Salford Integrated Respiratory Team

Respiratory Offices, 1st floor Clinical Sciences Building

Salford Royal Foundation Trust, Stott Lane, Salford. M6 8HD

PEL Lead:

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PEL Team:

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PEFTEAM@nca.nhs.uk

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**Shift patterns**

The working day is 8:00 - 16:00 or 09:00 – 17:00 depending on the team you are working with. Long Days 7:00-19:30 are available when working with the acute NIV team.

On your first day, you will be introduced to the team and will plan your timetable and discuss your learning outcomes with your mentor.

Report to the respiratory nurse offices each morning to meet up with the relevant team unless attending a clinic.

**Housekeeping**

There are no lockers for storing personal items. Personal items can be kept within the team offices which are locked when they are not manned.

There are kitchen facilities with constant hot water, microwave and a fridge where food can be stored. Alternatively, we have a staff dining room, WHSmiths, Marks and Spencer and coffee shop should you wish to purchase drinks and food.

Hot drinks are provided

**Uniform**

Full clean and ironed uniform should be worn during this placement with ID Badges clearly visible on each shift.

Shoes should be plain, full and black. Tights and socks should be black. Trainers are not acceptable forms of shoeware.

Long hair should be tied up off the collar and hair should be of a natural color only.

False/ gel nails are not permitted and nails should be kept short and clean with no polish. Eyelashes are not permitted and makeup should be discrete. Jewellery is not permitted other than 1 plain pair of studded earrings.

Failure to adhere to the uniform policy or not wearing an ID badge will result in the student being sent home from placement which will be counted as unauthorised absense.

**Sickness and absence**

If you are unable to attend placement please contact the placement area as soon as possible to speak to a member of staff. You can contact the CAST phone on **01612063165** to report any absence. If you need to leave a message then a member of staff will return your call. You will need to identify why you are off and how long you expect to be absent from placement. Please let us know when you are going to return to placement. You should also contact the university.

**Philosophy**

The role of the integrated respiratory team is to provide high quality respiratory care to patients within both the primary and secondary care settings.

We will always treat our patients in a dignified and courteous manner, respecting their individual needs. We will endeavour to provide and atmosphere that is sensitive to a patients cultural, social and emotional needs and will by undertaking holistic assessments, deliver care that will promote health, prevent further illness, encourage self-management and help patients cope with the limitations that having a long-term condition can bring.

We recognise that care cannot always be provided by any one person or profession, and so we value the contribution of the wider multi-disciplinary team.

The team will provide a valuable placement for student nurses who are in all years of training, and also act as a spoke placement for those students who are based in other areas but want to get exposure to this area of nursing. We will strive to ensure that your placement is relevant, stimulating, and valuable and we hope you will develop your ability to consistently deliver high quality evidence based respiratory nursing care now and throughout your future career. In return we expect that you take advantage of the opportunities made available to you by demonstrating professional conduct and seeking to maximise your learning potential by looking to meet as many of the placement specific learning objectives as possible.

We welcome feedback to ensure that we continue to offer students learning opportunities that are relevant to their needs.

**Introduction to Placement Area**

The Salford Integrated Respiratory Team is a team of doctors (10 respiratory physicians), one advanced nurse practitioners, specialist nurses, support workers, physiotherapists, respiratory physiologists and nurse associates, who provide expert care to patients both within the hospital setting and community setting living with a wide range of different respiratory conditions.

