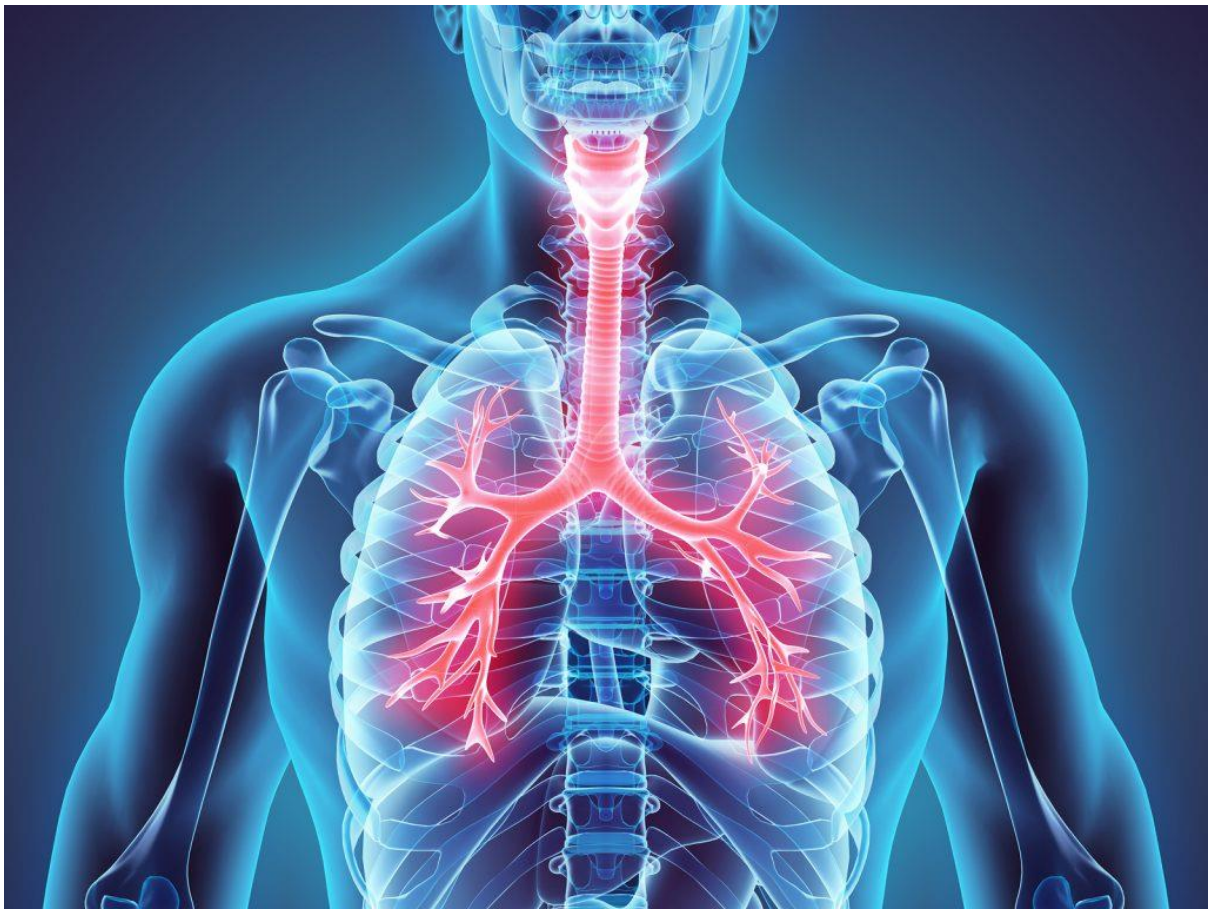
# Ward 23- Respiratory

## Induction Pack



**Name:**

**Assessor:**


# Welcome to Ward 23:

Ward 23 is an acute medical respiratory ward on the fifth floor of Royal Preston Hospital, caring for both males and females aged 18+. There are 34 beds which includes 4 side rooms for isolated patients. We also work closely with enhanced high care unit (EHCU, Ward 20) who care for level 2 high dependency patients, so there is plenty of learning opportunities available.

