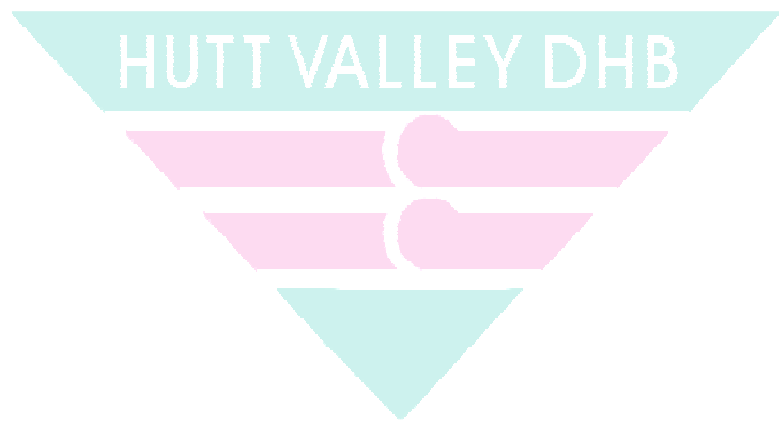


# Student Nurses



## *Medical Day Stay Unit*

Student Name:

# Student Contact Details for MDS unit

The staff on the unit/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 case of an emergency. They may need to contact you to check you're ok 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 staff member 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	
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 staff at the beginning of your placement.**

Thank you

# Welcome

Welcome to Hutt Valley District Health Board (HVDHB) Medical Day Stay (MDS) unit. The MDS unit was first established as part of the Endoscopy Unit in October 2012. We provide Regional Rheumatology outpatient services to the people in Wellington and sub-regional Medical outpatient service in the Hutt Valley area.

An average of 7-10 patients per day are admitted in the unit with referrals mostly coming from Rheumatology, Gastroenterology, Obstetrics & Gynecology, Blood and Cancer Centre and from GPs. We are allocated one Medical house surgeon and one Rheumatology house surgeon who review and admit all patients except for Nurse Led Clinic patients.

The unit provides an extensive range of treatment options for patients such as:

- Intravenous medications to treat various autoimmune, rheumatoid, irritable bowel diseases, musculoskeletal and metastatic conditions.
- Blood transfusion and Iron infusion to treat anaemia and other hematologic conditions.
- Nursing care for patient pre and post radiologic procedure e.g. biopsy and paracentesis

**We are looking forward to working with you**

## Contacts for MDS unit

MDS Unit		04 570 9158 Ext 8544
Clinical Nurse Manager	Marie Press	04 570 9158
Unit Coordinator	Trudi Moretti	04 570 9158

Please contact CNM Marie Press or Unit Coordinator Trudi Moretti to confirm start dates. You are most welcome to visit the unit before your placement commences. Any special requirements during your placement can be arranged with our CNM or Unit Coordinator.

## Your Preceptor

You will be allocated one main preceptor. This preceptor will be responsible for helping you complete your objectives. We will endeavor to ensure that you mainly work with only one preceptor. However, due to our staff nurses having to rotate between Endoscopy and MDS unit, this may not always be possible. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. 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 our Clinical Nurse Manager, Marie Press.

## **Expectations from student nurses while in MDS**

- It is expected that you arrive on time for your shift. If you are going to be late or you become unwell and cannot come to work, please call the unit at (04) 5709158
- It is expected that you complete the full shift allocated to you. Please inform your Preceptor or the Unit Coordinator if you are unable to do so.
- Proper uniform must be worn, long hair must be tied back, no jewellery except wedding ring and a name badge must be worn at all times.
- Discuss with your preceptor any learning objectives that you want to achieve at the start of your shift. If you feel that you are not achieving your objectives, let our unit coordinator or your preceptor know before your last week in the unit. All documentation needed for polytechnic/university must be completed before your last shift in the unit
- It is important that you manage your time and workload. Communicate with your preceptor to ensure that you take the allocated meal breaks on time.
- Familiarize yourself with the emergency response requirements. Refer to the Health and Safety Manual located at the nurse's station.

## Safety Measures in MDS Unit

In an emergency situation or arrest: **raise the alarm** and dial **777**

- A detailed instruction will be discussed by your preceptor during the orientation

All intravenous and oral medications are to be checked by 2 Registered Nurses

Discard used syringes after mixing/preparing medications in the sharps bin

All documentation must be correct, signed and dated

Student nurses must sign their entry with designation (student nurse) and counter signed by clinical preceptor

The 5 R's in drug administration: Right Patient

Right Drug

Right Dose

Right Route

Right Time

# Treasure Hunt

1. Staff room
2. Staff toilet/changing room
3. MDS patient area
4. Resus Trolley
5. Exit/Emergency doors
6. MDS IV trolley x2
7. Blood pressure machine x1
8. Infusion pumps x7
9. Store room and linen cupboard
10. MDS inpatient folders & forms
11. MDS resource folders
12. Blood sugar machine
13. MDS emergency tray
14. Emergency call bell
15. Endoscopy/Procedure room

# Unit Objectives

At the end of the clinical placement, the student nurses will be able to:

- Identify the role of the Registered Nurse in various health care setting
- Perform Vital signs taking with confidence e.g. blood pressure, heart rate, respiratory rate, temperature and oxygen saturation
- Deliver appropriate nursing care including preparation of medication under the supervision of the clinical preceptor
- Familiarize self with different medications used in the unit, its action and indication
- Use appropriate teaching strategy when instructing the patient
- Be able to participate in educating the patient about relevant health concerns



# Common Medications

Drug administration is an important nursing intervention. Drug calculations are checked by two registered nurses prior to preparation and administration. It is very important to familiarize yourself with the formula.

**Oral Meds:**  $\frac{\text{Dose}}{\text{Want}} = \text{required dose}$       **IV meds:**  $\frac{\text{Dose}}{\text{Want}} \times \text{volume} = \text{required dose}$

Aclasta

Pamidronate

Belimumab

Reslizumab

Cetirizine

Rituximab

Cyclophosphamide

Tocilizumab

Ferinject

Zometa

Hydrocortisone

Iloprost

Infliximab

Intragam P

Mesna

Methylprednisolone

Ondansetron

Medical Day Stay Medication Information Sheet

**NURSE LED - RHEUMATOLOGY**

Medication	Pre-Meds	Dosage	NS Volume	Duration/Cycle	Special Instruction	Blood test
<p><b>Aclasta (Zoledronic Acid)</b>  <u>Indication:</u>                      Osteoporosis                      Pagets Disease</p>	<p>Cholecalciferol                      1.25mg PO x2 tablets                       (may need monthly prescription)</p>	5mg in 100ml	premix bottle	<p>30mins                      yearly                       Dental Clearance required</p>	<p>air inlet                      needs prescription                      \$5.00 required                      SPECIAL AUTHORITY required                       nurses: <b>MEMO</b></p>	eGFR, calcium (2-3 weeks after)
<p><b>Infliximab (Remicade)</b>    <u>Indication:</u>                      Crohn's Disease                      Ulcerative Colitis                      Rheumatoid Arthritis</p>	<p>Hydrocortisone 100mg IV                       Cetirizine 10mg PO</p>	<p>weight based                       5-10mg/kg                       3mg/kg</p>	250mls NS remove volume of meds from saline	<p>initial dose:                      80mlrate/20mlvol                       1.45hr/rem vol                       Q2H first 3 doses                      Q1H thereafter                      (as tolerated)                      2, 6, 8 weekly</p>	<p>micro filter                         SECTION H required                       nurses: <b>D/C summary</b></p>	<p>U&amp;E's                       eGFR, creatinine                       amylase, ALT                       2-3 days prior to infusion</p>
<p><b>Methylprednisone</b>   <u>Indication:</u>                      Inflammatory conditions</p>	<p>none                       Zopiclone script if required</p>	<p>1g/day given for 3 days                       (or as charted)</p>	100mls NS	30mins	<p>IVC can stay x3 days                       covered with tubigrip                       nurses: <b>D/C summary daily</b></p>	<p>urea, elctrolytes                       calcium, LFT, FBC</p>

Medical Day Stay Medication Information Sheet

**NURSE LED - MEDICAL**

Medication	Pre-Meds	Dosage	NS Volume	Duration/Cycle	Special Instruction	Blood test
<p><b>Ferrinject</b> (Ferric Carboxymaltose) <u>Indication:</u> Anemia</p>	none	1g	250mls NS	15mins as tolerated	nurses: <b>D/C summary</b>	Iron profile FBC, folate (after 4 weeks)
<p><b>Infliximab (Remicade)</b> <u>Indication:</u> Rheumatoid Arthritis Chrons Disease Ulcerative Colitis</p>	Hydrocortisone 100mg IV Cetirizine 10mg PO	weight based  3mg/kg 5-10mg/kg	250mls NS remove volume of meds from saline	initial dose: 80mlrate/20mlvol 1.45hr/rem vol  Q2H first 3 doses Q1H thereafter (as tolerated) 2, 6, 8 weekly	micro filter  SECTION H required  nurses: <b>D/C summary</b>	U&E's eGFR, creatinine amylase, ALT  2-3 days prior to next infusion
<p><b>Pamidronate</b> <u>Indication:</u> Pagets disease Hypercalcemia</p>	none	60mg 90mg (see referral)	500mls NS 1L NS (see referral)	90mins to 2 hours  (see referral) monthly/varies	prescription needed \$5.00 required  nurses: <b>D/C summary</b>	eGFR, creatinine calcium

Medical Day Stay Medication Information Sheet

**NON NURSE LED - MEDICAL**

Medication	Pre-Meds	Dosage	NS Volume	Duration/Cycle	Special Instruction	Blood test
<p>Zometa (Zolendronic Acid)</p> <p><u>Indication:</u> Osteoporosis</p>	none	5mg	100mls NS	30minutes  yearly	<p>DO NOT give calcium supplements</p> <p>dental clearance req \$5.00 required</p> <p>nurses: <b>MEMO</b></p>	<p>calcium level</p> <p>eGFR</p>
<p>Red Blood Cells</p> <p>- <u>Indication:</u> Anaemia</p>	none	APP		APP	<p>consent valid 6 months</p> <p>filter with giving set 20g (pink) cannula</p> <p>nurses: <b>MEMO</b></p>	FBC, X match

Medical Day Stay Medication Information Sheet

**NON NURSE LED - RHEUMATOLOGY**

Medication	Pre-Meds	Dosage	NS Volume	Duration/Cycle	Special Instruction	Blood test
<p><b>Belimumab (Benlysta)</b></p> <p>Indication: SLE</p>	<p>Phenergan 25mg OR Cetirizine 10mg</p>	10mg/kg	<p>250mls NS (mix with 4.8mls sterile H2O/vial)</p> <p>5ml vial = 400mg</p>	<p>1 hour  monthly</p>	<p>30mls NS flush post infusion</p> <p>needs to email ccdhb to order next infusion nurses: <b>MEMO</b></p>	<p>ALT, AST creatinine</p> <p>2-3 days prior to next infusion</p>
<p><b>Cyclophosphomide (Cytoxan)</b></p> <p>-</p> <p>Indication: Auto immune diseases</p>	<p>Methylprednisone 1g IV in 100mls NS over 30mins Flush</p> <p>Mesna 400mg IV in 100mls NS over 15mins flush</p> <p>Ondansetron 8mg PO/IV</p>	weight based premixed	<p>&lt;1g = 500mls &gt;1g=1000mls</p>	<p>500mls - 2 hours 1000mls - 4 hours</p>	<p><b>cytotoxic precaution</b> handling/training required</p> <p>Mesna 400mg PO to take home 2hrs &amp; 4hrs post infusion nurses: <b>MEMO</b></p>	<p>urine dipstick urinalysis PRN U&amp;E, FBC (3 days prior, 10 days post infusion)</p>
<p><b>Iloprost (Ciloprost)</b></p> <p>Indication: Reynauds, Scleroderma</p>	<p>anti nausea PRN pain relief PRN</p>	50 micrograms	250mls NS	<p>rate increase APP max 6 hr infusion</p> <p>5 days/treatment once a year</p>	<p>to stay in bed with lights turned off if possible</p> <p>nurses: <b>MEMO</b></p>	<p>FBC U&amp;Es</p>

Medical Day Stay Medication Information Sheet

**NON NURSE LED - RHEUMATOLOGY**

Medication	Pre-Meds	Dosage	NS Volume	Duration/Cycle	Special Instruction	Blood test
<p><b>Intragam P</b>  <u>indication:</u>                      Primary Immunodeficiency Disease (PID), ITP, GBS</p>		12g/200mls 3g/50mls	premix bottle	APP (refer to card) 3-4 weekly	air inlet consent  nurses: <b>MEMO</b>	U&E  2-3 days prior to infusion
<p><b>Reslizumab (Cinquil)</b>   <u>Indication:</u>                      Eosinophilic Asthma                       (compassionate use at doctors discretion)</p>		3mg/kg	50mls NS	25mins flush with 20mls/10mins (120ml/hour)  30min post infusion monitoring, IVC in situ	dose adjustment for 10% increase from baseline bodyweight  20g cannula ideally  nurses: <b>MEMO</b>	U&E  2-3 days prior to infusion
<p><b>Rituximab (Rituxan)</b>   <u>Indication:</u>                      Rheumatoid Arthritis                      Granulomatosis</p>	Methylprednisone 100mg  Cetirizine 10mg PO	1g  or as charted (max 1g only)  *weekly dose* weight based given for 4 weeks	500mls NS 1st dose 250mls NS 2nd dose (2 weeks interval)	APP (refer to card) (day1 & day2 card)	drawing and mixing  precaution required  nurses: <b>MEMO</b>	U&E, LFT  FBC, creatinine  2-3 days prior to infusion

Medical Day Stay Medication Information Sheet

**NON NURSE LED - RHEUMATOLOGY**

Medication	Pre-Meds	Dosage	NS Volume	Duration/Cycle	Special Instruction	Blood test
<p><b>Tocilizumab</b>  <u>Indication:</u>                      Rheumatoid Arthritis</p>	<p>Cetirizine 10mg PO</p>	<p>weight based                      (8mg/kg)</p>	<p>100mls NS                      (remove drug vol                      from saline)</p>	<p>1 hour                      monthly</p>	<p>nurses: <b>MEMO</b></p>	<p>FBC                      U&amp;E                      Creatinine, LFT                        2-3 days prior to                      infusion</p>

## Student Nurse Evaluation and Feedback

Please rate the following statements as they relate to your placement on this ward (circle or tick your response).

**1. I was made to feel welcome to the ward/department.**

1: Always	2: Sometimes	3: Occasionally	4: Rarely	5: Never
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**2. I was given a good orientation to the ward/department.**

1: Always	2: Sometimes	3: Occasionally	4: Rarely	5: Never
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**3. I was made to feel part of the team?**

1: Always	2: Sometimes	3: Occasionally	4: Rarely	5: Never
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**4. My preceptor(s) supported me meet my learning objectives.**

1: Always	2: Sometimes	3: Occasionally	4: Rarely	5: Never
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**5. The other members of the ward/department team supported my learning.**

1: Always	2: Sometimes	3: Occasionally	4: Rarely	5: Never
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**6. My preceptor(s) gave me constructive feedback throughout the placement.**

1: Always	2: Sometimes	3: Occasionally	4: Rarely	5: Never
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Comments:

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**All responses are confidential and will be treated with professionalism and respect. We value your honest constructive feedback and will try to act upon it appropriately as soon as we can**



Notes:



