



STUDENT:

SUPERVISOR

ASSESOR

COMMENCEMENT DATE:

STUDENTS WELCOME TO THEATRES PACK

JP LYTHGOE THEATRES, ANAESTHETIC DIRECTORATE

**A DEPARTMENT COMMITTED TO STUDENTS WITH
MENTORS WHO WILL ENDEAVOUR TO HELP YOU MEET
YOUR EDUCATIONAL NEEDS**

Adapted from Trust Induction Package by Sr. L.A Perkins April 2004,
updated June 2011. Revised and Updated by Staff Nurse Caroline J.
Davidson February 2014. Revised and further updated by Operating
Department Practitioner Naomi Dixon June 2015

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Welcome,

As theatre staff we are very much aware how daunting the theatre environment can be. For any student that has never stepped foot inside this type of clinical area before it can be intimidating. Although it is a very busy department we are committed to our students and we hope you enjoy your time here with us as there are many learning opportunities to take advantage of.

This welcome pack is designed to help you settle into your clinical placement and give you some information about the department. It will also give you some information regarding the types of surgery you may be involved with. Included in this pack is a Hub and Spoke Model designed to enhance your experience within theatres and the wider multi-disciplinary team.

The Lythgoe theatre suite was named after the late J.P. Lythgoe who was a Consultant Surgeon from 1964 to 1993.

There are a total of seven theatres on the Chorley site.

Theatres 1-4 specialise in orthopaedic surgery, however theatre 4 is also utilised for dental and vascular surgeries from time to time.

Theatres 5 and 6 include breast surgery, laparoscopic surgery, special care dentistry, and colorectal surgery.

There is one satellite theatres; Longton Theatre that specialises in urology, minor general surgery, and ENT as well as a decontamination service. All theatre areas have fully equipped recovery areas.

CORE VALUES

These define the actions, behaviours and attitudes that we expect from every member of staff. Living by these values will ensure that colleagues, patients, families and others are always treated in the right way. Our Core Values are:-

Being Caring and Compassionate -

Being caring and compassionate is at the heart of everything we do, it is about understanding what each person needs and striving to make a positive difference in whatever way we can.

Recognising individuality -

Appreciating differences, making staff and patients feel respected and valued.

Seeking to involve-

Actively gets involved and encourages others to contribute and share their ideas, information, knowledge and skills in order to provide a joined up service.

Building Team spirit -

Working together as one team with shared goals, doing what it takes to ensure we provide the best possible service

Taking personal responsibility -

Individuals are accountable for achieving improvements to obtain the highest standards of care in the most professional way, resulting in a service we can all be proud of.

GENERAL INFORMATION

WHO'S WHO?

Modern Matron

Alison Brezezinski

Anaesthetics & Recovery

Clinical Manager

Sr. Lesley Perkins

Team Leaders

Sr. Sarah Melling

Sr. Debbie Pugh

SODP. Wendy Hodge

CN. Andrew Shirtcliffe

Sr. Mandy Winder

Scrub

Clinical Manager

SR Nicola O'Beiren

Team Leaders

Orthopaedic

SODP Dot Jackson

Sr. Yvonne Twentyman

CN. Darren Morris

SR Joanne McClean

Team Leaders

General

Sr. Claire Kerr

SODP. Bonnie Unsworth

Longton Unit

Sr. Samantha Howard

Reception Wendy Mayor

Secretary

Allocations Board

This is located in the main reception area and displays all theatre activity. You will have a magnetic strip with your name on indicating in which area you will be working. Please ensure that you are on the board at the beginning of each shift. If you change area or go off duty the Theatre Co-ordinator must be informed in line with fire regulations. The Theatre Co-Ordinator changes on a daily basis but is usually one of the Anaesthetic team leaders.