Each shift will consist of 1 nurse in charge who oversees the ward and takes charge of that shift therefore, if you require any help or support and your assessor/coach is not available please speak to nurse in charge, sister or ward manager.

We care for patients who have chronic or acute respiratory issues. Some of the conditions are listed below;

Asthma, COPD, Bronchitis, Emphysema, Empyema, Pneumonia, Pleural effusion, Pneumothorax, Bronchiectasis, Type1/2 Respiratory Failure sleep apnoea, Pulmonary Fibrosis, Interstitial Lung Disease, and Tuberculosis.

Ward 23 is alos a CliP ward , which means students are coached rathered than mentored.

From all of us on Ward 23- Welcome to the team and we hope you enjoy your experience.

**Ward Philosophy:**

We aim to provide high quality,holistic and indvidualised care and support for our patients, their families and their friends.

We recognise that every person is an individual and take into consideration the physical, psychological, emotional, social and cultural needs of that person. Nursing staff will act as a patients advocate, to work towards best practice and to ensure we are meeting all of the patient's individual needs. The care we provide will reflect this by involving patients, their families and friends and providing health promotion and preventing any further illnesses. We believe that each person has the right to be informed about their illness and the treatment they will be receiving, in order to enable the patients to make their own choices maintaining dignity and respect.

As a ward we promote independence and provide a safe and clean environment,which fosters a warm and friendly atmoshere. Ward 23 aims to provide professional commitment and excellent care, putting the patients at the heart of everything we do.

We use informed, flexible and innovative approaches to nursing practice ensuring that the best quality of care is provided. Within Lancashire Teaching Hospitals Trust we strive to follow the six Cs of nursing aiming to provide professional care and compassion to an excellent high standard.

Ward 23 also adheres to local trust policies and one of our main focuses on the ward is introducing yourself correctly with the term: "Hello my name is……." We will work with expertise, professionalism and compassion.

Our ward provides a valuable placement for all students at various stages in their training, providing the opportunity to enhance many nursing care skills in a supportive learning environment. We are constantly striving to enhance the patient experience while in hospital, including communication with relatives and carers. Therefore we welcome feedback to ensure the care we are providing is at the highest standard.

Excellent care with compassion

# Meet THE TEAM

## Ward 23 Consultants:

| | |
|---|---|
| **Dr Munavvar** | **Dr Vyas** |
| **Dr MacRae** | **Dr Gudur** |
| **Dr Mehdi** | **Dr Nutall** |
| **Dr Ahmad** | **Dr Prior** |

There are six consultants that work on Ward 23. All consultants have their own team that works alongside them. This consists of a registrar, senior house officer (SHO) and a house officer(FY1,2). All team members are based on Ward 23 Monday to Friday 09:00 to 17:00, and are also contactable via their bleep.

**Ward Managers:** Rebecca Tuson/ Tracy Fawcett

**Ward Sisters:** Victoria Gardner

Emma Mcculloch (LEM)

## Ward Contact Number:

**01772522524**

## Collorative Learning in Pratice (CLiP)

CLiP is a new education programme in Lancashire Teaching hospitals NHS Trust, which enhances both the quality of the learning environment and increased the placement capacity for students.

The CLiP process entails allocating multiple students to a practice environment, utilising the coaching method rather that the normal 1:1 mentoring. You will be supervised by a coach and be able to deliver holistic care to your patients in which you are allocated. This includes essential skills, documentation, ward rounds and handover to next shift. In this environment you may also have the opportunity to follow your patients journey, i.e CT scans, Bronchoscopy, specialist nurses.

All students should be allocated an assessor/coach within the first week of placement. You are required to work a minimum of 40% with your assessor/coach. Students are also given the opportunity to work nights with their assessor/coach as most nurses do rotational night shift. This enables and provides students experience and exposure to different working patterns.

