

Intensive Care Unit

STUDENT NURSE ORIENTATION

MidCentral District

12/5/2017

Developed by: MDHB Nurse Educators

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Ki mai ki ahau, he aha te mea nui o tenei ao

Maaku e ki atu

He tangata, he tangata, he tangata

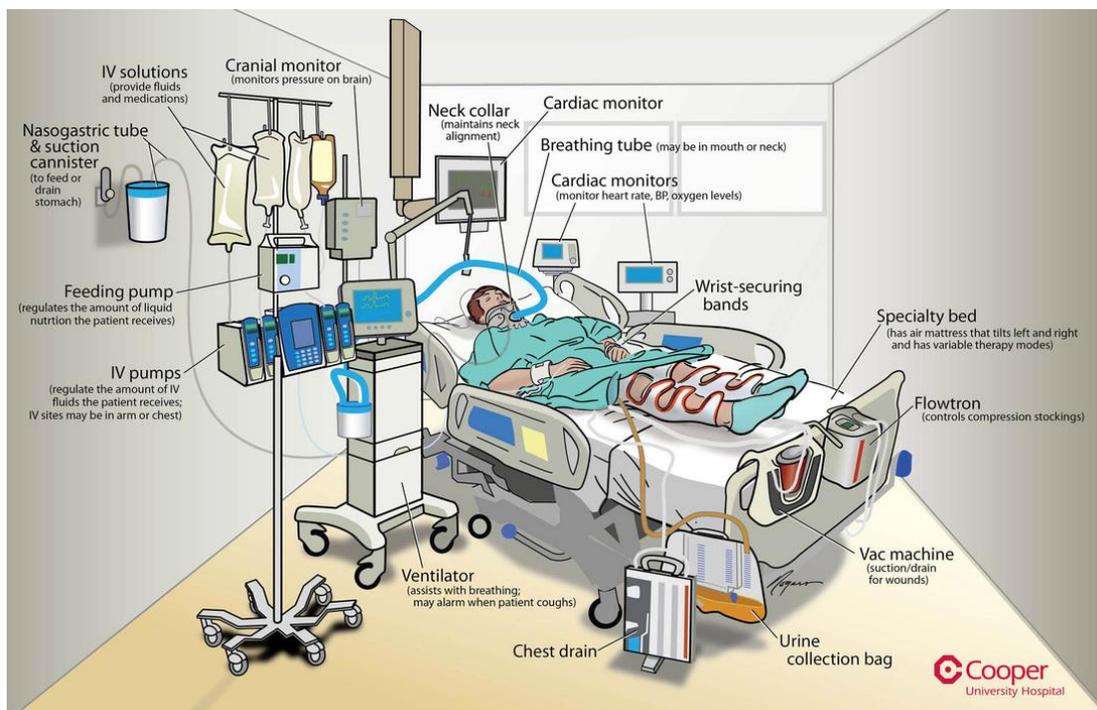
If you ask me what is the most important thing in the world,

My reply is this,

It is people, it is people, it is people

DOCUMENT CONTROL

Version	Issue & Circulation Date	Brief Summary of Change
1.		
2.		
3.		
Authors	Lyn Maughan; Yvonne Stillwell	
Location	MDHB: student	
Contact	Lyn Maughan	
Approved	May 2017	



Compassionate

Courageous

Respectful

Accountable

INTENSIVE CARE NURSING

Welcome to our Intensive Care Unit (ICU). We are looking forward to working with you!

We hope that you enjoy your time with us and that you find it a worthwhile and interesting experience.

ICU can be a foreign environment for students who sometimes feel a little 'lost' or unsure of what's going on. This booklet provides you with information that will give you a bit of insight into our ICU and how we operate. The intention is to provide you with an opportunity to get the most out of your placement.

Please feel free to ask any questions or seek clarification of things you are not sure about.

We have a multi disciplinary approach to patient care. The team is made up of:

MEDICAL TEAM	
Dr Daniel Nistor	Intensivist/Medical Director ICU
Dr Rob Whitta	Anaesthetist and ICU consultant
Dr Gerard McHugh	Anaesthetist and ICU consultant
Dr Andrew Warnock	Anaesthetist and ICU consultant
Dr Sammy Lee	Anaesthetist and ICU consultant
Dr Mhetusare Jachi	Anaesthetist and ICU consultant
Dr Brent Boon	Anaesthetist and ICU consultant
We also have at least six registrars who work around a roster providing availability on the floor 24/7.	
NURSING TEAM: (SENIOR NURSES)	
Sue Kirkman	Charge Nurse
Lyn Maughan	Nurse Educator
We have a great team of Registered Nurses that work rostered and rotating 8 hours shifts over 24 hours.	
ALLIED HEALTH TEAM	
Lizzy Green	Ward Clark
Malcolm Neall	Physiotherapist
Margaret Whitaker	Dietician
Jane MacNeilage	Social Worker

We also use other specific services that are available when appropriate i.e. Pastoral Service (Chaplin), Maori Health Unit, interpreter service etc.

CONTACTS

INTENSIVE CARE UNIT	Reception ICU Lizzy Green	356 9169 Ext 7300
CHARGE NURSE	Sue Kirkman	356 9169 Ext 7304 Page 399
NURSE EDUCATOR	Lyn Maughan	359 9169 Ext 7562 Page 320

YOUR PRECEPTOR

Unfortunately during a three week placement it can be quite difficult to allocate a set preceptor due to rostering of set days (Monday to Friday am or pm); however we will do a best to ensure consistency. We think there is a benefit in this as everyone has different teaching styles and brings a different perspective to the job.

When doing transition to practice in the ICU you will be allocated one preceptor whose roster you will follow.

If you look at the roster, you will see your name highlighted or an asterisk above your name. One of our staff nurses will have the same color highlighted or asterisk above on your shift, this will be the person you will be working with for the shift.

It would be good in your first week you identify the person you will be working with most often. Plan a time to go through your objectives with this person on a weekly basis and ask him/her to do your assessment forms.

They may ask for feedback and assistance from others you have worked with to help complete your assessment form.

We hope that you enjoy your placement with us.

If there is anything we can do or if you have any problems please don't hesitate to ask.

- Please complete the Preceptor Evaluation Form (Page 18) and give this to the Nurse Educator/Charge Nurse.

HEALTH AND SAFETY

Everyone is responsible for their own safety and the safety of others. The Occupational Health and Safety Manual outlines the hazards within the department. Please familiarise yourself with these hazards and their management. All accidents are to be reported to the Charge Nurse and an Event Form completed.

SAFETY MEASURES IN ICU

All students should make themselves familiar with the response requirements for all emergencies during their orientation.

During a Cardiac Arrest or other emergency

Please feel able to get close enough to see what is going on but assess the best place to stand where you will not get in the way.

- You may be asked to send bloods to the lab in the lamson tube.
- You may be asked to page various people (xray, lab, etc.).
- You may be asked to get equipment.

During a fire alarm

- Please familiarise yourself with this on your first day. Alarms, fire extinguishers and smoke stop doors.
- The area where ICU is located is divided into “cells” by fire doors that should be closed in the event of a fire.
- In all cases of fire or smoke, follow instructions from the fire warden. This will be most likely the person coordinating the shift.

When an intravenous pump alarms:

- Alert the nurse ASAP. Some of the drugs infused in ICU must not be stopped (i.e. inotropes/vasopressors)

ADMISSIONS TO THE ICU

All potential admissions are discussed by the patient's primary team with the on call registrar and consultant. The ICU is a closed unit which means all admissions must be directed and accepted through the consultant on call for ICU; elective admissions are authorised by the Charge Nurse).

We are funded as a 6 bed unit but staff availability and acuity dictate how many patients we can take.

ICU Registrars are available 24 hrs a day and generally always in the unit. They are always on site and can be contacted through the hospital paging system.

Patients that have a specific need for neurological or cardio/thoracic surgery are transferred to a tertiary hospital that provides these services. A transport or retrieval team will be arranged to transfer them.

Paediatric patients are also admitted to ICU and if critically unwell will be stabilised and transferred to the National Children's Hospital - Starship

ADMISSIONS ARE RECEIVED FROM

- Emergency Department
- MAPU
- Surgical/Orthopaedics
- CCU/Medical Wards
- Paediatrics
- Theatre

REASONS FOR ADMISSION

- Haemodynamically unstable patients requiring blood pressure support
- Those that need close cardiac monitoring or nursing interventions outside the scope of a general ward
- Acute respiratory distress/failure
- Post operative patients who have a significant medical history and are at risk of complications

- Patients who are neurologically compromised and unable to reliably maintain their airway
- Patients requiring short to medium term ventilation, or other respiratory support

FAMILY AND VISITORS ROOM

We have a large waiting room where families and close friends can have some privacy, make a drink and have some time out. The experience of having a loved one in ICU can be very stressful and difficult for families, thus we encourage them to take frequent breaks and look after themselves.

VISITING

Generally close family can visit when they like except during the ICU doctors ward rounds and the nursing handovers. We may also ask them to leave for procedures, x-rays etc. There is no visiting in the unit between the hours of 0800-1100 to accommodate the Doctors rounds where bedside discussions could breach patient confidentiality. We encourage family to finish visiting by 2000 to facilitate settling the patient for the night.

We endeavour to provide a service that is culturally and spiritually sensitive to our patients and their families.

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.

- | | |
|--|---|
| <input type="checkbox"/> Monitoring system | <input type="checkbox"/> Syringes and interlink/needles |
| <input type="checkbox"/> IV fluids and tubing | <input type="checkbox"/> Portable oxygen cylinders |
| <input type="checkbox"/> Controlled Drug cupboard | <input type="checkbox"/> Clinical policies & procedures |
| <input type="checkbox"/> Defibrillator Trolley | <input type="checkbox"/> "Notes on Injectable Drugs"/ IV compendium |
| <input type="checkbox"/> Intubation and emergency drug trolley | <input type="checkbox"/> Evacuation/ Emergency procedures |
| <input type="checkbox"/> Paediatric emergency trolley | <input type="checkbox"/> Linen trolley |
| <input type="checkbox"/> Suction equipment | <input type="checkbox"/> Drug fridge |
| <input type="checkbox"/> Linen supplies | <input type="checkbox"/> Roster |
| <input type="checkbox"/> Clinical Charge Nurse Office | <input type="checkbox"/> Suction Equipment |
| <input type="checkbox"/> CNE Office | <input type="checkbox"/> Bio-hazard bags |
| <input type="checkbox"/> Staff toilets/showers | <input type="checkbox"/> Stationery supplies |
| <input type="checkbox"/> Equipment room | <input type="checkbox"/> Photocopier |
| <input type="checkbox"/> Staff tea room/kitchen | <input type="checkbox"/> Patient charts |
| <input type="checkbox"/> Sluice room | <input type="checkbox"/> Wash trolleys |
| <input type="checkbox"/> Dressing Materials | <input type="checkbox"/> Art and CVL trolleys |
| <input type="checkbox"/> Naso gastric equipment | <input type="checkbox"/> Sterile Gloves |
| <input type="checkbox"/> Urinary catheterisation equipment | <input type="checkbox"/> Where to store your bags |
| <input type="checkbox"/> Lamson Tube System | <input type="checkbox"/> Oral Medications |

LEARNING OPPORTUNITIES IN ICU

The following are suggestions/ideas for you to focus on to get the most value out of your clinical placement in the ICU.

Note- due to the acuteness of the ICU setting, student's work at all times with the supervision of their preceptor. The role of the student in ICU is often an observational one.

SUGGESTED LEARNING OPPORTUNITIES FOR YOUR PLACEMENT IN ICU

- Assessing patient's condition and documenting same i.e. fluid balance chart (FBC), vital signs including mean arterial pressure (MAP), neurological observations, physical assessment e.g. completing patient assessment care plan on the back of the flowchart.
- Post-operative Management
- Acute pain management
- Oxygen therapy and reasons why different equipment is used
- Care of the tracheostomy (dressings, suctioning, humidified circuits, potential complications etc).
- The role of the ICU nurse in patient advocacy, ethical dilemmas, withdrawing treatment, not for resuscitation (NFR) orders
- Assisting in the care of the dying patient and family needs.
- Assisting in the care of a ventilated patient.
- Assisting in the care of a patient on continuous positive airway pressure(CPAP)
- Assisting in the care of a patient requiring High Flow Nasal Oxygen therapy (HFNO)
- Assisting in the care of a patient with confusion/delirium
- Monitoring and emptying drains/stomas.
- Monitoring and care of chest drains.
- Monitoring of patient fluid and electrolyte balance
- Communication techniques for non-verbal patients
- Developing communication skills to effectively and confidently communicate with members of the multidisciplinary team. (Verbal and written)
- Partake in assessment, planning and evaluating patient care.
- Consider ethical and legal responsibilities in the ICU environment.
- Providing patient/family centered care in the intensive care
- Management/care of the long term patient in the intensive care

Procedures You May Get To Observe

- CVL insertion
- Arterial line insertion
- Computerised tomography (CT scan)
- Magnetic resonance imaging (MRI)
- Gastroscopy
- Intubation/extubation

Compassionate

Courageous

Respectful

Accountable

- Epidural and patient controlled analgesia (PCA) monitoring.
- Removal of drains
- Chest drain insertion/removal
- Wound care

SKILLS YOU MAY GET TO USE AND DEVELOP

- Neurological Assessment
- Cardiovascular Assessment
- Respiratory Assessment
- Patient risk assessment and management
- Care of the unconscious/sedated patient
- Oxygen therapy
- Specimen collection and result interpretation
- Dressings/wound care
- Ostomy care
- Tracheostomy care
- Suctioning (oral pharyngeal and endotracheal)
- Documentation and verbal handover
- Taking ECG's
- Drawing up intra venous (IV) medication
- Enteral feeding
- Priming and programming a nasogastric (NG) or nasojejunal (NJ) feeding pump.
- Giving flushes and medication via NG tube.
- Insertion of an NG tube.
- Removal of intravascular cannulas (IVCs)
- End of life care
- Airway management
- Fluid Balance
- Insertion of a urinary catheter (IDC)
- End of life care

COMMON PRESENTATIONS TO ICU

- Cardiac Arrest (Community or in Hospital)
- Haemorrhage (Gastro intestinal bleeds, Post Partum Haemorrhage)
- Traumatic Brain Injuries
- Deliberate Self Harm/Overdose
- Exacerbation of COPD/Asthma
- Pneumonia/Respiratory failure
- Shock (septic, cardiogenic, hypovolaemia, anaphylactic)

- Pancreatitis
- Abdominal Aortic Aneurysm
- Status Epilepticus
- Diabetic Ketoacidosis
- Post op general surgery (generally with many medical co-morbidities) that have been assessed as “high risk” during pre-operative anaesthesia assessment and referred for elective admission post operatively.
- Major surgeries e.g. Ivor-Lewis procedure, lengthy urological procedures, Whipples
- Multiple trauma e.g. chest trauma, abdominal trauma
- Spinal Injuries
- Acute kidney injury requiring continuous renal replacement therapy
- Neutropenic Sepsis (often oncology related)

MEDICATIONS

As a student you are given the opportunity to learn and participate in the care of patients receiving intravenous and related therapies. It is therefore vital that you always follow your preceptor’s instructions and adhere to standards set by our organization.

Use and read the IV resource book for students as a primary IV learning resource. For TTP students to enable them to undertake IV therapy practice they must complete the student brochure, give to the nurse educator for marking and the student declaration be signed.

This is available through your nurse educator or on the DHB nursing student website

DO NOT

- Insert peripheral catheters
- Perform phlebotomy
- Access central venous access devices (CVAD)
- Programme PCA pumps

Learn to do these activities under the direction of a registered health professional:

1. Prepare and reconstitute an IV medication (e.g. an antibiotic)
2. Administer a saline flush or an antibiotic through a peripheral IV cannula (*NB: TTP students only who have read the student resource and completed drug test and signed student declaration*)
3. Prime an IV infusion set and administers an IV fluid through an electronic infusion device.
4. Watch how to set up a blood product transfusion and observe how it is commenced.
5. Remove a peripheral IV cannula

KNOW YOUR BASIC DRUG CALCULATIONS

Converting Gram to Milligrams; ***Number of Grams x 1000***

Converting Milligrams to Gram; ***Number of Milligram: 1000***

Converting Milligrams to Microgram; ***Number of Milligrams x 1000***

Converting Microgram to Milligram; ***Number of Milligrams: 1000***

Drug Dosage formula; ***Prescribed dose: Stock dose X Stock volume (ml)***

Fluid Rate formula (ml/hr); ***Volume to be infused: Hours to be infused***

Fluid Rate formula (drops/min); ***Volume to be infused X dropfactor : by Minutes to be infused***

Calculating for Body Surface Area / BSA (m²)

Get the square root (v) of: ***Height (cm) x Weight (kg): 3600***

OTHER HELPFUL RESOURCES

Senior Nurses, Nurse Educator, Pharmacist, Notes on Injectable Drugs Book, MIMS,
Intravenous policies and procedures manual

INTRAVENOUS MEDICATIONS COMMONLY USED IN ICU

- Inotropes (e.g. Noradrenaline)
- Vasopressors (e.g. metaraminol)
- Morphine
- Propofol
- Midazolam
- Fentanyl
- Antiemetic – Maxolon, Cyclizine, Ondansetron
- Electrolytes - Potassium, Phosphate and Magnesium
- Antibiotics
- Amiodarone
- Digoxin
- Frusemide
- Paracetamol

PRE-READING/RESOURCES

The ICU is a great place to learn and it is important that you take all opportunities available to gain experience of different situations. We foster a supportive learning environment in ICU so if you do not understand or need clarification for anything we encourage you to ask. If you are overwhelmed or struggling with any situation that may arise in ICU discuss this confidentially with the Charge Nurse and she will be able to provide you with the advice/support you may need.

You will find that often there are quiet moments in ICU which gives you the opportunity to read up about certain illnesses that patients present with, policies and guidelines etc. We have numerous Intensive care resources available to you in the Unit bookcase.

EVALUATION OF YOUR PRECEPTOR

Please return your evaluation to your Charge Nurse

Name of Preceptor _____ Date _____

E = Excellent VG = Very Good S = Satisfactory NI = Needs Improvement

Please read the following statements then tick the box that best indicates your experience

My Preceptor:	E	VG	S	NI
Was welcoming and expecting me on the first day				
Was a good role model and demonstrated safe and competent clinical practice				
Was approachable and supportive				
Acknowledged my previous life skills and knowledge				
Provided me with feedback in relation to my clinical development				
Provided me with formal and informal learning opportunities				
Applied adult teaching principals when teaching in the clinical environment				

Cut along line

Describe what your preceptor did well

Describe anything you would like done differently

Signed: _____ Name: _____

Compassionate

Courageous

Respectful

Accountable

YOUR CONTACT DETAILS

The staff care about your well-being as well as your education. They will notice and be concerned if you don't arrive for a planned shift, or in the case of an emergency. They may need to contact you to check you are okay and to let you know if there needs to be a change to your shift.

Please could you provide your contact details and an emergency contact using the form below?

Your Name	
Your Home Phone number	
Your mobile phone number	
Name of emergency contact	
Phone number of emergency contact	

From time to time the staff may need to contact your lecturer regarding your progress, for support or in the case of problems.

Please could you supply the contact details of the Lecturer/CTA that will be supporting you during this placement, in the form below?

Name of Lecturer/CTA	
Phone number of Lecturer/CTA	

This information will be kept by a senior staff member for the length of this placement and then will be destroyed. It will not be shared with anyone else without your permission unless there is an emergency.