

Student Welcome Pack, Combined Placement

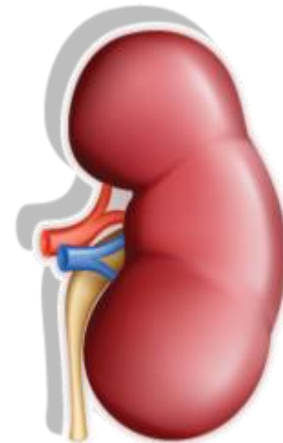
SEPSIS

**CRITICAL CARE
OUTREACH TEAM**



Critical Care Unit

***Clinical
Night Team***



AKI

Hello and welcome to Lancashire Teaching Hospital Combined Placement and your student pack. This pack has been designed to help you get the most out of your placement.

So who are we?

Sepsis Team

Developed over the last 5 years we are a small team highlighting the importance of sepsis across the trust both at Chorley and RPH. Training and educating staff to recognise sepsis early, diagnose and treat sepsis. Working with all areas to ensure the safe care of these patients, management and follow up.

Critical Care Outreach

Developed the service to improve care and follow up for CrCU patients, consist of 15 staff including a consultant nurse lead and physiotherapist. Attending to deteriorating patients across the trust based on both sites. Working 7am-8pm 7 days a week, supporting all departments and liaising with the critical care unit supporting tracheostomy patients. Managing care aspects from ward to CrCU with follow up and now physio.

AKI team are alerted to AKI levels 2-3, they review these patients along the same lines of the deteriorating patients and are part of CCOT.

Clinical Night Team (CNT) is part of this service managing MDT care delivery overnight, being the first port of call for wards needing assistance with deteriorating patients, an integral part of the care of deteriorating patients.

Critical Care - 34 beds on the Preston site which is a combination of intensive care (level 3) and high dependency (level 2) patients.

The Preston Site is split up into 5 areas. During your induction to the unit you will be taken to visit each area.

Bluebell = 7 side rooms

Orchid = 2 bays 8 beds

Sunflower = 6 beds including 2 side rooms

Iris = 7 bedded bay

Lavender = 6 beds including 1 side room

What do we do?

The Critical Care is for patients with life threatening conditions who require constant interventions and monitoring usually needing airway and/or blood pressure support.

The Sepsis Team, facilitate and educate Sepsis Awareness across the trust, staff nurses, AP, HCAs, student nurses, TAP, medical students and midwives.

Working collaboratively with the community to support each other through PHE.

Advising on screening, policy and treatment plans.

Covering oncology, midwifery, adults and paediatrics.

The Teams

Critical Care Team is approximately 250 members of staff alongside a high number of Consultants, Doctors, Physiotherapists, Occupational Therapists, Dietitians and Clinical Psychologists. We also have specialist nursing teams within our unit such as Critical Care Outreach Team, Advanced nurse practitioners, specialist nurses in Organ Donation and Research nurses.

Matron - Jane Platt

Unit Manager – Sarah McMullan

Lead Clinical Educator - Janet Bolton Janet.Bolton@lthtr.nhs.uk

Clinical Educators - Gaynor Eskdale Lord Gaynor.Eskdale-Lord@lthtr.nhs.uk

Jill Parkinson Jill.Parkinson@lthtr.nhs.uk

Claire Irwin Claire.Irwin@lthtr.nhs.uk

The unit is secure therefore you can gain access by pressing the intercom at the staff entrance and stating who you are.

Royal Preston – **01772 523407**

Critical Care Outreach Team

Nursing team including AKI and Tracheostomy specialist and Specialist Physiotherapist. Each team member has an area of interest from follow up to IT services support.

Outreach and AKI desks based in Duty room on CrCU - **01772 521556**

Consultant Nurse - Sally Fray sally.fray@lthtr.nhs.uk

Educator (LEM) Sonia Connell Sonia.Conell@lthtr.nhs.uk

Sepsis Team and CNT are based on the main hospital concourse next to the lifts on the ground floor.

Sepsis Nurse Lead Angela Walsh angela.walsh@lthtr.nhs.uk - **01772 524014**

Clinical night team with sepsis team on the main concourse ground floor RPH -

01772 524014

Emergency Contact Details

On induction please make sure you complete an emergency contact form and place it in the back of the student file. This means we have contacts for you in case of an emergency and also can contact you should the off duty need to change.

Sickness

If you are off for any reason, it must be reported to a band 7 directly using the numbers provided above. You must call on the first day and the last day you are going to be off. You need to ring and inform us, even if it is going to be your days off. You will also be required to report any sickness to PLSU as per protocol.

Facilities

Based in the sepsis team office we have access to secure area for belongings.

You will also be able to utilise changing rooms on CrCU and Outreach desks.

It is recommended that you do not bring valuables into work that you cannot keep on your person at all times.

Mobile phones must be switched off in the clinical area and on silent for breaks.

Communication around shifts and off duty must go through the lead assigned for the area. Any swaps must be confirmed and long days discussed with **sepsis lead nurse**.

