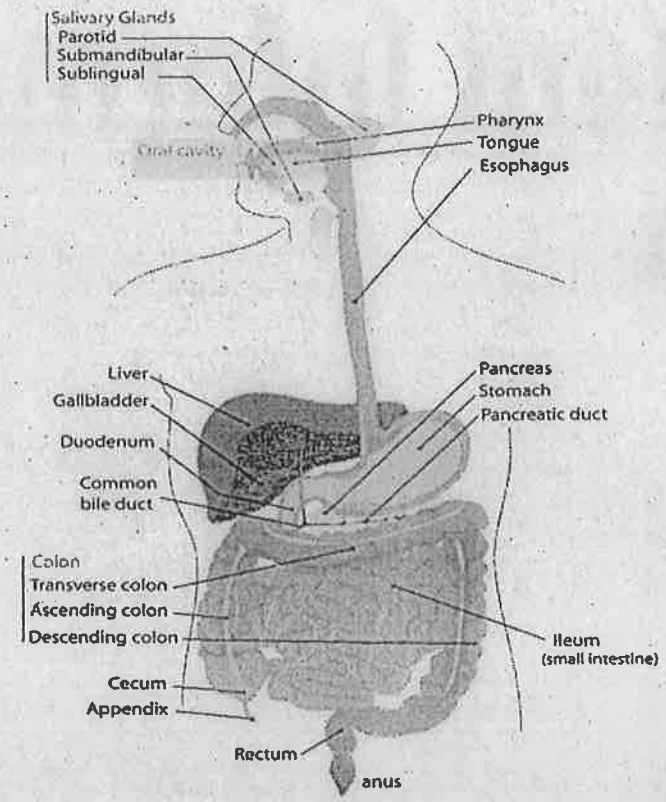
Student Information Pack

WARD 11 - SURGICAL DIRECTORATE

Royal Preston Hospital


Salivary Glands
Parotid
Submandibular
Sublingual
Pharynx
Tongue
Esophagus
Liver
Gallbladder
Duodenum
Common bile duct
Pancreas
Stomach
Pancreatic duct
Colon
Transverse colon
Ascending colon
Descending colon
Ileum (small intestine)
Cecum
Appendix
Rectum
anus

Surgical Directorate

Welcome to the Surgical Division and Ward 11 RPH

We hope you will have an informative and enjoyable placement whilst you are with us.

Aim of your Placement:

- To actively engage in the delivery of nursing care at a level commensurate with your training under the supervision of a Registered Nurse/Assessor.
- Develop skills required in order to complete assessments and documentation.
- Learn to communicate effectively and professionally with the MDT and patients.
- Develop positive Skills in Team work, Time management and Care Planning

Your Ward Manager or LEM may give you off duty or you may be required to self roster, allocating days to work alongside your Assessor as much as possible. The student nurse off duty book is kept in the Nurses station.

It is essential your off duty is sensible. You will not learn anything if there are too many students on a shift – you must work a minimum of 3 shifts per week with your assessor or supervisor and a mixture of days and weekend with an allocated period of nights if required. Please do not alter your shift hours as it is expected to follow the trust shift times. If you have any special requirements please discuss with your LEM Stewart Henderson and your assessor.

If you wish to swap your off duty you **must** do this via your Ward manager/LEM or Assessor.

All students are **required** to adhere to the hospital uniform policy and will be asked to remove jewellery and tie hair up neatly and present themselves in a professional manner at all times. Uniform consists of your issued uniform of clean and ironed white top and navy trousers, which must not drag along the floor. Full black shoes; or black/white trainers. NO CROCS/SLING BACKS. No facial jewellery. ONE pair of plain earrings (studs) Bare below the elbows, With Name badge fully on display.

When travelling to and from placement you must not have your uniform on. You can either change on the Ward or there are some staff changing rooms on the Gordon Hesling corridor. Do not smoke in uniform or go to any of the shops across from the Hospital

Any cause for concern will be challenged, the public are within their rights to challenge and ask for your details to report to the Trust.

The University expects 100% attendance.
If you are off sick you must follow the local sickness policy (see below)
You are expected to work a 37 ½ hour week if full time.

SICKNESS & ABSENCE

The University is informed of any episode of sickness.

- Staff must phone the ward they are placed on
- For late shift staff must phone the ward before 10.00am
- For night duty staff must phone the ward before 1pm
- Failure to comply with the above will result in staff being marked absent.
- An indication of the length of period of sickness must be given.
- Staff **MUST keep in touch** with the ward daily with updates for short term sickness. The ward must be contacted the day before, to give notice of intention to resume work.
- Sick notes must be received within 5 working days they should be posted to your ward manager failure to do this may result in loss of pay.
- You must self certify for 4-7 days after that you will require a doctors sick note.

About the Surgical Unit

The Surgical Unit is currently divided into 3 Wards

Ward		**Telephone number**
Ward 10	Urology, Colorectal & Upper GI	2590/4207
Ward 11	**Upper GI & Urology**	**4062**
Ward 12	Colorectal	3672/4893

RPH Phone number 01772 716565
Put 52 in front of the ward extension to call in directly

CONSULTANT	SPECIALITY	WARD
Mr Hany	Colorectal	12
Mr A Beveridge	Colorectal	12
Mr. P. Mitchell	Colorectal	12
Mr A Bhowmick	Colorectal	12
Mr Peristerakis	Colorectal	12

Mr K Pursnani	Upper G.I.	11
Mr P Turner	Upper G.I.	11
Mr J B Ward	Upper G.I.	11
Mr C Ball	Upper G.I.	11
Mr R.Date	Upper G.I.	11
Ms V.Shetty	Upper G.I.	11
Mr Rajendran	Upper G.I.	11
Miss N.Krishnamohan	Upper G.I.	11
Miss R Blades	Urology	10
Mr Zelof	Urology	10
Mr A Haq	Urology	10
Mr M M Mokete	Urology	10
Mr Javle	Urology	10
Mr Allen	Urology	10
Mr Dhliwayo	Urology	10
Miss McHugh	Urology	10
Mr Smolski	Urology	10
Mr Finney	Urology	10

Other Information

There are changing facilities at the top of each ward, some of which have small lockers to put valuables in. You can obtain a key on a daily basis returning it at the end of your shift. **Do not leave valuables such as purses, mobile phones unattended.**

Whilst on the ward you will be allocated an Assessor to assist you with Development of your clinical skills and complete your documentation

If you have not been allocated an assessor within the first week of your placement you should ask the ward manager to allocate one. All designations of staff are available as a resource for advice. Do not be afraid to ask questions or discuss what you see.

Following the change of the NMC Standards you will no longer have a mentor. All staff can now be supervisors and you can work with any of those. There will also be staff that are assessors; they will have a mentorship qualification. You will be allocated an assessor who will do your meetings and documentation

Many of the ward staff are extremely experienced and as such have a great deal to offer. You should engage with the teams you are working alongside, and feel free

Individual Learning

Whilst working on the ward you will be expected to take responsibility for your own learning and make use of the learning resources on the ward and in the library. You must also discuss any areas you may want to visit with your Supervisor/Assessor. Please be reasonable with your requests for visits off the ward. They must be appropriate to your learning outcomes, and not so many that they detract from your placement hours.

Learning Environment

Past experience has shown that the best way to advance your learning is to get involved. Talk to patients about their conditions, they will often know a lot more than you! Whilst attending to their hygiene needs is an ideal opportunity to communicate. Take advantage of learning opportunities as they present themselves, have an idea of what you would like to achieve each week and discuss with your team leader how best to do this.

Clinical Educators

There are also 2 Clinical Educators that are located on Ward 12 they are available to assist you with any concerns. Please come and see us at the earliest opportunity if you are not happy or having problems on your allocated ward. There is always a solution to everything. Also you can always just pop in for a brew and chat if you have a spare minute. We like to find out how your placement is going. We both work 3 days each so there should be one of us on duty Mon-Fri. Our Off Duty is on the door. If we are not around please drop us an email and we will get back to you as soon as we can.

Gill Kirby x2432
Email gillian.kirby@lthtr.nhs.uk

Joanne Burton x2432
Email joanne.burton@lthtr.nhs.uk

HOURS OF WORK

EARLY	**0700-1500**	**10MINUTE COFFEE 30 MINUTE LUNCH (must be taken)**
LATE	**13.30-21.30**	**30 MINUTE MEAL BREAK**
NIGHT	**21.00-07.30**	**30 MINUTE MEAL BREAK.**

Please note that meal breaks **must** be taken.
You are expected to be punctual, and be ready for duty when shift begins.
Make sure you allow enough time for parking if you drive, especially on the Late shift.

If you think you will be late, please ring the ward and ask to speak to the Nurse in charge to explain the reason why.

The student off duty book is kept in the Nurses' station this can be used to place your requests

Below is a list of the items that you will use regularly whilst on placement, please make an effort to find the location of all of them. If you cannot locate something please ask any member of the nursing team or the practice educators

1 Resuscitation trolley
2 Portable Oxygen cylinder
3 Oxygen and suction points
4 Fire points
5 Bedpans
6 Conti-wipes and gloves
7 IV fluids
8 Giving sets
9 Fire extinguisher
10 Service lifts
11 Patients' call bells
12 Pat Slides
13 Emergency buzzer
14 Observation Charts
15 Liquid Supplement Drinks
16 Wound dressings
17 Hoists
18 Patients' notes
19 Consent forms
20 Pre-op check lists
21 Nursing journals/Reference books
22 Drip stands
23 Elephant tubing
26 Patient/Visitors' telephone
27 Drug trolleys
28 Drug charts
29 Slide sheets
30 Theatre gowns
31 Blood sugar boxes
32 Blood Chute
33 Notes of patients going to theatre
34 Emergency Exits
35 CSSD equipment
36 Clean linen
37 Dirty linen
38 ID band printers
39 Ward communication book
40 Linen bags
41 Pen torch
42 Urinals
43 Aprons
44 Patient's own medication
45 Policy & Procedure Files
46 Defibrillator
47 Urine sample pots
48 Portable Suction

24 Vomit bowls

25 Stoma equipment

49 Patients' washbowls

WARD ROUTINE – A ROUGH GUIDE TO DAYS

07:00	Walk round handover to the early shift staff
09:00	Coffee breaks commence
10:00	Patients drinks
11:45	Medicine round
12:00	Protected Meal times (Times will vary depending on the ward)
13.30	Patient rest time
13:30	Walk round handover to the late shift staff
13:45	Afternoon observations
14:30	Afternoon drinks
15:30	Late shift commence tea breaks
16:00	Medicine rounds
17:00	Evening observations
17:45	Patients' meals (Time varies depending on the ward)
18:30	Post op washes
20:00	Commence night drinks, observations, blood sugars and medicine round
20.30	General tidy of ward , kitchen sluice etc.
21.00	Start observations, blood sugars and medicine round

The above is a rough guide only – nursing care obviously cannot be so rigidly planned.

FIRE PROCEDURE
Royal Preston Hospital – MAIN WARD BLOCK ONLY

1. **Discovering Fire or Smoke**

1.1 The nearest Fire Alarm Call Point will be operated and a follow up call will be made to the Switchboard

1.2 Where safe to do so, small fires will be attacked using First Aid Fire Fighting Equipment

1.3 The affected will be evacuated

2. **Intermittent Fire Alarm Bells within Ward Block**
(Fire is suspected in an area close by)

2.1 Each ward will send one member of staff to the Fire Alarm Display Panel in the Central Lift Lobby Area to find out the location of the suspected fire. The information will be taken back to the ward.

2.2 Each ward will then send one member of staff to the Central Lift Lobby Area on the same level as the suspected fire (NOT necessarily the ground floor

3. **Continuous Fire Bells within Ward Block**
(Fire is suspected within immediate area)

3.1 One member or staff within the affected area will proceed to the Firm Alarm Display Panel in the Central Lift Lobby Area to find out the exact location of the suspected fire. The information will be taken back to the affected area.

3.2 An immediate search will take place of the affected area to establish whether or not there are signs of an actual fire. Where safe to do so, small fires will be attacked using First Aid Fire Fighting Equipment.

3.3 Patients within the affected area will be prepared for possible evacuation.

3.4 Evacuation of patients will only take place where signs of an actual fire are discovered or where initiated by the Evacuation Officer

3.5 Visitors and staff from other areas will be evacuated immediately

4. **Command of Fire Incident**

4.1 The Evacuation Officer and Assembly Point Officer will arrive to take command of the fire incident.

4.2 All staff will carry out whatever instructions are given directly by the Evacuation Officer or through the Assembly Point Officer

5. **Stand Down Order**

The order to "stand down" will only be given after the Senior Fire Officer is satisfied that it is safe to do so. The stand down order will be communicated through the Evacuation Officer and/or Assembly Point Officer

