

SWAN WARD

Trust	Ashford and St. Peter's Hospitals  NHS Foundation Trust
Address	St Peter's Hospital Guildford Road Chertsey Surrey
Postcode	KT16 0PZ
Telephone Number	01932 72 3220 / 3221
Type of Placement	Trauma and Orthopaedic
Profile of Area	<ul style="list-style-type: none"> • Swan ward is a mixed orthopaedic ward. • The patients are usually admitted through A&E but we also have patients admitted for planned surgery. • Swan is a 31 bedded ward made up of 5 bays and 6 side rooms. • We have 13 consultants and 2 ortho geriatricians who cover the area. • The orthopaedic unit cares for patients who need: <ul style="list-style-type: none"> ○ Joint replacements ○ Hip resurfacing ○ Lower limb surgery ○ Lumbar spine surgery ○ Treatment for non-union fractures and limb reconstruction, including limb lengthening, using Ilizarov techniques (the application of mechanical fixators to generate bone and tissue) ○ Treatment of sports injuries ○ Specialist shoulder and elbow surgery ○ Trauma surgery ○ Arthroscopy surgery ○ Treatment for fractures, knee injuries and reconstruction

Swan ward admits 2750+ trauma cases a year.

Shift Patterns and Times

	Swan	Break entitlement
Early	07.15 – 15.15	30 min
Late	13.15 – 20.00	30 min
Long day	07.15 – 20.00	1.15 hr
Night	19.30 – 07.45	1.30 hr

Ward Shift patterns

You are reminded that students are expected to do a 37.5 hour week.

If doing a short shift (early or late) it means that you are expected to do 7.5 hours a day.

This will entail you starting at the normal time for the shift but you will stay on by 1.5 hr to make up your hours. At no point should a student only be doing a 6 hr shift.

1. If the placement is a 7-day service, students are required to work weekends e.g 1 weekend per calendar month in CFP (Year 1) and 2 weekends per month in branch (Years 2 and 3)
2. Students are not entitled to Bank Holidays (these are within the student allocation of leave within EIHMS). If they are off duty on a bank holiday it should be counted as one of their days off. Students do not get extra days off for bank holidays.
3. Students must inform the clinical placement if they are sick, or going to be late on duty.
4. Any absence must be reported according to the process detailed in the Programme Handbook (i.e. the practice placement and Student Support Office must be informed). Any absence should be clearly documented on carbonated 'Record of Attendance' sheets. Or for new degree nurses in portfolio.
5. Record of night duty: You are required to complete a minimum of 60 hours and a maximum of 230 hours of night duty during the entire programme. These hours will be recorded and signed by your mentor/associate-mentor and will be submitted at the end of each placement.
6. **Students may not request particular days off to accommodate paid work.**
7. It is not acceptable for all students on a placement to

work the same shift. To improve the quality of the learning experience all available shifts must be used.

8. Students may not accrue more than their weekly hours in placement in order to take time off in following weeks. Students wishing to make up 5 or more days sick must have agreement from the Branch Leader / Director of Studies at FHMS, and also the ward manager.

Placement Requirements	Contact the ward and arrange your off duty at least 2 weeks prior to your start date. You can discuss any specific requests with the Nurse in Charge at this time. Students are encouraged to work alongside their mentor, for a minimum of 2 shifts a week.
Professional Behaviour	Staff identification - name badges and/or security passes must be worn visibly at all times Staff uniform/dress code – all staff wear appropriate uniform/attire and maintain a professional appearance in accordance with the hospital and university policy. This includes no tongue piercing, no neck chains, no long nails, false nails and no nail varnish. Hair should be taken off the shoulders and away from the face. Student nurses should only wear one pair of stud earrings. Smoking is not permitted anywhere on site
Refreshment Facilities	See our webpages
Public Transport	See our webpages
Car Parking	Parking permits / swipe cards will be arranged during Locality Induction in Year 1

SWAN WARD

Welcome to your placement on **Swan Ward** at St. Peter's Hospital. We hope that you will find your time with us both educational and enjoyable.

This pack has been developed to help prepare for your placement with us, and to form part of your induction.

We suggest you read this as soon as you know are coming to Swan Ward, print it out and do as much as you can to prepare beforehand. Don't forget to bring it with you on your first day.

Your name	
Mentor Name (s)	
Associate Mentor	
Ward Sister / Manager	
PLT	

Trust Information

Ashford and St. Peter's Hospitals NHS Trust manages two sites - Ashford Hospital in Middlesex and St. Peter's Hospital in Chertsey, Surrey.

