoneal Dialysis
PCKD	Polycystic kidney disease
PD	Peritoneal Dialysis
HD	Haemodialysis
TW	Target Weight
HTN	Hypertension
CXR	Chest X Ray
CVL / CVC	Central venous line / central venous catheter
IP	Intra-peritoneal
APD	Automated peritoneal dialysis
NBM	Nil by mouth
AKA	Above knee amputation
Tx	Transplant or Transfer
Rx	Regimen

Medication Administration

Please remember that the Preceptor with whom you work is accountable for your safe practice.

A registered nurse must ensure direct supervision of the administration of all medications by the student. The checking process is not complete until you and they have identified the patient, administered the drug and signed the drug chart correctly.

The administration of intravenous medicines and fluids by a student nurse is done under the direct supervision of a registered nurse who holds current CCDHB basic intravenous therapy certification. The student must have completed the CCDHB student basic intravenous competency e-learning and provide evidence that this has occurred. The student nurse is directly supervised by the registered nurse throughout the entire process of medicine/fluid administration. If the medicine/fluid being administered requires double checking, e.g. opioid or blood product administration, two registered nurses are required to carry out this procedure. A student is not used as part of the double checking process. Students are not able to administer medications via central venous catheters on 5 North.

Please note that the administration of intravenous medicines/fluids is contraindicated if:

- your teaching establishment has a policy that does not allow intravenous medicine and fluid administration to be carried out by their students
- either you or your preceptor is uncomfortable about the process going ahead
- the patient declines to be involved in the process

(Please read the CCDHB Policy on Administration of Intravenous Medicines and Fluids by Student Nurses and Student Midwives)

Workload

The ward is a very specialised and complex one. We only expect you to be able to look after patients that require basic nursing care and this may mean you do not get a great choice in the patients you look after. You will be responsible for carrying out all the cares for your patients under the supervision of an RN. For patient cares that you are not covered for or able to do, you should negotiate with the RN a time for them to carry out the care with or for you. The cares you will be expected to undertake will include dispensing medications, taking and recording vital sign observations, assessing and dressing wounds, checking

pressure areas, maintaining fluid balances, general patient hygiene needs and writing nursing notes. All these cares will be explained and demonstrated to you before you are expected to carry them out. You are encouraged to give constant feedback to your RN or CLNs and seek help or advice whenever you need it. Remember to think of your patients holistically. Don't forget their emotional care. Many patients and their families may be in the process of being told they have a terminal illness or a serious condition and require and appreciate time to talk about their worries and concerns.

How do I fit everything in?

Time management and prioritising your workload is often the hardest thing to learn. The RN working with you will help you develop this skill, but can only do so effectively if you keep them informed.

Remember – communication is the key at all times.

The safety of the patient is the ultimate legal responsibility of the RN. If you are unable to carry out a task for whatever reason, tell the RN immediately. They will then be able to tell you if it is a task that can be completed later or if it needs to be done now. Do not attempt to do something you do not fully understand.

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

