

Student Nurses

Transit

2023

Transit plays a powerful part in maintaining patient flow throughout the hospital and wider region. Transit provides a safe nurse lead haven while patients move through their hospital journey.

Student Name:

Transit

Transit is a 10-bedded in patient unit with additional ten chairs which caters to all patient types in the hospital. It primarily takes patients from all wards which are already cleared for discharge but are awaiting for paperwork and/or transportation back home. The Unit also caters for patients that are awaiting ambulance or flight for inter hospital transfers which is not limited to Kenepuru hospital but also other regions like Hawke's Bay and Whanganui. Patient transfer is quite common and you would see a wide variety and volume of patients.

Transit caters to patients that are having day procedures such as Trans-esophageal echocardiogram, Endoscopic retrograde cholangiopancreatography, and CT coronary angiogram or IV medication administration.

Transit is open 24/7 and with that, accept patients that are needing to be admitted pre-op. This is to alleviate the utilization of an acute ward bed. Patients are admitted the night before their surgery and transfer to their home ward post-op. In general Transit accepts general surgery, cardiac and orthopedic patients in this regard. In addition, Transit is also accepts patients that are for nurse-led discharge or aiming to discharge the following day and that is also to help facilitate hospital flow to alleviate the utilization of an acute bed.

Transit is staffed with registered nurses, enrolled nurses and health care assistants who work with the multidisciplinary team which includes social workers, occupational therapists, physiotherapists, dietitians, pharmacists etc, from their respective specialties. This is a vital part of the day-to-day running of the ward. You will also be in contact with ambulance and flight staff in facilitating patient transfers to either home, hospital or facility.

Transit Care

Transit Care are a service managed within the IOC. Transit Care Nurses are responsive to Wellington, Hutt and Kenepuru Hospital patients requiring an RN to accompany them to specialist appointments.

The Transit care nurses are located on Level 4 of the CSB.

Ext: 80053

Transit Care Nurses Shifts are: 0800-16:30 and 0830 – 17:00 Monday-Friday.

The booklet has been designed, as a guide, to help you orientate to Transit. As we adapt to the changing face of healthcare, if you need any help or advice at all, at any time, please do not hesitate to ask. The entire nursing, medical and allied health team will be most willing to support and help you, and you are encouraged to turn them for advice and assistance as needed.

There will be many learning opportunities for you and we will be most willing to help you gain experience, knowledge and expand the practical skills you obtain to develop professionally.

Finally, as a member of the team, your presence is valued, so feel free to make any contribution to discussions regarding patient care, nursing systems and the overall nursing experience.

Welcome!!
We are looking forward to working with
you

Contacts

XXX Unit	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Educator	Llanell Maarman		
Clinical Nurse Manager	Donna McLennan		
Associate Clinical Nurse Manager	Kathy Trezise	Kathy.trezise@ccdhb.org.nz	0278019127

Your key manager is the ACNM (Kathy Trezise). The ACNM will organize your placement and prepare your roster. Please feel free to contact Kathy if you have any queries, email is best in the first instance.

Your Preceptor

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!!). Your preceptor will not complete any evaluations if you give it to them on your last days in the unit.

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.

Expectations of the Student Nurse while in the Transit Unit

The shifts in Transit Lounge are:

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

We have a few expectations of student nurses working in Transit Lounge:

- ❖ 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 unit on 04-8060060
- ❖ 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
- ❖ Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working in the floor
- ❖ If you are not achieving your objective please see 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

Safety Measures in Transit Unit

FOR ALL EMERGENCIES DIAL 777

STATE:

- WHO YOU ARE
- WHAT TYPE OF EMERGENCY IT IS
- WHERE YOU ARE

❖ FIRE

- If you smell or see smoke/fire, hit the fire alarm
- If patients are in danger, start to evacuate patients to safety
- Close all doors and windows if possible
- If there is a continuous alarm, check with the RN in charge. (They will be wearing the yellow crash helmet) Follow their instructions
- If the location of the fire is not apparent, check all patients and staff are accounted for and reassure them
- If an intermittent fire alarm goes off, the fire is in another part of the campus. Be prepared.
- Only tackle a fire if it is safe to do so, always be aware of your exit

❖ Cardiac arrest

- If you come across a patient/relative or colleague having a cardiac arrest, activate the emergency bell on the wall located just above the patient bed.
- Assess using DRS ABCD etc. and commence CPR. Help will arrive in seconds.
- If you hear the emergency signal, look at the annunciator panel to find the source and attend. Your attendance is invaluable.

You can activate an emergency call when you require help quickly, such as dealing with abusive person/s and patient falls. The list is extensive but if you need help quickly, do not be afraid to use it.

Swipe cards

You will be allocated swipe cards for access on our staff only areas i.e. drug room, stock room and staff room by your programme. Please keep it safe and handy at all times. You will be responsible for any unauthorized use of your access card. Please report lost or stolen access cards to your tutor and the security orderlies.

Other Important Information:

Policies and procedures:

- ❖ P&P can be found on-line via Capital Docs
- ❖ Infection Prevention and Control protocols.

The Telephone System

- ❖ Dial 0 for the operator.
- ❖ Dial 1 for an outside local land line.
- ❖ Fax machine is kept in the office. Most useful numbers are pre-stored.
- ❖ Nursing staff will go over text paging with you

Food Services

- ❖ Diet sheets are also constantly updated on computer and will be double checked by the Nursing staff/HCA every shift. Again if your patient condition changes please inform the staff and update the diet code on MAP.
- ❖ Diet codes can be found around the patient list computer.

Cleaning

- ❖ Cleaning is done by a private company, our ward has its own permanent cleaner otherwise you can lodge a request via SMARTPAGE or speak to the shift Coordinator to escalate job.
- ❖ Staff do discharge beds/spaces.

Information Technology

- ❖ Please ensure your Capital Coast issued IT access is current as you will need access to MAP other computer based systems.

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.

Treasure	Tick
Nearest Defib	
Nearest Crash Cart	
Blood Glucose Machine	
Emergency call bell	
Patient call bell	
Spare paper work, forms	
Staff Toilet	
Patient Toilet	
Staff room	
DD cupboard and keys	
IV drawing up area	
Patient Notes	
Linen cupboard and skip	
Ward phone and phone charger	
Spare Oxygen cylinders	
Drug Room/Store Room	
Overflow equipment bay	
Sluice Room	
ECG Machine	
IV pumps/syringe driver + pump	

Questions and Answers

What is the Hospital wide Emergency Number?

What does the abbreviation MET stand for and what can a MET call be used for?

What does the abbreviation EWS stand for and what is the protocol for escalation?

What does the abbreviation TOE stand for and what are the complications that can arise from this procedure?

What are the potential complications to administering beta blockers to patients for CTCA?

What are the risks for the patient who has had a vascular stent/ closure device and what observations do you need to carry out?

What are the potential complications following an ERCP procedure and what is the process if your patient is displaying these?

Resources

Document number ID: (Found on CapDocs)

- 1.3141 Standard Operation Procedure Admission to Transit Lounge
- 1.3091 Adult and Paediatrics vital sign measurement, early warning score and escalation
- 1.1638 Discharge Post procedural sedation care unit
- 1.1818 Discharge criteria for day procedure transit lounge patients
- 1.105056 Clinical guideline Transoesophageal Echo
- 1.105184 Cardiac CT Pathway & Procedure Checklist – Transit Lounge

Objectives

- Gain an understanding of the multidisciplinary team
- Practice good infection control measures
- Pain management
- Fluid management/Fluid balance
- Wound management
- Medication management
- Admit and Discharge patients
- Preoperative preparation and
- Transfer patients to theatre
- Recover patients post operatively
- Referrals to allied health and district nursing

Common Presentations to Transit Unit

For example:

Common presentations to Transit unit include:

- Cardiac patients pre and post procedures
- Orthopaedic day patients
- Patients requiring IV infusions
- Overnight ENT patients e.g. tonsillitis
- Gastroenterology patients e.g. ERCP
- Cardiac clinic patients for minor procedures
- Investigate procedures e.g. TOE, CTCA, Angioplasty
- Respiratory patients requiring monitoring chest drain insertion.

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

