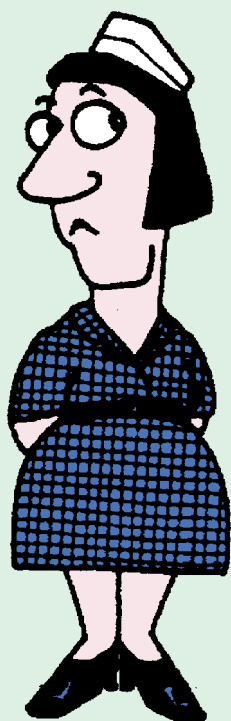


the
ward nine
survival
guide!



guide for
nursing
staff

by
graeme
mcgibbon

First Printed October 1999

Reprinted March 2003

Copyright G McGibbon

Images Reproduced by Kind Permission

Butterworth-Heinemann

From Salvage, J (1985) "The Politics of Nursing"

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

All Rights Reserved

Content devised by Ward 9 staff.

www.g.mcgibbon.freemove.co.uk

welcome to ward nine

Welcome to the Ward 9 team! This booklet has been put together to help you settle into the ward as quickly as possible.

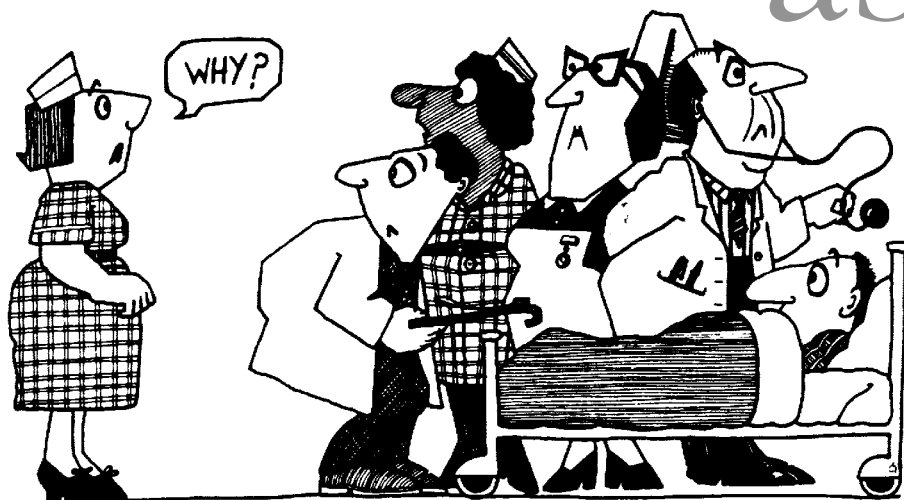
Working in a specialty for the first time is very rewarding but can also be extremely frustrating. Many of the conditions, treatments and terms will be new to you. Keep in mind that many of the ward staff have developed their expertise through a number of years working in Ear, Nose and Throat and Maxillofacial Surgery. Don't expect to learn everything during your first week!

This booklet complements the Trust Induction course by providing greater focus on the specialty. This booklet has been designed to provide some guidance for you in the initial few weeks when you start on the ward.

Each nurse has a responsibility for their own ongoing development, it is expected you will supplement the discussion and practical experience you gain with your preceptor and your own reading. As you become more confident and complete the objectives many more opportunities will be presented for you to gain additional experience and skills.

Remember, if you are unsure about any area of care 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, beginning at the entrance to the ward. There is only one entrance/exit, the doors at the rear of the ward lead to ward 8.

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

- They include;
- ✧ Pre-assessment Clinic
 - ✧ The Fire exit / Fire Points / Extinguishers
 - ✧ The Treatment Room
 - ✧ The Day Room
 - ✧ The Clean Area
 - ✧ The Sluice
 - ✧ Store Cupboards
 - ✧ Ward 8 Treatment room

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. One week in every month is designated children's week. During this time, kids aged from 5-12 years old are admitted for treatment. These children are cared for by sick children's nurses from Wishaw.



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 team leader.

Rooms 24 and 25 are designated HDU beds for the specialty.

Patients admitted to this facility have a dependency ranging from level 1-2.

Staffing for these beds ideally has one S/N per 2 beds.

However, this is reviewed on a shift by shift basis.

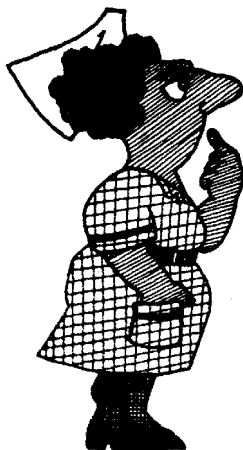
All nursing staff are working towards evidence based practice.

We have a very open approach on the ward.

Your views will be sought and any contribution you make will be valued.

Over the last few years we have implemented a number of innovative ideas and processes most of which have been staff driven.

(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.

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 and Oral surgery and so referrals come from all other hospitals in the area.

Most patients admitted for ENT surgery have attended the Pre Assessment clinic prior to admission. This clinic is run by Sister Mary Wilson. Ward Nursing staff are also involved on a rotational basis. Patients who attend the Pre-Assessment clinic will have their nursing assessment, medical assessment and investigations complete before admission. As a result almost 50% of patients can be admitted on their theatre day.

Following discharge from the ward many patients return to a follow up appointment at the Nurse Led Clinic in the OPD. Karen Sheridan, ENT Nurse Specialist offers a range of treatments at these clinics. S/N Lamb currently staffs the treatment room dealing with emergency admissions and follow up patients. This runs from Monday to Friday, 9.00am to 4.00pm.

(our customers!)

a few words

There are five ENT consultants working within the ward, Miss Stewart, being the Lead Clinician. We also have one Associate Specialist in ENT, two training Registrars, two Staff Grade 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 oral / facial surgery

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

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

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"

mentorship, learning contracts & all that stuff

During your first shift on the ward you will be allocated a mentor. For the first few weeks you and your mentor will work the same shift pattern to ensure you have someone to guide you in the ways of Ward 9.

A suggested learning plan has been constructed for you (you will find it over the next few pages of this booklet). It is your responsibility to ensure these competencies are completed in a reasonable time scale.

Time will be set aside every week for you and your mentor to discuss issues and practice skills.

There are a lot of resources available both on the ward and in the hospital. The main one of course is people. Make the most of your colleagues, they have amassed a great deal of experience and they will be more than pleased to help.

If you have any questions, anything you are unclear about discuss it with your preceptor or ask the ward staff.

enjoy yourself!

week one and two

Start date	Preceptor		
Topic	Date	Signed	Signed
Orientation to Ward 9; ✧ Arrest Trolley ✧ Computers (Fountain, PMS, PACS) ✧ Fire Exit and Drill			
Method of Admission; ✧ Pre-Assessment ✧ Elective ✧ Emergency			
Review Terminology			
Pre-Op Care General (Care Plans)			
Pre-Op Care Specific (Care Plans)			
Discharge Planning			
Comments			

week three and four

Start date	Preceptor		
Topic	Date	Signed	Signed
Medicine Rounds; ✧ Practical ✧ Policy ✧ UKCC Guidelines			
Ward Rounds; ✧ Review Appointments ✧ Ward Round Book			
Record Keeping			
The Treatment Room			
Equipment; ✧ IVAC ✧ Grasbey 3100 ✧ Syringe Driver MS16 and MS26 ✧ Patrol Feeding Pumps ✧ Aerodyne Humidifier ✧ BM ✧ Pulse Oxymeter ✧ Compact TS BP Machine ✧ Genius Thermometer ✧ HP monitors			
Discharge Planning			
Comments			

information & resources

- ✧ Ward Staff
- ✧ Professional Journals
- ✧ Books
- ✧ Anatomical Models
- ✧ Ward Manuals
- ✧ Library; CD-ROM, Internet access
- ✧ Demonstration Box (Contains expired trachy tubes etc)
- ✧ TV / Video
- ✧ Ward computer
- ✧ Selection of off-prints on general nursing issues
- ✧ Karen Sheridan, ENT Nurse Specialist
- ✧ Mary Wilson, Pre-Assessment Nurse
- ✧ Eliz Lamb, Treatment Room Nurse

terminology

Terminology Specific to Ear, Nose, Throat & Maxillofacial Surgery

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

the
Aural Polypectomy
Cholesteatoma

ear

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. Often contains infection. 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.
Graph 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.

investigations

Surgical Removal	Teeth removed via a surgical incision in the gum.
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.