



For student nurses on clinical placement to Operating Theatre (OT)

who are undertaking one of the following programmes:

Bachelor of Science (Nursing) Children's & General Integrated

Post Registration Children's Nursing Studies (PRCNS)

Student Name:

Preceptor:

Philosophy of Care in Operating Theatre

In the Operating Theatre we aim to provide the highest quality of evidence based care to each child and his/her family, utilising a compassionate, holistic and family-centred approach.

We endeavour to impart knowledge and information to the child and family to help alleviate any fear and anxiety they may have whilst in the Theatre Department.

We are committed to act as the child's advocate at all times throughout their peri-operative experience.



Table of Contents

Orientation Booklet for Students:

Introduction Packet

- Dress code
- Meal Breaks
- General Information
- Theatre Lay-out
- Check-in Procedure for Patients Coming to Theatre
- Anaesthetic Room
- Theatre Intraoperatively
- Recovery Room
- Conclusion

> Day one of your OT Placement

| Day 1 | Present to OT Reception on Floor 1 of CHI at Crumlin | | |
|--------------------------------------|--|--|--|
| 7.30am | You will be met by a member of the CNF team at 08.00am | | |
| | Access to Scrubex (OT scrub suits) | | |
| | Tour of Theatre Department | | |
| | Flow of Theatre | | |
| | Rotation Plan for placement to OT areas eg. Theatres, Anaesthetic Rooms & Recovery Room | | |
| | Allocation of Buddy/ Preceptor | | |
| | Plan for NCAD preceptor/Student meetings | | |
| | Preliminary Meeting/Interview | | |
| Day 4* (for 1 week placements) | Final Meeting/Interview | | |



STUDENTS DUTY ROSTER

(BSc Nursing: Children's & General and PRCNS students)

A. Off Duty

- > The hours & number of shifts you are required to complete for your placement will be clearly outlined in the Allocations Sheet emailed to you by STUDENT ALLOCATIONS OFFICER (SALO) Michelle Sheridan
- > The CNF team & CNM3 in Operating Theatre will also have a copy of your roster

B. Clinical Placements

Students may be rotated to some, or all of the various areas within the OT Department as listed below during their placement

- Anaesthetic Room X 1 Day
- Theatre X 1 Day
- Recovery Room X 1 Day

C. Points of Note

,

- In-service Education twice a week on Tues and Thurs in Dept at **07.45am**
- Lockers are available in changing rooms / Please bring your own padlock
- Scrubex is the storage facility for OT scrub suits. The OT Receptionist will activate your ID wipe card, so that you will have access to scrub suits
- Footwear must be uniform policy approved & used only for wear within the hospital (no outside wearing)
- No mobile phones, jewellery, or valuables to be brought into the any Theatre, Anaesthetic Room or Recovery Room



Welcome to Operating Theatre

Introduction

We would like to take this opportunity, on behalf of all the theatre staff, to welcome you to theatre. We hope that you enjoy your allocation, while learning as much as possible about the care of patients requiring surgery in the operating rooms.

While the operating room is new as an environment and as a learning situation, many of you will have had some contact with the theatre while working on a surgical ward or from your undergraduate training.

Now, while working in the operating department, you will have the unique opportunity to participate in the total care of patients undergoing surgical procedures. This involves being the patient's advocate, following the patient's journey throughout – from the reception into theatre, to the anaesthetic room, into the theatre itself and finally, back to the recovery room until the patient is ready for discharge back to the ward.

These areas of nursing care in theatre may be divided into three distinct but overlapping areas of patient care. They are:

- preoperative
- intraoperative
- postoperative

The 3 above areas are grouped together in the term "perioperative nursing".

Theatre Personnel

- DNM Theatre
- CNM3
- Theatre Coordinator
- CNM2/CNM1 for each Theatre and Recovery/Anaesthetics
- CNF for Theatre
- There are three to four staff nurses in each theatre. Other staff include health care assistants, perfusionists and porters.

Dress Code

- Theatre attire and your own CHI Crumlin name badge must be worn at all times in the department.
- Scrub suits are available in the Changing Rooms.
- Hats and masks are available in the Changing Rooms.
- Theatre clogs, new or cleaned shoes may be worn. (used only for wear within the hospital, no outside wearing)
- Lockers are provided for your use during your stay in the department and need to be vacated after your placement. Please bring your own lock to safeguard personal belongings.



Meal breaks

| Morning break | 30 minutes* (Included in hours*) |
|---------------|----------------------------------|
| Lunch break | 30 minutes |

Coffee Room

Whilst we do have a small coffee room within the OT department, due to COVID-19 & social distancing requirements, we kindly ask that your morning break & lunch break are taken in the main hospital canteen in these times.

You will be given additional time for your meal breaks to facilitate changing into your normal clothing, to go to the canteen. Please liaise with CNM or staff nurse in your theatre regarding break times.

General Information

- During your period in theatre, we will endeavour to facilitate you to see the main specialties in the operating theatre and you may have the chance to scrub for surgical cases. Ask questions at any appropriate time to nurses, anaesthetists, surgeons, perfusionists, etc.
- You will receive a copy of the Clinical Learning Outcomes for Operating Theatre at your first meeting.
 You may be asked to attend some *Tuesday/Thursday morning lectures commencing at 07.45am* or any educational sessions for the week deemed relevant to your learning objectives.
- Please guard your personal possessions. Avoid bringing unnecessary valuables to work.
- If you have any questions, comments, suggestions or concerns, please do not hesitate to discuss them with me.

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 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: 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 | | | |
| | Email: PRCNS Co-Ordinator (PRCNS) / Email: <u>student.absence@olchc.ie</u> (Interns) | | | |
| | information hours, absences and returning to ment: | | | |
| Supernumerary students Guidelines on Absenteeism and Duty, Supernumerary Nursing Students BSc Nursing Children's and General -Nov. 2020 | CHI Crumlin Guideline on Duty Public Holiday Absenteeism for Rostered Stds 2021 | | | |

Theatre Layout

There are eight theatres in total. Each theatre comes with an anaesthetic room, prep room, scrub area and disposal area.

| Theatre 1 | - | Cardiac |
|-----------|---|---|
| Theatre 2 | - | General/Plastic/Orthopaedic |
| Theatre 3 | - | ENT/Ophthalmology/Plastic/Laser |
| Theatre 4 | - | General/Urology/Emergency Theatre |
| Theatre 5 | - | Orthopaedic/General |
| Theatre 6 | - | Endoscopy |
| Theatre 7 | - | General//Dental/Dermatology Lase/ Maxillofacial |
| Theatre 8 | - | Spinal/Orthopaedic |
| HCCL | - | Hybrid Cardiac Catheterisation Laboratory |
| AR 6 | - | Haematology/ Oncology Day Unit IT List (Morning Only) |
| RR | - | 11 beds for postoperative care |

- Emergency drugs are kept in all theatres.
- Emergency trolleys one in corner outside of Theatre 3, one in Recovery Room and one outside Hybrid Cardiac Catheterisation Laboratory.



- Defibrillators one in Recovery Room, one in each theatre with Theatre 4 sharing with Theatre 3 or Theatre 5 and Theatre 6 and 7 sharing with Recovery Room.
- Books, journals, catalogues and videos are available in the Theatre Conference Room.

Check in Procedure for Patients Coming to Theatre

- Patient's identification bracelet.
- Appropriate consent form signed.
 - Adequate fasting status6 hours for food and milk
 - 4 hours for breast milk
 - 1 hour for clear fluids
- History of allergy.
- Loose teeth, braces, caps, crowns present and if dentures have been removed.
- Seen by an anaesthetist and any premedication given.
- Relevant past medical/surgical history.
- Appropriate attire.
- Patient's property.
- Patient's chart
- Consent forms
- Medical history
- Laboratory reports
- Availability of blood and blood products
- Addressograph labels
- X-ray films/CT scan, etc.
- Special instructions (medications, fluids, infection control status, etc.)
- Need for interpreter.
- Do the parents wish to accompany their child to theatre? One parent is allowed into the anaesthetic room provided they are not having a rapid sequence induction.

Anaesthetic Room

Induction of anaesthesia is recognised as a critical and potentially hazardous period for the patient. A vital role for all nurses is to care for the patient's psychological well-being by being sensitive, supportive and trying to allay anxiety and fear as much as possible. There are toys, books and games available, which canbe given to the children to play with while waiting in the anaesthetic room or in the corridor.

The anaesthetist is ultimately responsible for checking that all equipment is present and in good working order. However, routine checking of equipment is carried out every morning by the peri operative nurses before start of list to ensure patient's safety.



Anaesthetic Nursing

During your allocation to theatre and your observation of anaesthetic nursing, you will learn and appreciate the importance of:

- Preparing a safe environment by preparing an airway tray, IV tray and airway management equipment for the individual child undergoing anaesthesia
- intravenous access for patient's undergoing general anaesthetic
- monitoring vital signs
 - pulse oximetry
 - blood pressure
 - ECG
 - CO2 monitoring
 - Temperature monitoring
- arterial and CVP monitoring
- Urinary Catheterisation
- a tilting trolley/theatre table
- suction machine
- anaesthetic machine
- blood warmer
- warming/cooling mattress
- infusion pump
- pressure bag
- stethoscopes

You will gain knowledge of anaesthetic techniques and common drugs used in anaesthesia.

The role of the Anaesthetic Nurse is to provide holistic care to all patients receiving anaesthesia along with maintaining privacy and dignity for the patient at all times. The anaesthetic nurse assists the anaesthetist in delivering general & regional anaesthesia. After induction of anaesthesia, physical care of the patient is the responsibility of the nurse. You have a vital role as the patient's advocate preserving the dignity, safety and high standard of patient care at all times. During this period of patient care, you will learn about care of the unconscious patient.

Principles of Asepsis and Sterile Technique

Aseptic and sterile techniques are based on sound scientific principles and are carried out primarily to prevent the transmission of microorganisms that can cause infection. Asepsis literally means without infection, and it implies the absence of microorganisms that cause infection. The methods by which microbial contamination is prevented in the environment are referred to as aseptic techniques.

Sterile techniques refer to creating and working within the sterile field. To protect the patient during invasive procedures, microorganisms in the sterile field are kept to an irreducible minimum. Sterile items should be used to prevent the introduction of pathogens into the patient's body.

Theatre – Intraoperatively

During your allocation to the "scrub" side of theatre, you will gain knowledge of operative techniques, anatomy and physiology as well as:



- Observing the various positions used in surgery and participate in the safe positioning of the patient.
- Observing the use and precautions taken with diathermy.
- Identifying the role of the scrub nurse and circulating nurse.
- Understanding the importance of accurate documentation.
- Understanding the importance of communication between team members perioperatively
- Participating in the accurate count of swabs, needles, sutures and instruments and the correct disposal of sharps, soiled linen and waste materials.
- Learning and practicing good aseptic technique when scrubbing, donning a surgical gown and gloves as well as preparing instrument trolleys and maintaining the sterile field.
- Learning the correct method of observing universal precautions and extra precautions to be taken in known infected procedures.
- Throughout the entire perioperative period, the patient is continually assessed, the plan of care is modified and the cycle is continuously evaluated for the attainment of the outcomes.

Recovery Room

During your allocation to the Recovery Room, you will gain knowledge and recognize the importance of the care of the patient postoperatively until the effects or possible complication of anaesthesia has been eliminated. The role of the nurse is to control the environment of care to facilitate the recovery process in the following areas:

- Understanding the importance of managing the airway post anaesthetic by supporting the airway with manoeuvres that will maintain airway patency
- Receiving a comprehensive handover from theatre staff
- Have a clear understanding of the following
- Monitoring
 - pulse
 - blood pressure
 - oxygen saturation
 - respirations
 - temperature
- Managing potential respiratory problems
- -
- obstruction of airway, laryngospasm, bronchospasm and the treatments
- respiratory arrest
- respiratory inadequacies
- Managing gastro-intestinal situations
 - nausea
 - vomiting
 - regurgitation
- Managing circulatory problems
 - hypertension
 - hypotension
 - cardiac arrhythmias/arrest



- Managing temperature control
 - hypo or hyperthermia
- Managing pain
- Pain Assessment utilising the appropriate pain tools for the age of the child being cared for

• Utilising analgesia as prescribed and seeking medical review if child continues to be uncomfortable Reassessment of pain levels prior to discharge to the ward.

Safe handover of care to the ward staff

In addition, while in recovery room, you will gain knowledge in the safe handling/storage of controlled drugs and their usage in pain control. You will also be able to have the opportunity to pass on relevant information about individual patients to the ward nurse and the completion of necessary documentation.

Conclusion

To make your allocation more enjoyable, try to participate as much as you can and ask questions at every opportunity. We will be happy to assist you at any time to make it an enjoyable experience.

We hope that you enjoy and benefit from your allocation to the Operating Theatre Department. Theatre nursing may have a different routine & flow in comparison to other wards/departments, but we hope that you will have gained insight into the important link of nursing care, which is performed in theatre.

We hope that you will find the staff friendly and approachable, and may be you will consider theatre nursing when you graduate/qualify.

Preceptorship in OT Department

The model of preceptorship within the Department is that students are buddied with either a preceptor/ co preceptor or staff nurse /CNM1 each day, they are on placement. Owing to the short nature of your placement & to facilitate your rotation to different areas, it is usually not possible for you to be buddied with the same nurse on each shift. If you have any information to feedback regarding your patient in the first instance report it to your 'buddy' nurse, if they are not available report it to the CNM/nurse in charge. Always handover your patient information before going on break or home to your 'buddy' nurse.

Student Support

We hope you will enjoy your experience here with us. If you have any concerns, all the staff here in Operating Theatre including the CNF Team & CNM'S are available for support & any guidance you mayneed.

Student Signature:

Preceptor/CNF Signature:

