Welcome to the Coronary Care Unit

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*Student Information*

 *Booklet*

***Student name:……………………………………………………………………………….***

***Cohort/year of study:…………………………………………………………………….***

***Placement start date:…………………………………………………………………….***

***Placement end date:……………………………………………………………………..***

***Mentor for placement:…………………………………………………………………...***

This information pack has been designed to facilitate your learning whilst on placement on the Coronary Care Unit (CCU). Whilst you will be fully supported during your time with us, students are expected to take charge of their own learning and liaise with their mentor to arrange spoke placements etc. On completion of this placement we would appreciate your thoughts and honest feedback of the placement/mentors so we can meet audit standards and maintain and/or improve our practice. It is not necessary to work with your mentor every shift however the NMC standards (2008) recommend that at least 40% of a students’ time must be supervised. The completion of this information pack can be included in your portfolio as evidence.

If you experience any difficulties whilst on placement please speak to a member of the team or contact a PEL or PEF for guidance.

**Useful contacts**

**CCU**

**Jane Kay (ward manager) Sarah Crompton (Ward PEL)**

**01204 390472 01204 390707**

**Jane.kay@boltonft.nhs.uk****sarah.crompton@boltonft.nhs.uk**

**Vicki Jolley (Ward PEL)**

**01204 390707**

**Vicki.jolley@boltonft.nhs.uk**

CCU ward consists of 10 mixed sex cardiac monitored beds. Each bed feeds back to central monitors situated on the nursing station to enable staff to access patients’ heart rate and rhythm. As well as nursing acutely unwell patients on CCU we also staff the cardiac pacing suite where students can be exposed to permanent pacemakers, implantable cardiac defibrillators, trans-oesophageal echocardiograms and dobutamine stress echo’s. CCU is situated just next to C1 ward which is our step-down cardiology ward.

 **Shift Times**

**Early – 07.30am-13.45pm**

**Late- 13.45pm-20.00pm**

**Long days- 07.30am-20.00pm**

**Night -19.30pm-08.00am**

 **Meet the team**

Ward manager:

Sr Jane Kay

Band 6 junior sister/charge nurses:

Jackie Wolstenholme

Helen Horrobin

Stephanie Paine

Mary Wiggans

Band 5 staff nurses:

Vicki Jolley Bindhu Binu

Sarah Quin Ian Dennett

Sarah Crompton Dawn Heaton

Zarina Manoehoetoe Marlene Ranada

Jane Guillergan Ruth Walmsley

Tayra Hussain Jackie Byrne

Victoria Round Lucy Allcock

Jane Bradshaw

Assistant practitioners:

Julie Green Wendy Nuttall

Health care assistants:

Andrea Rothwell

Anthea Rogers Carol Dewhurst

Barbara Lomax Olivia Fielding

Terence Coroza Michelle Waite

**Cardiology consultants**

Dr P.Scott

Dr K. Lipscomb

Dr S.Little

Dr T. Ashworth

Dr P.Dunne

 Ward Philosophy

“To deliver a high standard of safe, effective, patient centred compassionate care at all times, encompassing a supportive learning environment for all staff and nursing students”. ( J Kay, 2017)

Supernumerary status

The Nursing and Midwifery council (2010) states that:

*“Programme providers must ensure that students are supernumerary during all practice learning-supernumerary means that students will not, as part of their programme preparation, be contracted by any person or anybody to provide nursing care”.*

This means that students are additional to the workforce requirement and staffing figures.

Information to look up:

* What is a myocardial infarction (MI)?
* Define congestive cardiac failure
* What is an ECG?
* Define LVF and describe priorities for treatment
* What is a regular heart rhythm? How is it defined?
* Define Ventricular tachycardia
* What is an irregular heart rhythm? How is it defined?
* Define atrial fibrillation?
* Name the four chambers of the heart?
* Define a coronary artery bypass graft
* What is a troponin I test?
* Define cardiogenic shock and its treatment
* What are the risk factors for MI?
* Define hypertension and hypotension
* Explain the reasons a patient may need a central line
* Define ventricular fibrillation
* What is the difference between an MI and a cardiac arrest?
* What are the typical symptoms of an acute MI?

Learning opportunities on CCU

**Year 1 SEM 1**

* Communication skills
* Personal care
* Bed making
* Caring skills
* Holistic patient care
* Manual observations and theory
* Patient risk assessments
* Height, weight and BMI
* Moving and handling
* CPR Skills
* Infection control
* Referral to multi-disciplinary team
* Personal and professional development
* Reflective practice
* Trust policies and procedures
* Introduction to medicine management (theory and policy)
* NMC code of conduct
* Intro to nutrition
* Understanding of common medical disorders
* MDT working
* Time to attend forums
* Anatomy and physiology
* Admissions, discharges and transfers
* Health promotion
* Documentation
* Correct recording and assessment of NEWS score
* Pressure area care
* Spoke placements: c1 ward, Ecg/cardiology dept., heart failure spoke, cardiac rehab spoke, diabetic nurse spoke, MINAPS spoke, chest pain nurses, physiotherapy, occupational therapists, speech and language therapists
* Pressure area care

**Year 1 SEM 2/3**

* Obtaining and requesting specimens and samples (le2.2)
* Arterial lines/ central line care
* Iv therapy
* Basic drug calculations and numeracy skills
* NEWS competencies
* Nutrition and fluid management
* Bereavement and tissue donation
* Research cardiology topics
* ANTT
* Manual blood pressure recording
* Knowledge of commonly used cardiac drugs
* Angiograms
* Conflict resolution/complaints
* Oxygen therapy
* Evidence based practice
* Care planning
* Participating in ward rounds
* Liaising with families and significant others
* Echocardiograms
* Blood transfusion
* Bereavement and organ and tissue donation
* Oxygen therapy
* Temporary pacing wires
* VTE’S
* Spoke in pacing lab:
	+ - * PPM implant/removal,
			* ICD implant/removal
			* TOE’S
* Pressure area care
* Involvement in patient handovers

**Year 2 SEM 1 (Inc all year 1)**

* Pain management
* Critical care management
* Bed management systems
* Care of venflon and invasive devices
* Time management
* Supporting others
* More in-depth knowledge of cardiology
* Medication management
* Team working
* Clinical skills
* Medical devices
* Delegation skills
* Wound care

**Year 2 SEM 2/3 (Inc all year 1 and yr. 2 SEM 1)**

* Nurses advocate role
* Awareness of politics and social influences
* Presentation skills
* Teaching peers

**Year 3 SEM 1 (Inc all year 1 and 2)**

* Analysis cardiology care
* Complete all spokes
* Defensible documentation
* Medicine OSCE
* Care management
* Team management
* Bosca (new accreditation programme)

**Year 3 SEM 2 and 3 (Inc all year 1, 2, 3, SEM 1)**

* Gaining competency

Duty of candour (NMC, 2010)

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

* Tell the patient (or where appropriate, the patient’s advocate, carer or family) when something has gone wrong.
* Apologise to the patient (or where appropriate, the patients’ advocate, carer or family).
* Offer an appropriate remedy or support to put matters right (if possible).
* Explain fully to the patient (or where appropriate, the patients’ advocate, carer or family) the short and long term effects of what has happened.

Healthcare professionals must also be open and honest with their colleagues, employers and relevant organisations and take part in reviews and investigations when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns.

 Exposure to Coronary care unit

 Exposure to diabetic nurse

 Exposure to chest pain nurses

 Exposure to heart failure nurse

 Exposure to pacing lab

***\*\*\* Guidance for radiation exposure***

***Staff involved in observing pacemaker insertion and implantable cardiac defibrillator insertion in the pacing suite are liable to receive a radiation dose therefore please inform a member of nursing staff if you are pregnant or unsure if you are pregnant (the risk is greatest in the first trimester of the pregnancy and is not recommended unless absolutely necessary). The wearing of heavy lead gowns is also required sometimes for long periods of time- if this is a problem for you please contact a member of the team who can then perform a personalised risk assessment for your own safety.***

 Exposure to cardiac rehabilitation nurses

 Exposure to physiotherapy

 Exposure to cardiology/ECG dept

Look up the following:

**Medications commonly used in the treatment of ACS**

 **(Acute Coronary Syndrome)**

* **Beta –blockers-** used to slow the heart rate down, therefore reducing the workload of the heart.
* Atenolol 25-100mg daily
* Bisoprolol 1.25-10mg daily
* Metoprolol 50-100mg daily

 **Contraindications:** asthma, uncontrolled heart failure, marked bradycardia, hypotension, second or third degree heart block, cardiogenic shock

**Side effects;** bradycardia, heart failure, hypotension, conduction disorders, bronchospasm, headache, fatigue, vertigo, sexual dysfunction

* **Anti-platelets-** used to prevent thrombosis
* Aspirin 75mg daily
* Clopidogrel 75mg daily
* Ticagrelor 90mg twice daily

**Contraindications:** previous or active peptic ulcers, haemophilia, bleeding disorders

**Side effects;** gastro-intestinal irritation, increased bleeding time, bronchospasm and some skin irritation.

* **Ace inhibitors-** used to treat hypertension and heart failure. (Strengthens the pumping action of the heart).
* Ramipril 1.25-10mg daily
* Perindopril 2-8mg daily
* Captopril
* Lisinopril
* Enalopril

**Contraindications:** in those with known hypersensitivity to ACE inhibitors and pregnancy

**Side effects;** hypotension, renal impairment, persistent dry cough, rash, nausea, vomiting, altered liver function

(These drugs are usually initiated in the first couple of days post MI. monitoring of blood pressure and urea and electrolytes count is important to detect problems)

* **Statins-** drug used to lower the cholesterol
* Atorvastatin 80mg nocte
* Simvastatin 10-40mg nocte
* Pravastatin

**Contra-indications:** active liver disease and pregnancy

**Side effects;** headache, altered liver function, abdominal pain, flatulence, constipation, rashes

(All patients should receive a statin post MI/ACS unless contraindicated regardless of their cholesterol result to reduce/ prevent the risk of coronary heart disease)

* **Nitrates-** used to treat angina as it vasodilates the coronary arteries to allow increased blood and oxygen as well as reducing venous return to the heart therefore reducing the workload of the heart
	+ - * + GTN spray- 2 Puffs PRN
				+ GTN patches
				+ Suscard GTN buccal- 2mg sublingually
				+ Isosorbide mononitrate 30-120mg daily

**Contra-indications:** hypervolemia, hypertrophic cardiomyopathy, aortic stenosis, tamponade, anaemia

**Side effects;** postural hypotension, tachycardia, throbbing headache, dizziness

**Useful Cardiology Websites……….**

* [www.bhf.co.uk](http://www.bhf.co.uk)
* [www.cardiac-nursing.co.uk](http://www.cardiac-nursing.co.uk)
* [www.nursingtimes.net](http://www.nursingtimes.net)
* [www.cardiologyonline.com](http://www.cardiologyonline.com)
* [www.c-r-y.org.uk](http://www.c-r-y.org.uk)

Also see National Service Framework for CHD – [www.dh.gov/NSF](http://www.dh.gov/NSF)

Chapter 1 – Reducing heart disease in the population

Chapter 2 – Preventing coronary heart disease in high risk patients

Chapter 3 – Heart attacks and other acute coronary syndromes

Chapter 4 – Stable angina

Chapter 5 – Revascularisation

Chapter 6 – Heart failure

Chapter 7 – Cardiac rehabilitation

Chapter 8 – Arrhythmia’s and other sudden cardiac death

Placement evaluation form

1. Were you made to feel welcome when you started your placement?
2. Were you allocated a mentor and associate mentor?
3. Were you given an induction to the unit?
4. What did you most enjoy about the placement?
5. What did you enjoy least about the placement?
6. Do you feel there are any alterations/adjustments we need to make to the placement area for future students?
7. Did you feel your mentor was approachable?
8. Did you feel your mentor was knowledgeable and helpful?
9. Are there any improvements you can make for the ward/mentor etc.