*Chronic Obstructive Pulmonary Disease (COPD)*

*Asthma*

*Bronchiectasis*

*Interstitial Lung Disease*

*Tuberculosis (TB)*

*Lung Cancer*

*Obesity Hypoventilation Syndrome (OHVS)*

*Obstructive Sleep Apnoea (OSA)*

*Acute NIV*

*Smoking cessation*

The Chronic Airways Support Team (CAST team)

This team consists of six respiratory specialist nurses, a respiratory specialist physiotherapist, a nurse associate and a clinical support worker. CAST provide early supported discharge for patients admitted with an exacerbation of COPD or community acquired pneumonia. We also try to keep patients out of hospital and have an admission avoidance service. Patients can remain on our acute caseload for up to 14 days. We assess patients in the hospital and at home. We have telehealth to allow the ongoing monitoring of patients remotely to try to prevent hospital readmission for those patients who are appropriate. We have a virtual ward round which can monitor and support up to 30 patients out of hospital. This is meant to be run as a ward but for patients in the community with remote monitoring and input from a specialist team. We also provide home based CAST clinics to review patients and the chronic management of their COPD.

Respiratory Specialist Nursing team

This team consists of four respiratory specialist nurses and an advanced nurse practitioner who work across the trust providing advice, support, and intervention to inpatients with Asthma and Bronchiectasis. We also provided nurse-led asthma and bronchiectasis clinics and nebulised antibiotics and hypertonic saline drug challenge clinic. We also provide a weekly biological therapy injection clinic, covering patients from across the whole NCA.

HOTS

The home oxygen service consists of two specialist nurses who undertake oxygen assessments for patients to determine if they meet the criteria for long term oxygen therapy (LTOT) and ambulatory oxygen in the community.

Pulmonary Rehabilitation -The Breathing Better Programme

This team comprises of two respiratory nurses, three health care support workers and four external exercise specialists who offer pulmonary rehabilitation to patients with chronic lung disease. Pulmonary rehabilitation is an exercise and education programme designed for people with long-term lung disease who experience symptoms of breathlessness. Pulmonary rehabilitation is aimed at reducing symptoms, decreasing disability, improving participation in physical and social activities, and improving the overall quality of life.

ILD

We have a specialist nurse who provides support and care for patients with Interstitial Lung Disease. ILD includes around 200 Lung conditions which involve stiffening/ scarring of the lungs. Medications called antifibrotics are available that can sometimes slow down the progression of the lung scarring, however there is strict criteria to get access to these drugs and they can also be hard to tolerate. The Nurse here also monitors blood results and symptoms of patients who are on them.

Sleep and Ventilation Service

The sleep service consists of three respiratory physiologists and two specialist nurses and an assistant practitioner. The sleep team review new and existing patients with Obstructive Sleep Apnoea (OSA) and Obesity Hypo Ventilation Syndrome (OHVS) in the clinic as well as performing remote review using digital technology to assess patients’ usage and compliance as well as any difficulties they may be experiencing with their CPAP and bi-level CPAP machine. The service also review, monitor and initiate inpatients that require non-invasive ventilation (NIV) and liaise closely with the ward team and the respiratory physiotherapy team.

TB team

This team is ran by 2 TB specialist nurses who reviews patients with active, latent TB and atypical mycobacterial disease. Those with active TB can be visited in their own home, in hospital and in the TB clinics. Kay also has screening clinics for close contact screening.

Lung Cancer team

There are four lung cancer nurses within this team act as key workers for those patients diagnosed with lung cancer providing advice and support.

Lung Health Check Team

This service comprises of 3 specialist nurses who run nurse led clinics and arrange relevant scans and investigations to Salford Patients over the age of 50 who are current or ex smokers to diagnose early lung disease such as COPD, Bronchiectasis or Cancer.

Stop Smoking team

The stop smoking service consists of three nurses and 2 smoking advisors who review inpatients and support patients via telephone reviews to support them with their quit smoking attempt.

**Placement aim**

On completion of the placement the student will be able to demonstrate a clear understanding of the various respiratory diseases, and how various interventions help to improve their respiratory health and their quality of life.

**Learning opportunities**

Acute and chronic respiratory disease

Your learning and development can focus on the following:

* Various respiratory diseases and lung cancer
* Inpatient care and community care
* Have an understanding of treatments and interventions to improve the patient’s respiratory health and social care
* Knowledge of the documentation used within the respiratory team
* Reflect on patient and practitioner situations and experiences on managing respiratory disease
* Multi professional team working in managing respiratory disease and understanding their roles and responsibilities

Attend clinics

* Nurse-led asthma clinic
* Nurse-led bronchiectasis clinic
* Nebulised antibiotics drug challenge clinic
* Hypertonic saline drug challenge clinic
* Lung health check clinic
* Sleep clinic

Spoke placements

* H2 ward (respiratory) **Contact Kelly Lee on ext 60358**
* CRI department – mannitol challenge, advanced lung function **Contact ext 64773**
* Palliative care team, including palliative care OT **Contact ext 64609**
* St Anne’s hospice – day care, Community Macmillan Nurse **Contact no 702 8181**
* Active lifestyles team (follow on group/postural stability group) **Contact via Better breathing team**
* Community COPD clinic **Contact Dr Nawar Bakerly on ext 62221**
* Chest physio clinic **Contact Becky Wilkinson on bleep 3513 or Rachel Smith on pager 07623 614982**
* Heart failure nurses **Contact Kath Coezy on ext 61321**
* Radiology **Contact ext 61300 or 64926**
* TB cohort review if available during the placement **via TB team**
* Urgent care team/rapid response team **Contact ext 62290 (Rapid response) or ext 66661 (Urgent care team)**
* Bronchoscopy **Contact Respiratory Physicians (dependant on who has a list on that day) Ring Jane Browne (Respiratory PA) on 65155**
* Dietician **Contact ext 65197**

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| **Team** | **Areas of learning** |
| **Pulmonary Rehab/ Breathing Better Team**Amy Coulton, Janice DoyleJayne Silver, Angie Baxendale and Keeley White | COPDImportance of exercise in COPDImportance of self-management in COPD |
| **CAST – Early Supported Discharge team**Christine Seddon, Rachael Burton, Fiona McGrory, Luke Haynes, Amber Chelton, Jessica Hindle- Gibbons, Katie Chapman, Lindsay Siddall, Katie Fierro and Hayley Binns. | COPDHow to care for the acutely ill COPD patientMedications used in COPDChest auscultation (bring your own stethoscope)Breathing exercises/ chest clearance techniquesHow to manage COPD at home |
| **Home Oxygen Team**Melissa Collinge, Tracey Murphy, Liese Blakely | COPDReasons for prescribing home oxygenContraindications for oxygenBlood gas analysisMedicines Management Reviews – (with specialist pharmacy technician) |
| **Respiratory Nurse Team**ANP- Helen Pyne, RNS - Norma Linaker, Tina Wilding, Shannen Grange, Stacey Jennings | Asthma, Bronchiectasis. Assessment of respiratory patient on the wardMedicationInhaler techniqueBiological Therapy Injections |
| **Lung Cancer Nurse Team**Mary Taylor- Lung Cancer CNSTrisha Kelly - Lung Cancer CNSJoshua Wharton – Lung Cancer CNSAlexandra Glazebrook- Lung Cancer CNS | Lung cancer -different disease types and presentationsdiagnostics |
| **Smoking Cessation team**, Carrol Riley, Nicola Frattasi, Janet Blundell, Leah Southern, Giovanna Alampo , Suzanne Evason. | Importance of brief intervention NRT products availableHow to support someone with a quit attempt |
| **Sleep and Ventilation Team**Vicky Cooper, Frankie Clauvaud, Gary Dawson, Ellen Carson, Diane Embang, Lauren Waring, Jo O’Malley. | Obstructive Sleep Apnoea CPAPSleep diagnosticsAcute NIV as inpatient with long day cover.ELBG monitoring |
| **TB Service**Kay Lavery, Clare Heaford | Active and Latent TBSigns and SymptomsRisk Groups |
| **Interstitial Lung Disease**Hayley Fox | ILD and Fibrosis patients. Blood result monitoring |
| **Lung Health Check**Joseph VincentStacey Devine | Screening for Salford patients over the age of 50 who are current or ex smokers to diagnose early lung disease. Nurse led clinics |
| **Cardio Respiratory Investigations** | Pulmonary Function Testing– essential investigation used to diagnose/ monitor respiratory conditionsEchocardiogram  |

**Learning Outcomes**

*The learning outcomes below are to enable the student to gain as much learning as possible from each of the serivces within the Integrated Respiratory Nurse Team*

It is expected that the student will have reviewed that anatomy of the respiratory system prior to the placement

Read the definitions below, and label the lung anatomy diagram.



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| **bronchial tree** - the system of airways within the lungs, which bring air from the trachea to the lung's tiny air sacs (alveoli).**cardiac notch** - the indentation in the left lung that provides room for the heart.**diaphragm** - a muscular membrane under the lungs.**larynx** - a muscular structure at the top of the trachea, containing the vocal cords.**left inferior lobe** - the bottom lobe of the lung on the left side of the body.**left superior lobe** - the top lobe of the lung on the left side of the body.**right inferior lobe** - the bottom lobe of the lung on the right side of the body.**right middle lobe** - the middle lobe of the lung on the right side of the body.**right superior lobe** - the top lobe of the lung on the right side of the body.**trachea (windpipe)** - the tube through which air travels from the larynx to the lungs. |

What is Spirometry?

What are the 3 parameters we are concerned with when undertaking spirometry?

What is a peak flow reading?

Why do we do peak flow pre/post nebuliser?

Have a basic understanding and give examples of:

* Short acting Beta 2 agonist (SABA)
* Long acting Beta 2 agonist (LABA)
* Short acting muscarinic antagonist (SAMA)
* Long acting muscarinic antagonist (LAMA)
* Inhaled cortico-steroid inhaler (ICS)
* Combined LABA and ICS
* Combined LABA/ LAMA

*Demonstrate how to use the inhalers that you have seen during your placement*

*Demonstrate how to use a nebuliser and consumables correctly*

What drugs can be administered by nebuliser?

What is the MRC score?

Describe the different types of oxygen

What is the target saturation range for a COPD patient?

What are the normal blood gas values?

PH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pCO2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCO3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would LTOT be indicated?

What are the risks of having oxygen at home

Understand the importance of completing the smoking lifestyle document and offering brief intervention

List the different types of Nicotine Replacement Therapy (NRT)

Give a brief definition of TB

Differentiate between latent and active TB

Describe the common signs and symptoms of active pulmonary TB

What is meant by smear positive and smear negative sputum results

Be able to access relevant Trust infection control policies relating to TB

How is a patient with TB managed/cared for? What infection control measures should be taken on a ward when nursing a patient with TB

Give a brief definition of Sleep Apnoea

Explain the signs, symptoms and risk factors for OSA.

How does CPAP works and when it is indicated.

Describe the three types of CPAP interface.

**Abbreviations**

***NB****: This is not an exhaustive list*

ABG Arterial Blood Gas

AECOPD Acute Exacerbation of Chronic Obstructive Pulmonary Disease

AOT Ambulatory Oxygen Therapy

ARDS Acute Respiratory Distress Syndrome

BiPAP Bi-level positive airways pressure

CAP Community Acquired Pneumonia

CBG Capillary Blood Gas

CMC Communicate My Care

COPD Chronic Obstructive Pulmonary Disease

CPAP Continuous positive airways pressure

CRP C-reactive protein

CXR Chest Xray

DPI Dry powder Inhaler

Echo Echocardiogram

ELBG Ear lobe blood gases

ESD Early Supported Discharge

FBC Full Blood Count

FEV1 Forced Expiratory Volume (in 1 second)

FiO2 Fraction of Inspired Oxygen

FVC Forced Vital Capacity

GSF Gold Standards Framework

HAP Hosptial Acquired Pneumonia

HRCT High Resolution Computed Tomography

ICS Inhaled Corticosteroid

ILD Interstitial Lung Disease

ISWT Incremental Shuttle Walk Test

LABA Long Acting Beta2 Agonist

LAMA Long Acting Muscarinic Antagonist

LTOT Long Term Oxygen Therapy

MDI Metered Dose Inhaler

NIV Non invasive ventilation

OHVS Obesity Hypoventilation Syndrome

OSA Obstructive Sleep Apnoea

PEFR Peak Expiratory Flow Rate

PFT Pulmonary Function Test POA

PaCO2 Partialpressure of Carbon Dioxide (in arterial blood)

PaO2 Partial Pressure of Oxygen (in arterial blood)

POA Prevention of Admission

POT Palliative Oxygen Therapy

PPH Primary Pulmonary hypertension

PR Pulmonary Rehabilitation

SABA Short Acting Beta2 Agonist

SAMA Short Acting Muscarinic Antagonist

SBOT Short Burst Oxygen Therapy

TB Tuberculosis

U&E Urea & Electrolytes

WCC White Cell Count

**Patient Pathways**

<http://intranet/policies-resources/trust-policy-documents/trust-wide-clinical/gen/twcg0913qrg/?locale=en>

**Resources**

TB NICE guidelines:

<https://www.nice.org.uk/guidance/cg117>

COPD NICE guidelines:

<https://www.nice.org.uk/guidance/cg101>

BTS Emergency oxygen guidelines:

<https://www.brit-thoracic.org.uk/document-library/clinical-information/oxygen/emergency-oxygen-use-in-adult-patients-guideline/emergency-oxygen-use-in-adult-patients-guideline/>

BTS Home oxygen guidelines:

[https://www.brit-thoracic.org.uk/document-library/clinical-information/oxygen/home-oxygen-guideline-(adults)/bts-guidelines-for-home-oxygen-use-in-adults/](https://www.brit-thoracic.org.uk/document-library/clinical-information/oxygen/home-oxygen-guideline-%28adults%29/bts-guidelines-for-home-oxygen-use-in-adults/)

Bronchiectasis guidelines:

<https://www.brit-thoracic.org.uk/document-library/clinical-information/bronchiectasis/bts-guideline-for-non-cf-bronchiectasis/>

Asthma guidelines:

[www.gmmmg.nhs.uk/docs/guidance/GM-asthma-management-plan-2018-final](http://www.gmmmg.nhs.uk/docs/guidance/GM-asthma-management-plan-2018-final)

<https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-quick-reference-guide-2014/>

Pulmonary Rehabilitation guidelines

<https://www.brit-thoracic.org.uk/document-library/clinical-information/pulmonary-rehabilitation/bts-guideline-for-pulmonary-rehabilitation/>

[www.rightbreathe.com](http://www.rightbreathe.com)

[www.bnf.org](http://www.bnf.org) British National Formulary

Asthma UK Inhaler Techniques available on Youtube for each inhaler device.

**TB educational resources**

Khan academy (on youtube)

[www.elearning.rcgp.org.uk/tb](http://www.elearning.rcgp.org.uk/tb) 2X 30 TB modules, open access



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| CHECKLIST FOR STUDENT NURSE HUB PLACEMENT WITH THE RESPIRATORY TEAM |
| Checklist item | Undertaken by | Date completed |
| Induction pack given and reviewed |  |  |
| Tour of the Respiratory offices and CSB building |  |  |
| Off duty/sickness policy/contacts explained |  |  |
| Pre commencement test completed |  |  |
| Post test completed |  |  |
| Date of initial assessment |  |  |
| Date of mid-term assessment |  |  |
| Date of final assessment |  |  |
| Presentation completed |  |  |

# Systems Access Code of Conduct Form

**including Locum, Agency and Contract Staff**

**Data protection and confidentiality**

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| **All persons accessing Trust systems are required to read this Code of Conduct and signify their agreement to comply with the Code by signing and returning a copy of it to the Sponsor (see section below) and the Information Governance Department.** |

1. All persons accessing Trust Systems are obliged to comply with any legal requirements in respect of their use of Trust information, be that personal data within the meaning of the Data Protection Act 1998, information belonging to the Trust or otherwise. This includes any requirements pursuant to the Data Protection Act 1998, Access to Health Records Act 1990, common law duty of confidence and, as the Trust is a public body, the Freedom of Information Act 2000.

Furthermore, use of information must be in accordance with relevant professional codes of practice by which persons accessing Trust Systems are bound and any legal requirements relating to intellectual property rights, such as the use of copyrighted material pursuant to the Copyright Designs and Patents Act 1998

In particular:

2. You agree to comply with the Trust’s Information Governance policies (and/or Terms of a Data Sharing Agreement or contract under which this access is given) copies of which may be obtained from the Trust’s Intranet homepage

3. You also agree that, except in the proper course of your duties, as authorised or required by law or as authorised by your line manager, the line manager of the service(s) you are working for or the Trust sponsor, either during your appointment / period of access to the Trust or at any time after that appointment / access, you will not:

* Process or use any confidential information (including, but not limited to, information in any form relating to conduct of the Trust’s business, information relating to others including personal data of patients, other employees or agents of the Trust and any information marked or described as sensitive personal or confidential or which could reasonably be expected to be confidential);
* Make or use any copies of personal, sensitive personal or confidential information (including in written, oral, visual or electronic form); or
* Disclose any such personal, sensitive personal or confidential information to any person, company or other organisation.

4. You shall also use your best endeavours to prevent the use or communication of any such personal, sensitive personal or confidential information by any other person, company or organisation, except in the proper course of their duties, as required by law or as otherwise authorised by the Trust, and shall inform the Information Governance Manager if you become aware or suspect that any such person, company or organisation has used or communicated any personal, sensitive personal or confidential information.

5. In addition: -

* You shall not attempt to access any restricted areas (areas giving access to information to which you do not have a legitimate working need to access) of the Trust / or Trust systems, unless specifically authorised by your line manager / area manager / Trust Sponsor to do so
* You shall not remove from Trust premises, copy, save or otherwise transfer (in writing, orally, visually or electronically) any Trust information (including patient information) except as part of the proper course of your duties or with the prior written permission of your line manager/Trust Sponsor. For the avoidance of doubt, this includes “burning” any information onto a CD, DVD or Blu-Ray disc or copying or saving information to the local drive of a PC or laptop
* You shall not give your allocated password to anyone, even another member of staff
* If you have been issued with or allowed to use a computer, laptop, PDA, telephone, or any other device, you shall take reasonable steps to ensure that it is kept secure, never leaving it logged on whilst unattended or in an unlocked area
* You shall not download or install any software from external sources without authorisation from the Information Governance Manager
* You shall not attach any device or equipment to Trust systems [without authorisation and prior screening by the Digital department], including but not limited to a MP3 player, iPHONE, mobile telephone, PDA or external drive.
* You shall forward, as soon as possible, any formal written request from a person for access to their personal data (a “Subject Access Request”) to the Information Governance Team. This includes the situation where patients request to see their case notes. Any verbal requests by a person for access to their cases notes or other personal data should also be passed to the Information Governance team who will assist that person to make a Subject Access Request (electronic form is available on the intranet).

# Sponsor details

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| Name (please print) |  |
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| Department and Location |  |
| Contact telephone number |  |
| Date signed (in full) |  |
| I agree to the responsibilities as outlined above | [ ]  I agree |
| Signature |  |

# Scope of access

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| [ ]  Student | [ ]  Research representative |
| Start date |  |
| End date |  |
| Applicants’ employer |  |
| Care Organisation | [ ]  Salford | [ ]  Oldham | [ ]  Bury | [ ]  Rochdale | [ ]  D&P |
| Date signed (in full) |  |
| I agree to the responsibilities as outlined above | [ ]  I agree |
| Signature |  |