NAME: _____

PERIOPERATIVE DEPARTMENT

Student Orientation Package 2023

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

Contents

Welcome

This information package has been put together to assist your orientation to this area. It is a broad package aimed at providing information about the different facets and functions, specific to our hospital, and this department.

We aim to provide a supportive working environment that will assist you in reaching both your personal and professional objectives.

For your perioperative placement, you will either be placed in the OR (Operating room) as a Theatre nurse or PACU, DSU, SAU, and SSR. You will normally rotate around these different areas whilst on placement, however for some students you will be placed in just one area.

We will endeavor to ensure that you mainly work within one specialty team who will be responsible for helping you complete your objectives; however, due to shift work this is not always 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 require assistance with anything, please speak to the Clinical Nurse Managers and Educators.

Most importantly, enjoy your time in Perioperative Department.

Hutt Valley District Values

Philosophy of Care

We believe in the dignity and individuality of our clients/patients and their right to achieve their optimum health potential through comprehensive care for themselves and their families.

The eight Operating Theatres at Hutt Hospital opened in September 2011.

Our usual theatre for surgery is as follows:

OR 1 ENT, Dental & Oral
OR 2 Obstetrics and Gynecology
OR 3 Acutes
OR 4 Plastics
OR 5 Plastics
OR 6 Orthopaedics
OR 7 Orthopaedics / Acutes
OR 8 General Surgery

We provide **emergency** and **elective** surgical services in Orthopaedics, Ear Nose & Throat (ENT), Plastics, Burns, Maxillofacial, Dental, General, and Obstetric and Gynecological surgery.

Routine theatre lists are accommodated from 0830 – 1630 Monday to Friday.

Acute procedures continue to operate out of hours and at the weekend. The on-call team covers procedures from 2100 – 0800.

Our Perioperative Department

- Operating Theatres/Rooms (OT/OR)
- Post Anaesthetic Care Unit (PACU)
- Surgical Admissions Unit (SAU)
- Day Surgery Unit (DSU)
- Second Stage Recovery (SSR) *coming soon*
- Sterile Services Department (SSD)
- Anaesthetic Department
- Acute Pain Management Service (APMS)

Contact List

Hutt Hospital: 04 566 6999

NAME	POSITION	CONTACT INFO.
Morgan McPhee	Service Manager Perioperative	8236
Lis Browne	Charge Nurse Manager (CNM) Theatre	2741
Linda Upton	Theatre Coordinator / Associate CNM (ACNM)	2980 04 570 9157 027 244 8605
Thomas Thomas	ACNM Theatre	
Pania Tuiloma	Charge Nurse Manager PACU/SAU/DSU	021 727 699
Maurita Wessels	ACNM PACU/SAU/DSU	2548
Colin Berry	Charge Anaesthetic Technician	2766
Lauren Hefford	Coordinator Anaesthetic Technician	2766
Shelagh Thomas	Manager Sterile Services Department	2745
Meriann Betham	Clinical Nurse Coordinator (CNC) ENT	2981
Maggie Zhang	CNC Obstetrics and Gyanecology	2982
Philippa Elliot	CNC Plastics and Burns Theatre	2984/2985/2987
Rachel Neale	CNC Plastics and Burns Theatre	2984/2985/2987
Krissy Verdeflor	CNC Plastics and Burns Theatre	2984/2985/2987
Margot Clapham	CNC Orthopaedics Theatre	2986/2987
Kimberly Simmonds	CNC Orthopaedics Theatre (Maternity Leave)	2986/2987
Jess Nimarota	CNC Orthopaedics Theatre (secondment)	2986/2987
Julie Pritchard	CNC General Surgery Theatre	2988
Kate Meads	CNC Quality (Maternity Leave)	2763
Nance Gutierrez	CNC Quality (secondment)	2763

CLINICAL NURSE EDUCATORS - PERIOPERATIVE (theatre_educator@huttvalleydhb.org.nz) / 04 587 2798		
Beverly Ibanez	Theatre	#9265 / extn 2798 beverly.ibanez@huttvalleydhb.org.nz
Victoria Pointon	PACU|SAU|DSU|SSR	#9285 / extn 2798 victoria.pointon@huttvalleydhb.org.nz

Hours of Work

The normal hours of work here are:

- 0800 -1630 in Theatre (OR)
- 0830 – 1700 or 09.30 – 1800 in PACU
- 0650 – 1520 in SAU
- 0930 – 1800 or 0650 – 1520 in DSU
- 0930 – 1800 in SSR

It is expected that you arrive on time for your shift. If you are going to be late or unwell and cannot come, for both professional courtesy and health & safety you **must** notify the department. Please do this is 2 ways:

1. Call the theatre coordinator: **04 570 9157** between 0645 to 0715. DO NOT TEXT OR EMAIL.
2. Either email Beverly & Victoria at theatre_educator@huttvalleydhb.org.nz or text Beverly (021 0815 7744) or Victoria (021 400 276)

- You must also notify your tutor.

When you are assigned to a theatre, or area of the department (PACU, SAU etc), the person running the list in that theatre / coordinating will expect you to be in your assigned theatre/ area for the entire shift.

During your shift you are allocated morning and afternoon tea breaks (10 minutes each) as well as a half hour meal break. There are no set hours for meal breaks as they are very much dependent on what is happening in your area of placement.

We endeavour to provide a basic understanding of what perioperative nurses do and how they make a difference to a patient's care in the department. It should be remembered that this can only be achieved without compromise to client safety and appropriate support mechanisms being available. All endeavours will be made to achieve the following placements according to staffing levels at the time.

Expectations

You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your preceptor or Clinical Educator. A lot of learning occurs at quiet times in the unit.

It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives.

You must comply with Perioperative policies and guidelines. These are available in the intranet and the theatre drive. Hard copies are also available in the Educator's Office.

You should be interested in learning. We value the presence of clinical students in our environment, as it gives us an opportunity to teach and explain how and why we are doing things. This ensures we are constantly thinking about our patient and the effects of our actions on their lives. It requires us to keep up to date with research and evidence based practice, and to encourage student nurses to consider making a career in this specialty.

If you are not achieving your objectives please see one of the Clinical Educators (before the last week in the unit).

Please ensure all documentation you need to complete for your training institution is accomplished before your last days in the unit.

Zones and Attire

- There are basically three major areas – Theatre, PACU/SAU/DSU and Sterile Services Department (SSD)
- The staff tearoom is a not a restricted area, this area allows personnel to wear clean clothing. All other areas in the perioperative suite are restricted areas, where theatre attire must be worn.
- You need to change into theatre attire (scrub top and bottoms) on arrival in the department.
- For the duration of your placement you can wear a pair of clean trainers, which must not be worn outside.
- If available, you will be allocated a locker in the changing rooms for the duration of this placement. You may need to share this locker. If you bring a small combination code padlock with you on placement you may be able to use this.
- Jewellery apart from a plain wedding band and stud earrings are not permitted.
- Please change if you need to leave the department. You may wear theatre attire if going to the cafeteria to buy your lunch, however you must change into street clothes if you intend to sit down there for your break.
- Please perform a thorough hand wash before starting your shift.
- Please wash your hands before leaving the theatre at the end of each case.
- Theatre scrubs are changed daily or if soiled.
- Always wear your name badge and have your student ID in your pocket.
- You must wear a theatre cap (cloth or disposable) when entering theatre.

Learning Objectives

You may have developed some objectives for your own learning during your time here, please feel free to discuss these with the Clinical Educators.

Theatre

- Develop an understanding of the role of each person in theatre.
- Have an understanding of what patients experience when they have an operation.
- Observe operations and have an understanding of sterile fields and techniques.
- Medico - legal aspects associated with surgery.
- Safe positioning and caring for anaesthetized patients.
- Become familiar with documentation relating to Theatre.

Day Surgery Unit (DSU) and Surgical Admissions Unit (SAU)

- Become familiar with the care planning documentation for some procedures
- Perform the preoperative preparation of a patient for surgery
- Have an understanding of post-operative care of the surgical day case patient
- Develop an understanding of the use of antiemetic medications in the post-operative patient
- Develop an understanding of the discharge criteria and follow up for day surgery patients

Post Anaesthetic Care Unit (PACU)

- Develop skills in caring for unconscious patients and those emerging from anaesthesia.
- Basic airway management skills.
- The diagnosis and treatment of postoperative complications.
- Monitoring and how to interpret data.
- Develop an understanding of Post-operative drugs especially analgesia.

Anaesthetics

- Develop and understanding of the role of the anaesthetic technician and anaesthetist.
- Become familiar with basic equipment used for intubation.
- Become familiar with monitoring equipment and how to interpret data.

Safety Measures

In the event of a cardiac arrest or medical emergency in the department, someone may ask for the emergency bell to be activated although this is not always necessary. You should know where emergency bell is and how to turn it on and off. During any emergency you need to stand back so as not to obstruct access to any theatre staff and follow the instructions of your preceptor or senior nurse.

If you discover a fire, follow the R.A.C.E.E guidelines:

R EMOVE anyone from immediate danger

A CTIVATE FIRE ALARM and Phone 777

State the exact location of the fire

State your **name** and department

C ONFINE FIRE & SMOKE

Close smoke stop doors and windows

Turn off Main Oxygen Valve and all portable cylinders.

E XTINGUISH FIRE

Only if is safe to do so

Only if you have been trained to use extinguishers.

Do not take unnecessary risks

E VACUATE

Check all rooms in your area, if safe to do so.

Leave the building using the nearest safe exit (if indicated).

Follow the instructions of the Fire Warden or Nurse in Charge

Activation of the Fire Alarm and Notification to the operator must be an Immediate Priority.

If you hear the fire alarm sound but see no fire then follow the instructions of the coordinator or fire warden and the overhead page.

Health and Safety

On your first shift you will be given a health and safety briefing by a Health and Safety representative. Please ensure you are aware of the hazards in this area. If you find something hazardous you must report this to someone senior in the department. Where Personal Protective Equipment is supplied you must use it as directed.

Security

On the first day of your placement you will be allocated an assigned swipe card to enable you to access the perioperative department and the theatre changing rooms. It is your responsibility to keep this in your safe possession at all times, report its loss immediately, and return it to the Perioperative Clinical Educators on the last day of your placement.

You will need to bring a small padlock for your locker for the duration of your placement. Please do not bring large quantities of valuables as our change rooms are not under direct view at all times and there are large numbers of people using them. You may be asked to share a locker. Please do not open the change room doors for people without valid Te Whatu Ora identity cards.

Operation Urgency & ASA Scoring

Urgency			
Category	**Short Description**	**Description**	**Action**
1	Life Threatening Conditions	The patient is in immediate risk of life, shocked or moribund	Patient to be operated on immediately. If not immediately available, the next available theatre will be allocated. Elective cases will be asked to stand down. After hours, additional staff may be required
2	Organ Threatening Conditions	The patient is physiologically stable but there is a risk of organ survival or systemic decompression	Patients should be operated on as soon as possible after booking in. Elective lists may be asked to stand down
3	Non-Critical, but Emergent	The patient is physiologically stable but the surgical problem may undergo deterioration if left untreated.	Patients should be operated on within 8 hours of booking in
4	Non-Critical, Non-Emergent but Acute	The patient's condition is stable. No deterioration expected	Patients should be operated on within 24 hours of booking in
5	Non-Urgent		

ASA Score	Description
1	Normal healthy patient
2	Patient with mild systemic disease & no functional limitations
3	Moderate to severe systemic disease & some functional limitation
4	Severe systemic disease that is constant threat to life and functionality incapacitating
5	Moribund patient who is not expected to survive 24hours with or without surgery
6	Brain Dead Organ Harvest
9	No documentation of ASA (Note: This is not used in Clinical Audit and is ICD10 V3 coding only)

Operating Theatre Etiquette

Contact with Patients:

- At all times, maintain the patient's privacy, warmth and dignity.
- Do not leave their notes lying around.
- Do not loudly discuss what they are here for in open areas.
- Keep the patient covered until the surgical team is ready.
- Don't laugh and joke with other staff if the patient is awake.
- The patient does not need to hear about your life, but may appreciate the distraction of appropriate 'small talk'.
- We are not here to judge people or have an opinion about their circumstances.
- Patients coming to theatre are at their most vulnerable; we need to act as their advocates where they are unable to speak for themselves.

When in Theatre:

- Write your name and position on the staff whiteboard.
- Introduce yourself and role to the team (and at the briefing).
- Be aware of your surroundings.
- Don't wander around (or in and out) unnecessarily.
- Do not cross through the sterile field. Always face a scrubbed person when walking past them.
- Never hover over a sterile field.
- Take your cues off the staff in theatre.
- Patients coming to theatre are at their most vulnerable; we need to act as their advocates where they are unable to speak for themselves.
- We need to all work as part of a team…no one person could do the surgery on their own.
- Identify when it is, and isn't appropriate to ask questions (write them in your notebook for later).
- Remember to talk to us if you see something that upsets you.
- Know what is sterile and what is unsterile.
- Sterile field includes the sterile trolleys of instruments, the scrubbed staff, and the patient where they have sterile drapes.
- Preventing contamination of the sterile field creates an environment of infection prevention and patient protection.

When Scrubbed:

- Always wear the appropriate PPE (personal protective equipment).
- Scrubbed people should always pass face-to-face or back-to-back.
- You are only considered sterile from nipples to belly button.
- If you suspect that you have contaminated either instruments or yourself, tell someone.

Perioperative Nursing Roles

Theatre Nurse (3 roles: Circulating, Scrub, Third)

Circulating Nurse demonstrates knowledge with regard to peri-operative nursing practice standards and principles that include: aseptic technique, documentation, infection control, quality improvement, resource management, waste management and risk management.
Circulating Nurse is responsible for:

- Correct documentation throughout the procedure including checking of the consent, “Time Out”, performance of the surgical count.
- Creation and maintenance of the sterile field, including correct handling of sterile equipment and delivery to the sterile trolley.
- Correct handling of specimens.
- Assist with safe transfer and positioning of the patient.
- Remain vigilant throughout the surgical procedure in order to recognise and respond to a patient’s changing condition, recognise intra-operative complications and respond appropriately, and anticipate the needs of the team.

The Circulating Nurse brings the patient to PACU after surgery.

Scrub Nurse demonstrates knowledge with regard to perioperative nursing practice standards and principles that include: aseptic technique, documentation, infection control, quality improvement, resource management, waste management and risk management.

Third Nurse collaborates with Anaesthetics Team during the preparation, induction, maintenance and emergence phases. The Third Nurse ensures that patient is ready before the procedure (assessing patient’s current health status with regard to allergies, fasting…. The role is also responsible for the availability of the required equipment and instruments. The Third Nurse brings patient to theatre.

SAU Nurse provides nursing care during the immediate preoperative phase. They provide a wide range of nursing interventions to prepare patients for operations and other invasive procedures. They admit elective patients arriving from home, and also check in acute surgical patients from home and from the ward. An SAU nurse has close working relationships with Theatre, PACU, Day Surgery Unit (DSU), Pre-assessment, Booking Office, Emergency Department and Wards. On occasion, a theatre list may be cancelled or there is a list overrun. This can lead to surgeries being cancelled at short notice. It is the responsibility of either the Theatre Coordinator, Surgical Team or an SAU nurse to relay this information to the patient.

PACU Nurse provides clinical nursing care including the anticipation, prevention and clinical management of complications. PACU nurses are in charge of caring for patients in the immediate period following surgery under general (GA) or regional anaesthesia (such as a spinal or epidural block) with a range from babies to the elderly. They need to be knowledgeable in a whole range of surgical specialities as well as being experienced practitioners in acute pain management.

DSU Nurse provides clinical nursing care after PACU and prepares the patient for the nurse-led discharge home from hospital –normally within a 2-4 hour period. They are knowledgeable in a vast range of surgical specialties and procedures and care for patients ranging from babies to the elderly. They provide health education and support the patients on their pain management, nausea and post-operative wound care regimes. Since there is a rapid turnover of patients, day surgery nurses work efficiently need to be able to adapt quickly to a change in their patient's condition.

SSR Nurse provides ward nursing care after PACU for patients requiring a longer immediate recovery period and normally one overnight stay in hospital. The SSR unit is newly opened in May 2023 and has 8 beds for adult patients following both acute and elective surgery.

Perioperative Stages

Preoperative phase begins with the decision to have surgery and ends when the patient is wheeled into surgery.

This phase can be extremely brief, such as in the cases of acute trauma, or require a long period of preparation during which time a person may be required to fast, lose weight, undergo preoperative tests, or await the receipt of an organ for transplant.

Intraoperative phase starts when the patient is wheeled into the surgical suite and ends when the patient is wheeled to the post anaesthesia care unit.

During this phase, the patient will be prepped and typically given some form of anaesthesia, either general anaesthesia (for complete unconsciousness), local anaesthesia (to prevent pain while awake), or regional anaesthesia (such as with a spinal or epidural block).

As the surgery begins, the patient's vital signs (including heart rate, respiration, and blood oxygen) will be closely monitored. In addition to the roles of the surgeon and anaesthetist, other team members will be responsible for assisting the surgeon, ensuring safety, and preventing infection during the course of the surgery.

Postoperative phase is the period immediately following surgery. As with the preoperative phase, the period can be brief, lasting a few hours, or require months of rehabilitation and recuperation.

Postoperative care is mainly focused on monitoring and managing the patient's physiological health and aiding in postsurgical recovery. This may include ensuring hydration, monitoring urination or bowel movements, assisting with mobility, providing appropriate nutrition, managing pain, and preventing infection.

DSU and SSR also includes facilitating the safe discharge of the patient home after surgery.

Perioperative Nursing Care

Pre-operative

Communicate with patients effectively (especially if there are delays or cancellations). Listen to the patient and their concerns.

Create a positive hospital experience by working in partnership with the patient.

Position patients in an appropriate space for pre-operative preparations e.g. breast marking, clips or blue dye test.

Prepare patients for theatre efficiently and in a timely fashion so as not to cause delays to theatre operating times. Complete Preoperative Checklist.

Note: It is required to have a registered nurse countersign any documentation or any other entry made by a student nurse in the patient's notes.

Communication is vital and it is extremely important that we keep our patients informed of any changes to their surgery to minimise any confusion and ensure the patient remains calm during their time in SAU. Patients are contacted the day prior to surgery to confirm their time of arrival, surgery time, and estimated time to be picked up from DSU, or arrival to the ward.

Refer to the Expectation of Care in the Surgical Admissions Unit Policy in the intranet. Hard copy is available in the Educator's Office.

Surgical Safety Checklist

The Surgical Safety Checklist was developed after extensive consultation aiming to decrease errors and adverse events, and increase teamwork and communication in surgery. It involves **briefing, sign-in, timeout, sign-out and debriefing.**

The checklist has gone on to show significant reduction in both morbidity and mortality and is now used by a majority of surgical providers around the world.

Refer to the 5 Steps to Safer Surgery Policy in the intranet. Hard copy is available in the Educator's Office.

Correct Patient, Procedure, Site

According to the Royal Australasian College of Surgeons (RACS), "adopting a "team approach" in the theatre will reduce risk but the operating surgeon is ultimately responsible. Every member of the operating theatre team has a duty to be aware that the correct patient, side and site are operated on. If any member of the team believes the incorrect patient, side or site is being prepared for surgery, they should immediately voice their concerns.

There should be no criticism of persons raising concerns even if their concerns prove to be unfounded. Surgeons should be aware of the level of risk for wrong site or side surgery for a particular procedure."

(www.surgeons.org 2009)

Consent and Documentation

The consent form must include and the patient or representative must verify:

Patient's full name, name of procedure, site and side of procedure

Refer to the Surgical Site Marking Policy in the intranet. Hard copy is available in the Educator's Office.

Aseptic Technique

The definition of sterile is the complete absence of all living micro-organisms, and the inability to produce any form of life. This is as opposed to the word de-contaminated which means that an item has been cleaned of any gross micro-organisms, but that some micro-organisms may still be found on the item.

The basic principles of aseptic technique prevent contamination of the open wound, isolate the operative site from the surrounding unsterile physical environment, and create and maintain a sterile field in which surgery can be performed safely.

Refer to Scrubbing, Gowning and Gloving and Skin Preparation and Draping Prior to Invasive Procedures Policies. These can be accessed in the intranet. Hard copies are also available in the Educator's Office.

Sterility

There are several ways that the circulating nurse can ensure that an item is sterile.

These include:

1. The packaging is intact with no holes or water stains.
2. The sterile indicator has changed colour appropriately.
3. The sterile indicator tape on instrument trays and drapes has changed colour.
4. The sterile indicator on the tracking sticker has changes colour appropriately.
5. The expiration date is intact.
6. The sterile indicator strip on the inside of the packaging has changed colour appropriately. (This is an indication for the Scrub Nurse to check).

Tracking Procedure

All items sterilised in the CSS are tracked with a system that enables the team to track all instruments used on a patient back to the sterilising load in the autoclave. Every item placed in to the autoclave has a sticker attached that tracks the load number and date of sterilisation.

Patient Positioning

The important aspects of care during patient positioning are prevention of injury and patient comfort. Nursing assessment involves recognition of a patient's risk factors affecting positioning and potential patient problems.

Vulnerable patients include:

1. Geriatric patients, whose thin skin layer and circulatory system make them more prone to the development of pressure areas

2. Paediatric patients, whose size and weight must be taken into account when selecting positioning aids

3. Patients who are malnourished, anaemic, obese, hypovolaemic, paralysed, arteriosclerotic or diabetic, who are prone to skin breakdown due to pressure

4. Patients with artificial prostheses or arthritic joints

5. Patients with oedema, infection, cancer or conditions of lower cardiac or respiratory reserves.

There are a numerous aids for assisting with positioning the patient. Some common ones include:

- Gel pads for arms and feet
- Stirrups
- Arm boards
- Arm rests

Sharps Disposal

The adequate and safe disposal of sharps is always of paramount importance, however it may be more so in the operating suite due to the increased number and variety of sharps used for each patient. At Hutt Hospital, we encourage best practice at all times. A number of safety measures are common practice in order to minimise the chances of a needle stick injury. These include:

1. The use of a yellow dish to hand up all sharps to the operating table by the instrument nurse.

2. The use of needle book to contain sharps on the sterile trolley.

3. The availability of sharps disposal containers in all areas to minimise transport of sharps.

4. The availability of a blade remover in each operating room.

It is the responsibility of the instrument nurse to dispose of all sharps at the end of each operation. It is for this reason that no-one should touch the top of the sterile trolley at the end of a procedure until the instrument nurse says that it is safe to do so.

SHARPS TASK:

1. Safe securing and removal of a blade.

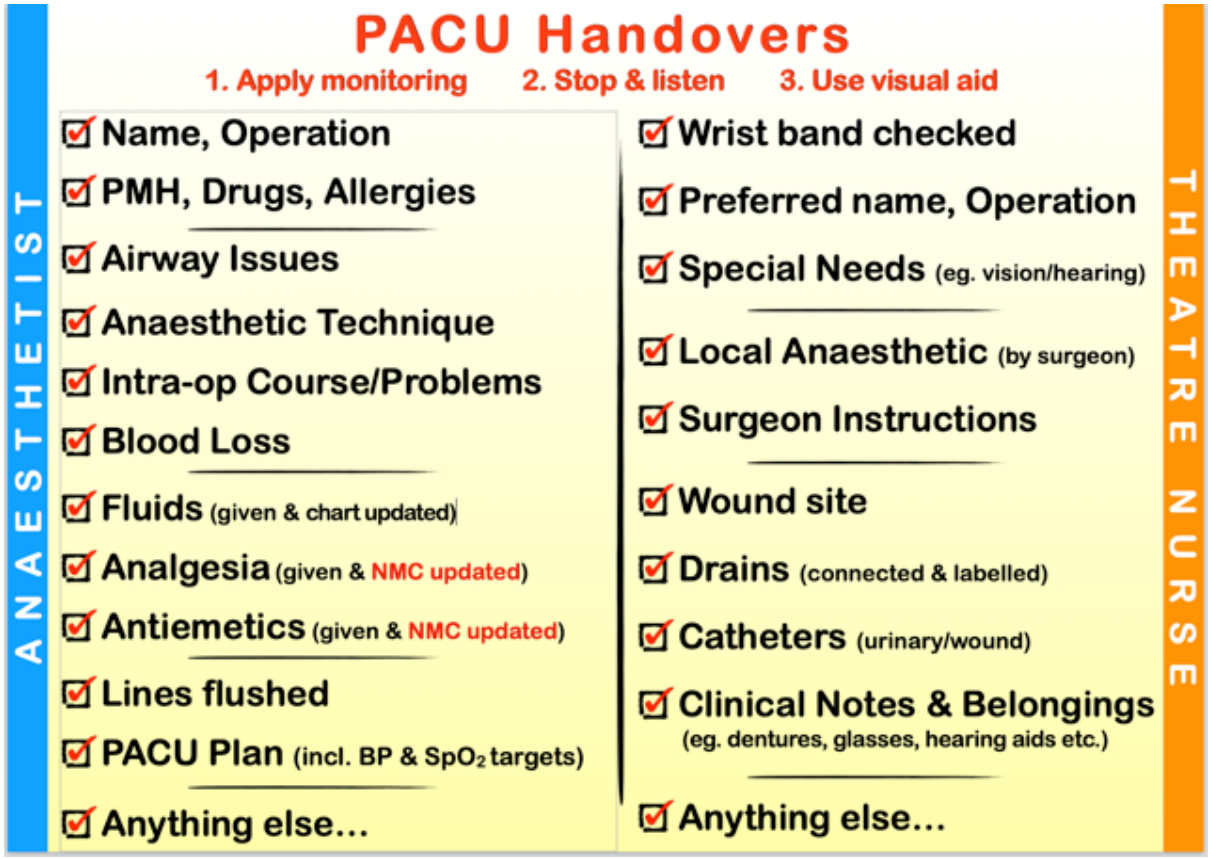
2. Safe securing of a needle on a holder.

3. Correct procedure for the handing up of sharps to the surgeon.

4. Safe storage of sharps on the sterile trolley.

5. Safe disposal of sharps at the end of a procedure.

Theatre to PACU Handover



PACU Handovers

1. Apply monitoring 2. Stop & listen 3. Use visual aid

ANAESTHETIST

- ☑ Name, Operation
- ☑ PMH, Drugs, Allergies
- ☑ Airway Issues
- ☑ Anaesthetic Technique
- ☑ Intra-op Course/Problems
- ☑ Blood Loss
- ☑ Fluids (given & chart updated)
- ☑ Analgesia (given & NMC updated)
- ☑ Antiemetics (given & NMC updated)
- ☑ Lines flushed
- ☑ PACU Plan (incl. BP & SpO_2 targets)
- ☑ Anything else…

THEATRE NURSE

- ☑ Wrist band checked
- ☑ Preferred name, Operation
- ☑ Special Needs (eg. vision/hearing)
- ☑ Local Anaesthetic (by surgeon)
- ☑ Surgeon Instructions
- ☑ Wound site
- ☑ Drains (connected & labelled)
- ☑ Catheters (urinary/wound)
- ☑ Clinical Notes & Belongings (eg. dentures, glasses, hearing aids etc.)
- ☑ Anything else…

Handover from: Theatre / SAU	*Handover to and from : DSU / Ward / PACU*	*Handover to: DSU/ Ward*
NAME	NAME	NAME
SIGNATURE	SIGNATURE	SIGNATURE
Date & Time	Date & Time	Date & Time

Note: It is required to have a registered nurse countersign any documentation or any other entry made by a student nurse in the patient's notes.

Assessment

Airway

- Does the patient have an artificial airway?
- Is it safe to remove?
- Is your patient's airway patent afterwards?
- Is your patient talking in their normal way?

Breathing

- What are the saturations?
- What is the respiratory rate?
- Is fogging present?
- Is the chest moving?
- What is their pallor like?
- Do you need to auscultate the chest?
- Is oxygen or high flow required?

Circulation

- What is the blood pressure and heart rate?
- Do these observations replicate the patient's baseline observations?
- Is blood pressure support indicated?
- If so what and why?
- Do you need to commence ECG monitoring?
- What is the fluid balance?
- Does the peripheral assessment indicate anything?

Temperature

- What is your patient's peripheral temperature?
- Do you need to actively warm your patient?

Pain

- How do you assess pain?
- What are your pain assessment findings?
- Are any interventions indicated?

Nausea

- Is it present?
- How would you manage it?

Other

Have you identified any other nursing aspects that are required to fulfil holistic care and maintain cultural safety?

Refer to Expectations of Care in the Post Anaesthetic Care Unit Policy available in the intranet. Hard copy is available in the Educator's Office.

Refer to Expectations of Care in the Day Surgery Unit Policy available in the intranet. Hard copy is available in the Educator's Office.

Evaluation

At the end of your clinical exposure, we will supply an evaluation form for your comments in relation to this placement. In addition, you will complete a final evaluation of your preceptor, with regard to the aims and goals set by yourself and your preceptor at the onset of the placement.

If you have any concerns during this placement the correct process to ensure that these are correctly resolved includes:

- Discussion with Clinical Nurse Educator
- Discussion with nurse in-charge of shift
- Discussion with Preceptor
- Discussion with Clinical Nurse Manager