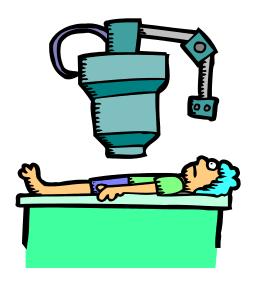


Wellington

Interventional Recovery Unit & Interventional Radiology & Cardiac Laboratories



Student Name:	

nature: Teal Ng	Author: Breen Lewis	G:\CCDHB\DONM\Workforce	First developed: Sept 2004	Guideline
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WELCOME

We hope that you find the following guide helpful. We would like you to find your time in Interventional Radiology interesting and enjoyable. Please ask questions as we are here to help you make the most of your time.

You will work alongside a preceptor who will be allocated by the Nurse Educator or Charge Nurse Manager. You will work under their supervision & they will delegate tasks to you. Your preceptor can also help you gain theoretical knowledge and practical skills relating specifically to this area. However it will be your own responsibility to seek opportunities for learning during your placement. Unfortunately due to the nature of our work we cannot guarantee you will be rostered with the same person each day.

If you have any problems with you orientation, please do not hesitate to inform the Charge Nurse Manager (CNM); Nurse Educator (NE), the preceptor you have been working with, or your tutor. If at any time you feel you have been put into situation in which you do not feel comfortable please let someone know.

THE STUDENTS ROLE

This orientation handbook should assist you to formulate your learning objectives before you commence your placement. When you start in the department you can review them with your preceptor & the NE.

In the Interventional Recovery Unit you will be able to help prepare patients before their procedures and care for them after their procedure.

In the Interventional Labs and other modalities most of your time will be spent observing, but, wherever possible we would encourage you to be involved. The nurse that you are working with will guide you as to what you can do. There is a list of procedures at the end of the handbook that will give you some ideas of what you can see.

We would encourage you to note the process by which patients have come to Radiology, why they are in the hospital system, and how this impacts their lives. Think about how Radiology fits in to the patient journey.

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NURSING PHILOSOPHY

Our objective as specialist nurses working within the Interventional Radiology and Cardiology Services is to offer an efficient, professional and quality service to our patients:

- > This service will be delivered within a safe, friendly and supportive environment.
- > Each individual is central to the care provided and will be treated with dignity and respect.
- > We aim to reduce patient's anxiety levels by providing appropriate support and information prior to and post procedures.
- > Using research-based practice we aim to provide an optimal education environment for both patients and staff.
- > We value collaboration with other health professionals. We have a shared goal of maintaining continuity of care for patients during their transition through the department.

Organisational perspective

The Capital and Coast District Health Board (CCDHB) covers a region extending from Wellington to Waikanae. It comprises key delivery arms in primary, secondary and tertiary health. Hospital and Health Services (HHS) is primarily responsible for the hospital and health services delivered via Wellington Regional Hospital; a secondary and community facility at Kenepuru; a Forensic, Rehabilitation and Intellectual Disability Hospital at Ratonga Rua-o- Porirua; and Kapiti Health Centre at Paraparaumu.

SERVICE PROFILE

The Interventional Radiology & Cardiology Services encompass a wide variety of different diagnostic and interventional procedures. Modalities include Angiography, CT, MRI, Fluoroscopy, Ultrasound, Nuclear Medicine and Interventional Cardiology. CCDHB is the only tertiary hospital in NZ to include the Interventional Cardiology specialty within the Radiology Dept. As nurses we are one of the common threads that move throughout the department. Our primary focus is to ensure patient safety and continuity of care throughout an individual's visit to our department.

The types of patients admitted vary from elective cases to acute cases, eg: trauma or patients with an acute coronary syndrome. We provide a primary angioplasty service for patients suffering from an acute myocardial infarction.

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Patient referrals are received from all areas of the hospital and from other DHBs within our region.

The multi-disciplinary teams we work with include Cardiologists, Radiologists, Vascular Surgeons, Registrars, Medical Radiation Technologists (MRT's), Cardiac Technicians, Sonographers, Anaesthetists, Radiology assistants as well as students of all of the above.

Other staff also closely involved include: transit care nurses, laboratory staff, pharmacy staff and ward nurses.

As nurses, we are split into two teams: IRU nurses working on the ward & Interventional nurses working in the procedure rooms (Labs).

Interventional Recovery Unit

The Interventional Recovery Unit (IRU) is a 9 bed unit that admits a variety of elective day stay patients. These patients are admitted for an interventional radiological procedure such as an angiogram, pacemaker or biopsy. This is the area where you will gain the most valuable nursing experience. However caring for patients in IRU is only one of many roles we perform in the department.

Interventional Radiology & Cardiac Laboratories

The Interventional Radiology & Cardiac Laboratories (IRCL) are interventional procedures rooms very much like operating theatres. Many different minimally invasive procedures are performed in them, virtually all using X Rays to 'see' inside the body to guide the doctor performing the procedure. Patients who come to IRCL for a procedure present with a wide variety of clinical conditions (see below for some of the common ones).

Interventional Radiology & Cardiology Nursing Roles:

- <u>Angiography Room:</u> Patient care, involving circulating nurse and scrub nurse roles for diagnostic and interventional peripheral vascular and neurovascular procedures. Procedures performed include peripheral angiography & angioplasty, visceral angiography, angioplasty & embolisation, endovascular aortic aneurysm repair, cerebral angiography, cerebral aneurysm coiling, cerebral/spinal AVM embolisation, stroke intervention, biliary drainage & stenting, IVC filter implants, radiologically inserted gastrostomy tubes, haemodialysis catheter insertions, peripheral venous & arterial thrombolysis.
- <u>Computerised Tomography (CT) scanning:</u> Assisting with biopsies and drainages that are performed under CT guidance.

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- <u>Magnetic Resonance Imaging (MRI)</u>: Monitoring patients receiving conscious sedation.
- <u>Ultra sound:</u> Assist with biopsies that are performed under ultrasound guidance.
- <u>Nuclear Medicine (Nuc Med)</u>: We do not have a nurse permanently based in Nuc Med, but during your orientation you may spend some time here if you wish to familiarise yourself with the area.
- <u>Fluoroscopy</u>: Monitoring and assisting with biopsies, drainages & nephrostomy tube insertions as required.

Cardiology Nursing Roles:

- <u>Pacing/EP Lab:</u> Patient care and assisting with Electrophysiology studies & ablations, Permanent Pacemaker & Internal Cardiac Defibrillator implantation and Transcatheter Aortic Valve Implants (TAVI).
- <u>Cath Lab 1 & 2:</u> Patient care involving circulating nurse and scrub nurse roles for diagnostic and interventional coronary angiography/angioplasty and other structural heart interventions including PFO & ASD closures, aortic & mitral balloon valvuloplasty.

Some Common Clinical Presentations:

- Leg claudication/ peripheral vascular disease
- Ischaemic heart disease
- Heart failure
- Cardiac arrhythmia or conduction disorder e.g. heart block
- Cardiac valve disease or other structural heart disease
- Myocardial infarction
- Subarachnoid haemorrhage/Stroke
- Abdominal aortic aneurysm
- Biliary obstruction
- Renal failure
- Critical limb ischaemia
- Cancer

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GENERAL INFORMATION

Hours of Operation

The Interventional Recovery Unit is open from Monday to Friday 0730-2000hrs, with two shifts from 0730-1600 and 1130-2000hrs. The nurses allocated to the labs work from 0800-1630. Nursing staff are on call 24/7 providing cover for interventional radiology and cardiology emergencies.

Emergency Number:

Ring 777 including medical emergency, cardiac arrest and fire.

Radiation Safety:

You will receive a radiation safety talk by the CNE. This should be completed before you go into any of the procedure rooms.

Locker:

You will be issued with a locker. Please also ensure you return your locker key to us at the end of your time!

Fire Training:

You need to familiarise yourself with the location of alarms and fire equipment, as well as the process to follow in case of a fire alarm.

Manual Handling:

It is expected that a minimum of two staff should be involved in lifting/moving patients in bed. Sliding sheets and boards should be used for transferring patients from bed to trolley.

Operator:

Dial O for the operator.

Security Orderlies: Call 86100

<u>Sick Leave</u>: Phone CNM before the start of your shift to advise that you will not be able to attend. In the event that you cannot get a reply from that phone it is important that you phone the ward ph 8060274 and speak to someone. Please do not leave a message as this may not be found in time.

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<u>Stores:</u> There are several areas for stock storage that service different work areas. You will have a chance to become familiar with these during your orientation.

<u>Information about conditions and procedures:</u> There are guidelines for particular procedures plus books and pamphlets relating to different conditions and procedures available. You should find these interesting and helpful and are welcome to look at any of them. We ask that any books stay in the department please.

Universal Precautions: Universal Precautions are observed in the hospital. Please ensure you know what this means. Discuss it with the nurse you are working with and find the appropriate CCDHB policy to ensure you are well informed.

CONTACTS

Title	Main	Email for main contact	Phone number
	contact		for ward/Unit
Clinical Nurse	Breen Lewis	Breen.lewis@ccdhb.org.nz	DD 8060257
Educator	(Works Tues-		Cellphone
	Thurs)		0277636522
Charge Nurse	Teal Ng	Teal.ng@ccdhb.org.nz	DD 8060271
Manager			Cellphone
			0272659957
IRU	Teal Ng	Teal.ng@ccdhb.org.nz	DD 8060274

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EMERGENCY EQUIPMENT AND PROCEDURES

Please be aware of the fire and emergency procedures in the department. Every student is responsible for knowing the whereabouts of emergency equipment.

Please ensure you can locate the following in and around the IRU:

- Fire alarms;
- Fire hoses and extinguishers;
- Fire exits;
- Resuscitation trolleys;
- Oxygen cylinders;
- Suction equipment.

The hospital emergency number is 777.

Emergency equipment checklist for students

Please indicate by ticking and signing below that you can locate the following in the department.

Fire alarms	
Fire hoses	
Fire extinguishers	
Fire exits	
Resuscitation trolleys	
Oxygen cylinders	
Suction equipment	
ECG machine	
Emergency Call Bells	

Signed:	 	 	 	 	 	 	• • • •
Date:	 	 	 	 	 	 	

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Radiation Safety Talk

Our Nurse Educator will go over radiation safety with you prior to you going into any of our procedure rooms.

Date Completed:
Signed (Student):
Given bv:

FEEDBACK/SUGGESTIONS

We enjoy having students in the department and we hope that you enjoy being here. If there is anything we can improve to make this student placement more enjoyable, please let us know formally or informally. You are welcome to complete the feedback form included at the end of this document.

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THINGS TO SEE

Aside from working & gaining experience in IRU preparing patients for procedures and caring for them post procedure your preceptor will try to ensure you see and do some of the following things:

<u>Cardiac Catheterisation Lab:</u> Coronary angiogram, angioplasty/ stent (PCI), TOE, structural heart intervention

<u>Angiography Lab:</u> Pelvic and Femoral angiogram/angioplasty, Cerebral angiogram, aneurysm coiling.

<u>Pacing Lab:</u> Permanent Pacemaker, Implantable Cardiac Defibrillator Insertion or EP study

Fluoroscopy Lab: ERCP or drainage

Other possibilities are:

<u>Ultrasound:</u> Ultrasound guided biopsy or drainage

CT: CT guided biopsy or drainage

Please liaise with your preceptor or Nurse Educator about times and dates for these sessions.

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Objectives on IRU

- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including
 - Accurate assessment
 - Competent implementation of care plan
 - Documentation
 - Referrals
- Gain an understanding of the multidisciplinary team
- Practice good infection control measures
- Pain management
- Fluid management/Fluid balance
- Wound management

Safety

If you come across a patient that requires immediate assistance – don't panic! Call for help. Use the emergency call bells

Medications

Some common medications used in Radiology are:

Clopidogrel

Aspirin

Fentanyl

Midazolam

Insulin

Metoclopramide

Anti-coagulants (warfarin, dabigatran, clexane, heparin)

Glyceryl trinitrate

Cephazolin

You should familiarise yourselves with these including related CCDHB policies:

IV policy

Medication Administration Policy

Your Objectives

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It is recommended students come prepared with clear objectives – discuss your goals with your preceptor(s)

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Nurse	Date of placement:						
Date of Evaluation:		Preceptor:					
This evaluation is intended t	o offer t	feedback t	to the pre	ceptor and their clinical area.			
Clinical Learning	Agree	Neither agree or disagree	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 "name preceptor" at least fortnightly							
There were sufficient meaningful learning situations in the clinical placement							
PRECEPTOR EVALUATION							
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							

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