

## Orientation Booklet

For student nurses on clinical placement on;

**St John's ward, Haematology Oncology Day Unit**  
who are undertaking one of the following programmes:

- Bachelor of Science (Nursing) Children's & General Integrated
- Post Registration Children's Nursing Student
- Bachelor of Science (General)

Student Name:

Preceptor:

We are committed to providing family centred health care in a safe, compassionate and supportive environment. We recognise the uniqueness of each child and their family and aim to provide holistic care that is personal, individual and attentive to one's needs.

The care provided is research based enabling the multi-disciplinary team to deliver the highest standards of healthcare to each child and their family.

## Welcome to St. John's Ward

We welcome you to St. John's Ward, the National Children's Haematology/Oncology/Haematopoietic Stem Cell Transplant Unit of Ireland. St Johns Ward consists of a 19 bed in-patient unit, providing care for children with malignant haematology and oncology conditions and haematopoietic stem cell transplant. The Haematology Oncology Day Unit (HODU) runs parallel to St John's Ward, (joined by a link corridor). It has 13 beds providing care for children with malignant haematology / oncology conditions, and also non malignant haematology conditions (i.e. blood transfusion programmes, factor administration). Each areas workload is as follows:-

**St Johns' Ward:** Initial investigation and diagnosis, Systemic Anti Cancer Treatment (SACT) administration, and supportive care.

Out of hours patient review service (7pm-8am, Mon-Fri; 24 hours weekends) and 24 hour national phone triage service for parents/shared care hospitals

**Haematopoietic Stem Cell Transplant Unit (HSCT):** Stem cell and bone marrow transplantation

**Haematology Oncology Day Unit (HODU):** SACT administration / intrathecal administration, Blood tests, dressings, procedures and tests and patient review.

Blood transfusion programme - for non-malignant haematology patients i.e. Sickle Cell Disease, Thalassaemia.

Factor administration for Haemophilia patients

Patient review

**Patient profile:** 0 -16 years age. Information on commonest conditions is to be found in the student nurse folder in Nurses Stations (St Johns ward and HODU).

**Staff:** A multidisciplinary approach is required for the delivery of care to Haematology/Oncology children. The team consists of CNMs (HODU), Shift leaders (St Johns), Staff Nurses, CNEF's, Clinical Nurse Specialists, Consultants, Dieticians, Physiotherapists, Pharmacists Psychologist and Social Workers and play specialists.

**Nursing Staff Roles and Responsibilities:** 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, post graduate nurses, newly qualified nurses and non-national nurses. Staff nurses will take on the role of preceptors to facilitate learning on the ward and HODU.

### Children's Safety - General Notes

Children's safety is an important aspect of children's nursing. We need to prevent / avoid hazards which may injure a child.

- **Always** ensure that the child has an ID band in situ
- **Always** supervise young children during a bath / shower.
- Hot drinks are not permitted and parents/children may not use the ward kitchen. Sterile bottles should be used for children under 1 year.

- Children should wear slippers / shoes when walking around the ward
- 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.
- Remove objects / obstructions from the floor.

**Documentation:** Nursing Care Plans using Activities of Daily Living incorporate a family centred approach

### St Johns Ward Phone Numbers: 4096654 / 4096660)

**Preceptors:** Each student will be allocated a preceptor and a link Shift Leader. Students on placement greater than two weeks will be allocated two preceptors. The preceptor is primarily responsible for student's preceptorship. The link Shift Leader will oversee the student's placement and off duty. We aim that students work a minimum of 50% of shifts with preceptors. In the absence of their designated preceptor, students will always be linked with a staff nurse. If students are not working the desired number of shifts with their preceptors they should inform their link Shift Leader.

**Clinical Learning Outcomes (CLO's)** for St Johns Ward will be given to students by their preceptors on their first day of placement.

### **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:

<b>Absence Reporting</b>	
<b>Supernumerary Nursing Students</b> (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> yrs.)	<b>Rostered Student Nurses</b> (PRCNS & Interns)
<b>1. Ring</b> the Clinical Area	<b>1. Ring</b> Nursing Admin
<b>2. Email:</b> <a href="mailto:student.absence@olhc.ie">student.absence@olhc.ie</a>	<b>2. Ring</b> the Clinical Area
	<b>3. Email:</b> PRCNS Co-Ordinator (PRCNS) / <b>Email:</b> <a href="mailto:student.absence@olhc.ie">student.absence@olhc.ie</a> (Interns)
Please refer to the <b>full</b> 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 Ward Routine

Time	Activity
07.30	Handover from night staff Patient plan run through with allocated preceptor / staff nurse
08.30	Allocated Nurse will do the following: – Perform safety checks at each bedside and document same Patient assessment / IV access function (Staff Nurse) IV fluids / SACT infusions are correct as charted Vital signs / fluid balance recorded Pre op checklist completed as required
8.30-10.00	Break - always give handover on your patients to designated colleague before going for break.
9.30-10.30	I.V drugs are administered by a policy holder. Participate in medical ward rounds when feasible.
10.30-12.00	Attend to patient hygiene needs Bed making / Rooms tidied Follow up on doctors rounds re new instructions / tests Review and document fluid balance hourly Update care plans
12md	Medication
12.15	Patient lunches served by Health Care Assistant (HCA)
12.15-14.00	Breaks – first lunch:12.15    Second lunch:13.00
	Record PEWS / Fluid balance/ Medication Rounds / Update care plans
15.15	Education session (Tuesday - Thursday)
	Break
16.00	Patients tea served by HCA
17.00	Breaks
18.00	Medication / vital signs / fluid balance records
18.00	Care plans completed
19.30	Handover to night staff



Off Duty Requests: As per Johns ward Contact CNM 2 / CNM 1  
Their hours of duty - 07.45-17.00 (4 days, Monday – Friday)

**Preceptors:**

Students will be allocated a preceptor / link nurse every shift.

**Usual Daily Routine HODU**

Time	Activity
<b>07.45</b>	Handover Patients care plans run through with CNM / allocated nurses
<b>08.30-12.30</b>	Breakfast break Patients admissions, patients prepared for theatre, blood tests taken, IV cannulation by phlebotomy, SACT administration, RCC transfusions commenced, Factor administration Theatre list performed, investigations carried out
<b>12.30-14.00</b>	Lunch breaks RCC transfusions start and finish, discharge theatre patients,
<b>14.00-17.00</b>	Blood transfusions, factor administration, SACT administration, blood sampling, Dressings, investigations
<b>As required throughout the day</b>	Emergency admissions - IV antibiotics, blood sampling, recording observations, patient assessment, Documentation.

**St John's Ward and HODU Specific Notes –**

**Handwashing:** is the single most effective measure in preventing the spread of infection.

**Bone Marrow Depression (BMD):**

Many patients in St John's will have bone marrow depression.

Bone marrow depression occurs when there is a disorder of bone marrow production caused by disease or as a side effect of treatment.

**Neutropenia** - is a reduction in white cells / reduces ability to fight infection

**Anaemia** - is a reduction in red cells / leads to pallor, fatigue, poor appetite

**Thrombocytopenia** - is a reduction in platelets / prone to bleeding



**Febrile Neutropenia:**

A patient is neutropenic when the Absolute Neutrophil Count (ANC) is <1.0 (1000 cells/mm). There is a risk of severe infection when ANC < 0.5 and patients have no defence against infection. Neutropenia produces **no signs and symptoms** i.e. no redness, induration, drainage etc. **Fever is the only reliable indicator**

A single temperature of ≥38.5 degrees, **or** temperature of 38 - 38.4 degrees on 2 occasions 1 hour apart **or** an unexplained clinical deterioration must be acted upon promptly. **Therefore, report temperature elevation / clinical deterioration to Staff Nurse promptly.**

**Barrier Nursing:**

Protective Isolation – when patient is to be protected from infection

Isolation Nursing – when patient is infectious and may infect others

**Hickman Catheters /Portacaths (Central Venous Access Devices):**

Most children in St John’s will have a Hickman Catheter inserted for the administration of SACT, medications and blood products, and for blood sampling. Hickman catheters are inserted under general anaesthetic. The catheter is tunnelled under the skin of the chest wall and inserted into the Internal Jugular Vein and passed to the tip of the right atrium of the heart. Do not clamp/ turn off Intravenous infusions. Ask staff nurse for assistance. Never remove needle free devices from Hickman Catheters.

Portacath catheters are used for some patients. They are inserted under GA and sit under the skin on the chest wall. They are accessed using Gripper needles and are used for administration of SACT, medications and blood products, and for blood sampling. Do not clamp/ turn off Intravenous infusions. Ask staff nurse for assistance. Never remove Gripper needles from Portacath.

**SACT Safe Handling Guidelines:**

SACT medication handled inappropriately are potentially hazardous to staff, patients and the environment. The principle behind all recommendations is to provide physical barriers between the drugs and possible routes of contamination i.e. inhalation, absorption, ingestion and inoculation. Personal Protective Equipment (PPE) must therefore be worn as follows to minimise the risk of accidental exposure -

<b>PPE</b>	
Gloves	Oral Administration i.e. liquids, tablets, capsules, dissolved tablets
Goggles, apron, gloves	Intravenous administration
Goggles, apron, gloves	Intrathecal administration
Apron, gloves	Excreta i.e. urine, stool, vomit
<b>Disposal Chemotherapy Waste</b>	
Sharps, Giving sets	Cytotoxic Sharps Bin - (Purple lid / label)
Nappies	Clinical Waste Bins (Yellow bags)
Sheets	Water Soluble Bags (Red)
Excreta	Sluice, clean in bedpan washer

### SACT Spills –

spillages include any accidental leakage or spillage of cytotoxic medications, as well as spills of any excreta from patients receiving cytotoxic medications. If a spill occurs restrict area, remove patient / self from area and get assistance / Spill Kit.

When managing spillages full PPE contained in the spill kit must be worn as outlined in pack instructions. Located in Treatment Rooms and on corridor.

If contamination occurs	Action
Skin	Remove soiled clothing, Wash area with copious water/soap/ shower
Eyes	Irrigate with NaCl

Report the spill / contamination to the Shift Leader/CNM/ Staff Nurse. An Incident Report Form will be completed and Occupational Health review arranged.

### Nuclear Medicine Precautions:

Nuclear medicine investigations i.e. Bone Scans, MIBG scans, Glomerular filtration rates (GFR) are sometimes carried out on children in St John's Ward / Day Unit. In order to minimise radioactive exposure please adhere to the safety instructions (given by radiology / laboratory departments) which will be posted on patient's bedroom door / chart. **Please inform staff if you suspect or are pregnant.**

### Emergency equipment location:

WARD	
<b>Emergency Trolley</b>	Opposite Treatment Room main ward / In Transplant Unit
<b>Defibrillator</b>	On Emergency Trolley opposite Treatment Room (main ward)
<b>Bag Valve masks</b>	On corridor walls between patient rooms
<b>Oxygen / Suction</b>	In each patient room Portable Suction on Emergency Trolleys
<b>Portable Oxygen Cylinders</b>	On Emergency Trolleys (ward / HSCT Unit) On wall beside Emergency Trolley(Main ward)
HODU	
<b>Emergency Trolley/ Defibrillator</b>	In the Ambulatory Area
<b>Bag Valve Masks</b>	At each bed space / Treatment room
<b>Oxygen / suction</b>	At each bed space / Treatment room On Emergency Trolley
<b>Portable Oxygen Cylinders</b>	On Emergency Trolley



### **Self Care / Professional Boundaries -**

Working in Haematology Oncology can be distressing and stressful at times for everyone (patients, parents and staff). If you are feeling upset or overwhelmed please talk with your preceptor or CNM, CNF, CPC as there are supports available for nursing student's on clinical placement in CHI at Crumlin. It is important to maintain professional boundaries with children and parents.

### **Learning Resources St John's Ward / HODU**

- Policy and Guideline folders - (Treatment Rooms / Nurses Stations)
- Student Folder – (Nurses Station)
- Resuscitation Folder – (Emergency Trolley)
- Medication Folder – (Treatment Rooms)
- Supportive Care Guidelines Folder - (Nurses Station)
- Paediatric Cancer Handbook - (Nurses Station / Intranet)
- Passport – Parent Held Records (Nurses Station)
- Education Notice Board in the Conference Room - (Main Ward)

### **Education Sessions –**

Every Monday / Tuesday / Thursday at 3.30pm

Venue - Conference Room St John's Ward

Timetable of sessions provided – Notice Board in Conference Room / Nurses Stations

### **Journals**

Journal of Pediatric Oncology Nursing- available on CHI at Crumlin Library (online 1999-present)/UCD Library

### **Notice Board Topic – (Conference Room)**

Topic changes monthly

### **Useful websites**

<a href="http://www.nci.nih.gov">www.nci.nih.gov</a>	National Cancer Institute USA
<a href="http://www.cancerbacup.co.uk">www.cancerbacup.co.uk</a>	Cancer Information UK
<a href="http://www.cure4kids.org">www.cure4kids.org</a>	St Jude's Children's Cancer Hospital USA
<a href="http://www.cancernursing.org">www.cancernursing.org</a>	Free education / online courses

### **Learning Opportunities (# if possible)**

- Observe SACT administration (Ward / Day Unit)
- Observe intrathecal administration (Day Unit) #
- Observe bone marrow / stem cell reinfusion (HSCT Unit) #
- Attend Psychosocial Meeting (Mondays- Haematology 1pm/ Oncology 3pm Medical Tower)  
#
- Attend Tumour Board Meeting (Thursday 12md Medical Tower) #
- Attend RISKY Huddle (Wednesday 3.30pm Conference Room St Johns Ward) #

***Immunisation Schedule:*** For most recent information please refer to: the following website: [HSE.ie/immunisations](https://www.hse.ie/immunisations) and the OLCCHC Medication Policy 2017.

**NB. Malignant Haematology oncology patients do not receive vaccinations whilst on treatment**

While you are on clinical placement you will be 'linked' with your preceptor/co-preceptor/a registered nurse. If you have any information to feedback regarding your patient in the first instance report it to your 'link' 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 'link' nurse.

We hope that you have an enjoyable time on St John's ward or the HODU. We take learning seriously and are here to answer all your questions and support you in your time here.

Student Signature: .....

Preceptor/CNF Signature: .....