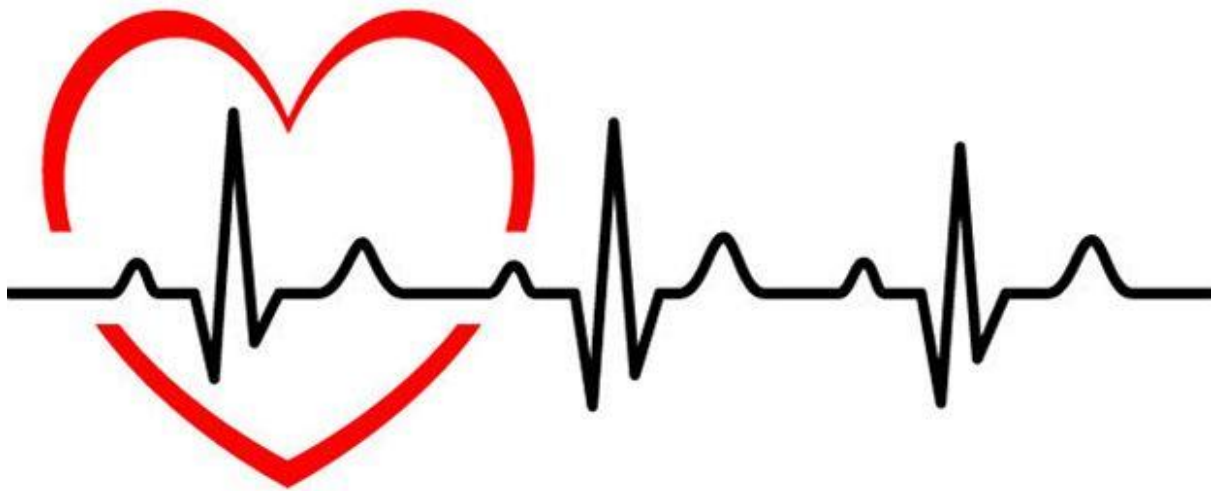


Student
Welcome
Pack – MAU
CDH



Welcome to the Medical Assessment Unit at Chorley Hospital. We hope you enjoy your placement with us. We are a 23 bedded unit, along with the GP lounges where we accept patients who have been referred by their GP, but also accept patients from ED. On MAU we care for patients of all ages above 16 with a wide variety of medical conditions. As we are a CLiP ward, students should try and complete at least one learning log a week, it can make it easier for members of staff to sign paperwork. Remember to get them signed by the member of staff you completed the task with. Learning logs can also be used in your PPD/validation.

Shift Times:

Day = 0730 – 2000.

Night = 1930 – 0800.

Important numbers:

To report sickness, ring the coordinators phone = 01257 245730.

MAU main phone = 01257 247686.

LEM = Laura McGonagle and Chloe Woodfield

Correct PPE:

When coming onto the unit, it is important to put on a clean mask and gel your hands. Always wear a mask on the ward, along with a face shield.

Entering a green area = wear a surgical face mask.

Entering a red, amber or blue area = wear a FFP3 mask, visor, pinny and gloves.

Working in the GP lounges = wear an FFP3 mask, visor, pinny and gloves.

Coronavirus Update:

Due to the nature of the ward there is a high possibility that students will come into contact with suspected or confirmed COVID19 patients. If you are a high risk individual then please let us know, we will be as accommodating as possible. High risk individuals include: heart or respiratory conditions, immunocompromised/immunosuppressed, diabetic, or part of the BAME community.

If you are experiencing any of the symptoms (new cough, temperature, loss of taste or smell), please inform us immediately and a test will need to be booked. It is important to remain off placement until you have a negative result, once you have your result ring the coordinator and make them aware. It is also policy not to book bank shifts whilst you're experiencing symptoms or awaiting results back from your test.

What we expect from you:

- To be on time.
- To wear a clean uniform.
- To use your initiative and engage in learning.
- To fill out your own paperwork on time.

What to expect from us:

- Paperwork to be filled out on time.
- To be supportive in learning.
- Shifts given in a timely manner.

Meet the Team:

Matron: Rachel Wilkinson

Ward Manager: Hayley Gurney.

Ward Sisters & Charge Nurses:

Katie Lord

Abbie Kirby

Tom Feeney

David Warren

Jane Carey

Binta Paul

Practice Assessors –

You will be allocated a practice assessor and practice supervisor when you start your placement on MAU. All final placement students will be allocated a sign off mentor who you will have a meeting once a week. If you have any problems you must highlight them to one of your practice assessors, practice supervisors, LEM, PEF or university. Please don't sit quiet about any issues and let us know so we can support you.

On MAU we treat for a wide variety of medical conditions/emergencies, some include:

- Exacerbation of COPD.
- ACS.
- UGIB.
- Hypertensive emergency.
- Sepsis.
- CCF.
- PE.
- Cancer diagnosis.
- DKA.
- Hyperkalaemia.
- Progression of diseases.
- DVT.
- Anaemia.
- Acute confusion.

Spoke placements:

- Endoscopy.
- Dietician.
- Physios/OT.
- ED.
- DSN.
- Cardiac specialist nurses.

A to E Assessments:

On MAU we use a lot of A to E assessments. We use them when a patient triggers on their NEWS score (3 in one parameter, or 5 and above). Also, when a patient is admitted into the GP lounge, it is important that we complete an A to E on admission so we can monitor improvement or deterioration.

A = Airway.

Can the patient maintain their airway? Can they talk in sentences? Are there any obstructions? Can you hear any added noises? Any snoring, wheezing, or gurgling?

B = Breathing.

What is the patient's respiratory rate? What are their oxygen saturations? Are they using their accessory muscles? Do they appear cyanosed?

C = Circulation.

What is the patient's heart rate? What does the patient's pulse feel like? Is it weak, thready, regular, bounding? What is the patient's BP? What is the patient's capillary refill time? Have they passed urine? Any drains? Any IV access?

D = Disability.

Is the patient alert/confused/ responsive to voice/ responsive to pain/unconscious? GCS? Is the patient in any pain? What is their BM? Are their pupils reactive? Any seizures?

E = Exposure.

Top to toe assessment. Do they have any skin concerns – mottled skin, rashes, sores, infections? What is the patient's temperature?

Documentation:

F = Fluids/diet.

Is the patient on normal diet and fluids? Have they eaten much? What is their input/output? How do they pass urine/do they mobilise to toilet? Are they on a fluid restriction? How do they pass urine? Has the patient opened their bowels? Any IV fluids running?

O = Observations.

What is the patient's NEWS score? What are they scoring for? How often are we completing their observations?

R = Risk assessments.

Are the patient's risk assessments and care plans up to date? How does the patient mobilise/any assistance?

C = Care.

Has the patient had a wash? Are they being regularly turned? Nursed on a mattress with a blower box? Has the patient been settled? Have you got any skin concerns? Have they had/not had all their medication? Any IV ABX or other IVs? Have they been for any scans? Has the patient or their family raised any concerns to yourself? Have you sent off any specimens? Is the patient unhappy about anything?

E – Escalation/everything else.

Is the patient for escalation? Do they have a DNAR insitu? Any planned discharge? What is the plan for the patient?

10 Common Medications:

Indications, side effects, doses.

1. Digoxin.
2. Enoxaparin.
3. Risperidone.
4. Levodopa.
5. Bisoprolol.
6. Sertraline.
7. Lantus.
8. Clopidogrel.

9. Lamotrigine.

10. Salbutamol.

Quiz:

1. What is included in the Sepsis 6 bundle?
2. What treatment is given in ACS?
3. A patient you are looking after has now has a NEWS score of 5, who are you going to escalate this to? What is the correct protocol to follow?
4. What treatment is given for a patient with Hyperkalaemia?
5. What BM level do we treat patient's for in hypoglycaemia? What treatment do we give for hypoglycaemia?

6. Complete an A to E assessment on the scenario below, and what escalation you would follow:

A 65-year-old male has been admitted to MAU at 1200 via his GP, he has been admitted with worsening cellulitis. He states he has been on a 1/52 course of OABX however his legs do not appear to be getting any better. When completing his observations, they are as followed: RR = 22. HR = 105. BP = 99/74. Temp = 38.5. Spo2 = 94% on RA. His CRT is >2 at 4 seconds. He also states that he passed urine approx. 2000 last night. Both legs appear to be red and hot to touch.