Perioperative Services Unit

Surgical Admissions Unit (SAU)
Second Stage Recovery (SSR)
Perioperative Services

Peri-operative services is comprised of four areas:

- Pre-Anaesthesia Assessment Clinic (PAAC) – responsible for the assessment, testing and preparation of patients prior to the day of admission for surgery.
- Surgical Admissions Unit (SAU) – admission of patients on the day of surgery for elective or acute surgery.
- Second Stage Recovery (SSR) – accommodates day of surgery patients who may be discharged on day of surgery or patients who have an expected 23 hour stay.
- Theatre reception – co-ordinates patients from their point of origin (wards or SAU) to theatres.

Perioperative Service Philosophy

The perioperative service is committed to open and supportive communication, respecting the rights and the cultural diversity of the people/patient/whanau and practicing the principles of the Treaty of Waitangi.

Nursing practice will be professional, innovative and evidence based, supported by on-going education, research and peer review.

Location

Surgical Admissions Unit (SAU) - Located on level 3 of Wellington Regional Hospital. Enter through the main entrance doors into the atrium, turn right and take the orange lifts up to level 3. Report to the SAU reception desk.

Second Stage Recovery (SSR) - Located on level 3 of Wellington Regional Hospital. Report to the SAU reception desk.
Welcome!!
We are looking forward to working with you
Contacts

This should contain information on all the key contacts for the ward/unit

<table>
<thead>
<tr>
<th>Perioperative Unit</th>
<th>Main contact</th>
<th>Email for main contact</th>
<th>Phone number for ward/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Nurse Educator</td>
<td>Leigh Smith</td>
<td><a href="mailto:leigh.smith@ccdhb.org.nz">leigh.smith@ccdhb.org.nz</a></td>
<td>04 806 0477 027 4125472</td>
</tr>
<tr>
<td>Clinical Nurse Manager</td>
<td>Simone Curran-Becker</td>
<td><a href="mailto:simone.curranbecker@ccdhb.org.nz">simone.curranbecker@ccdhb.org.nz</a></td>
<td>04 806 0984 027 8076535</td>
</tr>
<tr>
<td>Associate Clinical Nurse Manager</td>
<td>Angela Wagstaff</td>
<td><a href="mailto:angela.wagstaff@ccdhb.org.nz">angela.wagstaff@ccdhb.org.nz</a></td>
<td>04 806 0967 027 5055515</td>
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Your Preceptor

You will be allocated one main preceptor, who will be responsible for helping you complete your objectives. We will endeavour to ensure that you mainly work with this preceptor. However, due to shift work, this is not always possible.

It is your responsibility to ensure that the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). Your preceptor will not complete any evaluation if you give it to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact the Clinical Nurse Educator.

About Perioperative Services

Kathy Trezise CCDHB

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1/19/2016
Pre-Anaesthesia Assessment Clinic (PAAC)

The primary focus of the clinic is to ensure that all necessary tests and preparations are undertaken prior to the day of the patient’s admission for surgery. Discharge planning is started in this clinic.

Some patients require considerable information and nursing input to prepare them for upcoming surgery e.g. diabetic patients, elderly patients, patients with several co-morbidities, and those undergoing major surgery. Any specific alerts regarding the patient may be highlighted at this point and theatres informed e.g. high body mass index (BMI), infectious disease, latex allergy, difficult intubation. The age of patients ranges from infancy to the very elderly.

Surgical Admissions Unit (SAU)

Patients admitted through Surgical Admissions are either day of surgery admissions (DOSA) to either Second Stage Recovery or to the inpatient wards, day cases (D/C) or in some instances acute cases.

Patients contact the Surgical Admissions Unit between 1600-1700 hours, the day prior to their date of surgery, to receive their expected time of arrival.

On the day of surgery, patients arrive at the Surgical Admissions Unit at the time allocated. Upon arrival their details are checked by our receptionist. This generates a Patient Information Form (PIF). They are then assessed and booked in by the nursing staff and prepared for theatre. Patients are then escorted from Surgical Admissions through to theatre.

