

Rookwood B

Student Pack

Welcome to Rookwood B, a stroke rehabilitation and acute elderly medicine ward. This ward is a mixed 24 bedded ward with four bays and four side rooms. Patients are mainly admitted to this ward via Ward 21 (Stroke Ward at RPH) and MAU at Chorley.

Contact information

Ward Tel: 01257 245550/245552

Ward Manager: Sharon Beattie

Ward Sisters: Chloe Hilton

Shift Times

Early 07:30-15:30

Late 12:00-20:00

Night 19:30-20:00

Long day 07:30- 20:00

In order to provide the best learning experience possible, where able, there should be no more than three students on a shift at any time. Please ask your mentor or associate mentor to complete your off duty with you.

Sickness policy

Please contact the ward on 01257 245550/5552 at the earliest opportunity if you are ever unable to attend placement and leave a message with the nurse in charge. You also need to contact your university to let them know.

Also, please contact us and university when you are aware of when you will return.

What is a stroke?

Stroke is a clinical syndrome characterised by sudden onset of rapidly developing focal or global neurological disturbance which lasts more than 24 hours or leads to death.

- Ischaemic stroke — neurological dysfunction due to ischaemia and death of brain, spinal cord, or retinal tissue following vascular occlusion or stenosis.
- Haemorrhagic stroke — neurological dysfunction caused by a focal collection of blood from rupture of a blood vessel within the brain (intracerebral haemorrhagic stroke) or between the surface of the brain and the arachnoid tissues covering the brain (subarachnoid haemorrhagic stroke).

- Silent stroke — radiological or pathological evidence of an infarction without an attributable history of acute neurological dysfunction.

NICE Guidelines, (2017). *Stroke and TIA*. Retrieved from <https://cks.nice.org.uk/stroke-and-tia#!backgroundsub>

About the Ward

The ward has a multidisciplinary approach that allows us to give our patients the care and rehabilitation they need.

The two Consultants on this ward are Dr Hari Bhaskar (ward round takes place on a Tuesday and Friday) and Dr Peter McCann (ward round takes place on a Monday and Thursday). The medical teams consist of Registrars, FY2 and FY1 doctors who are based on the ward Monday – Friday, 9am – 5pm.

Occupational therapists and Physiotherapists are also based on this ward to provide a whole holistic approach to care. Other members of the multidisciplinary team that visit the ward are: Speech and Language, Dietitians, Pharmacists, Nutritional team, Social workers and discharge facilitators.

Planning and delivering stroke rehabilitation

Screening and assessment

1.2.1 On admission to hospital, to ensure the immediate safety and comfort of the person with stroke, screen them for the following and, if problems are identified, start management as soon as possible:

- orientation
- positioning, moving and handling
- swallowing
- transfers (for example, from bed to chair)
- pressure area risk
- continence
- communication, including the ability to understand and follow instructions and to convey needs and wishes
- nutritional status and hydration (follow the recommendations in [Stroke](#) [NICE clinical guideline 68] and [Nutrition support in adults](#) [NICE clinical guideline 32]).

1.2.2 Perform a full medical assessment of the person with stroke, including cognition (attention, memory, spatial awareness, [apraxia](#), perception), vision, hearing, tone, strength, sensation and balance.

1.2.3 A comprehensive assessment of a person with stroke should take into account:

- their previous functional abilities
- impairment of psychological functioning (cognitive, emotional and communication)
- impairment of body functions, including pain
- activity limitations and participation restrictions
- environmental factors (social, physical and cultural).

1.2.4 Information collected routinely from people with stroke using valid, reliable and responsive tools should include the following on admission and discharge:

- National Institutes of Health Stroke Scale
- Barthel Index.

1.2.5 Information collected from people with stroke using valid, reliable and responsive tools should be fed back to the multidisciplinary team regularly.

1.2.6 Take into consideration the impact of the stroke on the person's family, friends and/or carers and, if appropriate, identify sources of support.

1.2.7 Inform the family members and carers of people with stroke about their right to have a carer's needs assessment.

NICE Guidelines, (2017). *Stroke rehabilitation in adults*. Retrieved from <https://www.nice.org.uk/guidance/cg162/chapter/1-Recommendations>

Cardiac Arrest

In the event of cardiac arrest you may be asked to dial 2222 and clearly state "Adult Cardiac Arrest Rookwood B". In the event of security emergency it is also 2222 stating "security emergency Rookwood B". If you are at all unsure about policies and procedures they are accessible from the trust's intranet which can be downloaded or printed off.

Spoke Placements

During placement you should aim to undertake spoke placements in order to enhance your learning opportunities and broaden your knowledge of stroke and the multidisciplinary teams involved with stroke care. It will also allow you to meet other objectives and skills you need to complete for your placement documentation which may not be available on the ward. You should express to your

mentor the spoke placements you would like to do and they will assist you with organising this experience.

Examples of spoke placements available are:

- Physio therapy
- Occupational therapy
- Speech and Language Therapy
- Dietitians
- Ward 21 at Royal Preston Hospital (Acute stroke ward)
- Discharge Team

Raising Concerns

Should you feel as though you need to raise a concern with regards to any topic please do not hesitate to contact us as we will endeavour to assist in any way we can. All information will be kept confidential and the only people who will know are those who need to. People to contact include:

- Your mentor/associate mentor
- Senior nurses (such as Sharon Beattie, Stacey Hair, Sophie Hilton and Chloe Hilton)
- Matron
- Student PEF, Nigel Howarth
- Safeguarding Team (please see the intranet for contact information)
- Your University

Regular Medications to Research

Clopidogrel

Aspirin

Apixiban

Lansoprazole

Digoxin

Bisoprolol

Cyclizine

Deltaparin

Atrovastatin

Furosemide

Levothyroxine

Medical Terminology/Abbreviations

DNAR – Do Not Attempt Resuscitation

CVA – Cardiovascular Accident

TIA – Transient Ischemic Attack

MCA – Middle Cerebral Artery

CT Scan – Computerised Tomography Scan

MRI – Magnetic Resonance Imaging

(N)IDDM – (Non) Insulin Dependent Diabetic Mellitus

T2DM/T1DM – Type 2 Diabetic Mellitus/Type 1 Diabetic Mellitus

HTN – Hypertension

OA – Osteoarthritis

CAP/HAP – Community Acquired Pneumonia/Hospital Acquired Pneumonia

AF – Atrial Fibrillation

HF – Heart failure

M.I. – Myocardial infarction

Ca - Cancer

PPM – Permanent Pace Maker

IHD – Ischemic Heart Disease

POC – Package of Care

UTI – Urinary Tract Infection

MSU/CSU – Midstream Urine Sample/ Catheter Specimen Sample

RWT – Routine Ward Test

EOL – End of Life

CABG – Coronary Artery Bypass Graft

COPD – Chronic Obstructive Pulmonary Disease

A of 2 – Assistance of 2

DSN – Diabetic Specialist Nurse

Abx – Antibiotics

IVI – Intravenous Infusion

R/V - Review

S/W – Social Worker

MSW – Medical Social Worker

STC – Short Term Care

MDT – Multidisciplinary Team

DPD – Discharge Planning Document

DOLS – Deprivation of Liberty Safeguards

ADL – Activities of Daily Living

PMH – Past Medical History

OD – Once a day

BD – Twice a day

TDS – Three times a day

QDS – Four times a day