Student Nurses

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

6 NORTH

ORTHOPAEDIC & UROLOGY

2022

Student Name:

Welcome to the Orthopaedic and Urology team at 6 North Wellington Regional Hospital. This orientation booklet is here to guide you and give you an overview of the ward.

First, you need to familiarize yourself with the systems and processes of the Ward and Hospital. Your knowledge of conditions will develop as you go, but you need to know how to access the right people/equipment to provide the best care for your patients before you can be effective.

Ward 6 North Comprises of 36 beds. The ward is made up of two specialties Orthopaedic and Urology, patients are primarily orthopaedic with a small proportion of Urology beds. An average length of stay for an orthopaedic patient is 4 days. Urology patients stay in 2-7days. A majority of patients undergo a surgical procedure. Othopaedic and Urology falls into elective surgery and Trauma. We utilise the rehabilitation service at our satellite hospital situated at Kenepuru.

Ward Information:

Ward 6 North		Orthopaedics & Urology
Direct dial:		(04) 8060996
Fax number:	internal	80612
	External	8060612
Clinical Director of Orthopaedics		Gareth Coulter
Clinical Director of Urology		Richard Robinson
Director of Nursing		Chris Kerr

Charge Nurse Manager:	Gabrielle Redmond
Associate Charge Nurse Managers	Emma Lange,
	Elaine Ramlose,
	Roel Catalan
Urology clinical Nurse Specialist	Robert Hale -ext. 80904
Nurse Educator	Zoe Perkins -ext. 80616
Clinical Liason Nurses:	Yeying Xiao,
	Ashton Dawson,
	Justine Robbins

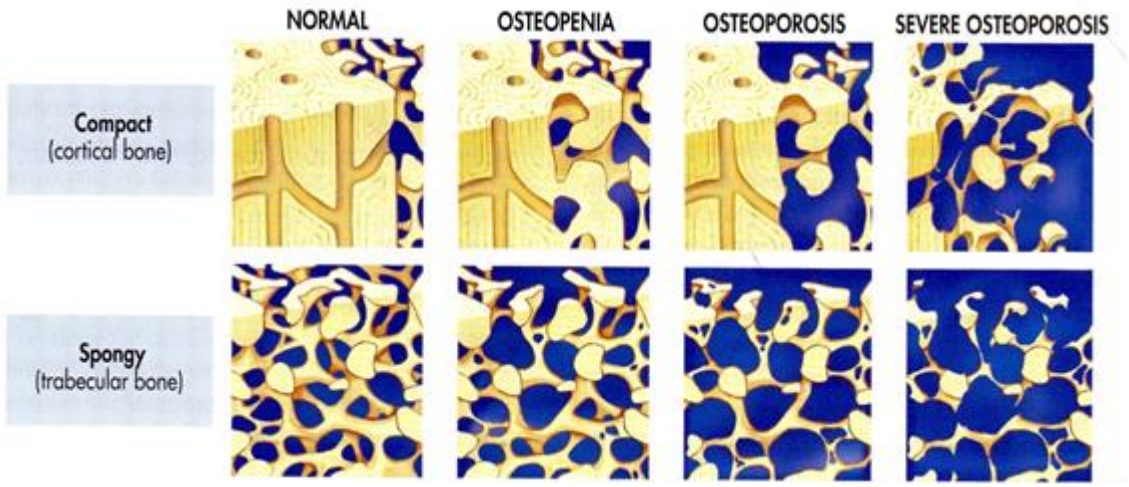
Physiotherapist	A full time Physio and a rotational physio
Occupational Therapist	Rotational with an occupational therapist assistant
Social Worker	Charli
Patient care coordinator	Mae

Dietitians Chelsea Marsh and Ruth Graham

Common conditions/ procedures

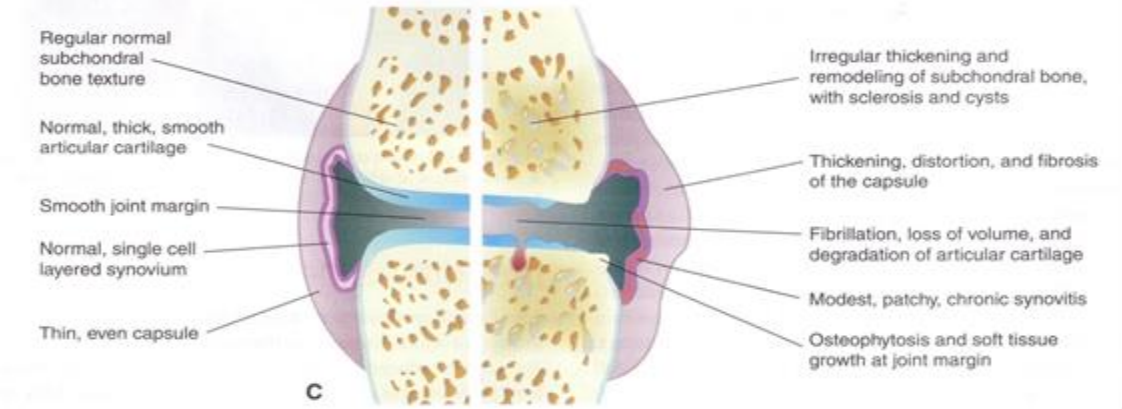
Orthopaedic

Osteoporosis: is where the trabecular bone becomes weak and the cortical bone becomes thin and porous – see the below diagram. Bone remodelling occurs over about 4 months. Bone loss occurs when the remodelling process is imbalanced. This is where bone absorption done by the osteoclasts is greater than new bone formation done by osteoblasts.



(McCance & Heuther, 2004).

Osteoarthritis: causes narrowing of the joint space, articular cartilage becomes thin, flaky and worn, hence bone on bone rubbing occurs causing subchondral sclerosis, subchondral cyst and osteophyte formation.



(McCance & Heuther, 2006).

Fractured Neck of Femur (NOFs): often the result of a low impact fall. Fractured NOFs are classified into **Extracapsular –** treated with IM (intramedullary) nail or compression screw. **Intracapsular** – treated with compression screw, percutaneous pins, or they

may consider hemi or THJR – if likely blood supply compromised – decision made by surgeons who also take into account the patient's lifestyle factors.

Hemi-arthroplasty: is when only half of the hip joint is replaced. It depends on which part of the joint is damaged usually by osteoarthritis. The affected part is removed (head and neck of femur or the acetabular socket) and replaced with the appropriate prosthesis.

Dynamic Hip Screw: are an internal fixation for treating fractures of the intertrochanteric region which includes the neck and head of the femur.

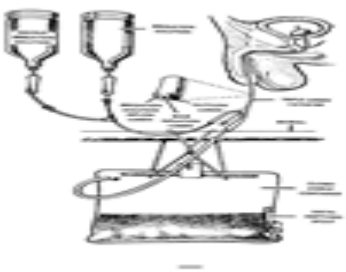
Total Hip and Knee Joint replacements

- **Total Hip joint replacement:** is when the damaged hip is removed by making an incision alongside the hip joint and is then replaced by a new prosthetic joint. The prosthetic joint consists of a ball and stem (femoral component) and a socket (acetabular component) which may be held in place by using special acrylic bone cement or by allowing the bone to grow around the new joint. The prosthetic joints can be made out of metals (eg stainless steel, chrome, titanium) ceramics, plastic or a combination of these materials.

- **Total Knee joint replacement:** is considered a major operation and involves the removal of the knee cap, the rough or irregular bone on either or both the femur and the tibia so that the artificial knee components can be replaced allowing the knee to move smoothly. It also requires the loosening and re-tightening of some muscles and ligaments. There are 3 artificial components to the knee joint which are held in place by using specialised bone cement. These components are the femoral component the tibial component (and the patella component.

Urology

Continuous Bladder Irrigation (CBI): involves inserting a 3-way catheter to irrigate the bladder by continuous flow of water into and out of the bladder to discourage a clot formation, assist in the removal of clots and prevent the catheter blocking up because of blood clots. The main indications for the use of CBI is post operatively following a trans-urethral resection of the prostate, or in patients presenting with haematuria, resulting in clot formation/ clot retention.



Urosepsis: is an extreme form of an infection in the urinary tract and/or the male genital tract (e.g. prostate) in which bacteria has entered the blood stream. This causes the patient to have a systemic inflammatory response with symptoms of fever and/or chills, tachycardia, tachypnea, respiratory alkalosis, flank pain, renal angle tenderness, ureteric or renal colic, dysuria may be present. Treatment of Urosepsis involves close monitoring, management of fever, IV fluid to help with blood pressure and hydration, pain relief and antibiotic therapy which are to be started immediately after urine samples and blood samples have been obtained.

