Welcome to the Managed Care Unit we hope that you enjoy your placement and learn the value of Managed Care to the Medical Division. The unit is part of Specialist Medicine and as such you will observe specialised treatments and procedures particularly pertinent to medicine diagnostics and ongoing management of long term conditions.

Before you start your clinical experience you will attend an Induction Day. This is a very useful day and is run collaboratively by Division B Education Team, and the University. You can access the details through the University Southampton Hospital NHS Foundation Trust website.  
www.uhs.nhs.uk

Off Duty is allocated to students at least 2 weeks in advance on eRostering. The rota is kept online with the ward staff rota and so it is important that you notify us of any requests that you may have to accommodate university study days and personal commitments. Please contact the Student Link Nurse/ your Mentor or the Senior Sister in the first instance for any special requests or essential alterations to your off duty.

You will be allocated a Mentor and Buddy to guide you through your placement and to enable you to get the most out of your experience here. This will allow you to take every opportunity to observe and participate in the work that we do and to work with some of our specialist nurses. This will be arranged by your mentor after the initial interview. If there are any issues you have about your placement such as outside commitments or special requirements please raise this with your mentor or the ward student link. We are here to help you gain as much as possible from this clinical placement and we value the contribution our students make.

If you are unwell this should be reported at the earliest opportunity both to the ward and to the University preferably well before the start of your shift. We also appreciate a call to let us know when you feel you will be able to return to work. If you do not arrive for a shift and do not notify the ward we do escalate this to university making sure that someone is aware of your absence so your cooperation in this aspect is essential.

YOUR MENTOR FOR THIS PLACEMENT is: ____________________________

You will work with your mentor whenever possible and for at least 40% of your placement as per NMC guidelines

The Managed Care Unit consists of Ward F10 (SDU) Surgical Day Unit and Victoria House Infusion Unit and you will have the opportunity to work in both areas. Our base is in Victoria House where we meet each morning.

We hope that you enjoy your placement and in order that you understand some of our work please read through the pack before you start. This will give you an insight into the specialities we cover here which you can back up with some outline research on the conditions we treat alongside the investigations and treatment used. Some are outlined in the pack plus there are some useful websites listed that will further enhance your learning experience here.

At the end of the placement we will ask you to complete a placement evaluation: 
https://www.research.net/s/UHSStudent

Kindest Regards

Cecelia Butters

Student Link Sister
Victoria House

Houses our Infusion Unit with facilities for patients to be managed daily and operated with an appointment system throughout the day.

Ward F10 SDU

This part of the unit is where patients are admitted for specialist procedures, some of which are discussed later.

The Nurse in Charge is responsible for accepting and facilitating admissions to the ward.

Working Rota

**WEEKDAYS ONLY, NO NIGHT DUTY**

<table>
<thead>
<tr>
<th>Shift</th>
<th>Hours</th>
<th>Breaks</th>
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<tbody>
<tr>
<td>Early</td>
<td>07.30-15.30 hours</td>
<td>inc half hour lunch break</td>
</tr>
<tr>
<td>Late</td>
<td>12.00-20.00 hours</td>
<td>inc half hour supper break</td>
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<tr>
<td>Long Day</td>
<td>07.30-20.00 hours</td>
<td>inc 2 x half hour breaks</td>
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</tbody>
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**The Team**

**Ward Manager**

Senior Sister Lisa Butler

**Ward Sisters**

Sue Ballard – Day Case, Essence of Care Link

Sharon Birkett – Infection Control Link

Cecelia Butters - Student and Child Protection Link

Samantha Beverley- Palliative Care Link
Ward F10

The Ward admits medical patients for a variety of booked procedures. A selection of procedures is outlined in the next few pages.

**ERCP (Endoscopic Retrograde Cholangio-Pancreatography)**

ERCP is a procedure for patients who have problems with their Hepatic and Pancreatic ducts. They may have Jaundice, Gall Stones or strictures to their biliary tract.

**Anatomy and Physiology**

It is performed by a Doctor who looks down the endoscope which is passed through a tube down the oesophagus and through to the stomach and then to the duodenum. The endoscope is passed through the tube which is attached to a mouth gag. The patient is sedated and has an anaesthetic throat spray to stop the gag reflex.
A side channel allows various instruments through and the process can be viewed via an eye piece, television monitor and X Rays. The following are examples of what happens during the procedure.

A dye is injected into the bile and pancreatic ducts. X-ray pictures taken immediately after the injection of dye which shows up the detail of the ducts. This may show narrowing (stricture), stuck gallstones, tumours pressing on the ducts, etc.

Biopsies can be taken from the lining of the duodenum, stomach, or pancreatic or bile duct near to the papilla. The biopsy sample can be looked at under the microscope to check for abnormal tissue and cells.

If the X-rays show a gallstone stuck in the duct, the doctor can widen the opening of the papilla by a sphincterotomy to let the stone out into the duodenum. A stone can be grabbed by a ‘basket’ or left to be passed out with the faeces.

If the X-rays show a narrowing or blockage in the bile duct, the doctor can put a stent inside to open it wide. A stent is a small wire-mesh or plastic tube. This then allows bile to drain into the duodenum in the normal way. The stent can remain permanently in place or can be removed and even replaced at a future date.

The complications of this procedure are Infection such as pancreatitis, colangitis, biliary peritonitis, perforation of any part of the tract, allergic reaction to the equipment, materials or sedative and haemorrhage which is more common with a sphincterotomy.

http://www.patient.co.uk/health/ERCP.htm
TACE (Trans Arterial Chemo Embolisation)


TACE is a specialist treatment for Hepatocellular carcinoma (HCC).

The procedure is performed by a consultant radiologist in the X Ray department. It involves accessing the hepatic artery via the femoral artery and locating the tumour via angiography. The beads are coated with chemotherapy drugs generally this is Doxorubicin.

The action of the beads is two fold; they deliver chemotherapy to help shrink the tumour and also block the blood supply to the tumour itself (Embolisation). Cancerous tumours establish a rich blood supply which feeds the tumour. The beads also block and concentrate the drug towards the tumour so less is lost in the circulation. The effect is that the tumour shrinks and assists remission from the cancer. Patients generally have more than one TACE during the course of their cancer but it does not alter the eventual outcome.

Post procedure recovery is a major part of the patient’s treatment.

Complications include nausea and vomiting which can be controlled by antiemetics, pain from the embolisation can be severe therefore analgesia should be prescribed. Patients can also have a raised temperature. TACE requires a minimum of an overnight stay.
Liver Biopsies are performed for diagnostic purposes. They investigate hepatitis, cirrhosis, haemachromatosis and tumours of the liver. They may be undertaken following liver transplantation to check the liver is functioning correctly.

Patients may have Hepatitis or HIV. They may have liver damage due to hepatitis, autoimmune disease, alcohol, drug overdose or intravenous drug abuse. There are many autoimmune diseases of the liver and patients may be waiting for liver transplantation. There are many reasons for liver biopsy. As with all patients, we need to be aware of the patient’s infection status for the safe disposal of body fluids and blood where standard precautions are always employed.

Liver Biopsies are performed in the radiology department under ultrasound guidance by a radiologist. There are two ways that these are performed.

Transjugular Liver Biopsy

The right transjugular vein is accessed and a biopsy is taken. This is the preferred method for people who have impaired coagulation.

Percutaneous Liver Biopsy

The liver is accessed through the ribs, percutaneously requiring the patient to cooperate with the procedure. This is used with patients of normal coagulation.
Renal Biopsy

A renal biopsy is performed in the radiology department and is guided by ultrasound.

TIPSS - Transjugular Intrahepatic Portal Systemic Shunt.
TIPSS

There are many causes of liver failure and end stage liver disease, including alcohol-related liver disease, hepatitis, metastatic tumors, and environmental exposures to toxins. Over time, the liver can become scarred and develop cirrhosis. Ascites occurs due to venous pressure, TIPPS is performed to relieve the venous pressure.

This non-surgical treatment involves creating a bypass inside the liver using balloon angioplasty and stent-graft technology. X-ray guidance is used to find the correct vessels and to form a short pathway between them inside the liver. This relieves the high pressure in the veins and reverses the tendency for bleeding and fluid accumulation.

http://www.virchicago.com/treatments-liver-failure.htm
Ascitic Drain

See also the Hepatology resources via STAFFNET

Ascitic Drains are a common procedure on the ward. Patient’s are admitted for this treatment regularly. On the Managed Care Unit the reason for Ascites is due to Liver disease and end stage liver failure. This is in some cases an end stage treatment and as such we see patients regularly. The above link is a good resource for the disease and will answer many questions. You will have opportunities to nurse patients with an ascitic drain so please take a look at this site.

Other procedures that you may see are

- Transbronchial and Lung Biopsies
- Oesophageal Stent Insertion
- Angiogram
- Bronchoscopy and EBUS

We also staff the Syncope Clinic with 2 experienced Health Care Assistants

Maggie Heather and Andy Hawkins

Some of the procedures you will observe are highly specialised and as such patients come from a wide geographical area, including the Channel Islands, Isle of Wight and the surrounding Southern Counties.

MEWS, SBAR are the tools used for post procedure care. Post procedure protocols are observed, Integrated Care Pathways used and Nurse facilitated discharge is the responsibility of the nurse in Charge.

Admission to SDU/ F10

Pre assessment is completed for all patients admitted to Managed Care on F10.

We use Integrated Care Pathways throughout the patient’s stay.

Nurse Facilitated Discharge is used for uncomplicated procedures using set guidelines.
VICTORIA HOUSE INFUSION UNIT

This is our day unit and patients with long term conditions are treated here. This is a nurse led unit also.

Specialities most often treated are Rheumatology, Gastroenterology, Immunology, Respiratory, Endocrinology, Dermatology, Hepatology and Renal; this list is not comprehensive and is extending to other specialities.

The patients here are treated on an appointment system and are referred directly from the Specialist Medical Teams, either from the various outpatient clinics or by GP referral direct to the speciality; or by Specialist Nurses.

As more treatments become available the service is continuously high demand and can become very busy. Their appointments vary from 1 hour to around 8 hours. Patients receive intravenous infusions, Transfusions of blood products and complex specialist subcutaneous injections. Iron therapy, Steroid infusions, Biophosphates, Chemotherapy and Biological therapies are commonly used. Many of these treatments require full resuscitation facilities to be available. Patients also come here for Venesection. This is a treatment for Haemachromatosis.

Patients who are admitted to Victoria House have either an Integrated Care Pathway or occasionally a Nursing Kardex completed.

We have a selection of leaflets for the drugs that are used here.

The most common are listed for your information.

**BIOLOGICS are a group of drugs which include**

**IV Infliximab** is given to Rheumatology, Dermatology and Gastroenterology Patients. It is a drug that interrupts the immune response and acts on the Beta Cells, It is Anti Tumour Necrosing Factor in short an Anti TNF. It is used for Rheumatoid Arthritis, Crohns Disease and Ulcerative Colitis, Hidradenitis suppurativa.

Due to its action on the disease process, patients are screened at each visit. You will learn about this and its importance while on placement.

**Other common Anti TNF’s used are Rituximab and Tocilizumab** which are treatments for Rheumatoid Arthritis and related conditions.

**Immunoglobumins** are given either IV or SC. They are given mainly for Specific or Common Variable Immune Deficiency. These patients have Hypogammaglobulinemia, that is they do not produce enough antibodies in response to pathogens reducing their immunity. Patients have low levels of Immunoglobulin G, A and or M. There are many underlying causes to this. There is a risk of anaphylaxis for patients undergoing treatment.
**Cyclophosphamide** is a chemotherapy agent given to patients for complicated inflammatory disease process such as Vasculitis and Lung Conditions. The medical conditions treated with Chemotherapy are increasing. Patients are screened carefully prior to treatment and treatment is commenced and completed by Chemotherapy trained nursing staff in the unit. Each condition will be complex and requires further research while on placement.

**IV Ferinject** is given for Iron Deficiency Anaemia. This can be a complication of inflammatory disease and also a lack of the hormone erythropoietin synthesised in the kidney.

**IV Biophosphates** are given in the infusion unit for Osteoporosis and Pagets Disease. Patients with Cystic Fibrosis are also treated with Biophosphates. It is important to screen patients for adequate calcium levels as biophosphate binds to calcium. Patients need to have their renal function assessed.

This list is not exhaustive

**Some Useful websites**

This is a good resource from Hepatology which I advise all students to access while on placement

http://staffnet/Departments/DivisionB/Specialist-medicine-and-ophthalmology/Hepatology-online-resources.aspx

Others to access are

www.arthritisresearchuk.org

www.nacc.org.uk.

www.drinkaware.co.uk

www.britishlivertrust.org.uk

www.nursingstandard.rcnpublishing.co.uk

www.npsa.nhs.uk

www.patient.co.uk

www.nice.org.uk

www.nhs.uk

www.nmc-uk.org
Finally we wish you all the best in this placement and welcome you to the Managed Care Unit. Please remember that this is a busy working environment and we endeavour to work as a team at all times. We ensure that you are included in the team and as such you will be required to participate fully in all aspects of care. You will also be required to be proactive in all your learning needs and in return we are committed to helping you gain a positive experience during your time here. If you have any concerns or requirements please let your mentor or the nurse in charge know as soon as possible.

Notes:

When you have completed your placement it would be useful to have your comments so that other students may benefit. If you could spare a few moments to fill on line an evaluation questionnaire would be mostly appreciated.

https://www.research.net/s/UHSSstudent