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**WELCOME TO WARD H2 RESPIRATORY MEDICINE**

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**WELCOME TO WARD H2**

Ward H2 is a 25 bedded respiratory and acute medical ward looking after male and female patients. It is in the new Hope Building (Level 2) just across MHDU (H1) and is open and operational 24 hours a day throughout the year. The student nurse orientation booklet aims to provide the relevant information to enable you to get the best from your placement. We hope you find this placement informative, supportive, and rewarding.

**KEY PERSONNEL**

Andrea Surtees - Practice Education Facilitator Ward H2 ( [andrea.surtees@nca.nhs.uk](mailto:andrea.surtees@nca.nhs.uk) )

Jill Bentley - University Link Lecturer ( [j.bentley3@salford.ac.uk](mailto:j.bentley3@salford.ac.uk) )

Eduardo Lopez - Nominated Person ( [eduardo.lopez@nca.nhs.uk](mailto:eduardo.lopez@nca.nhs.uk) )

Codie Hainey - Nominated Person ( [codie.hainey2@nca.nhs.uk](mailto:codie.hainey2@nca.nhs.uk) )

**WARD H2 PHILOSOPHY**

The staff on ward H2 endeavour to provide a high standard of holistic patient-centred care, maintaining privacy and dignity and guaranteeing patient and relative confidentiality.

It is recognised that all patients are individuals, and we respect individual religious and cultural beliefs. When caring for terminally ill patients we endeavour to provide privacy, dignity, and support for family and friends.

We aim to promote good health and see it as an important aspect of our role to provide information and support to aid our patients in making informed choices about their health.

Patient independence will be promoted, and they and their families will where possible be involved in the care planning process.

We on H2 recognise the importance of providing care that is based on up-to-date nursing research and we aim to constantly update and improve our knowledge, skills, and attitudes. We desire to create a good learning environment for nursing staff both qualified and unqualified including student nurses, who are considered a valuable asset to the nursing team.

We on Ward H2 believe that to provide a high standard of care it is necessary to create and maintain a happy and cohesive team, who are supportive of one another and where communication and democracy are encouraged.

The staff would like to take this opportunity to welcome you to the ward and our team. The Ward Manager is Kelly Lee who is being supported by Sister Jemma Garlick, Sister Tracey Twigg, Sister Natasha Ellison, Charge Nurse Benedict Gyamerah, staff nurses, care support workers, the housekeeper, and ward clerk, Philippa Mitchelle. Please see the staff photo board on entry to the ward for photographs and names of the staff on H2.

The ward is responsible for Lead Nurses Lisa Coleby and Nina Mir.

H2 uses team nursing, *Team nursing is when the care of a patient is distributed among the members of a group working in a coordinated effort. The nurse in charge delegates authority to a team leader who must be a professional nurse. This nurse leads the team- usually of 4-6 members- in the case of the patients. The team leader assigns tasks, schedules care, and instructs team members in details of care.* (Mosby’s Medical Dictionary, 8th edition. © 2009, Elsevier)

Each team consists of side rooms and a 5 bedded bay. The ward is split into teams.

Blue Team - Side Rooms 1, 2, 3, 4 and Bay 17 - beds A, B, C, D

Red Team - Side Rooms 5, 6, 7, 8, and Bay 16 - beds A, B, C, D

Green Team - Side Rooms 9, 10, 11, 12, 14, and Bay 15 - beds A, B, C, D

Staffing levels on the ward are as follows:

**Long Day - 5 RNs, 3 CSWs**

**Night Shift - 4 RNs, 2 CSWs**

Staffing levels may increase depending on patient dependency levels and are regularly reviewed by the senior nursing team.

**MEDICAL TEAM**

We have seven respiratory consultants on ward H2 who rotate to spend time on the ward. The consultants are Dr. Needham, Dr. Bakerly, Dr. Decalmer, Dr. Helm, Dr. Waheed Shah, Dr. Deva Manoharan, Dr. Ramjug, Dr. Bailey, and Dr. MacDougall. The rest of the medical team consists of registrars, senior house officers, and junior house officers. A list of these doctors can be found at the nurse’s station.

**HOUSEKEEPING ARRANGEMENTS**

Our current housekeeper on ward H2 is Shannon Mckinney. She works alongside the ward staff and ward matron to ensure the ward runs efficiently so we can maintain a high standard of hygiene to provide a safe, clean, and personal environment for patients, visitors, and staff. Staff members are expected to partake in cleaning. There is a daily and weekly cleaning job list.

With regards to breaks, you are allowed ½ in the morning and ½ hour dinner break. You are encouraged to bring your food and drinks. Clean and cold water is available in the ward’s kitchen. Shops are available on the ground floor if you want hot food and sandwiches. During the night shift, you are allowed to have an hour break.

**ASSESSING/SUPERVISING STUDENTS**

Student nurse off duty is kept in a file at the nurse’s station. Another copy is kept in the ward off duty folder to monitor your attendance. Please speak with your nominated person or your practice assessor/practice supervisors if you need to request specific off-duty.

Your planned initial, midpoint, and final assessment can be found on the student’s board outside of the manager’s office. Your off-duty will indicate who you will be working with on each shift, but it might change sometimes due to staffing issues. Shift times are as follows:

Long Day - 07:00 - 19:30 (x 2 30-minute breaks) Night Shift - 19:00 - 07:30 (1-hour break)

Early shifts (07:0 - 15:00) and late shifts (13:00 - 21:00) are also offered for those who opted for or can’t do long shifts. You will always work with supernumerary status alongside nursing staff. You are continually encouraged to engage and contribute to individual patient care plans and are openly encouraged to ask questions to aid their learning and development. We are currently utilising coaching to empower and maximise your knowledge and skills. In response to the government’s drive to highlight mental health issues, we utilise psychological support to our patients and use referrals to appropriate multidisciplinary teams to deal with any mental issues like depression, anxiety disorders, bipolar disorders, etc.

**SICKNESS AND ABSENCE**

You must inform the ward and university of any sickness or absence at the first available opportunity as per the university sickness policy. You also must inform the ward if you are returning after your absence/sickness. The ward will communicate any sickness or absence to the university weekly. Your attendance is your responsibility.

Contact numbers for the ward are **0161 206 0358/ 0161 206 0359/ 0161 206 0360**

**HANDOVER**

We start our shift with a safety huddle and then a bedside handover, here the dependency list is read out by the shift coordinator. The safety huddle highlights patients who have COVID-19 / Influenza A / Influenza B / RSV and other infections, not for resuscitation (unified DNA and DNA), code red, end of life, at risk of falls, pressure ulcers, and other wounds, diabetics and patients on steroids, bay tagging/being specialed/on DOLS patients. The dependency list also highlights the number of patients who require non-invasive ventilation (BiPAP/CPAP), those with tracheostomies, chest drains, enteral feeding, and those who require assistance with activities of daily living (ADLs).

**COMMUNICATION**

If you have any issues you wish to discuss, please speak with your Practice Assessor. If you feel you are unable to speak to your assessor please speak to the Ward Manager, Ward Sisters, Nominated Person, or Practice Education Facilitator – Andrea Surtees. Ward H2 University Link Lecturer is Jill Bentley who can be contacted via email.

**HOSPITAL TELEPHONE SYSTEM**

All internal numbers throughout the hospital are the last five digits of the external telephone number. For example:

e.g. Ward H2 external - **0161 206 0358**

Ward H2 internal - **60358**

Internal calls sound with a single intermittent ring, external calls sound with a double intermittent ring.

For an outside line, dial ‘9’ and then the telephone number you wish to ring.

**BLEEP SYSTEM**

Dial ‘82’, an automated message will then ask you to input your numerical information, at this stage input the bleep number of the person you wish to contact followed by the extension number that you are ringing from. The person bleeped will then ring you back.

**IN AN EMERGENCY (CARDIAC ARREST) DIAL ‘2222’, (FIRE) DIAL ‘3333’, MASSIVE BLEEDING ‘4444’, (SECURITY EMERGENCY) DIAL ‘5555’**

**PATHWAYS OF CARE (PATIENT JOURNEYS)**

We on H2 would like you to follow a patient through their hospital journey. We believe that this will help you understand what a patient goes through and realise their thoughts and feelings. We would like you to pick a patient on admission and follow them through to discharge. The patient may have to go for certain tests such as chest x-ray or bronchoscopy, you could join him and involve him fully in his care, please ask permission first and discuss with the staff the patient's journey at every stage. Remember to always use privacy and confidentiality.

Please don’t worry as you don’t have to pick the patient with the most complex needs.

We would like you to feel “empowered” by the experience and “identify issues” that are important to patients.

**COVID**

Ward H2 is a COVID ward. Patients who require non-invasive ventilation are being looked after in a side room on the ward. Full PPE is strictly used to prevent the spread of the coronavirus. You are encouraged to do fit testing before the commencement of your placement as you will come across aerosol-generating procedures as you go along with your placement. You are also encouraged to have COVID vaccine if you have not had it yet.

**SPOKE DIRECTORY & CONTACT DETAILS**

Medical Investigations Unit - 64884/64683

Palliative Care Nurses - 64609

Respiratory Specialist Nurses - 63158

Lung Cancer Specialist Nurses - 61498

CAST Team - 63165

Physiotherapists - 65328

Occupational Therapists - 64104

Endoscopy Department - 64720

Radiology Department - 62404/62044

Social Workers - 64820

District Nurse Liaison - 64777

**LEARNING OPPORTUNITIES FOR EACH YEAR OF STUDENT**

1st Year

* learn about basic nursing care
* perform clinical observations and safe parameters
* take part in medicine administration and learn about what policies and guidelines are involved in this
* observe and participate in the planning, implementing and evaluating of care
* introduction to IV therapy, non-invasive ventilation, chest drain, and tracheostomy/laryngectomy care
* exposure and introduction to the multidisciplinary team and integrated working
* introduction to palliative care and end-of-life care
* learn about communication skills and the importance of therapeutic relationships
* learn and adhere to NMC Professional Code of Conduct and how it is pertinent to the profession
* learn about the importance of reflection and professional development
* experience moving and handling patients appropriate to local and national policies
* exposure to Basic Life Support
* experience hand washing and aseptic non-touch technique
* learn about the evidence-based practice and why it’s important
* observe and participate in wound care

2nd Year

* help to plan, coordinate and provide basic nursing care
* perform clinical observations under supervision, showing knowledge and understanding of safe parameters
* apply oxygen therapy safely under supervision
* learn about nebuliser therapy
* observe and perform medication administration, with some knowledge and background of commonly used medications
* learn about respiratory medicines
* assist in planning, implementing, and evaluating plans of care
* liaise and work with the multidisciplinary team
* learn and partake in palliative patients and use end-of-life care
* establish good communication skills and understand the importance of therapeutic relationships and delegation skills
* hand washing skills and ANTT assessments
* learn about wound care and perform dressings under supervision
* learn to prioritise workload as appropriate
* show awareness of limitations

3rd Year

* plan, coordinate, and provide basic nursing clinical observations
* learn about oxygen, nebuliser therapy, non-invasive ventilation, chest drain, and tracheostomy/laryngectomy care, showing underpinning knowledge
* liaise and work with multidisciplinary teams to identify and make appropriate referrals
* delegating tasks which will aid in the transition to professional nursing

H2 specialises in the use of the following:

**CHEST DRAINS**

**TRACHEOSTOMIES / LARYNGECTOMIES**

**NON-INVASIVE VENTILATION (NIV)**

**OXYGEN THERAPY**

Policies for use of the above can be found on the hospital intranet.

During your placement, you may experience caring for patients with a wide variety of respiratory and medical conditions including asthma, COPD, pneumonia, emphysema, bronchiectasis, lung cancer, type 1 and type 2 respiratory failures, sleep apnoea, cystic fibrosis, pneumothorax, and pleural effusion. There is a workbook available that will highlight areas of study that will be helpful throughout your placement on H2.

Investigations and procedures in which you may be able to observe on the ward include x-rays, insertion and care of chest drains, chest physiotherapy, tracheostomy care, arterial blood gases, non-invasive ventilation, peak flow monitoring, spirometry, bronchoscopy, and pulmonary function tests.

There will also be opportunities for students to attend regular ward-based teaching sessions from nurse specialists.

Medical ward rounds are carried out from Monday to Friday. You will have the opportunity to observe the ward rounds which begin each morning.

A multi-disciplinary team meeting is held on the ward each Tuesday in which all the patients on the ward are discussed. The meeting is attended by a doctor, nurse, physiotherapist, occupational therapist, social worker and discharge co-ordinator. Please speak to your practice assessor or the shift coordinator if you wish to attend a meeting.

Every Thursday there is a team meeting held on the ward which reviews patients on NIV, and palliative care patients and highlights patients who are vulnerable and may require further specialist nursing/medical input prior to discharge.

**RESOURCES AVAILABLE TO SUPPORT LEARNING**

During your placement you will have the opportunity to further your learning experience with the following resources:

1. Please remember the main learning resource on the ward is the **PATIENT.** You will have the opportunity to speak directly with patients regarding their hospital admission and medical condition. You will also be able to learn from patient’s notes and records.
2. The staff including multi-disciplinary teams. All the staff are willing to help you enhance your learning experience, so if someone is carrying out a procedure simply ask if you can watch or be a part of it. Ward H2 has link teams to further support you while on placement (see link folders in the doctor’s office).
3. Patient advice and education leaflets kept on the ward.
4. The hospital intranet where you can access hospital policies.
5. Ward-based computers.
6. Trust and ward-based study sessions.
7. There are literature and learning resources available on the ward and in the doctor’s office, including a student nurse resource file.
8. The Frank Rifkin library, located in the Mayo building where you will access to books, journals, and the internet.

Please ask if you are unsure about anything.

**TERMINOLOGY/ABBREVIATIONS**

**A**

Acidosis - increased acidity/reduced pH of body fluids.

Apnoea - absence of breathing.

Asthma - a chronic inflammatory disorder of the airways. Inflammatory symptoms are usually associated with widespread but variable airway obstruction and an increase in airway response to a variety of stimuli. Obstruction is often reversible, either spontaneously or with treatment.

* Paroxysmal dyspnoea characterised by wheezing and difficulty in expiration.

Arterial blood gas analysis – is a measurement of the arterial pH, partial pressures of oxygen and carbon dioxide, and bicarbonate. It is used to evaluate acid-base balance and gas exchange.

Atelectasis - the failure of part of the lung to expand.

**B**

Bacteraemia - the presence of the bacteria in the blood.

Bradycardia - slow heart rate; usually considered to be below 60 beats per minute in adults.

Bradypnoea - decreased rate of breathing.

Bronchitis - acute or chronic inflammation of the bronchial tree.

Bronchiectasis - chronic dilatation of the bronchi and destruction of bronchial walls.

Bronchoscopy - direct inspection of the trachea and bronchi through a flexible fiberoptic or rigid bronchoscope.

**C**

Cannula - a hollow tube inserted into the body for fluids or liquid medication.

Cannulation - the process of inserting a cannula. It can be carried out by many staff, including HCAs, nurses, and doctors.

Carbapenemase -producing Enterobacteriaceae - It is also known as CPE. They are Gram-negative bacteria that are resistant to the carbapenem class of antibiotics. Patients who have been an inpatient hospital abroad or UK hospitals to have a high prevalence of CPE including Central Manchester, South Manchester Hospital, Wirral University Hospitals, Royal Liverpool, Broadgreen Hospital, and London Hospitals are screened for CPE colonisation. A rectal swab should be obtained upon hospital admission.

Catheterisation - introduction of a narrow tube into a hollow organ of the body, for example, a urinary catheter passed into the bladder.

Chest drainage - or intra-pleural drainage is a method used to remove a collection of air, fluid, pus, or blood from the pleural space in order to restore normal lung expansion and function.

Chronic Obstructive Pulmonary Disease - is a term used for a number of conditions, including chronic bronchitis and emphysema.

Colonisation - the presence of bacteria on a body's surface.

COVID-19 - is an infectious disease caused by a new strain of coronavirus which has resulted in a pandemic. ‘CO’ stands for corona, ‘VI’ stands for virus, and ‘D’ stands for disease. Formerly, this disease was referred to as ‘2019 novel coronavirus’ or 2019-nCoV’.

CT scan - is also known as CAT scan. It allows the detailed examination of lung fields and central chest non-invasively. It is a form of x-ray but instead of sending out a single x-ray several beams are sent simultaneously from different angles allowing more detailed images to be produced.

Cystic fibrosis - is a recessive gene disorder affecting the mucous lining of the lungs.

**E**

Electrocardiogram - a recording of the electrical activity of the heart. A useful tool to detect problems associated with the heart.

Endoscopy - visual examination of the interior of a hollow body organ by the use of an endoscope.

Exacerbation - an increase in severity or causing increased severity.

Excoriation - damage to the surface of the skin; for example, as a result of incontinence.

**F**

Fibrillation - the rapid beating of the muscles of the heart. It can cause errors when measuring a patient’s pulse using automatic machines.

Foundation Trust - NHS trust that has gained a degree of independence from the Department of Health and local health authority.

**G**

Glasgow Coma Scale - a measurement system used to determine a patient’s level of consciousness. The scale ranges from 3 (deep unconsciousness) to 15 (completely alert).

**H**

Haematuria – is the presence of blood in urine.

Haemoptysis - spitting of blood from the lungs or bronchial tubes as a result of pulmonary or bronchial haemorrhage.

Haemothorax – is an accumulation of blood in the pleural cavity.

Hartmann’s solution - an isotonic solution used to replace body fluid and mineral salts.

High flow oxygen therapy - is a form of respiratory support used in the hospital where often oxygen, often in conjunction with compressed air and humidification, is delivered to a patient at rates of flow higher than that delivered traditionally in oxygen therapy.

Hypercapnia - an increased amount of carbon dioxide in the blood, causing overstimulation of the respiratory centre.

Hyperglycaemia - high blood sugar level.

Hyperventilation - excessive rate and depth of breathing.

Hypoglycaemia - low blood sugar.

Hypothermia - abnormal fall in body temperature.

Hypoxia - low levels of oxygen in the blood.

**I**

Intermittent self-catheterisation - patient periodically passes a catheter into the bladder to drain urine. It is used to manage problems such as neurogenic bladder.

Infection - invasion of the body by harmful organisms.

**L**

Laryngectomy - excision of the larynx to separate it from the nose and the mouth. Patient who has had their larynx removed breathe through a hole in their neck called a stoma.

**M**

Malnutrition Universal Screening Tool - is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obese.

Mane - Latin word which means in the morning.

Melaena - is a passage of black tarry stool which is associated with gastrointestinal haemorrhage.

Metastasis - the spread of a disease from one organ to another non-adjacent organ. It is commonly associated with the spread of cancer.

Methicillin-resistant Staphyloccocus aureus - is also called MRSA. It is a type of bacteria that is resistant to several widely used antibiotics. All patients are screened for presence of MRSA on admission at the hospital by doing nasal and perineal swabs.

**N**

Non-invasive ventilation - is referred to the administration of ventilator support without using artificial airways such as endotracheal tube and tracheostomy tube. It is used to treat respiratory failures.

**O**

Obs - observations of vital signs for example BP, pulse, O2 saturation and temperature.

Oedema - excessive accumulation of fluid in the body tissues. It can give the visual appearance of swelling.

**P**

Peak expiratory flow measurement - is a test widely used to determine the presence, and assess the degree, of any kind of obstruction to the air passages. The method is especially valuable in the assessment of asthma and chronic bronchitis and in the response to treatment. The instrument used is called a peak flow meter and this measures the maximum flow rate of air on the strongest possible forced expiration through a wide nozzle.

Pleural effusion – is a collection of fluid in the pleural space.

Pleurodesis - the artificial obliteration of the pleural space. It is done to prevent recurrence of pneumothorax or pleural effusion.

Pneumothorax - collapse of part or all of the lungs due to collection of air in the pleural cavity.

Pneumonia - inflammation of one or both lungs with consolidation.

Pulmonary embolism – is an obstruction of a pulmonary blood vessel by a foreign substance or a blood clot.

Pulse - the feeling of blood being pumped through arteries. Usually felt in the wrist, during observations, should be measured over the course of 1 minute.

Pulse oximeter - an instrument for detecting the amount of oxyhaemoglobin in the blood. It is used as part of obs. Its placement requires consideration.

Purulent - containing pus.

Pyrexia - rise in body temperature above normal.

**R**

Respiratory rate - the amount of breaths someone takes over a period of time. During observations, the rate is measured over 1 minute. Normal respiratory rates vary depending on a person’s age.

**S**

Saturation - the amount of oxygen in the blood, measured by the percentage of oxygen haemoglobin is saturated with.

Sleep apnoea - repetitive periods without breathing, occurring during sleep and lasting for 10 seconds or longer. Most cases are due to over-relaxation of the muscles of the soft palate, in heavy snorers, which sag and obstruct the airway. Obesity is a common factor. Less commonly, the condition is due to disturbance of the brain mechanisms that maintain respiration.

Sleep study - is a test that measures how a person sleeps and how his body responds to sleep problems. It helps diagnose sleep apnoea, sleep-related seizures, and narcolepsy.

Spirometer - a machine that measures airflow or lung volumes.

Systolic pressure - the period during the cardiac cycle when the heart contracts. The pressure of blood against the walls of the arteries is highest during systole. This is the high number in a blood pressure reading. The normal value is 120 mm Hg.

**T**

Tachycardia - increased in pulse above the normal rate.

Tachypnoea - shallow breathing with increased respiratory rate.

Thoracentesis - aspiration of pleural fluid to obtain a sample of pleural fluid for analysis.

Tracheostomy - an operation to make an artificial opening through the front of the neck into the windpipe (trachea). A tube is then inserted to maintain the opening and allow breathing.

Transoesophageal echocardiogram - an ultrasound of the heart using a special probe that scans the heart from the inside of the oesophagus. The image of the heart is taken through the oesophagus.

Tuberculosis - a highly contagious infection caused by mycobacterium tuberculosis bacterium.

Type 1 respiratory failure - it is the hypoxaemic type of acute respiratory failure which is frequently seen in all acute settings. It is usually managed by oxygen therapy and treatment of the underlying problem.

Type 2 respiratory failure - is the hypercapnic type of acute respiratory failure. It is usually managed using non-invasive ventilation.

**V**

Venturi mask – is a type of oxygen delivery system allowing a mixture of a specific volume of air and oxygen to deliver a highly accurate oxygen concentration.

**W**

Wheeze - high-pitched sounds heard on exhalation when airflow is obstructed.

**ABG** –arterial blood gas

**ABX** - antibiotics

**AXR** - abdominal x-ray

**AFB** -acid-fast bacilli

**AGP** - aerosol-generating procedure

**BLS** - Basic Life Support

**BM** - blood monitoring also called blood glucose monitoring

**BMI** - body mass index

**BNF** - British National Formulary

**BNO** - bowels not opened

**BP** - blood pressure

**CAP** - community-acquired pneumonia

**CAST** - Chronic Airways Support Team

**CD** - controlled drug

**CHF** - congestive heart failure

**CO2** - carbon dioxide

**COPD** - chronic obstructive pulmonary disease

**CPAP** - continuous positive airway pressure

**CRP** - C- reactive protein

**CSU** - catheter specimen of urine

**CSW** - clinical support worker

**CT** - computerised tomography

**CTPA** - computerised tomography pulmonary angiography

**CURB** - confusion, urea, respiratory rate, blood pressure

**CVA** - cerebral vascular accident

**CXR** - chest x-ray

**D and V** - diarrhoea and vomiting

**DNR** - do not resuscitate

**DVT** - deep vein thrombosis

**EBUS** - endobronchial ultrasound

**ECG** - electrocardiogram

**EEG** - electroencephalogram

**ENT** - ear, nose and throat

**EPAP** - expiratory positive airway pressure

**EPR** - Electronic Patient Record

**FBC** - full blood count

**FEES** - fiberoptic endoscopic examination of swallowing

**FiO2** - fractional inspired oxygen

**GCS** - Glasgow Coma Scale

**GI** - gastrointestinal

**GU** - gastric ulcer or genito-urinary

**HAP** - hospital-acquired pneumonia

**Hb** - haemoglobin

**HDU** - High Dependency Unit

**HFNC** - high-flow nasal cannula

**ICU** - Intensive Care Unit

**IDDM** - insulin-dependent diabetes mellitus or type 1 diabetes

**IPAP** - inspiratory positive airway pressure

**IV** - intravenous

**LFT** - liver function test

**LRTI** - lower respiratory tract infection

**LTOT** - long-term oxygen therapy

**MDT** - multi-disciplinary team

**MI** - myocardial infarction

**MMSE** - mini-mental state examination

**MRI** - magnetic resonance imaging

**MRSA** - methicillin-resistant staphylococcus aureus

**MSU** - mid-stream urine

**NAD** - nothing abnormal discovered

**NBM** - nil by mouth

**NEWS** - National Early Warning Score

**NICE** - National Institute of Clinical Excellence

**NIDDM** - non-insulin-dependent diabetes or type 2 diabetes

**NIV** - non-invasive ventilation

**O2** - oxygen

**PaCO2** - partial pressure of arterial carbon dioxide

**PaO2** - partial pressure of arterial oxygen

**PALS** - patient advice and liaison service

**PE** - pulmonary embolism

**PEG** - percutaneous endoscopic gastrostomy

**PET** - positron emission tomography

**PO** - per orem or oral administration

**PR** - per rectum

**PRN** - pro re nata or as required

**PU** - passed urine or pressure ulcer

**OTC** - over-the-counter

**SBOT** - short burst oxygen therapy

**SC** - subcutaneous

**SCLC** - small cell lung cancer

**SL** - sublingual

**SOB** - shortness of breath

**TB** - tuberculosis

**TOE** – trans-oesophageal echocardiogram

**TPN** - total parenteral nutrition

**UEs** - urea and electrolytes

**USS** - ultrasound scan

**UTI** - urinary tract infection

**VATS** - video-assisted thoracoscopic surgery

**WBC** – white blood cells

**DRESS CODE**

Your ID badge must be worn and visible at all times. Proper uniform as specified by your HEI must be worn on your placement on H2.

**TRAVEL INFORMATION**

Car parking is discussed on induction. Below is the link to find your way to Salford Royal NHS Foundation Trust.

<https://www.northerncarealliance.nhs.uk/patient-information/car-parking/parking-salford-royal>

**LINKS TO USEFUL WEBSITES**

Salford Royal NHS Foundation Trust - [www.northerncarealliance.nhs.uk](http://www.northerncarealliance.nhs.uk)

Nursing & Midwifery Council - [www.nmc-uk.org/Students/](http://www.nmc-uk.org/Students/)

Nursing Times - [www.nursingtimes.net/student-nursing-times](http://www.nursingtimes.net/student-nursing-times)

Royal College of Nursing - [www.rcn.org.uk](http://www.rcn.org.uk)

The Royal Marsden Hospital Manual of Clinical Nursing Procedures -[www.rmmonline.co.uk](http://www.rmmonline.co.uk)

British Thoracic Society - [www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)

British Lung Foundation - [www.blf.org.uk](http://www.blf.org.uk)

COPD NICE Guidelines - [www.nice.org.uk/guidance/cg101](http://www.nice.org.uk/guidance/cg101)

Gold Standard Framework – [www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)

[www.laryngectomy.org.uk](http://www.laryngectomy.org.uk)

[www.tracheostomy.org.uk](http://www.tracheostomy.org.uk)

**PLACEMENT EVALUATION**

We hope you have enjoyed your time on the ward and that you have found this placement informative, supportive, and rewarding.

We would be grateful if you do an online evaluation of Ward H2 at <https://onlinepare.net/>. Please give an honest opinion as your feedback can help us to ensure we can maintain an optimum learning environment for our student nurses.

Student Nurses’ Checklist to Access the Electronic Patient Record (EPR)

* Student nurse with valid university ID badge

Ward manager, ward sisters or Nominated Person to email IT department (EPR.Operational@nca.nhs.uk) to inform that the student is on placement on Ward H2

* Attend a training session (to book ring extension 68175 or email at [systemstraining@nca.nhs.uk](mailto:systemstraining@nca.nhs.uk)) intended for student that requires new a username and new password
* Valid username and password authorised by IT department
* Up and running Salford Royal NHS Foundation Trust intranet network

DATIX Flowchart for Student Nurses

Incident

Inform assessor/supervisor, staff or ward manager

Go to NCA intranet

Click online

Click DATIX

Fill in the online form

Submit

Check email for reply

Induction Checklist

(Practice Assessor and off-duty will be pre-allocated)

Welcome to the ward and introduced to the team

Complete student induction checklist and initial interview on first shift

Ensure student details are inputted on student board - dates for initial, midpoint and final interviews

Ward manager, Ward Sister/Charge Nurse or the Nominated Person to email IT for EPR access

Advise the student of the communication section located in the student folder

Review the student welcome pack and student workbook

Introduction to the trust intranet, explanation of how to access policies/phonebook/bleep system