Other common conditions/ procedures that you might want to look up:

- Cervical fractures
- Thoracic & Lumbar Fractures
- Lumber decompression & instrumented fusion
- Reverse total shoulder arthroplasty
- Transurethral resection of the prostate (TURP)
- JJ stenting
- Nephrectomy (Partial/Radical)
- Compartment syndrome
- Cauda equina

Welcome!!
We are looking forward to working with you

Contacts

6 North	Main contact	Email for main contact	Phone number for ward
Clinical Liaison Nurse (DEU areas)	Yeying Xiao, Ashton Dawson, Justine Robbins	Yeying.Xiao@ccdhb.org.nz Ashton.Dawson@ccdhb.org.nz Justine.Robbins@ccdhb.org.nz RES-6NorthDEU@ccdhb.org.nz	
Coordinator on the day	**Coordinator**	**027 515 3701**	**80996**

The first point of contact for students will be the DEU Clinical Liaison Nurses, as we will be the key people organizing and facilitating your placement here at 6 North. Please do not hesitate to send either of us an email as this will be our preferred contact method otherwise, if you are wanting to speak with us directly please feel free to contact the ward on 806 0996 and ask to speak to one of us who are available.

If you are sick for your shift please **ring** in prior to your allocated shift on 806 0996 and leave a message for DEU staff with the coordinator. Please **do not** text as this phone is not monitored.

Your Preceptor/ Clinical Liaison Nurse

Each week you will be assigned to work in a pod for that shift week and rotate after each week. We have three pods here in 6 North Pod A, Pod B and Pod C.
You will be allocated one main preceptor, 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.

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.

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

Yeying and Ashton are the Dedicated Education Unit Clinical liaison nurses (CLNs) for 6 North and your main clinical contacts. As the CLNs we will provide you with some

structured clinical learning during your clinical placement. 6 North 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 compete all assessments and references relating to ACE for third year students.

If you have any concerns or questions do not hesitate to contact your CNLs.

Expectations of the Student Nurse while in 6 North

Shift times:

The shift times in 6 North are:

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

Please ensure that you give yourself enough time to guarantee that you make handover on time.

All nurses are allocated into Pods on the whiteboard in the fish bowl. We aim to ensure that your name is assigned to a preceptor in the pod that you are allocated in however sometimes this is missed and if your name is not assigned to a preceptor please inform the coordinator for the shift and they will kindly assign you to a preceptor.

Dress code:

Please ensure you follow the appropriate standard of dress that reflects your tertiary's professional image. Full correct uniform to be worn at all times while on placement. Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working on the floor

We have a few expectations of student nurses working in 6 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 can not come to, call the ward on *phone number 8060996.*

- 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.

- If you are not achieving your objective please see CNLs 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.

- Demonstrates a positive and professional manner at all times.

- Provide care consistent with the learning outcomes as outlined in the respective course requirements.

- Be accountable to the RN for the care provided.

- Obtains feedback daily from preceptor/CLN/ALN.

- Participates in peer learning/teaching through discussion, skill practice and reflection.

- Immediately informs CLN/ALN or CNM in the event of a 'critical incident' occurring.

Safety Measures in 6 North

In the event of an EMERGENCY

Dial **777** for any EMERGENCY
This includes:

- CPR, Medical emergency, Fire or Physical abuse. You need to **state your name**, **type of emergency**, and the **location.**

DOES YOUR PATIENT HAVE
A respiratory rate more than 35 or less than 5 ?

A systolic blood pressure less than 70mmHg ?
or
A heart rate more than 140 or less than 40 bpm ?
or
An Early Warning Score of 8 or more ?
or
Are they unresponsive or fitting ?
Then
THIS IS A MEDICAL EMERGENCY

Does the patient need a MET call?
Consider a MET call if you have serious clinical concerns about any patient, regardless of their vital signs.
Dial 777 Now
Say it is a Medical Emergency,
Then give your location
Stay with the patient

Please ensure you read:

- The algorithm for cardiac arrest
- The emergency management procedures folder

Swipe Cards:

All swipe cards should be issued to you by your academic provider. For any issues with swipe card access please let your tutor know and they can direct you on whom to speak to within the hospital to sort this out.

Keeping everyone safe

Staff should not tolerate any threatening behavior – physical or verbal. If someone is acting inappropriately and you can't calm them down, you need to call for help immediately. Follow the chart below on what to do:

Behaviour		
Agitated	Clenched fists	Assaultive
Distressed	Mood swings	Threatening
Pacing	Fixed stare	Aggressive
Irrational	Argumentative	Extreme mood swings
Talking loudly	Verbally abusive or yelling	
Talking self-harm	Threats to self- harm	
What To Do		
1. Call or log a job with the security service	1.Security code black-call 777	1.Security Code Black – call 777 and ask to be put through to the police on 111
2. Inform your manager or duty nurse manager	2.Inform your manager or duty nurse manager	2. Inform your manager or duty nurse manager
3. Put the person in a safe environment	3.Put the person in a safe environment	

Confidentiality

- Whilst on placement in this service, students are bound by the requirements of the Privacy Act and the Health Information Code in maintaining client confidentiality, which means information given by clients, must not be shared with anyone outside of the service at any time. Whilst discussing client-sensitive information, please be mindful of those who may potentially overhear your discussion.
- From time to time you may notice information regarding a friend, family member, or someone else you know outside of this placement. It is a breach of the Privacy Act for you to access this information. If you do become aware of this information, it is best that you advise your preceptor who can then ensure that you do not access this client's information. You are asked not to read or have any contact with this person while on placement.

Legislation

There are a number of Acts and Regulations relevant to health care and mental health. These include (but are not limited to):

- Mental Health Assessment and Treatment Act 1992 (and amendments 1999).
- Privacy Act.
- Health and Disability Commissioners Act.
- Health Practitioners Competency Assurance Act.
- Human Rights Act.
- Medicines Act.
- Crimes Act.
- Health Information Code.
- Children, Young Persons, and Their Families Act 1989
- Criminal Procedure (Mentally Impaired Persons) Act 2003

Full copies of all NZ Acts of Parliament, amendments, Bills and Regulations can be found at http://www.leglislation.co.nz/

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
☐	Sliding Board	☐	"Notes on Injectable Drugs"
☐	Linen supplies	☐	Roster
☐	Clinical Nurse Manager Office	☐	Manual BP machine
☐	CNE/ACNM Office	☐	Suction Equipment
☐	Whanau room	☐	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	☐	Equipment Room
☐	Blood glucose trolley	☐	Sterile Gloves
☐	District Nurse Referral	☐	Lamson Tube System
☐	Where to store your bags	☐	Drug Fridge
☐	Manual Handling Equipment	☐	Agilia Pumps
☐	Phone Numbers	☐	Shared Equipment Room

Objectives

- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor
- Accurate assessment
- Competent implementation of care
- Documentation
- Referrals
- Gain an understanding of the multidisciplinary team
- Practice good infection control measures
- Pain management
- Fluid management/Fluid balance
- Wound management
- Hand hygiene technique
- Neurovascular assessments
- Understanding and familiarizing self with the fractured neck of femur pathway

Common Presentations to 6 North

Common presentations/abbreviations to 6 North include:

- NBM (Nil by mouth)
- OT (Operation Theatre), PACU (Post Anaesthetic Care Unit)
- NOF (Neck of Femur)
- THJR/TKJR (Total hip/keen joint replacement)
- Hemi arthroplasty
- ORIF, DHS, IM Nailing
- Ex-fix, Skin/Skeletal Traction, Pinsite cares
- ROM Brace, Splint, Aspen Collar, Sling
- APMS (Acute Pain Management Service)
- PCA/NCA (Patient/Nurse Control Analgesia)
- LA top-up (Local Anaesthetic)
- PT/OT (Physiotherapist/ Occupational therapist)
- W/F (Walking frame), G/F (Gutter frame), CX (Crutches)
- BO/BNO, PU/HPU/NPU
- IDC, TROC, PVBS (post void bladder scan)
- UTI (Urinary tract Infection)
- CBI (Continuous Bladder Irrigation)
- TURP (Transurethral Resection of the Prostate)
- JJ stent
- Pneumonia

Above information is good Pre-reading/Resources to help you get a general idea of the patients in 6 north.

Common Medications

During orientation please read CCDHBs Policy relating to medications this can be found on capital docs on the intranet. See below a list of some of the common medications given on the ward, which you might want to look up.

Anti-coagulants

- Clexane
- Rivaroxaban
- Dabigatran

Intravenous Antibiotics

- Cephazolin
- Flucloxacillin
- Benzylpenicillin
- Augmentin
- Vancomycin
- Cefuroxime
- Clindamycin

Analgesia

- Morphine
- Fentanyl
- Tramadol
- Paracetamol
- Ibuprofen
- Gabapentin
- Pregabalin
- Codeine
- Katamine

Urology

- Oxybutynin
- Doxazosin
- Finasteride

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