

Orientation Booklet

For student nurses on clinical placement to [Transitional Care Unit](#) who are undertaking one of the following programmes:

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

Post-Registration Children's Nursing

Bachelor of Science (General)

Student Name:

Preceptor:

Philosophy on Transitional Care Unit

In the Transitional Care Unit we are committed to providing safe, holistic, compassionate care and support to children and families with a strong emphasis on family centered care.

We promote independence of the individual and provide a service that is respectful of culture and spirituality.

Our goal is to facilitate the transition to home care for our children

Welcome to Transitional Care Unit

We hope you find working here a rewarding and enjoyable experience. This booklet is intended to give you an overview of the unit, the staff and the learning opportunities which are available to you during your placement.

TCU is a single six bedded unit, patient's attending the unit range from birth to sixteen years of age. Prior to admission to the TCU it is established that the child has failed to wean from ventilation in the PICU. Once it is recognized that the child requires long term ventilation they are transferred to TCU when a bed becomes available. The multidisciplinary team in TCU holistically assesses the child's physical, emotional, psychological and developmental needs. The TCU facilitates assessment, education, training and support for parents and carers and the development of a home care package. Medically stable patients are those with a stable airway, mostly but not always, due to tracheostomy insertion and stable ventilation requirements. Although the child is deemed to be technology dependent, once they are medically stable and the appropriate supports are put in place, it is appropriate that they are cared for in their own home. In recent times due to long-term patients becoming discharged sooner than previous years, TCU can admit patients directly from the emergency department and also can receive elective surgical and medical admissions.

Examples of conditions that the patients in TCU may have:

- ✚ Lung disease of prematurity
- ✚ Bronchopulmonary dysplasia
- ✚ Spinal cord injury
- ✚ Neuromuscular disorders
- ✚ Central hypoventilation syndrome
- ✚ Airway/ lung compromise due to congenital defects.
- ✚ Palliative care

The staff of TCU is committed to the ethos of professional development and continuing education, in order to provide the best possible care to our patients. Central to our philosophy in the TCU is family centered care; therefore we care for the child in partnership with their parents and families.

Management of Emergencies on TCU:

The emergency number throughout the hospital is **2222**; please wait for voice confirming that the call has gone through.

Please make yourself familiar with the Major Emergency plan for TCU.

Ward Staff

- ✚ Clinical Nurse Manager (CNM) 3
- ✚ Clinical Nurse Manager (CNM) 2
- ✚ Clinical Nurse Manager (CNM)1
- ✚ Clinical Nurse facilitator (CNF)
- ✚ Staff Nurses- the staff nurse in TCU plays a facilitative and supervisory role to the parents as well as managing the healthcare needs of the child
- ✚ Healthcare assistants (HCA)- The HCA's are fully trained with tracheostomy and peg care and are very involved in patient care of the medically stable longer term
- ✚ Ward Clerk
- ✚ Household staff

Members of the multi-disciplinary team:

- + Dietician
- + Medical and Surgical Teams
- + Speech and language therapist
- + Occupational therapy
- + Physiotherapy-neuro and respiratory
- + Play specialist
- + Social worker
- + Psychologist
- + Music Therapist

All of the members of the multi-disciplinary team play a key role in helping the child to develop and reach their potential as able.

Other allied health care professionals

- + Medical engineer
- + Pharmacist
- + Phlebotomist and I.V. team
- + Laboratory technicians

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>

Daily ward routine

This is a brief summary of the nursing care received by the children each day.

The children's individual needs are planned and delivered after careful assessment of the child's nursing needs.

Ward routine for nurse/ patient allocation

07.30: Ward report and discussion of nursing care and medical needs of the patients, patient allocations for the day.

08.00: Equipment safety checks and patient assessment and observations.

08.15: Plan and prioritise your child's care for the day incorporating a specific nursing care plan and delivered only after careful assessment of the child's nursing needs.

08.30: Organizing any tests or investigations to be carried out during the day i.e. blood tests, x-rays etc. Weights are taken on a Sunday and a full routine MRSA screen is performed on a Tuesday for long-term patients.

08.30: Various medical teams are contacted to review the patients especially if any of the children have been unwell or need follow up.

09.00: Breaks are organized to begin.

10.00: The children's hygiene needs are looked after in conjunction with the parents. Tracheostomy care is carried out following baths where the stoma is assessed and ties are changed.

11.00: Members of the multidisciplinary team do therapies with the children.

12.00: Nap

12.30: Lunches start

14.00: Therapies with the multidisciplinary team and family time.

14.30: Sometimes children are brought to the playroom or if they are well enough out for a walk in the afternoon.

16.00: Updating care plans

17.00: Evening break

18.00 : Getting the children ready for bed

19.30: Nursing handover to the night staff.

[The learning environment in the TCU](#)

During your placement you will at all times be working with a staff nurse to provide the nursing care of the children you have been allocated. We would encourage you to ask questions and become actively involved in managing the care of your patients.

[Learning opportunities in the TCU](#)

To help you to focus on your learning, follow the Reference Guide for 'Student Participation in Care' (see current up to date guidelines) which provides examples of nursing care which you should have the opportunity to complete during your placement, in conjunction with Clinical Learning Outcomes. Please let us know if there is something you particularly want to see or do and we will try to facilitate you. Below are some examples of nursing cares which are frequently seen in TCU:

- ✚ Tracheostomy care
- ✚ Assessing respiratory status
- ✚ Introduction to ventilation- recording ventilation and respiratory observations.
- ✚ The administration of oxygen
- ✚ Suctioning
- ✚ Administering nutrition via PEG/ NG tube /Mickey button as per dieticians instructions
- ✚ Observe the work of the speech and language therapist and assist the parents in spoon feeding/ taste testing
- ✚ Bathing the child with a tracheostomy safely
- ✚ Carrying out eye care/ oral hygiene
- ✚ Care of PEG/ mickey button site
- ✚ Caring for a child with a speaking valve/ LAMH sign language
- ✚ Explore the concept of play
- ✚ Explore the concept of parents experiences of the long term hospitalisation of their children
- ✚ Attend a multi- disciplinary team meeting which take place every 2 weeks. At these meetings the patients status is discussed and plans for their future management are established

[Learning resources available in the TCU](#)

- ✚ Nursing and medical notes
- ✚ The parents
- ✚ Nursing staff and members of the multidisciplinary team
- ✚ Policy and guidelines folder
- ✚ Information board in the staff room
- ✚ Up to date journal articles on tracheostomy, home care and long term ventilation.

❖ Textbooks-

- ✚ Practices in children's nursing guidelines for community and hospital
- ✚ Principles of anatomy and physiology
- ✚ Pathophysiology- the biological basis for disease in adults
- ✚ Pathophysiology- concepts and applications for health care professionals
- ✚ Lifespan human development
- ✚ Foundations of anatomy
- ✚ Patient and person developing interpersonal skills in nursing
- ✚ Common foundation studies in nursing
- ✚ Understanding disability- causes, characteristics and coping
- ✚ Hare's bacteriology and immunity for nurses
- ✚ The chesty child
- ✚ Children with special needs- A guide for parents and carers

Other Relevant Information:

Patient safety is an important aspect of paediatric nursing care

- ✚ Carry out emergency checks on the child's equipment at the start of the shift and prior to any trips out
- ✚ Always ensure that the infant has an ID band in situ displaying the Name/Number/Date of birth/Ward, - must be on the infant's arm or leg, loose enough not to mark skin. (ID band on patient cot not acceptable)
- ✚ When preparing a bath, always use the cold tap first and ensure water is at correct temperature using elbow to check.
- ✚ Sterile bottles should be used for infants under a 1 year.
- ✚ The safe administration of expressed breast milk is imperative. EBM can be administered for 48 hours if fresh and never frozen, but if defrosted it is only safe for administration within 24 hours. it is considered a drug and must be double checked and signed out by a qualified member of staff
- ✚ When a baby is in a cot, ensure that the cot sides are raised and secured in position
- ✚ If a member of the public is on the ward and is unknown to you, please ask can you help them to ensure they are in the correct department
- ✚ **Implement isolation precautions and carry out routine MRSA, MDRO and COVID screening weekly for long term patients in TCU. COVID precautions for all Tracheostomy and long term ventilated patients.**
- ✚ **Monitor infant's intake and output and document same correctly**

Discharge planning

The key aspects of the discharge planning process include;

- ✚ Needs assessment
- ✚ Identification of key workers
- ✚ Discharge proposal to the community
- ✚ Multidisciplinary planning meeting
- ✚ Recruitment and selection of home care team
- ✚ Education and training of parents/ community healthcare assistants
- ✚ Moving home/Review/follow up

Miscellaneous

There are five PEWS charts in use:

0-3 months

4-11months

1-4 years old

5-11 years old

12+ years

Suction guidelines: please refer to suctioning guidelines OLCHC 2015

- + Tracheostomy tube information will be on the bedside
- + the correct catheter size (double the size of the tracheostomy tube insitu i.e. size 3.5 tracheostomy tube size 7 suction catheter) this information will be on the bedside
- + the correct depth – (this information will be on the bedside)
- + Correct technique- suction on withdrawal of catheter only
- + Correct length of time- no more than 5 seconds
 - o *Correct pressure:*
- + New-born- 50-80mmhg
- + Infant toddler- 80-100mmhg
- + Older child- 120-150mmhg

Types of tracheostomy tubes:

- + Shiley-changed weekly
- + Bivona-changed monthly

Common abbreviations used in TCU:

- + CPAP
- + BIPAP
- + PEEP
- + RA

Ventilators used in TCU

- + Trilogy EVO

Expected urinary output for a child: 1ml/kg/hour

Intravenous fluid intake for an infant is prescribed according to the infant's weight.

To calculate the fluid requirements for a child in 24hours:

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

Drug Calculation

$$\frac{\text{Amount Required}}{\text{Amount present in medication}} \times \frac{\text{Volume}}{1}$$

Immunisation Schedule: For most recent information please refer to: the following website:

<https://www.hse.ie/enq/health/immunisation/hcpinfo/>

*and the **OLCHC Medication Policy 2017**. This can be found on the intranet under student information in 'nurse practice development unit'*

Student Signature: _____

Preceptor/ CNF Signature: _____