

Orientation Booklet

For student nurses on clinical placement to **Children's Heart Centre (CHC)**
who are undertaking one of the following programmes:

- Bachelor of Science (Nursing) Children's & General Integrated
- Post Registration Children's nursing student (PRCNS)
- Bachelor of Science (General)

Student Name:

Preceptor:

Philosophy of Care- Children's Heart Centre

On The Children's Heart Centre we are committed to provide care that understands the developing and ever changing needs of the infant/ child and their family. Our specialist interdisciplinary team approach strives to provide individualised, compassionate care whilst acting as an advocate for the infant/ child and their family.

Children's Heart Centre embraces the concept of professional development and the enhancement and development of nursing skills is actively supported.

'Our big hearts help mend your little hearts'

Welcome to the CHC

Welcome to the Children's Heart Centre (CHC). We hope you will find working here a rewarding and enjoyable experience. This booklet is intended to help in your orientation. Though every effort has been made to ensure its accuracy, we recommend that it is used as a guide only and hospital policies and guidelines should be referred to for further clarification.

All staff on the CHC are committed to the ethos of professional development and continuing education, in order to maintain and give the best possible care to our patients. A philosophy of nursing with a family-centred care approach is encouraged at all times.

CHI @Crumlin Hospital is a tertiary referral centre. The CHC is a medical & surgical ward, comprising of 17 single rooms and 3 x 2 bedded rooms. Our usual complement is 23 beds, however we do have the facility to increase to 27 beds in certain circumstances. Patients attending the ward range in age from a few hours old to 16 years approximately, however teenagers with cardiac conditions may be seen into young adulthood. The CHC receives admissions from other hospitals all over the country, internal transfers from the emergency department, intensive care and out-patients. Elective admissions are also accepted for a wide range of investigations and treatments including cardiac surgery and cardiac catheterisation.

We also run a 6 bedded cardiac day unit separate from the main ward, which cares for patients pre and post cardiac catheterisation, and for patients undergoing cardiac investigations such as CT, MRI patients & sedated echocardiograms. During your clinical placement on CHC you may get the opportunity to spend a day here.

Experience will be gained in the care and management of children requiring:-

Cardiac Assessment	Admission from maternity hospital/ home/ Out-patients department for initial cardiac assessment and diagnosis
Cardiac surgery	Both pre-operatively and post-operatively following discharge from ICU from day one onwards depending on rate of recovery.
Cardiac Catheterisation	Pre and post catheterisation care.
Cardiac Investigations	Echocardiograms, ECGs, pacemaker checks, x-rays, blood work ups.
Commencing/discontinuing cardiac medications	e.g. commencing Flecainide

WARD PERSONNEL: Please see the Staff Photo board at the entrance to CHC

Cardiology Clinical Nurse Specialists: Work (Mon to Fri) in an advisory and supportive role for children, parents and staff in their relevant areas. They are an excellent resource for nursing students on CHC.

Dietician: Monitors infants/children's nutritional status and acts as a resource person for information and advice. Special attention is given to children with cardiac disorders. Work Monday to Friday.

Pharmacist: A pharmacist visits the CHC every day (Mon-Fri) to order requirements which are sent up in the blue box. There is a stock list of essentials which are stored on the ward. Extra requirements needed during the day may be requested over the phone. A porter will deliver pharmacy supplies

Opening hours are: 09.30-17.00 (Mon – Fri) (After hours requests are done through Nursing Administration) Pharmacy request sheets are white and kept in the filing area. Information on most medications is available in the folders in the Treatment Room & on the Tablet which is stored in the treatment room Up to date information is available on the CHI@Crumlin Intranet under Pharmacy. Pharmacists also act as a resource to staff & students.

Social Worker: Social workers are assigned to each team and see patients as requested.

Psychology: Psychologists see patients and families if needed

Physiotherapists: Physiotherapists see patients on referral by doctors.

Phlebotomist and IV team: All requests for blood samples to be completed by medical team and left in slot outside the office. Phlebotomist visits the ward early morning until 12.00, After this time doctors take bloods. However, there is an OPD "blood room"; operational until 16.00hrs, where the phlebotomists oblige us if a prior arrangement is made by phoning in advance.

All requests for IV cannulas to be charted in Medication Kardex. Blood samples will be taken with cannulation if requested. These to be left in black request box outside office and note on white board IV team hours are: 08.00 – 19.00 and 20.00 – 19.00 (7 days a week)

Laboratory: Specimens are put in a specified collection point, and will be collected by a porter at regular intervals throughout the day. Hours of Laboratory: 09.30 - 17.00 (Please note any requests after 16.30hrs is on call). After hour/emergency specimens can be put in the chute located inside theatre. (There is a fridge outside day unit for after hour's microbiology specimens). Blood cultures must go to the lab directly after being obtained.

Lab results can be accessed through the computer in the office or by phoning direct. If patients require fasting bloods please ensure relevant bottles are available in advance, e.g. pyruvate bottles, to avoid prolonging unnecessary fasting.

Healthcare Assistants: Their role is to assist nurses in the day to day running of the ward and assist with caring for infants if the need arises. Nurses may also need to assist them especially on busy days in relation to making beds/ cots and getting rooms ready.

Daily duties include:	
Changing sterilisation units daily.	Washing and making cots and beds
Collecting feeds from formula room.	Stocking store room and ordering from CSSD
Accompanying infants to different departments	Ordering food on a daily/weekly basis.
Collecting supplies/equipment from different departments as needed.	Cleaning suction apparatus daily.
Bringing specimens to the chute	Setting up for meals and helping to serve breakfast, dinner and tea

Household: Look after cleaning on ward and delivering food supplies and meals to ward. Hours are 8.00 –20.30 2 shifts. After hours cleaning household is contacted through a specific bleep number.

Play Specialist: Our Play Specialist provides structured and age appropriate play for infants and children. She works with the infants/children and parents to explain different methods of play and relaxation therapies that will help them while in hospital. She also prepares children for theatre through play.

Consultants: The children on CHC are cared for by a team of Cardiologists and Cardio-thoracic Surgeons. The cardiology team generally have rounds on Mon, Wed and Fridays. Cardio-thoracic surgeons generally have a round on Thursday mornings. Various other consultants visit the ward and do rounds at different times.

Ward Clerks: The CHC ward clerks play a central role in communication and administration with nursing, medical and other hospital personnel, as well as with parents and visitors. They are responsible for sorting out charts, making appointments for out-patients. They also order stores and answer the phone and keep the office in good order. They are essential members of the team and ensure the smooth running of the CHC.

Hours of Placement (All Students)

You will be advised on how many days & weeks you must attend placement for (clinical shifts and reflective practice days) by the following:

- **Supernumerary & Rostered Nursing students**: Student Allocations Liaison Officer (SALO)
- **PRCNS students**: PRCNS Co-Ordinator

Off Duty

- Your off duty will be decided by the Clinical Nurse Manager 2.
 - Changes to your off duty may be facilitated but this is dependent on ward skill mix.
 - Duty may be swapped between students only with prior agreement of Clinical Nurse Manager 2.
 - During your placement you will be allocated a preceptor and a co-preceptor. We try as much as possible to facilitate students to work alongside your allocated preceptor so that your assessments are performed by nursing staff you have been closely linked with.
- **Reflective practice**: You will be facilitated to attend your mandatory reflective practice sessions in the CCNE (Children's Centre for Nurse Education) or online. Reading & unstructured reflective practice will be accommodated but must be undertaken within the department.

Absence Reporting:

If you are absent for any reason you must follow the reporting structure below:

Absence Reporting	
Supernumerary Nursing Students (1 st ; 2 nd ; 3 rd & 4 th yrs.)	Rostered Student Nurses (PRCNS & Interns)
1. Ring the Clinical Area	1. Ring Nursing Admin
2. Email: student.absence@olchc.ie	2. Ring the Clinical Area
	3. Email: PRCNS Co-Ordinator (PRCNS) / Email: student.absence@olchc.ie (Interns)
Please refer to the full guideline for further information hours, absences and returning to placement:	
➤ <i>Supernumerary students Guidelines on Absenteeism and Duty, Supernumerary Nursing Students BSc Nursing Children's and General -Nov. 2020</i>	➤ <i>CHI Crumlin Guideline on Duty Public Holiday Absenteeism for Rostered Stds 2021</i>

Usual Daily Routine- day duty

This is only a brief summary of the nursing care received by the infants/children each day. The infant/child's specific nursing care is planned and delivered only after a careful assessment of the infant/child's nursing needs.

Mornings

Report and summary of infant/child's condition- including any specific needs, blood tests, x-rays, procedures etc on second handover

Check and assess infants/children, perform safety checks and develop plan of care for the day

Infant/children's breakfasts

Attend hygiene needs

Weigh infant/child if due

Perform pre and post operative care

Infant/children's lunches/feeds

Afternoon

Reassess infant/children's condition and plan accordingly

Nursing update

We have CHC huddle at approx 4pm each day to update CNM on patients and have brief education sessions

Evening

Reassess infant/child's condition and update notes as necessary

Report for nursing administration

Handover to night staff

Throughout the day:

Doctor's rounds

Admissions, transfers and discharges

Bringing/collecting infants/children from cardiac catheterisation, x-ray etc

Organise phlebotomy, IV cannulation

Administer medications

Update intake and output charts

Update nursing notes and evaluate care

Monitor vital signs

FAMILY

Nursing with a family-centred approach is encouraged at all times in the CHC.

Open visiting policy for parents. More than 2 visitors per infant/child are only permitted at CNM discretion.

Staff must be aware of who all visitors are.

Infant/child is only allowed to leave the ward area with parents or staff member.

When leaving the ward with their infant/child, parents are requested to inform nursing staff.

During rounds please shut doors of rooms to ensure confidentiality.

One parent is allowed to 'room in' with their infant /child

SAFETY AND SECURITY

The safety and security of our infants and children is of prime importance. Infants/children may not have the experience and knowledge to understand the risks associated with everyday things. Therefore as nurses we need to look at things from a child's perspective and avoid hazards which may injure an infant/child. With this in mind, here are a few pointers:

- Always ensure that the infant/child has an ID band in situ displaying legibly the Name/MRN/Date of birth/ Ward and Consultant
- Ensure code is on entrance doors to the unit at night time from 20.30
- Ensure all service doors/side doors are closed and locked
- Ensure cots sides are raised and secured in position, if a child is at risk of falling out of the bed, ensure bed rails are raised and secured in position
- Ensure all electrical leads are unplugged when not in use
- Ensure parents don't bring in hot drinks to bedside, parents and children are not permitted in the ward kitchen
- Ensure curtains/ blinds in cubicles are left open unless privacy /procedures are taking place in the cubicle
- Be aware of where infants/children are at all times
- Do not leave drug trolley unsupervised when open
- Stop unruly behaviour by children to prevent accidents, children should wear slippers or shoes when walking around to prevent falls
- Deal with spillages promptly, by using yellow signs and calling cleaners as appropriate
- Ensure that you have read the policy on The Prevention of Abuse of Children in Hospital
- Ensure Fire Exit is clear at all times and that all staff members are aware of fire extinguishers
- When filling the bath, use the cold tap first and ensure the water is at the correct temperature. Supervise infants/children at all times in the bath/shower

THE LEARNING ENVIRONMENT AND CONTINUING EDUCATION

Supernumerary students: During your placement you will, at all times be linked with a staff nurse to provide the nursing care for the infants/children in your section. A named preceptor or preceptors will be allocated to each student. We would encourage you to ask questions and become actively involved in managing the care of your patients.

Interns and PRCNS students: Each shift you will work opposite a staff nurse allowing you to handover your patients when going to break and vice versa... The staff nurse will provide assistance and support as required by you. A named preceptor or preceptors will be allocated to each student. On occasion, you may be required to remain on to give handover or stay out on the unit during handover. If you have given handover/stayed back, you should then try to go on time/early the other nights if you are organised and all your patient's needs have been attended to. If you have anything you wish to discuss or have concerns please approach the CNM2, CNEF, CNM1, preceptor or CPC. Preceptor's names are on a board beside the main office. However on occasion you may not work with your preceptor due to illness or off duty changes.

There is a Clinical Nurse educating Facilitator on CHC, whose aim is to facilitate learning and provide support both to nursing staff and students. Every effort will be made to facilitate learning experiences for students. It is recommended that new students use the folders in the office as a resource for clinical information and refer to the nursing practice folder and intranet for guidelines.

Students should also be familiar with and read policies on:

Fire Plan	Know location of fire exits, fire hydrants and procedure in case of fire.
Disaster Plan	know plan of action and location of stores
Emergency Bleep system (2222)	Knows how to bleep team and locate emergency trolley.
Waste Disposal	Know how to discard all classes of waste.
Prevention of Abuse of Children by a Staff Member while in the Care of the Hospital	To minimise risk to both children and staff members.
Documentation	Be familiar with documentation methods.
Discharge without medical advice	Know procedure on how to handle situation.
Medication Policy	Know correct procedure, as well as how to report drug errors.
Incident/Complaints	Know how to access and complete online incident/complaints form

Students and Staff Nurses can refer to ‘Participation in Care for Student Nurses’ (2017)’ and the ‘Medication Reference Guide for Nursing Students’ for further information on what students can and can’t do. It is important that students at all times work within their Scope of Practice.

Miscellaneous

Drug Calculation

$$\frac{\text{Amount Required}}{\text{Amount present in medication}} \times \text{Volume}$$

- Expected urinary output for a child: 1ml/kg/hour
- Intravenous fluid intake for an infant/child is prescribed according to the infant/child’s weight. To calculate the fluid requirements for an infant/child in 24hours:

First 10kgs of body weight	100mls/kg
Next 10kgs of body weight	50mls/kg
Every kg thereafter	20mls/kg

- Oral fluid requirements of infants

Day 1	60ml/kg/day	Day 4	130ml/kg/day
Day 2	90ml/kg/day	Day 5	150ml/kg/day
Day 3	110ml/kg/day	Then	150-200ml/kg/day

Newborn Bloodspot Screening:

Newborn Screening must be performed at:

- 72 hours of age or
- 120 hours of age (in exclusively breastfed infants)

Exceptions for high risk infants in the following cases:

Immediately after birth, a Beutler test for High Risk Groups (i.e. traveller infants and siblings of known cases of Classical Galactosaemia) is taken. Mark card clearly with 'FOR BEUTLER TEST'. (NB infant must be fed lactose free formula until Beutler result available). Normal newborn screening required as above.

- Before blood transfusion (to rule out Galactosaemia)

Consent must be obtained by parent/guardian prior to first screening.

Refer to OLCHC Newborn Bloodspot Screening Record Sheet for more details or visit www.nnsp.ie (National Newborn Screening Laboratory, Children's University Hospital, Temple St.)
Jenny Dunne is clinical nurse specialist working with NBSS so you may see her up checking on samples

Immunisation Schedule: For the most recent information please refer to the following website: www.hse.ie/immunisations and the CHI@Crumlin Medication Policy 2021.

We hope you enjoy your time on the Children's Heart Centre and gain experience which will benefit you in the future. Should you have any queries or concerns please feel free to speak to CNM/CNF/Preceptor/CPC

Student Signature:

Preceptor Signature: