

Starling Ward

ORIENTATION BOOKLET

For student nurses on clinical placement to Starling 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

The philosophy of care on Starling Ward is centred on providing individualised, family-centred, and interdisciplinary care.

Our staff are committed to providing the highest standard of care by tailoring strategies to meet each child's unique needs and involving their families in decision-making processes.

Through continuous learning and interdisciplinary collaboration, we aim to enhance the overall well-being and development of the children entrusted to our services.

Welcome to Starling Ward

We hope you will 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, that are available to you during your placement. Starling Acute Medical Admission Unit (AMAU) is a specialized department comprising nine beds, dedicated to patients (from 0-16 years old) under the care of General Paediatrics Services. Patients admitted to Starling typically present with clearly defined admission diagnoses and are expected to have a length of stay of less than 72 hours.

Conditions deemed suitable for Starling AMAU include:

- Bronchiolitis (excluding cases requiring HHFNC and PICU review upon admission)
- Febrile Neonate/Infant (without high clinical suspicion of CNS infection or sepsis)
- Asthma/viral-induced wheeze (responding to MGS04 and not necessitating HHFNC or PICU review)
- Croup (not requiring HHFNC and PICU review upon admission)
- Gastroenteritis (hemodynamically stable and responsive to 20mls/kg IV bolus)
- Upper Respiratory Tract Infection (e.g., Tonsillitis, Acute Otitis Media, without high suspicion of quinsy or retro-pharyngeal abscess)
- Urinary Tract Infection (without the need for renal or urology input)
- Lower Respiratory Tract Infection (without extensive lobar consolidation/empyema/effusion and patients not requiring HHFNC and PICU review upon admission)
- Febrile seizure (without suspicion of CNS Infection and patients not needing neurology input/EEG)
- Cellulitis (not severe and not requiring input from the surgical team)
- Lymphadenitis (without high clinical suspicion of abscess and not requiring input from the surgical team)
- Post-Vaccine fever
- Accidental Ingestion (without high clinical suspicion of intentional overdose/psychiatric presentation/major organ dysfunction)
- Dental Abscess
- Head Injury (patient's not needing MSW input/NAI work-up)
- Stomatitis (without severe mucosal erosion, e.g., HSV Gingivostomatitis)

However, considerations can be given to admission for conditions other than those listed above after discussion between patient flow and Starling AMAU consultant/clinical fellow/CNM2/PROC.

This diverse caseload provides ample learning opportunities for student nurses and post-graduate nurses, allowing them to engage in various clinical activities such as patient assessment, monitoring, and management across a range of Paediatric medical conditions. Additionally, exposure to interdisciplinary



collaboration and consultation with specialized teams further enriches the learning experience within the dynamic environment of Starling AMAU.

Ward Staff

The nursing compliment consists of Clinical Nurse Managers (CNM 2) and (CNM 1), Clinical Nurse Education Facilitator (CNEF), Staff Nurses, and Student Nurses.

Our “Hello, My Name Is” badges should also help you remember our names too.

The nursing and medical staff are supported by a team of healthcare assistants (HCA’S) in addition to secretarial, administrative, reception and household staff.

Pharmacist

A pharmacist visits Starling ward twice a week to order requirements which are sent to us via a blue box/bag. There is a stock list of essentials which are stored on the ward. Extra requirements needed during the day may be requested over the phone. A porter will deliver pharmacy supplies. Opening hours are: 09.30-17.00 (Mon – Fri) (After hours requests are done through Nursing Administration) Pharmacy request sheets are white and kept in the filing area. Information on most medications is available in the folders in the Treatment Room & on the Tablet which is stored in the treatment room. Up to date information is available on the CHI@Crumlin Intranet under Pharmacy. Pharmacists also act as a resource to staff & students.

Phlebotomist and IV team

All requests for blood samples to be completed by medical team and left in a slot in the nurse’s station. Phlebotomist visits the ward early morning until 12.00. After this time, doctors take bloods. All requests for IV cannulas to be charted in Medication Kardex. Blood samples will be taken with cannulation if requested. These to be left in a slot in the nurse’s station and note on white board IV team hours are: 08.00 – 19.00 and 20.00 – 19.00 (7 days a week).

Laboratory

Specimens are put in a specified collection point, and will be collected by a porter at regular intervals throughout the day. If there is no porter, HCAs help out in sending specimens, if HCAs are not around, staff nurses are responsible in making sure that specimens are sent to the lab. Hours of Laboratory: 09.30 - 17.00 (Please note any requests after 16.30hrs is on call). Urine samples have to be sent immediately. Blood cultures must go to the lab directly after being obtained. Lab results can be accessed through the computer in the office or by phoning direct.

Healthcare Assistants

Their role is to assist nurses in the day to day running of the ward and assist with caring for patients if the need arises. Nurses may also need to assist them especially on busy days in relation to making beds/ cots and getting rooms ready.

Consultants

The patients in Starling are cared for by General Pediatrics team. The team is responsible for the overall care of patients in Starling. The team is led by a designated consultant, who changes on a weekly basis. This consultant provides leadership and direction to the team. The General Pediatrics team conducts daily rounds from Monday through Friday, typically in the morning. During these rounds, they review each patient's status, discuss treatment plans, and make any necessary adjustments to care. Additionally, Starling has a clinical fellow who oversees patient care from 8:00 AM to 1600 PM on weekdays. Clinical fellows are physicians who are pursuing additional training in a specialized area, such as pediatric medicine. They work closely with the General Pediatrics team to ensure that patients receive high-quality care throughout the day.

Ward Clerks

Starling ward's clerks play a central role in communication and administration with nursing, medical and other hospital personnel, as well as with parents and visitors. They are responsible for sorting out charts, making appointments for out-patients. They also order stores and answer the phone and keep the office in good order. They are essential members of the team and ensure the smooth-running system of Starling.

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 structured reflective practice sessions in the CCNE (Children's Centre for Nurse Education).

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@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>

NB: check off duty prior to being off for a few days in case of last minute changes

Break Times

Breakfast	30 minutes (between -09.00 & 10.30am)
Lunch	45 minutes (between 12.30 & 14.15)
Tea	30 minutes (between 17.00 & 18.00)

Management of Emergencies

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 the Starling Ward as well as the location of the ECG Monitor, the Emergency Trolley, fire extinguishers and fire exits.

Ward routine for nurse/patient allocation:

This is only a brief summary of the nursing care received by our patient's each day. The patients' specific nursing care is planned and delivered only after a careful assessment of the patients nursing needs.

Morning

- **07.30:** Ward report, using ISBAR 3, commences. It includes a brief summary of nursing care, safety pause and patient allocations. Safety Pause highlights patients with similar names as another patient (S.N.A.P), patients with infection control alerts, patients with increasing PEWS or patients who there is a concern over. Patients who will be potentially discharged in the morning are highlighted as well. You will also be linked with your preceptor for the day.
- After the allocations, the CNM1 or the nurse in charge will give you a more detailed handover on your patients. Your preceptor/CNM1/CNF will provide you with support and guidance throughout the day.
- **08.15:** Assess patients, perform baseline PEWS, weigh patients if due, and perform safety checks. Plan and prioritise your patient's care incorporating a specific care plan, in conjunction with parents, and after carefully assessing your patient's needs.
- **09.00:** Where possible participate in ward rounds for your patients.
- **11.00:** Start updating care plans and communication sheets post-consultant rounds, noting changes in treatment and medications. Document all requested and completed investigations, checking results when available. Ensure real-time completion of 'end of bed notes' (Pews/Fluid balance). Assist in preparing patients and parents for discharge, as some patients are clinically ready by this time.
 - **12.00** A brief handover is performed with the CNM and the nurse working opposite you. Continue to update your care plans regularly throughout the afternoon. All of your documentation must be co-signed by a staff nurse. If you are leaving the ward or going on a break please remember to update the nurse working opposite you/CNM 1 before you leave.

Other tasks that are needed to be completed in the morning:

- Bloods need to be taken before 12 by phlebotomy.
- Covid swabs to be in the lab before 0900.
- Nasopharyngeal aspirate sample need to be in the lab before 1200.
- Order feeds on "Ward Feeds" on the desktop before 2pm for 3pm delivery to ward.
- Check if weekly swabs/stools are due
- Follow-up plan of care (i.e scans, tests, CNS review)
- Afternoon
- **1300-1700:** Update care plans and medical communication notes, and linked in with CNM with regards to patient status. Make sure that patient's intake and output are updated hourly, medications are given and vital signs/PEWS are rechecked.
- **Evening: 1800-1900:** Update care plans and medical communication notes, and linked in with CNM with regards to patient status. Make sure that patient's intake and output as well as vital signs/PEWS are updated. Handover to the nurse who is doing the ward report and ensure ISBAR is updated on the computer and ensure all 'end notes' are up-to-date.

Sample Plan of Care:

	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		MSU
	16.00	14.00	14.00	Chest X-ray
	19.00	18.00	18.00	
Paul	08.30	10.00	08.30	Discharge Plan
	12.00	12.00	12.00	Prescription
	16.30		16.00	PHN Letter/phone call
		18.00		OPD Appt

Please ensure to liaise with the CNM 1/Nurse in charge regularly throughout the day regarding your patient's condition, change in their treatment plan or if they become a potential discharge.

Notify the CNM1 or Nurse in charge of any deterioration in your patient's condition **IMMEDIATELY.**

Other Relevant Information

Learning Opportunities on Starling Ward: To help you to focus on your learning, we have compiled a list of practical elements of nursing care, which you may 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.

<p>Maintaining a safe environment</p>	<ul style="list-style-type: none"> • Perform patient safety checks • Always ensure that the patient has an ID band in situ displaying the correct Name/Number/Date of birth/Ward, - must be on the patient's arm or leg, loose enough not to mark skin. (ID Band on patient cot/bed not acceptable unless patient has fragile skin or allergy). • Perform an admission assessment and assist in the discharge planning. • Complete nursing documentation.
---------------------------------------	---

- Perform Paediatric pain assessment and reassessment after pain relief is administered, within your scope, under supervision.
- Implement isolation precautions.
- Perform an MRSA and MDRO screen.
- Care for an Intravenous cannula, within your scope, under supervision. Use of Peripheral Venous Care Bundle.
- Transfer a child to and from other wards(within scope).
- Participate in medication administration, as there is no specific drug round.
- Hand hygiene is vital to safeguard the patients within our care. White aprons and surgical masks are worn for all patient cares. Please verify with the CNM 1 what the correct PPE is for your patient if they are in isolation.
- Please familiarise yourself with the bathroom situation at the beginning of every shift. As we only have one toilet this could change depending on cohort of isolation patients.
- Be aware of potential **safety hazards** on the ward.
 - To avoid scalds when preparing a bath, always use the cold tap first and ensure water is at correct temperature.
 - For safety/infection control reasons parents are not permitted in the ward kitchen.
 - Patients are not permitted to go into the ward kitchen or the parent's kitchen.
 - To prevent scalds, hot drinks are not permitted in patient rooms
 - Scalds can also be prevented by unplugging and emptying bottle warmers in rooms after use.
 - Ensure cots sides are raised and secured in position; if a child is at risk of falling out of the bed, ensure bed rails are raised and secured in position
 - Stop unruly behaviour by children to prevent accidents; children should wear slippers or shoes when walking around to prevent falls
 - To prevent tripping/falling, remove objects/obstructions from the floor.
 - Deal with spillages promptly, by using yellow signs and calling cleaners as appropriate
 - Children love to explore, so always ensure that doors to rooms and balconies are closed.
 - Ensure curtains/ blinds in rooms are left open unless privacy /procedures are taking place in the room.
 - Be aware of where infants/children are at all times
 - All patient's weights must be double checked with a staff nurse.
 - 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.
 - Do not leave drug trolley unsupervised when open.
 - Ensure Fire Exit is clear at all times and that all staff members are aware of fire extinguishers.
 - The safe administration of expressed breast milk is imperative. EBM can be administered for 48 hours if freshly expressed. If it has been defrosted it is only safe for administration within 24 hours. It is treated as a drug and must be double

	<p>checked and signed out by 2 staff. Intern and PRCNS students may sign out EBM with a qualified staff member. EBM must also be double checked at the bedside. If you are taking breast milk from a parent to store in the fridge/freezer ensure that an EBM label has been filled out and placed on the bottle.</p> <p>- Sterile bottles should be used for infants under 1 year.</p>
Breathing and Circulation	<ul style="list-style-type: none"> • Monitor and record PEWS in patients, including apical pulse and CRT time (Capillary re-fill time). • Caring for children with Airvo. • Early detection of a deteriorating child & escalation as appropriate.
Disability	<ul style="list-style-type: none"> • Perform neurological observation • Participate in assessing patient's rash, with supervision • Perform blood sugar monitoring
Eating and Drinking	<ul style="list-style-type: none"> • Assess the child/infant's normal feeding patterns and intervening when appropriate. • Monitor and record intake and output of patient using the fluid balance sheet, with supervision. • Calculate an infant's fluid requirements • Bottle feed an infant • Check the position of and pass an NG tube • Feed an infant through an NG tube and orally
Elimination	<ul style="list-style-type: none"> • Assess the patient's normal routine and monitor and record the patient's output • Change an infant's nappy and attend to nappy area care • Obtain a urine/stool specimen
Communication	<ul style="list-style-type: none"> • Improve communication with children and parents • Explore the concept of play • Explore parents' experiences of hospitalisation
Family	<ul style="list-style-type: none"> • Nursing with a family-centred approach is encouraged at all times in Starling. • Open visiting policy for parents. • More than 2 visitors per infant/child are only permitted at CNM discretion. • Staff must be aware of who all visitors are. • Infant/child is only allowed to leave the ward area with parents or staff member. • When leaving the ward with their infant/child, parents are requested to inform nursing staff. • During rounds please shut doors of rooms to ensure confidentiality. • One parent is allowed to 'room in' with their infant /child

Breastfeeding (See Breastfeeding and Expressing Guidelines on hospital Intranet)

- Mothers who are expressing and breastfeeding are provided with meal vouchers for breakfast and lunch for canteen (which is open Mon-Fri, 0830-1400)
- Expressing Assessment Tools and Breastfeeding Assessment Tools (Mother's Version) should be provided to mothers and a staff version kept in the 'end of bed' notes. This tool should be completed every day.
- Mothers who are expressing breastmilk should be encouraged to keep a track of their milk (volumes/storage/use) and reminded to take home any unused breastmilk on discharge.
- EBM is stored in the fridge in the staff kitchen. Parents do not have access to these.
- EBM needs to be labelled by the mother before it is stored.
- Fresh EBM can be stored in the fridge for 48 hours and frozen in that time if not used. Frozen EBM can be stored in the freezer for 3 months. Defrosted EBM must be used within 24hours of being defrosted.
- The ward has a number of Medela breast pumps that can be loaned to mothers who are expressing for the duration of their inpatient stay.

Immunisation Schedule: For the most recent information please refer to the following website:www.hse.ie/immunisations and the CHI@Crumlin Medication Policy 2021.

THE LEARNING ENVIRONMENT AND CONTINUING EDUCATION

Supernumerary students:

During your placement, you will be paired with a staff nurse to provide the nursing care for the infants/children in your section. A designated preceptor or preceptors will be allocated to each student. We would encourage you to ask questions and become actively involved in managing the care of your patients.

Interns and PRCNS students:

Each shift you will work opposite a staff nurse allowing you to handover your patients when going to break and vice versa. The staff nurse will provide assistance and support as required by you. A named preceptor or preceptors will be allocated to each student. If you have anything you wish to discuss or have concerns please approach the CNM2, CNEF, CNM1, preceptor or CPC. Preceptor's names are on a board in the main office. However on occasion you may not work with your preceptor due to illness or off duty changes.

Students and Staff Nurses can refer to 'Participation in Care for Student Nurses' (2022)' and the 'Medication Reference Guide for Nursing Students' for further information on what students can and can't do. It is important that students at all times work within their Scope of Practice.

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). Please also be mindful of corrected age if your patient is an ex-prem.

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

Drug Calculation:

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

Example: John needs Paracetamol. 15mg/kg dose Prescribed. John weights 5kg

Prescription is 75mg (15mg x 5kg). To work out Volume to give to John $75 \div 120 = 0.625 \times 5\text{mls} = 3.1\text{mls}$

Urinary Output:

Expected urinary output for a child: 1ml/kg/hour: Example Mary 3/52 old weights 4kg. Urinary Catheter in situ post op. Drained 200mls in 24 hours.

Urine output = $200\text{mls} \div 4 = 50\text{mls per kg}$

To work out per hour. Divide total per kg by 24 hours = $50\text{mls} \div 24 = 2\text{mls/kg/hr}$

Intravenous Fluids Calculations:

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

Newborn Enteral Feeding Requirements:

Day 1 of Life	60mls/kg/day	Day 4 of Life	130mls/kg/day
Day 2 of Life	80 – 90mls/kg/day	Day 5 of Life	150mls/kg/day
Day 3 of Life	100-110-mls/kg/day	Then	150- 200mls/kg/day

**

- All neonatal patients <7 days old and who are not orally feeding should be nursed on 10% Dextrose IVF at appropriate rate. (+/- 0.45Nacl, +/- KCL).

Calculating Enteral Feeds for infants:

Claire 5/7 old. Weighting 4kg. Presented with overfeeding. Instructed to reduce volume of feeds to appropriate amount for age

For 5 day old baby should be on 150mls/kg/day = 150mls x 4 = 600mls

Infants should be fed depending on condition and team instruction 3 – 4 hourly

If 3 hourly feeds = 8 feeds per day (24 ÷ 3)

If 4 hourly feeds = 6 feeds per day (24÷4)

Calculating Intravenous Fluids for infants:

Mary 3/7 old 3 weighting 3kg. Fasting for Liver U/S. Team prescribe 100mls/kg/day of 10% Dextrose. What rate of fluid will be prescribed?

100mls/kg = 100mls x 3kg = 300mls in 24 hours

Rate for 1 hour= 300mls ÷24 hours = 12.5mls/hr

Learning resources available on Starling Ward

- Children's nursing and medical notes
- History taking from parents
- Nursing staff including CNF/CNM's & S/N & members of the multi-disciplinary team

Nurse Practice Development Guidelines on Intranet

- Internet resources
- Online journals (available in the library)
- Apps / Videos
- Textbooks (Available in CNM office)

Supports

Do not be afraid to ask for help or to come to us if you have any issues or questions. There are lots of people to support you including:

- Clinical Placement Co-ordinators and PRCNS Coordinator
- Clinical Nurse Managers
- CNEF



Children's Health Ireland
at Crumlin

- Preceptor & Co-preceptor
- Registered Nurses
- Centre of Nurse Education Staff
- Colleagues

We hope you enjoy your placement on Starling Ward. We take learning seriously and are here to support you to ensure you get the most out of your time with us.

Student Signature: _____

Preceptor/CNF Signature: _____