All shifts must be signed into the list in the student folder to ensure safe working fire regulations alongside PARE timesheets. Eileen Williams is administration for the team.

Learning Resources

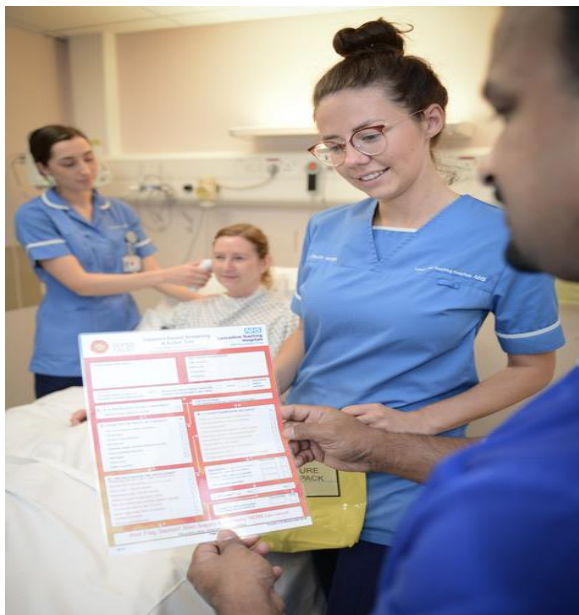
Resource Files – In every area we have resource files with information for staff to refer to. They include procedural instructions, policies and procedures.

Staff – all of the staff members working on CrCU/CCOT/Sepsis and CNT have a variety of backgrounds and experiences with varying levels of knowledge and experience. You will primarily have access to the nursing staff but this also includes the doctors, physiotherapists, occupational therapists and specialist teams to name a few. Make sure you access their knowledge and ask any questions!

Paperlite - In October 2015 CrCU went 'Paperlite' meaning all our documentation is now completed using the computer system.

IT

In CrCU each bed has its own computer trolley and chair. Please also use our computers to gain access to the internet for resources, policies and protocols. On Quadramed there is a CrCU guidelines tab at the top of the page, which has a vast amount of information required in your role, please feel free to use. The Sepsis webpage is also available for policies and information both about the team and what the role entails.



Overlap teaching

CRCU

Between 2pm- 3pm, occasionally the education team provide updates and education sessions for all staff members, which students are invited to attend if they wish. Within this time we also hold interest group meetings for example neuro, pain, tissue viability, infection control and nutrition to name a few, which students are also invited to attend. We also have a weekly MDT meeting which also student are invited to attend.

Research SPOKE

CrCU have a dedicated research team based on CrCU they are involved with all teams in the combined placement with various trials. It is recommended that a morning with them is massively beneficial whilst on this placement.

New Starter Study days

As CrCU is constantly developing and evolving we have new staff members joining us on a regular basis. If it is appropriate we can offer a place for students to attend the new nurse unit study day.

Subjects covered often include: neurosurgery, cardiovascular, renal, and respiratory systems

Students coming to Critical Care may find the environment quite daunting, this is completely normal!!

Whether it is adapting to the unexpected with patients, action planning patient care or changing priorities for patients, it can be difficult at first to adjust to. However, we all have to start somewhere!

- The NEWS scoring includes observations such as blood pressure, pulse, temperature and urine output readings (see below). Alongside the NEWS, students will also be taught how to document ventilator settings, pump rates and blood sugar readings to name a few.
- Students will learn the importance of carrying out a full A to E assessment of the acutely unwell patient, accurately document the fluid balance, and understand the rationale to why it is so important for the deteriorating or CrCU patient.
- Nursing students may get exposure to subcutaneous injections, nebulisers, and NG or Jejunostomy tubes and medications.
- May perform oral suctioning under direct supervision.
- Observe procedures on the unit for example: intubations, extubating and insertion of lines.
- Observe a patient having haemodialysis.



- Become involved with a transfer either to CT scan or the ward.
- Become involved with an admission or discharge.

Whilst in Critical care the student nurse **should not**:

- Mute alarms without direct supervision (if alarms are muted a student would be expected to give rationale to why they have done so).
- Take blood samples or use the gas machine – but we encourage students to analyse the results once they have been taken with their mentor.
- **Change the infusion rate on syringe or volumetric pumps.**
- Manually bagging / suctioning a patient without direct supervision.
- Give information to relatives without direct supervision.
- To be expected to be responsible for the airway during rolling a ventilated patient.

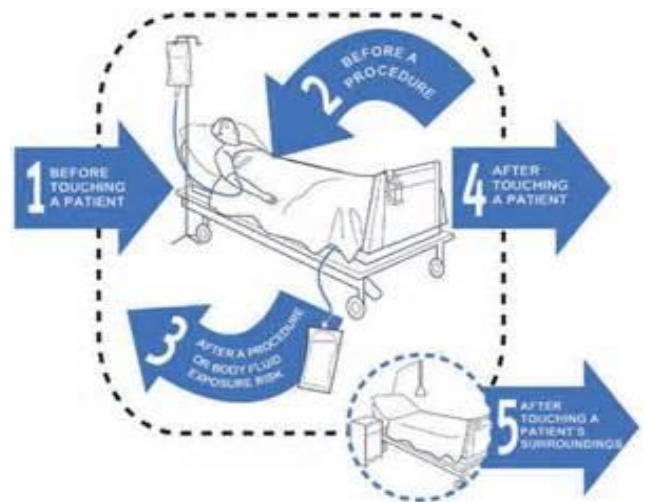
Under current UCLAN guidelines students are not able to administer any intravenous medications. However, they are able to assist in the preparation of medications and can be a third check during the checking of a controlled drug. You must be familiar with the drug you are checking. Given the short placement time and some of the medication on CrCU students should not check these medications during this placement.

IV fluids may be changed on volumetric pumps provided two trained nurses check the fluids. The bag change must be under direct supervision.

Opportunities may be taken to examine theory of IV drug administration if appropriate for an individual student. In summary there are still opportunities for skills development in medication preparation, and administration.

Infection Control

CrCU patients are classed as High-risk patients. This is because they are susceptible to infections. As mentioned previously we have five side rooms at RPH and one side room at CDH. As our patients have a lot of hands on care we must strive to break the chain of cross contamination by adhering to the following points. (This list is not exhaustive.) All patients wherever they are should expect infection control process to be followed.



- **Hand washing** – compulsory, must be carried out on start and end of shift. Pre and post meals, before and after the use of gloves, before and after patient contact.
- **Use of alco-gel** - In between patients (where gloves are not worn), In-between procedures when caring for same patient (i.e. handling urine drainage tube).
- **Gloves to be worn** - If likely contact with bodily fluids. (These are for your protection; note if they become contaminated they may contaminate the patient).
- **Aprons** - New patient new apron. To be worn when dealing with patients or bodily fluids. Each bed space has its own apron dispenser. Yellow aprons to be used for those patients requiring barrier nursing.

It is really important that we ensure we maintain good hand hygiene in-between the “5 points of contact” (see above), to reduce the risk of cross infection.

Students will also become more familiar with ANTT (Aseptic None Touch Technique) used on the unit, which is involved with making intravenous medications, dressings and procedures.

Off duty

It is a 37.5 hour week. If you are not in university then those hours must be worked

So what will your shift pattern be on CRCU?

Early Shift: 07.00 - 15.00 7.5hrs

Late Shift: 11.30 - 19:30 7.5hrs

Night Shift: 19:00 - 07:30 12 hrs

Long days 07.00 -19:30 12.hrs

Sepsis Team and CCOT (RPH & CH) are between 7-7:30pm

Early shift: 07:00-15:00

Late shift: 12:00-20:00

Long day by negotiation 07:00-07:30

CNT (RPH)

CNT (CH)

19:00-07:30

All students are asked to attend the unit at 0800 on their first day for induction. Within the induction students are allocated to a lead supervisor. We strive to complete off duty prior to placement. All students are expected to work early, late and night shifts.

Every students off duty needs to be documented on a timesheet which are situated in a folder in the sepsis office and the sisters office on CrCU. Midwives are allocated off duty on health roster by sepsis team admin.

If you have any issues, please feel free to discuss these with either your mentors, clinical educators or LEMs.

**We hope you enjoy working as part of
Critical Care Services!**

Good Luck & Enjoy!

Student Placement Experience Form

What parts of your placement did you find beneficial to your learning?

Which (if any) were irrelevant?

How could we improve your placement experience?

My Critical Care Achievements

Examples of skills to complete. All should be completed under the strict supervision of a supervisor. These achievements can be completed throughout your placement.

Vital Sign Observations Level 2	Vital Sign Observations Level 3	Set Up Enteral Feed	Name 3 common medications – uses and side effects	Work with Physio / OT	Draw up 3 IV medications
Make a phone referral to member of the MDT team	Complete 12 lead ECG	Place the 3 Lead ECG monitoring on	Take handover of a patient	Give handover of a patient	Communicate with a doctor / consultant a patient concern
Do a Non-invasive blood pressure	Tell someone about the difference between CPAP & NIV	Record the length of an ET tube	Find the size of a tracheostomy	Replace the HME filter on the waters bag	Tell someone how to recognise Normal Sinus Rhythm
Interpret oxygen and carbon dioxide levels on a ABG	Do a blood sugar	Set up humidified oxygen with a heater	Replace the suction on a bed space	Communicate with a patients' relatives	Assist CCOT/CNT whilst taking blood cultures and ABG's
Handover a clinical night patient using SBAR	Apply full PPE	Advise on AKI medications to avoid	Roll a sedated patient	Complete a patients' mouth care with an ET tube in situ	Pod some bloods
Check the intubation trolley	Listen to a patients' chest using a stethoscope	Pamper a patient!	Explain how to set up an Alaris Pump (do not connect / change infusions)	Assist with a patient intubation / tracheostomy	Complete an A-E Assessment with CCOT/CNT
Explain the airway adjuncts in airway draw	Tell someone about Sepsis Six	Assist with end of life care	Assist with basic care needs such as washing / bed bath	able to complete care plans and additional entries	Explain basic ventilator settings