Supervisor/Assessor

You will be allocated a mentor to support you throughout your placement. The mentors in the department all work hard to ensure that you have a good experience and are presented with a wide range of theatre specific 'learning opportunities'. Working in Theatres revolves around good team work so whilst you may not be able to work exclusively with your mentor you will still be working within your designated team. You may also be allocated an associate mentor as due to shift patterns, annual leave / sickness your mentor may not always be on duty when you are.

Off Duty

Off duty will be completed by a member of the Training and development team or Dawn Farron who is our LEM link person for students. There will be members of the team based in RPH main theatres and Chorley theatres. If you have any issues with your off duty, please contact the training team or Dawn. The training team can be contacted on 01257 245774 (CDH) or 01772 522355 (RPH). You will work a variety of shifts, which will generally fall between 8am and 7.30 pm Monday to Friday

Reporting Sickness

We have a strict policy in the department regarding the reporting of sickness and absence. If you are sick or are going to be absent for **ANY** reason you must contact the Practice Educator (Alex Dowling, Sarah Haskell or Emma Donaldson) on 01257 245774 at the start of your shift. If the practice educator is not in the office you **must** contact the theatre coordinator on **01257 245702** to inform them you will not be in placement.

You must ring **after 8 am** on the first day of absence and inform us how long you will be off and when you will return to placement. If you are unsure how long you are going to be absent then you must ensure that you maintain contact and update us daily of your continuing absence. If you do not turn up for placement and we have not been informed that this will be the case then you will be marked as absent without reason and UCLan will be informed of this.

Policies and procedures

The department's policy and procedure files are kept in the sisters' office. Trust policies and procedures can also be found on the intranet. Theatre policies and procedures are the rules and guidelines set out to establish good patient care. They are updated as needed, usually when new working practices are implemented and up to date research warrants change.

Reporting Incidents and Accidents

The procedure for reporting accidents and incidents is by the Datix reporting system which is accessed via the Trust intranet. Any accident or incident affecting a member of staff, a patient, a relative or visitor to the department, must be documented using the Datix system. Always report any of the above to the Theatre Co-ordinator for the department.

Communication Systems

There are telephones in each theatre, recovery, theatre reception and all coffee rooms. Internal phone directories are kept beside each phone. Here is a list of useful numbers;

| | | | |
|--|--------------|---|----------------|
| Main theatre reception..... | .5701 | Clinical Managers Office..... | 5707 |
| Main theatre Sisters Office.... | 5702 | Theatre Secretary..... | 5703 |
| Theatre 1..... | 5715 | Theatre2..... | 5716 |
| Theatre 3..... | 5717 | Theatre 4..... | 5718 |
| Theatre 5..... | 7474 | Theatre 6..... | 7661 |
| Longton..... | 5729 | | |
| Main Theatres Coffee Room... | 5705 | Theatre 5/6 Reception..... | 7475 |
| Theatre 5/6 Coffee room..... | 7470 | Surgeons room main theatres..... | 5706 |
| Coffee room main..... | 5705 | Co-ordinator bleep..... | 66 5701 |

Bleep System

How to use the bleep system

1. Dial 66
2. Dial the bleep number
3. Dial your four digit message (usually your extension number)
4. Listen for the accepted tone and replace the hand set and wait for the reply

If taking a message please write down the name of the caller, what time they rang and a contact number to return the call. Pass the information on to a member of staff, if the caller says it is urgent please find a member of staff to take the call.

Internal Mail

Any mail delivered for you while on placement is placed in a tray in the reception area of main theatres where you will also find a tray for sending internal interdepartmental mail.

Break facilities

There are three coffee rooms; these are situated in main theatres, theatres 5 & 6 and Longton and are for use during staff breaks. There are kitchen facilities at all sites providing tea and coffee making equipment, a microwave oven, a toaster and a refrigerator for storing food that staff can bring from home. There is a shop situated by the main entrance that provides sandwiches and snacks and a Costa Coffee Shop on level 2.

Uniform Policy

Theatre Blues, hats and clogs must be worn at **all times** whilst in theatre. If you leave the department to go outside you must change into your outdoor clothes. Theatre Blues and clogs will be provided for you. Masks must be worn in orthopaedic theatres. The only jewellery permitted is a wedding ring and a pair of plain ear studs. Nail varnish is not allowed.

Health and Safety

On your first day on placement you will be orientated to the department by a member of staff. The following areas will be covered;

- Procedure for emergency resuscitation and location of equipment
- Safety and security measures, policies and procedures
- Use of moving and handling techniques and equipment
- Procedure in the event of fire and position of fire exits, blankets and extinguishers
- Procedure to be followed in case of sickness or absence from work placement

An induction checklist for student nurses is included in this welcome pack which is to be signed and returned to the PEF's.

Your Competency Documentation will have a list of learning outcomes that you are expected to achieve on clinical placement. For student nurses on placement in theatres, this pack contains suggested learning outcomes for Anaesthetics, Recovery, and Scrub.

This pack also contains a Hub and Spoke Model and a description of places you can arrange to visit.

You will also find listed some of the common drugs used in anaesthesia and there is also a basic guide to common surgeries you may witness or participate in.

Learning Outcomes – Student Nurses

These outcomes are just examples of the learning opportunities that are available throughout your placement; you are not expected to achieve them all

Anaesthetics

- ❖ The student will gain an understanding of the theatre check listing procedure , the 5 steps to safer surgery and the WHO checklist, which is followed to ensure the patient does not come to any harm. Working under direct supervision you should be able to complete the checklisting procedure with patients.
- ❖ The student should have the opportunity to observe and be familiar with the location of anaesthetic equipment
- ❖ The student should gain an understanding of the role of the patient’s advocate and have the chance under supervision to act as the patient’s advocate and reflect on the experience
- ❖ The student should understand the importance of maintaining a safe environment
- ❖ The student should have a basic knowledge of the key anaesthetic drugs
- ❖ The student should have an opportunity to observe General, Local and Regional anaesthesia
- ❖ The student should be able to demonstrate by discussion an understanding of the complications of General, Local and Regional anaesthetic
- ❖ The student should gain an understanding of the management of anaesthesia in a patient who is not fasted and may have an opportunity to observe this.
- ❖ The student should be familiar with the safe positioning of patients on the operating table and participate in positioning patients
- ❖ The student should observe and discuss issues relating to tissue viability and pressure area care in the perioperative environment.
- ❖ The student will be able to discuss the importance of maintaining normothermia and the ways of achieving this.
- ❖ The student will gain an understanding of the importance of pre-operative assessment and may have the opportunity to observe assessments

Recovery

- ❖ The student should have the opportunity to manage a patients’ airway under direct supervision, learning the different methods of keeping an airway open
- ❖ The student should participate in monitoring vital signs. They should be able to recognise normal parameters and discuss actions to take when patients show signs of deterioration.
- ❖ The student should have the opportunity to observe post-operative pain management and participate in the care of the patient
- ❖ The student should participate in the documentation of the patients’ care in the recovery setting

- ❖ The student should be able to give a comprehensive handover to the ward staff detailing the patients' care throughout their perioperative journey and any post-operative instructions.

Scrub

- ❖ The student should be familiar with theatre set up procedures including safety checks on equipment and environment
- ❖ The student may be able to observe several operating procedures in the specialities of general, orthopaedic, vascular and urology
- ❖ The student will be able to expand current levels of knowledge concerning anatomy and physiology
- ❖ The student will demonstrate understanding of asepsis and infection control issues through discussion and practice
- ❖ The student will gain an understanding of diathermy and its role in surgical procedures
- ❖ The student may be given the opportunity to handle specimens and be aware of the relevant checking procedures
- ❖ The student will be aware of the role of the circulating person and demonstrate the opening of sterile packs and instruments to the scrub practitioner
- ❖ The student will be given the opportunity to scrub up and learn the techniques of gowning and gloving for surgical procedures
- ❖ The student will be aware of the documentation process and demonstrate correct procedures for counting swabs, needles, and instruments
- ❖ The student will be given the opportunity to discuss the ethical issues relating to patient care in theatre

Surgical procedures.

Laparoscopic cholecystectomy

One of the common general surgical procedures performed at Chorley Hospital is a laparoscopic cholecystectomy. Laparoscopic surgery is also referred to as keyhole surgery.

WHAT IS A LAPAROSCOPIC CHOLECYSTECTOMY?

A laparoscopic cholecystectomy is the surgical removal of the gallbladder due to gallstones. Gallstones are solid deposits that develop inside the gallbladder. The gallbladder collects and stores liquid called bile, which helps the body to digest food. The gallbladder may need to be removed if it becomes diseased or damaged, or if you have gallstones. Until the late 1980's patients having their gallbladder removed had open surgery. An approximate 15cm incision was made just under the right rib area and the area above the gallbladder was opened up so the procedure could take place. Laparoscopic surgery techniques became popular and now the vast majority of the 60,000 cholecystectomies carried out in the UK each year are done laparoscopically. Planned laparoscopic surgery can convert to an open procedure if it is a challenging case or if complications arise. Hospital stay is usually 3-4 days post op for an open procedure whereas patients undergoing laparoscopic surgery are usually day case patients. Below is a brief description of what happens during surgery.

- An incision about 1 cm long is made near to the navel, and the laparoscope is inserted in the abdomen.
- Carbon dioxide gas is used to inflate the abdomen so that the surgeon can get a good clear view of the internal organs; therefore manipulating the surgical instrumentation is easier.
- Three additional but smaller incisions are then made, two just under the right rib area and one in the centre of the upper abdomen. These provide access points for the different surgical instruments required.
- The bile duct and the main artery that carries blood to the gallbladder are clipped to stop the flow of bile and blood.
- Instruments are then used to cut away the gallbladder from the liver, and it is removed in a bag through one of the three smaller abdominal incisions.

- The incisions are closed with a few stitches, which will dissolve over the next few weeks as the skin heals.

TOTAL HIP AND KNEE REPLACEMENTS

Here at Chorley Hospital you will see many total hip and knee replacements if you work within the orthopaedic theatres. In England and Wales there are approximately 160,000 total hip and knee replacement procedures performed each year. Artificial implants, or prostheses, are used to replace diseased or damaged bone around joints so that patients are able to enjoy relatively normal movement once again. The implants mimic bone shape and can be made of metal, high density polyethylene or ceramic materials. Implants can last up to 15 years.

HIP REPLACEMENT

The natural hip joint is a ball and socket joint which, with time, may wear out. When this happens the joint becomes steadily more painful and eventually a hip replacement is the only way to get rid of the pain and improve quality of life.

WHAT IS A HIP REPLACEMENT?

The aim of a hip replacement is to replace the worn out joint surfaces with new artificial surfaces. There are many different types of hip replacement available.

The traditional type of replacement is a metal shell or cup placed with a liner inside it, secured on to a prosthetic femoral head which is then secured to a prosthetic femoral stem. There can be fully cemented hip replacements, uncemented hip replacements, and hybrid hip replacements where only the stem is cemented. In the older patient where it is highly unlikely that it would need to be replaced within their lifetime they often undergo fully cemented hip replacements.

Alternatively, you may see a type of replacement known as hip resurfacing. In this operation, instead of the ball part of the hip joint being removed (as in a standard hip replacement), it is cut to shape and a new metal surface cemented on. The socket also has a

metal surface and is fixed into the pelvis without using cement.

There are many varying hip revisions that take place here at Chorley where either a part or the whole prosthetic implant needs revising and replacing.

The hip joint is made up of three major parts. One or both parts may be replaced during surgery:

- The hip socket (a part of the pelvic bone called the acetabulum)
- The upper end of the thighbone (called the femoral head)
- The thigh bone known as the femur

The surgeon will make a surgical incision to open up the hip joint. Then the surgeon will:

- Dislocate, cut, and remove the femoral head
- Clean out the acetabulum and remove the rest of the cartilage and damaged or arthritic bone
- Size the cup and secure the definitive implant in place along with the corresponding liner
- Prepare the femur
- Size the femoral stem and secure the definitive implant in place
- Size the femoral head and secure definitive implant in place
- Repair the muscles and tendons around the new joint
- Washout the wound and close using appropriate closure technique

KNEE REPLACEMENT

More than 70,000 knee replacements are carried out in England and Wales each year. The knee is the largest joint in the body and it is also one of the most complex. The knee consists of the following:

- **Tibia.** This is the shin bone or larger bone of the lower leg.
- **Femur.** This is the thighbone or upper leg bone.
- **Patella.** This is the kneecap.
- **Cartilage.** A type of tissue that covers the surface of a bone at a joint. Cartilage helps

reduce the friction of movement within a joint.

- **Synovial membrane.** A tissue that lines the joint and seals it into a joint capsule. The synovial membrane secretes synovial fluid (a clear, sticky fluid) around the joint to lubricate it.
- **Ligament.** A type of tough, elastic connective tissue that surrounds the joint to give support and limits the joint's movement.
- **Tendon.** A type of tough connective tissue that connects muscles to bones and helps to control movement of the joint.
- **Meniscus.** A curved part of cartilage in the knees and other joints that acts as a shock absorber, increases contact area, and deepens the knee joint.

With time, the bones may wear out. When this happens the joint becomes steadily more painful and eventually a knee replacement is the only way to get rid of the pain and improve quality of life.

WHAT IS A KNEE REPLACEMENT?

A total knee replacement procedure consists of replacing the diseased and painful joint surfaces of the knee with metal and plastic components shaped to allow continued motion of the knee. There are many different types of knee replacement available including uncemented, cemented and Patient Specific (PSI).

The traditional type of total knee replacement involves replacing the bone at the lower end of the femur (thigh bone) and replacing the bone at the top of the tibia which is known as a Total Knee Replacement. Sometimes only one side (either left or right) of the femur needs replacing, this type of procedure is called a Unicondular knee replacement.

The operation usually takes place with a tourniquet around the thigh to reduce the amount of bleeding and enable the components to be fitted accurately into position. The incision can be anything from 10 to 20cm in length depending on the type of approach and the size of the leg. All the blood vessels, muscles and nerves are protected during surgery and special tools are used to remove the surface of the bone. These include battery powered power saws , special chisels, and various drills to enable the components to be firmly seated. The components may be implanted by shaping the bone to form a tight fit with the prosthesis which is coated with a special material which allows bone to grow on to the surface and provide fixation with an uncemented prosthesis; alternatively bone cement may be used to

hold the prosthesis in place (cemented). The wound is closed with internal stitches to keep all the ligaments and muscles securely together then followed by sutures or clips for the skin.

TRANSURETHRAL RESECTION OF BLADDER TUMOUR (TURBT)

Around 10,400 people are diagnosed with bladder cancer each year in the UK. Bladder cancer is the 7th most common cancer in the UK and is the 4th most common cancer in men.

Transurethral resection of bladder tumour (TURBT) is a procedure used to diagnose bladder cancer and remove any unusual growths or tumours on the bladder wall.

Bladder cancer is caused by the uncontrolled growth of cells that line the bladder wall. If the cancer is just in the wall lining and hasn't grown into the muscle of the bladder, it's called superficial or non-muscle invasive bladder cancer. Non-muscle invasive bladder cancer can be treated by removing it from your bladder wall in a TURBT operation.

During the procedure the surgeon will pass a thin, rigid, tube-like telescope called a cystoscope into the urethra and into your bladder. They will pass sterile fluid through the cystoscope into the bladder. This will make it easier to see the bladder wall. A camera lens at the end of the cystoscope will send pictures from the inside of the bladder to a monitor. The surgeon will look at these images on the monitor to locate the unusual growth or tumours on the bladder wall.

The surgeon will put a special wire loop through the cystoscope. Using the loop, they will cut away the tumour and a border of healthy tissue around it. The surgeon may also pass an electric current down the wire loop to seal the wound. They will then take the cystoscope out and pass a thin, flexible tube (catheter) into the urethra. This will be left in place for about 24 hours.

Instead of cutting the tumour away from the bladder by using a loop electrode, a laser may be used. The principle and technique are the same; however instead of the loop electrode being passed through the cystoscope, a fibre optic laser is used. All staff as well as the patient must wear safety goggles to protect the eyes throughout this type of procedure and only laser trained staff can operate the equipment.

DESCRIPTION OF SPOKE VISITS AND THE MULTI-DISCIPLINARY TEAM INVOLVED

Pre-op Assessment Clinic

The student can witness the initial stages of the patients' journey for their planned surgery. A comprehensive medical history will be taken in order to identify and issues relating to the surgery or anaesthesia. Investigations such as ECG's and blood tests will be performed at the clinic. The patient is given the opportunity to discuss any worries they may have and also preferences concerning anaesthesia will be discussed. Information in written form is usually given including what to expect and preparation for surgery.

Surgical Wards

The student can see what happens during the patients' admission process and preparation for surgery. They will become familiar with the WHO surgical check list and its importance. They will understand why baseline observations are taken and documented. They will be able to witness the patient's post-operative experience and understand issues relating to pain management and the criteria for a safe discharge home.

Pain Management Team

The nurse specialist in pain management holds regular talks designed for student nurses. Topics discussed include defining what pain is and what it means to the individual: common pain relieving drugs and their side effects and how and why these drugs are administered. There will be a discussion of the signs and symptoms of allergic reactions and how to manage that situation. PCA's and epidural infusions will also be discussed.

Orthopaedic Outpatient Clinic

The patient can witness the later stage of the patients' journey following the procedure and discharge home. It is an opportunity to understand how the surgical intervention has had an impact on the patient in terms of increased mobility and reduction in pain levels.

Physiotherapists

The student can work alongside the physiotherapist on the ward and witness as they help patients to regain strength, mobility and confidence. They can assist the physiotherapist as the patients' take their first initial steps through to walking up and down stairs. The student will gain an insight into the patient assessment for recommending aids to help mobility. The physiotherapists also have a vast anatomy and physiology knowledge and can explain the rationale for what support is given and why.

Breast Care Unit

The breast care unit is a modern unit that encompasses several MDT members. The student will be able to witness the work undertaken by the specialist breast care nurses including diagnostic tests. The student will see patients having mammograms and ultrasound viewings. The diagnosed patient will see the consultant along with the nurse and options relating to their treatment will be discussed. The student will be able to understand the importance of the excellent interpersonal skills that are required to deal with these patients and the support that the team offers.

Blood Track Training

The blood transfusion nurses hold regular sessions which cover the basics of blood transfusions and the safety elements concerning it. The student will be trained on how to take out and put blood back into the blood fridge. The student can further develop their knowledge by reading the Serious Hazards of Transfusion Policy.

Radiographers

The student will be aware that radiographers are very much part of the theatre environment and will learn issues relating to safety. They will learn why the theatre checklist asks if the patient could be pregnant, why lead gowns are worn and what the safety measures for working with radiation are. The student will witness how X-rays are interpreted and their importance in diagnostics.

Anaesthetists and Anaesthetic and Recovery Practitioners

The student will be able to witness different modes of anaesthesia e.g. general including TIVA, local and regional anaesthesia. The anaesthetist has specialist knowledge and will give

the student an insight into what type of anaesthesia is used and why. They will gain a basic knowledge of the equipment used to secure an airway and gain some experience with airway management. They will also gain a basic understanding of the most commonly used drugs in the anaesthetic setting. In the recovery area they will gain experience with care of the unconscious patient and safe removal of an airway device e.g. laryngeal mask. The student will observe aspects of pain management and how to set up a PCA- patient controlled analgesia.

Surgeons and Scrub Practitioners

The student will gain knowledge in the importance of creating a sterile field and how a sterile field is maintained. The student will learn the technique of surgical hand washing and gowning. Various surgical techniques can be observed along with varying types of skin preparation, wound dressing, pressure dressing, and wound closure. The student will gain insight and knowledge into caring for a patient intra-operatively.

Theatre Co-ordinator

The student may be given the chance to work alongside the co-ordinator for a day to experience what happens behind the scenes. They will liaise with various members of the MDT including ward staff and other departments concerning missing notes, organising X-ray for the daily lists, dealing with sickness and absence, managing staff and skill mix across the 8 theatres. The student will gain an understanding into the productive theatre and how external environments can have an impact on the service provided. The student may witness situations as they arise within the theatre environment and how these situations are managed within a pressurised area.

Common Drugs Used in Anaesthesia and Pain Management

Adrenaline provides physiological reversal of the immediate symptoms associated with hypersensitivity reactions such as anaphylaxis. It is used to correct hypotension

Alfentanil an opioid analgesia used during surgery. Side effects include hypertension, respiratory depression and myoclonic movements (the muscles jerk)

Atropine used to correct bradycardia and useful for drying up secretions

Ketorolac a non-steroidal anti-inflammatory analgesic

Cefuroxime an antibiotic used commonly in orthopaedic surgery

Dexamethasone is a steroid anti-inflammatory drug used as an anti-emetic during surgery

Diamorphine an opioid analgesic used in spinal anaesthesia side effects include pruritus (itching), nausea and vomiting and central nervous system depression

Ephedrine used to treat hypotension associated with anaesthesia

Fentanyl an opioid analgesia used during surgery. Can cause respiratory depression, pruritus and nausea and vomiting

Heavy Marcaine is a local anaesthetic that blocks the sensation of pain. It is given as an injection into the spine during spinal anaesthesia to prevent pain during surgery

Ketamine used as analgesia particularly when transferring an orthopaedic trauma patient in the anaesthetic room

Metaraminol used in the prevention and treatment of hypotension

Midazolam a benzodiazepine used for sedation

Morphine an opioid analgesic used during surgery and for post-operative pain relief. Side effects include nausea, itching and constipation

Ondansatron used to prevent and treat nausea and vomiting

Oxynorm is an opioid analgesia generally indicated for the relief of moderate to severe pain

Propofol used in the induction of anaesthesia and in maintenance of sedated patients. Side effects include hypotension related to vasodilation and pain on injection

Remifentanil opioid analgesia, used for induction and maintenance of anaesthesia

Sevoflurane a volatile inhalational anaesthetic agent used for in general anaesthesia

Suxamethonium is a short acting muscle relaxant that allows rapid intubation of the trachea

Common abbreviations and their meanings you may come across on placement

| | |
|--------------|--------------------------------------|
| FWB | fully weight bearing |
| PWB | partial weight bearing |
| NWB | non weight bearing |
| TKR | total knee replacement |
| THR | total hip replacement |
| TSR | total shoulder replacement |
| ORIF | open reduction and internal fixation |
| ROS | removal of sutures |
| POP | plaster of Paris |
| CVP | central venous pressure |
| IVI | intravenous infusion |
| TTO'S | to take out (meds) |
| TPR | temperature, pulse and respiration |
| BP | blood pressure |
| OPA | out- patient appointment |
| MUA | manipulation under anaesthesia |
| EUA | examination under anaesthesia |
| PCA | patient controlled analgesia |
| CPM | continuous passive movement |
| CT | computerised tomography |
| CXR | chest x-ray |
| DHS | dynamic hip screw |
| ECG | electrocardiograph |
| FBC | full blood count |

Useful Web Addresseswww.aagbi.org

Association of Anaesthetists of Great Britain and Ireland

www.hcpc.org.uk

Health and Care Professions Council

www.doh.gov.uk

Department of Health

www.nhs.org.uk

National Health Service

www.nice.org.uk

National Institute of Clinical Excellence

www.nmc-uk.org

NMC Standards/Professional Issues

www.library.nhs.uk

The National Electronic Library for Health

www.nursingtimes.net

Nursing Times Journal

www.chi.gov.uk

Commission for Health Improvement

www.diabetes.org.uk

Diabetes UK

www.heartforum.org.uk

National Heart Forum

www.afpp.org.uk

The Association for Perioperative Practitioners

STUDENT PLACEMENT EVALUATION FORMS

Please complete this evaluation form at the end of your placement and hand it to your mentor, this provides valuable feedback on the department's performance in providing an environment conducive to learning.

We hope you have enjoyed your placement and will continue to develop your underpinning knowledge and clinical skills in the future.

In your first few days in theatres, were you welcomed and encouraged to become part of the multidisciplinary team? Please give reasons for your answer

Do you feel that there was adequate support and interest from mentors and staff enabling you to fulfil your learning outcomes?

Would you have preferred spending more time in one particular area or do you feel that working in several areas enhanced your experience?

Nursing Students only do you feel knowledge gained in theatre will enable you to enhance your nursing care in other areas especially on surgical wards? If so how?

How productive do you feel that your time in theatre was? Has it enabled you to link theory to practice?

For students **other than ODP's**, would your experience make you consider a career in theatres?

Have you any suggestions for improving future placements in theatre?

Please complete this form during your first week, sign at the bottom and send to PEF's, HRD, Education Centre 1, RPH. Thank you.

Generic Induction Form

Name:

Student (e.g. Nurse, ODP, Physio, etc):

Placement Location Ward/Area: Phone No.....

Please circle which site: RPH/ CDH

Start date of placement End Date.....

Placement Supervisor/Mentor name.....

| | |
|--|--|
| <i>(Please indicate Y/N)</i> | |
| Did you meet your placement supervisor/mentor on the first day? | |
| If not when? | |
| Do you know how to contact your Practice Education Facilitator? | |
| Do you have an option with this placement to visit other areas? | |
| If yes, please provide details (<i>i.e. have they been booked? Where?</i>) | |
| Do you consider yourself to have a disability? | |
| If so do you require any adjustments to be made or additional equipment? | |

Have you been advised of the following? (Please indicate Y/N)

| | | | |
|-----------------------------|--|---------------------------------------|--|
| Dining/break facilities | | Department paperwork | |
| Hours of work/shift pattern | | Location of trust policies | |
| Toilet/changing facilities | | Incident/accident reporting procedure | |

| | | | |
|-------------------------------|--|-------------------|--|
| Car parking arrangements | | Disposal of waste | |
| Reporting of sickness/absence | | | |

As a student have you had the following training within the last 12 months? (Please tick)

Moving and Handling Fire Basic Life Support Infection Control

Have you been shown/given/informed about? (Please indicate Y/N)

| | |
|--|--|
| Fire procedure | |
| Fire alarm intermittent | |
| Fire alarm continuous | |
| Fire alarm location | |
| Fire extinguisher location | |
| Fire equipment location | |
| Fire exit routes | |
| Fire assembly points | |
| First aid box location | |
| Other local fire conditions | |
| Placement | |
| Introduced to staff members on duty | |
| Layout of placement area | |
| Placement introduction booklet | |
| Emergency call bell | |
| Emergency telephone | |
| Position of resuscitation equipment | |
| Position of resuscitation trolley | |
| Hand hygiene solutions location | |
| Personal protective equipment location | |

Student Signature

Date

Mentor Signature

Date

