

ORIENTATION BOOKLET

For student nurses on clinical placement on **St. Peter'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 Care on St Peter's ward

On St. Peter's ward we are committed to providing holistic family centered care and support of the highest standards to you and your infant.

This care will be delivered in a professional, compassionate and caring manner and in a nurturing and safe environment.

Created by the staff on St Peter's ward

Welcome to St. Peter's Ward

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

St Peter's is a 23 bedded medical/surgical ward, comprising of 1 two-bedded cubicles and 21 single rooms. Patients attending the ward range from birth to one year of age (occasionally we may look after children over 1yr as long as they sleep in a cot). The ward manages the following (this is not an exhaustive list).

- **Respiratory conditions** including bronchiolitis, pertussis, pneumonia.
- **ENT conditions** including infants with Tracheostomies, nasal stents, choanal atresia, Stridor, Pierre Robin Syndrome, laryngeal/tracheomalasia, vascular rings, subglottic stenosis, etc.,
- **Hepatology/ Liver conditions** including Biliary Atresia, investigations of hyperbilirubinaemia, autoimmune hepatitis, children post Kasai procedure and Liver biopsies.
- **Surgical Gastro-intestinal** conditions including, Pyloric Stenosis, Duodenal Atresia, Intussusception, Meconium Ileus, Hirschsprungs, Short-gut syndrome.
- **Medical** conditions including, Gastro-Oesophageal Reflux, Seizures, Haemangiomas, Syndromes, Failure to Thrive
- **Dermatology** conditions including Eczema, Haemangiomas
- **General Medical** conditions including Urinary tract infection, Seizures
- **General Surgical** conditions including urology conditions requiring surgery

CHI at Crumlin is a tertiary referral centre. St Peter's receives admissions from other hospitals all over the country, internal transfers from the emergency, intensive care and outpatients departments. Elective admissions are also accepted for a wide range of investigations and treatments.

The staff of St Peter's ward is 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, this means we care for the children in partnership with their parents and families. We encourage parents to stay with their children during their hospital stay.

Ward Staff: Please see the photo board.

- ◆ **Healthcare Assistants:** Role is to assist nurses in the day to day care of the children and to perform duties under nursing direction. Daily duties include:

Collecting feeds from formula room.	Washing and making beds/cots.
Accompanying infants to different departments	Collecting supplies/equipment from different departments as needed
Stocking store room and ordering from CSSD	Ordering food on a daily/weekly basis.
Bringing specimens to the shoot.	Assisting with basic infant care

- ◆ **Household:** Look after cleaning on ward and delivering food supplies and meals to ward. Hours are 08.00 –16.00. For after hours cleaning services contact Janitor by bleep.

- ◆ Ward Clerk: plays a central role in communication and administration with all hospital personnel, as well as with parents and visitors. She sorts out charts, makes appointments, type's off-duty and sends to nursing administration. She also orders stores and answers phones and keeps the office in good order.

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 Coordinator

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:

<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@olhc.ie	2. Ring the Clinical Area
	3. Email: PRCNS Co-Ordinator (PRCNS) / Email: student.absence@olhc.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

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

Ward routine for nurse/patient allocation:

07.30: Ward Report and patient allocations

08.15: Check patients and perform safety checks

08.18: Identify if any medical or nursing investigations are due, with the CNM 1

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

	Feeds	Medications	PEWS	Investigations / Other
John	09.00	10.00	10.00	Bloods
	13.00	14.00		Bath
	17.00	18.00	18.00	Weight
Mary	10.00	10.00	10.00	Stool
	13.00	12.00		Urine
	16.00	14.00	14.00	X-Ray
	19.00	18.00	18.00	
Alan	08.30	10.00	08.30	Discharge Care Plan
	12.00	12.00	12.00	Prescription
	16.30		16.30	PHN Letter
		18.00		GP Letter
				OPD Appointment

* Continuously liaise with the CNM in charge in relation your infants improving, deteriorating or static condition.

* Cluster patient care

* Involve families

* Staff/student/family education incorporated throughout the day

09.00: Participate in ward rounds for your patients

11.30: Document care plans and communication sheets of consultant ward round for changes in treatments and medications. Document all investigations as requested (R), when performed (P), and results if available.

11.50: Give brief update to your CNM on ward rounds and patient care and any possible discharges as soon as you know of any

15.30: Update care plans

18.45: Update care plans

19.00: Finalise nursing notes

(Update printable handover on desktop computer throughout the day, the computer can be occupied a lot of the day)

The Learning Environment on St. Peter's Ward

During your placement, you should at all times be buddied with a staff nurse to provide the nursing care for the children in your section. We would encourage you to ask questions and for support as needed and become actively involved in managing the care of your patients within your scope of practice. If you have not been linked with a staff nurse, make sure to ask the nurse in charge to link you with someone.

Learning Opportunities on St. Peter's Ward

To help you to focus on your learning, we have compiled a list of practical elements of nursing care which you should have the opportunity to observe or complete during your placement, in conjunction with Clinical Learning Outcomes (CLO's), skills list and **Participation in care Guide**. Please let us know if there is something, you want to see or do and we will try to facilitate you.

Maintaining a safe environment	Perform patient safety checks Perform an admission assessment and assist in the discharge planning Complete nursing documentation Children's pain assessment and reassessment after pain relief is administered Implement isolation precautions Perform an MRSA screen Care for an Intravenous cannula, within your scope, under supervision Be aware of potential safety hazards on the ward Transfer a child to and from theatre(within scope) Participate in medication administration, as there is no specific drug round
Breathing and Circulation	Monitor and record PEWS in infants, including apical pulse Monitor and record pre and post-operative observations
Eating and Drinking	Assess the infant's normal feeding patterns Monitor and record a infant's fluid balance Calculate an infant's fluid requirements Bottle feed an infant Check the position of and pass an NG tube Feed a infant through an NG, NJ or gastrostomy tube and orally
Elimination	Assess the infant's normal routine and monitor and record an infant's output Change an infant's nappy and attend to nappy area care Obtain a urine/stool specimen Monitor and record nasogastric and/or regurgile losses
Personal cleansing and dressing	Attend to infant's hygiene needs Bath an infant Attend to a infant's oral hygiene Assist/perform with a wound dressing and perform a wound swab Assist/perform with children requiring specific skin care
Communication	Improve communication with children and parents Explore the concept of play Explore parents' experiences of hospitalisation

Learning resources available on St. Peter's Ward

- Infant's nursing and medical notes
- Parents
- Nursing staff
- Members of the multi-disciplinary team

- Policy and guideline folders
- Education board in the office and Interview Room
- Textbooks
 - Newborn Surgery
 - Mosby's Manual of Diagnostic and Laboratory Tests
 - Essentials in Pediatrics
 - Liver Disorders in children
 - Medications for children
 - Practices in Children's Nursing
 - Children's Medicine and Surgery
- Internet resources
- Online journals
- Journal of Neonatal Nursing – monthly subscription

Other relevant information

Children's Safety

Children's safety is an important aspect of children's' nursing care. 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 that may injure a child.

- Always ensure that children have ID bands in situ displaying their Name/HCR. Number/Date of birth/Ward (it must be on the child's arm or leg, loose enough not to mark skin, and not on the cot/locker)
- When preparing a bath, always use the cold tap first and ensure water is at correct temperature.
- To prevent scalds, hot drinks are not permitted in cubicles on St. Peter's Ward, and infants may not go into the ward kitchen.
- Sterile bottles should be used for infants under a 1 year.
- Safe administration of **expressed breast milk** is imperative. EBM can be administered for 48 hours if fresh, 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 child/baby is in a cot, ensure that the cot sides are raised and secured in position.
- All children's weights must be double checked with a staff nurse.

Miscellaneous

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

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

Drug Calculations

$\frac{\text{What you want}}{\text{What you have}} \times \text{volume.}$

Normal ranges of vital signs

The normal ranges for vital signs in paediatrics vary depending on the infant's/child's age. Please consult the age appropriate Paediatric Observation Chart (PEWS).

There are five charts: 0-3 months 4-11 months 1-4 years 5-11 years 12+ years

Immunisation Schedule: For most recent information please refer to: the following website: HSE.ie/immunisations and the *OLCHC Medication Policy 2017*.

While you are on clinical placement you will be 'buddied' 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 '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.

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

Student Signature:

Preceptor/CNF Signature: