Excellent care with compassion

Same Day Emergency Care

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Student Nurse Induction Pack

Student Name:

Practice Assessor:

Practice Supervisor:

Placement Dates:

Welcome to SDEC!

SDEC will provide you with learning opportunities both from experiences on the unit and through its SPOKE placements. Appropriate SPOKE placements are highlighted in this pack. The unit is fast paced, exciting and educational.

You will be supported throughout your time on SDEC by your practice assessor and practice supervisor and other highly skilled and experienced staff, who have plenty of knowledge to share with you. We know that this placement can be a daunting prospect but don't worry! We are all friendly and you will be looked after in your time here with us.

SDEC provides urgent assessment and treatment for patients who do not necessarily need an overnight stay in hospital. Patients can be referred from GP's, ED, NWAS (Ambulance), medical wards or other community specialists.

Most importantly, SDEC is a team! And we all work together to make sure that all of our patients are safe and well cared for. You will be expected to assist in all aspects of this care. We work under the CliP model with our student nurses so you will care for patients throughout their journey under the supervision of a band qualified nurse.

There is lots to learn on SDEC to please ask as many questions as you want all the team are eager to help you learn and progress towards your nursing qualification.

Enjoy!

Contents

Meet the Team

Jenn
Matron

Alice
Unit Manager

Rebecca
Business Manager

Dr Lee Helliwell
Lead Consultant

Pritche
Sister

Michelle
Sister

Julie
Sister

Searne
Sister

Laura
Sister

Charlotte
Sister

Steph
Staff Nurse

Lekha
Staff Nurse

Jalpa
Health Care
Assistant

Heather
Administration
Co-ordinator

Margaret
Administration
Coordinator

Our ACP's

Our fantastic Advanced Nurse Practitioners hold a Masters level in clinical practice. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.

They are a bridge between the medical and nursing team with a wealth of knowledge and experience.

All of them are really friendly and welcome any questions and teaching opportunities, so make sure to pick their brains whilst you're here with us on SDEC!

General Information

SDEC has 5 trolley spaces, 6 recliners chairs, a side room and a waiting area.

On each shift there will be a nursing coordinator & a medical coordinator who will monitor the flow of the unit.

Each patient is assessed by either a nurse, senior health care assistant or student nurse upon their arrival to the unit.

Observations are generally done every 4 hours; however this will be escalated according to patients NEWS.

However, any patients scoring on their NEWS should be escalated accordingly. Always make sure that you have informed the appropriate trained member of staff and that any patient with a NEWS of 5 and above have had an A-E assessment, parent team informed and CCO/Hospital at Night teams are informed.

CCO Bleep 3388

Hospital at Night Bleep 9090

Diet and Fluids

Because of our high turnover of patients, we provide sandwiches to all patients at lunch time. If a patient is being admitted overnight into hospital then a menu it completed and kitchen is informed on a patient by patient basis. Any special dietary requirements can be maintained by asking the kitchens to provide us with the menu needed for that patient e.g. Halal/renal.

Hot/cold drinks are offered to the patient on arrival however there will be a tea trolley provided at lunch time and dinner time.

Please make sure you document appropriately in the patients notes input and output.

There are lockers available to staff where needed, just ask for details.

You are expected to follow the hospitals uniform policy at all times, to attend work on time and look presentable.

Our Abbreviations

AAA- Abdominal Aortic Aneurism

ABG – Arterial Blood Gas

ABR – Await blood results

ACS – Acute Coronary Syndrome

ADL – Activities of Daily Living

AF – Atrial Fibrillation

AKI – Acute Kidney Injury

AP – Abdominal Pain

CABG – Coronary Artery Bypass Graft

C?C – Collapse ? cause

CCF – Chronis Cardiac Failure

CKD – Chronic Kidney Disease

COPD – Chronic Obstructive Pulmonary Disease

CPAP – Continuous Positive Airway Pressure

C&S – Culture and sensitivity

DIB – Difficulty in Breathing

DKA – Diabetic Ketoacidosis

DNR – Do Not Resuscitate

DM – Diabetes Mellitis

DX- Diagnosis

EP – Epigastric Pain

FFP – Fresh Frozen Plasma

FU- Follow up

GFR – Glomerular Filtration Rate

Hx – History

I&D – Incision and Drainage

LOC – Loss of Consciousness

LP – Lumber Puncture

LFT – Liver Function Test

MI – Myocardial Infarction

NAD – No Active Disease

NBM – Nil by Mouth

NSTEMI – Non-ST-elevation myocardial infarction

OD- Overdose

PE- Pulmonary Embolism

PPM – Permanent Pacemaker

R/O – Rule out

RTC – Road Traffic Collision

RWT – Routine Ward Test

SOB – Short of Breath

STEMI- ST-elevation myocardial infarction

TURP – Transurethral Resection of Prostate

TFT- Thyroid Function Test

Tx- Treatment

Our Shifts & Routines

After using the kitchen facilities, it is the responsibility of all staff to tidy up after themselves and to wash up anything used.

Your allocated practice assessor/supervisor will provide you with your shifts throughout your placement – any changes to these shifts must be authorised by either your practice assessor/supervisor or the nurse in charge.

Shift times & routines

As we have patients being admitted throughout the day each patient is dealt with on an individual basis. Our only timed routine is as follows:

Early Shift – 07:00- 15:00

Clean & Checks 07:00

ED Coordinator Meeting 08:00

Team Briefing (we like to call this a wrap wound) 09:00

Late Shift – 13:30- 19:30

Lunch 12pm

Tidy up and close 19:00-19:30

The majority of our staff do LD's shifts 07:00-19:30. This would require a makeup shift of either an early or late every 4 weeks.

Useful Tips

To Bleep – dial 66 – Key in the contact number when asked – key in your phones 4 digit extension number.

For an outside line dial 9 and then the number you wish to call.

Door Access

To have door access please speak one of the admin coordinators who will help you with this.

Sickness & Absence

If you are ill or unable to come in to SDEC for any reason, then please call us and ask to speak to the nurse in charge on 2519. You need to make sure that you tell us when you are likely to be back in placement and keep us updated during your period of sickness.

Please make sure that you also inform university.

A-E Assessment

Nurses gather all necessary information to asses a patient properly with the use of their clinical knowledge. A triage nurse uses their knowledge and skills to look at all aspects of the patient:-

- Translating the signs and symptoms that the patient is experiencing, they classify the risk to the patient into the right emergency scale.
- The use of psychological, interpersonal, verbal and non-verbal communicative signals aids in this classification to recognise normal or altered standards.
- Social and life contexts are also taken into account.

A triage nurse provides an early assessment of a patient to categorise the urgency of their complaint by gaining initial information:

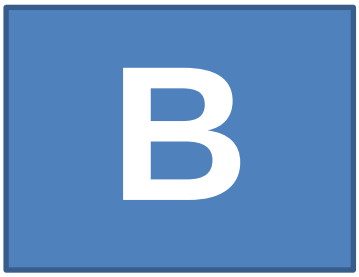
- The presenting complaint
- Past medical history
- First set of observations
- Identify if the patient suffers with allergies
- Gain all relevant personal information (GP, emergency contact, weight, height, pregnancy, regular medications taking, social needs, alcohol excess)
- Fulfil any investigative or treatment needs e.g. IV fluids, ECG, bloods, MSU, cannulation, catheterisation, wound dressings etc.

If your patient has significant history and on critical medications e.g. epilepsy or Parkinson's disease – are they up to date with their medications and when are they next due to take them? Do they have them with them?

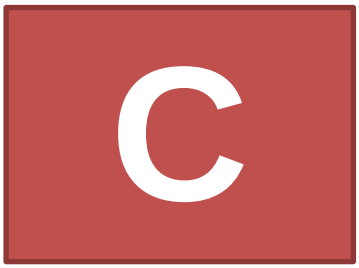
AF – on warfarin, do they have their yellow book with them? If not, they need it! They also need an INR check.

REMEMBER TO SHOUT FOR HELP!

Is the airway patent? Can the patient maintain their own airway? (Are they sat up talking?) if not, is it obstructed? Check for obstructions towards the front of their mouth e.g. dentures and perform a chin lift/jaw thrust and apply a 15ltr non-rebreath mask until further airway support arrives.



Look, listen and feel – respiration rate, rhythm and depth. Is the chest equal in expantion? Can you hear any crackling, wheezing or stridor? What is the patient's saturation levels? – Remember your COPD patients can be normally maintained at 88-92%. Is any o2 needed? A non-rebreath mask?



What is the patients pulse? No pulse – CPR! Check large arteries (carotid/femoral) and then check peripheral pulses. You are checking the rate rhythm and strength of the pulse (bounding or thready). – if a patient has a radial pulse then their BP is more than 90 systolic. Check BP – manually if needed and the patients capillary refill time.

Check the patients Glasgow Coma Scale (GCS), AVPU, Blood sugar, check patients pupils are reactive to light and equal.

Check temperature – Are they SEPTIC? (hot or cold), check from head to toe for any signs of injury or bleeding (internally aswell as externally).

SBAR & Inter-Hospital Transfer

Is the patient safe to transfer? Are you competent enough to transfer the patient? Are you capable of responding to an emergency (BLS) and summoning help? If you think not, don't be afraid to speak up!

During your time on the unit, your practice assessor will assess your competency for transfers. The overall responsibility for the patients transfer is that of the delegating nurse or practice assessor of the student nurse.

To be able to safely transfer a patient, make sure that you have basic information on that patient's condition and background. Always make sure that you report any problems to the nurse in charge.

Before you go, make sure that:

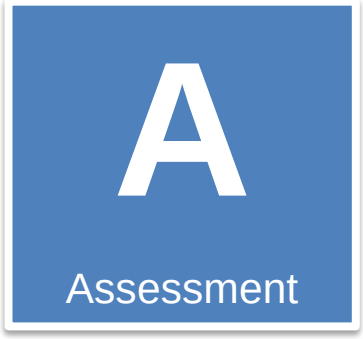
- The patient has been handed over and that the ward is expecting the patient
- You have their case notes and background notes
- The patient has a name band on.
- That the patients NEWS has been recently documented (within an hour of transfer if needed).
- Any o2 cylinder taken on transfer is at least ¾ full.

Why is the patient here? What is their diagnosis?

"My name is Katie, I need to hand over Harry Smith coming from EDU. He was admitted with CP and has been diagnosed with ACS".

What is the patient's history?

"Harry has a past medical history of CCF, PVD, previous PE's, CABG"



What is his NEWS? BM's? Has he passed sufficient urine? What is the clinical impression? What have you done about this? Is the team aware of scoring? Are CCO involved?

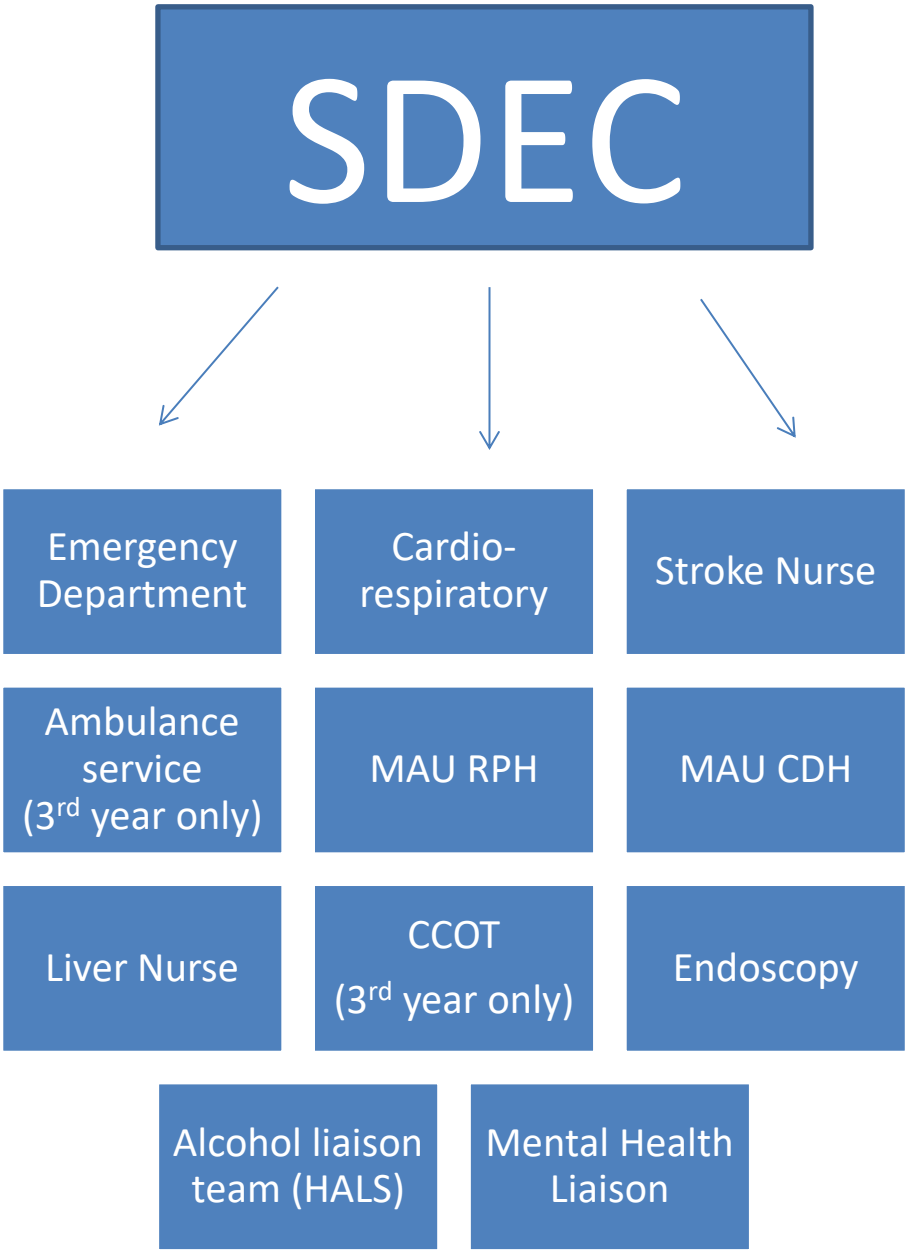
"Harry has a NEWS of 1 as he has tachycardia at 100bpm. He has been given full ACS treatment and ECG's have been done".

What do they need to do to carry on his treatment? Is there anything else that they need to know? (Hourly Catheter?, has the pt passed water? IVFluids, IVABX, SFBC, high falls risk, all care).

"Harry will need a repeat Trop at 13:00, he needs telemetry and further review tomorrow on the ward round. Harry also needs physio/OT as he may not be able to cope at home".

Spoke's

There are lots of departments that SDEC works with which means plenty of learning opportunities. Before booking your SPOKE please plan this with you practice assessor, this will need to be documented on your off duty so that we know where you are.



Student Profile

We want to know about you!!

We want to know how we can help further your education and help you get the most of this placement. Please complete this and share it with your placement assessor or supervisor. This will be kept in the unit managers office so the manager can have oversight on your goals for this placement.

We would also ask that you provide you telephone number and your Nok details in case of emergency.

Student Name:

Practice Assessor:

Practice Supervisor:

Placement Dates:

Telephone Number:

Next of Kin:

Telephone Number:

Relationship:

Spoke's I would like to visit:

Skills I would like to develop:

We hope you enjoy your placement with us!

Don’t forget to leave us feedback and let us know how we are doing on your PARE evaluation!