THE UNIT/TEAM

First and foremost 'Team Plastics' would like to welcome you to the ward

We work as a team and expect a high standard of care on Ward 4 for our patients. All patients admitted into are care, are vulnerable so we aim to make them feel valued and respected at all times to ensure a good experience for them.

Ward 4 is a specialist department that deals with burns (<10%) plastic surgery and trauma. We consist of a very busy 22 bedded mixed sex ward, which we split into 2 teams to give a continuity of care.

The ward is open 24 hours a day, 7 days a week has a high turnover of patients and is managed by Sister Adele Hull with support from Sister Hamill, Sister Kennedy and Sister Miller.

Sister Borbiro is the Trauma coordinator who sees new patients daily in her trauma clinic (8-10am) and plans are made for them to attend theatre if required or arrange a follow up appointment to re review the injury. This is an interesting insight as to the kind of patients we see with their new injuries. You are welcome to spend a day with Sister Borbiro
The ward also has a full team of dedicated Staff Nurses, Health Care Assistants, Assistant Practitioners, Theatre Escort Nurse, Pre Op Nurse, Physio, OT, Discharge Facilitator and House Keeper.

The unit also has a Dressing Clinic (CBT) which is overseen by Sister Jovita Kazlauskaite and her team.

Sister Marcia Roach is the Burns Specialist Nurse (BSN). Marcia will endeavour to review the patients that are being discharged from the ward and will see them again in her follow up clinic. You are welcome to spend a day with Sister Roach.

Sister O'Doherty, Sister Dobbs, Sister Firth and Sister Pickup are the Skin Cancer Specialist Nurses who work of the ward in their clinics. Sister Deacon is the Soft Tissue Specialist.

DF Dawn is our Discharge Facilitator and her role it is to ensure that all patients have a safe discharge and the more complex patients have the appropriate support put in place to aid.

If you wish to spend some time with any of the staff mentioned just ask and they will be happy to accommodate as one of your spokes. Their bleep/Extension numbers are on the back of this booklet.

Sister Hamill and Sister Goodbier are your Learning Environmental Manager (LEM) on the Ward while you CLIP (Collaborative learning in practice) and will allocate you a Mentor and will arrange your off duty. If you have any problems or issues please feedback so we can discuss and endeavour to resolve.

You're first week will be to settle in on the ward and will be structured, to enable you to familiarise yourself with the wards routine. The ward has 2 teams and you can have the opportunity to work in both. From 2

weeks you will be allocated patients and the number you will take will be dependent on the year you are currently at.

1- 1-2 patients (dependent on experience and confidence)
2- 4 patients (Usually a bay)
3- 4-8 patients (or if you feel confident and competent you can take the 11 patients in your team)

The shift patterns are 12 hours over days and nights, Monday to Sunday (1 in 4 weekends) - Nights and Long days on request (but not guaranteed).

- Day shift 07.00am – 19.30pm
- Night 19.00pm – 07.30am (2 weeks to be completed during your 3 years training)

CONSULTANTS

The unit has 8 plastic surgery consultants with Mr Mckirdy as the Medical Lead

- Mr Laitung – Reconstructions
- Mr Srinivasan - Breast surgery
- Mr Mckirdy – Hands, Breasts and Cancer care
- Mr Rimouche – Cancer
- Mr Agarwal – Hands and Flaps
- Mr Iyer – Hands, flaps and amputations
- Mr Ekwobi – Breasts
- Mr Hamilton – Hands
- Mr Paulkings -

The consultants have individual Registrars and FY1/2 working alongside them and they can be contacted on their bleep - 1144

THEATRES

There are 3 theatres that the ward uses to accommodate Patients. These are PST, Theatre 6, Theatre 9 (Emergency) and CBT

L/A (Local Anaesthetic-Awake) GA (General Anaesthetic-Asleep) and Blocks are commonly used in all the theatres with the exception of CBT who undertake Local Anaesthetic proceedings (LA) where the patient will remain awake.

HANDOVER

Handovers will be performed at the start of each shift by the previous staff on duty. The expectation is that you are ready outside the performance board at 07.00am and 19.00pm, ready for the walk round and visual of each patient. This will be done for all 22 patients.

A huddle (get together) will then be performed at the performance board to ensure that all the team members are aware of their duties that day and any concerns can be highlighted from the ward round.

A confidential paper handover sheet will be available in the staff room at each shift with personal details of all 22 patients on the ward and must be placed into confidential waste at the end of the shift. If you accidentally leave the ward with it you must shred it at home.

Each team will work together and provide excellent care for the patients in their team and will be informed of any changes following the ward round which the Nurse in Charge attends with the team each morning.

CARE PLANS/RISK ASSESSMENTS

On the ward we utilise computer based risk assessments and hand written care plans. All CLIP Students will have a personal password/log in to which they can utilise to enable them to update the patient's personal care plan.

All care plans must be started on admission (To be completed within 6 hrs of arrival to the ward) and these are to be updated daily if required and until discharge. The ward expects full compliance and completion of what is required for each individual patient.

The risk assessment plans are done online and audited and are key to our patients safely while on the unit and enables us to put other services/equipment in place if required and include –

- Moving and Handling
- MUST (malnutrition universal screening tool)
- Waterlow and pressure area
- Falls and prevention plan
- Bed and trolley
- Wound care
- Body Mapping

Paper risk assessments are completed and left in the patients notes and include –

- Vascular Device (VAD)
- Urinary (UCAM)
- Intentional Rounding (1 Hr visual and Pressure area prompts)
- Pressure
- PICC
- FMN
- Bowel Chart (If the patient has not been to the toilet, please ask and documents still)

MEDICATIONS

We encourage you to participate in the EPMA online drug rounds as this is a great opportunity to get involved and familiarise yourself with patients own medications specific to their history and to know more about the analgesia's that we use.
Anyone can give out medications but we actively encourage you to do some Evidence Based Learning to familiarise yourselves with them.
The 5Rs
The WHO Ladder of Analgesia

Evidence Based Learning – Looking at side effects of the medications you are giving and their Pros and Cons of administering them to the patient.
You will also participate in assisting under supervision with making up IVAB, IVI and you will also be able to administer Sub Cutaneous and Intra Muscular injections.
Remember pain is what the patient says it is and the Pain Team are available to speak with if you have any concerns/advice.

DRESSINGS/WOUND CARE

We use a variety of different dressing on the ward dependent on the wound and sometimes patients can have an allergy to certain ones so please always ask the patient before applying.
You will have plenty of opportunities to be involved with a variety of dressings and wounds. Ward 4 specialises in specific therapies and includes VAC Therapy (Negative-pressure wound therapy/Vacuum assisted Closure), Larvae and Leech Therapy.

There are visual aids in the clean utility, and a booklet to view which will be given to you when you on your first day. These will help you when deciding with your dressing choice.
Medical Illustration are to be contacted in the event of a burn and/or a Pressure Sore.
There is a separate booklet to familiarise yourself with wounds and dressing choice which you will be given on your first day.

TELEPHONE ANSWERING

While we encourage all Student Nurses to answer the phones (as we get busy!) at all times we must remember as I am sure you will, to be polite, courteous and always answer with Ward 4 then followed by your name and title.

If you are not able to assist please advise that you will seek further assistance from another staff member. Do not give any information on the phone unless a password is set up, this will be on the handover.

To bleep our own plastics doctor or any other speciality/ward/Multidisciplinary team (MDT) we press 66 on the phone, wait for the instructions, press the number you are wanting to contact, wait, then press the number you are calling from then replace the handset. They should hopefully reply back to you on the phone you have used.

If you are unsure or do not have the number required that you can contact the operator on 0 for assistance.

In an emergency we need to ring 2222 and state clearly what the emergency is, Fire, Security or a current ward issue like a adult cardiac/respiratory arrest and outline exactly where you are. You must also inform if the patient is COVID so the correct safety measures can be put in place.

PERSONAL BELONGINGS

On the ward we have a locked key padded secure staff room/bathroom where you are able to put your belongings.

Please be aware no lockers will be provided so you will have to take responsibility for your personal property so try not to bring any items of great value on to the ward.

SICKNESS

If you are unable to attend a shift due to illness please ring the ward ASAP (01772 522244/523162) or the site manager if unable to contact the ward.
Also please inform your university and PEF
It is not acceptable to email, send a text or use social media to inform us of this

USEFULL CONTACT NUMBERS

The ward staff are in contact with a variety of different MDT and below is a list of useful names not only used on this ward but throughout the hospital setting that you can use on other placements you attend.

- Activate a patient (Medical records) – Bleep (B) 2888
- Bed Managers B 2128
- PST Theatre– Ex 4677
- CBT (Dressing Clinic)- Ex 3542
- Diabetes Nurse – Ex 2254
- Dietician – Ex 2467/B 2667
- DF – B1034
- Medical Illustration – Ex 2326
- Hand Therapy – Ex 4439
- Outreach – B 3388
- Physio – Ex 4114
- Pain Team -
- Plastics Doctors –B 1144
- Theatre 6 – Ex 3359
- Theatre 9 – Ex 3439
- Transport (bed bureau) – Ex 2770
- Trauma Coordinator Ex 4398
- Ward 4 – Ex 2244/3162
- Ward Pharmacy – B 3829
- Switch (To find an extension/bleep)- Ex 0
- Marcia Roach (Burn Specialist Nurse) – B 1016/Ex 8180
- Skin Cancer Specialist Nurse - B 2663/Ex2492
-

This welcome pack is available for you to familiarise yourself with Ward 4
If you need further assistance or have any concerns while on the ward please speak to the Ward Manager SR Hull or any of the Sisters as we are always here to help you.

Remember to have an enjoyable experience we are here to support you, our future nurses.

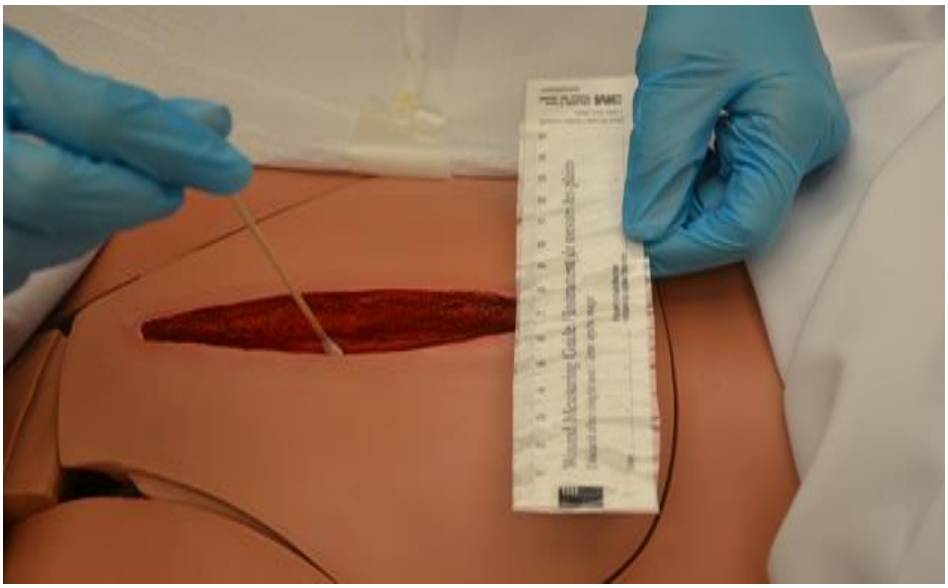
This experience is all about what you can get out of us not what we can get out of you.

Lancashire Teaching Hospitals
NHS Foundation Trust

Skin Structure, Wound Management and Dressing Choices

WARD 4

(Guide for New Starters and Student Nurses)

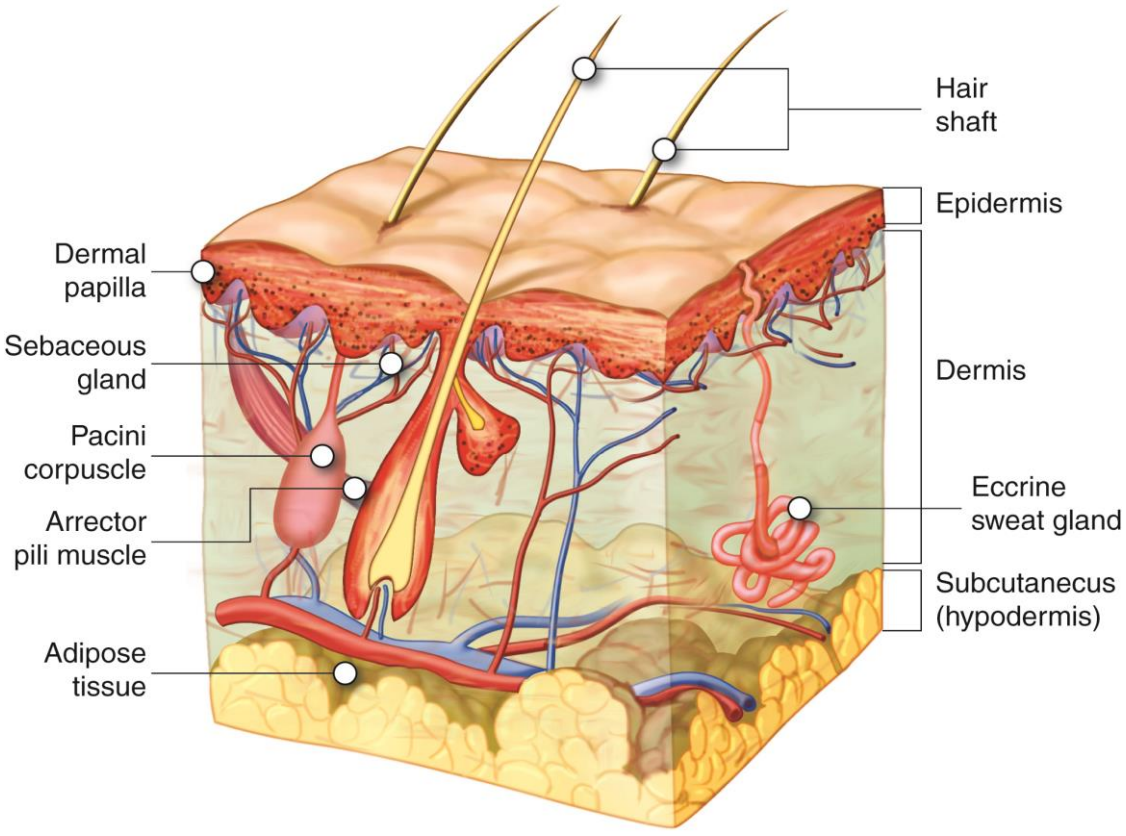


SKIN STRUCTURE

The skin consists of three layers of tissue. The epidermis (outer layer) dermis (fibrous layer, which supports and strengthens the epidermis) and subcutaneous layer (provides nutrients to the two layers above) and is well supplied with blood vessels.

The dermis makes up the bulk of the skin and provides physical protection. It is composed of fibres (mainly collagen) which are capable of holding a large amount of water, maintaining turgidity of the skin.

The hair follicles and skin glands are derived from the epidermis. The dermis has a rich supply of blood vessels and contains nerves and sense organs. The epidermis is thicker on the palms and soles than anywhere else.



WOUND ASSESSMENT

Choosing the ideal wound dressing depends on a holistic assessment of the patient and their wounds. The patient should be at the centre of all care decisions made (where applicable)

After an initial assessment of the wound, to promote optimum healing the dressing chosen will depend upon the size, colour, amount, consistency, odour and nature of the wound.

Before finalising our choice we need to consider

- Age of the patient
- Allergies
- Bacterial Profile
- Compliancy
- Factors that may delay wound healing
- How long the wound has been present
- Lifestyle (Smoking, Diet, Alcohol intake)
- Location of the wound
- Medical photography (Especially in burns)
- Medications
- Mobility
- Pain Management
- PMH
- Referral Tissue Viability
- Skin condition (dry, fragile)
- Swabs
- The type of wound
- Wound characteristics (exudate level)

TISSUE TYPES

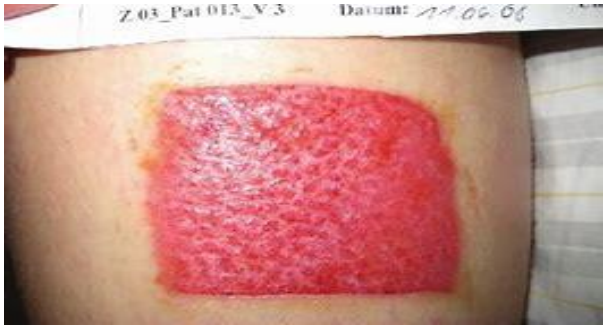
The correct dressing for wound management depends not only on the type of wound but also on the stage of the healing process and what you want the dressing to achieve.

The principal stages of healing are cleansing, removal of debris, granulation (new connective tissue and blood vessels start to form on the surface of the wound

during the healing process) vascularisation (formation of blood vessels) and epithelialisation (Healing)

PINK (Epithelising) – Low to moderate exudate.

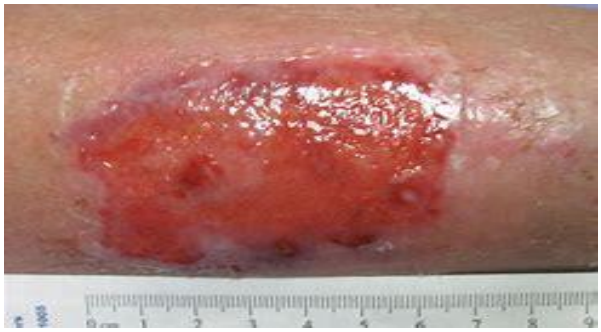
Films, Hydrocolloids, Foams, Soft polymer and Alginates



Healed Donor site 10 days post skin following skin harvesting.

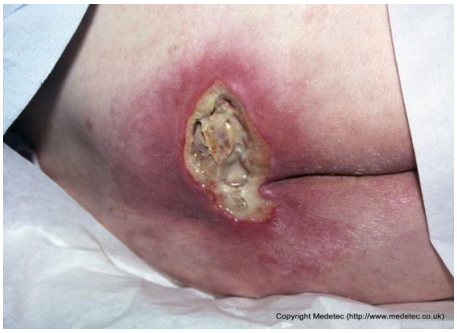
RED (Granulating) (Consider Infection) - Low to heavy exudate.

Hydrocolloids, foam, soft polymer and alginate dressings



YELLOW (Sloughy and Granulating) – Low to Heavy exudate.

Hydrocolloids, Hydrogels and Alginate



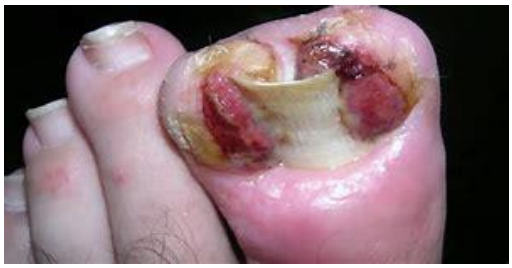
Chronic Pressure Sore

BLACK (Necrotic/Eschar) – Low to Moderate exudate.

Hydrocolloids, Hydrogels and Foam.

Burn left and not treated on time has Eschar present that needs to be removed and skin graft applied

INFECTION – Low to Heavy exudate. Dressings like Honey, Low adherence, Iodine (use with caution- toxic) Hydrocolloids, Foam and Alginates.



Ingrowing toe nail left untreated

CHOOSING AN APPROPRIATE DRESSING

Before any dressing is applied verbal consent from the patient must be obtained first and the use of aseptic non touch technique (ANTT) will be used when doing the dressing.

Completion of a wound assessment is important as we can monitor the wounds progression, wound dimensions and frequency of change

We must also consider the dressings we use as “Gold standard” throughout the hospital.

Dressings are classified into groups:

- **Hydrogels** – Used to donate fluid as contain large portion of water so can hold the moisture in the wound. Great for cooling the area and reducing pain.
  Not to be applied to infected dry or drying wounds.

  Purilon, Actiform Cool, Intrasite Gel, Honey and Hydroclean

- **Hydrocolloids** (include Hydro fibres) – Maintain hydration or to absorb wound exudate
  Not to be used on exposed muscle or bone

  Duoderm, Tegaderm, Inadine, Granuflex

Both these types of dressings can be used to de-slough (dead tissue) and promote debridement (remove)

- **Films/Occlusive**– Waterproof/airtight dressing. To be used on shallow wounds. Good for pressure ulcers as clear dressing. Good for moulding around the area.

  Tegaderm, Opsite, SPOD, C-View

- **Foams** (Adhesive or non-adhesive border)
  Not to be used for prolonged periods or black/necrotic wounds

  Allevyn (adhesive/non adhesive) Biatain, Mepilex Border

- **Anti-microbial (silver**)
  Kills the bacteria and stops their growth.
  Prophylaxis against MRSA, Staphylococcus Aureus (bacteria) and Pseudomonas (Bacteria, Green exudate)

Aquacel AG, Flamazine, Atruman AG, Actisorb Silver

- **Low Adherent**
  This allows exudate to pass through to the secondary dressing, while maintaining a moist wound bed.
  Dressing is designed to reduce adherence.

  Melolin, Jelonet

- **Alginates**
  Highly absorbent soft non-woven dressing

  Kaltostat (used in haemostasis) Aquacel

- **Odour Controlling –** Charcoal added dressing that absorbs the bacteria and localizes wound toxins. Main use with tumour wounds.

  Carboflex, Clinisorb

Consider the patient's preference or tolerance, site of the wound and cost. Most dressings will require more than one layer.

For example:

1. Aquacel (Primary layer)
2. Gauze (Second layer)
3. Wool and Bandage (top later)

.

Wound healing passes different stages so different types of dressings may be required dependent on the stage the wound is at.

The first dressing choice will be different at the end healing stage

SPECIALIST DRESSINGS/EQUIPMENT

LARVAE THERAPY

Larvae are used on the ward to aid with debridement of chronic leg ulcers and pressure sores to debride and help the wound heal following vascular compromise.

The larvae are farmed specifically for medical purpose and are bred sterile so cannot cause infection. They are housed in a “teabag” style bag so that they are contained.

The larvae are directly placed on the wound and lightly covered with a moist gauze and re applied daily and documented. This is done to remove the dead tissue and bacteria leaving behind healthy tissue that can heal. Further surgery or dressing will then be used when ready.

The larvae grow over 72 Hrs until full size where they are removed and incinerated (double bag) prior to further application (if needed)

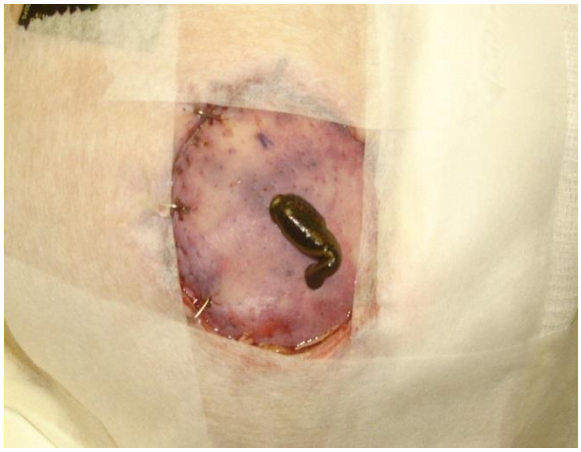
Once the wound was prepared by the larvae, the area of the skin effected could then be healed with a skin graft (SSG)

LEECH THERAPY

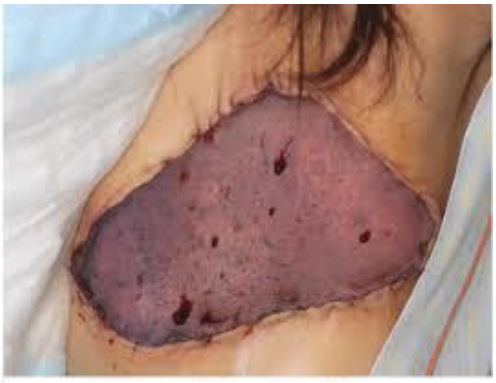
Leeches are used to increase blood circulation and break up blood clots that are compromising the area.

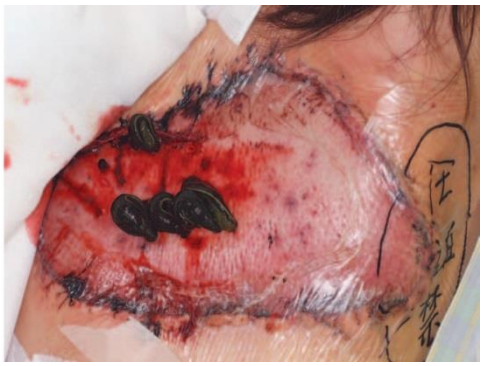
They are used on the ward to salvage congested flaps whose viability is uncertain due to venous congestion.

They are also utalised following breast surgery where the nipple has been removed then replaced to aid the obstruction of blood flow to the area.



Application of leech used for congestion therapy. In this instance, surgical paper tape was applied to help prevent leech attachment to mastectomy flap skin. A member of staff will usually stay with the patient while the Leech feeds to prevent it dislodging. We have a nurse sit with the patient till the leech (s) have fed.





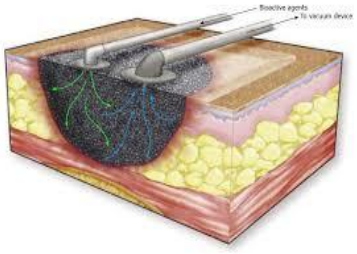
Post Flap surgery with Leech therapy

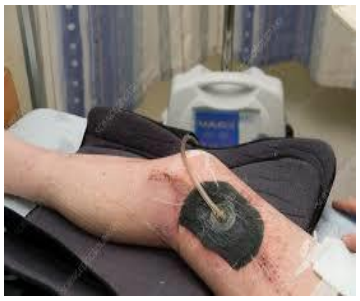
V.A.C THERAPY

Negative pressure wound therapy, also known as vacuum assisted closure (V.A.C) is a therapeutic technique using a suction pump, tubing and a dressing to remove exudate and promote healing in both acute and chronic wounds.

This type of treatment is used to prepare the wound bed in preparation for surgery, mainly skin grafts (SSG)

The dressing is changed 3-7 days, viewed and replaced and usually will require a few weeks of this to aid the preparation of the area.





S-POD

S-POD or Semi-permeable Occlusive Dressings is a treatment used within the unit and was trailed by Consultant Mr Hamilton to provide a way to treat an injury without the need for surgery.

The injury is usually to a finger or thumb tip as can have areas of exposed tendon or bone.

The dressing produces regenerative healing rather than contraction and scaring and is changed weekly for 6 weeks until healed.

FURTHER TRAINING/COUIRCES

E-LEARNING ONLINE:

- Pressure Ulcer Prevention
- Wound care

IN- HOUSE

- Tissue Viability and Wound Care in-house at CDH and RPH
  See Elaine Entwistle: Tissue Viability Nurse Specialist (01772 522655)

- Emergency Management of the Severe Burns (EMSB)
  See Marcia Wedgewood-Roach: Burns Specialist Nurse (01772 528188 or Bleep 1016)

INTERNET

- Larval Academy – (self-enrolment) www.larvalacademy.com

WARD COMPETENCIES

- Variety of in-house competencies that are available to extend learning, knowledge and understanding of the skills required, work safely and effectively.

TISSUE TYPE		DRESSING CHOICES				
		1	2	3	4	5
Epithelising (PINK)		Atrumen 3-5 day	Melolin Daily	Duaderm 1 week		
Granulating (RED)		Atrumen Silver 3-5 day	Opsite Daily	Tagaderm 1 week		
Necrotic (Black)		Flammazine Daily	Flaminal Hydro	Hydroclean 3-7 day	Allevyn 3 days	
Infected (red/green)		Sorbact 5-7 day	Flaminal Forte	Ascitic Acid Daily	Aquacel AG 3-5 day	Inadine Daily
Slough (Yellow)		Purilon Gel Daily	Flaminal Hydro 5-7 day	Flaminal Forte 5-7 days	Aquacel AG 3-5 day	
BURN (Initial)		Urgutol SSD	Atrumen AG	Saline Bag	Flaminal Hydro/ Forte	Flamazine
Over Granulation		Silver Nitrate PRN	Teracortsil Daily			
Donor Site		Kaltastat If < 5 days	Atrumen 3-5 day			

Most of these dressings will require a second dressing

Consider if a swab or photos need doing (Especially in a burn or infected wound)

Fill out the wound chart online to accurate monitoring of the wound to ensure that it is healing.

TERMINOLOGY

Medical terminology plays an important role in the understanding of contexts to create a standardised language for medical professions.

Below are abbreviations and words used that you will hear while on the ward and/or when attending the “spokes” days specially designed to aid with your learning so you get the best possible experience to gain valuable knowledge and skills, in which you can take to further placement areas.

TERMINOLOGY	**UNDERSTANDING**
BBR (Bilateral breast reduction)	
BM (Blood monitoring)	
Blanching (Inc non blanching)	
Central Line	
Conservative Management	
Debridement	
Deglove	
De-roofing	
DNAR (Do not actively resuscitate)	
Donor site/Harvest	
Doppler	
EUA	
Flap (Flap Observations)	
Free Flap	
GA	
Granulated	
IDDM (Insulin dependent diabetic)	
INR	
IVAB	
LA	

Larvae Therapy	
Leech Therapy	
Lat Dorsi Flap	
MFFD (Medically fit for discharge)	
Maserated	
NBM (Nil by mouth)	
Necrotic	
NIDDM (Non insulin dependent diabetic- tables or food)	
PICC	
Pseudomonas	
Sepsis	
SPOD (Semi permeable occlusive dressing)	
Sloughly	
FTSG (Full thickness skin graft)	
Terminalisation	
TWOC (Trial without catheter)	
VAC (Vacuum assisted closure)	
Washout and closure	

DAILY ROUTINE

The ward has 2 working patterns over a 24 hour period and is split into 2 teams for continuity and headed by a team leader in each.

07.00am – 19.30pm (DAY) 19.00am – 07.30am (Night)

7-8Aam

A Full visual walk round handover to be performed to the start of the shift by the previous shift by using communication an a paper handover with patients personal and confidential information

A group 'Huddle' will follow at the Performance Board near the nursing station where the nurse in charge (Co ordinator) together with Ward Manager Hull will further discuss recent updates and following the walk round and be able to identify any patient concerns that they have and/or any jobs needed doing on that shift. Each team leader will further delegate to their team to ensure a full understanding of what their roles will be for that shift.

Consider- Insulin, Controlled drugs, Drain recording, Sliding Scales, Patient controlled analgesia.

Breakfast arrives before 8am and it is everyone's responsibility to ensure that the patients get a hot meal as quickly and effectively as possible please.

8-9am

Any dressings identified from the huddle to be removed in preparation for the ward round with the doctors. Please make sure that dignity and respect is given by closing the curtains and consent is gained from the patient so they have full understanding of what is happening. ANTT to be used at all times when removing any dressing, and while awaiting the doctor's review please cover the wound appropriately (Cling film to be used for burns wounds and a dressing towel to be placed for all other wounds)

Following any review of a wound please ensure that the appropriate paperwork/risk assessment are completed, so that previous assessments can be seen are followed with the correct dressings.

Repositioning of vulnerable/high risk patients is to be performed. This is usually 2 hourly and documented clearly. Any concerns with the patients skin please speak to your team leader or the nurse in charge.

10am

Observations are to be performed on all patients. Please remember to lock down the observations taken and add a frequency.

Any issues must be escalated and reported immediately to the team leader or the nurse in charge
Familiarise yourself with the normal ranges of BP, Pulse, Temperature, O2 and Respiration rates, Blood Monitoring and what to do in the event that they are "out of range" and what you are required to do.

A-E to be done if the patient is scoring 3 in one perimeter or above 5 and consider if the patient is septic and commence sepsis pathway.

11.30-12.30am

Medication Rounds to commence and any Blood Sugars needing recorded.
Please involve yourself in these to aid in your learning and understanding of medicine administration

Familiarise yourself with basic analgesia used on the ward and look into their Pros and Contra-indications of use.

Always use the 5 Rs to ensure safe administration. A very usefull wedpage is HTTP://NURSINGNOTES.CO.UK and shows the most common used medication used within the hospital setting.

11.30-12pm

Lunches arrive and it is everyone's responsibility to ensure that the patients get a hot meal as quickly and effectively as possible please.

1-2pm

Observation taking on all patients to be performed.
Repositioning of patients
Update the patients "Clinical entry" on Quadramed using F.O.R.C.E.D

F-Fluids and Hydration, Input and output, (Catheter, IVI, IVAB, NG, stoma)
0-Observations (Include frequency)
R-Risk (Online and paper assessments) Bed/Trolley rails, Moving and Handling, Waterlow, Falls prevention, must, Skin and body map and wound assessment) **These are to be performed within 6 hours of the patient arriving**
C-Current care plan
E-Escalation plan
D-Discharge Planning,

The team leader should countersign all paperwork you have completed.

4-7pm

Repositioning of patients to be done
Blood sugars to be recorded
Medicine Round to be commenced

When the night shift commences, these times will change but the routine will still apply.

Please dispose of your handover sheet in the confidential bin in the nursing station. If you do go home with it please shred it or bring it back in with you when next on shift.
Thankyou

SPOKES

Spokes are a great way in which you get the opportunity while being on Ward 4 to engage in other specialist areas and spend the day learning about different MDT that work with us

Please contact the relevant person(s) you wish to spend the day with and they will be more than happy to accommodate your learning and understanding further.

WARD 4

DF Turner - Discharge Facilitator - B1034 – 8am-4pm Monday to Friday.

Dawns role is to work alongside the ward Coordinator, patient and their family and various MDT to ensure that patients have a safe a smooth discharge.

AP Howarth – Theatre Escort Nurse – B4291 – 7am-4pm Mon to Friday

Rebecca's role is to ensure that all patient who have been booked for theatre that day are admitted and escorted down to theatre in a timely manner.
On arrival back to the ward it is Rebecca's responsibility if they have had a L/A to make sure that the patient are discharged correctly and that any follow up appointment are made. If the patient has had a G/A they will go onto the ward and be discharged by the ward coordinator.

SR Borbiro – Trauma Coordinator – Ex 4394 – 7am-4pm Monday to Friday

Aimee's role is to arrange patient who have been seen in ED, SAU or on the ward a return date for theatre. Aimee also has a Trauma clinic 8am-10am where she sees first-hand the injuries inflicted and reviews them with the Doctor and make a plan.
Not all patient need theatre and depends on the severity of the injury. Adults and children are seen and assessed and we like a 3-5 day maximum turnaround if theatre capacity is available.

Ward Co-ordinator (Nurse in Charge)

The nurse in charge or Coordinator is responsible of ensuring that the ward is run safely and smoothly.

Dressing Clinic (CBT) – EX 4394
Dressing Clinic (L/A) Theatre
PST (G/A) Theatre
Theatre 6 –EX3359
Hand Therapy Clinic (Mon, Wed, Fri)

PHYSIO DEPARTMENT
Physio - B2876
Hand Therapy – 4439
OT – B3329

SPECIALIST NURSES
Burns Specialist Nurse – SR Roach – EX8188/B1016
Skin Cancer Specialists – B2663/EX2492
Diabetic Nurse – B2055
Nutritional Nurse – B3057
Dietician – B2467
Pain Team – B2436

Pre Op Nurse – SN Park – B2922

If there is anywhere else you would like to attend that is appropriate and would help in your learning and understanding of Ward 4 just let us know. Enjoy your placement