FREQUENTLY USED MEDICATIONS

ANALGESIA	ANTIBIOTICS	ANTACIDS	LAXATIVES
Non Opiod Paracetamol	**Penicillins** Flucloxacillin Amoxycillin Co-Amoxyclav	Gaviscon Peptac	Senna Lactulose Movicol Moviprep
OPIOID Morphine Tramadol Codeine – Phosphate Dihydrocodeine Co-Codamol	**Cephalosporines** Keflex Cephalexin Cepharoxime	**ANTISPASMODICS** Hyoscine-Butelamide (Buscopan)	**DIURETICS** Furosemide
Non Steroidal Anti Inflammatory drugs Ibuprofen Diclofenac Sodium	**Aminoglycosides** Gentamicin Neomycin Erythromycin	**ULCER HEALING** Esomeprazole Lansoprazole	**ANTICOAGULANTS** Warfarin Aspirin Heparin Clexane

ELECTROLYTE SUPPLEMENTS	OTHERS	CORTICOSTEROIDS	ANTI-EMETICS
Sando-K	Vancomycin Teicoplanin	Hydrocortisone Prednisolone Dexamethasone	Prochlopromazine Cyclizine Metoclopamide Ondansetron

Patients will often have other existing conditions that require them to take regular medication. Be aware of this and learn the effects side effects and contra-indications of medicines as you proceed through your training.

HELP AND ADVICE

If you require help or advice during your clinical activity this can be obtained from

Matron Sarah Welsh
There is usually a Sister on each shift.
Night Nurse Practitioner bleep 3956

To use the bleep system, dial 66 then follow the instructions

Medical team on call rotas are usually available in the ward/department. Please find out where they are displayed. If you are unsure of a bleep number, dial 0 for switch.

Should you encounter problems of a personal nature you can access support from your

a) Line Manager

b) Human Resources/Occupational Health

c) Pastoral Care

d) Further information is available on the Intranet for Staff Support

FOR FURTHER INFORMATION PLEASE ACCESS THE "SUPPORT FOR STAFF DOCUMENT

WHO'S WHO IN THE DIRECTORATE

CLINICAL DIRECTOR	Mr I Peristerakis/Mr P Turner
GENERAL MANAGER	Alison Anton
DIVISIONSAL NURSING DIRECTOR **ASSISTANT NURSING DIRECTOR**	Lisa Elliot Michelle Durkin
MATRON	Sarah Welsh
PRACTICE EDUCATORS	Gill Kirby
	Joanne Burton
WARD MANAGERS	
Ward 10	Joe Livesey
Ward 11	Laura Ingleson
Ward 12	Kath Jackson
Sisters WD 10	Charlotte Baker Laura Zuliani Alessia Tagliatti
Sisters WD 11	Helen Sullivan Anne Ritchie Hayley Krampf
Sisters WD 12	Nicola Lefevre Katy Hodges Mercedes Salvilla Wendy Weaver Mei Wei

There are many specialist nurses working within the Trust included in the MDT

- Colorectal, Urology and Upper GI Nurse Specialist.
- Nutrition Team
- CVAT Team
- Pain Team.

FOR YOUR RECORDS MAKE A NOTE OF THE MEMBERS OF THE MDT WHO ARE PERTINENT TO YOUR JOB

Name:	
Role:	
Bleep/Contact No:	
Job they do:	

Name:	
Role:	
Bleep/Contact No:	
Job they do:	

Name:	
Role:	
Bleep/Contact No:	
Job they do:	

Name:	
Role:	
Bleep/Contact No:	
Job they do:	

Name:	
Role:	
Bleep/Contact No:	
Job they do:	

Name:	
Role:	
Bleep/Contact No:	
Job they do:	

What core Clinical Skills can be learnt

- Meeting patients personal hygiene needs
- Pressure Area Care
- Routine observations
- Injections
- Bed making
- Patient education
- Nutrition and hydration
- Communication skills
- ANTT.
- Fluid Balance
- Wound care

- Care of the surgical patient
- Care of a patient going to theatre
- Observation of V&C
- ECG's.
- Catheter Care
- Stoma Care
- Removal of sutures
- Removal of drains
- Collection of catheter and mid-stream urine specimens
- Admission of patients
- Discharge planning

Abbreviations

ABG	Arterial Blood Gas
ADL	Activities of daily living
AF	Arterial Fibrillation
BM	Blood glucose monitoring
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CCF	Congestive cardiac failure
CD	Controlled Drug
CHC	Continuing Health Care

AKA	Above Knee Amputation
APR	Abdomino-Perineal Resection
APR	Excision of rectum via perineum & abdomen
Abdominal Hernia	Protrusion of viscus through wall of cavity
Amputation	Removal of limb
Anastomosis	Joining together, the artificial connection of two ends of intestine
Aneurysm	Dilation of an artery due to disease of its wall
Angiography	Injection of radio-opaque contrast into blood vessels
Angioplasty	Plastic surgery of blood vessels
AAA	Abdominal Aortic Aneurysm
Appendicectomy	Removal of the vermiform appendix
Appendicitis	Inflammation of the appendix
BKA	Below Knee Amputation
BP	Blood Pressure
Cholangiogram	Injection of contrast medium directly into biliary tree
Cholangitis	Inflammation of the bile ducts
Cholecystectomy	Removal of the gall bladder (open/laparoscopic)
Cholecystitis	Inflammation of the gall bladder
Cholecystoduodenostomy	Direct linking of gall bladder and duodenum
Cholecystoenterostomy	Direct linking of gall bladder and intestine
CL	Central line.
Colectomy	Removal of colon
Colonoscopy	Endoscope of large intestine between caecum & rectum
Colostomy	Opening in colon (stoma) brought out to abdo wall (ascending, transverse, descending)
Crohn's Disease	Non-specific inflammation of an area of the intestine

CVP	Central Venous Pressure
Cystoscopy	Examination of bladder using cystoscope
Cytology	The study of cells
Diverticulitis	Inflammation of one or more diverticula
DVT	Deep Vein Thrombosis
Dyspnoea	Shortness of breath
ECG	Electrocardiograph
Electrocardiogram	Recording of electrical events occurring in heart muscle
Embolectomy	Removal of an embolus
Embolus	Blood clot or foreign body in bloodstream
Endarteritis	Inflammation of the lining membrane of the arteries
Enteritis	Inflammation of small intestines
ERCP	Endoscopic Retrograde Cholangiopancreatography
ERCP	Endoscope lowered through mouth, stomach to descending duodenum
FBC	Full Blood Count
FOB	Faecal Occult Blood
Fem-pop graft	Femoral popliteal bypass graft
Gangrene	Necrosis of tissue as a result of poor blood supply
Gastroduodenostomy	Artificial passage from stomach to duodenum
Gastrojejunostomy	Artificial passage from stomach to jejunum
Gastroscopy	Inspection of stomach cavity
Gastrostomy	Artificial opening into stomach through which a feeding tube is passed
Gastritis	Inflammation of the epithelium lining the stomach.
Haemorrhoidectomy	Removal of haemorrhoids (piles)
HCA	Health Care Assistant
Herniorraphy	Operation to repair a hernia

Ileostomy	Opening in ileum (stoma) brought out to abdo wall
INR	International Normalised Ratio
IVI	Intra Venous Infusion
Jejunostomy	Artificial opening into jejunum through which a feeding tube is passed
K	Potassium
Laparotomy	Excision through abdo wall to explore abdo cavity
Malaena	Blood in faeces that has been changed
MSU	Midstream Specimen of Urine
Na	Sodium
NAD	Nothing Abnormal Demonstrated
NBM	Nil By Mouth
Necrosis	Tissue death
O_2Sats	Oxygen saturation
OT	Occupational Therapy
Pancreatitis	Inflammation of the pancreas
Peritonitis	Inflammation of the peritoneal cavity
PVD	Peripheral Vascular Disease
Right Hemicolectomy	Right half of colon removed & ends anastomosed
RR	Respiratory Rate
SOB	Short of Breath
TED	Graduated compression stockings
TPN	Total Parental Nutrition
Tracheostomy	Artificial opening made in the trachea
TPR	Temperature Pulse & Respiration
TTO / TTH	Tablets to Take Out / Home
U&E	Urea & Electrolyte
UTI	Urinary Tract Infection

Please note, the Trust does not sanction the use of unapproved abbreviations,

UROLOGICAL CONDITIONS

Acute urinary retention	Sudden inability to void urine
Chronic urinary retention	Grossly distended bladder – patient usually manages to void small amounts of urine May have overflow incontinence – often has large residual
Balanitis	Inflammation of glans penis
Bladder Diverticulum	A pouch or sac of variable size created by herniation of the lining mucous membrane through a defect in the muscular wall
BCG	Intravesical immunotherapy
Circumcision	The removal of all or part of the prepuce or foreskin
Cystectomy	Excision of bladder
Cystitis	Inflammation of urinary bladder
Cystoplasty	Surgical procedure for people who lack adequate bladder capacity
Cysto-urethroscopy	Examination of bladder and posterior urethra
Diathermy	The heat generated sufficiently to coagulate tissue cells and destroy tissue
Epididymitis	Inflammation of the epididymis
Hydrocele	A collection of fluid, especially a collection of fluid in the tunica vaginalis of the testicle or along the spermatic cord
Hydronephrosis	Distension of pelvis of kidney and calyces of kidney with urine due to blockage in the ureter
Hypospadias	Developmental anomaly in the male, where the urethra opens on the underside of the penis

Ileal Conduit	A section of the ileum is brought to the surface of the abdomen as a stoma. The ureters are transplanted into the isolated ileum which acts as a conduit. A stoma bag has to be worn.
Litholapaxy	The crushing of calculus in the bladder followed by the washing out of the fragments
Lithotomy	Incision of duct or organ especially the bladder for the removal of a stone
Meatotomy	Incision of urinary meatus in order to enlarge it
Meatus	An opening into some passageway in the body
Mitomycin C Therapy	Chemotherapy – intravesical – can be used as one dose or course of treatment
Nephrectomy	Excision of the kidney
Nephrolithotomy	Removal of renal calculi by cutting into the body of the kidney
Nephrostolithotomy (perc)	Removal of renal calculus via a nephrostomy tube
Nephrostomy	The creation of a fistula leading directly into the pelvis of the kidney
Nephro-ureterectomy	Excision of kidney plus a whole or part of ureter
Orchidectomy	Excision of one or both testes
Orchidopexy	Surgical fixation in the scrotum of an undescended testis
Paraphimosis	Retraction of a narrow or inflamed foreskin which cannot be replaced
Phimosis	Tightness of the foreskin so that it cannot be drawn back over the glans
Priapism	Persistent abnormal erection of the penis
Prostatectomy	Surgical removal of the prostate or part of it

Prostatitis	Inflammation of the prostate gland
Pyelitis	Inflammation of the pelvis of the kidney
Pyelolithotomy	Surgical removal of renal calculi from pelvis of kidney
Pyelonephritis	Inflammation of the kidney and its pelvis
Pyeloplasty	Plastic surgery on the pelvis of the kidney
Radical Prostatectomy	Total surgical removal of the prostate
Renal colic	Severe pain in renal angle
Retropubic prostatectomy	Removal of prostate through a suprapubic incision but not entering the bladder
Spermatocele	Cystic distension of the epididymis or the rete testis containing spermatozoa
Suprapubic	Situated or performed above the pubic arch
Suprapubic Cystotomy	Surgical incision into urinary bladder
Torsion of testes	Twisting of testes
Transurethral resection of Prostate	Removal of prostate through the urethra
Ureterolithotomy	The removal of calculus from the ureter by incision
Ureterostomy	The formation of a permanent fistula through which a ureter may discharge its contents
Urethra	The membranous canal conveying urine from the bladder to the exterior of the body
Urethrectomy	Surgical removal of the urethra or part of it
Urethroplasty	Plastic surgery of the urethra
Varicocele	Varicose veins of the scrotum
Vasectomy	Surgical removal of the ductus deferens or part of it
Vesico-Colic Fistula	Pertaining to or communicating with the urinary bladder and colon

To conclude we would like to repeat our welcome to you.

We hope you will benefit from your placement, and achieve your learning outcomes.

Remember, if you are experiencing difficulty on your ward, the Ward Manager, Clinical Educator, or Practice Education Facilitator should be able to help.

Please ensure you are well prepared for work on the wards, be punctual, professionally dressed, and professional in your approach to patients and staff. Start as you mean to go on and you will find communication easier at the end of your training.

It is a good idea to maintain a professional diary that will follow you as you develop your skills and gives you information to reflect upon.

Reflection is a normal part of Nursing, we all reflect on incidents, but do not necessarily write these thoughts down. Give this a try, and retain them with your diaries.

It just remains for us to say: