

Te Whatu Ora
Health New Zealand
Capital, Coast and Hutt Valley

STUDENT NURSE ORIENTATION BOOKLET

**Wellington Regional Burns,
Maxillofacial and Plastic Surgery
Unit**

Restoring
Form & Function



The Burns and Plastics Unit

The Maxillofacial, Burns and Plastics Unit at Hutt Valley District Health Board currently serves a population of approximately one million people in the wider geographical region of the lower North Island (six region DHBs) and the top of the South Island (Nelson-Marlborough DHB). This regional service provides both inpatient and outpatient facilities for the region.

Reconstructive Plastic Surgery is a specialized area of surgery dedicated to the restoration of function and correction of deformities resulting from congenital defects, cancers, and trauma including burns.

Patients are admitted in the service for a variety of conditions, which include:

Trauma

- ❑ Burns
- ❑ Soft tissue injuries & major lacerations
- ❑ Major skin and tissue loss
- ❑ Hand trauma including neurovascular injury and implantation
- ❑ Maxillofacial trauma and reconstruction

Cancer

- ❑ Skin Cancer
- ❑ Breast Cancer
- ❑ Head and neck cancer
- ❑ Post-surgical reconstruction e.g. following mastectomy

Other Specialties

We also admit patients from other specialties such as acute dental patients and both elective and acute ENT patients.

Due to bed shortages, we sometimes have “boarder” or “outlier” patients from other specialties within the hospital such as medical, surgical and orthopaedics.

Welcome!
We are looking forward to working with you.

Contacts

Plastic Surgery Unit (PSU)		570 9043	
Clinical Nurse Educator (CNE)	Emmily Whittington	570 9452 or 0272362184	Emmily.Whittington@huttvalleydhb.org.nz
Clinical Nurse Manager (CNM)	Angela Gillman	570 9963 or 0272165234	Angela.Gillman@huttvalleydhb.org.nz
Associate Clinical Nurse Manager (ACNM)	Hilary Neighbours	570 9043 or 0278093937	Hilary.Neighbours@huttvalleydhb.org.nz

Emmily Whittington (CNE) is overall responsible for your placement in the Unit. Your preceptors will feedback your progress to CNE. Please contact Emmily via email prior to commencing your placement.

Your Preceptor

During your placement, you will be allocated to a preceptor for each shift. While we strive to ensure continuity this is not always possible due to rostering and staffing levels. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. During shorter placements, you will work with a number of different nurses as all our staff work rostered and rotating shifts. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). Your preceptor will not complete any evaluations if you give it to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact Emmily, Angela, or Hilary.

Expectations of the Student Nurse while in PSU

The shifts in the Plastic Surgery Unit are:

Morning	:	0645hrs to 1515hrs
Afternoon	:	1445hrs to 2315hrs
Night	:	2245hrs to 0715hrs

We have a few expectations of student nurses working in the unit:

- ❖ It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and can not come to call the unit on **570 9043**.
- ❖ 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 in the unit!!
- ❖ Do not swap shifts or take time off without discussing this with Emmily (CNE) first.
- ❖ It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives.
- ❖ Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working in the floor.
- ❖ If you are not achieving your objectives please see Emmily or your preceptor (before the last week in the unit).
- ❖ Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will **not** complete any paperwork that is given to him or her if it is given in the last days of your placement
- ❖ Student nurses will have the opportunity to participate in various exciting learning opportunities such as burns dressing, complex wound care, VAC dressings, removal of sutures and staples, and skin graft dressings, while on clinical placement.
- ❖ With the exception of year 3 transition to practice nursing students, no students will be allowed to participate in IV therapy during this placement.
- ❖ Please complete the student contact form and return to Emmily or a senior nurse on your first day of placement.

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.

<p>DRUG ROOM</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Notes on injectable drugs" <input type="checkbox"/> IV medications <input type="checkbox"/> Oral medications <input type="checkbox"/> Controlled drugs <input type="checkbox"/> Pre-op medication list <input type="checkbox"/> Alcohol swabs <input type="checkbox"/> IV syringes <input type="checkbox"/> Intravenous fluids <input type="checkbox"/> Suction equipment 	<p>DIRTY UTILITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bio hazard bags <input type="checkbox"/> Bottles/pans <input type="checkbox"/> Linen bags <input type="checkbox"/> Sharps bin 	<p>EMERGENCY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resuscitation trolley <input type="checkbox"/> Anaphylaxis kit <input type="checkbox"/> Naloxone kit <input type="checkbox"/> ENT emergency kit
<p>ADMINISTRATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinical policies & procedure <input type="checkbox"/> Roster <input type="checkbox"/> Photocopier <input type="checkbox"/> District nurse referrals <input type="checkbox"/> Patient charts <input type="checkbox"/> Shelf with patient information pamphlets <input type="checkbox"/> Education board 	<p>DRESSING PRODUCTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plain gauze <input type="checkbox"/> Acti-coat <input type="checkbox"/> Hypafix/opside <input type="checkbox"/> Tapes <input type="checkbox"/> Tubigrip <input type="checkbox"/> Softban <input type="checkbox"/> Crepe <input type="checkbox"/> Combine <input type="checkbox"/> Warmed saline <input type="checkbox"/> Sterile gloves 	<p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual BP machine <input type="checkbox"/> Linen supplies <input type="checkbox"/> CNM office <input type="checkbox"/> CNE/ACNM office <input type="checkbox"/> Staff tea room/toilet <input type="checkbox"/> BSL machines <input type="checkbox"/> Tympanic thermometer covers <input type="checkbox"/> Laboratory forms <input type="checkbox"/> Lamson Tube system <input type="checkbox"/> Burns bathroom <input type="checkbox"/> Physio room

Operational Details

Ward Layout

- The ward has; 7 single bedrooms with shared and single ensuites. We also have 5, four bedded cubicles.
- There is a kitchen from which refreshments are obtained, including a range of teas, coffee, and ice.

Medical Personal

- The Consultants and Registrars provide 24-hour cover for patients throughout their hospital stay and this is managed on a rostered system.
- The Unit also has three House Officers during normal working hours with one of these three covering ENT patients. Between 1600hrs to 2300hr you contact "first-on" for surgical patients and "second on" for medical patients. During the hours of 2300hrs to 0800hrs there is **one** House Officer to cover the entire hospital – called "Night Float".

Admissions & Discharges

- Booked elective patient admissions are allocated in the morning and the afternoon duties
- The Burns and Plastics Unit also admits acute admissions 24 hours a day, 7 days a week
- Patients should be discharged prior to 11am. Later discharges can be arranged, but consideration should be given to how this will affect cleaning services and bed availability for incoming admissions. Please check with the ACNM if your patient requires a late discharge.
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Patient Call Bell System

- When a patient rings for attention, the bell sounds and a red light illuminates above the bed in the room. Additionally a digital display of the room number appears in the hall and nurses staff room.
- When entering the room the patient call bell should be cancelled.
- If you are requiring help for an unstable or emergent situation, **ring the emergency call bell.**

Emergencies

- The procedure remains the same for PSU as it is for the remainder of the hospital
- When calling a **777** – you must state if it is a Pediatric or Adult emergency, the location and Room Number (i.e. PSU, Room 5). You can call 77 for a cardiac arrest, medical emergency, security emergency, or fire.
- The resuscitation trolley in PSU is next door to Room 12. There is also an ENT emergency box and anaphylaxis kit in the drug room.

Visiting Hours

- Visiting hours are from 7-12.30 and 1430-2030.
- The Plastic Surgery Unit has a rest period between 1230 and 1430hrs, the ward is locked and lights are turned off during this time.

Patient Transfer to Theatre

All patients should be prepared and waiting for theatre well in advance. Transfer to theatre is made on receiving the call from theatre. Preferably the allocated nurse should transport the patient to theatre. Most elective patients are admitted to the Surgical Assessment Unit (SAU) and are transferred to the Plastic Surgery Unit post-operatively. Acute patients are admitted to the Plastic Surgery Unit pre-op & require pre-op preparation on the ward.

The transfer of patients on beds is on some days constant, so it is really important to maintain body alignment and save your back. For this reason all beds are to be pushed by two people to and from theatre. The nurse should have visible eye contact of the post-operative patient – therefore, should push the foot end of the bed.

Ward Rounds

- The Consultants, Registrars and House Officers complete a ward round every week day morning between 0730hrs to 0900hrs.
- On Mondays & Fridays the ward round commences at 0730.
- On Tuesday, Wednesday, Thursday the ward round commences at 0745.
- In the weekend, the on-call Consultant and Registrar complete a ward round between 0800hrs and 1000hrs.

- During normal working hours the ACNM & CNM will accompany the ward round to ensure communication of orders and progress updates. All nurses are encouraged to attend their own patients for ward rounds as workload permits.
- All drains and fluid balance charts are to be totalled and appropriate dressings removed before the ward round.
-

Pharmacy

- Medication information is available in the preparation room in the form of "Notes on Injectable Drug's" and "NZ formulary". We also have an ipad that can be used to look up medications online. Please make sure you can locate them and are familiar with all medications that you are administering.
- Controlled drug keys are carried by nursing staff at all times.
- Controlled drug checks are carried out on night duty once per week. When ringing for the controlled drug keys do not ring and walk away, wait for response as many times the holder of the keys is in middle of doing a dressing or giving IVAB's.
- All IV medications, IV fluids, controlled drugs, S/C and IM medications are double-checked by two registered nurses.
- During working hours medications can be obtained from Pharmacy. After-hours availability of other wards stock medications can be obtained by checking "After-hours Medication" icon on the computer. Or alternatively you can contact other wards within the hospital or contact the After-hour manager.

Telephones

- Telephones are located at the nurses' station and in the staff room.
- There is also a portable phone to allow for answering the phone on the move.
- When making an external call, dial 1 first.

Laundry

Laundry is collected from the ward occurs in the morning and afternoon. Patients in isolation should have a linen skip in their room with an alginate bag. Full linen bags should be tied and left in the dirty utility for collection. **Do not overfill linen bags.**

Policies & Procedures

Hutt Valley District Health Board has a number of Policy & Procedure that employees must be familiar and practice in accordance with. These are located on the Intranet under Policies and Guidelines.

It is expected that appropriate guidelines will be followed; the contents are not a replacement for professional judgment or accountability.

Patient Code of Rights

The “Patient Code of Rights” is displayed in the main foyer of the hospital and pamphlets are available in each of the patient compendiums. Please make sure you are familiar with these rights and ensure they are met.

Privacy/Media/Photos/Public Relations

- Privacy & confidentiality are important for patient dignity and total wellbeing. Please make sure you are familiar with the patients' rights for privacy & confidentiality. Conversations about patient care should NOT occur in the corridors.
- If you are approached by the media for a statement, or you are asked questions about the business of Hutt Valley District Health Board, please refer the inquiry to the Communication team or Hospital Manager. You should also make yourself familiar with Hutt Valley District Health Board Media Policy.
- Patients require consent for medical photograph. The medical photography policy & consent form is available on the intranet.

Other Important Information

Dynamaps

- Each of our 4-bedded cubicles has its own dynamap, tympanic thermometer and oxygen probe.
- Room 1 and 2 shares a dynamap, tympanic thermometer and oxygen probe which is located on a steel trolley.
- Room 3 to 7 has a shares a dynamap which when not used is stored in alcove opposite room 4 and 5.
- Manual BP machine is stored in the nurse's station.
- If you are borrowing from another cubicle please return when able.
- Do not clip oxygen probes onto the basket as they are fragile and the springs might break.

Electrical Equipment

- All electrical equipment should be plugged in when not in use. This includes the beds when patients return from theatre.

Cleaning Equipment

- All equipment to be cleaned before returning i.e. IV pumps NG pumps, syringe drivers, walking frames, crutches and so on. This also includes cleaning toilet chairs after patients use.
- Each bedside has 2 slippery sams in a plastic bag. These are single patient use and require washing between patients.
- All equipment should be replaced once you have used it, for example; sliding sheets and emergency equipment above the bed.

Common abbreviations used in Plastics

Nursing terms

- ❖ **DDWR** - Dressing down ward round
- ❖ **COD** - Change of dressing
- ❖ **SCD** - Sequential compression device
- ❖ **HOBE** - Head of bed elevated
- ❖ **ROS** - Removal of sutures
- ❖ **Dx** - Discharge
- ❖ **T/C** - Toilet chair
- ❖ **CC** - Circulatory checks
- ❖ **NBM** - Nil by mouth
- ❖ **ATW** - Arrived to ward
- ❖ **RTW** - Returned to ward
- ❖ **IVAB's** – Intravenous antibiotics

Medical terms

- ❖ **MM** - Malignant Melanoma
- ❖ **SCC** - Squamous cell carcinoma
- ❖ **BCC** - Basel cell carcinoma
- ❖ **WLE** - Wide local excision
- ❖ **D/C** - Direct closure
- ❖ **TRAM** - Transverse rectus abdominis muscle
- ❖ **STSG or SSG** - Split thickness skin graft
- ❖ **DA** - Donor area
- ❖ **SSM** - Skin sparing mastectomy
- ❖ **ND** - Neck dissection
- ❖ **ORIF** - Open reduction internal fixation
- ❖ **I & D** - Incision and drainage
- ❖ **w/o** - Washout
- ❖ **Deb** – Debridement
- ❖ **Exc** - Excision

Weekly Focus

These are examples only and are no way exhaustive of skills/ conditions/ competencies that you can develop during your placement with us.

Week One

- ❖ Running of the unit – day to day routines (see exemplars on pages 10-11)
- ❖ Setting personal objectives and discussing with your preceptor (by day two of your placement – please see Emmily if you are having any problems)
- ❖ Aware of the anatomy of the skin
- ❖ General pre/post-operative care
- ❖ Pressure Injury Care and Management
- ❖ Fluid Balance Management

Week Two

- ❖ Primary and secondary intention
- ❖ Basic Wound Management
- ❖ Removal of sutures, staples and drains
- ❖ Skin Tears

Week Three

- ❖ Discharge Planning including district nurse referrals
- ❖ Grafts
- ❖ Burns management

Week Four

- ❖ Flaps
- ❖ Wound assessment and management

Exemplars

EXEMPLAR – PLASTICS MORNING SHIFT PLANNER

Time / Patient	0700	0800	T24	0900	1000	1100	1200	1300	1400	UPDATE	1500
Patient #1	DDWR Drains FBC	Vitals BSL Meds	TrendCare prediction for 24hrs	COD's ADL's	COD's ADLs	DX. (incl. district nurse referrals)	Vitals BSL Meds		Meds	Update Webpas, complete Trendcare handover and actualise trendcare	FBC Empty IDC Complete progress notes

EXEMPLAR – PLASTICS AFTERNOONSHIFT PLANNER

Time / Patient	1500	1600	1700	1800	1900	2000	2100	2200	UPDATE	2300
Patient #1		Drains Vitals Meds	BSL	Meds		Vitals BSL Meds		Meds	Update Webpas, complete Trendcare handover and actualise trendcare	IDC FBC

EXEMPLAR OF EMERGENCY DEPARTMENT TRANSFERS

ED Tx.	ATW @:
Patient #1	Baseline Vitals Medical admit Nursing admission & careplan Peri-operative checklist (if for theatre) ECG >60 (anyone), Maori & pacific (over 45) or anyone with known cardiac condition TrendCare Prediction & Actualisation Update Webpas & Nursing handover report

EXEMPLAR OF POST-OPERATIVE PATIENTS

Post-op	RTW @:
Patient #1	Vitals on RTW Vitals ½ hour Vitals ½ hour Vitals 1 hourly for 4 hours Vitals 4 hourly if satisfactory Chart regular medications &/or post-op medications – order from pharmacy if not stock items Notify family Return belongings Update TrendCare/Webpas/nursing handover report

Shift Routines

Morning Shift Guidelines

- 0645 Verbal report from night staff of allocated patients
- 0715 Visual handover from night staff of all complex patients – flaps, epidural infusions, PCA, neurological observations etc.
Round of all allocated inpatients
Complete fluid balance charts and total onto the fluid balance summary
Empty all drains & tally 24hr total
Remove dressings as requested (prior to the ward round)
Four hourly observations as per nursing care plans for specific surgery
All drug charts and appropriate charts should be in the patients room for the doctors round
Attend Doctors rounds on your allocated patients if time allows
- 0800 Patients have breakfast
Check allocated patient drug charts as medications may be due around this time
- 0900 Predict on TrendCare for next 24hours
Refer to ward round book for progress updates
- 0930 First morning tea break for staff
- 0945 Commence washing/showering of patients
Redress all wounds
Perform tasks requested from Doctors round
Complete linen change as required of all inpatient beds
Ensure rooms are ready for admissions during duty - inform ACNM if room not available (discharge time is 1100am)
Patients menus for the day are due now
- 1100 Complete any afternoon theatre admission procedures
Four hourly observations as per nursing care plans for specific surgery
Complete discharge paperwork, district nurse referrals and discharge notes
- 1130 First lunch break for staff
- 1200 Lunch for patients
- 1230 Second staff lunch break
Patient rest period. The corridor lights are turned off and the main doors are locked. Visitors are asked to leave the unit, so patients can rest. A support person of unstable/critical patients is able to stay during this time
Prepare yourself for new admissions – likely to get a admission after lunch
- 1400 Empty catheter bags, check drains, wounds, etc.

- 1430 Completion of all documentation in patient charts/notes.
Update patients individual care plans
Written handover to afternoon staff
Update WebPAS
Actualise trend care
Visual handover of allocated complex patients, epidural infusions, PCA etc.
Handover of drug keys
When staff meetings/education sessions are being held, please ensure your tasks are completed on time
Note: Teaching is on every week on a Tuesdays at 1430-1500 & staff meetings are on the 2nd and 4th Wednesday at 1430-1500.
- 1515 Off duty.

Afternoon Shift Guidelines

- 1445 Receive handover from morning staff of allocated patients
Visual handover from morning staff of all complex patients – flaps, epidural infusions, PCA etc.
Receive drug keys
Round of all allocated inpatients
Continue with careful observation of post-op patients as per surgery level requirements. You may have multiple post-operative patients. Postoperative patients need to be picked up by the nurse from PACU.
- 1600 Check evening meal appropriate for allocated patients. Update on WIC.
Four hourly observations as per nursing care plans for stable patients
Empty all drains
Check all wounds
Give medications as charted i.e. IVAB's
- 1730 Patients tea - assist with delivery of afternoon tea to patients in weekends or when no healthcare assistant is available
First tea break for staff
- 1830 Second tea break for staff
Give 1800 medications as charted
- 2000 Four hourly observations as per specific nursing careplan or clinical pathway
Commence post op washes of allocated patients as appropriate
Patient supper - assist with delivery to patients
- 2030 Lights Out: The corridor lights are turned off and the main doors are locked
Visitors are asked to leave the unit, so patients can settle for the evening. Only Mothers/Fathers of children (under 16) and a support person at the coordinator discretion are able to stay overnight
- 2200 Completion of all documentation in patient's charts/notes
Ensure patients are settled in appropriate attire for the night
Empty IDCs/ check drains/ check wounds
Remove clutter/ chairs/bags from the floor and tidy patient cubicles
- 2230 Verbal/ written handover to night staff
Actualise Trendcare
Visual handover of allocated complex patients – flaps, epidural infusions, PCA etc.
Handover of drug keys
- 2315 Off duty

Evaluation of your Clinical Placement

Please return your evaluation to Emmily (Nurse Educator)

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

	E	VG	S	NI
The team were welcoming and expecting me on the first day				
The preceptors I worked with were good role models and demonstrated safe and competent clinical practice				
The team was approachable and supportive				
I felt my previous life skills and knowledge were acknowledged				
Preceptors provided me with feedback in relation to my clinical development				
Preceptors provided me with formal and informal learning opportunities				
Adult teaching principals were applied when teaching in the clinical environment				

Describe what your preceptors did well

Describe anything you would like done differently

Any other comments?

Signed:

Name:

Cut along line

Student Contact Details for Plastic Surgery Unit Ward

Contact details

The nurses on the ward/department care about your well-being as well as your education. They will notice and be concerned if you don't arrive for a planned shift, if there is illness on the ward or in the case of an emergency. They may need to contact you to check you're okay and to let you know if there needs to be a change to your shifts.

Please could you provide the ward with your contact details and an emergency contact using the form below? **This information will be kept by a senior nurse for the length of this placement and then will be destroyed. It will not be shared with anyone else without your permission unless there is an emergency.**

Your Name	
Your Home Phone number	
Your mobile phone number	
Name of emergency Contact & relationship	
Phone number of emergency contact	

Contacting your Tutor/CTA

From time to time the staff on the ward may need to contact your tutor regarding your progress, for support or in the case of problems.

Please could you supply the contact details for the tutor/CTA that will be supporting you during this placement, in the form below?

Name of Tutor/CTA	
Phone number for Tutor/CTA	

Please complete a new form before each new placement and give it to the senior nursing staff at the beginning of your placement.

Cut along line