Chesterfield Royal Hospital NHS
NHS Foundation Trust

Welcome to your placement on ward EMU/Short Stay Unit

This pack has been put together to provide you with information for your placement with us..

Ward Shift Patterns

12hr Day: 07:30 – 20:00
12hr Night: 19:30 – 08:00
Twilight: 10:00- 22:00
Ambulatory: 07:30 – 20:00
Ambulatory Weekend: 09:00 – 15:00

Contact Numbers:
01246 512625
01246 513712

Mentor Name……..…..

Associate Mentor…….

The LEM for EMU:
Rebecca Hall & Jo Oldale

Ward Matron: Jamie Temlett

WHAT YOU CAN EXPECT FROM US

• You will receive an induction into your work area to ensure you are familiar with the environment and are able to practice safely.

• We will discuss your learning needs and outcomes at the beginning of the Placement.

• We will provide an environment conducive to meet identified individual student learning needs, which is also safe and healthy.

• During your placement you will be allocated a mentor and an associate mentor to work alongside. The mentor will be a qualified practitioner who will assist and support you during your clinical work.

• Your mentor will assess your performance against your course learning outcomes, and provide feedback to help you develop your skills.

• You will receive supervision during your clinical practice.

• You will be a valued member of the multidisciplinary team during your placement, and can expect support from all our colleagues.

• We will listen to your feedback about your placement and will respond to any issues raised confidentially and sensitively.

WHAT WE EXPECT FROM YOU

• We expect you to arrive on time for planned shifts and any other activity identified by the Mentor or delegated supervisor.

• We expect you to ensure your Mentor is aware of your learning outcomes for the placement and specific learning needs.

• We expect you to act in a professional manner.

• We expect you to dress in accordance with your College / University uniform policy, and also in accordance with the Trust dress code.

• You should inform your mentor or delegated person if you are unwell and not able to attend your placement. The process for how to do this will be covered on your induction to the ward/ initial interview.

• We expect you to maintain and respect confidentiality at all times. This applies to patients, their records and discussions between the student and the Mentor.

• We would like you to raise any issues regarding your placement with your Mentor or the Ward Manager if this is not possible you should contact your link tutor/placement co-ordinator.

Your mentor will be responsible for your assessment, co-ordination of learning and personal support.

The Ward and Nursing Team

EMU – is a 29-bedded unit that assesses adult medical and surgical patients. The unit is part of the medical directorate along with the Short Stay unit. Medical patients are identified in black pen on the board and surgical patients are in red.

Short Stay Unit - provides an efficient and effective environment for the management of patients with emergency conditions, who require specific pathologies to be identifies or excluded and have an early likelihood of discharge. The unit will help minimise the clinical risk of patients presenting to A&E with occult illness, who might otherwise have been sent home inappropriately. Medical patients are identified in black pen on the board and A&E patients are in blue.

Ambulatory Care – many medical investigations and treatments for acute illness and preventative health care can be performed on an ambulatory basis, including minor surgical and medical procedures. The unit offers a host of outpatient services in an environment designed to accommodate the patients who do not need an inpatient stay.

The team on each shift is led by the "coordinator", usually a sister or charge nurse who allocates incoming patients to an appropriate bed space based on their clinical condition, adhering to single sex areas. The coordinator also allocates patients to appropriate ward beds as they become available, ensuring patient flow through the hospital, once the patients have had a senior medical review. They also liaise closely with the ED coordinator and bed manager to facilitate this flow. Underpinning this is their communication with the EMU/SSU nurses working in the clinical areas, determining patient care needs.

EMU & SSU can be very daunting at times, as it can be very acute, but hopefully it will be a valuable experience for you as a student. Your mentor will be with you to provide support, if you have any issues that cannot be resolved by your mentor please see you learning environment manager.

About our patients…

Our patients are usually admitted in one of three ways: via GP referral, via the ED or from outpatient areas within the hospital. During your time with us you will begin to appreciate the wide variety of acute medical and surgical conditions that our patients experience, including:

Angina, Myocardial Infarct, Heart block, SVT, Bradycardia, Pulmonary Embolism, Pleural Effusion, Respiratory Tract Infection, Transient Ischaemic Attack, Meningitis, Sub-dural haemorrhage, Diabetic Ketoacidosis, Raised Blood Sugar Measurements, Cellulitis, Deep Vein Thrombosis, Septicaemia, Anemia, UTI's, Appendicitis.

And also the diverse range of interventions that may be needed, such as:

Indwelling catheter insertion (Catheterisation), Non-invasive ventilation (NIV), Cardio-pulmonary resuscitation, Lumbar puncture

…and many more! But don"t worry if you don"t know about all or any of these at the moment. By the end of this placement you will hopefully be well on your way to becoming competent at caring for patients with these conditions and interventions.

Your key learning opportunities:

- Assessing patients with a wide variety of conditions
- Planning and participating in holistic care
- Nurse led care
- Liaising closely with medical staff and other members of the MDT
- Verbal handover skills
- Discharge Planning
- Interpreting medical notes and following plans of care
- Participating in daily consultant ward rounds
- Preparing patients for procedures
- Liaising closely with families and carers

Plan your placement experience……

Document ideas, insight visits, experiences you would like during your placement:

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Admission Procedure Brief Guidance

Make sure the bed space is clean and tidy. Ensure oxygen masks and suction tubing is in place and assembled correctly at every bedside.

- Introduce yourself, reassure your patient and explain procedures.
- Write the patients name, nursing team and consultant above their beds.
- Record and report observations of vital signs and assess mood/level of consciousness - inform nurse on duty of any abnormalities using the NEWS scoring system.
- Give the patient water if they are not Nil by Mouth (all surgical patients are NBM until seen by a doctor).
- Explain call system and orientate to ward environment
- Complete initial nursing assessment and record
- Apply white wristband for pt identification
- Commence patient care round hourly checklist
- Ensure patients do not have any broken skin, pressure sore and conduct a skin inspection and maintain clear records as appropriate.
- Ascertain if patient has valuables that require depositing in safe and record in patient property book document. Sign disclaimer and ensure safe record is maintained in patient notes.
- Ensure all patients should have their risks assessments completed within 4 hours of arrival to the ward (MUST, Waterlow, fall, MRSA Screening etc).
- Briefly explain to patient and relatives the ward routine/visiting, nursing organisation.
- Check whether patient has brought his own medication and document on nursing records and store in patient's bedside locker and inform the nursing staff.
- Collate doctor and nursing assessments and plan care with your patient and liaise with appropriate medical staff/ teams.
- Any patient who has past medical history of any falls should have a paper completed falls care and management plan in their bedside folder. (all care plans can be accessed on trust internet system)

<u>EMERGENCY SITUATIONS</u>

Please make sure you are familiar with the location of the resuscitation equipment, how the emergency buzzers work and the emergency phone number (2222). Please also make yourself aware of the locations of the fire equipment and escapes.

The resuscitation equipment can be found at the top of the unit next to reception.

Guide to Assessing Patients

SOCIAL PROFILE Does the patient live alone, with, or near family or friends? Is the patient receiving support? Carers, package of care, Present or past occupation? Type of accommodation, rent, own Pets, Lifeline **FEARS FOR THE FUTURE** Home situation whilst patient in hospital. Any worries over treatment, admission? Concerns about discharge? Patient's expectation. Next of kin's expectations. Dependencies	**COMMUNICATION/MOOD** Is patient conscious, relaxed, anxious? Talkative, withdrawn or confused? Short/Long-term memory Is hearing, speech or sight impaired? Any aids? Is patient aware of time and place? Is language appropriate?
BREATHING Breathless on exertion or at rest. Cough? Sputum? (Colour and amount). Smoker - how many? health promotion- advise to quit, any help Is the patient a good colour - blueness of fingers and lips?	**PROMOTING COMFORT & SAFETY** Vital signs. Own clothes and toiletries with patient & document patient property, disclaimer form. PAIN where? Chronic/acute pain. Pain Score using assessment tools.
MOBILITY Waterlow score. Does patient have any problems? If aids are used, which? How does he/she manage at home? How many nurses needed to transfer? Hoists? Pressure areas, Cuts/bruising. At risk of falls, care plans, pressure relieving equipments Turning chart, Skin tool, Care Round	**NUTRITION** Is patient well-nourished, hydrated/any nausea, vomiting? Difficulties in swallowing, eating? A special diet, likes, dislikes. Nutritional score, dietician referral, supplements, Recent weight loss/gain
ELIMINATION How often bowels open & last opened Normal pattern (constipation, diarrhoea, colour, blood present)? Incontinent, double incontinent Stool chart, any urinary problems	**SLEEP** How many hours? Sedation? How many hours of sleep per day? **PERSONAL CARE CAPABILITY** Does the patient need assistance? Poor circulation, skin rashes, inflammation? Dental cares, mouth care?

Stages in Individualised Patient Care

ASSESSMENT Collect information via a nursing history. Interpret the information. (Actual and potential) Document on assessment form	**SKILLS REQUIRED** International communication (Verbal and non-verbal) Observation, Knowledge, Team work
PLANNING Set patient-centred goals and write specific nursing instructions. Document on Care plan. Experience Expertise Team planning	Experience Expertise Team planning
IMPLEMENTATION Put into practice nursing instructions as specified on care plan. Record and monitor progress Practice skills Expertise Team work	Practice skills Expertise Team work
EVALUATION Compare patient's present stage with goal Observation Team observation	Observation Team observation

(Modified& adapted: Roper Logan Tierney Nursing Model)

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Useful Contact Numbers

For Switchboard Dial 0 from any trust phones

Ward EMU Reception Number: 01246 512625
Ward SSU Reception Number: 01246 513712

To bleep teams: 85 then bleep number and extension from the phone that you are calling.
Wait and follow the instructions.

Conditions treated on EMU/CDU

Pyelonephritis – kidney infection

Cholecystitis – inflammation of gallbladder (gallstone blocking the cystic duct)

Biliary Colic - gall stone blocking the bile duct.

Pancreatitis - Inflammation of the pancreas.

Pneumothorax – collection of air in pleural space.

Pneumonia – Inflammation of tissue in one or both lungs caused by bacterial infection.

Pleural Effusion – fluid in pleural cavity.

Mitral Regurgitation - mitral valve does not close properly when the heart pumps out blood.

SAH - subarachnoid hemorrhage - is bleeding into the subarachnoid space.

Meningitis - acute inflammation of the protective membranes covering the brain and spinal cord, inflammation may be caused by infection with viruses, bacteria, or other microorganisms. Appendicitis - inflammation of the appendix.

Renal Colic – abdominal pain caused by kidney stones.

Cardiomyopathy - a group of diseases that affect the heart muscle.

Sepsis – a life-threatening condition that arises when the body's response to infection injures its own tissues and organs. symptoms include fever, increased heart rate, increased breathing rate, and confusion.

DVT - is the formation of a blood clot (thrombus) within a deep vein, predominantly in the legs PE – is a blockage of an artery in the lungs by a substance that has travelled from elsewhere in the body through the bloodstream (embolism).

AKI - is sudden damage to the kidneys that causes them to not work properly.

Hydrocephalus - a build-up of fluid on the brain. The excess fluid puts pressure on the brain. Hydro-nephrosis - is a condition where one or both kidneys become stretched and swollen as the result of a build-up of urine inside them.

Gastroenteritis - causes diarrhoea and vomiting. Usually caused by a bacterial or viral tummy bug.

Aortic Stenosis - Aortic stenosis is a narrowing of the aortic valve in the heart. This restricts blood flow through the valve. The heart then needs to squeeze (contract) harder to pump blood into the aorta.

Anemia - decrease in the amount of red blood cells (RBCs) or hemoglobin in the blood.

CVA - a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off.

MI – occurs when blood flow stops to a part of the heart causing damage to the heart muscle. Aneurysm - is a localized, blood-filled balloon-like bulge in the wall of a blood vessel.

Ischemia - an inadequate blood supply to an organ or part of the body.

Necrosis - the death of most or all of the cells in an organ or tissue due to disease, injury, or failure of the blood supply.

Lymphoma - a group of blood cell tumours that develop from lymphocytes.

Lymphocyte - is one of the subtypes of white blood cell in a vertebrate's immune system. Myeloma - a cancer arising from plasma cells, a type of white blood cell which is made in the bone marrow.

Left bundle branch block (LBBB) - activation of the left ventricle of the heart is delayed, which causes the left ventricle to contract later than the right ventricle.

Cardiac arrest - a sudden stop in effective blood flow due to the failure of the heart to contract effectively.

AF - irregular and often abnormally fast heart rate. Angina - is chest pain that occurs when the blood supply to the muscles of the heart is restricted.

Asystole - a condition in which the heart ceases to beat (non-shockable)

VF - Ventricular fibrillation - is when the heart quivers instead of pumps due to disorganized electrical activity in the ventricles. (Shockable)

PEA - Pulseless electrical activity - a heart rhythm is observed on the electrocardiogram that should be producing a pulse, but is not. (non-shockable)

VT - Ventricular tachycardia - type of regular and fast heart beat that arises from improper electrical activity in the ventricles of the heart. (Shockable)

Basic abbreviations used on EMU/CDU

EMU – Emergency management Unit
CDU – Clinical Decisions Unit
CDUA – Ambulatory Care
COPD – Chronic Obstructive Pulmonary Disorder
CCF – Congestive Cardiac Failure (Heart Failure)
AKI – Acute Kidney Injury
CKD – Chronic Kidney Disease
CVA – Cerebrovascular Accident (stroke)
BP – Blood Pressure
HR – Heart Rate
PE – Pulmonary Embolism (Blood Clot – Lung)
MI – Myocardial Infarction (heart attack)
ACS – Acute Coronary Syndrome
IVI – Intravenous Injection
DNR – Do Not Resuscitate
CPR – Cardio-Pulmonary Resuscitation
DVT – Deep Venous Thrombosis (Blood Clot)
ETOH – Alcohol intake history.
FX – fracture
HX – History
HTN – Hypertension
IM – Intramuscular
Na – Sodium
K – Pottasium
Ca - Calcum
PO – By mouth
PR – By Rectum
SC- Sub Cut
R/O – Rule Out
AAA- Abdominal Aortic Aneurysm
ADL – Activity of Daily Living
CP – Chest Pain
TBS – To Be Seen
I&D – Incision & Drainage
LP – Lumbar Puncture
PRN – As Needed
Pt - Patient

Most common blood tests
FBC – Full Blood Count
U&E – Urea & Electrolytes (Kidney Function)
LFT – Liver Function Test
COAG – Check bloods ability to clot
TSH – Thyroid Stimulating Hormone
TROP – Protein found in blood where there is damage to the heart.
CRP – Inflammation in the body
Amylase – check if pancreas is diseased or inflamed.
DDimer – Fibrin, check for DVT / PE

OD – once daily
BD – twice a day
TDS – three times a day
QDS – four times a day

BMI – Body Mass Index
ABG – Arterial Blood Gas
NAD – Nothing Abnormal
PPI – Protein Pump Inhibitor
RBC – Red Blood Cells
D/C – Discharge
ENT – Ears Nose and throat
IDDM – Insulin-Dependent Diabetes Mellitus
AF – Atrial Fibrillation
GCS – Glasgow Coma Score
NKDA - No Known Drug Allergies
USS – Ultra Sound Scan
SOB – Short of Breath
UTI – Urinary Tract Infection
Wt – Weight
Ca – Calcuim
ECG – Echocardiogram
CXR– Chest X-ray
NBM – Nil By Mouth
IBS – Irritable Bowel Disease

EMU/CDU QUIZ

Test your knowledge at the beginning and end of your placement with us:

Medications

Q1) Why do we give Furosmide? What group of medicines does Furosemide belong to?

Q2) Name some medicines that are time critical?

Q3) What are the 5 rights?

Q4) Pararcetamol is used commonly on this ward, when might you consider not giving it to a patient?

Q5) Calculate the rate in ml/hr required to deliver 1 litre of sodium chloride: -

-Over 12 hrs
-over 2 hours
-over 4 hours
-over 6 hours
-over 10 hours
-over 8 hours

Q6) You are just about to administer Amoxicillin to a patient when they state that they think they may be allergic to something. What should you do?

Q7) You have Amoxicillin syrup which is 250mg in 5ml. How much would you give for a dose of:-

-125mg
-200mg

Q8) You are giving an antibiotic to a patient for the first time. What should you check before and after giving the medication?

Risk Assessments

Q9) If the ward is busy and you have an elderly confused lady who is wandering, how would you maintain her safety?

Q10) A patient arrives on the ward and has extensive severe pressure ulcers? What documentation should you complete and what action should be taken?

Q11) An elderly gentleman has a fall on the ward, what immediate action would you take?

Q12) What two measurements are essential for calculating a MUST score? Should a patient have a high MUST score, what nursing action can be taken?

Q13) Before you engage in any intervention with a patient what should you ask?

Q14) What risk assessment is used to monitor a cannula site. What observations should you be making?

Q15) Your patient is confused on admission. She has her handbag and small suitcase with her. What form should we complete and why?

Emergency Care

Q16) What are the signs of hypoxia and respiratory distress?

Q17) What would your initial treatment be for a patient presenting with shortness of breath?

Q18) What are the main symptoms of dehydration?

Q19) When would you do neuro observations?

Q20) What are the main causes of acute confusion?

Q21) A doctor observes a patient to be tachycardic, what does this mean?

Q22) A patient is pyrexic, what does this mean and what immediate care can we give to manage it?

Q23) A nurse alerts you that your patient is cyanosed, what does this mean?

Q24) A patient alerts you that they think they are having a ‘hypo’, what do they mean and what action and basic treatment can you commence?

Q25) What does ABCDE stand for? Name a basic nursing observation you would do for each letter.

Q26) What are the basic differences between diabetes 1 and diabetes 2?

Q27) When should you pull the emergency buzzer?

EVALUATION OF PLACEMENT
(All Students Must Return)

How did you find your introduction to the ward?

Did you find the staff approachable during your allocation?

Did you find your Mentor helpful?

Was there any teaching on the ward, if so was it helpful?

Was the supervision you received whilst working beneficial to your learning needs?

How do you feel that you benefited from your allocation?

Any other comments or observations. Please continue on the back if necessary.

Forms to be returned 1 week prior to completion of placement to SN Jo Oldale or SN Becky Hall

If you have any concerns you can raise them with your LEM private or with your mentors.

Thank You for Your Co-Operation