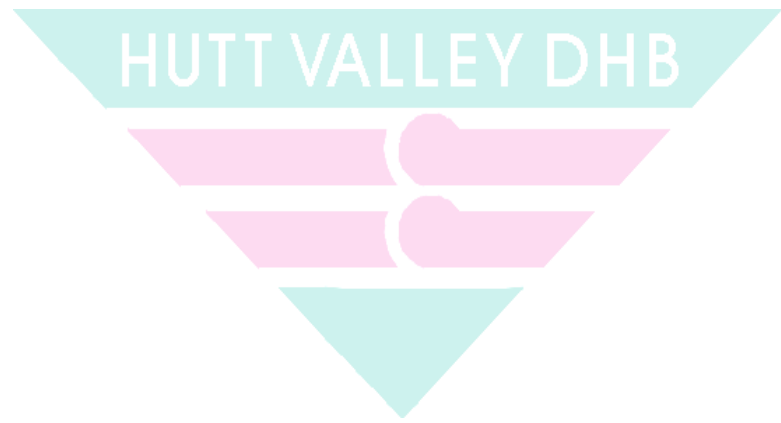


Student Nurses



CHILDREN'S WARD

The Children's Ward

The Children's Ward at Hutt Valley District Health Board provides a professional and dynamic service to the children and families of Lower Hutt, Upper Hutt, Wainuiomata and occasionally the Wairarapa. We provide care to children aged 0-14 years. We also offer a regional service (lower North Island and the top of the South Island) for children requiring management of burns or plastic surgery.

Children's Health Philosophy

- ❑ We believe children should be treated as individuals with a right to dignity, privacy, safety and confidentiality.
- ❑ Children have the right to be involved in their own care, learn about their own health, and receive professional nursing care.
- ❑ We believe a family's social and financial factors, education, knowledge and cultural beliefs influence a child's perception of health.
- ❑ As nurses we can influence knowledge and attitudes to health through our roles as health educators/teachers.
- ❑ We see the family as an essential part of a child's life, and as a result the focus of our care is on the family.

Day 1 Checklist

- ❑ Provide ward with emergency contact details (form in student folder)
- ❑ Locate roster folder and allocation book
- ❑ Locate resus trolley
- ❑ Familiarise self with emergency procedures
- ❑ Familiarise self with the layout of the ward
- ❑ Identify basic isolation precautions

Who to Contact

- ❖ For roster enquiries – Student Liaison
- ❖ For advice, education and resources – Nurse Educator
- ❖ For day to day patient queries – Preceptor or ACNM/Coord for the day
- ❖ For complaints or issues - Nurse Educator, CNM, or Student Liaison
- ❖ To discuss future employment process – CNM

Clinical Nurse Manager – Sagni Prasad

Associate Clinical Nurse Manager – Rachel Cameron & Dhevindri Moodley

Clinical Nurse Educator – Gabrielle Redmond

Student Liaison – Justine Maranan

Children's Ward #: 570 9037

Welcome!!

We look forward to working with you!

Your Preceptor

Hutt Valley District Health Board recognises that starting a new clinical placement can be a stressful and sometimes overwhelming experience. To help alleviate this, we aim to provide you with an individualized orientation programme where you and your preceptor(s) work together to identify your learning needs and plan to meet them within your clinical placement.

Your preceptor(s) will be the main people responsible for your orientation and your placement experience, and you will be allocated 2 or 3 main preceptors during your placement. We have lots of part time staff so although we try our very best to allocate you with the same preceptors, this may not always be possible due to individual and ward staffing needs.

Your roster can be found in the roster folder in the drawer at the nurses station. Your shifts will be highlighted along with the nurse you are working with that shift. Your name will also be written in the allocation book. You are responsible for familiarizing your roster and attending your rostered shifts. If there are any problems with your roster, or if you have specific requests please discuss them with the student liaison as soon as possible.

If you have any concerns or questions, do not hesitate to contact the above people.

Your Preceptors are:

Sickness

If you are sick and you need the day off, this is okay. You will be able to make up the time later. Please call the Children's Ward on **04 570 9037** to let us know you will be off sick, and how long for. If you are feeling unwell during your shift, please let your preceptor or the coordinator know as soon as possible.

Expectations of the Student Nurse while on the Children's Ward

The shifts in the children's ward are:

Morning:	0700-1530
Afternoon:	1445-2315
Night:	2245-0715

- It is expected that you arrive on time for your shift and if you are going to be late, or if you are unwell, please ring the ward on **04 570 9037** and speak to the co-ordinator.
- You must complete the full shift that you are allocated to work. If you are unable to do so please discuss this with your nurse, preceptor or nurse educator. A lot of learning occurs at quiet times on the ward.
- We endeavor to give you a fair roster with continuity of preceptor(s). If you are unable to work the shifts you have been rostered you need to discuss this with the student liaison before any changes can be made.
- We do not expect you to have paediatric specific knowledge when you start this placement. Your preceptor will work with you to help you learn about assessment and management of a variety of paediatric conditions.
- Your preceptor or the nurse you're working with should be aware of your learning objectives. Please discuss these at the start of each shift.
- If you are not achieving your objectives please see the Nurse Educator, your preceptor, or the student liaison before your last week on the ward.
- Third year students that are commencing their final placement need to identify early in their placement which preceptor will be fulfilling their documentation requirements and ensure their preceptor has an adequate time frame to complete these.
- Please ensure your uniform meets your institution standards and for infection control reasons that your uniform is clean, jewellery is removed and long hair tied back.

Safety Measures on the Children's Ward

While in the ward, you are responsible for the safety of the baby/child you are caring for.

- ❑ Never leave a baby/small child unattended on a bed or in a highchair.
- ❑ Always ensure cot / bed sides are up.
- ❑ Only one parent can sleep over due to fire safety and space.
- ❑ Keep the bathroom door locked at all times.
- ❑ If using either the main bath or one of the small baby baths, please empty it after use and clean it according to the guidelines displayed.
- ❑ Never leave drugs or other dangerous substances within reach of children.
- ❑ All medicines, both IV and oral, must be double checked by two registered nurses.
- ❑ All documentation must be kept up to date. If you are completing documentation yourself this needs to be double signed by the registered nurse you are working with.
- ❑ Patients, parents and visitors are not permitted in the staff only areas, i.e. staffroom, store and equipment cupboards, office and work station, due to safety and confidentiality issues.
- ❑ No hot drinks in the ward area or office – we must remind parents of this safety.
- ❑ Ensure the main door is kept shut. It is locked between 2000hrs and 0600hrs. A swipe card to let you open it between these times will be issued to you.
- ❑ A registered nurse is to hold the “red” keys at all times.
- ❑ Use the appropriate sharps disposal system.
- ❑ Use discretion when giving information over the phone. There is also a book into which phone enquiries from people wanting medical advice are written.
- ❑ Know where all fire exits extinguishers and fire hoses are.
- ❑ Know what to do in an emergency situation or arrest – raise the alarm, dial 777, get the resuscitation trolley. Your CPR training should be recent and up to date.
- ❑ The resuscitation trolley is located in the treatment room.
- ❑ The resuscitation trolley is checked daily to ensure it is stocked appropriately. This is done by a registered nurse, although it is a good idea for you to help checking it regularly so that you familiarize yourself with its layout and the equipment inside.
- ❑ In the drug room there are three emergency boxes – Cardiac, Asthma and Seizure. These hold all the drugs that are likely to be required in a cardiac, asthma or seizure emergency. You should know where they are kept and what is inside. They are checked along with the resus trolley every shift. There is also an emergency anaesthetic box in the fridge.
- ❑ Keep equipment in the correct places and try to keep the ward uncluttered.
- ❑ Ensure all bed spaces have emergency equipment available – suction, oxygen, masks that are appropriate for the child's age and size.

Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

- ECG dots
- Controlled Drug cupboard
- Admission Books
- Linen supplies
- CNM/ACNM Office
- Nurse Educator Office
- Scales (chair, baby, nappy)
- Kitchen store room
- Staff tea room
- Blood tubes
- X-ray facilities
- Specimen bags
- Specimen containers (urine/faeces)
- Oxygen isolation "shut off" valve
- Dressing Supplies
- DVD/Video player + TV's
- Roster
- Monitors
- Burns and Plastics Folder
- Urine specimen bags
- Yellow gowns
- Blood sugar and Ketone monitors
- Blood sugar and ketone strips
- Laundry bags
- Incontinence pads (blueies)
- Catheters
- Baby formula
- Bottle sterilizing equipment
- Feeding Tubes
- Volumetric pumps & syringe drivers
- Saturation probes
- "Notes on Injectable Drugs"
- Sterile gloves
- Burns bathroom
- Student folder
- Bio-hazard bags
- thermometer covers (tympanic and baby)
- Stationery supplies
- Photocopier
- Patient charts/notes
- Laboratory forms
- Alginate linen bags
- CAU
- Resuscitation trolley and Boxes
- Education Board
- IV Fluids
- Urine dipsticks
- IV splints
- Oxygen supplies (tubing/masks etc)
- Dressing packs
- Portable suction
- Eye shields/face shields
- Plastic aprons
- Blood culture bottles
- Non sterile gloves
- Baby bottles and teats
- Oxygen cylinders
- Flow meters

Common Presentations to the Children's Ward

Children are admitted to the service for a variety of conditions/treatments, which include:

Medical ●

- Asthma
- Bronchiolitis
- Diabetes
- Eczema
- Pneumonia

Burns and Plastics ●

- Burns
- Lacerations and finger injuries
- Cleft lip and palate
- Hypospadias
- Flaps and Grafts



Orthopaedics ●

- Fractures
- Traction management
- SUFE repair
- Osteomyelitis

General Surgery ●

- Appendicitis
- Incision and drainage of abscesses
- Head Injury

ENT ●

- Tonsillitis
- ENT Surgery
- Grommets

Mental Health ●

- Eating Disorders
- Self Harm

Common Medications

Administration of drugs is an important factor in nursing. Administering drugs to children is different than adults. Drug doses are calculated by the child's weight, therefore it is important to weigh every child on admission regardless. It's the children's ward policy that EVERY drug (IV, oral, PR, inhalers, nebs etc) is checked by two registered nurses prior administration. It is vital that you know these drug calculation formulas.

PILLS/TABLETS:

Want = Dosage required

Got

LIQUIDS:

Want x mls = Dosage required

Got

Remember to check the 5 R's when administering any medications:

- Right patient
- Right drug
- Right dose
- Right route
- Right time

Drug charts should routinely be checked to ensure they are correct and up to date. This includes the child's correct details, their most recent weight, and whether the child has any allergies. If you are unsure about any of the medicines a child is prescribed, the red Paediatric Pharmacopoeia (there are many copies around the ward and in the drug room) is a good guide to check dosages and administration routes.

Common medications used on the Children's Ward include:

- Paracetamol
- Ibuprofen
- Morphine preparations e.g. Oramorph, Tramadol, Severadol
- Oral and IV antibiotics e.g. Amoxicillin, Cefotaxime, Flucloxacillin
- Oral and IV steroids e.g. Prednisolone, Methylprednisolone
- Anti-emetics e.g. Cyclizine
- Anti-reflux medications e.g. Omeprazole, Ranitidine
- Anti-seizure medications e.g. Diazepam
- IV fluids e.g. 0.9% Sodium Chloride, 0.45% Sodium Chloride and 2.5% Glucose
- Blood products e.g. Red cells, Albumin

References

Baily, D. (2001). *Childrens Ward Student Placement*. Lower Hutt: Hutt Valley District Health Board

Britton, E. (1989). The orientation process. AORN. 49 (2) 543-544.

Breton, C. (2003). *Southern Cross Orientation Package for Ward Nurses*. Wellington: Southern Cross Hospital.

Kaviani, N. & Stillwell, Y. (2000). An evaluative study of clinical preceptorship. Nurse Education Today, 20, 218-226.

Redmond, G. (2009). *Children's Ward Orientation Package for Ward Nurses*. Lower Hutt: Hutt Valley District Health Board

Upchurch, A. (2008). *Burns and Plastics Unit Orientation Package for Ward Nurses*. Lower Hutt: Hutt Valley District Health Board

Evaluation of your Clinical Preceptor

Please return your evaluation to Gabrielle (Nurse Educator)

Name of Preceptor _____ Date _____

E = Excellent **VG** = Very Good **S** = Satisfactory **NI** = Needs Improvement

Please read the following statements then tick the box that best indicates your experience

My Preceptor:	E	VG	S	NI
Was welcoming and expecting me on the first day				
Was a good role model and demonstrated safe and competent clinical practice				
Was approachable and supportive				
Acknowledged my previous life skills and knowledge				
Provided me with feedback in relation to my clinical development				
Provided me with formal and informal learning opportunities				
Applied adult teaching principals when teaching in the clinical environment				

Describe what your preceptor did well

Describe anything you would like done differently

Signed: _____ Name: _____

Cut along line

Notes