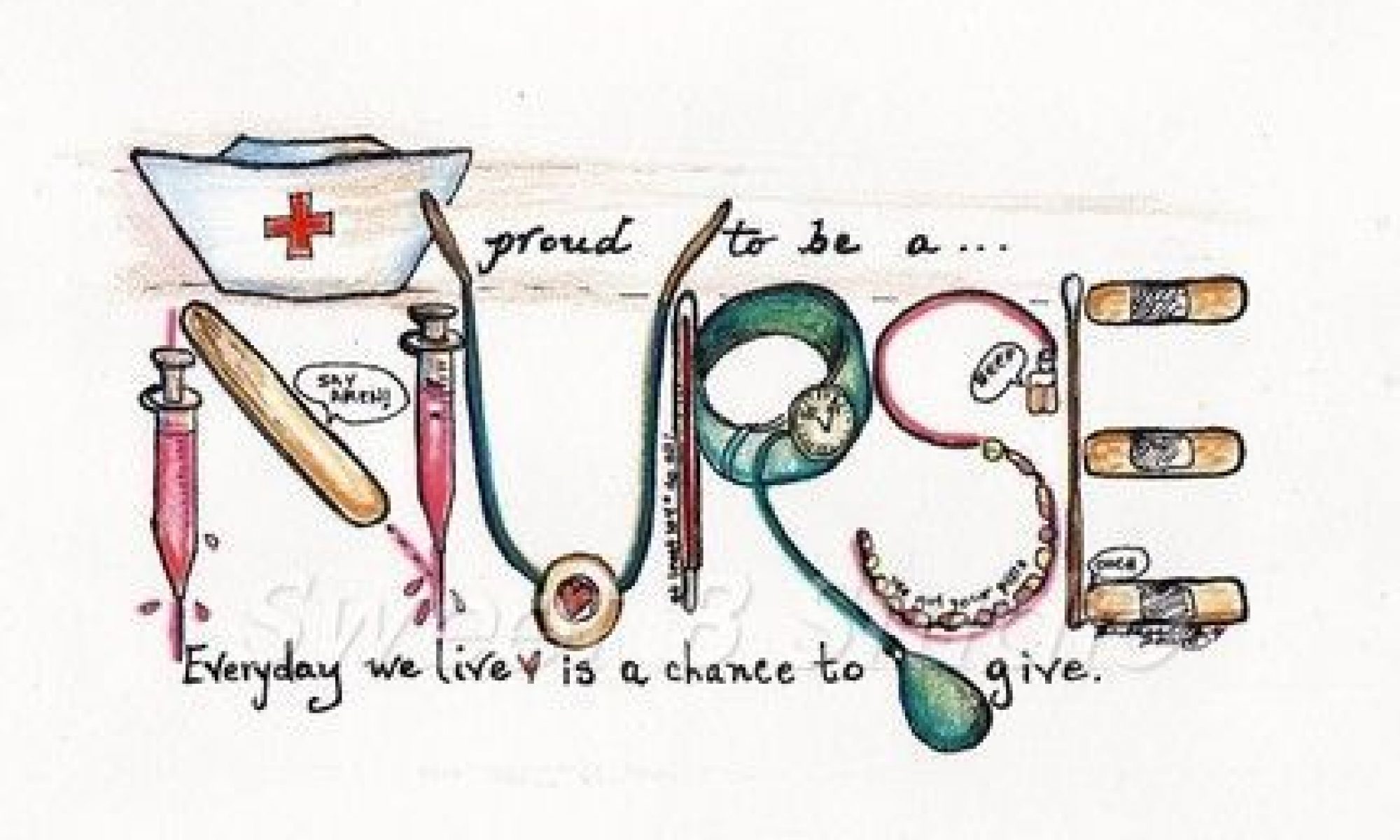
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**Student Handbook**

**Ashover Ward**

An induction to **General Medicine**

Louise Turner – **Learning Environment Manager (LEM)**

Ashover Ward

Ashover ward is a 32 bedded ward for general medicine that specialises in Dementia and Parkinsonism. All staff on Ashover ward has undergone training on dementia, we promote dignity and patient choice. We provide good nutrition and hydration by giving assistance, patience and understanding. We are committed to providing patient-centred care that is delivered with kindness and compassion.

We have three consultants who all specialise in care of the elderly.. Each consultant has a team of Drs that they lead.

Also in the MDT are physiotherapists, occupational therapists, dieticians, social worker, speech and language therapists, porters, domestics, house keeper.

Welcome to team Ashover.

Working hours

Morning 07:00-14:30

Afternoons 12:00-19:30

Long day 07:00-19:30

Long night 19:00-07:30

You will be allocated an Assessor and supervisors .You will be orientated to the ward area on your first day of placement .Trust policies are available on the intranet and you should familiarise yourself with them, in particular infection control policies.

Your supervisor is there to support you and facilitate LEARNING OPPORTUNITIES. You should also take responsibility for your own learning, identifying and learning needs, opportunities’ and utilizing the support available. Please collect any evidence which will aid you and your Assessor in completing your proficiencies.

The off duty will be completed and available in the Off-Duty folder. Changes to the off duty should be documented and signed by a staff member. Please don’t change the off duty without consent from mentor or LEM (Learning Environment Manager).

Please inform the nurse in charge or assessor if you are unable to attend placement and when you’ll be “fit”. It is also your responsibility to inform the University of any Sickness, as per University policy.

If you have any concerns regarding your placement, please speak to your assessor. If they are not available, please speak to the LEM, matron or sister on the ward, or if there are any issues when you feel unable to speak to your supervisors or assessor.

Matron: Roselyn Blake

Learning Environment Manager: Louise Turner [louise.turner18@nhs.net](mailto:louise.turner18@nhs.net)

Ashover Ward Contact number: 01246 512410/512411

We hope that you enjoy your time with us, and please let us know if there is anything you need or request during your placement.

Medical Conditions

Angina

Asthma

Cancer

Cellulitis

Chest Infection

Chronic Obstructive Pulmonary Disease (COPD)

Confusion

Deep Vein Thrombosis (DTV)

Dementia

Diabetes Mellitus

Gastroenteritis

Mechanical Falls

Myocardial Infarctions (MI)

Parkinsons

Rheumatoid Arthritis

Sepsis

Stroke

Transient Ischaemic Attack (TIA)

Urinary Tract Infection

Vasculitis

Abbreviations explained…

|  |  |
| --- | --- |
| AAA | Abdominal Aortic Aneurysm |
| ABG | Arterial Blood Gas |
| ACS | Acute Coronary Syndrome |
| AF | Arterial Fibrillation |
| AKI | Acute Kidney Disease |
| AVR | Aortic Valve Replacement |
| BM | Blood Glucose Monitoring |
| BTHR | Bilateral Total Hip Replacement |
| BTKR | Bilateral Total Knee Replacement |
| C-DIFF | Clostridium Difficile |
| Ca | Cancer |
| CABG | Coronary Artery Bypass Graft |
| CBD | Catheter Bag Drainage |
| CCF | Congestive cardiac Failure |
| CKD | Chronic Kidney Disease |
| CLL | Chronic Lymphocytic Leukaemia |
| COPD | Chronic Obstructive Pulmonary Disease |
| CSU | Catheter Stream Urine |
| CT | Computerised Tomography |
| CXR | Chest X-Ray |
| D&V | Diarrhoea & Vomiting |
| DST | Decision Support Tool |
| DVT | Deep Vein Thrombosis |
| ESBL | Extended Spectrum Beta-Lactamases |
| Exac | Exacerbation |
| GORD | Gastro-oesophageal Reflux Disease |
| Hb | Heamaglobin |
| HTN | Hypertension |
| IHD | Ischaemic Heart Disease |
| INR | International Normalised Ratio |
| IVAB | Intravenous Antibiotics |
| IVI | Intravenous Fluids |
| K | Potassium |
| L&S BP | Lying and Standing Blood Pressure |
| LAKA | Left Above Knee Amputation |
| LTKR | Left Total Knee replacement |
| LVF | Left ventricular Failure |
| MI | Myocardial Infarction |
| MR | Mitral Regurgitation |
| MRSA | Methicillin Resistant Staphylococcus Aureus |
| MSSA | Methicillin Sensitive Staphylococcus Aureus |
| MSU | Mid-Stream Urine |
| Na | Sodium |
| NBM | Nil By Mouth |
| NH | Nursing Home |
| NOF | Neck of Femur |
| NSTEMI | Non ST Elevation Myocardial Infarction |
| OA | Osteoarthritis |
| OPA | Out Patient Appointment |
| PAF | Paroxysmal Atrial Fibrillation |
| PE | Pulmonary Embolism |
| POP | Plaster of Paris |
| PVD | Peripheral Vascular Disease |
| RA | Rheumatoid Arthritis |
| RH | Residential Home |
| SALT/SLT | Speech and Language Therapist |
| SDH | Subdural Haematoma |
| STEMI | ST Elevation Myocardial Infarction |
| TIA | Transient Ischaemic Attack |
| TVN | Tissue Viability Nurse |
| TWOC | Trial Without Catheter |
| UTI | Urinary Tract Infection |
| XR | X-Ray |
| # | Fracture |

What is Dementia?

Dementia is a non-reversible decline in cognitive ability and memory loss. It is caused by damaged caused to the brain through disease; such as vascular Dementia, Mixed dementia, Dementia with Lewy Bodies, Frontotemporal Dementia, Alzheimer’s disease, and Strokes. The diseases cause progressive damage to the brain, therefore impacting their daily lives. Around 800,000 people living in the UK suffer from dementia, which explains the importance of patient-centred care, dignity and compassion when nursing these patients.

For more information, please take a look at [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

What is Parkinson’s disease?

Parkinson’s disease is a neurological disorder that is diagnosed only after enough traits of the disease are noticed to be present. Some of these traits are: slowness; stiffness; tremor; postural instability; freezing after taking steps; inability to show expression on their face; and unable to perform small motor-function tasks such as buttons and small objects. When the traits are developed, the individual is at high risk of falls and injuries due to these traits. Parkinson’s does not cause damage to the brain, although it may be that Dementia is also present. This should not be confused with symptoms of depression and slow speech that is recognised as Parkinson traits.

For More Information, please visit [www.parkinsons.org.uk](http://www.parkinsons.org.uk)

The next four pages are for you to test your knowledge on a few medical conditions.

What are the symptoms of Parkinson’s disease, and how is it diagnosed?

What is Parkinson’s disease?

Who is at risk of Parkinson’s?

Is a patient with Parkinson’s disease more susceptible to falls, and why?

**Parkinson’s Disease – What do you know?**

What other members of the multi-disciplinary working should we liaise with?

How can we help a patient with Parkinson’s disease on the ward?

What are the symptoms of Dementia?

What is dementia, and what are the different types?

What are the changes in the brain?

**Dementia – What do you know?**

Who can develop dementia?

What can we do to help someone with dementia, while they are in hospital?

What is the ‘This is me’ document?

Can you recognise anything on the ward that may help people with dementia?

Which is the most common dementia?

What does COPD stand for?

Who will get COPD?

What Causes COPD?

What are the symptoms of COPD?

What advice and education should the COPD patient receive when in hospital?

What treatments do we give COPD?

**COPD – What do you know?**

What do we need to remember when using oxygen therapy in the COPD patient ?

Explain why the NEWS chart for patients with COPD scores differently and why?

How many types of diabetes are there? What are they and what is the difference?

Where in the body is insulin made?

What is a Hypo?

What is blood glucose?

What might happen to a patient if they have a Hyper?

How is each type of diabetes treated?

What might happen to a patient if they have a hypoglycaemic episode?

Who is the best person to administer a patient’s insulin? Why?

What is a Hyperglycaemia ?

What causes diabetes?

**Diabetes: What do you know?**