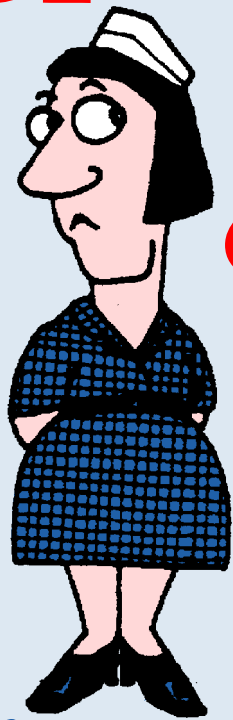


the
ward nine
survival
guide!!



a guide for
nursing
students

by graeme
mcgibbon

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Butterworth-Heinemann

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Ford, P Walsh, M (1989) "Nursing rituals, research and rational actions"

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welcome to ward nine

This pack has been put together to assist you in making the most of your allocation to the surgical speciality of Ear, Nose Throat and Maxillofacial Surgery.

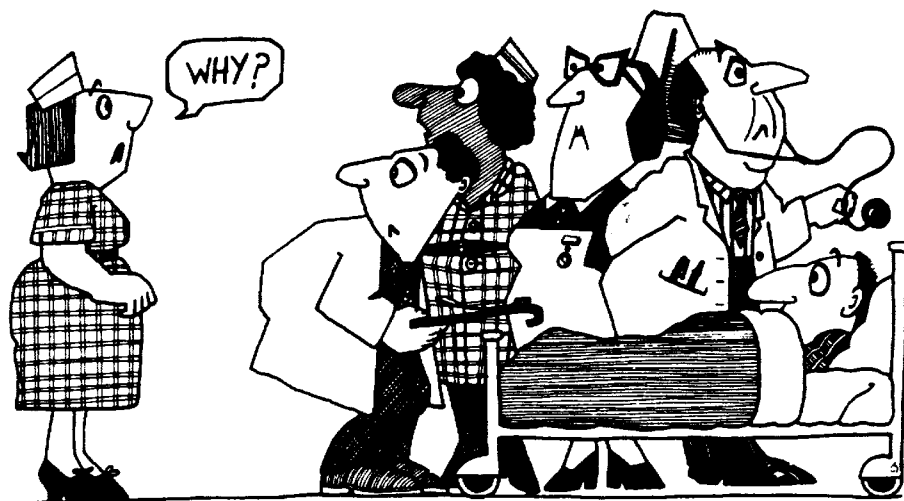
Working within a specialist environment can be difficult for any nurse but more so when it is also your first surgical experience. Keep in mind that your competencies are aimed at gaining a general understanding of surgical nursing, and a grounding in the associated practical skills. Don't get worried by the specialist "medical speak" you will come across. A short glossary is included in this pack.

To make life a bit more interesting for you over the next four to ten weeks we have suggested some learning opportunities which can be found on the ward and a plan of experience which incorporates some extras which you will hopefully find useful.

At the end of the day, however, it is up to you to negotiate with your mentor details of the experience you wish to gain while on the ward.

Remember, if you are unsure about any area of care you have been shown or you would like further information on anything **ASK!!**

ask!!!



finding

Ward 9 is of the same design as most other wards within Monklands Hospital, following a race track style. Rooms are numbered from 30 - 18. There is only one entrance/exit to the ward. The doors at the rear of the ward lead to ward 8 which also is the location of a second examination room.

There are a number of important locations, within the ward, which you should be aware. You will be shown these shortly after arriving on the ward.

- They include:
- ❖ The Fire exit / Fire Points / Extinguishers
 - ❖ The Treatment Room
 - ❖ Exam Room (Ward 8)
 - ❖ Pre-assessment Clinic
 - ❖ The Day Room
 - ❖ The Clean Area
 - ❖ The Sluice
 - ❖ Store Cupboards

your

In the event of cardiac arrest or fire help can be reached by dialling 2222.

There are 34 beds on the ward, 28 for ENT and 6 for Oral / Facial surgery. In reality it is rarely this neat and the number of inpatients from each speciality will fluctuate. We have also recently converted two single rooms at the Nurse's Station to high dependency beds (HDU).



way

around

the ward philosophy of care

The Ward staff practice individualised patient care through Team Nursing.

Within the ward there are two teams organised on a geographical basis. Team one runs from rooms 18 to 23 with S/N Karen Murray as the team leader.

Team Two runs from room 26 to 30 with S/N Susan Reilly as the team leader. Rooms 24 and 25 have recently been converted to high dependency beds (HDU). The HDU beds are staffed on a shift to shift basis depending on activity.

All nursing staff are working towards evidence based practice.

All nursing care is reviewed regularly and we like to develop practice where we can. Along these lines we have established nurse led clinics in ENT and pre-assessment, HDU beds and are presently reviewing cancer services. As a matter of course all care is regularly evaluated and your input is most welcome.

(or the way we
do things!!)



the people we care for

During your allocation to ward 9, you will come across people from age 13 years and up. Until the paediatric review takes place one week in every month is designated for children's list. During this time some shifts are covered by sick children's nursing staff from Wishaw and we admit up to 24 children during the week, aged from 3 years to 12 years old.

Most have a fairly short stay, although patients can be admitted for anything from one day to three weeks. You will find a fairly quick turn over of patients within the ward and while the work is rarely "heavy" it is still fairly demanding.

The majority of the patients on the ward are "Elective Admissions" i.e. they have arranged in advance with the surgeon to come into hospital for treatment. The ward also receives emergency admissions seven days a week, 24 hours a day. Ward 9 is the only inpatient treatment centre in Lanarkshire for ENT Maxillofacial surgery and so referrals come from all other hospitals in the area.

Pre-assessment clinics also run from within the ward for prospective inpatients. Patients are seen every day.

Nurse led outpatient clinics run concurrently with medical clinics in the outpatient department. These are led by Karen Sheridan, ENT nurse specialist. Karen also runs a valve clinic every Monday afternoon for Laryngectomy patients. This takes place in the exam room, Ward 8. Currently S/N Lamb staffs the treatment room, Monday to Friday, from 9.00am to 4.00pm.

(our customers!)

a few words

There are five ENT consultants working within the ward, Mr Stewart, being the Lead Clinician. We also have one Associate Specialist in ENT, two Registrars and six Senior House Officers.

ENT theatres run every day, Monday to Friday.

Patients can be admitted for minor surgery such as examination of ears or much more serious and life threatening surgery such as laryngectomy (removal of the voice box).

The most common ENT emergency admissions include Epistaxis (nose bleed), Foreign body in the throat / airway obstruction and ear or throat infection.

on the
ear nose &
throat
side of things

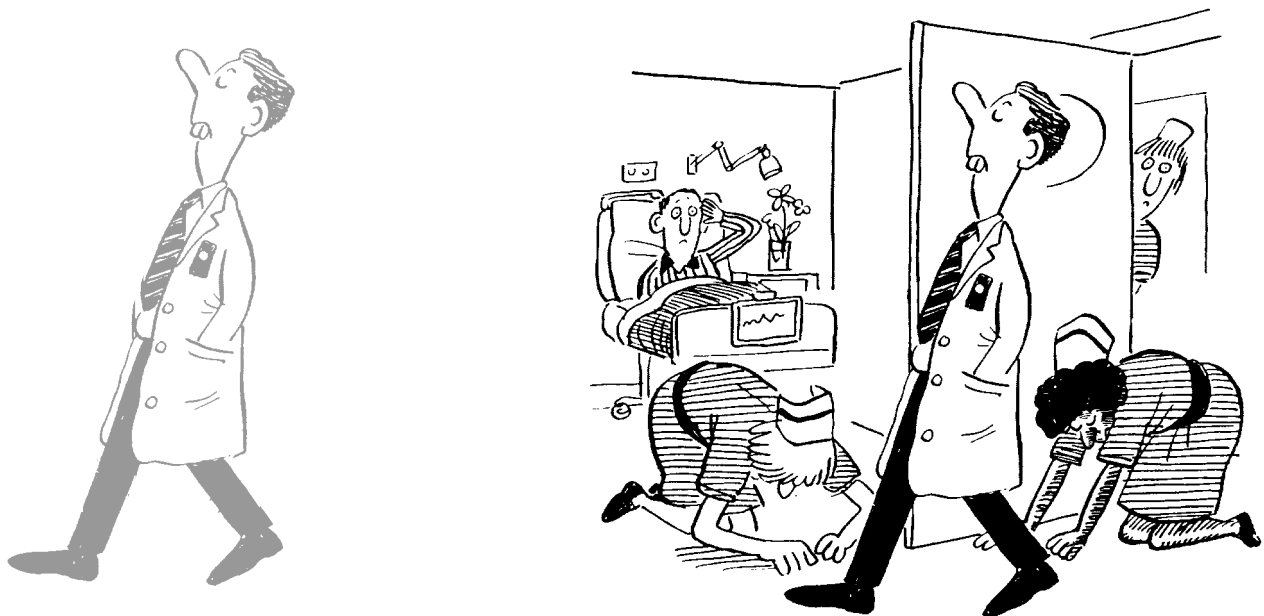
about maxillofacial surgery

Within the ward there are two maxillofacial surgery consultants, Mr Hammersley and Mr McMahon. They are supported by an Associate Specialist, Mr Adjei, a Senior Registrar, a Registrar and four Senior House Officers.

Again a large number of patients are "Elective Admissions".
Theatres run on Tuesday and Thursday all day.

Patients can be admitted for treatment ranging from dental extraction's to extremely long and complex surgery to excise oral cancer and re construct the floor of mouth and face.

The most common emergency admissions include fractures to the malar (cheek bone), mandible (Jaw) and dental abscesses.



"I can't see that contact lens anywhere"

head and neck surgery

Cancer treatment is a small but significant part of the service we offer.

The most common sites for head and neck cancer include floor or mouth, tongue and larynx. Rarer tumours are found in the PNS/nose, neck and ear.

Treatment of head and neck cancer is radical and involves major surgery. It differs from others as the results of treatment and disease are highly visible.

In addition, following treatment major life style changes are usually required.

For example following laryngectomy the patient will breathe permanently via a stoma in their neck.

Caring for these patients can be challenging and difficult at first. Please discuss any issues with your preceptor and do not be afraid to ask for help if you find situations difficult to handle.



mentorship, learning contracts & all that stuff

On arrival to the ward you will be assigned a preceptor who will complete your learning contract and complete your final assessment.

All nursing staff are more than willing to help you during your stay on the ward and are a valuable source of information. Please don't dismiss them as second best solely because they are not "your mentor". The realities of ward life mean that you will be working with and gaining experience in practical skills from a member of ward staff.

At the end of the day we like to think of ourselves within the ward as a Team and your assessment (from the ward), while resting with your mentor, will be reached after the ward team have been canvassed for their views.

Once you have agreed the shifts you wish to work please arrive on time and do not unilaterally change your shifts, if you have a problem speak to your mentor.

Over the next four to ten weeks you are expected to be on the ward to gain practical experience. If you need to get away from the ward for any reason you must discuss it with your preceptor or the nurse in charge.

Please also remember any sick time you have while on the ward is recorded and the college informed. Some students, in the past, have made up sick time by working extra days. If you wish to do this you must clear it with your mentor and the College of Nursing.

The Ward staff will actively try to involve you where appropriate but ultimately it is a two way process. Please speak up and make your opinions and views known. If there is anything which has not been included which you feel would be beneficial please let us know. The next four to ten weeks will be what you make of them but above all enjoy yourself!!!!

enjoy yourself !

a four week plan

week 1

- ◇ Orientation to Ward 9
- ◇ Meet Staff
- ◇ Observation / Demonstration of procedures
- ◇ Admissions (arranged and emergency), Pre-Assessment Clinic
- ◇ Pre and Post Operative Care
- ◇ Complete Learning Contract
- ◇ Agree experience and skills to be gained

week 2

- Treatment room ◇
- Medicine Rounds ◇
- Injections ◇
- Dressings, removal of sutures / clips ◇

week 3

- ◇ Reflect
- ◇ Discuss
- ◇ Cover any area previously omitted
- ◇ Practice skills
- ◇ Care Planning

week 4

- Assessment ◇
- Competencies ◇
- Theatre Visit (If Possible) ◇
- Management ◇

suggested learning opportunities

- ◇ Admission / Discharge / Pre Assessment
- ◇ General Pre and Post operative Care
- ◇ Administration of Medicines (Oral, IM, Subcutaneous and PR)
- ◇ Naso Gastric feeding
- ◇ Tracheostomy Care
- ◇ Communication with patients and relatives
- ◇ Care Planning
- ◇ Ward Management
- ◇ Theatre Visit
- ◇ Working within a Multi-Disciplinary Team;
Medical Staff,
Physiotherapists
Speech Therapist
Dietician
- ◇ Organised training sessions
- ◇ Ward review clinics
- ◇ Care of major head and neck surgery patients

information & resources

- ◇ Ward Staff/ENT nurse specialist
- ◇ Professional Journals
- ◇ Books
- ◇ Anatomical Models
- ◇ Ward Manuals
- ◇ Library (includes CD-ROM, first floor)
- ◇ Demonstration Box (Contains expired trachy tubes etc)
- ◇ TV / Video
- ◇ Ward computers
- ◇ Selection of off-prints on general nursing issues
- ◇ PAMs staff, eg speech therapy, dieticians
- ◇ webpage: www.gmcgibbon.freemove.co.uk

terminology

Terminology Specific to Ear, Nose, Throat & Maxillofacial Surgery

The following are some basic terms which you will come across while working in the ward. This sheet is not intended to be anything other than a brief guide and should be supplemented with further reading.

the ear
Aural Polypectomy
Cholesteatoma

Removal of growths (Polyps) from the ear canal.
Complication of chronic ear infections particularly of the Mastoid area. Benign growth which forms as a sac shedding debris into its centre so becoming bigger. This is very destructive to the structures of the middle ear.

Glue Ear

Collection of fluid in the middle ear.

Grommets

Small tube inserted into the Tympanic Membrane.

Mastoidectomy

Removal of diseased and infected mastoid bone.

Meatoplasty

Reconstruction and widening of the Auditory Meatus.

Menieres Disease

Disease of the Inner ear causing vertigo and progressive deafness.

Myringoplasty

Reconstruction of the Tympanic Membrane.

Myringotomy

Incision in the Tympanic Membrane to allow drainage of fluid. Grommets may be inserted.

Otitis Externa

An infection of the outer ear.

Otitis Media

An infection of the middle ear.

Otoplasty

Also known as pinoplasty. Surgically reconstructing the pinna to reduce the prominence of the ears.

Suction Clearance

Cleaning out debris from the ear by the use of suction.

Stapedectomy

Removal of stapes and insertion of an artificial replacement.

Tinnitus

ringing in the ears.

T-Tube

Similar to a grommets except the shape allows it to remain in place for longer without blocking or becoming dislodged.

Tympanoplasty

Involves the reconstruction of the ossicle chain and the Tympanic Membrane.

Vertigo

Feeling of surroundings spinning around.

the

nose

B.A.W.O

Bilateral Antral washout. Sinus wash out to clear infected matter from the sinuses.

Epistaxis

Nose Bleed.

Ethmoidectomy

Clearing of ethmoid bone to relieve infection or polyps.

Polypectomy

Removal of nasal polyps.

Rhinoplasty

Reconstruction of the Nose.

Septoplasty

Reconstruction of the nasal septum, usually to correct a deviation.

S.M.D.

Sub Mucous Diathermy. Cauterise bleeding points in the nose.

S.M.R

Sub Mucous Resection. Removal of cartilage from the nose.

Trimming of Turbs

Nasal turbinate bones surgically trimmed to relieve obstruction.

Turbinectomy

Removal of turbinate bones.

the

throat

Adenotonsillectomy

Removal of tonsils and adenoids.

Epiglottitis

Inflammation and swelling of the epiglottis which can obstruct breathing.

Laryngectomy

Removal of the larynx.

Quinsy

Tonsil abscess.

Sleep Apnoea

Intermittent episodes where patient stops breathing during sleep. Characterised by loud and disruptive snoring and lethargy.

Stridor

Noisy breathing on inspiration.

Stripping of Vocal Cords

Method of removing polyps and thickened tissue from the vocal cords.

Tracheostomy

A temporary or permanent opening in the trachea via the neck to maintain the airway. Usually maintained by the use of a tube.

maxillofacial

Apicectomy	Incision in the gum to allow work on the root of the tooth.
Arthroscopy	Use of key hole surgery to examine TM joints of the mandible
Carcinoma	Cancer. Within this speciality it is usually found on the floor of mouth, tongue, palate, larynx.
Conservation	Fillings crowns or bridge work.
Eminectomy	Procedure to prevent frequent dislocation of the mandible.
Extraction's	Removal of teeth.
Flaps	Delta pectoral, pectoralouss major, temporalous, labial, biccoronal.
# Malar / Zygoma	# (Fractured) cheek bone.
# Mandible	# (Fractured) jaw.
Graft sites	Thigh, forearm, abdomen.
IMF	Intramaxillary fixation. The jaws are wired together used mainly in fractures of the mandible.
Lefort I, II or III	Descriptions of fractures of the mid face.
Osteotomy	"Bite" realigned by removing some bone from the mandible or maxilla moving it forward or back.
Surgical Removal	Teeth removed via a surgical incision in the gum.

investigations

Audiogram	Hearing Test
Auriscope	Used to examine ear canal and Tympanic Membrane.
Caloric Testing	Semi-circular canal stimulated with water seven degrees above and below body temperature. The time taken for the resulting nystagmus (rapid eye movement) to resolve is measured.
Direct Laryngoscopy	View the Vocal Cords by use of a ridged scope under general anaesthetic.
ERA	Evoked Response Audiometry. Computer aided hearing test. Used on the very young, those with learning difficulties or when verbal response tests are unsuitable.
EUA	Examination Under Anaesthetic
EUM	Examination, usually of the ear, with a microscope.
Fiberoptic Scope	Flexible scope used to view the nose and throat.
Indirect Laryngoscopy	View the throat and vocal cords with a laryngeal mirror.
Microlaryngoscopy	Procedure which uses ridged scope and microscope to examine vocal cords.
Nasal Endoscopy	Use of a ridged scope to view the nose and sinuses.
Pulse Oximetry	Monitoring of oxygen saturation. Used in a number of situations but within this context it is used in conjunction with other observations to detect sleep apnoea.
Rinne Test	Tuning fork test used to test hearing at and behind the ear.
Weber Test	Tuning fork test used to test for bone conduction. Tuning fork placed on the centre of the forehead and asked if it is louder in one ear or the same in both.
X-rays	OPT, OM, PA and lateral views.

further reading

Maran, AGD, (ed), (1988), *"Logan Turner's Diseases of the Nose, Throat and Ear"*, Butterworth Heinemann, London.

Comment: An advanced book not for the faint hearted.
Good on detail and useful for finding out about the less common disorders.

Serra, AM Bailey, CM and Jackson, P, (1986), *"Ear, Nose and Throat Nursing"*, Blackwell Scientific Publications, Oxford.

Comment: An easy to understand Nursing book which provides a good insight into ENT Nursing.

Siglar, BA and Schuring, LT, (1993), *"Ear, Nose and Throat Disorders"*, Mosby, St Louis.

Comment: Excellent book providing care plans for many ENT conditions.
It is an American book so some terms can be confusing.

Stokes, D, (1985), *"Learning to care on the ENT Ward"*, Hodder and Stoughton, London.

Comment: A very straight forward and simple guide to nursing care on an ENT Ward.