

D6 Student Pack

Shift times-

Early- 0730-1530

Late- 1200-2000

Long Day- 0730-2000

Night- 1930-0800

Telephone Number- 02381 206505.

Ward Sisters-

Senior Sister Emma Lavelle

Sr. Dorothea Mauchaza

Sr. Michelle Sharley

Sr. Andrea Alvarez Moreno

Student Co-ordinator-

Welcome to D6. We hope you enjoy your placement here with us. This pack has background to some of the information which you may need during this placement. Please take the time to read this thoroughly and carry out any research you feel necessary.

Your off duty will be done at least 2 weeks in advance and will now be online with the staff rota. Any requests will need to be made 2 weeks in advance and be written in the student request book.

Ward D6 Information.

D6 is a 34 bedded acute respiratory ward located in the west wing of SGH. We are an all male ward, with D5 as our female equivalent. However, we remain amongst the emergency care division within the trust and therefore do get some patients with other medical conditions.

The ward consists of 4x 6 bedded bays, 2x 4 bedded bay and 4x side-rooms for patients who require isolation. The 4 bedded bay is currently our observation bay and we have 3 other bed spaces which are considered as observation spaces for critically unwell patients.

We care for patients who have chronic or acute respiratory issues. Some of the conditions are listed below;

- Asthma
- COPD
- Bronchitis
- Emphysema
- Empyema
- Pneumonia
- Pleural effusion
- Pneumothorax
- Bronchiectasis
- Type1/2 Respiratory Failure
- Pulmonary Fibrosis
- Pulmonary Oedema
- Sleep Apnoea

We are one of the few wards in the hospital which care for patients with non-invasive ventilation (NIV- Bipap and CPAP).

It may be worth researching these conditions prior to commencing your placement.

A team nursing approach is adopted on the ward, based on three teams. Each team will consist of one staff nurse and one HCA with the co-ordinator supporting each team. Students will be allocated to a team with their mentor on the day following the night handover. Handover is given by the co-ordinator at the end of each shift.

We work closely with Respiratory High Dependency (situated next to our ward), the respiratory centre and community respiratory nurses, so there are plenty of learning opportunities to students of all years. Due to the acuity of some of our patients, we have various members of the multidisciplinary team working closely with our doctors and nurses, you will have the opportunity to work with these professions as the care for your patients.

D6 Daily Routine

0730- 0800- Handover from night duty to day staff in staff room.

0800-0830- Turns for patients on turnaround. Sit patients up for breakfast.

0830-0930- Drug round

0930 – 1200 – Washes, Turns, doctors rounds

1200-1400- Patient lunchtime, drug rounds, update end of bed files.

1400-1430 – Afternoon Patient observations

1430-1700- Write nursing notes, complete outstanding referrals, complete any dressings. Receive handover from doctors and complete any urgent tasks.

1700-1800- Drug round, talking to relatives, evening meals, check cannulas.

1800-1930- Completing IVs, finalising notes, update co-ordinator and electronic handover sheet with any changes to handover.

1930-2000- Handover from day staff to night shift.

2000- 2100- Turns and settling patients

2100-2200- Evening drug rounds, settling continues and evening tea round. Check cannulas.

2200-2230 – Evening observations

2230-0200- Check drug trolleys, stock up treatment room and general tidy/clean. Ensure end of bed files up to date and organised.

0200-0500- Patient notes and social forms to be completed whilst checking plans from doctors entries. Continue 2 hourly turns.

0500-0600- Empty catheters, tidy bed spaces.

0600-0630 – Morning observations

0630-0730- Morning IVs, up date co-ordinator and electronic handover sheet with any changes.

All meal times are now **protected meal times**, patients are not to be disturbed by any non-essential interventions.

Turnaround project- patients who are at risk of falls or pressure ulcers must be checked upon and turned at 2 hourly intervals.

Useful Terminology.

- **Asthma**- Inflammation of the bronchioles causing shortness of breath, wheezing and chest tightness.
- **COPD**- Chronic Obstructive Pulmonary Disease- an overall term for bronchitis and emphysema.
- **Bronchiectasis**- damage of the airways causing accumulation of stagnant mucus, therefore leading to bacterial infection in the bronchioles.
- **Emphysema**- permanent enlargement and destruction of the alveoli causing the lungs to lose their elasticity and expiration to become an active process.
- **Empyema**- pus collection in the pleural cavity usually secondary to infection.
- **Pneumonia**- a bacterial infection which causes the bronchioles and alveoli to fill with fluid. The presence of leukocytes causes inflammation, preventing efficient gaseous exchange.
- **Pneumothorax**- air in the pleural cavity which results in the collapse of the lung.
- **Pleural Effusion**- collection of fluid in the pleural cavity.
- **Hypoxia**- the result of limited oxygen flow to tissues or organs due to a blockage, poor tissue uptake or insufficient gaseous exchange.
- **Hypercapnia**- abnormally high levels of carbon dioxide in the blood.

Common Abbreviations.

Abg- Arterial Blood Gas

AF- Atrial Fibrillation

ARF/CRF- Acute/Chronic Renal Failure

BiPAP- Biphasic positive airway pressure

CABG- Coronary Artery Bypass Graft

CCF- Cardiac Congestive Failure

COPD- Chronic Obstructive Pulmonary Disease

CPAP- Continuous Positive Airway Pressure

CVA- Cerebrovascular Accident

CVC- Central Venous Catheter

CXR/AXR- Chest/Abdo XRay

DVT- Deep Vein Thrombosis

FBC/FDC- Fluid balance chart/ Food chart

FR- Fluid restriction

HOOF- Home Oxygen Order Form

IM- Intramuscular (injection)

IVABX- Intravenous Antibiotics

IVI- Intravenous Infusion

IHD- Ischaemic Heart Disease

LTOT- Long term Oxygen Therapy

LVF- Left Ventricular Failure

Common Abbreviations (cont)

MDT- Multi-disciplinary Team

MI- Myocardial Infarction

NBM- Nil By Mouth

NFR- Not for Resuscitation

NIV- Non- invasive Ventilation

OT- Occupation Therapy

PE- Pulmonary Effusion

PO- Oral meds

PPM- Permanent Pacemaker

PT- Physiotherapy

SALT- Speech and Language Therapy

SOB(OE)- Shortness of Breath (on exertion)

SC- Subcutaneous (injection/infusion)

T1RF/T2RF- Type 1/2 Respiratory failure

TCI- To come in

TROP- Troponin

TTOS- To take out (drugs)

TWOC- Trial without catheter

UTI- Urinary Tract Infection

If you can think of any more that we use regularly on the ward, please let us know!!!

Tools used on the Ward.

We use a variety of tools which help us to assess patients and their needs for the duration of their stay. These tools help us to assess the patient and to refer them to the appropriate members of the MDT if necessary. You may want to find out more about the following tools prior to commencing placement. Some of these tools are universal, therefore may be used in other areas.

- **MEWS** (Modified Early Warning System)- monitoring patients observations, allowing us to distinguish when a patients obs are out of the normal range- suggesting patient deterioration.
- **SBAR** (Situation, Background, Assessment, Recommendation)- see additional sheets. Basic handover tool to doctors or other members of the MDT for if and when a patient becomes unwell/ needs exceed your expertise. May not be needed in full if the doctor/staff member is familiar with the patient background.
- **SIRFIT**- assess whether patients are at risk of falls, and to encourage us to consider reasons as to why they may fall.
- **Turnaround project**- a tool for patients who have pressure sores, are high risk for pressure damage or known to have falls. Ensures that patients are checked/turned every 2 hours.
- **MUST** (Malnutrition Universal Screening Tool)- to assess whether a patient is at risk of malnutrition- needed for referring to a dietician for supplementary support.
- **Braden**- to assess whether a patient is at risk of pressure area damage. Needed to order pressure relieving equipment, if at risk the patient will be commenced on the turnaround project.
- **VIPs**- Visual Infusion Phlebitis score- to assess cannulas every shift for signs of infection.

These tools will be demonstrated to you by staff on the ward, but it would be worth becoming familiar with these to enable you to participate in making the appropriate referrals to other staff members.

Commonly used Respiratory Drugs.

These are some of the common respiratory drugs used on D6. Using the BNF or alternative resources; you will need to know these following medications;

Drug	Use	Side Effects	Contraindications	Route
Salbutamol				
Atrovent				
Acetylcysteine				
Oxygen				
Carbocysteine				
Theophylline				
Aminophylline				
Prednisolone				
Furosemide				

Random Request!!!

We understand that you are very busy as students however we are always trying to improve our service to students, as you are the future of the health service and we want you to enjoy your time with us on D6.

If you have any suggestions to how we can improve the please leave your suggestions in the student contribution file!!

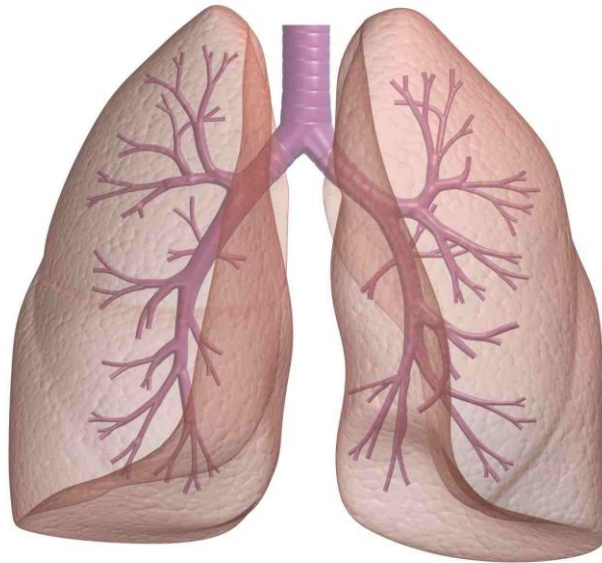
In addition, we request that if you have the time, you make comments on a particular skill/topic/condition that you have learnt about of D6. It does not have to be a particular length or in a huge amount of depth but just to help future students learn about D6 and enjoy their experience with us!!

Thank you for your time.

Any other concerns, please contact me!!

The following pages consist of a few questions to test your knowledge on some of the issues which will come up on the ward. Please try to complete these before commencing placement with us.

1. What is CPAP? What conditions does this treatment help with?
2. What is BiPAP? What conditions does this treatment help with?
3. What is Hypercapnia? What are the clinical signs of hypercapnia?
4. What is the difference between type 1 and type 2 respiratory failure?
5. What could cause these types of respiratory failure?
6. We use a multitude of nebulised therapies on the ward, can you tell me all the details about the following nebulised therapies;
 - Salbutamol
 - Ipratropium Bromide
 - Saline
 - N-acetylcysteine
7. Here is a picture of the respiratory system, how many body parts can you label? What is their function?



8. What are the normal ranges of an arterial blood gas?
9. What are the normal ranges for a peakflow?
10. For what reason would a chest drain be inserted? What monitoring may be required with chest drain care?
11. Suggest some nursing interventions or treatments which may help with shortness of breath?
12. We use oxygen therapy for numerous patients on our ward, what should be considered when using oxygen for COPD patients?