

Medical Admission Unit

Welcome pack for students.

Last updated 15/05/2021

Our values at Royal Preston Hospital.



Being a member of staff who works in the National Health Service (NHS) is a challenging and rewarding career. You play an important role in society through the dedication you show in caring for others in our communities. You are asked to show compassion, empathy, understanding and care to the most vulnerable people at difficult points in their lives. You have to show professionalism, integrity at all times often putting your own needs last before caring for others.

Here at Lancashire Teaching Hospitals our values set out the type of people we want and the behaviours we expect you to show to one another and when caring for our patients. Our values are at the very centre of what we all do and define who we are both as individuals and as an organisation. They are the bedrock of our organisation, they should remain constant in every situation and they set out the behaviour we expect all staff to show in order to provide excellent care with compassion.

We have high standards for our staff and we believe that we should always act with professionalism, compassion showing dignity and respect to staff, patients and families from all groups and background. Our values are more than just words, we as part of this team must all believe in them and seek to live by them so we create a positive, trusting, supportive atmosphere and a culture in which all staff can flourish, grow enabling us to always deliver an exceptional quality of care. Our values are designed by staff for staff, they provide a clear sense of purpose as to what we stand for, guide our actions and relationships enabling us to use the values to set out how we treat others and wish to be treated.

For more information, the trust values pack can be accessed through the intranet home page.

Key members of staff.

MAU staff:

Clinical matron –Jennifer Ashcroft

Ward Manager – Tracy Sherrington

Ward Manager- Louise Critchley

Student LEM – Laura Ozbek

Clinical Practice Educator – Alex Atkinson

Nursing placement and Student support:

Placement support team (all pre-reg learners and AHP students)

Ext 8111/4817 or Email PEFS@lthtr.nhs.uk / Allocations@lthtr.nhs.uk

Clinical nurse tutors

Ext 3242 or Email CNT@lthtr.nhs.uk

Widening participation team:

Work experience

Ext 7529 or Email Workexperience@lthtr.nhs.uk

HCA/NVQ Development Programmes

Ext 7205 or Email Apprenticeships@lthtr.nhs.uk

Useful numbers.

If calling from an external line the last four digits will change depending whom you wish to contact. The rest of the number will always stay the same: 01772 52 * * * *

MAU: 2824 / 4127

SDEC: 2519

Internal Emergencies (Arrest call's) 2222

Switchboard: (external) 01772 716565 (internally) 0

Medical bleep: (externally) call switchboard and ask to be put through to the medical bleep, (internally) bleep 3052

To bleep: Press 66, then when the recorded message asks for user/team number (enter bleep number) and likewise when the recorded message asks for the four digit message, that's the extension number of the phone you're placing the bleep from.

Critical Care Outreach bleep 3388 / At night the hospital at night team will cover this service on bleep 9090

Site manager bleep 3287

Security bleep 2215

There are two phone books located at either end of MAU on the desks that contain all the other relevant numbers and bleeps you would need.

Welcome and introduction.

Welcome to the Medical Assessment Unit. We hope that this document will provide you with relevant information to support your induction and orientation to the work place.

An assessor and associate mentor will be allocated to you to facilitate your orientation to your ward and to support you during your allocation, and for the new starters who will be working on MAU; a “work buddy” will be allocated to you to help you settle into your new job and ease your transition.

The Medical Assessment Unit, located on the fourth floor, is a 30 bed mixed sex unit (with an extra 2 exam rooms), where patients are admitted for the assessment and treatment of a wide range of acute medical, oncology, renal and neurology problems prior to their transfer to other wards/units or their discharge home. There will be a team of doctors in the office along with the nurse co-ordinator who is responsible for the transfers of patients to and from MAU.

During your placement / employment here, you will be given opportunities to rotate onto both units, gaining a wider range of skills and knowledge into acute medical nursing.

General shift patterns.

Majority of the nursing staff work 12 hour shifts on MAU. If you are a student starting placement and would prefer to work short shifts this can be discussed with your allocated mentor.

Long day- 07:00-19:30

Early 07:00 – 15:00

Late 11.30 – 19.30

Night 19:00 – 07:30

Hand over for shifts will commence when your shift starts so please be ready on time and arrive at work a few minutes early.

There is an off-duty folder kept in the office usually with 4 weeks duty printed so for students on the ward it is important you look when your mentor & associate are on shifts and work a minimum of 3 shifts a week with them. If you wish to request off duty, speak to your mentor and they should be able to accommodate.

In the event of sickness or absence please follow the following.

For students – You are required to contact the ward at your earliest opportunity and likewise when you are fit to return. You will also need to inform the appropriate individuals at university.

What we expect from you.

We expect the same high standards from everyone. We expect you to turn up to shift on time and presentable and give patients the high quality of care they deserve.

The unit is split into three different teams where you will be allocated at the start of your shift. There will be 1-2 registered nurses working alongside assistant practitioners and health care assistants. You will be responsible for looking after the patients in your team (and also helping out other teams if your work is completed or they are in need of help).

On MAU all patients who arrive on the ward are admitted by a member of the nursing team. This is a good skill to learn and complete the relevant paperwork including vital observations and online risk assessments.

To introduce you briefly, all patients are prioritised by their clinical need to assist the doctors to prioritize their clinical assessments. You will see on our electronic patient board in the main office, new patients with the following colour coding:

Red **To be seen immediately**

Orange **To be seen within 10 minutes (all chest pains)**

Yellow **To be seen within 1 hour**

Green **To be seen within 2 hours**

Blue **To be seen within 3 hours**

All admissions to MAU must have a set of observations recorded within 15 minutes of arriving to the unit. All patients with chest pain must receive an ECG in this time (as a student nurse you are unable to carry out ECG's on MAU unless supervised). An admissions booklet must be completed including vital signs and demographic details and including any allergy or infection status.

ALWAYS CHECK NOK ARE AWARE OF ADMISSION.

All patients must have an electronic generated name band. All other admission paperwork such as waterlow score, must score, falls score etc. must be completed when decision to admit had been decided. This may involve handing over any uncompleted paperwork to the nurse looking after that team of patients. You are also required to complete the online risk assessments not just the ones in the admissions booklet.

ALL PATIENTS MUST BE SWABBED IN THE NOSE AND GROIN FOR MRSA.

OBSERVATIONS.....

All patients on MAU have their observations monitored every 4 hrs during the day. At 6am, 10am, 2pm, 6pm and 10pm. All patients must have a recorded EWS.

Any patient who triggers the EWS (scores 3 or above) should have appropriate action initiated immediately. This should be reported to the nurse you are working with, Critical Care Outreach and ensure a senior review by the medical staff. The presence of CCOT is vital to ensure clinical support for patients who are deteriorating or at risk of deterioration in the ward environment. For more information please refer to the trust policy. If an action plan is not initiated immediately, then the co-ordinator on the shift must escalate the concerns to senior staff until action is taken, an incident report must then be completed to highlight the non-compliance with trust policy, and the educational needs required to ensure that quality care is provided at all times.

NUTRITION.....

MAU does run differently to other wards particularly at meal times. Patients are offered a menu to complete on the day. The catering system are currently moving to ordering meals online using an Ipad so this will soon be introduced on the unit. Please make sure you're aware of any special requirements for your patients such as renal, pureed or textured and halal. Patients are offered hot drinks as usual at intervals of breakfast, mid-morning, lunch, mid-afternoon, tea-time and evening, ensuring that patients hydration is maintained effectively. It is important that you establish who is on fluid balance sheets when you commence your shift, in order to accurately record and manage patient hydration. Dehydration can be a very crucial factor in rapid patient deterioration.

Conditions of patients you will be looking after on MAU

Common admissions are:

Respiratory problems:

Shortness of breath, Low SPO₂, lower Respiratory Tract Infection, Pulmonary Embolism, Exacerbation of COPD or Asthma

Cardiovascular problems:

Chest Pain, Palpitations, Angina, Unstable Hypertension, Tachycardia, MI, PE/DVT's, CCF

Renal problems:

Deranged U&E's, Hyperkalaemia,

Neurological problems:

New confusion, Seizure's, Reduced GCS, Headache, SAH

Gastrointestinal problems:

Gastroenteritis, Deranged LFT's, Alcoholic Liver Disease, Ascites, Upper GI bleeds, Obstructions

Endocrine problems:

Hyperglycaemia, Hypoglycaemia, Diabetic Ketone Acidosis, HHS

Infections and sepsis:

Sepsis (Covers - Chest, Urine, Abdominal Biliary, even unknown source), Cellulitis

Mental Health:

Change in behaviour, Overdose, Reduced GCS / Altered LOC

Social Issues:

Falls, Generally unwell, Frailty, Reduced mobility.

Glossary.

Apnoea - Temporary cessation of breathing, especially during sleep.

Atrial Fibrillation - A heart condition that causes an irregular and often abnormally fast heart rate.

Autonomy – The right of patients to make decisions about their care without the health provider influencing their decision.

BLS – Basic life support.

Cardiac output – The amount of blood ejected by the ventricle in one minute.

Cardiopulmonary arrest – The sudden cessation of breathing and effective cardiac output.

Cardiopulmonary resuscitation – Emergency procedures to be undertaken in the event of cardiopulmonary arrest aimed at preventing irreversible brain damage caused by lack of oxygen. CPR consists of rescue breathing and chest compressions. (Also known as BLS)

Consciousness – A state of awareness of oneself and one’s surroundings.

CPR – Cardiopulmonary resuscitation is an emergency procedure used to manually support the circulation, thereby preserving blood flow to the brain.

Critical Care Outreach – A team, often multi-professional, that provide clinical and educational support in the recognition and treatment at the onset of deteriorating health of adult patients on general wards.

Embolism - An embolism is the lodging of an embolus, a blockage-causing piece of material, inside a blood vessel. The embolus may be a blood clot (thrombus), a fat globule (fat embolism), a bubble of air or other gas (gas embolism), or foreign material.

EWS – Early warning Score/System. A process by which objective criteria are used to generate a score which is used as an indicator for “calling for help”.

F.O.R.C.E – Structured way of writing in cardex. Fluid balance, Observations, Risk assessments, Care given, Escalation.

Glasgow Coma Scale – GCS. An assessment tool for assessing consciousness.

Haematuria – The presence of blood in urine.

Homeostasis – The maintenance of a stable internal environment irrespective of external conditions.

Hyper (meaning high) Hypo (meaning low) in front of the following:

Kaleamia – Levels of potassium in the blood.

Natraemia – Serum sodium.

Tension – blood pressure.

Calcaemia – Serum calcium

Thermia – Body temperature.

Intraosseous – The inside of a bone.

Intravenous – The inside of a vein.

Intramuscular - The inside of a muscle.

Ischaemia – A restriction of blood supply.

Malnutrition – Any condition in which the body does not receive enough nutrients for effective function. It may range from mild to severe and even life threatening.

Melaena – This is the black, tarry faeces associated with gastrointestinal haemorrhage. The colour is caused by the oxidation of the iron in the haemoglobin during passage through the colon.

PH – A logarithmic scale representing H⁺ concentration where 0 is the highest acidity and 14 is the lowest.

Pulse Pressure – The difference in pressure between systole and diastole.

SBAR – Situation, Background, Assessment, Recommendations. An easy to use mechanism used to structure communication, to communicate accurately what requires a clinician's immediate attention.

Sepsis – A life threatening illness caused by the body overreacting to an illness.

Thrombus – A thrombus is a healthy response to injury intended to prevent bleeding, but can be harmful in thrombosis, when clots obstruct blood flow through healthy blood vessels.

Useful Abbreviations.

ABX - Antibiotic

ABG – Arterial Blood Gas.

ACS – Acute Coronary Syndrome

ADL – Activities of Daily Living.

ALOC – Altered Level of Consciousness.

BD – Twice daily

BP – Blood Pressure.

CABG – Coronary Artery Bypass Graft.

CCU – Coronary Care Unit.

CrCu – Critical Care Unit.

CKD – Chronic Kidney Disease.

CMS – Circulation, Movement, Sensation.

C/o – Complaints of / complains of.

COPD – Chronic Obstructive Pulmonary disease.

CPR – Cardiopulmonary Resuscitation.

DKA – Diabetic Ketoacidosis.

DM – Diabetic Mellitus.

DNACPR – Do Not Attempt Cardiopulmonary Resuscitation.

ECG – Electrocardiogram.

EDD – Estimated Date of Discharge.

ETOH – Ethyl alcohol or Ethanol.

HTN – Hypertension.

IVI – Intravenous infusion.

I&O – Input / Output.

LOC – Loss of Consciousness.

NKDA – No Known Drug Allergies.

NOK – Next of Kin.

NWB – Non-weight bearing.

OD – Overdose or Once Daily

OT – Occupational therapist

PO - Orally

PMH – Past Medical History.

QDS – Four times a day

R/o – Rule out

R/v - Review

S.O.B – Shortness of Breath.

STAT – Immediately.

TDS – Three times a day.

VTBI – Volume to be Infused.

ZMF – Zimmer frame

Past students have found the following books have been useful to support their learning:

Harrison R & Daly L: "Acute Medical Emergencies". Churchill Livingstone. Edinburgh

Ramrakha P & Moore K: 2005 "Oxford Handbook of Acute Medicine" (2nd Edition) Oxford University Press Oxford

Longmore M. et al 2002 "Oxford Handbook of Clinical Medicine" (5th Edition) Oxford University Press Oxford

British Medical Association & Royal Pharmaceutical Society of Great Britain 2005 British National Formulary. BMA London

Martin E. (Ed) 2003: Oxford Concise Colour Medical Dictionary. Oxford University Press Oxford.

See also intranet for trust policies found on the home page.

Any questions or problems, please don't hesitate to speak to the Nurse in Charge, your Mentor, Ward Manager or Matron. We're all here to help.