

Welcome to ward 21.

Acute Stroke Unit.



“Staff on the Acute Stroke Unit would like to extend a welcome to you. All the staff will endeavour to ensure that your time with us is both pleasant and constructive. You will be given the opportunity to develop your nursing skills and knowledge, which will relate to generic nursing practice and to Acute Stroke Care”

Dear Student,

Welcome to the acute stroke unit on ward 21. It is our intention to facilitate your learning needs and provide you with those experiences that will allow you to develop your confidence, knowledge and skills whilst in practice.

We hope that you will enjoy your placement with us and find it a valuable learning experience.

You will have been allocated a mentor prior to your placement commencement. We aim for you to work with your named mentor as much as possible.

The NMC requirements state: *“Whilst giving direct care in practice setting at least 40% of a student’s time must be spent being supervised (directly or indirectly) by a mentor/practice teacher”*

Please bear in mind that your off duty is based around your mentor. If you have any queries with regards your off duty please doesn’t hesitate to speak with your mentor, L.E.M or ward management.

Our Phone Numbers are 01772 524284 / 523423 and 523557

Ward Manager	Amanda Coulthurst
Ward Sisters	Annette O’Sullivan Georgia Fell
Learning Environment Manager	Rebecca Keane



Placement philosophy

The staff on the Acute Stroke Unit aim to:

- View all patients, carers and relatives as individuals who have needs which require our help.
- Provide individualised assessment of the effects of each patient’s stroke and develop an individual goal driven care plan.
- Promote, where possible , independence to the desired or achievable level of each patient.
- Preserve a patient’s dignity both in life and death
- Protect an individual’s right to confidentiality
- Care for patients and their families with courtesy and respect recognising and respecting their individual personal, cultural and religious beliefs treating all as we would want our families to be treated
- Support patients and their families involving them in decisions about their treatment, rehabilitation care and discharge plan

- Provide a high standard of specialist stroke care as per evidence based guidelines (NICE/ICSWP)
- Promote health education and health promotion to improve health and wellbeing and reduce the chance of recurrent stroke
- Provide a work environment which is safe and supportive to students and all team members
- Supervise and teach students, encouraging them to build upon their previous learning in order to meet the requirements for entry to the professional register
- Encourage each staff member to contribute in their own unique way to this philosophy
- Embrace lifelong learning principles in order to practice with a sound body of knowledge and competence

Introduction to the learning environment

Welcome to Royal Preston Hospital and to the Acute Stroke Unit, Ward 21. The ASU is located on the 4th floor of the main hospital block.

We have twenty two beds plus two assessment beds within the unit and accommodate patients of mixed gender and ages. The ward specialises in the treatment and care of Acute Stroke patients. However, a large proportion of the patients, have multiple pathology associated with the ageing process.

The ward is divided into 5 bays, 3 side rooms and 2 assessment beds. All patients who have suffered a stroke are referred to the stroke multi-disciplinary team this include physiotherapist, occupational therapist, speech and language therapist, dietician, psychologist and social worker for their hospital stay. These referrals ensure that patients receive a high standard of individualised care, meeting not only physical, but social, emotional, psychological and spiritual needs.

SHIFT TIMES

07.00 – 19.30 - Day shift
19.30 – 07.00 – Night shift

You will be rostered in to work a mix of day shifts & night shifts including weekend shifts.

SICKNESS

If you are sick during your placement, please ensure you contact the ward prior to the start of your shift & University.

GETTING THE MOST OUT OF YOUR PLACEMENT

All Staff on the ward are committed in trying to provide a warm and friendly atmosphere in which we welcome students into the team. In turn, it is hoped that we can facilitate your learning by clear assessment, demonstration and practice of all your learning outcomes.

Staff are willing to work with you in order for you to achieve a good insight into Stroke nursing, as well as help you identify relevant learning opportunities as they arise. It is very much hoped that you can form a good working relationship with your mentors, but if for any reason you feel that you are not receiving enough input, or if you have any difficulties whilst on placement, you can approach the Sister's or the Practice Education lead in strictest confidence. Whilst we may be busy we will find time for you (though there may be times when you will have to be patient for us to give you the attention that you should expect from us)

POINTERS

- Spend the first few days getting used to the ward routine, meeting the staff & generally orientating yourself
- Speak with your mentors regarding possible learning objectives
- Ensure you are allocated to a team in which your mentor works minimum once weekly
- Sit down within first 48hrs and agree your learning objectives with your mentor, ensuring they are realistic & relevant to your semester
- If you feel unsure of anything always ask. If you don't staff may assume that you are confident enough, and then you will miss out
- Never think "I wish I could have done that". If you want to do anything please ask and whenever possible arrangements will be made for you.
- Ensure your mentors are aware of any reading days or annual leave well in advance to ensure the off duty can be collated

What we expect from you

- We expect you to arrive on time and be presented in a professional manner.
- We expect you to dress according to the university / hospital uniform policy.
- It is your responsibility to inform your mentor of your learning objectives and outcomes for the placement and ensure your paperwork is up to date.
- It is your responsibility to ensure you work with your mentor 40% of your time on the placement.
- We would like you to raise any concerns you have with your mentor, the ward manager or if not possible the PEF's.

- It is your responsibility to inform your mentor or the nurse in charge if you are unwell this process will be discussed in your initial meeting with your mentor.
- We expect you to show respect and maintain confidentiality, privacy and dignity at all times.

What you can expect from us

- You will receive a local induction into your work place. This will allow you to familiarize yourself with the ward environment, be introduced to your ward mentor and other staff.
- We will discuss your learning needs and objectives in your initial meeting.
- We will provide an environment to meet your individualized needs and establish spoke placements which will be beneficial in the development and understanding of your role and the patient journey
- As well as being allocated an assessor and a supervisor we will provide extra support when your mentors are not on duty.
- Your mentor will assess and shadow you throughout the clinical setting, and provide you with feedback taking into consideration your individual learning objectives.
- You will be a valued member of the ward and multidisciplinary team.
- Your feedback will be valued.

SPOKE OPPORTUNITIES

- Stroke Specialist Nurse
- Physiotherapist + Occupational Therapist
- TIA Clinic
- Speech Therapist
- Discharge Co – coordinator
- Dietician
- Bereavement Team
- Diabetic Nurse
- Tissue Viability

- Radiology (CT, MRI, Xray)
- Continuing Health Care + Multi-Disciplinary meetings
- Stroke Rehabilitation Unit
- Research Nurse
- Interventional Radiology (with Stroke Specialist Nurses)
- Emergency Department (with Stroke Specialist Nurses)

Possible Learning Outcomes

- Provision of basic nursing care
- Enteral feeding / passing Nasogastric tube, commencing feeding regimes / PEG feeding
- Nutritional content / Menu planning / food chart / assisting feeding
- Urostomy care
- ECG performance & recording
- Cannula care
- Blood glucose monitoring
- Observations / recording / understanding / interpretation / reporting / EWS
- Catheter insertion & care
- Communication
- Medications, Administration & management
- Pressure area care & prevention
- Intravenous fluids / medications / fluid balance
- Handover / observation / reporting

- Nursing process
- Anatomy & physiology of stroke
- Health promotion
- Last offices / bereavement counselling
- Diabetes management

This list has been created as a means of guidance; specific areas of interest should be discussed at the earliest convenience if exposure is to be achieved.

About Stroke

Strokes are the second single most common cause of death in the world causing 6.7 million deaths per year. They are the largest cause of complex disability worldwide (Stroke association, 2015).

There are two different types of stroke, ischaemic which account for 85% of strokes and haemorrhagic which account for 15%. An ischaemic stroke or infarct is caused by a blockage, usually a blood clot, cutting off blood supply to the brain. Haemorrhagic strokes occur when a blood vessel within the brain bursts and bleeds into the brain tissue. (RCP, 2016)

There are numerous risk factors for stroke including high blood pressure, diabetes, atrial fibrillation, high cholesterol, smoking and alcohol excess amongst others.

The effects of stroke are varied and sometimes complex dependent on which area of the brain is affected.

Recognising Stroke

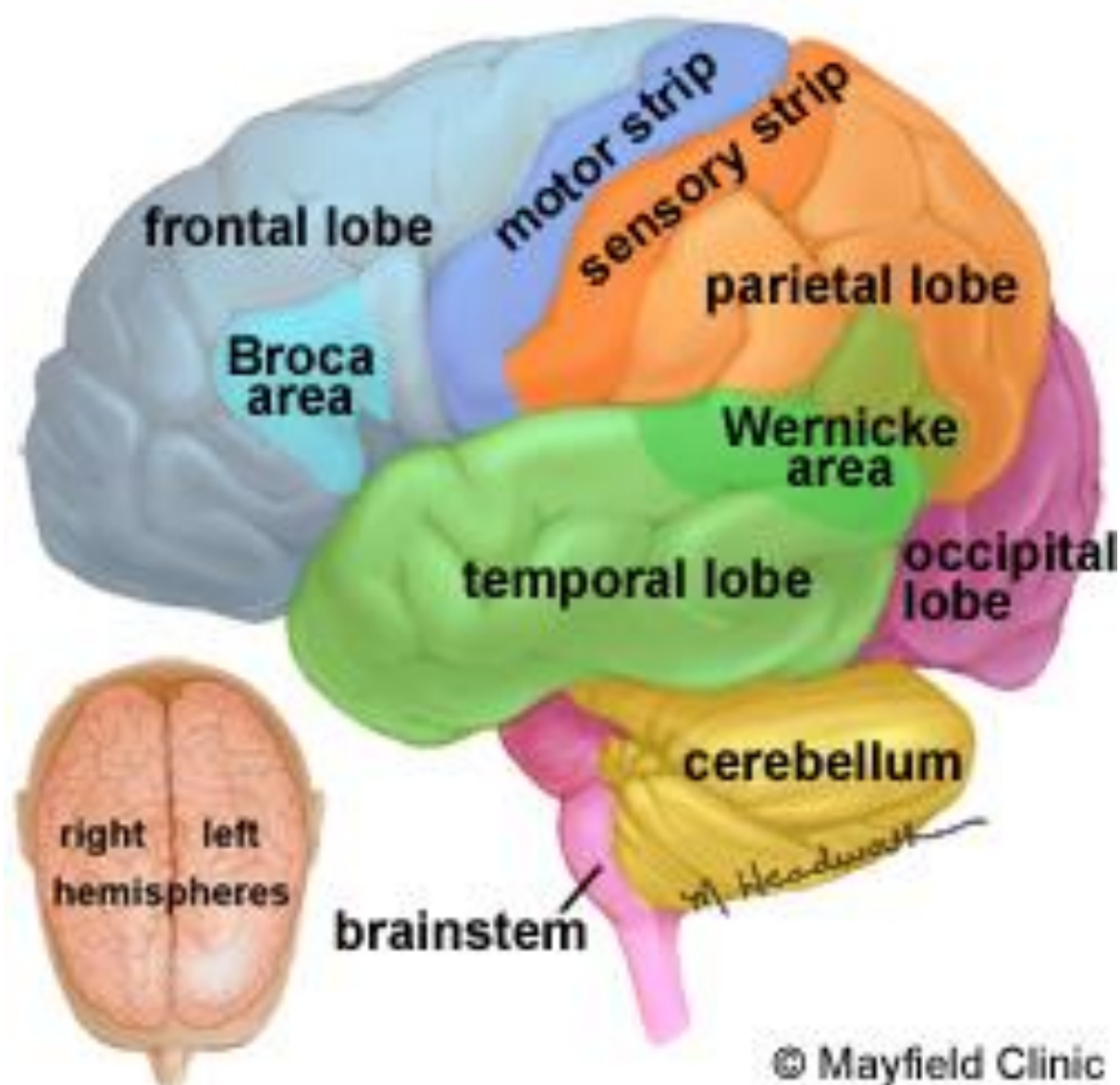
Stroke - Act F.A.S.T



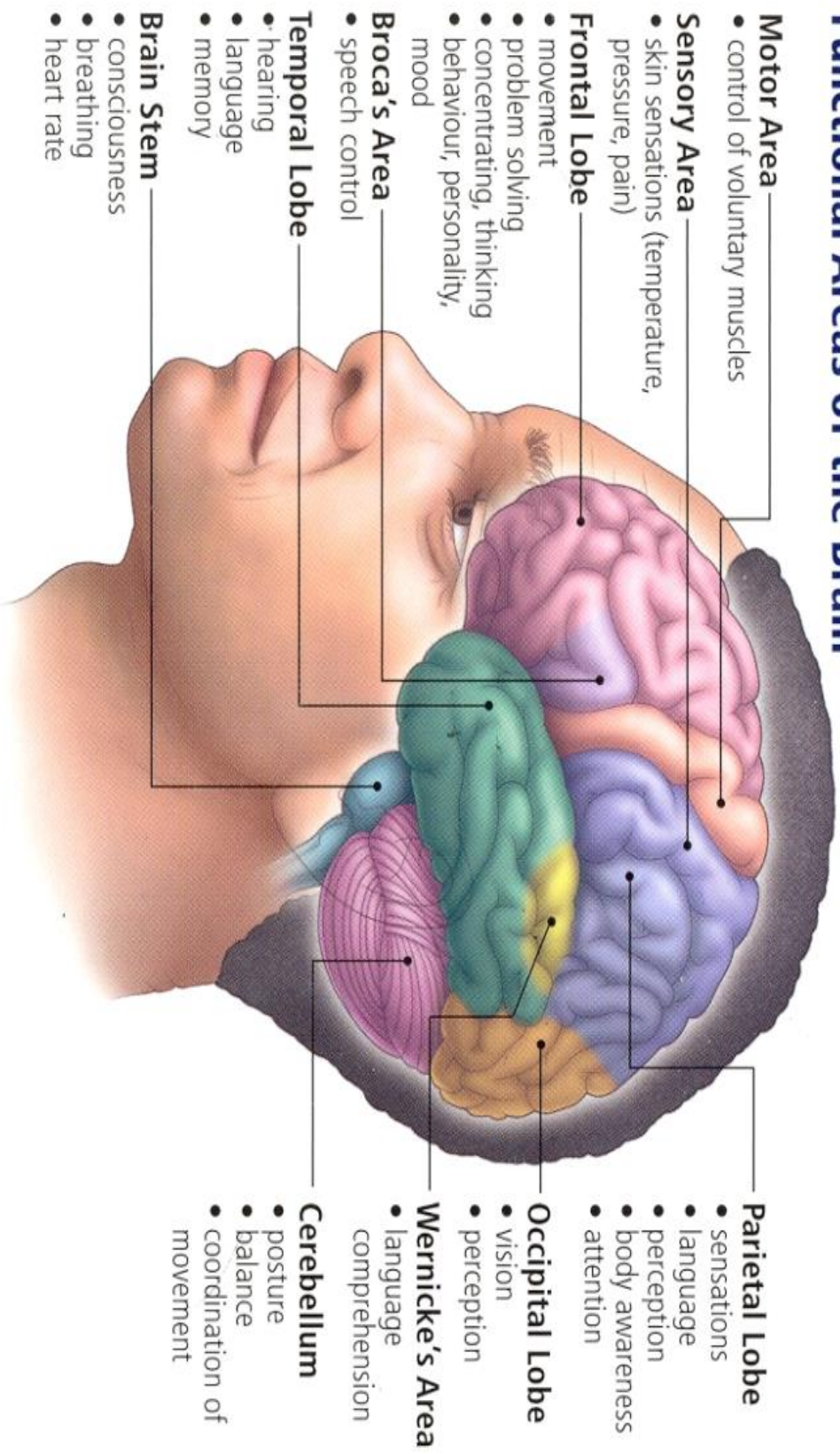
Stroke can strike anyone, any age at any time and every second counts. If you suspect a stroke even if symptoms pass do test and call 999. (www.stroke.org.uk)

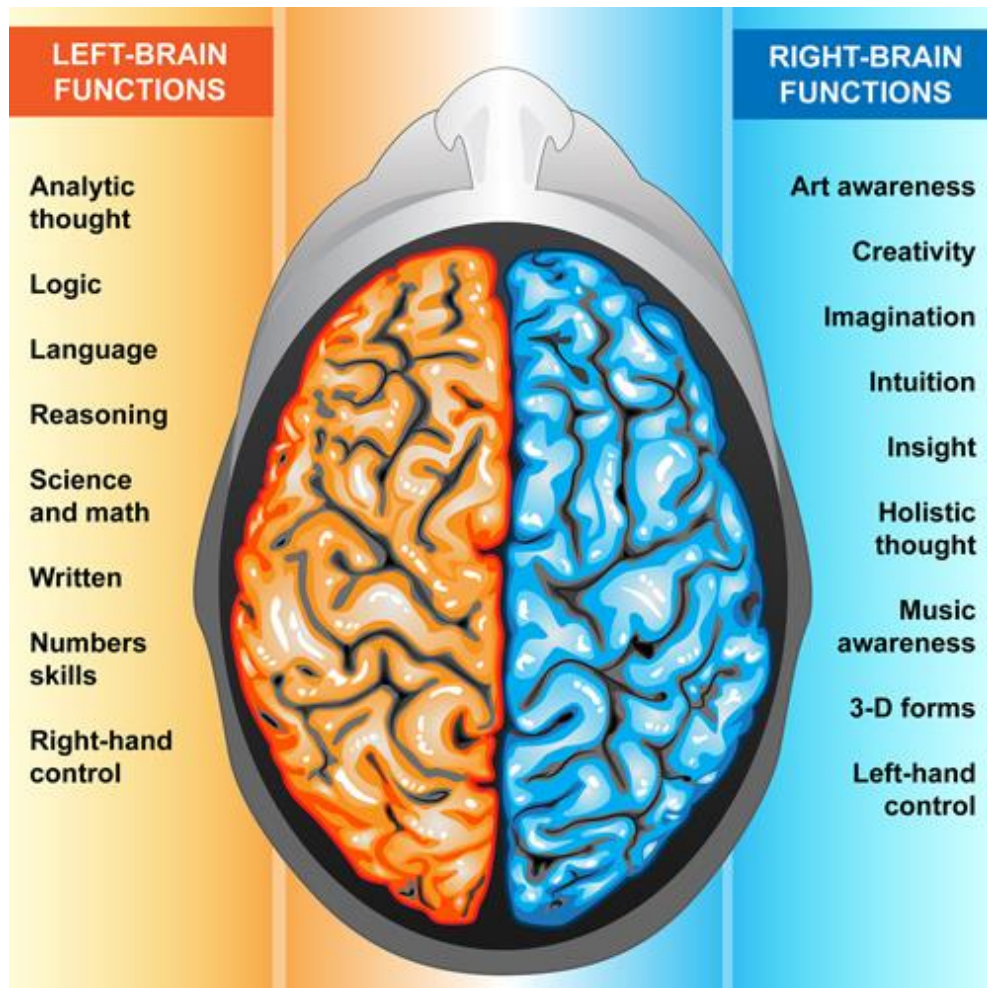
Anatomy of the brain

Below are two diagram of the brain. Take some time to study the diagram. Try and relate what you have found to the stroke patients we care for in terms of recognising what the after effects of their stroke are and therefore which area of their brain has been damaged.



Functional Areas of the Brain¹





Stroke Terminology

Make yourself familiar with the commonly used terminology below and spend some time looking at what each means and how it affects patients.

Terminology	Definition / Affects
Aphasia	
Apraxia	
Ataxia	
Dysphasia	
Dysarthria	
Dysphagia	
Dyspraxia	
Hemiplegia	
Nystagmus	
Paresthesia	
Spasticity	

Commonly used medications

It would be beneficial to your learning if you had an understanding of the following drugs commonly used within stroke. Use the BNF book which is available on the ward to look at usage, dose, and side effects of the following:

Amlodipine

Movicol

Apixaban

Omeprazole

Aspirin

Paracetamol

Atenolol

Perindopril

Atorvastatin

Ramipril

Bisoprolol

Rivroxaban

Clopidogrel

Senna

Codeine

Simvastatin

Dabigatran

Sodium Valporate

Digoxin

Thiamine

Ferrous sulphate

Tinzaparin

Gabapentin

Vitamin B Compound

Lansoprazole

Warfarin

Lisinopril

SECONDARY PREVENTION

If you observe the medics on the ward rounds you will hear them talking about a patients risk factors for stroke and what investigations they will need post stroke.

Spend some time looking at secondary prevention of stroke ie. What can be done to prevent patients from having a further stroke. Use any of the resources on the ward and try and follow a ward round to give you some ideas.

Things you may want to look at are anti-hypertensive medication, statin therapy, anti-platelet and anti-coagulant therapy

ABBREVIATIONS

Approved list of abbreviations used in Stroke. This list is not exhaustive, so please ask your mentor/ any member of staff if there are any other abbreviations you do not understand.

NIHSS – National institute of health stroke severity scale

BI – Barthel Index

MRS – Modified Rankin Scale

MOCA – Montreal Objective Cognitive Assessment

TACS – Total anterior circulation stroke

PACS – Partial anterior circulation stroke

POCS – Posterior circulation stroke

LACS – Lacunar stroke

GCS – Glasgow coma scale

SAH – Sub-arachnoid Haemorrhage

PICH – Primary Intracerebral Haemorrhage

PEARL – Pupils Equal and Reacting to Light

LOC – Loss of Consciousness

BP – Blood Pressure

HR – Heart Rate

BM – Blood Measurement (Glucose)

BO – Bowels Opened

BNO – Bowels not opened

PU – Passed Urine

CSU – Catheter Specimen of Urine

MSSU – Mid-Stream Specimen of Urine

ICP – Intracranial Pressure

AVM – Arterio-venous Malformation

LP – Lumbar Puncture

MR – Magnetic Resonance Scan

MRI – Magnetic Resonance Imaging Scan

CT – Computerised Tomography

USS – Ultra Sound Scan

NAD – Nothing Abnormal Detected

IV – Intra-venous Infusion

NBM – Nil By Mouth

ABX – Antibiotics

DN – District Nurse

TTO – Tablets to Take out

Placement Evaluations

Students are requested to complete their placement evaluation on the PARE website
<http://onlinepare.net/>

Useful web links:

<http://www.nmc-uk.org/Students?Guidance-for-students/>
<https://www.strokeaudit.org/Guideline/Full-Guideline.aspx>
<https://www.nice.org.uk/guidance/cg162/evidence/full-guideline-190076509>
<https://www.nice.org.uk/guidance/qs2/chapter/list-of-quality-statements>
<http://www.strokecorecompetencies.org/node.asp?id=home>
<https://www.stroke.org.uk/>
https://www.stroke.org.uk/sites/default/files/stroke_statistics_2015.pdf