

Ward 7 South 2024

Neurosurgery Neurology Stroke

Student Name:

ALN:

CLN:

Welcome!!

We are looking forward to working with you

Our Focus

The focus of Ward 7 South lies in the care and therapy of patients with neurological and neurosurgical conditions.

7 South is located on the 7th floor of the Wellington Regional Hospital.

7 South is the Neuroscience ward with Neurosurgical, Neurology and Stroke focus. We have 2 pods, Pod D (rooms 1-12) and Pod E (rooms 13-24 and treatment room) with a total of 25 beds.

In 2018 we introduced a Neuroscience Advanced Observation Unit (NAOU) into Pod E with 6 beds to care for our patients who require more frequent observations either post operatively, from intensive care or after their thrombolysis for stroke. This NAOU unit has a staffing ratio of 1 nurse to 2 patients.

We care for patients with tracheostomy, nasogastric tubes, lumbar drains and external ventricular drains (drains to remove cerebral spinal fluid from the spine and brain) and wound drains. This is a very interesting learning environment for students and we look forward to welcoming you!

Team and Contacts

7 South Unit	Main contact	Email for main contact	Phone number
Clinical Nurse Manager	Gayle	Gayle.Tristram@ccdhb.org.nz	04-3855999 ext 82011
Associate Clinical Nurse Managers	Anna R. Nancy Ray Mary	Anna.Ross@ccdhb.org.nz Nancy.Jiang@ccdhb.org.nz Raymart.SanJuan@ccdhb.org.nz Mary.MacDonald@ccdhb.org.nz	04-3855999 ext 80933
Clinical Nurse Educators	Dyan Jasmine	Dyan.Lariosa@ccdhb.org.nz Jasmine.Governor@ccdhb.org.cnz	04-3855999 ext 82011
Clinical Liaison Nurses	Anna S. Moana Nikita Alee Emma	Anna.Schneehagen@ccdhb.org.nz Moana.Tuioti@ccdhb.org.nz Nikita.Dutoit@ccdhb.org.nz Alexandra.Glen@ccdhb.org.nz Emma.Sarniak-Thomson-Mackey@ccdhb.org.nz	04-3855999 ext 80933

In case of sickness, please contact 04-3855999 ext. 80702 (in-charge phone) as early as possible. You must inform the ward of length of absence and, if necessary, call each day.

Further team members

- Ward Clerks: Urmila Ravla and Raj Nana
- CNS Stroke: Lai-kin Wong and Alicia Tyson
- CNS Neurosurgery: Caroline Woon and Rebecca Lissiman
- Consultants Neurology and Neurosurgery
- Registrars Neurology and Neurosurgery
- House Surgeons Neurology and Neurosurgery
- Multi-Disciplinary Team (MDT): Physiotherapist, Occupational Therapist, Social Worker, Speech Language Therapist, Dietitian
- Food Service Hosts: Feao and Bhavna

Dedicated Educational Unit

The Dedicated Education Unit (DEU) model of clinical teaching and learning in Wellington and is a partnership between organisations, the education provider Massey University (Massey), Victoria University and Whitireia New Zealand (Whitireia) and Te Whatu Ora Capital Coast and Hutt Valley. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEUs are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning modes, and peer teaching. The DEU is based on an Australian model and replaces the Preceptorship model to focus on student learning and curriculum integration.

Your Preceptor/ Clinical Liaison Nurse

You will be allocated one main CLN, clinical liaison nurse, this CLN will be responsible for helping you completing your objectives. You will work with a preceptor on each shift, however, due to shift work and number of students it is not always possible to work with the CLN. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week at the beginning of your shift. Please provide evaluations and/or other paperwork to your preceptor in a timely fashion. You will find an envelope (DEU section) at reception metal drawer where you will place copies of your feedbacks at the end of each week for the CLN to review. Your CLN will not complete any evaluations if you give it to them on your last days in the unit.

Preceptor

Your Preceptor will work alongside you to support your practice and learning during your placement. You will work with your preceptor in a shared care model for your orientation period. This means you will be allocated your own workload and be supported by your preceptor for this time.

Your designated preceptors will communicate among themselves so that we can provide continuity of learning opportunities. We will try and assign you with as few preceptors as possible, however, please be aware that due to other orientating nurses, your shift

patterns, sick nurses, we may not be able to place you with the same preceptors as much as we would like

Clinical Liaison Nurse (CLN)

Every cohort of students will have a Dedicated Education Unit (DEU) Clinical Liaison Nurse (CLN) who will be their main clinical contact. She will provide you with some structured clinical learning during your clinical placement. She has an excellent understanding of your program and academic study and will work alongside your academic tutors/ALN and yourself to support your learning needs and complete formative and summative assessments during your placement.

In addition, the CLN will complete all assessments and references relating to ACE for third-year students on a 9-week placement.

If you have any concerns or questions, do not hesitate to contact her using the contact details provided above; email is usually best.

Feedback Forms

Your feedback forms will vary depending on your education provider. However, the preceptors/CLNs you are working with will provide daily written feedback to help you reach your objectives and to help your assigned CLN follow your progress and, depending on which placement you are in, fill out the formal assessment forms. Please do not forget to put your name on each page of your feedback form. Also, the feedback forms usually aren't numbered; please number them to make it easier for your CLN to keep an overview.

If you feel you are not achieving your objective at the ward, please have a chat with your CLN or preceptor as soon as possible. We can provide you with support and tips for achieving your goals when you speak up. We will treat it with confidentiality. You can also ask for support from your ALN. On the other hand, your CLN might talk to you if you are not meeting your objectives by the middle of your placement.

You are responsible for asking your preceptor to complete and sign your running record (*for Massey students*) and daily clinical diary (*for Whitireia students*) near the end of each shift. **You need to photocopy or scan this document every end of the week and place in the DEU folder at reception in the metal drawer or email it to your assigned CLN.**

Expectations of the Student Nurse while in Ward 7 South

Shift Times

AM	0700-1530
PM	1445-2315
Night	2245-0730 (9 week placement only)
Long Day	0700-1930 (RN only)
Long Night	1900-0730 (RN only)

If your shift times are different from the above or you will be off the ward for meetings or tutorials please let the nurse in charge know at the beginning of the shift or let your preceptor know in advance. This is so we can ensure appropriate workload allocation and patient safety.

Handover

At the start of each shift, all staff meet in the Fish Bowl for a generic handover of the ward. Following your assignment to a pod, you will get a full handover regarding the patients in that pod. If your pod assignment changes the next day, please let the coordinator know prior to handover time. For patient continuity of care, it is ideal that you be placed in the same pod for a week.

Opportunities in 9 week placement

Depending on their availability, your CLN will organize extra days with one or more of the following services:

- OT (Operation Theatre)
- CNS Stroke
- CNS Epilepsy
- CNS Neurosurgery
- MDT (PT/OT/SLT)

Unfortunately, there is no guarantee that we can offer these opportunities for certain.

Our Expectations

- It is expected that you arrive on time for your shift, and if you are going to be late or you are unwell and cannot come, please **call the ward at (410) 385-5999, extension 80933 (7 South Ward)**. Please do a RAT test prior to calling and inform us of your results. If your RAT is positive, please follow the current community and hospital COVID policy.
- Due to infection control, a clean uniform must be worn, long hair must be tied back, and cardigans must not be worn when working on the floor. Hand jewelries (except wedding rings) and wrist watches should also be removed. No brightly colored nail polishes.
- Follow your school's uniform policy. Wear your name badge at all times and come to work on time as part of your professional responsibility.
- If you are unable to finish the entire shift you are scheduled to work, please talk to your preceptor and CLN/nurse educator. Also, you must inform your ALN. Whilst the nurse coordinator will be informed by your preceptor. A lot of learning occurs at quiet times in the unit.
- It is your responsibility to get your preceptor to sign your attendance record each day (for Whitireia students only).
- It is important for your preceptor or the nurse you are working with to be aware of your objectives for the day.
- Please make sure you finish all the paperwork you need to for the polytechnic or university before the unit's final week. If a paper is given to your preceptor or CLN during the final week of your placement, they will not finish it.
- On the last day of your placement, please answer the "Evaluation of Clinical Experience" from page 18 of this student booklet. Place the answered form in the DEU folder in the reception metal cabinet. This form will let us know how to improve our teaching and support for the future nursing students coming to our ward.

Safety Measures in Ward 7 South

Access Cards

You should have received access cards for the ward from your ALN. If this isn't the case, please contact her immediately.

Covid 19 Requirements

These are regularly adjusted to the newest government and IPC (infection prevention and control) recommendations and therefore subject to change. Your CLN will provide you with the updated guidelines and regulations on your orientation day. Currently, it is strongly recommended to wear a surgical mask when in contact with your patients and within the ward. Your CLN can provide a free RAT kit at the start of your placement if you don't have stocks at home.

On Your First Day / Orientation Day

Your CLN will give you an orientation about the ward, in more detail than in this booklet. She will also give you a tour of the ward and do a health and safety introduction as well show you where we keep the H&S policies of CCDHB and Ward 7 South.

SUBJECT	LOCATION / NOTES
Blood sugar machine	
Catheters/ bags	
Drug info (PC and book)	
Emergency Shut off valves (oxygen)	
Fire alarms	
Fire exits	
Fire extinguishers	
IV pumps/poles	
Naso-gastric feeds	
Naso-gastric tubes	
Non-sterile gloves	
Observation machines	
Oxygen masks and tubing	
Patient medications	
Patient stickies	
Pyxis room and machine	
Resus trolley	
Safety checks at bedside	
SCDs	
Sharps bin	
Sluize machine	
Sliding boards/ manual handling equipment	
Sterile gloves	
Supplies for evacuation	
Tracheostomy equipment	
Urine bottles, pans	
Washbowls	
Wound care dressings	

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. It is helpful for you to keep this list close by and work with it.

- | | |
|---|---|
| <input type="checkbox"/> Pyxis Medication Machine | <input type="checkbox"/> Discharge information |
| <input type="checkbox"/> Controlled Drug cupboard | <input type="checkbox"/> Clinical policies & procedures |
| <input type="checkbox"/> Scales | <input type="checkbox"/> "Notes on Injectable Drugs" |
| <input type="checkbox"/> Linen supplies | <input type="checkbox"/> Roster |
| <input type="checkbox"/> Clinical Nurse Manager Office | <input type="checkbox"/> Manual BP machine |
| <input type="checkbox"/> CNE/ACNM Office | <input type="checkbox"/> Suction Equipment |
| <input type="checkbox"/> Intravenous Fluids and equipment | <input type="checkbox"/> Bio-hazard bags |
| <input type="checkbox"/> Store room | <input type="checkbox"/> Tympanic thermometer & covers |
| <input type="checkbox"/> Staff tea room | <input type="checkbox"/> Stationery supplies |
| <input type="checkbox"/> Resuscitation trolley | <input type="checkbox"/> Photocopier |
| <input type="checkbox"/> Dirty utility room | <input type="checkbox"/> Patient charts |
| <input type="checkbox"/> Dressing trolley and Materials | <input type="checkbox"/> Laboratory forms |
| <input type="checkbox"/> Isolation Equipment | <input type="checkbox"/> Incident Reporting |
| <input type="checkbox"/> ECG machine | <input type="checkbox"/> Assessment Room |
| <input type="checkbox"/> Blood glucose trolley | <input type="checkbox"/> Sterile Gloves |
| <input type="checkbox"/> Where to store your bags | <input type="checkbox"/> Drug Fridge |

Common Abbreviations on 7 South

A+O	Alert and Orientated
AVM	Arterial Venous Malformation
CVA	Cerebral Vascular Accident (Stroke)
E+D	Eating and Drinking
EVD	External Ventricular Drain
GBM	Glioblastoma Multiform
GCS	Glasgow Coma Scale
ICB/ICH	Intracerebral Bleed/Haemorrhage
IDC	Indwelling Catheter
UTT	Up To Toilet
NBM	Nil By Mouth
NIHSS	National Institute of Health Stroke Score
NLD	Nil Limb Deficits
PEARL	Pupils Equal, Accommodating, Round and Reactive to Light
PIVC	Peripheral Intra-Venous Catheter
Postop	Post-operative
Preop	Pre-operative
SAH	Subarachnoid Haemorrhage
SCDs	Sequential Compression Devices
SDH	Subdural Haematoma
SOL	Space Occupying Lesion
TIA	Transient Ischaemic Attack
VP Shunt	Ventricular Peritoneal Shunt

Objectives

Skills you are expected to become familiar with

- Neurological assessments: Glasgow Coma Scale (GCS), National Institute for Health Stroke Score (NIHSS), Spinal Observations
- Observations: Blood pressure, heart rate, temperature, respirations, Oxygen saturations
- Charting EWS and consequences
- Monitoring and dressing surgical wounds
- Suture & clip removal
- Drain removal
- IDC insertion and care
- Patient ADL'S
- Charting: fluid balance, drug charts, food charts etc.
- Medication administration under supervision
- Pre-operative patient preparations
- Time management and work planning
- Admission & discharge procedures
- Writing notes.

What's okay and what's not

All your neuro observations need to be checked by your preceptor. Any change in neuro observations need to be reported to your preceptor who will let the medical staff and nurse in charge know. We don't allow flowers in our Ward.

Workload

You will be able to take a patient load under supervision as your skills progress, especially in your final placement. You will be expected to carry out all cares for your patients and for those cares that you are not able to do you should negotiate with your preceptor a time for him/her to carry them out for you. The cares you will be responsible for include medications, observations, checking surgical wounds and dressing as required and writing nursing notes. All these cares will be explained and

demonstrated to you before you are expected to carry them out. Give constant feedback to your preceptor and seek help whenever you need it.

Remember to think of the patients you are working with as holistic and individuals. As well as the technical side of the neuroscience ward don't overlook the emotional side of what your patients are undergoing. They and their families maybe in the process of being told they have a terminal disease or dealing with the fact they are having brain surgery and the risks that involves.

Time flies

Time management and prioritising your workload is the hardest thing to learn. Your preceptors will help you develop this skill. Communication is the key at all times. The safety of the patients is the ultimate legal responsibility of the Registered Nurse. If you are unable to carry out a task for whatever reason, tell your preceptor immediately, he/she will then be able to tell you if it is a task that can be completed later or if it needs to be completed now and help you accomplish it.

Great Expectations

We are aware that all students are at different levels. All we expect from you is a willingness to learn and make the most of your clinical time. We expect you to be open and honest and you can expect the same from all of us.

We will try to provide the best teaching we can but it often depends on the ward on the day. There are various ways of learning and we encourage you to identify you own learning style and to utilize the many resources which are on the ward: reading journals and textbooks, looking in depth at patients notes to gain a broader clinical picture or perhaps observe various procedures occurring on the ward.

We work as a team on 7South and invite you to become part of the team while you are here.

In General

When in doubt, overwhelmed, confused, uncomfortable or unsure please speak up. There is no such thing as a silly question: we have all asked them ourselves, at one time or another. Also feel free to ask to observe procedures that may be happening on the ward or theatre cases, and your preceptor may be able to arrange this.

Common Presentations to Ward 7 South

Neurosurgery

Conditions: Brain tumours, cerebral aneurysm, cervical myelopathy, herniated discs, hydrocephalus, pneumocephalus, intracerebral haemorrhage, pituitary tumours, spinal tumours, subdural haematoma, subarachnoid haemorrhage.

Procedures: Craniotomy, craniectomy, cranioplasty, burrhole evacuation of haematoma, cerebral angiogram and angioplasty, embolization and clipping or coiling of cerebral aneurysm or AVM, endoscopic transsphenoidal removal of pituitary tumours, EVD and LP insertion or removal, laminectomy, laminoplasty and foraminotomy for spinal conditions, VP shunt insertion and removal.

Neurology and Stroke

Conditions: Epilepsy, Parkinson's disease, headaches and migraines, Multiple Sclerosis, Guillain-Barre Syndrome and other autoimmune disorders and motor neuron diseases.







Stroke (ischaemic stroke, haemorrhagic stroke, TIA)

Procedures: EEG, cardiac monitoring for AF, thrombolysis and endovascular clot retrieval, plasmapheresis, immunoglobulin therapy, rehabilitation process

Common Medications

Pain reliefs	Antiemetics	Laxatives	Anti-seizure
Paracetamol	Ondansetron	Bisacodyl	Levetiracetam
Morphine	Metoclopramide	Macrogol/Molaxole	Sodium Valproate
Codeine	Cyclizine	Lactulose	Phenytoin
Tramadol	Scopoderm Patch	Kiwicrush	Lorazepam

5 rights
plus
critical
thinking
and
documentation

<p>Two ID checks against NHI in medication chart label</p> <p>One must be NHI on patient wrist ID</p> <p>Ask patient to identify themselves and their DOB</p>	 NHI number	<p>Right patient NHI number</p> <p>has the right to REFUSE (unless a legal mandate)</p>	Right patient
<p>Check the medication label</p> <p>Check the prescription order and patient history</p> <p>Check the chart & ask the patient if any ALLERGIES & adverse drug reactions (ADR)</p>	 	<p>Right MEDICATION for the right REASON</p> <p>and</p> <p>no known allergies or ADR that prevent administration</p>	Right medication
<p>Check the prescription order</p> <p>Confirm CORRECT dose, know expected effect & contraindications using a drug reference resources & patient history</p>		<p>Right DOSE for the Right REASON</p>	Right dose
<p>Look when last administered</p> <p>Give the drug at right time & over the right time</p>		<p>Right TIME includes right delivery RATE</p>	Right time
<p>Again, check order & make sure it is the right drug form for the delivery route</p> <p>Communicate the reason and expected action & ask the patient to report effect</p>	<p>PO</p> <p>IV</p> <p>Subcutaneous</p> <p>IM</p> <p>Epidural</p>	<p>Right ROUTE with the right FORM for administration & monitor response</p>	Right route
<p>COMPLETE documentation and sign AFTER giving the medication</p> <p>Chart the actual delivery time, route & why it is withheld or refused/declined or when to restart</p> <p>Document NEW allergy or ADR</p>		<p>WRITE it right in medication chart & write patient response in the progress notes</p> <p>Be sure to document any relevant information</p>	Right documentation

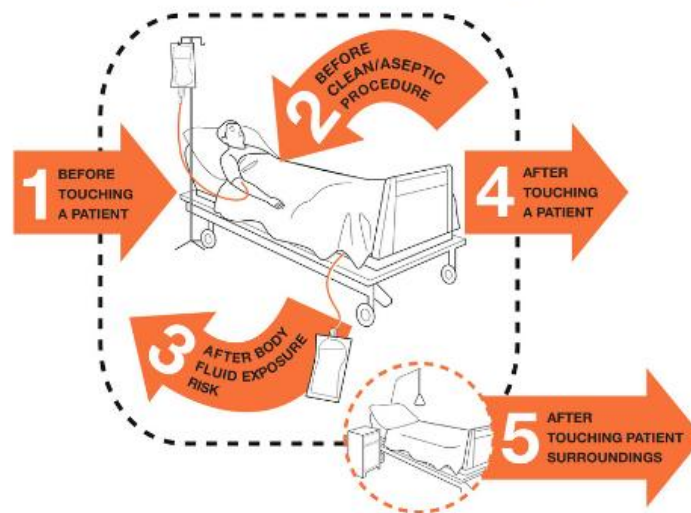
Pre-reading/Resources

We recommend that the students read the following topics in advance so that they can manage on orientation day:

- Brain anatomy (lobes, hemispheres, layers) and functions
- Neurosurgery conditions: brain tumours, subarachnoid haemorrhage, subdural haemorrhage, discus prolapse
- Neurology conditions: Parkinson's disease, Multiple Sclerosis
- Stroke: ischaemic, haemorrhagic, and TIA
- Seizures
- Hydrocephalus

To avoid further costs, please use your textbooks to read about these topics.

Your 5 Moments for Hand Hygiene



Evaluation of Clinical Experience

Student _____

Date of placement _____

Date of Evaluation: _____

CLN: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A CLN was identified/introduced to me on arrival to area						
One CLN had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the CLN at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The CLN assessed and acknowledged my previous skills and knowledge						
The CLN discussed my prepared learning objectives						
The CLN assisted with planning learning activities						
The CLN supported me by observing and supervising my clinical practice						
The CLN was a good role model for safe and competent clinical practice						
I felt comfortable asking my CLN questions						
The CLN provided me with regular constructive feedback on my practice						

Additional comments:

Please return this form at the DEU folder in reception metal cabinet. The CLN will receive this document