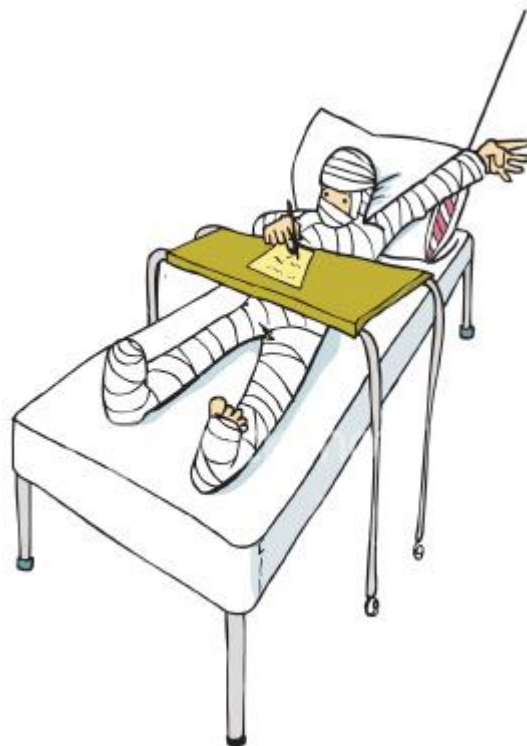




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# Hasland Ward

## STUDENT HANDBOOK



## **Hasland Ward**

Welcome to Hasland Ward, whilst on your placement you will be allocated 2 mentors. One lead mentor, who will conduct your interview throughout your placement and one junior mentor who you will work with should your lead mentor not be available. If your shifts do not coincide with your mentors you will be allocated a qualified staff nurse to support you for that shift. It is expected that **NO MORE THAN 4 STUDENT NURSES WILL BE ON ANY DAY SHIFT TOGETHER WITH NO MORE THAN 1 STUDENT NURSE ON ANY NIGHT SHIFT.**

Please remember during your placement we are here to help, if you have any problems or difficulties relating to your work then please discuss this with your mentor or the ward sister, if we are not aware that there is a problem then we cannot help!

## **Staff Introduction**



**Matron: Kiri Binnion**

**Sisters: Karen Squires, , Siobhan Browne, Laura Keane Susanne Glasby**

**Clinical Nurse Educator: Keri Comins**

## **Educational Support**

**Education Advisor: Claire Langford**

**LEM: Sister Karen Squires**

**Link tutor: Steven Collis Tel no 01246 212 516**

Interactive placement profile on line [www.practicelearning-crh.com](http://www.practicelearning-crh.com)

### **Introduction**

Hasland Ward is a busy acute medical ward specialising in Haematology, Diabetes and mixed acute medical patients. Patients are admitted mainly from Emergency Medical Unit, and occasionally from home or clinic. Very few of our patients are planned, except some haematology patients coming back for chemotherapy or post chemotherapy, this makes the workload more unpredictable and means that for the majority of our patients a stay in hospital was totally unexpected.

### **Mentors**

During your clinical placement on the ward you will be assigned a mentor, who will be a first level registered nurse. Where possible you will be allocated to work alongside your mentor, taking into account annual leave and unsocial working where necessary. Your mentor will help you to complete your placement documentation and provide you with an appropriate level of clinical supervision dependant on your level of experience. You will also be assigned a second nurse who may not have a mentor qualification, but can work with you if your mentor has had to change shift or is on annual leave.

### **Medical Team**

There are currently 2 medical teams based on the ward, together with their junior staff - Registrar, Senior House Officer and House Officer.

Dr Welch  
Dr Leouf  
Dr Toth  
Dr Faulkner



These are our haematology consultants.

Dr E Robinson  
Dr R Robinson  
Dr Pillau  
Dr MacInerney



These are our medical diabetic consultants.

We also have a Haematology Nurse Specialist who liaises between Hasland Ward and Outpatients Angela Gascoigne. She has an outpatient clinic and if as part of the ward team and will take students on a Wednesday morning when our Haematology patients are there, some of whom you may have seen on the ward during your placement, your mentor will arrange a date with her if you would like.



### **Ward Philosophy**

Our aim on Hasland Ward is to deliver a high standard of holistic care in a friendly caring environment. An essential element is to achieve a good rapport between staff, patients and their carers. We aim to provide constant fundamental care by providing Dignity, Privacy and Kindness to our patients throughout their stay on the ward.

A team of nurses is responsible for the assessment, planning, implementation and evaluation of care that the patient receives.

We aim to involve patients and carers in decision making, encouraging them to make informed choices about their health and well being.

Staff members take professional responsibility for their own continual learning and updating knowledge, according to the procedures and policies of the Trust and the Nursing and Midwifery Council, to provide a safe environment for all.

### **Shift Patterns**

Mornings	7:00 till 14:30
Afternoons	13:30 till 19:30
Nights	19:30 till 07:30
12 hour shifts	7:00 till 19:30

To request a shift, identify yourself on the off duty rota, which is kept in sisters office, find the required date and request the shift that you would like to work.

Remember that you must work at least 40% of your time with your allocated mentor. If for any chance your mentor is not on duty you will be allocated a staff nurse to work with for that day. If you are absent or sick it is your responsibility to inform the ward and to the student services office at the university of Derby. You will be expected to work a share of weekends and nights in accordance with your university's policy on shift working. While on placement you have supernumerary status, meaning that you are not included in the numbers allocated for the shift. This gives you the opportunity to explore other learning opportunities available whilst on placement. Whilst you have supernumerary status there is an expectation that you will take on some responsibilities for direct patient care, taking on increasing numbers of patients during the course of your training.

### **Nursing Team**

The care given by the nurses is delivered using an individualised holistic approach, within the framework of bay allocation. Each staff nurse is allocated between 6-12 patients to care for during a shift, with the support of ward practitioners, health carers and students.

### **Policies and Procedure Documents**

These are all available on the staff intranet.

### **Telephone Numbers**

Hospital Switch Board	01246 277271
Direct to Hasland Ward	01246 516365
FIRE	2000
Cardiac arrest	2222



### **Visiting Times**

Visiting times on Hasland ward are between 10am to 8pm. This rule may be relaxed at the discretion of the nursing staff, where relatives are unable to visit during these times and or when the patient is distressed or gravely ill.

### **Medication**

Students should, dependent on their level of training, develop their knowledge of the safe administration of medicines, their usage's and common side effects. All wards are now on the Electronic Prescribing System, for which you will need a password.

The Trust code of Practice for the safe and secure handling of medicines file is available on the intranet.

Self-medication is encouraged with patients who normally self medicate at home. As soon as the patient's condition allows we aim to ensure that patients can continue to manage their own medicines safely at home. This allows time for the patient to see if they have problems opening bottles, or are unable to read labels; we work closely with the ward pharmacist in these matters. A Pharmacy Technician is available most days on the ward, and we also have a Pharmacist who visits daily.

All bedside lockers hold the patient's oral, topical medications, these are supplied on admission and also used as part of their discharge medication. A list of medications supplied on the ward is retained in the ward logbook, this is where the issuing nurse signs for any medication removed from stock, and a nurse checker.

The BNF, British National Formulary is available on the ward for drug information.

Also available within the ward is the **Medicines Information Manual**. This will list commonly found medications along with, special instructions, some possible side effects and the reason for taking the medication.

**Other policies for you to be aware of are Fire, Emergency situations, Moving and Handling and the correct procedure for the Disposal of Sharps, all of which can be found on the intranet.**

**Some familiar conditions you may find on Hasland Ward.**

Atrial fibrillation AF

Myocardial infarction MI

Chronic obstructive airways disease COPD

Cerebral Vascular Accident CVA

Transient Ischaemic Attack TIA

Pulmonary Embolism PE

Deep Vein Thrombosis DVT

**Blood Disorders including,**

Acute Myeloid Leukaemia AML

Chronic Lymphocytic Leukaemia CLL

Myeloma

Lymphoma

It is important you are aware of the implication of the patient's medical condition, so if you are unsure then please ask. Remember that patients have the right to expect confidentiality in relation to their care and treatment; any breach in confidentiality will be treated seriously as per hospital policy. (Organisational policy book 1;11)

We also need you to be especially aware on Hasland Ward of the infection control guidelines and nursing protocols, as some of our patients will develop neutropaenia due to their condition.

Neutrophils are circulating white blood cells essential for phagocytosis, which is the process in which micro-organisms are engulfed, destroyed and removed. In general the blood of a healthy adult contains approximately  $1.7 - 6.5 \times 10^9/l$  (1700 -

6500mm<sup>3</sup>).

Neutropenia is defined as a reduction in the number of neutrophils (confirmed by full

blood count). The risk of infection is greater the faster the rate of decline of neutrophil count and the longer the duration of neutropenia.

There are special infection control responsibilities for the patients on Hasland ward and these will be explained to you on your first day. These include the use of blue dots and reverse barrier rooms.

### **Nursing Management of the Neutropenic patient**

Strict hand washing + Alcohol skin cleanser for all Nursing staff/Medical staff/AHCP/Visitors

Reduce the risk of cross infection, Nurse in Single room where possible (doors closed). Reduce the risk of airborne infections.

Toilet facilities for the sole use of the patient to reduce the risk of cross infection.

Equipment for the sole use of the patient where possible.

### **Specific Objectives related to Hasland**

You may have the opportunity to participate in or to observe specific procedures, which include:

Cavendish Ward, an outpatient facility for haematology patients that includes outpatient chemotherapy.

Bone marrow aspirations, Chest drain insertion,

Platelet and Blood Transfusions,

Hickman Line Insertions.

DKA protocol

HHS protocol

There are other opportunities and procedures, please ask your mentor if you see any patients going for these to see if you can attend. The onus is on you to let us know you are interested in observing a procedure. **For any investigations it is important to obtain the patients consent.**



## **Common Investigations**

### **Angiogram**

This is an invasive procedure in which a cardiac catheter is used to inject a radio-opaque medium into blood vessels or heart chambers. The procedure can be used to visualise the coronary arteries, aorta, pulmonary blood vessels, and the ventricles to assess structural abnormalities in the blood vessels such as atherosclerotic plaques, emboli and ventricular volume, wall thickness and wall motion.

### **Barium Enema**

This involves a course of bowel preparation to clear the bowel, followed by the instillation of a barium solution, which is radio opaque. The lower abdomen is then x-rayed to produce an image of the bowel.

### **Chest X-ray**

A plain film chest X-ray is used to visualise the lung fields and assess the size and position of the heart. It also demonstrates the integrity or otherwise of the rib cage.

### **Electrocardiogram**

Also known as a 12 lead ECG. This is a non-invasive procedure that looks at the electrical activity within the different areas of the heart, which accompany mechanical functioning.

### **OGD**

During this procedure a fibre optic endoscope is passed down the oesophagus to visually examine the oesophagus and stomach for abnormalities such as strictures, hernias and ulceration.

### **Bronchoscopy**

During this procedure a fibre optic endoscope is passed into the bronchus and lungs, biopsies can be taken if necessary, looking for abnormalities such as cancers.

## **Standard Abbreviations**

<b>ARF</b>	acute renal failure
<b>BMI</b>	body mass index
<b>BP</b>	blood pressure
<b>CBD</b>	continuous bladder drainage
<b>CCF</b>	congestive cardiac failure

<b>CD</b>	controlled drug
<b>COPD</b>	chronic obstructive airways disease
<b>CRF</b>	chronic renal failure
<b>CT</b>	computerised axial tomography
<b>CXR</b>	chest x-ray
<b>DNAR</b>	do not attempt to resuscitate
<b>DVT</b>	deep vein thrombosis
<b>ECG</b>	electrocardiogram
<b>FBC</b>	full blood count
<b>FBG</b>	fasting blood glucose
<b>G&amp;S</b>	group and save
<b>Hb</b>	haemoglobin
<b>IDDM</b>	insulin dependent diabetic
<b>IHD</b>	ischaemic heart disease
<b>IM</b>	intramuscular
<b>INR</b>	international normalisation ratio
<b>IVA</b>	intra venous antibiotic
<b>IVI</b>	intra venous infusion
<b>LFT</b>	liver function test
<b>MSU</b>	mid stream urine
<b>MC&amp;s</b>	microscopy culture and sensitivity
<b>MRSA</b>	methicillin resistant staphylococcal aureus
<b>MRI</b>	magnetic resonance imaging
<b>CT</b>	computerised tomograph
<b>TIA</b>	Transient Ischeamic Attack

<b>BM</b>	blood glucose monitoring
<b>Ca</b>	Carcinoma
<b>COPD</b>	chronic obstructive pulmonary disease
<b>D&amp;V</b>	Diarrhoea and Vomiting
<b>NSAID</b>	Non steriodal anti-inflammatory drug
<b>PR</b>	Per rectum
<b>TED</b>	Anti embolic stocking
<b>TWOC</b>	Trial without Catheter
<b>MI</b>	Myocardial infarction
<b>QDS</b>	Four times a day
<b>TLC</b>	Tender Loving Care
<b>LVF</b>	left ventricular failure
<b>NG</b>	nasogastric
<b>NAD</b>	no abnormalities
<b>NIDDM</b>	non insulin dependent diabetic
<b>OBS</b>	observations
<b>OD</b>	once a day
<b>OT</b>	occupational therapist

***We the staff on Hasland Ward hope that your experience on the ward is a positive one, and that we wish you all the best for the future.***

***We would welcome any comments or suggestions that you may have to benefit yourself, the ward or future students.***