The Trust as a whole provides acute hospital services to a large and diverse population, with a catchment of around 450,000 stretching from West Hounslow to Woking across the Boroughs of Hounslow, Spelthorne, Elmbridge, Runnymede and Woking

Philosophy of Care

"We put people at the heart of everything we do"

This is achieved by:

- striving for excellence
- providing accessible and patient centred services
- openness
- treating everyone with humanity and respect

- creating a safe, clean and caring environment
- valuing teamwork and staff development that enables people to do their best
- being an enjoyable and fulfilling place to work

Aims of Service

Ashford & St Peter's hospitals provide services to a catchment population of around 400,000 within the North West Surrey & outer South West London area.

The orthopaedic unit cares for patients who need:-

- joint replacements
- hip resurfacing (Birmingham hip – removes less bone than total hip replacement)
- lower limb surgery
- lumbar spine surgery
- treatment of non-union fractures and limb reconstruction, including leg lengthening and hip surgery using advanced Ilizarov techniques (the application of mechanical fixators to regenerate bone and tissue).
- treatment for sports injuries
- specialist shoulder and elbow surgery
- trauma surgery
- arthroscopy surgery
- treatment for fractures, knee injuries and reconstruction

Team members

Students will work with and alongside all the members of the nursing team, including Ward Manager, Deputy Sister / Charge Nurse, Staff Nurse, Health Care Assistant and the Ward Clerk.

There are a variety of other healthcare professionals who care for patients on Swan Ward. These include the doctors who are in 3 teams, Discharge coordinators, Physiotherapists, Occupational Therapists, Pharmacists, Dieticians, specialist nurses and Orthopaedic Trauma Nurse practitioner.

Staff Development

Link Nurses

Swan Ward supports the Link Nurse; the role is to ensure that all members of the team are aware of current practice and policies within their designated role. The link nurse attends regular meetings to update their knowledge and also influence future practice

through contributing to Trust policy development. You should find out who the Link Nurse is on Swan for the following specialities:

- Nutrition
- Infection Control
- Wound Care
- Palliative Care
- Continence
- Diabetes
- Minimal Handling
- Mentoring
- Falls
- Dementia
- Pain

Professional Development

Nursing staff on Swan are able to undertake continuing professional development in care areas such as:

- Orthopaedic module
- Mentorship
- Dementia care
- Care of the elderly module
- Venepuncture and cannulation

Daily Routine

7.15am Handover - The start of a shift begins with 'handover' or 'report' of patient information, this promotes continuity of care and allows staff to review and plan care. All patients are discussed with the nurse in charge and therapists.

Multi-Disciplinary Team (MDT) meetings there are daily morning ward rounds by the teams. The 'Board Round' is at 11am, with the addition of the Ortho geriatrician Consultants & other members of the multi-disciplinary team occurring twice a week
Mon and Thurs – Dr Yeong, Tues and Friday – Dr Lisk

Protected Meal times

Swan ward has protected meal times at lunch and supper; this time allows the nursing staff to facilitate serving of the meal and to monitor the food consumed. We will on occasions allow family members if they request to come in to help with feeding.

Referral Criteria/ Admission methods

Patients are admitted to Swan via a number of different routes: from A&E, a booked admission, after attending an outpatient's clinic, or transferred from another hospital.

Visiting Times

2-4pm and 6-8 pm daily

LEARNING OPPORTUNITIES

- Essential nursing care
- Pre-assessment clinic
- Admission of patient to ward, both elective and trauma
- Visits to other departments with the patient to observe investigative procedures
- Spend time with Trauma Co-ordinator and observe the morning trauma meeting
- Pre-operative care
- Visit to the operating theatre/ recovery
- Post-operative care
- Acute and chronic pain
- Specific Orthopaedic care
- Care of the elderly patient – how their medical conditions impact on their orthopaedic care/treatment
- To attend the bi-weekly ortho geriatrician ward round
- To attend the Multi-disciplinary Board meeting
- To spend time with members of the multidisciplinary team
- Discharge Facilitator and the importance of discharge planning
- Follow - up, non-union and fracture clinics
- Plaster room – on RBOU at SPH
- Infection control and barrier nursing
- Minimal handling – use of aids to use the patient safely
- Patient's Hip/Knee clinic Monday & Tuesdays – in education centre at AH
- 3rd years can contact the wound management specialist nurse to spend a day with.

