

Orientation Booklet

For student nurses on clinical placement to Our Lady's Ward who are undertaking one of the following programmes:

- Bachelor of Science (Nursing) Children's & General Integrated
- Higher Diploma in Nursing Studies (Children's Nursing)
- Bachelor of Science (General)

Student Name:

Preceptor:

Philosophy of Our Lady's Ward

We are committed to providing a child friendly environment and a high standard of family centred compassionate care in which parents/guardians and family members are encouraged to participate in their child's care. Parents/guardians and children should find that staff are approachable, and endeavor to meet their needs.

Our aim is to maintain the individuality of each child and provide holistic care for them, whilst maintaining dignity, privacy and confidentiality.

Through the use of play, good communication skills and family participation, children are prepared for all procedures and treatments and are encouraged to express their fears and anxieties.

Our Lady's Ward is a 10 bedded surgical/medical unit which provides care for children requiring general surgery, gastro-intestinal and genito-urinary surgery and care for children with general medical conditions (for example gastro-intestinal conditions). Nursing staff aim to work closely with members of the multidisciplinary team to ensure that each patient's needs are met from admission to their discharge. We aim to provide a welcoming environment for all new staff and student nurses and strive to provide an ideal learning environment for student nurses, postgraduate nurses, newly qualified nurses and non-national nurses. You will be allocated a preceptor/ co- preceptor during your placement who will support you to achieve your learning objectives.

PATIENT PROFILE

Children Age 1 - 16 years old, both male and female

During your placement on Our Lady's Ward, you may have the opportunity to gain experience in the care and management of children requiring:-

- Appendectomy
- Hypospadias repair
- Torsion repair
- Bowel obstruction
- Bladder augmentation/ urinary diversion
- Stoma formation (colostomy, ileostomy)
- Newly diagnosed oncology patients for broviac insertion, biopsy)
- Post treatment oncology patients for resection of tumour
- Nissan's fundoplication
- Peg tube insertion
- Cerebral palsy
- Children with viral illnesses
- Medical patients with complex needs requiring BIPAP/AIRVO

WARD STAFF

Clinical Nurse Manager (CNM 2)	Danielle Thorpe	
CNM 1	Alphonsa Rajan	Locardia Nyamorowa Cely Sastrodemedjo
Clinical Nurse Facilitator (CNF)	Michelle O Gorman Nicola Moss	
Team of Staff Nurses	Healthcare Assistant x 1	
Play Specialist x 1		

USUAL DAILY WARD ROUTINE

This is just a guide & can vary from day to day. You will be continually reassessing your patients throughout the day with the support of your Preceptor/CNM/CNF

Morning	Handover from night staff/ Safety Pause Patient Plan of Care run through with CNM and allocated nurse
	Allocated Nurse with support of Preceptor will attend to <ul style="list-style-type: none"> • safety checks • patient assessments/ pre op checks/ IV Care bundles • pain assessment • PEWS + fluid balance • attend to personal hygiene needs • review any bloods required • review medications due • Weight checks (MUST BE DOUBLED CHECKED)
	Prepare patients for surgery/surgical procedures As per Operating Theatre Check List- Check <ul style="list-style-type: none"> ✓ fasting time ✓ blood sugar ✓ blood results (if abnormal, consult team) ✓ pre-med (consult with & inform theatre staff) ✓ ensure patient hygiene attended to ✓ due time in OT ✓ x-ray (teams should organise same) ✓ old charts (ring filing room, or ward clerk) ✓ Anaesthetic review required ✓ Correct site surgery identified & marked
	Bed making/ Tidy Rooms Follow up on Doctors rounds/ Any new tests or procedures ordered Review and document fluid balance hourly Update care plans Feedback to preceptor regularly
Afternoon & Evening	PEWS as clinically indicated + review Fluid balance Pain assessment Update care plans Receive post op patients Booked admissions arrive Review Patient medications Feedback to preceptor regularly
	Handover to night staff

STAFF/ STUDENT BREAK TIMES

Breakfast	15 minutes (between 09.00- 10.30)
Lunch	40 minutes (between 12.30- 14.00)
Coffee	15 minutes (between 15.00-16.00)
Tea Break	30 minutes (between 17.00-18.00)

POST OPERATIVE PLAN: OBSERVATIONS:

Frequency of assessing & recording Paediatrics Early Warning System (PEWS) should always be guided by each patient's clinical condition & the post-operative anaesthetic instructions. Any patients with respiratory compromise or patients on opioid infusions should be on continuous Pulse Oximetry. Please **do not read heart rate from monitor**, please **palpate pulse or listen with a stethoscope** as appropriate for the age of the child. Document PEWS clearly and contemporaneously, do not write them in later! The plan below is just a guide on frequency of vital signs assessment:

- ¼ hourly for 2 hours (this should be started in recovery so finished 2 hrs from time patient comes into recovery)
- ½ hourly for 2 hours
- 1 hourly for 2 hours
- 4 hourly when stable
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FORMULA for CALCULATING MEDICATIONS

What you want X Volume in which it is in
What you have

For Example: $\frac{60\text{mg}}{120\text{mg}} \times 5\text{mls} = 2.5\text{mls}$

FLUID BALANCE:

Intravenous (IV) fluid intake for a child is prescribed according to the child's weight. To calculate the fluid requirements for an infant/child for 24 hours please refer to OLCHC Hospital Formulary

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

- Expected urinary output for a child: 1ml/kg/hour
- For all children on IV Fluids please ensure to document /update fluid balance hourly

CHILD SAFETY

Children's safety is an important aspect of children is nursing. 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 a child

- Always ensure that children have an appropriately labelled ID band in situ
- To avoid scalds when preparing a bath, always use cold tap first and ensure water is at correct temperature. Supervise young children during a bath or a shower
- To prevent scalds, hot drinks are not permitted on the ward, and parents or children are not permitted to go into the ward kitchen
- Sterile bottles should be used for children under 1 year
- To prevent falls, slippers or shoes should be worn by all children when walking in the ward
- If a child/baby is in a cot, ensure cot sides are raised and secured in position. If a child is at risk of falling out of bed, attach side-rails to the bed.
- To prevent tripping/falling, remove objects/obstructions from the floor
- Children love to explore, so always ensure that doors to side rooms are closed

- You should always be aware who is visiting your patients, please adhere to child protection guidelines
- Only 2 visitors at any one time. Remind visitors re hand hygiene

Immunisation Schedule: For the most recent information, please refer to the following website: www.hse.ie/immunisations and the OLCCH Medication Policy 2017.

LEARNING ENVIRONMENT

All students are allocated a preceptor and a co-preceptor. As Our Lady's Ward is a small unit one of your preceptors will always be the Clinical Nurse Facilitator or a Clinical Nurse Manager.

Supernumerary students will work alongside your preceptor or be buddied with a staff nurse on each shift. We encourage you to participate in the patients' care as much as you can and interact with children and families. Ask questions and seek out learning opportunities. Do not be afraid to ask a nurse if you would like to go see something or do something, we will always facilitate this where possible.

HDNS & Intern Students will have a patient workload of generally no more than 4 patients and will be linked in with the Clinical Nurse Facilitator or Nurse in Charge on a daily basis. They will be available for support, guidance, medication administration etc. Please always inform the person you are linked in with of any concerns you may have.

N. B. It is the students' responsibility to inform their preceptor when their meetings are due. Please inform your preceptor in the morning, so that sufficient time is allocated for your meetings.

LEARNING RESOURCES AVAILABLE ON OUR LADY'S WARD

- Children's nursing and medical notes
- The children and their parents
- Nursing staff
- Members of the multi-disciplinary team
- Policy and guideline NPDU on the Intranet
- Gastrostomy folder
- Resus folder
- Stoma care folder
- Education board in the office.
- Paediatric Journal folder

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**: You will be facilitated to attend your mandatory reflective practice sessions in the CCNE (Children’s Centre for Nurse Education). 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:

<u>Absence Reporting</u>	
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>

Text Books

- Anderson DA (Lexicographer) (2002) Mosby's Medical, Nursing and allied health dictionary, 6th edn. Mosby, St Louis.
- Dougherty L and Lister S (2004) The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 6th edn. Blackwell Science, Oxford.
- Hinchliff SM et al. (1996) Physiology for nursing practice, 2nd edn. Balliere Tindall, London.
- Jones KL (1996) Smiths recognizable patterns of human malformations: genetic, embryological and clinical aspects, 5th edn. WB Saunders, Philadelphia.
- Lyon CC and Smith AJ (2001) Abdominal stomas and their skin disorders. Martin Duntiz, London.
- Pagana KD and Pagana TJ (2002) Mosby's Manual of diagnostic and laboratory test, 2nd edn. Mosby, St Louis.
- RCPCH (2003) Medicines for children. RCPCH Publications, London.
- Thomas D, Richwood A and Duffy P (2000) Essentials of Paediatric Urology. Taylor & Francis, Routledge.
- Trigg E and Mohammad (2010) Practices in childrens nursing: guidelines for hospital and community. Churchill Livingstone, Edinburgh.
- Waugh A and Grant A (2002) Anatomy and physiology in health and illness, 9th edn. Churchill Livingstone, Edinburgh.

Videos

- Merck -Percutaneous Endoscopic Gastrostomy: An introduction for health professionals.
- Merck-Percutaneous Endoscopic Gastrostomy: An introduction for patients and carers.
- Merck-Tube insertion for nasogastric feeding.
- OLHSC- Can you swallow this: a guide to self-oesophageal dilatation?

Online resources

Access to nursing, medical and allied health literature through the following databases:

- Nurse2nurse (INO Database)
- Pubmed & Medline
- Athens
- RCN Publishing
- British Medical Journal

Student Signature: _____

Preceptor/ CNF Signature: _____