STUDENT NURSE INDUCTION AND WELCOME PACK

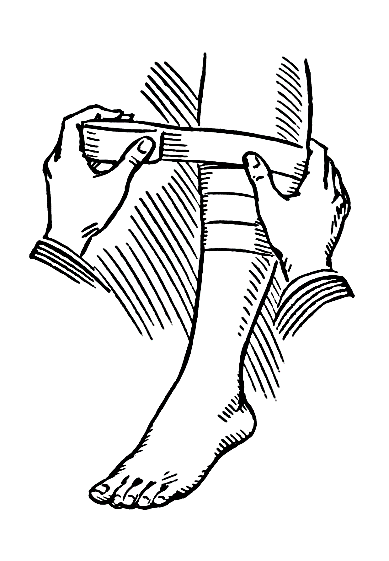
SALORD ROYAL NHS FOUNDATION TRUST

LANCEBURN HEALTH CENTRE

DISTICT NURSES

2017 Edition





NAME:

MENTOR:

ASSOCIATE MENTOR:



**Contents page**

* Welcome
* Student Contact Details
* Lanceburn Philosophy of Care
* Introduction to the role of the District Nurse
* Geographical map of area
* What you can expect from us
* What we can expect from you
* Spoke opportunities
* Placement charter
* Cause for concern guidelines
* Guidelines for issues relating to clinical placements
* Basic guide to end of life care
* Student diary sheets
* Question TASK
* Practice placement evaluation
* Useful links and further reading

Welcome to the district nursing team.

Lanceburn district nursing team is a team of nursing and auxiliary care providers who deliver care to patients in within their home environment, care home, sheltered accommodation or day centres. This is for patients who are requiring nursing care input but do not necessarily need to be treated in hospital or remain an inpatient for their care. District nursing visits are predominately for those who elderly immobile or house bound patients. District nursing bridges a gap and helps prevent hospital bed blocking and deals with many aspects of nursing. We also operate a number of district nurse led clinics for those patients who are mobile and are able to attend for scheduled appointment.

District nurse services can receive referrals from numerous sources. These come directly from the patient, a relative a hospital, a GP or other professionals.

Shift patterns

Early 08.00- 16.00

Regular 09.00 -17.00

Late 10.00- 18.00

Break each 8 hour shift entitlement is 30 minutes each.

Contact Information

Team leader: Gwen Nash: 07824820851

District nursing Hub: 0161 631 4774

PEF Grace Yates: 07795605855

Health and safety

On arrival to the placement you should receive a full safety induction including orientation to the building. You will be advised of the fire policy and procedure and be shown the fire exits.

Absence

If you are unable to attend placement or are ill you must inform your mentor or PEF. You must also inform the university.

Dress Code and Professionalism

* You are expected to wear uniform at all times
* You should wear your ID badge at all times
* Make up should be minimal
* No jewellery
* Hair tied up above shoulder
* You should also remain confidential at all times and ensure your mobile is on silent.

Student Contact Details

In the event you do not attend placement as arranged with your mentor we will try to contact you on the information given above. We will also contact your emergency contacts and contact your university tutor. This is standard procedure.

|  |  |
| --- | --- |
| Student Name: |  |
| Placement start date and finish date: |  |
| Contact Numbers: |  |
| Emergency Contact Details: | Home:……………………………….  Mobile:…………………………….. |
| Tutor contact details: |  |
| Student Signature: |  |

Lanceburn philosophy of care

We believe as a team of nursing staff that team work is integral.

All nursing staff will act as patients advocate providing holistic individualised care. Which meet the patient’s individual social, psychological and psychical needs. We believe care should be provided in a respectful, empathetic manner with a non-judgemental attitude despite how an individual may choose to live or comply with their treatment plans.

We aim to and incorporate all Multi - Disciplinary professionals acting as the referrer, referring patients to other care providers such as podiatrists, social services, McMillen care and so forth. We aim to keep patients as independent and as safe as possible. We aim to keep service users and families updated and involved in decision making.

We aim to empower patients by providing health education and promotion to support all patients. We aim to support one another and create an encouraging positive learning environment and utilise evidence based practice.

Introduction to the role of the District Nurse.

Things you will learn and see on your community placement

District nursing covers a vast array of different patient nursing needs, and requires a multiple skills. Many patients have long term health conditions both acute and chronic. On an average day you will come across many different patient illness and diagnoses leading right up to end of life care which incorporates a patients wish to die at home.

Adult protection, safeguarding and social care issues. Ordering via the GP and pharmacy.

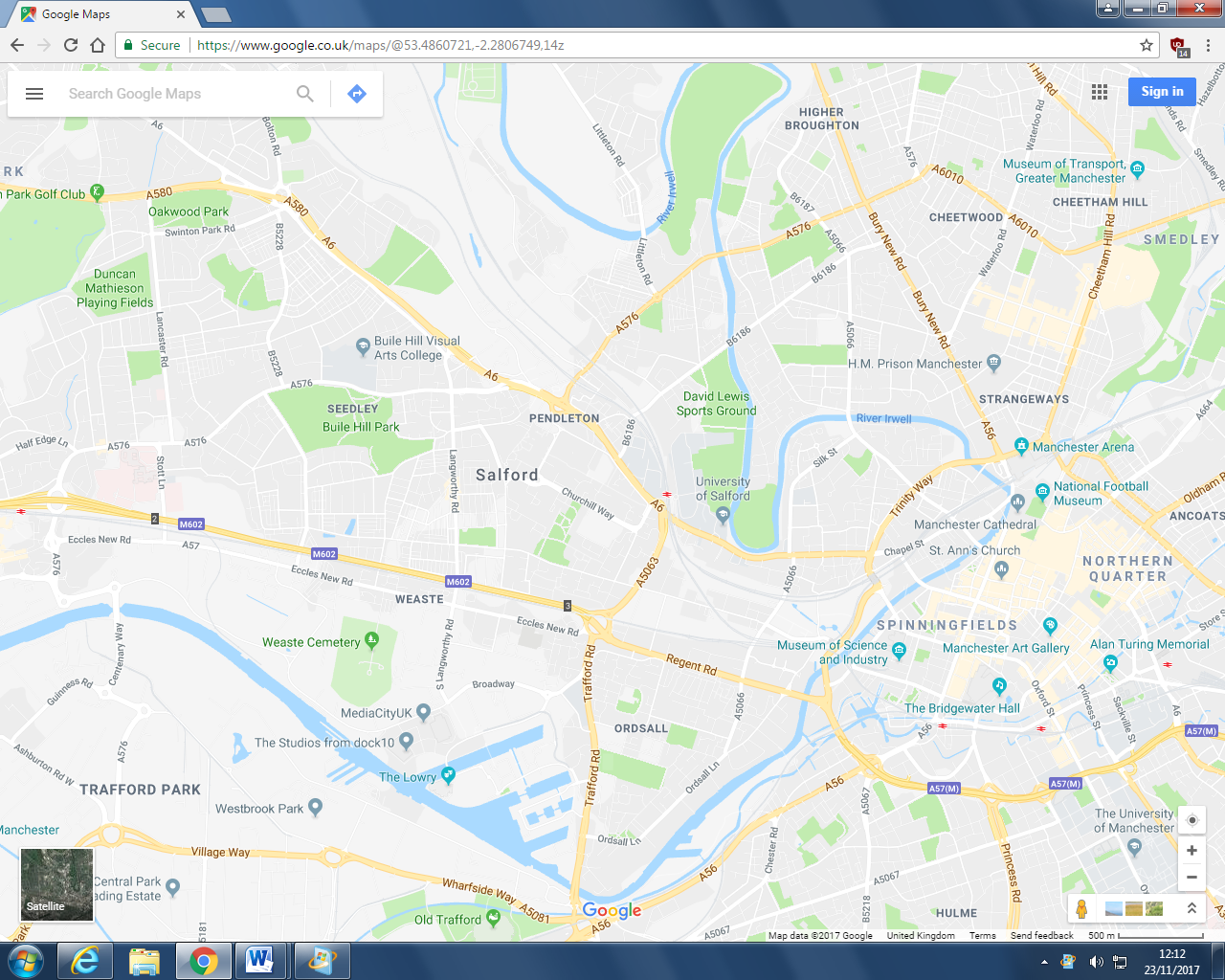
Many things you will learn and encounter are:

* Diabetic care – insulin administration and how to recognise and treat a hypoglycaemic attack.
* Wound care: pressure ulcers, skin integrity, leg ulcers, bandaging, compression therapy, the benefit and range of different dressings for wounds and recognition of infection.
* Intravenous therapy- the formulation and administration of antibiotic drips within the home environment.
* Medication administration- via different routes for example PEG medications
* Peg feeds, setting up and running.
* Injections such as anticoagulants, anaemia treatments and chemotherapy injections
* Catheter care male female and suprapubic
* Venepuncture
* Chemotherapy pumps and line flushes
* Ear syringing- Olive oil ear drops and removal of wax
* Stoma care
* End of life care- syringe drivers and medication. Use of the end of life care plan
* Daily documentation and creation of care plans and risk assessments

We also look after more complex patients that need specific care such as tracheostomy care.

Furthermore district nurses need to co-ordinate and manage their own caseload of patients, for example liaising and referring to other health care professionals, delegation of tasks, carrying out multiple nursing and risk assessments and care plans.

Students are encouraged to develop a good understanding of the above and depending of year and level of training are encouraged to develop their own management and organisation of a small case load of patients with guidance from there mentor. We hope that you will develop your clinical experience and recommend you take advantage of any spokes opportunities available. Within your supernumerary status you will work closely with your mentor and other team members to achieve all required competencies and to obtain the best possible learning experiences on offer.

Map of Lanceburn district nurse geographical area

**What you can expect from us:**

* You will be allocated a mentor and associate mentor
* A warm welcome and induction to the placement on your first day of placement
* We will provide a safe environment conductive to meet all student needs
* Support from all colleagues and you will be a valued member of the team
* Your learning needs and objectives will be discussed at the begging of the placement
* Time will be allocated for all meetings and progress meetings, including interim, midpoint and final interviews
* An organised well balanced learning experience, encouraging spoke opportunities
* Manual handling and specific risk assessments’ will be carried out for individual student need.

What we can expect from you

* Punctual
* Professional attitude
* Adheres to uniform policy
* Follows absence/sickness procedure
* Adheres to uniform policy
* We would like you to raise any concerns with your mentor, if this is not possible they should be raised with your tutor/placement lead.
* Maintain confidentiality at all times

Within your community placement we would encourage students to choose spokes to fulfil their learning needs and gain an understanding of how care providers integrate.

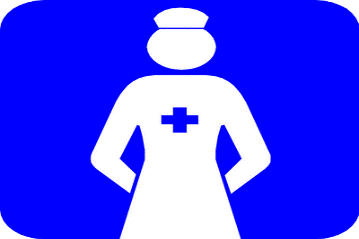
**Spoke Placements**

|  |  |  |
| --- | --- | --- |
| Health visitors  1st floor  Lanceburn health centre | Role of the health visitor.  New births.  Maternity exposure | Tel: 206 6081  Ext-62085 |
| Tissue viability  Willows Health Centre  Salford M52JR | Chronic wound care management  Specialised wound care | Tel: 0161 2061700  [Tissue.viability@srft.nhs.uk](mailto:Tissue.viability@srft.nhs.uk)  Ext 66199 |
| Social Workers  1st floor Lanceburn Health Centre | MDT  Care Packages  Safe Guarding | Tel: 0161 206 6137  0161 631 4777 |
| Sexual Health  Ground floor, Lanceburn Health Centre. | Sexual Health  STI Screening  Contraception | Tel: 0161 1099  ext. 61175 |
| Bladder and Bowel Team Turnpike House | Trail without catheter,  Catheter insertions,  Pads and incontinence issues  Assessments | Tel: 0161 206 8692 |
| Multi Disciplinary Groups team | Multidisciplinary group, Preventing unnecessary visits to hospital and recurrent re- admissions | Tel: 07748143984 |
| IV Team Sandringham House | IV therapy assessments and | Tel: 0161 206 7017 |
| Podiatry.  Cleaveland House | Any wound below the ankle.  Foot ulcers  Pressure ulcers  Nail care  Toe compression | Tel: 0161 206 4710 |
| Community Dietician | Role of the dietician | Tel 0161 206 2348 |
| Rapid Response | Domiciliary Care,  Iv therapy | Tel: 0161 206 2290 |
| Evening Service | District nursing by evenings | Tel: 0161 206 8921 |
| McMillen | Cancer support trained nurses | Tel: 0161 206 1455 |
| Occupational Therapist | Equipment | Tel: 0l61 631 4777  Ext-3365 |

This is not an exhaustive list, if there is any other spokes you would like to attend please ask your mentor.







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First Glance Guide to End of Life Care

End of life care can be very daunting for student nurses in the community. This guide will give a basic overview of the role of the district nurse in palliative care. Palliative care patients are patients who express their wish to die at home instead of a hospital, hospice for example. A patient has the right to choose where they would like to spend their final days of life.

The end of life care plan is a document all health care professionals’ can access and write in, it outlines spiritual/religious needs, who would they like present in their final days, any wishes or requests they may require.

End of life care patients may eventually be unable to take oral medications and may require a syringe driver. This is a small pump that administers medications over a 24 hour period.

At this stage all the patient’s non-essential medications are then stopped.

Medications used in palliative care are:

* Morphine – for pain
* Levomerpromazine – for nausea and vomiting
* Glycopyronium- for chest secretions
* Midazolam- for agitation

These medications will all be written up by the GP using the end of life care plan.

Other key areas to be aware of are: The patient must have a statement of intent- This is issued by the GP and this means the patient is likely to die within the next two weeks and lasts for 2 weeks and must be renewed by the end of the 2 week period. This document is sent to ambulance service and GP to prevent the police being called to an ‘unexpected death. This prevents any unnecessary distress to the patient and families. The district nurse can then verify a patient’s death. Verification of death- Community nurses with 2 years’ experience or more and who have completed the training can do this.



Evaluation of placement feedback form. (To be completed at the end of the placement.)

Did you receive an introduction to the community team?

Was the staff well prepared and informed for your placement?

Did you achieve all you’re learning objectives or was any unachievable in the community setting?

Did you find all staff and management approachable?

What are the key areas of nursing did you learn most on your placement?

What were the positive aspects of this placement?

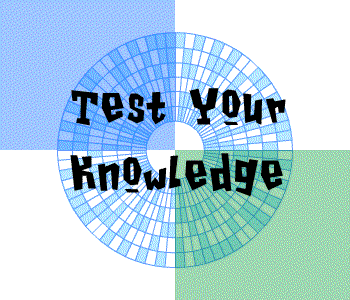
What were the negative aspects of this placement?

What will you take away from this placement?

Is there anything you would change or recommend for this placement?

Please return this form to the team leader Gwen Nash or place in student file prior to completion of the placement. Thank you for taking the time to fill in this evaluation. All evaluations are valued and help to improve the placement area.

Please also complete the online pare evaluation for this practice area.

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**Question task**

1. **Can you name fast acting insulin?**
2. **Can you describe the difference between a grade 1 pressure sore compared to a grade 2 pressure sore?**
3. **If a patient was losing weight and not eating who would you refer them too?**
4. **Name 3 drugs used in end of life care?**
5. **What are the two primary dressings used for the treatment of infected wounds?**
6. **Where would you find the trust policy guidelines for the use of compression bandaging?**

Useful Links

NMC standards to support learning in practice available at :

[http://srhtsophep1.srht.nhs.uk:32224/?dmVyPTEuMDAxJiZjYmVlNjMxMGE1ZTU2MzBkMz01QTE3MkQwNV85NzAxN18yMTg2XzEmJjM3MTIxNTk3ZGE5ZDA4ND0xMjIyJiZ1cmw9aHR0cHMlM0ElMkYlMkZ3d3clMkVubWMlMkVvcmclMkV1ayUyRmdsb2JhbGFzc2V0cyUyRnNpdGVkb2N1bWVudHMlMkZzdGFuZGFyZHMlMkZubWMtc3RhbmRhcmRzLXRvLXN1cHBvcnQtbGVhcm5pbmctYXNzZXNzbWVudCUyRXBkZg==](https://mail.srft.nhs.uk/owa/redir.aspx?C=ilrM59IJEQtO-H_JRtpXYgVz-TjEKfVIKtYns4dnJdPRL1Q8YTPVCA..&URL=http%3a%2f%2fsrhtsophep1.srht.nhs.uk%3a32224%2f%3fdmVyPTEuMDAxJiZjYmVlNjMxMGE1ZTU2MzBkMz01QTE3MkQwNV85NzAxN18yMTg2XzEmJjM3MTIxNTk3ZGE5ZDA4ND0xMjIyJiZ1cmw9aHR0cHMlM0ElMkYlMkZ3d3clMkVubWMlMkVvcmclMkV1ayUyRmdsb2JhbGFzc2V0cyUyRnNpdGVkb2N1bWVudHMlMkZzdGFuZGFyZHMlMkZubWMtc3RhbmRhcmRzLXRvLXN1cHBvcnQtbGVhcm5pbmctYXNzZXNzbWVudCUyRXBkZg%3d%3d)

Further reading

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