You need to discuss with your mentor which of these would be beneficial towards meeting your learning outcomes and, in turn, will contribute to a positive experience whilst on the Orthopaedic Unit. Please ask how you can contact the different personnel to arrange these opportunities.

ABBREVIATIONS USED IN ORTHOPAEDIC WARDS AND DEPARTMENTS

Introduction

In line with standards and good practice recommendations from registering and professional bodies, when an approved abbreviation is used in a document it should be written in full with the abbreviation in brackets following. It is then acceptable to use the approved abbreviation.

Abbreviations for use

The following area list of approved abbreviations is for use within Orthopaedic Wards and Departments.

	Word	Approved Abbreviation
A	Abdominal	Abdo
	Accident & Emergency	A/E
	Anterior Cruciate Ligament	ACL
	Anterior Posterior	AP
	Arterial Blood Gas	ABG
	As Required	PRN
	As Soon As Possible	ASAP
	Atrial Fibrillation	AF
	Austin Moore/Prosthesis Hemiarthroplasty	A/M or AMP
	B	Back Slab partial plaster
Blood Pressure		BP
Bowels Not Open		BNO
Bowels Open		BO
C	C1 to C7	C spine
	Cancer	Ca

	Cardio-Pulmonary Resuscitation	CPR
	Carpometacarpal/tarsometatarsal position relating to the carpal/tarsal bones of the wrist/ankle	CMC/MCP/MTP
	Catheter Specimen of Urine	CSU
	Cerebral Vascular Accident	CVA
	Chest X-ray	CXR
	Chronic Obstructive Airways Disease	COAD
	Chronic Obstructive Pulmonary Disease	COPD
	Church of England	C/E
	Complaining Of	C/O
	Congenital Dislocation of the Hip	CDH
	Congestive Cardiac Failure	CCF
	Continuous Passive Movement	CPM
	Controlled Drug	CD
D	Deep Vein Thrombosis	DVT
	Developmental Dysplasia of the Hip	DDH
	Disseminated Intravascular Coagulation	DIC
	Distal Interphalangeal	DIP
	Dynamic Hip Screw	DHS
E	Electrocardiogram	ECG
	Erythrocytes Sedimentation Rate	ESR
	Examination under anaesthetic	EUA
F	Four Times Daily	QDS
	Fracture	#
	Fractured Neck of Femur	#NOF
	Fractured Neck of Humerus	#NOH
	Fractured Shaft of Femur/Humerus	#SOF/H
	Full Blood Count	FBC
	Full Range of Movement	FROM
	Full Weight Bearing	FWB
G	General Anaesthetic	GA
	General Practitioner	GP
	Glasgow Coma Scale	GCS
	Group and Save	G&S
H	Haemoglobin	Hb
	Has Not Passed Urine	HNPUd
	Has Passed Urine	HPUd

	Health Visitor	HV
	Hydrotherapy	Hydro
I	Insulin Dependent Diabetes	IDD
	Integrated Care Pathway	ICP
	Intermediate Care Team	ICT
	Interphalangeal position relating to joints of fingers/toes	IP Joints
	Intra-Muscular	IM
	Intra-Venous	IV
	Intra-Venous Antibiotic	IVAB
	Intra-Venous Infusion	IVI
K	Kilogram	Kg
L	L1 to L5	L spine
	Left	L/Lt
	Left Ventricular Failure	LVF
	Liver Function Tests	LFTs
	Local Anaesthetic	LA
M	Magnetic Resonance Imagery	MRI
	Manipulation under anaesthetic	MUA
	Medial/Lateral Collateral Ligament	M/LCL
	Metacarpo/tarso phalangeal position relating to where metacarpals/tarsals meet the fingers/toes	MCP/MTPJ
	Methycillin Resistant Staphylococcus Aureas	MRSA
	Microscopy Culture and Sensitivity	MC&S
	Mid-Stream Urine Specimen	MSU
	Multi-Disciplinary Team	MDT
	Myocardial Infarction	MI
N	Neurological Observations	Neuro Obs
	Neuro-Vascular Observations	N/Vascular Obs
	Night	Nocte
	Nil By Mouth	NBM
	Non-Weight Bearing	NWB
	Not Insulin Dependent Diabetes	NIDD
	Nothing Abnormal Detected	NAD
O	Observations	Obs
	Occupational Therapist	OT

	On Admission	O/A
	Once a Day	OD
	Open Reduction and Internal Fixation	ORIF
	Outpatient Appointment	OPA/OP Appt
	Outpatient Department	OPD
	Oxygen	O ₂
P	Paediatrics	PAEDs
	Partial Weight Bearing	PWB
	Patient	PT/pt
	Patient Controlled Analgesia	PCA
	Per Rectum	PR
	Per Vagina	PV
	Physiotherapy/Physiotherapist	Physio
	Plaster of Paris	POP
	Posterior Cruciate Ligament	PCL
	Post-Operative Day	POD
	Potassium	K+
	Pre-Operative	Pre-op
	Pressure Area Care	PAC
	Proximal Interphalangeal/Proximal Interphalageal Joint	PIP/PIPJ
	Pulmonary Embolism	PE
	Pulse	P
	Pyrexia Unknown Origin	PUO
R	Range of Movement	ROM
	Removal Of	R/O
	Removal of Clips	ROC
	Removal of Sutures	ROS
	Respiration	Resp
	Rhesus	Rh
	Right	Right/Rt
	Roman Catholic	R/C
S	S1 to S5	S spine
	Saturation	Sats
	Seen By	S/B
	Short of Breath	SOB
	Slipped Upper Femoral Epiphesis	SUFE
	Social Worker	SW
	Sodium	Na
	Straight Leg Raise	SLR

	Sub-Cutaneous	S/C
	Supra-Ventricular Tachycardia	SVT
T	Temperature	Temp
	Temperature, Pulse and Respiration	TPR
	Tendo Achilles	TA
	Three Times Daily	TDS
	To Come In	TCI
	To Take Out	TTO
	Total Hip Replacement	THR
	Total Knee Replacement	TKR
	Total Shoulder Replacement	TSR
	Touch Weight Bearing	TWB
	Transient Ischaemic Attack	TIA
	Twice Daily	BD
U	Ultrasound	U/S
	Urea and Electrolytes	U&Es
	Urinary Tract Infection	UTI
V	Ventricular Tachycardia	VT
W	Water	H ₂ O
X	X-Ray	XR

ORTHOPAEDIC TERMINOLOGY

Active Movement	Movement of a joint performed by the person's own efforts
Abduction	Movement of a limb away from midline of body
Adduction	Movement of limb towards midline of body
Anterior	The front surface or area of the body when in an anatomical position
Arthrodesis	Surgical fusion of a joint
Arthroplasty	Re-organisation/reconstruction of a joint
Articulating Surface	Smooth surface on a bone where one bone meets another
Avulsion	Forcible separation
Bartons (Smiths)	A radius fracture where the distal fragment is displaced forwards and tilted forward
Bennet	Fracture to base of the first metacarpal bone

Bursa	Sac made of synovial membrane containing synovial fluid
Brodie's Abscess	An abscess of bone due to chronic infection
Carpal	Relating to the wrist
Carpal tunnel syndrome	Compression of median nerve in wrist
Cervical	Relating to the neck
Circumduction	Movement through a circle
Comminuted	Three or more bone fragments
Compound	Break in skin over fracture site or above
Complicated	Involving the nerve and blood supply
Compartment Syndrome	A condition in which accumulating fluid and/or external compression creates high pressure within a closed compartment
Colles	A radius fracture where the distal fragment is displaced backwards and tilted backwards (dinner fork deformity)
Computerised Tomography (CT)	Radiodensity of elements enhanced by computer by producing pictorial 'slices' of the body
Condyle	A rounded enlargement on a bone with an articulating surface
Dislocation	Displacement of joint surfaces from their original position
Distal	End of an extremity or bone furthest away from the trunk
Dorsal	Relating to the back of the trunk
Dorsiflexion	Bringing the foot and toes upwards
Dupuytren's Contracture	Contracture of the palm with the ring finger drawn into flexion
Effusion	The seeping of serous, purulent or bloody fluid into a body cavity or tissue
Epicondyle	An elevation of bone above an articular surface
Extension	Straightening
Extracapsular	Outside the capsule of a synovial joint
Fascia	A sheath of connective tissue enclosing muscles
Flaccid	Flabby, relaxed
Flexion	Bending
Fracture	A break in the continuity of bone
Genu Valgum	Knock knee, curved inwards
Genu Varum	Knee curved outwards
Girdlestone Procedure	Removal of head and neck of femur with a flap of muscle placed between femur and pelvis creating a false joint
Greenstick	Seen in children where break is incomplete but bends
Haemarthrosis	A collection of blood in a joint
Head	A rounded or disc like enlargement of a bone
Hallux Valgus	Deviation of the great toe towards the others

Ischaemia	Inadequate or deficient blood supply to a part of the body
Kyphosis	Posterior curvature of the spine causing a hump on the back
Laminectomy	Removal of one or more laminae (bony plate) and the prolapsed disc
Lateral	At or belonging to the side (outer)
Ligament	Band of fibrous tissue which connects a bone to a bone
Lordosis	Abnormal forward curvature of the spine
Magnetic Resonance Imaging (MRI)	A scanning process depending on the behaviour of protons in a magnetic field followed by radiofrequency stimulation displayed visually
Medial	Situated in the middle (inner)
Meniscus	Semi lunar cartilage in the knee
Myelogram	Injection of radio opaque dye into the subarachnoid space to examine the spinal cord
Necrosis	Localised death of tissue cells as a result of injury or disease
Osteoarthritis	A degenerative 'wear and tear' disease affecting the weight bearing joints
Osteomyelitis	Inflammation of a bone
Osteophytes	New bone spurs found at the joint margins in a joint affected by osteoarthritis
Osteoporosis	Local or generalised atrophy (wasting) of bone
Osteotomy	Surgical division of a bone
Passive Movement	Movement of a joint performed by someone, i.e. other than by the patient's own efforts
Perthe's Disease	Inflammation with loss of blood supply to the femoral head
Plantar Flexion	Bringing the foot and toes downwards
Posterior	The hindmost surface of area of the body
Pott's Fracture	A term which has been loosely applied to any fracture dislocation of the ankle joint but specifically describes a fracture of the lower end of the fibula with lateral displacement of the talus
Process	A local projection of bone
Prosthesis	An artificial part fitted to the body to replace a diseased or damaged part
Sciatica	Inflammation of the sciatic nerve
Scoliosis	Lateral curvature of the spine
Spondylosis	Disease of the spine
Subluxation	Partial dislocation of two surfaces normally in contact with each other

Synovitis	Inflammation of the synovial membrane of a joint
Tendon	A band of fibrous tissue attaching a muscle to a bone
Tuberoscity/Trochanter	A roughened area to which muscles are attached

Student induction check list for Swan All above information has been discussed and demonstrated. I agree not to use any equipment that has not been demonstrated.

Subject	Date	Demonstrate/ Discuss
1) Introduction to staff		
2) Tour of the ward, show location of: <ul style="list-style-type: none"> • Staff toilets/changing room • Fire alarms/extinguishers • Emergency exits • Bleep lists and demonstrate procedure 		
3) Informed of emergency number (2222) and emergency call bell demonstrated		
4) Shown location of cardiac arrest trolley and procedure explained		
5) Correct dress code and name badge		
6) Show location of roster		
7) Shown location of policies and literature		
8) Equipment: <ul style="list-style-type: none"> • Observations machine/equipment • Blood glucose monitor • Hoist(s) • Electric beds/mattresses • Urinalysis • Thermometer 		
9) Documentation – familiar with: <ul style="list-style-type: none"> • Observation charts / MEWS scoring • Fluid balance charts • Nursing notes/Care Plans/Risk Assessments • SAP document 		
10) Cleaning: <ul style="list-style-type: none"> • Commodes • Spillages • Bathrooms • General • COSHH 		

Signed:

Date:...../...../.....

Shift Leader Signature:

WARD MANAGEMENT QUIZ

1. A member of staff does not report for duty and they have not rung in to say they are sick. What action do you take?
2. A new patient arrives on the ward and they say they want a side room; all rooms are being used for medical purposes. What do you do?
3. Following a late doctors round on a Friday the medical team decide that a patient is medically fit for discharge. You think this patient will require home care and meals on wheels, what are you going to do?
4. Late evening you run out of clean linen, you have admissions coming in and incontinent pt.'s. Who do you contact?
5. When checking the controlled drugs you discover there is an ampoule of morphine missing. What do you do?
6. You are informed that there has been a drug error on your shift. Explain your actions and why?
7. A patient falls out of bed because the cot sides haven't been replaced. Who do you inform? What paperwork needs to be completed?
8. A death occurs on the ward. What documentation is needed? How do you deal with the distressed relatives and a member of staff?
9. The relatives of the deceased patient want to view the body. How do you arrange this and what is your role?
10. How would you arrange the following?
 - Emergency transport for transfer to another hospital.
 - Transport for discharge home.
 - A district Nurse.
 - Meals on wheels.
 - Home care.
 - An outpatient's appointment.
 - Obtaining medical notes.
 - Arranging special diets
11. The macerator has broken down. Who do you inform? What action do you take whilst it is out of action?
12. A structural fault occurs on the ward whilst you are on duty. Who do you inform? What paperwork must you complete? How do you manage the patients in the area of the fault?
13. A patient wants to self-discharge themselves. Who do you tell? What do you do?

14. A member of staff hurts themselves whilst on duty. What do you do?
15. What are your responsibilities towards fire precautions on the ward?
16. A confused patient goes missing. What can you do to try and prevent this from happening again? Who do you contact at the time they are missing?
17. A patient who is known to have MRSA is being admitted to the ward. What precautions and preparations are you going to make?
18. A member of staff receives a needle stick injury and they are not willing to report it. What do you do?
19. Due to staff illness the ward is not adequately covered, you are concerned about safe standards of care. Who do you contact? What paperwork needs to be completed?
20. You discover an elderly patient has come in with a large sum of money. What would you do?
21. A patient tells you they want to make a will. How can you help them?
22. A junior doctor persistently fails to answer his bleep to deal with ward problems. Who do you contact next? What do you do if you still get no response?
23. A dose of medication has been prescribed that you are not happy to administer. What do you do?
24. A doctor complains to you that a nurse has stopped him from taking blood from a patient at lunchtime. What do you do?
25. A student nurse bursts into tears in the middle of the ward. What do you do?
26. Following a cardiac arrest what is the role of the nurse in charge with regards to equipment, staff, relatives and patients?
27. A patient asks you to collect their social security. Can you do this? Who can you contact to help you with this?
28. A nurse complains of a headache and asks you for some paracetamol. What would you do?
29. The police phone the ward asking for information about a patient who has been involved in an assault. What should you do?
30. A visitor has an accident on the ward. What action should you take?
31. You smell smoke coming from the pantry area. What action should you take? What

should you not do?

32. A patient wants to make a complaint about the care they have received. Who could you contact to help you with this?
33. A visitor starts to become aggressive and abusive towards staff. Who do you contact? What do you say to the relative?
34. You admit an overseas patient to the ward. Who needs to be informed of the admission? What would you do to get an interpreter?
35. You run out of a patient's own medication after pharmacy has shut. What can you do?
36. A patient lights up a cigarette on the ward. What do you do?
37. A patient is prescribed medication, it is essential that they receive it this evening but pharmacy is shut. What can you do?
38. A consultant informs you that he cannot assess his patient properly without their old set of notes. How can you get them?
39. A member of staff has their purse taken from an unlocked staff room. What do you do to ensure this doesn't happen again? Who do inform following the incident?
40. You have problems with an agency nurse during your shift. Who do you inform?
41. You are concerned about a patient's condition but the doctors will not review. What system can you commence to assess the patient? Who can you then contact for advice?
42. A person that you do not know enters the ward and starts to look through the notes trolley. How would you approach this person and what information would you want to know?

STUDENT ROTA

Student Name: Placement:

Mentor Name:

Co mentor Name:

Placement Dates: From/...../.... To/...../....

	Dates	Monday	Tuesday	Wednes	Thursday	Friday	Saturday	Sunday
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								
Week 7								
Week 8								
Week 9								
Week 10								
Week 11								
Week 12								

KEY:

- Please mark with a hash sign the shifts that you work with your mentor or have time out for completion of university documentation.

Please keep a record of your Rota and at the end of your placement photocopy it and give to the CPE as a record of your time.(This information is helpful for audits)

Policies & Procedures

You will need to access and read the following policies as part of your induction, they are located on the Hospital Intranet.

Fire, Health and Safety, Medicine Management, Minimal Handling, Infection Control
Confidentiality, Missing Patient, Falls

Other information that will be given on Day 1 of placement

Suggested pre placement reading

RCN orthopaedic competencies: an integrated career and competency framework for orthopaedic and trauma nursing

NMC guidelines for record keeping

RCN Guidance on pinsite care 2010

British Orthopaedic Association, The Blue Book, The care of patients with fragility fracture
September 2007

Learning Resources:

Access to Trust intranet and internet is available on the Ward.

Hospital Library is on site.

Fracture help can be located on CLININET

Limb reconstruction information can be located on TRUSTNET → DEPARTMENTS →
ORTHOPAEDICS