Most surgical specialties are admitted via the Surgical Admissions Unit. All patients being admitted to SAU will be over the age of 15

Hours - 0645 – 1515 Monday – Friday. Closed weekends and all public holidays.

Theatre Reception

Theatre reception is responsible for organising and co-ordinating the transfer of surgical patients from their point of origin (SAU or wards) to the care of theatre staff.

Patients are transferred to either South Bay (for theatres 4 – 8), North Bay (for theatres 9 -12) or Hold Bay (for theatres 1, & 15, acute patients, pediatric patients and ward patients) – 15), by the allocated time on the elective list.

Second Stage Recovery
Second Stage Recovery accommodates day of surgery admissions that have an expected 23 hour stay and day case patients. There are 10 overnight beds and 8 day case chairs. All patients will be over the age of 15 years.

**Hours** - Second Stage Recovery opens Monday mornings at 0700 and closes on Saturday afternoons at 1430 hours. Second Stage Recovery is closed on all public holidays.

**Shift Times**

Shift work times are staggered to meet the needs of the Surgical Flow. Start times are 0700, 0900, 1100, 1430 and 2245 for night shifts.

**Patients suitable for Day Surgery**

- American Society of Anaesthetics Category 1 & 2
- Have a responsible person to drive him or her home from hospital
- Have a responsible person/s at home overnight
- Have written instructions on what to expect post-discharge
- Have written instructions on whom to contact if help is required
- Having a procedure that, generally speaking, lasts less than 30 minutes
- Minimal nausea
- Bleeding controlled
- Pain controlled with oral analgesia
- Tolerating oral fluids
- Passed urine
- Vital signs in normal range with BP>95 systolic, Pulse 60-100bpm and temperature >35 and <37.5 degrees Celsius.
Expectations of the Student Nurse while in Perioperative Unit

Our expectations of student nurses working in the Perioperative Unit are:

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell, and can not come you call the unit on (04) 806 0982
- If you are sick please do not come in to the ward. Please notify us if you will not be in.
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator. A lot of learning occurs at quiet times in the unit!!
- It is important that your preceptor or the nurse you are working with is aware of your objectives.
- Due to infection control, a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working on the floor.
- If you are not achieving your objectives, please see our Clinical Nurse Educator or your preceptor (before the last week in the unit).
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit. Your preceptor will not complete any paper work that is given to him or her in the last days of your placement.
- It is essential that you adhere to C&CDHB policies and protocols (staff will show you how to access these).
- You must work within your limitations – recognise your own strengths and weaknesses. Try not to decline learning opportunities simply because you may be nervous or reluctant to try. To learn you must try new tasks. Utilise the knowledge of your preceptor.
- Do not perform tasks which you have not performed before, without supervision/guidance, or which you feel are out of your current skill set.
- Please ask questions and challenge yourself. Your preceptor is expecting to be questioned. The staff you are working with are very knowledgeable. The only silly question is the one not asked. Just be mindful where you ask the questions.
- Please be respectful to staff, patients and their families.
- Ensure that you know the emergency procedures and numbers.
Perioperative Unit – Student Nurses

- Please take the time to evaluate your placement. We are open to feedback so we can ensure that you and future students can be provided with valuable learning experiences.

- You must report anything unusual, unsettling or that you do not like the look of, regarding patients and their care. In the first instance, report your concerns to your preceptor, or if uncomfortable doing so the following line of reporting can be followed – the senior nurse in charge of the unit, the Clinical Nurse Educator, Associate Charge Nurse Manager, and then the Charge Nurse Manager.

- We encourage you to answer the phone. Simply pick it up, identify the location and yourself and you will learn quite a lot about the unit from the phone calls e.g. “Hello, Second Stage Recovery, Anne speaking”.

- To contact a person who is only on pager, dial 36 followed by the pager number. Wait for the voice prompts and then put in the extension number of the phone you wish them to call you back on.

Workload

Year 1:
- You will be working under the direction of the registered nurse during your clinical experience.

Year 2:
- You will be supervised until your preceptor has assessed the nursing skills they feel you are safe and competent to perform and practice.

Year 3:
- You will be supervised initially until your preceptor has assessed your ability and competence. Once your preceptor is happy, you will begin practising the skills utilised in our area of practice.

Cares you will carry out include:

- Admitting patients
- Completing a pre-operation check list
- Taking patients through to theatre
- Patient handovers both to other staff and from other staff
- Patient cares, ADLs, dressings, mobilising
- Medication administration
- Observation and assessment of vital signs
- Discharge and discharge care
- Patient follow up appointment booking

Any cares not undertaken by yourself previously will be explained and demonstrated to you before you are expected to carry them out.
Observations

As a general guideline, post operative patients observations are monitored:
- Half hourly for the first 2 hours
- Hourly for the second two hours
- 4 hourly after this providing everything is progressing well. (Also the time in recovery needs to be taken into account.)

Blood Pressure
- Use the sphygmomanometer and stethoscope until you are competent, and then you can use the dynamap
- Report any abnormally low or high readings to your preceptor.
- Consider the patients normal parameters and administration of recent medications.

Pulse
- Take a radial pulse reading
- Take a pulse for 30 seconds if regular and 60 seconds if irregular
- Report anything abnormal, fast, slow, irregular.

Temperature
- Use the tympanic thermometer for routine temperature taking
- Report any temperature above 37.2 degrees
- Ensure patients who have low temperatures are provided with extra blankets. Take particular care to keep pre-operative patients warm.

Respirations
- Record on all patients on admission
- All patients on narcotic analgesia
- All patients with an unstable condition or short of breath.

Oxygen Satuations
- Monitor on patients receiving narcotic analgesia
- Patients receiving oxygen therapy
- All post operative patients.

Neurovascular Observations
- Recorded on all patients having received an orthopaedic procedure to a limb.
- Colour (pale, pink, blue, dusky)
- Warmth (warm, cool, hot)
- Movement (nil, moving all limbs, fingers, toes)
- Sensation (nil, tingling, pins and needles, dull)
- Plaster care
- Positioning
- Elevation of limbs
- Pulse (radial, brachial, popliteal, strong, weak, irregular).
**Perioperative Unit – Student Nurses**

(Please read the CCDHB Policy CPP AST-01 Clinical observations and monitoring of patients in medical and surgical setting).

**Patient handover and documentation**

If you are working in Second Stage Recovery, you will be involved with taking a patient handover prior to the start of your shift and providing a handover at the completion of your shift.

You will be expected to document, in your patient notes, the care you have implemented and carried out over the course of your shift. Before you write in your patient notes you may wish to write a rough copy for proof reading purposes. This helps your preceptor to identify information that may or may not be required.
Safety Measures in Perioperative Services

Please ensure you are familiar with the Emergency Response Procedures chart that is located on the ward. This chart covers:

- Hazardous Substances
- Fire
- Fire Alarm Sounding
- Essential Services Failure
- Suspicious Activity
- Aggression/Holdup
- Bomb threat/suspicious object
- First aid/cardiac arrest/collapse
- Earthquake.

The Emergency number within Hospital: 777

State clearly:
- whether it is a cardiac arrest or medical emergency
- whether the patient is a child or adult
- the location including the building, ward and cubicle number where relevant.

Please ensure that you cover emergency procedures with your preceptor or nurse educator in your first few days.
Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

| ☐ Defibrillation and resuscitation trolley | ☐ Discharge information |
| ☐ Controlled Drug cupboard | ☐ Clinical policies & procedures |
| ☐ Admission Trolley | ☐ “Notes on Injectable Drugs” |
| ☐ Linen supplies | ☐ Roster |
| ☐ Clinical Nurse Manager Office | ☐ Manual BP machine |
| ☐ CNE/ACNM Office | ☐ Suction Equipment |
| ☐ Emergency call buttons | ☐ Scales |
| ☐ Intravenous Fluids and equipment | ☐ Bio-hazard bags |
| ☐ Store room | ☐ Tympanic thermometer & covers |
| ☐ Staff tea room | ☐ Stationery supplies |
| ☐ Resuscitation trolley | ☐ Photocopier |
| ☐ Dirty utility room | ☐ Patient charts |
| ☐ Clean utility room | ☐ Laboratory forms |
| ☐ Dressing trolley and Materials | ☐ Alginate linen bags |
| ☐ Isolation Equipment | ☐ Incident Reporting |
| ☐ ECG machine | ☐ Assessment Room |
| ☐ Blood glucose monitor | ☐ Sterile Gloves |
| ☐ Pregnancy test kits | ☐ Hoist |
| ☐ District Nurse Referral | ☐ Lamson Tube System |
| ☐ Where to store your bags | ☐ Drug Fridge |
| ☐ Emergency procedures flip chart | ☐ Oxygen tubing/masks/cannulas |
| ☐ IV/Blood taking trolley | ☐ Warm blankets |
Objectives

There are a number of skills which can be acquired during this placement. They range from going to theatre, reading our resources, participating in admitting, caring for and discharging patients with the appropriate follow up.

When setting your learning objectives it may be helpful to use this list as a guide to some of the clinical skills you are able to acquire on this placement.

Example

Goal/Objective: To obtain an accurate set of vital signs and recordings on patient’s admission and explain the significance of abnormalities.

Criteria: To use both manual and electronic methods to obtain blood pressure, pulse temperature, oxygen saturations, respirations, height, weight and blood glucose if required.

Resources: preceptor, textbooks, literature

Evidence: Preceptor will confirm appropriate accurate and timely recordings are achieved and the significance of abnormal recordings is listed, explained and acted on appropriately.

Other possible objectives:

- Performing a pre-operative check list
- Detail and ask appropriate questions to establish allergies in patients
- Preparation of a patient for trial removal of a catheter
- Demonstrate a set of neurovascular observations
- Administer IM/SC/IV medications
- Discharge of a patient and follow up arrangements
- Documenting patient care
- Administering eye drops
- Removing peripheral cannula
- Obtaining blood glucose level
- Discusses the fundamental requirements for establishing readiness for discharge (Refer to C&CDHB Policy Discharge Criteria-Day Surgery and Day Procedures PER-09)
- Explain the action of drugs such as opiates, muscle relaxants and anaesthetic drugs
- Explain fasting guidelines to patients (Refer to C&CDHB Policy Fasting Guidelines for adult PER-05)
- Performing wound care
- Giving handover to theatre staff
- Accepting handover from theatre staff.
Perioperative Unit – Student Nurses

Accessing Support

We are here to support your learning and help you to achieve the best out of your clinical placement. Communication is key in making sure you get the best possible learning opportunities.

If you are feeling that your learning needs are not being met or you are struggling in your placement, please do not be afraid to speak up.

If you want to talk to someone these people can assist you:

- Your preceptor
- Your fellow students
- Your lecturers or advisors
- Associate Charge Nurse Manager
- Charge Nurse Manager
- Nurse Educator
Common Presentations to SAU and SSR

General Surgery
- Hernia Repairs
- Laparoscopic Cholecystectomy (keyhole removal of gallbladder)
- Laparoscopic Appendectomy (keyhole removal of appendix)
- Incision and drainage of abscesses
- Haemorrhoidectomy
- Closure of Stomas
- Breast Biopsies
- Mastectomy

Dental
- Extraction of Wisdom Teeth
- Full dental clearances

Orthopaedics
- Arthroscopic (keyhole) examination of joints
- Carpel Tunnel Decompression
- Dupytrens Contracture release
- Removal of Metalware
- Manipulation Under Anaesthetic (MUA)
- Open reduction and internal fixation (minor) (ORIF)

Urology
- Circumcision
- Tension Free Vaginal Tapes (TVT)
- Ureteroscopy (Camera into ureters)
- Transurethral Resection Prostate (TURP)
- Rigid Cystoscopy (camera into bladder)
- Transurethral Resection Bladder Tumour (TURBT)

Ear, Nose and Throat
- Tonsillectomy
- Adenoidectomy
- Insertion/removal Grommets
- Septoplasty (Nose surgery)
- Minor surgery to the neck
- Microlaryngoscopy
- Hot Wire Cautery of Inferior Turbinate’s (HWCITS)
- Parotidectomy

Ophthalmology
- Cataract Surgery
- Corneal Grafts
- Vitrectomy & retinal detachment
- Eyelid surgery
Perioperative Unit – Student Nurses

- Dacryocystorhinostomy (tear duct surgery)
- Glaucoma Surgery

Gynaecology
- Examination under Anaesthetic (EUA)
- Hysteroscopy (camera into womb)
- Laparoscopy (keyhole surgery)
- Sterilisation/ Tubal ligation
- Insertion of Mirena coil (Intra-uterine contraceptive device)
- Vaginal Repairs
- Excision of Endometriosis

Cardiology – Non Surgical
- Cardioversions (use of defibrillator to shock heart back to a normal rhythm)

Vascular
- Fistula Formation (for renal dialysis)
- Hickman/Portacath (for chemotherapy)
- Angiography/Arteriography
- Temporal Artery Biopsy
Common Medications

Medication Administration

All medication is to be given under the direct supervision/direction of a Registered Nurse. Students must not be the second person for checking intravenous fluids or controlled drugs.

The checking process for medication administration of any drug is the use of the 5 rights:

- Right route, (PO, IV, IM , SC)
- Right time and frequency (BD, PRN, QID, TDS)
- Right dose (mcg, g, mg, units, mls)
- Right drug (check carefully for brand and generic names)
- Right patient (ask patient for verbal confirmation, check wristband)

Remember to sign the drug chart and have your preceptor countersign. (Please read the CCDHB Policy IVC-03 Intravenous medicine and fluid administration student nurses and student midwives).

Common Medications

Common medications given in SAU and SSR include:

- Analgesics – paracetamol, tramadol, sevredol
- Anti-emetics – metoclopramide, ondansetron, cyclizine

Please ensure you are familiar with these medications before you arrive on your placement.
Pre-reading/Resources

Please gain a good grasp of pre and post-operative surgical procedures from your surgical textbooks.

We will provide you with resources when you arrive.
## Evaluation of Clinical Experience

Nurse: ____________________________ Date of placement: ____________________________

Date of Evaluation: ____________________________ Preceptor: ____________________________

This evaluation is intended to offer feedback to the preceptor and their clinical area.

<table>
<thead>
<tr>
<th>Clinical Learning</th>
<th>1 Strongly Agree</th>
<th>2 Agree</th>
<th>3 Neither agree or disagree</th>
<th>4 Disagree</th>
<th>5 Strongly disagree</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff were welcoming and learned to know the students by their personal name</td>
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<td>The staff were easy to approach and generally interested in student supervision</td>
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<td>A preceptor(s) was identified/introduced to me on arrival to area</td>
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<td>One preceptor had an overview of my experience and completed my assessment</td>
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<td>An orientation to the clinical area was provided</td>
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<td>My learning objectives were achieved</td>
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<td>I felt integrated into the nursing team</td>
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<td>I formally met with the “named preceptor” at least fortnightly</td>
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<td>There were sufficient meaningful learning situations in the clinical placement</td>
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</table>

**How was the Preceptor?**

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<tbody>
<tr>
<td>The preceptor assessed and acknowledged my previous skills and knowledge</td>
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<td>The preceptor discussed my prepared learning objectives</td>
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<td>The preceptor assisted with planning learning activities</td>
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<td>The preceptor supported me by observing and supervising my clinical practice</td>
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<td>The preceptor was a good role model for safe and competent clinical practice</td>
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<td>I felt comfortable asking my preceptor questions</td>
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<td>The preceptor provided me with regular constructive feedback on my practice</td>
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Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator