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Welcome to your placement on ward 408. This pack has been put together to provide you with information for your placement with us.

Ward Shift Patterns

Early Shift: 07:00-15:00
Late: 13:00-21:00
Night: 20:30-07:30
Long Day 07:00-21:00

(One Long Day a Week Only in Agreement with Mentor & Ward Manager)

(Break: Each 8 hour shift the break entitlement is 30 minutes break)

The following information will be provided to you on your first day with us.

Mentor Name: _____________________________

Associate Mentor: ______________________________

Tutor: ______________________________

Placement Team: _______________________________
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

• You 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 clients, 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.

All students are expected and are responsible to provide their contact numbers to ward on the first day or prior to commencing their placements to Rachel Price, Moira Perry or Kiran Kaur.

**Student Contact Details**

Please complete the following information and give it to your mentor or student link nurse of your clinical area as soon as your placement commences.

Please note: if you do not attend work as rostered and you have not contacted the placement area to alert them that you will not be present for the shift, we will initially contact you on the numbers given. If we are unable to get hold of you, we will then use the other numbers given in addition to contacting your academic tutor.

<table>
<thead>
<tr>
<th>Clinical Placement</th>
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<tbody>
<tr>
<td>Student Name</td>
<td></td>
</tr>
<tr>
<td>Placement Number &amp; Start Date</td>
<td></td>
</tr>
<tr>
<td>Contact Numbers</td>
<td>Home:</td>
</tr>
<tr>
<td></td>
<td>Mobile:</td>
</tr>
</tbody>
</table>

Name and Contact Details of Person to Contact in the event of an Emergency or if we are unable to Contact You

<table>
<thead>
<tr>
<th>Academic Tutor &amp; E-mail Address</th>
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<tbody>
<tr>
<td>Student Signature</td>
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</table>
The Ward and Nursing Team

Ward 408 is 36 bedded ward with different specialities. Ward cares for patients undergoing ENT (ear, nose, throat), MaxFac (maxillofacial); Plastics, Hand surgery and Trauma & Orthopaedics (T/O). Competence and clinical skills will be gained when caring for patients allocated to them on a daily basis. The students are encouraged to develop organisational and management skills, guided by their supervisors/mentors. The ‘allocation’ will be dependent on the patients’ needs and the available skill mix of nurses on each shift. All staff work within their teams as members of a larger team to facilitate quality nursing care for which the patient is the main focus.

Other MDT members

Doctors
Physiotherapists
Occupational Therapists
Dietician
Pharmacists
Speech and Language Therapists (SALT)
Clinical Nurse Specialists: ENT, Max Fac. (Head & Neck) Plastics Breast Reconstruction
Hospital @ Home Team
Infection control Nurses
Falls Prevention Nurse
Head and Neck McMillan Nurse & Counsellor
Housekeeper, Ward Clerks, Ward Administrator, Voluntary help
Social Workers and Community Discharge Liaison Nurse
Ward Philosophy of Care

It is our belief that nursing staff will act as the patients advocate working towards providing best practice according to the individuals needs. We believe that care is best provided in a warm friendly atmosphere, where each person keeps their identity and independence and where confidentiality is respected. We aim to provide high quality holistic care on an individual basis. The emphasis the uniqueness of the individual and takes in to account the physical, psychological, spiritual, social and cultural needs of the person. Staff members are encouraged to develop and expand their own specialised practice and to take a holistic, empathic approach to the patients’ and carers’ needs to achieve optimum potential and personal goals.

It is our belief that care should be provided in a safe, clean environment and in a climate, which aims to promote health, prevent further illness and / or helps individuals to cope with their limitations. The aim of the nursing team is to ensure that patients receive care/assistance whilst they are in hospital and gain the maximum benefit from their stay prior to transfer to home or an appropriate safe place.

We will treat our patients in a dignified and courteous manner at all times, respecting their individual needs. We recognise that the care you receive cannot be provided by any one person or profession, and so we value the contribution of the multi-disciplinary team in planning your care both in hospital and in the community. We endeavour to provide an atmosphere that is sensitive to patient’s cultural, biological, social and emotional needs.

The ward provides a valuable placement for student nurses at various stages of their training, offering the opportunity to develop a wide range of essential care skills in a supportive and learning environment. We are constantly striving to improve the quality of the inpatient experience and our communication with relatives and carers, and welcome feedback to ensure our standards continue to be met. Staff development is fundamental to our achievements and future progress, and is likewise an ongoing process.
Emergency Situation

Emergency Buzzer / Cardiac Arrest

There is a red emergency buzzer located by each patient's bed and in bathrooms and toilets. This should be pulled if there is a problem with a patient that requires immediate assistance, such as Cardiac Arrest, an unresponsive patient, a fall or simply where you feel that it is not safe to be alone with or to leave the patient to find assistance.

If you are asked to put a Cardiac Arrest call out - you need to dial 2222 and the operator will ask you where you are and where the patient is; -

I.e. Ward 408, Room B, Bed 9

If you are asked to fast-bleep a member of the medical team – you need to dial 2222 and ask to fast-bleep the member of staff you require assistance from.

Have a good look at the Crash Trolley, which is situated in your clinical area by Room no 22 and identify where certain items are located - you never know when you may need to assist the team in a Cardiac Arrest. Next to the trolley is Emergency Suction and Oxygen.

Fire

Please familiarise yourself with the location of;

- Fire extinguishers and exits
- Fire alarm break points

If an intermittent fire alarm rings ensure that all windows are closed and all doors are shut.

If a continuous fire alarm rings ensure that all doors and windows are shut. The nurse in charge will explain what to do next.
Admission Procedure Brief Guidance

- Record and report observations of vital signs and assess mood/level of consciousness - inform nurse on duty of any abnormalities using the SEWS scoring system on PICS.

- Explain call system and orientate to ward environment

- Complete initial nursing assessment and record (access Trust Documentation guidance on internet for more information)

- Apply white wristband for pt identification and red band denotes patient is allergic to something.

- Commence patient care round hourly checklist and explain

- Ensure patients do not have any broken skin, pressure sore and conduct an skin inspection and maintain clear records as appropriate. Waterlow above 10 then each patient should have a skin tool and completed regularly 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 on PICS on 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)

Useful Contact Numbers

For Switchboard Dial 0 from any trust phones

External: 0121 627 2000

Ward 408 Reception no: 0121 371 4056 or 57 Ext no: 14056 or 57

Staff Base 1: 0121 371 4058 or 59 Ext no: 14058 or 59

Staff Base 2: 0121 371 4060 or 61 Ext no: 14060 or 61

To bleep teams: 88 then bleep number and extension from the phone that you are calling and press #. Wait and follow the instructions.
## Guide to Assessing Patients

<table>
<thead>
<tr>
<th>SOCIAL PROFILE</th>
<th>COMMUNICATION/MOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient live alone, with, or near family or friends?</td>
<td>Is patient conscious, relaxed, anxious?</td>
</tr>
<tr>
<td>Is the patient receiving support? Carers, package of care,</td>
<td>Talkative, withdrawn or confused?</td>
</tr>
<tr>
<td>Present or past occupation?</td>
<td>Short/Long-term memory</td>
</tr>
<tr>
<td>Type of accommodation, rent, own</td>
<td>Is hearing, speech or sight impaired?</td>
</tr>
<tr>
<td>Pets, Lifeline</td>
<td>Any aids? Is patient aware of time and place?</td>
</tr>
<tr>
<td></td>
<td>Is language appropriate?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BREATHEING</th>
<th>PROMOTING COMFORT &amp; SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathless on exertion or at rest.</td>
<td>Vital signs. Own clothes and toiletries</td>
</tr>
<tr>
<td>Smoker - how many? health promotion- advise to quit, any help</td>
<td>PAIN where? Chronic/acute pain. Pain</td>
</tr>
<tr>
<td>Is the patient a good colour - blueness of fingers and lips?</td>
<td>Score using assessment tools (PICS).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MOBILITY</th>
<th>LEARNING AND UNDERSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterlow score/ Sterling scale. Does patient have any problems? If aids are used, which? How does he/she manage at home? How many nurses needed to transfer? Hoists?</td>
<td>Patient's awareness and knowledge of illness, medication, prognosis and diagnosis</td>
</tr>
<tr>
<td>Pressure areas, Cuts/bruising. At risk of falls, care plans, pressure relieving equipments</td>
<td></td>
</tr>
<tr>
<td>Turning chart, Skin tool, Care Round</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>ELIMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is patient well-nourished, hydrated/any nausea, vomiting?</td>
<td>How often bowels open &amp; last opened</td>
</tr>
<tr>
<td>Difficulties in swallowing, eating?</td>
<td>Normal pattern (constipation, diarrhoea, colour, blood present)?</td>
</tr>
<tr>
<td>A special diet, likes, dislikes.</td>
<td>Incontinent, double incontinent</td>
</tr>
<tr>
<td>Nutritional score, dietician referral, supplements, Recent weight loss/gain</td>
<td>Stool chart (PICS), any urinary problems</td>
</tr>
</tbody>
</table>
**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

**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?

**Other Issues**

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### Stages in Individualised Patient Care

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>SKILLS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect information via a nursing history.</td>
<td>International communication (Verbal and non-verbal)</td>
</tr>
<tr>
<td>Interpret the information.</td>
<td>Observation, Knowledge, Team work</td>
</tr>
<tr>
<td>(Actual and potential)</td>
<td></td>
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<tr>
<td>Document on assessment form</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>PLANNING</th>
<th></th>
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<tbody>
<tr>
<td>Set patient-centred goals and write specific nursing instructions.</td>
<td>Experience</td>
</tr>
<tr>
<td>Document on Care plan.</td>
<td>Expertise</td>
</tr>
<tr>
<td></td>
<td>Team planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMPLEMENTATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Put into practice nursing instructions as specified on care plan.</td>
<td>Practice skills</td>
</tr>
<tr>
<td>Record and monitor progress</td>
<td>Expertise</td>
</tr>
<tr>
<td></td>
<td>Team work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compare patient’s present stage with goal</td>
<td>Observation</td>
</tr>
<tr>
<td></td>
<td>Team observation</td>
</tr>
</tbody>
</table>

(Modified & adapted: Roper Logan Tierney Nursing Model)
MEDICATION

AIM -
To increase knowledge of prescribed medication.

OBJECTIVE -
The student will be able to list the drugs prescribed for patients in his/her care. To demonstrate an ability to explain to his/her patients the actions, effects and dosage to enable them to comply with their medication after discharge.

AIM -
To become competent in the administration of medication.

OBJECTIVE -
To carry out regular drug rounds with a trained nurse, observing correct procedures.
To have a sound knowledge of the commonly used drugs, their side effects and action.
To safely administer IM, S/C injections and nebulisers.

Evidence-
Produce the drug History by Listing the Common Used Medication on the Ward, with the action, side effects and contra indications etc.
Drug Calculations

1. A client is ordered 50 milligrams of Amitriptyline. 25 milligram tablets are available. How many tablets will you give?

   Answer:

2. A Client is ordered of 60 milligram/ml Codeine phosphate. 25mg/5ml elixier is available. How many mls will you give?

   Answer:

3. A Client is ordered 0.5 milligrams of Digoxin. 250 microgram tablets are available. How many tablets will you give and what you need to be aware of before administering this drug?

   Answer:

4. A client is ordered 300 milligrams of Carbamazepine. 200 milligram tablets are available. How many tablets will you give?

   Answer:

5. A client is ordered 7.5 milligrams of Bendrofluthiamzide. 2.5 milligram tablets are available. How many tablets will you give?

   Answer:

6. A client is ordered 50 milligrams of Amoxicillin trihydrate orally. 125 milligrams in 5 millilitres of Syrup is available. How many millilitres will you administer?

   Answer

7. A client is ordered 5 milligrams of Haloperidol orally. 2 milligrams in 1 millilitre of Syrup is available. How many millilitres will you administer?

   Answer:

8. A client is ordered 50 milligrams of Sodium Valproate orally. 200 milligrams in 5 millilitres of Syrup is available. How many millilitres will you administer?

   Answer:

9. One litre of Normal Saline is charted over 9 hours. The drop factor is 15. Calculate the number of drops per minute.

   Answer:

10. One litre of Dextrose 5% in water is charted over 8 hours. The drop factor is 10. Calculate the number of drops per minute.

   Answer:
Drug Calculation Formulas

This formula is used to calculate the number of tablets to be administered when given the required dose.

\[
\frac{\text{Required Dose}}{\text{Stock Dose}} = \text{Number of tablets to be given}
\]

This formula is used to calculate the amount of medication in solution for oral, intramuscular, intravenous or subcutaneous injection to be administered when given a dosage, stock dose and volume:

\[
\frac{\text{Required Dose}}{\text{Stock Dose}} \times \frac{\text{Stock Volume}}{1} = \text{Volume to be given}
\]

N.B. Units for required dose and stock dose must be the same.

**Intravenous fluid** must be given at a specific rate, neither too fast nor too slow. The specific rate may be measured as ml/hour, L/hour or drops/min. To control or adjust the flow rate only drops per minute are used.

Common drop factors are:
10 drops/ml (blood set), 15 drops/ml (regular set), 60 drops/ml (microdrop).

To measure the rate we must know:
(a) the number of drops
(b) time in minutes.

The formula for working out flow rates is:

\[
\frac{\text{volume (ml) \times drop factor (drops/ml)}}{\text{time (min)}} = \text{drops / minute}
\]
Breast, Human Upper Part and Larynx Anatomy

Breast profile

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A</td>
<td>Ducts</td>
</tr>
<tr>
<td>B</td>
<td>Lobules</td>
</tr>
<tr>
<td>C</td>
<td>Dilated section of duct to hold milk</td>
</tr>
<tr>
<td>D</td>
<td>Nipple</td>
</tr>
<tr>
<td>E</td>
<td>Fat</td>
</tr>
<tr>
<td>F</td>
<td>Pectoralis major muscle</td>
</tr>
<tr>
<td>G</td>
<td>Chest wall/rib cage</td>
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Enlargement

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<tbody>
<tr>
<td>A</td>
<td>Normal duct cells</td>
</tr>
<tr>
<td>B</td>
<td>Basement membrane</td>
</tr>
<tr>
<td>C</td>
<td>Lumen (centre of duct)</td>
</tr>
</tbody>
</table>
Laryngectomy

Temporary Tracheostomy
FACIAL FRACTURES - Le Fort

LeFort I Osteotomy

Sagittal Split Osteotomies
Recommended Reading & Useful Websites


### Other Facilities

**Library**: Located in the Education Centre on First Floor

**Internet**: Accessed from any Trust computer for further information, care plans, policies & Procedures, Document.

**PPM- Clinical Skills** – First Floor

**PICS Training**: PICS trainer team – First Floor

**Student Board**: Student and Staff Information Board- in staff Room

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<thead>
<tr>
<th>Information Pack Created By</th>
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<tbody>
<tr>
<td>Kiran Kaur</td>
</tr>
<tr>
<td>Staff Nurse</td>
</tr>
<tr>
<td>Ward 408</td>
</tr>
<tr>
<td>EXT NO: 14059</td>
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</table>

<table>
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<tr>
<th>Edited and Reviewed By</th>
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<tbody>
<tr>
<td>Rachel Price</td>
</tr>
<tr>
<td>Ward Manager</td>
</tr>
<tr>
<td>Ward 408</td>
</tr>
<tr>
<td>EXT NO: 14059</td>
</tr>
</tbody>
</table>

| Moira Perry             |
| Sister & Student Co-ordinator |
| Ward 408                |
| EXT NO: 14059           |

| Sue Sharp               |
| PDS                    |
| BC/Ward 408             |

| Katherine Catty         |
| Senior Practice Placement Team Manager |
| UHB EXT NO: 14247, 48, 49 |
| Practiceplacementtt@uhb.nhs.uk |

| Stephanie Dawson        |
| Practice Placement Team – |
| UHB- 4” Floor (Division D) |
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 Sr Perry or SN Kiran or file into student folder. Any concerns you can raise with us in private or with your mentors.

Thank You for Your Co-Operation

Staff Ward 408