If for any reason you are unable to attend placement, it is your responibilty to contact both ward 23 and university. The nurse in charge of the shift is obliged to inform university of any absence.

(Any queries or issues with off duty please see your assessor/coach or any one of the ward sisters.)

**Shift Times:**

Early Shift – 07:00 until 15:00

Late Shift – 13:30 until 21:30

Night Shift – 21:00 until 07:30


**Learning Environment Management (LEM)**

SR Emma Mcculloch

## Nursing Approach:

Ward 23 uses a nurse lead approach to care, the ward is split into two teams and depending where your assessor is working depends on which team you will be working on. It is hoped that you will become an active participant within your allocated team and achieve a lot from this placement. We would kindly ask that you provide 100% at all times. It is hoped that in turn this will maximise your learning experience helping you to gain a lot of knowledge and competence within respiratory medicine.

Handover can sometimes be overwhelming for student nurses as their will be terminology that will be unfamiliar so we recommend you write down anything you don't understand and discuss this with your assessor. All patient information is documented on a handover sheet and we ask that in accordance with clinical goverance this is disposed of in the correct confidential waste bins provided at the end of every shift.

Respiratory medicine is a very exciting and diverse environment to work in. There are many learning opportunities which you can be involved in and gain valuable experiences from. Many of our patients have co-morbidities. They may suffer from other chronic diseases in addition to their respiratory condition which may cause complex issues.

During this placement you will be able to gain knowledge and experience in clinical skills such as catherisation, NG/Peg feeds, IV infusions,CBGs, care of chest drains, care of patients with trachostomys and medication management.

**Daily Ward Activities:**

This is a brief description of what type of activities are completed on a daily basis. However, it must be stressed that this is not set in stone.

- 07:00 Handover from night duty to day staff
- 07:30 Medications, observations, sit patients up for breakfast
- 08:00 Breakfast and morning hot drinks
- 08:30 Onwards Personal Hygiene needs for all patients, assisted washes, promote independence, complete all relevant documentation
- 10:00 Morning Breaks are commenced (these are staggered in order for each member of staff to have their break and the ward to be left safe.)
- 11:30 Blood Sugars and OBS if required
- 12:00 Medications, Lunch time, assist with serving meals and help to assist patients who require support with feeding
- 13:00 Patients rest period
- 13:30 Handover to late team
- 14:00 OBS if required and completing relevant documentation
- 14:30 Afternoon Drinks round and Visiting Time
- 16:00 Pressure area care and intentional rounding
- 16:30 Blood Sugars
- 17:00 Medication round and Doctors Handover to nursing staff also evening meal
- 18:00 staggered Breaks
- 19:00 Handover to night staff

## Emergency situations

In the case of an emergency/cardiac arrest:

On the back wall of every patient's bedside, bathrooms and toilets are red emergency buzzers, which should be used if an emergency was to occur. This should be pressed in the case of a cardiac arrest, an unresponsive patient, a fall or in any situation where it is unsafe for you to leave the patient on their own for you to get help.

The location of the emergency button will be shown to you on your first day when being given an environmental of the ward.

If you are asked to put a cardiac arrest call out you will:

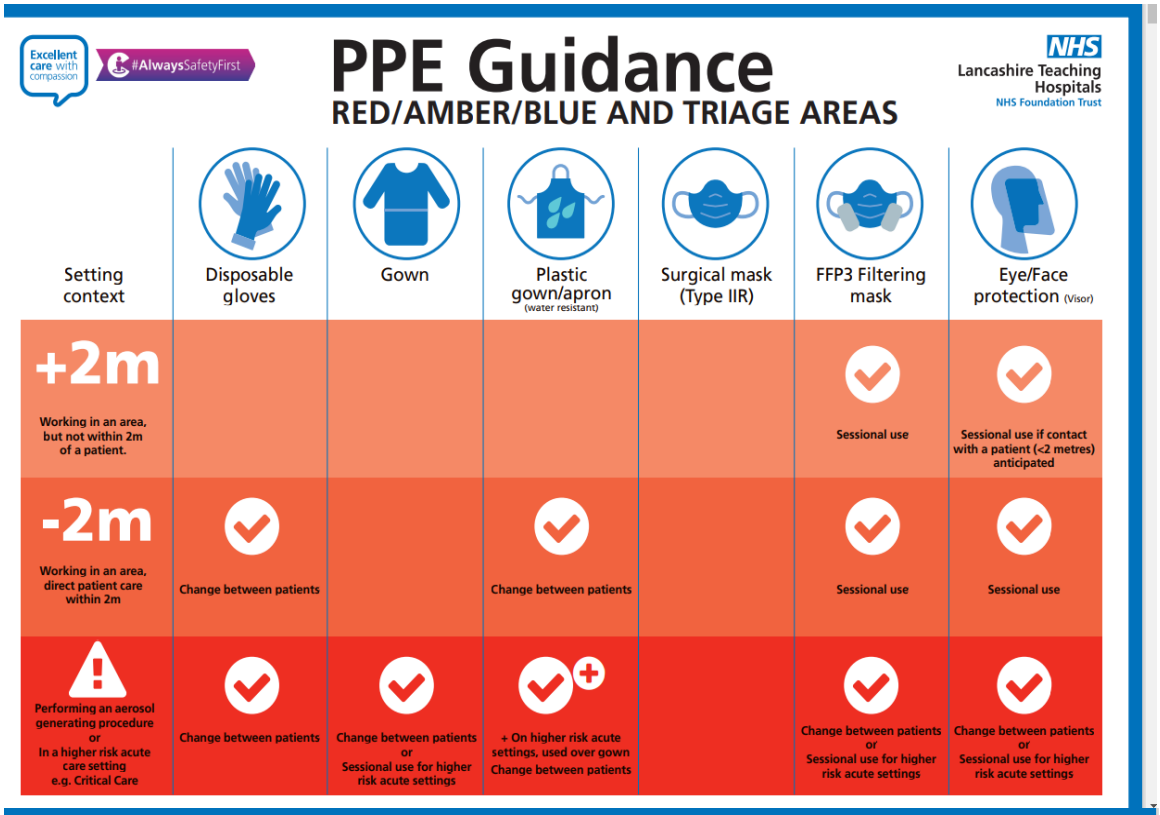
**DIAL : 2222**

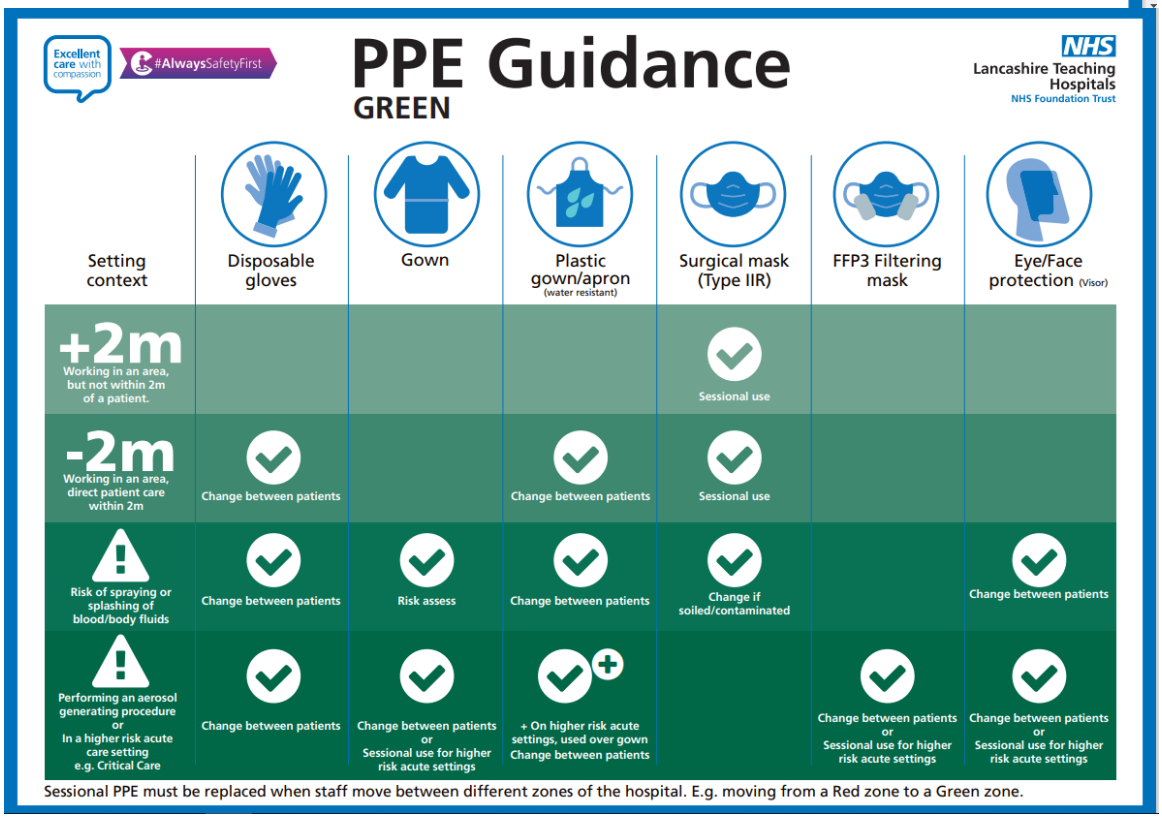
**STATE : "CARIAC ARREST WARD 23"**

## Infection Control

Infection prevention and control is fundamental to the provision of safe and effective care. In recent years LTHTR have invested significantly in infection prevention and control measures, including a dedicated team, training, policy development, equipment and devices, screening programmes and laboratory facilities.

Personal protective equipment




## FFP3 mask fitting.

All students at indeuction should be FFP3 mask fitted if you have not please speak with your assessor or nurse in charge on your first week of placement.

## Chest Drains:

Ward 23 is also known for its speciality of chest drains, therefore you will also be given another fantastic opportunity of experience and gaining knowledge in nursing patients with chest drains and you will also be exposed to the insertion of a chest drain by a senior doctor. Chest drains are required for conditions including, pneumothorax, pleural effusions, haemothorax and empyema which require drainage.

## Non – Invasive Ventilation:

Non-invasive ventilation is used within EHCU as a method of ventilator support for patients with type 2 respiratory failure (T2RF). Non Invasive Ventilation is also known as NIV and NIPPV.

Type 2 respiratory failure is defined as a patient who has a low oxygen level (hypoxia) and a high carbon dioxide level (hypercapnic). Mainly patients with COPD (Chronic Obstructive Pulmonary Disease) will tend to be in the category of T2RF. NIV is used for patients with T2RF as it helps the improvement of the gaseous exchange, improve oxygenation and reduce carbon dioxide. It also helps the patient by stabilising the upper airway, and also by resting the respiratory muscles. We must monitor the oxygen and the carbon dioxide levels of the patient by either an Arterial Blood Gas (ABG) or a capillary Blood Gas (CBG) – the nurses are competent in taking CBGs and interpreting the results, so therefore this is completed on a regular basis as we also have our own blood gas analysis machine too. Whilst you are on placement on ward 23 you will also have the opportunity to take CBGs from patients and learn about NIV, analysising results in a more detail.

## Common Drugs:

The following table identifies the most common medications used on the ward:

| Drug | Used For….. | Dosage…. | Side Effect... |
|---|---|---|---|
| Salbutamol | | | |
| Atrovent | | | |
| Prednisolone | | | |
| Carbocystiene | | | |
| Montelukast | | | |
| Uniphyllin | | | |
| Spiriva | | | |
| Oxygen | | | |
| Hydrocortisone | | | |
| Metformin | | | |
| Glicazide | | | |
| Lantus | | | |
| Act rapid | | | |
| Frusemide | | | |
| Aspirin | | | |
| Ramipril | | | |
| Bisoprolol | | | |
| Digoxin | | | |
| Oramorph | | | |
| Tazocin | | | |
| Co-Amoxiclav | | | |
| Meropenem | | | |
| Clarithromycin | | | |
| Doxycycline | | | |
| Ensures | | | |
| Cyclizine | | | |
| Codeine | | | |
| GTN | | | |
| Daltaparin | | | |

## Learning Opportunities Available:

- Developing skills and knowledge acute respiratory conditions
- Develop an understanding of multidisciplinary team working
- Develop leadership and management skills within a ward environment
- Involvement with patient care
- Development of communication skills
- Develop skills and knowledge in care of the terminally ill patient
- Develop skills and knowledge in medication management
- Develop skills and understanding of monitoring vital signs i.e. blood pressure, pulse, temperature, respiratory rate etc.
- Develop skills and understand the importance of documentation and risk assessments and care plans
- Opportunities to visit other Departments that liaise with this Ward.

## Spoke placements

| Learning opportunity: | Suitable for: | Expected outcomes & relevance to patient journey |
|---|---|---|
| Physiotherapist | All years | Students get to work with physiotherapist to observe chest physio and gain understanding and knowledge regarding when and how chest physio benefits a patient. Also assessments such as mobility, stairs and 6CITs.<br>Gain understanding of the importance needed for mobility whilst in hospital settings. |
| Infection control | All years | Students can gain knowledge and understanding of the importance of infection control and prevention of spreading infections. The need for excellent hand hygiene and the need for isolating specific patient's i.e. CDIFF or neutropenic patients. |
| Speech and language therapists | All years | Students can observe SLT and gain a understanding of swallowing assessments and to know why patients are put Nil by Mouth (NBM) and texture diets and how they come to a decision on which is best for an individual patient. They can also learn about feed at risk. |
| Dieticians | All years | Students can learn about different diets such as renal, diabetic and nutrition requirements such as supplements, ensures. They can gain knowledge about mal nutrition screening tool and the importance of each patient admitted to hospital having a MUST done. They can also learn about NG/PEG fed patients and the regimes and plans in place. |
| Tissue viability nurse | All years | Students can learn and gain knowledge about skin conditions, wound assessments and correct wound care. Observing ANTT and the appropriate dressing required for a wound. |
| Palliative care | 3rd Year students | Students have the opportunity to observe specialist nurses. They can gain knowledge of most common medications in end of life care and symptom management. Get to observe and take part in emotional support for families as well as care for a dying patient. Gain knowledge of fast track and hospice care. |
| Critical care outreach | 3rd Year students | Students can visit extremely unwell patients in hospital. Gain knowledge and skills in assessing a deteriorating patient. Can also attend to follow up patients who were previously known to critical care. Students can gain more confidence completing and understanding the A-E approach. |
| Respiratory/ ventilation specialist nurses | All years | Students can observe and gain knowledge and understanding on NIV treatments (in-patient or outpatient) Attend clinics such as Oxygen clinic or chest clinic. |

# Abbreviations:

NIV – Non Invasive Ventilation

CBG – Capillary Blood Gas

ABG – Arterial Blood Gas

BP – Blood Pressure

BM – Blood Glucose Monitoring

MSU – Midstream Specimen of Urine

CSU – Catheter Specimen of Urine

IV - Intravenous

IVI – Intravenous Fluids

IV ABXs – Intravenous Antibiotics

IM – Intramuscular

PO – Per Oral

PR – Per Rectum

QDS – Four times daily

TDS – Three Times Daily

BD – Twice Daily

OD – Once Daily

Stat – Immediately

PRN – As required

NAD – No Abnormality detected

ECG –Electrocardiography

HB – Haemoglobin

U & E – Urea & Electrolytes

FBC – Full Blood Count

CRP – C Reactive Protein

C & S – Culture & Sensitivity

IDDM – Insulin Dependent Diabetic

NIDDM – Non Insulin Dependent Diabetic

FR – Fluid Restriction

AF – Atrial Fibrillation

CCF – Congestive Cardiac Failure

CABG – Coronary Artery Bypass

ECHO – Echocardiogram

IHD – Ischaemic Heart Disease

LVF – Left Ventricular Failure

P E – Pulmonary Embolism

PPM – Permanent Pacemaker

NBM- Nil by Mouth

DOLS- Depravation of liberty

AKI- Acute kidney injury

**Summary:**

We hope that your time spent here on ward 23 is not only enjoyable but also productive in your nursing studies. The staff will endeavour to help you achieve all your aims and objectives. However, students must realise that whilst all members of staff are willing to pass on our knowledge, we do expect you to be involved and actively participate in this two way process in becoming an active member of the team.

REFLECTION All students are encouraged to reflect on their practice throughout their training and even when a qualified nurse and this is particularly important on ward 23. Reflection enables us to build on our experiences good or bad and will help both the student and assessor/coach to identify and meet learning objectives or goals. Attached is a weekly reflective diary sheet which you can complete during your time on the ward. More are available on request. These sheets may then be used as part of your portfolio at University.

AND FINALLY.... Our aim is to enhance your knowledge, ensure you become a safe and competent practitioner and meet your personal learning objectives. Any feedback we give will be constructive and inline with our aim. In return we ask the same of you, If you have any suggestions as to how we can improve our practice or our learning environment please discuss them with us. At any time during your placement you are experiencing any problems please speak to your assessor or sisters on ward.

**Useful Terminology.**

- **Asthma-** Inflammation of the bronchioles causing shortness of breath, wheezing and chest tightness.
- **COPD**- Chronic Obstructive Pulmonary Disease- an overall term for bronchitis and emphysema.
- **Bronchiectasis**- damage of the airways causing accumulation of stagnant mucus, therefore leading to bacterial infection in the bronchioles.
- **Emphysema**- permanent enlargement and destruction of the alveoli causing the lungs to lose their elasticity and expiration to become an active process.
- **Empyema**- pus collection in the pleural cavity usually secondary to infection.
- **Pneumonia**- a bacterial infection which causes the bronchioles and alveoli to fill with fluid. The presence of leukocytes causes inflammation, preventing efficient gaseous exchange.
- **Pneumothorax**- air in the pleural cavity which results in the collapse of the lung.
- **Pleural Effusion**- collection of fluid in the pleural cavity.
- **Hypoxia**- the result of limited oxygen flow to tissues or organs due to a blockage, poor tissue uptake or insufficient gaseous exchange.
- **Hypercapnia-** abnormally high levels of carbon dioxide in the blood.

The following pages consist of a few questions to test your knowledge on some of the issues which will come up on the ward. Please try to complete these before commencing placement with us.

- In your own words, explain how the air moves in and out of lungs?
- Where does gas exchange occur?
- What does SP02 measure? And what level would you escalate/intervene?
- If a patient is requiring a chest drain, what is its purpose? And what monitoring is required?
- What is hypoxia?
- What is Hypercapnia? What are the clinical signs of hypercapnia?
- Suggest some nursing interventions or treatments which may help with shortness of breath?
- We use oxygen therapy for numerous patients on our ward, what should be considered when using oxygen for COPD patients?
- What are the normal parameters
- What is CPAP? What condition does this treatment help with?
- What is the difference between type1 and type 2 respiratory failure?
- What could cause these types of respiratory failure?

- Here is a picture of the respiratory system, how many body parts can you label? What is their function?

Chapter 3 – Human Body Systems
Science 8

## ACTIVITY – Label the Respiratory System

Name: _____ Date: _____ Block: _____

Label the diagram of the respiratory system below with the following parts, then colour your diagram.

| | | | | |
|---|---|---|---|---|
| **left bronchus** | **trachea** | **mouth** | **pharynx (throat)** | **diaphragm** |
| **nose** | **alveoli** | **right lung** | **left lung** | **oral cavity** |
| **right bronchus** | **larynx (voice box)** | **bronchiole** | **nasal cavity** | **epiglottis** |