ORIENTATION BOOKLET
FOR STUDENTS WORKING WITHIN
LIVERPOOL HEART AND CHEST HOSPITAL
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Welcome to Liverpool Heart and Chest Hospital

This booklet has been designed to help you understand the structure and make-up of the Liverpool Heart and Chest Hospital and to act as an aid to you during your placement.

The Liverpool Heart and Chest Hospital formerly known as the Cardiothoracic Centre became an NHS Trust in 1992. The Trust specialises in caring for patients undergoing medical and surgical procedures for cardiothoracic disorders.

The catchment areas for the Trust include the Mersey Region (Liverpool, Southport and Formby, Sefton, Wirral, St. Helens and Knowsley), Cheshire Region, (Warrington, Halton and Chester), North Wales Region (Clwyd and Gwynedd) and the Isle of Man Region.

The Trust serves a population of approximately 3.5 million and treats more than 10,750 inpatients each year many of them requiring highly specialised cardiac and thoracic surgery.

If you are experiencing any difficulties during your placement, please raise your concerns immediately to the Student-Mentor Link Nurses or Education Team based in the Department in which you are based.
Our Patient and Family Experience Vision

The 6 steps to our patient experience vision are:

- An exceptional patient experience
- Motivated staff, seeing LHCH as an even better place to work
- The most effective use of our scarce resources
- Focus for our other strategies and plans

This vision will deliver:
Our Values and Behaviours

These 3 main areas will help deliver the Patient Experience Vision. It's not (just) what you do, it’s the way that you do it.

**Excellent**

- Be innovative
- Promote best practice and share knowledge
- Always seek to improve
- Right first time, every time
- Be the best at what you do
- Be a team player

**Compassionate**

- Protect dignity
- Treat everyone as an individual
- Listen and communicate carefully
- Be friendly, courteous and attentive
- Be respectful

**Safe**

- Be a team player
- Inspire confidence
- Champion infection prevention
- Keep the hospital clean and tidy
- Learn from mistakes
- Recognise and reduce hazards
# Useful Contacts

Main switchboard number: 0151 228 1616.

## The Education Centre

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>0151 600 1686</td>
<td><a href="mailto:Aaron.Isted@lhch.nhs.uk">Aaron.Isted@lhch.nhs.uk</a></td>
</tr>
</tbody>
</table>

## University Link Tutors

### Edge Hill University

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>01695 657032</td>
<td>Catriona Levshankova(<a href="mailto:levshanc@edgehill.ac.uk">levshanc@edgehill.ac.uk</a>)</td>
</tr>
<tr>
<td>01695 657051</td>
<td>Alex Vjestica(<a href="mailto:vjestica@edgehill.ac.uk">vjestica@edgehill.ac.uk</a>)</td>
</tr>
<tr>
<td>01695 657087</td>
<td>Jan Holden(<a href="mailto:holdenj@edgehill.ac.uk">holdenj@edgehill.ac.uk</a>)</td>
</tr>
</tbody>
</table>

### Liverpool John Moores University

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 231 2121</td>
<td>Trudy Hutchinson(<a href="mailto:l.hutchison@ljmu.ac.uk">l.hutchison@ljmu.ac.uk</a>)</td>
</tr>
</tbody>
</table>

### Liverpool University

<table>
<thead>
<tr>
<th>Contact Number</th>
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</thead>
<tbody>
<tr>
<td>0151 794 5908</td>
<td>Cathy Fletcher(<a href="mailto:C.Fletcher@liverpool.ac.uk">C.Fletcher@liverpool.ac.uk</a>)</td>
</tr>
</tbody>
</table>

## Ward/Dept

### Surgical Admissions Unit

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>0151 600 1908</td>
<td><a href="mailto:Julie.Cartwright2@lhch.nhs.uk">Julie.Cartwright2@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Denise.Laird@lhch.nhs.uk">Denise.Laird@lhch.nhs.uk</a></td>
</tr>
</tbody>
</table>

### Birch

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 6001637</td>
<td><a href="mailto:Kate.Quilliam@lhch.nhs.uk">Kate.Quilliam@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Ann.Bayley@lhch.nhs.uk">Ann.Bayley@lhch.nhs.uk</a></td>
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</table>

### Cedar

<table>
<thead>
<tr>
<th>Contact Number</th>
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</thead>
<tbody>
<tr>
<td>0151 6001166</td>
<td><a href="mailto:Melaine.Howard@lhch.nhs.uk">Melaine.Howard@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:David.Reavey@lhch.nhs.uk">David.Reavey@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Katie.Mulhearn@lhch.nhs.uk">Katie.Mulhearn@lhch.nhs.uk</a></td>
</tr>
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### Elm

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 600 1169</td>
<td><a href="mailto:Karen.Edgar@lhch.nhs.uk">Karen.Edgar@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Charles.Cowburn@lhch.nhs.uk">Charles.Cowburn@lhch.nhs.uk</a></td>
</tr>
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### Oak

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 6001161</td>
<td><a href="mailto:Laura.Allen@lhch.nhs.uk">Laura.Allen@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Julie.Burns@lhch.nhs.uk">Julie.Burns@lhch.nhs.uk</a></td>
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### Maple

<table>
<thead>
<tr>
<th>Contact Number</th>
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</thead>
<tbody>
<tr>
<td>0151 6001335</td>
<td><a href="mailto:Leanne.Boult@lhch.nhs.uk">Leanne.Boult@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Nicola.Humphreys@lhch.nhs.uk">Nicola.Humphreys@lhch.nhs.uk</a></td>
</tr>
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### Amanda Unit

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 6001428</td>
<td><a href="mailto:Maria.Conway@lhch.nhs.uk">Maria.Conway@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Victoria.McClellan@lhch.nhs.uk">Victoria.McClellan@lhch.nhs.uk</a></td>
</tr>
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</table>

### Day Ward

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>0151 6001179</td>
<td><a href="mailto:Susan.Easton@lhch.nhs.uk">Susan.Easton@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Hannah.Thompson@lhch.nhs.uk">Hannah.Thompson@lhch.nhs.uk</a></td>
</tr>
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</table>

### Outpatients

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 6001766</td>
<td><a href="mailto:Susan.Breakwell@lhch.nhs.uk">Susan.Breakwell@lhch.nhs.uk</a></td>
</tr>
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### Theatre

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 6001514</td>
<td><a href="mailto:Joan.Parkin@lhch.nhs.uk">Joan.Parkin@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Julie.Fletcher@lhch.nhs.uk">Julie.Fletcher@lhch.nhs.uk</a></td>
</tr>
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### CICU(m)

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>0151 600 1173</td>
<td><a href="mailto:Emma.Miello-Constantine@lhch.nhs.uk">Emma.Miello-Constantine@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Robert.Frodsham@lhchl.nhs.uk">Robert.Frodsham@lhchl.nhs.uk</a></td>
</tr>
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### CICU(s)

<table>
<thead>
<tr>
<th>Contact Number</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>0151 600 1116</td>
<td><a href="mailto:Angela.Brodin@lhch.nhs.uk">Angela.Brodin@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Carolyn.McGuigan@lhch.nhs.uk">Carolyn.McGuigan@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Karen.Meecham@lhch.nhs.uk">Karen.Meecham@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Seena.Moby@lhch.nhs.uk">Seena.Moby@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Sue.Leatherbarrow@lhch.nhs.uk">Sue.Leatherbarrow@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Amy.Seale@lhch.nhs.uk">Amy.Seale@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Emma.Foster@lhch.nhs.uk">Emma.Foster@lhch.nhs.uk</a></td>
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### CICU Education Team

<table>
<thead>
<tr>
<th>Contact Number</th>
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</thead>
<tbody>
<tr>
<td>0151 600 1160</td>
<td><a href="mailto:Gemma.Weiss@lhch.nhs.uk">Gemma.Weiss@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Neville.Rumsby@lhch.nhs.uk">Neville.Rumsby@lhch.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Claire.Partridge@lhch.nhs.uk">Claire.Partridge@lhch.nhs.uk</a></td>
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### Cath Lab

<table>
<thead>
<tr>
<th>Contact Number</th>
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<tbody>
<tr>
<td>0151 600 1821</td>
<td><a href="mailto:Rhian.Brown@lhch.nhs.uk">Rhian.Brown@lhch.nhs.uk</a></td>
</tr>
<tr>
<td>Service</td>
<td>Phone Number</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Community CVD</td>
<td>0151 600 5701</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Community COPD</td>
<td>0151 600 5112</td>
</tr>
<tr>
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<tr>
<td>Research Team</td>
<td>0151 600 1868</td>
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<tr>
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<tr>
<td>Physiotherapy</td>
<td>0151 600 1953</td>
</tr>
<tr>
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<tr>
<td>Cardiac Diagnostics</td>
<td>0151 600 1714</td>
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<td>Pulmonary Function</td>
<td>0151 600 1779</td>
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<tr>
<td>Cardiac Rehab/Health Promotion</td>
<td>0151 600 1636</td>
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<tr>
<td>Radiology</td>
<td>0151 600 1302</td>
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<tr>
<td>Exercise Team</td>
<td>0151 600 1953</td>
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<tr>
<td>Discharge Team</td>
<td>0151 600 1021</td>
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<tr>
<td>Palliative Nurse Specialists</td>
<td>0151 600 1630</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Heart Rhythm/Failure Nurse Specialists</td>
<td>0151 600 1522</td>
</tr>
<tr>
<td>Diabetes Nurse Specialists</td>
<td>0151 600 1482</td>
</tr>
<tr>
<td>Critical Care Outreach Team</td>
<td>0151 600 1197</td>
</tr>
<tr>
<td>Pain Management Team</td>
<td>0151 600 1662</td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>0151 600 1663</td>
</tr>
<tr>
<td>Cystic Fibrosis Nurse Specialist</td>
<td>0151 600 1374</td>
</tr>
<tr>
<td>Hospital Coordinators</td>
<td>0151 600 1664</td>
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<tr>
<td>Infection Control Team</td>
<td>0151 600 1326</td>
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<tr>
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<tr>
<td>Lung Cancer Nurse Specialist</td>
<td>0151 600 1182</td>
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<tr>
<td>Respiratory Nurse Specialist</td>
<td>0151 600 1538</td>
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<tr>
<td>Tissue Viability Nurse Specialist</td>
<td>0151 600 1324</td>
</tr>
<tr>
<td>Upper GI Nurse Specialist</td>
<td>0151 600 1218</td>
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</table>

Cardiac Arrest: Dial 2222 speak clearly and state “Cardiac Arrest and the location”.

Fire :Dial 2222

To obtain an outside line you will need to go via switch board by dialling ‘0’
To transfer a call to another department or extension press ‘transfer’ followed by the
extension number of that department.

Bleep System
DIAL: 85 – Listen to the prompts provided by the pager system. Replace the receiver
and wait for the return call.
Mentor and Associate Mentor

You will be counted as supernumerary during your placement and will work alongside a Registered nurse at all times. There may be occasions where your mentor is on holiday therefore, you will be allocated to your associate mentor.

There is a support network available to you during your placement. Please refer to the table over the page to see what options are available to you.

<table>
<thead>
<tr>
<th>Person to contact</th>
<th>Area of responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor</td>
<td>To give support and guidance to achieve learning outcomes</td>
</tr>
<tr>
<td>Associate Mentor</td>
<td>To provide support and guidance to student</td>
</tr>
<tr>
<td>Student-Mentor Link Nurses</td>
<td>Have responsibility for student and mentor guidance within the Department.</td>
</tr>
<tr>
<td>Unit Manager</td>
<td>Has responsibility for overall management of clinical staff and students. Can be contacted for Human Resource matters</td>
</tr>
<tr>
<td>Practice Education Facilitator</td>
<td>Training and development resource for all Nursing Staff including Student Nurses. Can be contacted for support in training and development issues</td>
</tr>
<tr>
<td>Practice Academic Link</td>
<td>Facilitator between the University and placement area. Can be contacted for academic placement and pastoral concerns</td>
</tr>
</tbody>
</table>

Sickness and Absence

Should you become ill and unable to work you must telephone the unit and report to the nurse in charge no later than **6.00am** on an early shift, **10.00am** on a late shift and **15.00pm** on night duty. When ready to resume please phone the unit and inform the nurse in charge.

On your first shift back from sick please report to your mentor/student-mentor link/ward manager as soon as possible so to prevent any discrepancies in your attendance record.

Study Leave

This is set by your home university. Please refer to the student notice board in your department.
Staff Uniforms

Advanced Nurse Practitioners - black and grey striped tunics/dresses and black trousers
Senior Nurse Managers - red tunics/dresses and black trousers.
Sisters/Charge Nurses- navy blue tunics/dresses and navy trousers.
Staff Nurses - royal blue tunics/dresses and navy blue trousers.
Intensive Care Assistants/ Assistant Practitioners - lilac tunics/dresses and navy trousers
Support Workers - white tunics/dresses with yellow piping and navy trousers.
Domestic Staff - pale blue and white striped tunics with navy blue trousers.
Catering staff - white shirts, black trousers and a black hat.
Technicians - green/blue theatre scrubs.
Ward Clerks - purple, black, white striped tunics and black trousers.
Physiotherapists - white tunics with navy piping and navy blue trousers.
Occupational Therapists - white tunics with green piping and green trousers.

Visitors

Please see individual wards for specific visiting times.

If relatives wish to stay overnight or for the duration of the patients stay accommodation is provided in the Robert Owen House. This is usually pre-booked via patient services when patients are forwarded their operation date between the hours 09.00-17.00hrs. Relatives must report to main reception after 12.30pm and inform switchboard that they have accommodation booked. For out of hours bookings contact switchboard.

Teaching

We aim to provide teaching and supervision specifically to your individual needs. Please remember that the majority of learning and development should be aimed towards completion of your learning outcomes and skills inventory for the module. We will endeavour to complete your learning agreement during the first week you are allocated to critical care where we will discuss and plan for any specific needs you may have. With LHCH being a Specialist Hospital you will be exposed to a variety of learning experiences unique to this area and we welcome you to observe any new practices and procedures but please remember this should not be at the expense of you achieving your learning outcomes.
Opportunities available

Whilst on placement, most of your learning will be achieved by the bedside working alongside your Mentor.

When agreeing your developmental learning plan, you may wish to discuss with your mentor organising a spoke visit to another clinical area ie. Catheter laboratory or to shadow a Specialist nurse. This can be arranged through the spoke booking system (page.12).

Diana Campbell Library

The "Diana Campbell" Library is situated close to the "Ben Meade" Lecture Theatre. All students have access to the library. To join the library you will need to register. Registration forms are available via the library or on the library website (http://www.lhchhub.com/#). To gain access to the library you will need a code for the library door. Please show your ID badge to a member of library staff or Switchboard staff to obtain code. The Library is open 24hours, access gained via swipe access and is staffed from Monday to Friday between 9am to 5pm.

Documentation

LHCH uses an Electronic Patient Record (EPR) system which you will have training and access to. Your mentor will show you the various paperwork used within the trust. However, it is your responsibility to maintain a high standard of record keeping. Please ensure that any entries made within the nursing records are countersigned by the registered nurse supervising you for the shift. There are a number of key principles that underpin good record keeping

- Patient records should be factual, consistent and accurate.
- Be written as soon as realistically possible after the event has occurred.
- Any writing must be written in black ink.
- Writing must be clear, alterations or additions must be dated, timed and signed.

For further information on records and record keeping, please refer to the NMC ‘Guidance for Nurses and Midwives’ (2010).
Your Journey at Liverpool Heart and Chest

Liverpool Heart and Chest Hospital (LHCH) prides itself in offering some of the best practice learning opportunities across the North West. We believe that in order to provide an experience that not only clinically educates students but seek to develop them as individuals, we strive to streamline your arrival into practice. As a result the steps below provide information in how to optimise your learning experience.

Step.1: Before Arriving at Liverpool Heart and Chest Hospital

Off-Duty
Student off-duty is now incorporated into our Trusts E-Rostering system. In order to support students, your study days are included within this system. Please contact the mentor link (contact details on pg.5 & 6) for the practice placement area at LEAST ONE WEEK IN ADVANCE to obtain your off-duty. Shift patterns vary between practice areas. These details can be found on the Practice Learning Support System (PLSS): https://www.plss.org.uk/dev1/Default.aspx

Electronic Patient Record (EPR) Training
In April 2013, LHCH implemented a new and innovative EPR system which is one of the most advanced in the country to be implemented. The system sought to change the way that LHCH provides care with thousands of previously paper-based records, patient documentation, test results, prescriptions, orders and integrated care pathways all now included in the Trust’s new EPR system.

1. New Students
As a result of this new EPR integration, all new students are now required to complete EPR training in order to help support them in achieving their competencies. NEW STUDENTS WILL HAVE THIS BOOKED INTO THEIR OFF-DUTY BEFORE COMMENCING PLACEMENT. You will be advised of this date when given your off duty.

Once you have completed your EPR Training, you will be given a personal username and generic password which you will be prompted to change at the end of your EPR training session. This username and password is for both your IT and EPR accounts.

2. Returning Students
For those students returning to practice, your username and password will be reactivated for the duration of your placement. If you have difficulties logging onto the computer please contact IT ext.1344. If you have difficulties logging onto EPR please contact The EPR Team ext.1895.
IT Accounts
All students will be given a personal LHCH IT Account. This account will give you access to EPR, the internet, emails and the LHCH Spoke Booking System (pg.13). Please be sure to keep a record of your username and password as you will require this for each time you’re on placement.

Step 2: Local Induction
Due to the number of students attending practice placements here at LHCH, we hold local inductions on every placement. To support your learning, each practice area has an induction pack which will be made available to you when arriving on placement. This ensures that we adhere to our Health Education North West Placement Charter in our vision to optimise your learning experience.

Step 3: Student Badge
Every student who attends placement must have a student identity badge. Please complete the form below (if not already done) and bring it to The Education Centre at Moroney House. Any problems please contact the Education Team ext 1377/1067.
APPLICATION FOR IDENTITY BADGE & ACCESS AUTHORISATION

This form is to be used for a new issue or a replacement. Please complete in ink, using block capitals, ticking boxes and Deleting words * as appropriate.

PART A (To be completed by the recipient of the badge)

Dr [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ]
Forename(s) ___________________________ Surname ______________

Swipe Card Access YES [ ] NO [ ]
Temporary employment/placement until-
Designation/Job Title - Student Nurse
Department - Learning and Development Directorate - Corporate
Tel Ext. 1686 __________________________ Bleep No. 2028 ___________

In receiving a personal identity badge, I understand that:

I must comply with the Trust policy and wear the badge in a prominent position at front upper body level. It must be clearly visible and capable of being examined by any person seeking to verify my identity.

The badge is the property of the Trust and I must not give it to unauthorised person. I must report losses to the Security Manager without delay and inform my Head of Department/Directorate Manager as soon as practicable.

I must change the badge for a new one on the expiry date being reached, on being employed in a different skill or profession within the Trust, or when there are material changes to my name or personal description.

I must surrender the badge to the Security Manager, or to my Head of Department/Directorate Manager on ceasing employment.

Signature ____________________________ Date _________________________

Please ensure that PART B (overleaf) is fully completed by the Authorising Officer.
Staff must present this form to the Access control Team located at the main reception between The hours of 10am - 1pm Monday – Friday. Access control staff will explain the process, Telephone Number 1837

PART B
(To be completed by the Head of Department/Directorate Manager)

New starter Issue [ ]

*The details shown in Part A have been checked and the applicant is confirmed in the appointment stated with effect from ___________________________ (date)
Replacement Issue

*The details shown in Part A have been checked and the applicant is currently in post in the appointment stated. A replacement badge is required for the following reason:

Exchange old damaged badge ☐ Replacement for lost badge. ☐

Loss reported to

Exchange on expiry ☐ Exchange on change of details ☐

_______________(date)

Detail access required on swipe card: All areas except theatre

Signature: ☐ Designation: Practice Education Facilitator

Printed Name: Aaron Isted Department: Learning and Development

Date: ☐ Directorate: Corporate

PART C (For access control team use)

Surrendered badge due to damage/change of details ☐

Surrendered badge when employment ceased ☐

Surrendered badge(for any reason) destroyed ☐

PART D (For access control team use)

Processed by:

Signature: ☐

Detail access given:

Detail any access declined and

PART E (To be completed by recipient)

Date badge received:

Staff signature:

Document to be kept by Access control Department
Your Practice Placement

Liverpool Heart and Chest Hospital currently offers practice placements across both surgical and medical directorates. The next few pages will provide a brief overview of those placement areas available at LHCH. Please click on the name of the placement to access the PLSS placement profile. This will provide details on personnel, shifts and allocations.

Amanda Unit (Cardiology)

Placement Description:
The Amanda Unit is a 12 bedded regional, mixed sex Adult Cystic Fibrosis unit. There are 12 single rooms on the unit. Five have en-suite facilities and one is a family room with a pull-out bed. The ward is divided into teams led by the nurses on duty for that shift. Each team comprises of a trained member of staff or Band 4; both supported by 1 HCA and also a Nurse in Charge. We offer students a very supportive environment to learn, develop and meet all learning outcomes.

Client Number:
12

Client Group Description:
The ward is a CF unit and is also able to facilitate patients from other specialities such as:
- Cardiology (PCI, Ablation, PVI, Pacemakers)
- Pre-Surgical patients (Bypass Grafts, Valve repair/replacements, Thoracic)
- Bronchiectasis
- Acute and Chronic Respiratory Conditions
- Lung Cancer
- COPD
- Day cases (Investigations and Diagnostics)
- Palliative Care

Care provision offered:
Care provision is individualised to each patient to ensure high standard, appropriate and holistic care.
CF treatments include IV Therapy; Nebuliser therapy; Exercise and Physiotherapy; Diet and Nutritional advice; Psychological support; Social/Family support. On-going advice and support is provided by our five resident CF Nurse Specialists on discharge.
We accept both cardiology and thoracic elective patients; hospital transfers (ACS Cases) and emergency admissions.

Appropriate treatment is given alongside health promotion; Cardiac Rehabilitation Phase 1 and referrals necessary on discharge.

Feedback Link:
**Birch Ward (Cardiology)**

**Placement Description:**
Birch Ward is a 40-bedded mixed sex ward with 8 Telemetry monitoring beds.

This placement area offers students the opportunity to learn about acute and chronic respiratory and cardiology conditions along with: fundamental and essential aspects of care; pharmacology relating to heart and lungs; record keeping; confidentiality; care of the dying; infection control; wound care; palliative care; working with members of the MDT; Cath lab; ECG.

**Client Number:**
40

**Client Group Description:**
Male and Female patients
Medical Cardiology and Chest patients
Acute and Chronic conditions
Palliative Care patients

**Care provision offered:**
Acute and Chronic Cardiology and Respiratory
Social Problems
Health Education Health Promotion
Heart Failure
COPD
Heart Arrhythmias
Post Myocardial Infarction
**Blood Transfusion Nurse Specialists**

**Placement Description:**
The Hospital Transfusion Team ensures the safe delivery of blood & blood products to patients requiring transfusion within the context of high quality transfusion practice. The membership of this group comprises of: Consultant Anaesthetist, Blood Bank Manager, Hospital Transfusion Practitioner, Perfusionist, Clinical Governance representative, Medical representative and Risk Management representative.

The Transfusion Practitioner will for 1 day, from 10.00 – 2pm will provide the following:
- A training session which includes Trust policy, A&P, patient preparation, consent, asepsis and disposal.
- Patient monitoring whilst blood and blood components are being transfused.
- A visit to the transfusion laboratories and an opportunity to observe their practice in relation to the testing and processing of transfusion samples.

**Client Number:**
Varies

**Client Group Description:**
Patients receiving a transfusion of blood and blood components

**Care provision offered:**
The promotion and implementation of safe, evidence based practice in the management of blood transfusion within the Trust
Care advice and support for staff and patients within the Trust about transfusion services and practice
Work with clinical staff to promote safe administration, effective selection, use and documentation of all blood components
Ensure the development of policies for patients with cultural or religious needs
Liaison between clinical staff and blood transfusion laboratory and monitor:
Suspected transfusion reactions
Adverse events or near misses in accordance with Trust incident reporting systems
Cardiac Diagnostics (ECG)

The cardiac diagnostics department performs a wide range of cardiac diagnostic investigations. Our large team of cardiac physiologists and cardiographers work individually, as well as part of a team to perform and support a number of different non-invasive and invasive procedures throughout the trust.

**Cardiac Diagnostic Investigations Performed by Our Department include:**

Non-Invasive Investigations;

- ECGs
- Ambulatory Monitoring (Heart rate/Blood Pressure)
- Event Recording (Heart Arrhythmias)
- Exercise Stress Testing
- Head-Up Tilt Testing
- Echocardiography;
  - Transthoracic Echocardiography (TTE)
  - Transoesophageal Echocardiography (TOE)
  - Bubble/Contrast Echocardiography
  - Stress Echocardiography
- Pacemaker interrogation and reprogramming
- ICD interrogation and reprogramming
- Heart Failure Device (CRT) interrogation and reprogramming
- Internal Loop Recorder interrogation and reprogramming
- Remote Follow Up for Pacemakers/ICDs/CRT devices

Invasive Procedures where we provide physiologist support;

- Cardiac Catheterisation Procedures;
  - Coronary Angiograms
  - Percutaneous Coronary Invention (PCI)
  - Primary Percutaneous Coronary Invention (PPCI)
  - Valvularplasty (Mitrail/Aortic)
  - ASD/PFO closures
  - Electrophysiology Procedures (EP Studies)
  - HOCM Ablations
  - Intra-Aortic Balloon Pump Insertion
  - Temporary Pacemaker Insertion
- Permanent Pacemaker Implantations
- Implantable Cardioverter Defibrillator (ICD) Implantations
- Internal Loop Recorder Implantations
- Cardiac Resynchronization Therapy Device Implantations
- Cardiac Device Extractions
**Cardiac Rehabilitation Nurse Specialists**

If you choose to spend some time with the Health Promotion Team, Stop Smoking Advisors or The Cardiac Rehab Nurse you will be able to take part, observe and even assist in the many aspects of these services.

The trust is a World Health Organisation accredited health promoting hospital and the health promotion team ensures the Trust meets and improves on the required standards.

**Health Promotion**

There are 2 members of the team who are responsible for a wide variety of roles and you can have the opportunity to learn more about these roles:

- Cycle scheme
- Staff Gym
- Travel plan
- Delivering Every Contact counts – brief intervention training
- Co-ordinating and planning health events for staff and patients
- Pivotal Members of the Trust Health & Wellbeing Group
- Ensuring that smoking cessation initiatives and targets are met
- Formatting and auditing of the healthy lifestyle assessment tool for all patients
- Members of the Cheshire & Merseyside Healthy Providers Network
- Onward referrals to community services for patients health needs

You will be given the every contact counts pocket handbook to assist you in delivering health messages.

We also have 2 stop smoking advisors and you can have the opportunity to spend time with them also observing the referral process and delivering advice to patients and relatives.

**Cardiac rehabilitation**

You can also shadow the rehab nurse and you can observe and learn more about:

- The 3 step process for delivering phase 1
- The referral process to our stakeholders
- The role of collaborative networking with cardiac rehab stakeholders within Cheshire & Merseyside, North Wales and IOM
- Delivery of the ‘One Heart’ support programme
- Effective delivery of health messages to ensure Every Contact counts
- Nice Guidelines and protocols
- Behind the scenes of the service (admin) and how important this is to the role
Catheter Laboratory

Profile
Within the Cath lab area we have:
A forward wait area
2 single plane labs – 1 and 3: dedicated EP cockpits
3 bi-plane labs – 2, 5 and 6
A 6-bedded recovery area
Labs 1 and 3 = predominately Electrophysiological Studies +/- types of Ablation labs
Labs 2, 5 and 6 = Coronary Labs or Interventional Labs, performs angiograms, angioplasty, PPCI, ASD/PFO closures.

Cath Lab Student Vision
Each student will have different expectations and/or skills to achieve depending on their stage of training, but these 5 topics are CORE categories a student nurse should witness/be involved in during their time in Cath Lab, these are:
• Circulating
• Drugs
• Procedures
• Scrubbing
• Omnicell
These CORE categories are expanded on within your student pack on arrival to the Cath lab and further information about them is available from the mentor links and Cath lab nursing team.

Procedures
During your time within your Cath Lab placement, you should be given the opportunity to experience all the different types of procedures undertaken here.
• Angiography (Cardiac Catherisation, Angiogram, CCS)
• Right and Left Heart Cath
• Angioplasty (PTCA, PCI)
• Primary PCI (PPCI)
• Rotablation/ Laser
• IVUS
• Pressure Wire Study (FFR/iFR)
• PCI-CTO/STO
• EPS +/- Ablation
• PFO/ASD Closure
• Valvuplasty
• HOCM

Further information about the Cath lab will be given to you on arrival to your placement with us. You will be given a student induction pack on arrival which will expand on many of the items listed above, as well as during the experience of your placement. We hope you enjoy your time with our team in the Cath lab.
**Cedar Ward (Surgical)**

**Placement Description:**
30 Bedded ward and 4 bedded high dependency unit that will have thoracic and gastric surgery patients. All admissions are come in one day prior to surgery post op patients either return direct to the ward or are required to be nursed in the high dependency unit. Due to the dependency of the patients and the complex care they require this placement is not suitable for 1st year students.

**Client Number:**
Varies

**Client Group Description:**
Pre and post-operative thoracic and gastric patients.
Surgical palliative care patients.

**Care provision offered:**
Pre and post op care of thoracic and gastric patients.

**Coronary Care Unit (Cardiology)**

**Placement Description:**
We are a ten bedded coronary care unit that specializes in the care of highly dependent patients with assorted cardiac conditions that need continuous monitoring and treatment. These conditions can include:

- Patients suffering myocardial infarction that require or have had primary percutaneous coronary intervention
- High risk acute coronary syndrome patients needing coronary intervention
- High risk patients with arrhythmias needing cardiac monitoring and treatment
- High risk patients requiring intravenous drugs and/or devices, e.g. endocarditis
- Unstable heart failure patients requiring invasive monitoring or intravenous medications
- Post cardiac arrest patients
- High risk patients awaiting cardiac surgery

**Client Number:**
10

**Client Group Description:**
Adult cardiology patients – acute or chronic-requiring treatment, monitoring, intervention, investigations or diagnosis.

**Care provision offered:**
- Medical
- Acute care
- Critical care
- Care of the older person
- Complex care
Clinical Nurse Practitioners

Placement Description...
The CNP’s run the pre-assessment clinics for patients who are electively coming in for various procedures or operations.

Client Number:
Varies

Client Group Description:
Cardiology patients who are attending for
- pacemakers
- angioplasty
- Electrophysiological studies (treatment for arrhythmias)

Surgical patients requiring operations:
- cardiac
- thoracic
- Upper GI

Care provision offered:
Each patient is given an hour long appointment. A full medical history is taken from our patients before they are clinically examined. A thorough review of systems is performed incorporating cardiac, respiratory and abdominal systems. Investigations are ordered according to findings.
The procedure /operation is fully explained to the patient and their family along with their post op care.

Community Cardiovascular Disease Service

Placement Description:
Consultant led Community Cardiovascular Disease Service delivered in a variety of community venues. There are 4 elements to the service:
Consultant led Community CVD diagnostics one stop clinics held in the primary care resource centres;
Nurse led Cardiac Rehabilitation Service delivered from a menu of options which include delivery in leisure venues, community venues and patients own homes;
Nurse led Community Heart Failure Nursing Service which is delivered in the community clinics and the patients’ homes;
Multi-professional team led Community Stroke Rehabilitation Service delivered in patients’ homes.
Placement is part of Liverpool Heart and Chest Hospital and students will have the opportunity to gain experience in both the community and acute trust setting.

**Client Number:**
Varies

**Patient group:**
We receive referrals from LHCH, Royal and Broadgreen Hospital, Whiston Hospital, Aintree Hospital, Specialist nurses, GP's and Activity For life. The patients we receive are varied and have had either recent events requiring urgent admission, elective admissions or have long term conditions. Examples listed below.

Post Primary PCI, Post PCI, Post MI, Angiogram with risk factors, Coronary Artery Bypass grafts, Valve Surgery, ICD/BIVENT, Stroke, COPD, Heart Failure, Congenital surgery
Peripheral vascular disease, Refractory Angina, Stable Angina

**Care provision offered:**
Cardiac Rehabilitation: We deliver phase 2 and phase 3 cardiac rehabilitation in line with BACPR and NHS frameworks. The cardiac rehabilitation programme consists of an individual exercise prescription and education delivering health promotion. Our service is one of a kind in that we are advanced in the care we deliver, e.g. nurse led titration clinics, early rehabilitation post event. Heart Failure: Specialist Heart failure nurses run nurse led clinics and titrate medications therefore improving patient outcomes. They are able to identify patients in their caseload who may benefit from ICD/BIVENT's improving quality of life.
Stroke Rehabilitation: Consists of Physiotherapist, OT, SALT, Social Worker, Rehab Assistants and support of the nurses within the CVD team. They offer early supported discharge to all Knowsley patients.
CVD Clinic: Is a one stop diagnostics shop led by consultant cardiologists. They are able to perform diagnostic procedures to patients referred in.

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**Community COPD Service**

**Placement Description:**
Community COPD Specialist Nurses who specialise in the diagnosis and management of patients with various stages of COPD. We are predominantly a community based service employed by Liverpool Heart & Chest Hospital in Partnership with NHS Knowsley.

**Client Number:**
Varies

**Client Group Description:**
We manage patients with a confirmed diagnosis of COPD.
Rapid Response
Early Supported Discharge
Oxygen

**Care provision offered:**
Care and manage patients with COPD from diagnosis through the disease trajectory to end of life.

We primarily offer a 24 hour telephone service for all COPD patients in the Knowsley area with a Knowsley GP.

Our Rapid Response service enables us to manage patients symptoms in the community and adapt patients self management plans to enable patients to maintain stability in their own home environment. This includes prevention of hospital admission.

We also offer Early Supported Discharge which involves patients being identified and supported through our early discharge programme. Patients also have access to daily clinics with the choice of Consultant/Nurse review throughout 5 localities in the Knowsley area.

We also offer an Oxygen Service which involves clinic appointments and Domiciliary visits.

Cystic Fibrosis Nurse Specialists

Placement Description:
There are currently three full time and 2 part time Cystic Fibrosis Nurse Specialists in the team. One of the Full time nurses is an advanced practitioner for Cystic Fibrosis related diabetes.

Placements with the CF nurse specialists offers a shadowing experience to enable the learner to gain an overview of CF and an awareness of the way in which we work with the wider CF MDT.

We offer day placements, generally to view clinics and MDT meetings.

Client Number:
Varies

Client Group Description:
Liverpool Heart and Chest Hospital houses adult patients from 16 years upwards. It is the North West regional specialist CF centre with approximately 285 adult patients. Many of the patients have complex needs including co-morbidities such as Diabetes, Liver disease, fertility issues to name but a few.

**Diabetes Nurse Specialists**

**Placement Description:**
A unique opportunity to shadow a diabetes specialist nurse in practice.

**Client Number:**
Varies

**Client Group Description:**
Post-operative patient review  
Medical wards In-patients with type 1 and 2 diabetes.

**Care provision offered:**
Overall management and care pre and post-op patients with diabetes  
Use of a patient and family centred model,  
Consultation  
Shared decision making.

**Discharge Team**

**Placement Description:**
Specialist Role, complex discharge planning

**Client Number:**
Varies

**Client Group Description:**
Any cardiothoracic surgical or medical patients who have complex needs requiring comprehensive discharge planning.

**Care provision offered:**
Gain insight into the care of patients at the End of Life. Gain insight into the assessment and referral process of patients who need on-going care. Extensive communication skills How Trust services link with community services. Overview of the National and local agenda Awareness of the multidisciplinary approach to effective discharge Awareness of the trusts follow up service Exposure to audit processes
Elm Ward (Surgical)

First of all, from Elm ward we all would like to say welcome. If this is your first ever placement don’t worry. We understand it’s scary and new. But don’t worry about asking as many questions as you like and if you are unsure about anything just ask. Take some time finding what you want out of this placement and we will try and cater toward your outcomes.

What Elm ward is:
Elm ward caters towards cardiac surgery and also specializes in telemetry and stroke. With regard to cardiac surgery, there are many procedures involved. The two main procedures that patients have are coronary artery bypass graft (CABG) and valve surgery, whether repairing or replacing the valve. This is normally shown as mitral valve repair or replacement (MVR) , Tricuspid valve repair or replacement (TVR) and aortic valve repair or replacement (AVR). The ward also monitors patient with electrical problems of the heart and this is called telemetry. Telemetry has been introduced to the ward to allow monitoring of heart rates and abnormal heart rhythms which may happen after a procedure. Telemetry is observed by CCU. Another problem after cardiac surgery is stroke. A stroke can have countless effects on the body such as trouble with speech or motor function can be impaired. The main focus on Elm ward with regards to stroke is dependency on the individual.

Ethos of Elm ward:
Elm ward provides a healing holistic approach to care. Elm ward give a well-rounded and excellent quality of care towards patients and family. The ward follows the visions seriously. We aim to practice in a safe environment and to treat people with respect and dignity, to facilitate individual needs and care. We are aware that we are the main health promoters throughout the patient's journey. Our goal is to give support to the people that need it and to advocate an environment safe to work and give a duty of care. We hope to encompass a friendly and supportive learning experience for everyone.

Skills to achieve on Elm ward:
Wound dressing/Pressure care/ Tissue viability
Telemetry/ Abnormal heart rhythms / ECG
Observations/ Outreach/ Stroke care/
Tracheostomy (mini and whole)
Discharge advice/ Discharge team/ Medical social worker/Cardiac referrals
Nutrition care/ dietician/ Care of nasal gastric tubes
Physiotherapy chest and rehab/Occupational therapist
Urinary care/ Long term and short term catheters
Blood glucose levels/ Diabetic nurse specialist
Medication/ Pharmacy/Oxygen therapy
Pain management/ Pain team
Drain care/ Coordinator/ Bed management

Key Performance indicators (KPIs) on Elm ward:
Elm ward like every ward within the Trust has the key performance indicators (KPIs). We use these to gauge are performance in respect to: Falls, Pressure ulcers, Sickness and mandatory training. This let us monitor how well the ward is doing and allows away to self-audit. This in turn proves a tool for safer and better practices but also to analyse certain aspects of care, which can to be improved up on. This gives staff the training they also need.
Heart Failure/Rhythm Nurse Specialists

Placement Description:
Heart Rhythm and Heart Failure patients in the inpatient and outpatient setting

Client Number:
Varies

Client Group Description:
Heart Rhythm and Heart Failure patients

Care provision offered:
Observation of specialist nurse team at work and educational support.

Holly Suite (Cardiology)

Ward Profile
The Holly Suite cares for any patient considered suitable to be treated or investigated as a day case, who can be discharged hopefully the same day. The Holly Suite is split into several treatment areas.

The Non-Clinical lounge: A mixed sex lounge in which patients wear their own clothes. This lounge is used for patients who are undergoing procedures such as radial cardiac catheters and PCI.

The Semi-Clinical Lounge: Similar to the non-clinical lounge however patients in this area wear lounge suits. Patients who are undergoing procedures such as pace makers, ablations and scopes will be cared for in this area.

Patient rest area: This area has six trolleys where the patients will stay for a period of bed rest before returning to the lounge areas.

Scope room: We have our own scope room where doctors will carry out tests such as bronchoscopy and EBUS. This is staffed by our own Holly Suite staff.
Treatment room: The treatment room is used for various procedures such as provocation testing and pleural aspirations.

Shift Patterns
Holly Suite is open 8am-8pm Monday to Friday excluding bank holidays. We operate a rostering system. The shift patterns on Holly Suite include: 8am-4pm and 12pm – 8pm
Holly Suite Visiting Hours
There are no selected visiting hours on Holly Suite, visitors are welcome at any time during the patients stay. The only advisable thing we ask is to keep numbers to a minimum due to the lack of space and nature of the ward. During the patient’s procedure the relatives will strongly be encouraged to wait away from the ward area, we have a conservatory for relatives accompanying patients to the Holly Suite. We also have a bleep system so that we can alert the visitors when their relative is back on the ward.

Ward Philosophy
1. We aim to be a friendly, approachable and supportive team of health care professionals.
2. We aim to provide a safe and pleasant environment for patients their family and friends.
3. We always provide respect, and maintain privacy and dignity at all times.
4. We aim to provide information and advice during the patients stay.
5. We strive to ensure that our practice is up to date and evidence based.
6. We advise patients on ways they can improve their health.

On arrival to the Holly Suite you will be allocated to a mentor. Your mentor is there to provide you with support and guidance. During your time on Holly Suite you will have the opportunity to learn and develop a variety of different skills and techniques. If at any point during your placement you feel strained or uncomfortable your mentor, mentor links or the ward sisters are always at hand.

Suggested Learning Outcomes
Gaining basic knowledge of normal and altered cardiac anatomy and physiology.
Demonstration of good communication skills within the day case environment.
Feel confident in giving complete nursing care to the patient and their family.
Be able to collect and record clinical data, taking prompt and appropriate action when needed.
Display knowledge of assessing the various needs of the patient, family and friends.
Gain knowledge of some of the common procedures seen on Holly suite and how to care for them post procedure.
Develop skills in promoting a safe and timely discharge.
Gain knowledge of common drugs used in treating patients with cardiac problems.
Assist in providing health promotion advice to improve the overall health of the patients.
Hospital Coordinators

Placement Description:
OPERATIONAL: Hospital site management, bed capacity, appropriate placing of patients, organisation of inpatient referrals and transfers.

CLINICAL: primary PCI service, expert clinical support for ward areas (medical and nursing staff), Recovery Advice Line (24 hours), cardiac arrest team, hospital at night.

Client Number:
Varies

Client Group Description:
All patients.
Inpatient transfers - liaise with medical staff in other trusts. Liaise with nursing staff from other trusts.
Emergency PCI patients.
Self-presenters.
Discharged patients - advice line

Infection and Prevention Team

Placement Description:
Infection Prevention & Control is an important part of both the clinical quality and patient safety agenda for the Trust.
Everyone working within the Trust has a responsibility for the prevention and control of healthcare associated infections (HCAI). There is a dedicated infection prevention team who have a responsibility to provide advice, support, training and monitoring information related to HCAI

Client Number:
Varies

Client Group Description:
Infection Prevention and Control is for the protection of staff, visitors and patients. Infection prevention control advice and support is provided to patients, staff and visitors.

Care provision offered:
Infection prevention precautions and strategies
Information on the care of patients with specific infections
Surveillance of specific infections
Surveillance of patients post cardiac surgery
Root cause analysis of serious infections
Audits related to infection prevention
**Lung Cancer Nurse Specialists**

On the first day you would be based on day ward from 8am and observe patients whilst they undergo investigations and assessments by the clinical team.

The second day you will attend the MDT meeting at 730am with the lung cancer CNS (meet in the waiting area of the OPD) and then afterwards attend the outpatient department. During this day you will have opportunity to observe the “breaking of bad news” and the subsequent consultation with regard to treatment options. The day may also include attendance at the Specialist Palliative Care MDT meeting at 1230.

Throughout the placement you will observe the holistic assessment of patient and carer needs and the subsequent interventions that occur by the multidisciplinary team.

**Client Number:**
Varies

**Client Group Description:**
patients with a suspected lung cancer, predominately they will be from the local Liverpool population.

**Care provision offered:**
respiratory diagnostics, lung cancer care and treatments inc palliative care.

**Maple Suite (Cardiology)**

**Placement Description:**
We ward provides care for a variety of specialist interventions as listed below

Cardiology
Percutaneous Coronary Intervention (PCI) - angioplasty
Pacemakers and Implantable Cardiac Defibrillator (ICD)
Electrophysiology (EP)
Cardiac Surgery
Coronary Artery Surgery - CABG
Aortic Aneurysm Surgery
Heart Valve Surgery
Minimally Invasive Mitral Valve Surgery
Transcatheter Aortic Valve Implantation (TAVI) Surgery

The ward is divided into teams led by the nurses on duty for that shift. Each team comprises of a trained member of staff or a Band 4 supported by a HCA and also a Nurse in Charge

**Client Number:**
13

**Client Group Description:**
The ward has the facility to accommodate Private Patients, Day cases, overnight stay, Long term patients and also Cystic Fibrosis and chest patients

With the facility of single rooms we accommodate both Male and Female patients which fall into the category of Medical within Cardiology and Chest patients, and also surgical pre and post procedure patients we also care for patient with acute and Chronic conditions these can come as day cases or long term patients

Palliative Care patients are also transferred to LHCH from outpatient's clinic and Marie Curie

Acute and Chronic Cardiology and Respiratory
Social Problems
Health Education Health Promotion
Heart Failure
COPD
Heart Arrhythmias
Post Myocardial Infarction
Care provision offered:
Elective patients, Hospital transfers (ACS cases), inpatients and emergencies.
Private Patients and Cystic Fibrosis planned and emergency admissions
Care provision is individualised to each patient to ensure high standard, appropriate and holistic care. It offers the students a very supportive environment to learn and develop and meet their learning outcomes

We provide treatment which includes IV Therapy; Nebuliser therapy; Exercise and Physiotherapy; Diet and Nutritional advice; Psychological support; Social/Family support. On-going advice and support is provided by the CF Nurse Specialists on discharge.

We also provide students the opportunity to learn pre and post surgical skills, which include:
Basic nursing skills
Washing and dressing a patient
Observations
Wound management
Admission and discharge
Liaison with the Multidisciplinary team
Observation only of IV therapy and also removal of drains
Cardiac rehabilitation phase 1
Health promotion chats

Oak Ward (Surgical)

Placement Description:
We can have a few nursing students at anyone time allocated to Oak ward. Nursing student can come and view the ward before commencing of the placement, (600-1161) to book a time. The orientation includes a warm welcome, and a introduction to the team, patients and other MDT if on the ward, we regard all students as an integral part of our team during your placements. We will give you a student welcome pack at this time with some important information about your mentor, phone number, links and some terminology that we use at handovers.

Oak ward is a pre and post adult cardiac surgery ward. We have patients from all over Merseyside, Isle of Man, Chester, Wales and many more areas.

Cardiac surgery is surgery on the heart or vessels performed by a cardiac surgeon.

Client Group Description:
Our patients Cover AVR/MVR/TVR (Aortic/Mitral/Tricuspid valve placements or repairs). CABG (Coronary artery bypass grafts) Aneurysms Aortic dissections, TAVI (transcatheter implantation of prosthetic aortic valve) and many more.

Our patients might have Ischemic heart disease (reduced blood supply) of the heart, Coronary heart disease (CHD) Congenital heart disease, Valvular disease (Valves of the heart) Pulmonary heart disease, Heart rhythm disorders, Rheumatic heart disease, endocarditis or atherosclerosis but to name a few.

Care provision offered:
Oak ward encourage all staff and student nurses to apply are six steps of the patient’s vision set out for all patients within the LHCH.

On Oak ward we give a high standard of care with a good level of experience and knowledge in delivering care to a wide range of cardiac surgical patients.
Oak ward offers student excellent opportunities to learn new skills of which may be transferred to other areas of adult nursing. Oak ward patients expect the best pre and post-operative care and this comes from all MDT which student nurses are apart off. To help us to achieve this we expect our student nurses to arrive on time for the start of your shifts or any other area that you visit as part of your outcomes. We expect you to act in a professional manner and arrive in the correct uniform policy. To bring all paperwork with you on a daily basis.
**Occupational Therapy**

**Placement Description:**
The Liverpool Heart and Chest Hospital specialises in Cardiothoracic surgery and respiratory conditions. It is also the regional centre for the treatment of adults with Cystic Fibrosis.

Surgically, open heart operations, lung operations and oesophageal operations both major and minor are performed. Medically, apart from Cystic Fibrosis patients we see patients with bronchiectasis, asthma, chronic obstructive pulmonary disease and coronary heart disease.

Occupational Therapy plays an integral part in the treatment of all these conditions. We also provide education within Pulmonary Rehabilitation Classes.

**Client Group Description:**
Medical and Surgical Conditions: lung cancer and upper GI cancers (stomach/oesophageal), end stage heart failure, end stage COPD, Cystic Fibrosis etc.
Cardiac Surgery patients
- CABG (Coronary Artery Bypass Graft)
- OPCAB (Off Pump Coronary Artery Bypass)
- AVR/Repair (Aortic Valve Replacement/Repair including TAVI)
- MVR/Repair (Mitral Valve Replacement/Repair, including minimally invasive)
- ASD or VSD (Repair of Atrial or Ventricular Septal Defect)
- TAAA (Thoracic abdominal aortic aneurysm repair)

Thoracic Surgery patients:
- Lobectomy (Removal of a lobe)
- Pneumonectomy (Removal of an entire lung)
- Pleurectomy (Removal of the parietal membrane)
- Decortication (Removal of the visceral pleura, as well as pus and other debris)
- VATS (Video Assisted Thoroscopy – Key Hole for the lungs)
- Oesophagogastrectomy (Removal of the lower third of the oesophagus and the upper part of the stomach)

**Care provision offered:**
Cancer/Palliative Care: Large and varied caseload of in-patient/out-patient/community patients. OT assesses/treats patients on the medical and surgical wards, out-patient clinic and also at home. Treatment modalities include functional assessment/rehabilitation, dyspnoea management, fatigue management, anxiety management, equipment/adaptations prescription, psychological support, rapid discharge home.
Medicine/Surgery: Assessment and treatment/rehabilitation of medical patients and pre- and post-operative patients ward based. Close working with ward physiotherapists, neuro rehabilitation team, social work team and discharge team.

Outpatients

The Outpatient department currently provides clinic services for Surgical, Cardiology, Respiratory, Upper GI, Oncology, Palliative care and Cystic Fibrosis. Patients attend from the Isle of Man, all over the North West of England/Wales and through choose and book now from many other areas in the country.

The department works in close conjunction and has developed good relationships with all clinicians and the surrounding departments, Cardiac Diagnostics, Pulmonary Function and X-Ray. A good rapport has also been built providing clinics for external Specialty services, such as Clatterbridge Oncology, Ward 7 Chemotherapy service based in the Alexandra Wing and Manchester Royal Infirmary for Congenital services.

The department is presently managed by a Band 6 and within the team are Band 5 registered nurses and Band 3/2 Healthcare assistants to provide skill mix. The department actively encourages staff and student development. The department also actively supports research initiatives.

Annually approx. 60,000 patients and above attend the department split across 17 Consulting rooms and various other rooms throughout. There is an average of 6 clinics per morning and afternoon but this does not include any nurse specialist clinics or physiotherapy. On a weekly basis the rooms are utilised by the following: Clinical Nurse Practitioners and other nurse specialists, 16 Cardiologists, 8 Respiratory Consultants including CF, 13 Cardiac surgeons, 8 Thoracic/Upper GI, 5 Oncologists, 3 Congenital Consultants. All Consultants generally have Registrar support in clinic.

The department is one of the few areas that the majority of clinicians visit from the Trust and caters for all disciplines making it an excellent placement for students. Some of the key learning objectives are:

- To develop and enhance knowledge base through spending time in all the clinics about various heart and chest conditions with various clinicians
- Opportunity to attend multidisciplinary team meetings and observe various procedures
- Observing consultations also provides opportunity to experience a patient journey from start to end and attend theatre
- As the team we work closely with the surrounding departments and time can be organised in these areas
- Communication skills are developed and enhanced as Outpatients is very much team orientated working with so many specialities and across various inter linked departments
- Students are actively encouraged to make service improvement suggestions during placement as a team we are always seeking to improve the patient experience
It is usually the first point of care for elective patients and therefore it is important that the patient experience is positive and that service delivery is of the highest quality. Indeed it is the only department some patients will ever attend. The aim is for each patient to receive excellent, safe and compassionate care.

**Outreach (Surgical)**

The Critical Care Outreach Team provides expert knowledge and clinical skills to deteriorating patients in the ward areas of LHCH. We attend cardiac arrest calls but it is our aim to arm Staff with the knowledge and skills to detect deteriorating patients and get help prior to them becoming an emergency.

Outreach assess extended stay Critical Care discharges to ensure the patients stay well by supporting the nursing team and junior doctors with the care of any complex cases, and ensure the patient's condition remains closely monitored until they are no longer a concern. We provide training and support for the ward Staff for the Modified Early Warning Scoring system (MEWS) and also tracheostomy training for the cohort wards.

**Client Group Description:**
All medical and surgical patients in LHCH unless on the LCP.
Pain Management Nurse Specialists

Placement Description:
The Acute Pain Service provides specialist assessments and advice on treatment to patients post-surgery. Students can spend a short day 10.00 – 14.00, attend an acute pain ward round and discuss the role of the service

Provided with useful links and resources for the management of acute
Enable opportunity to work closely with the acute pain nurse
Ideally students should spoke from a surgical ward or theatre placement, preferably in their third year of training for student nurses.
ODP’s during recovery placement

Client Group Description:
The acute pain team sees patients within the surgical directorate pre and post operatively with acute pain issues.
We work closely with the multi-disciplinary team to assist in the care and management of patient’s post-surgical pain.

Care Provision Offered:
We provide an individual assessment and care to patients following surgical procedures and provide individual management plans for managing for post-operative pain.

Palliative Care Nurse Specialists

Placement Description:
Gain insight into the care of patients at the End of Life. Understanding of WHO pain analgesic ladder and how this is translated into patient care.
Gain an understanding of Holistic assessment.
Basic communication skills.
How Trust services link with community services.
Overview of the National and local agenda.

Client Group Description:
Patients with a life limiting disease including cancer, respiratory diseases, heart failure inpatients or outpatients.
Patients with complex symptom or psychological issues.
Patients who have had unrespectable cancer at point of surgery.
Patients in the terminal phase of their illness.

Care provision offered:
Provide symptom control and psychological support to patients and families.
Support ward staff and provide advice/training in relation to End of life issues, symptom control, LCP, PPC.

Physiotherapy

Placement Description:
The Liverpool Heart and Chest Hospital specialises in Cardiothoracic surgery and respiratory conditions. It is also the regional centre for the treatment of adults with Cystic Fibrosis.

Surgically, open heart operations, lung operations and oesophageal operations both major and minor are performed.
Medically, apart from Cystic Fibrosis patients we see patients with bronchiectasis, asthma, chronic obstructive pulmonary disease and coronary heart disease.

Physiotherapy plays an integral part in the treatment of all these conditions. We also participate in both Pulmonary and Cardiac Rehabilitation Classes.

Client Number:
Client Group Description...

Cardiac Surgery patients
CABG (Coronary Artery Bypass Graft)
OPCAB (Off Pump Coronary Artery Bypass)
AVR/Repair (Aortic Valve Replacement/Repair including TAVI)
MVR/Repair (Mitral Valve Replacement/Repair, including minimally invasive)
ASD or VSD (Repair of Atrial or Ventricular Septal Defect)
TAAA (Thoracic abdominal aortic aneurysm repair)

Thoracic Surgery patients:
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Decortication (Removal of the visceral pleura, as well as pus and other debris)
VATS (Video Assisted Thoroscopy – Key Hole for the lungs)
Oesophagogastrectomy (Removal of the lower third of the oesophagus and the upper part of the stomach)

Medicals patients with:
Cystic Fibrosis, Bronchiectasis, COPD (chronic obstructive pulmonary disease), CHD (coronary heart disease, including PPCI, post pacemaker (PPM))

Patients requiring rehab:
Long term patients
CVA

Care provision offered:
Assessment and treatment of a variety of respiratory conditions and post-operative surgical patients.
Respiratory physiotherapy (ward, community class based and critical care based, outpatient based)
Rehabilitation (pulmonary, neurological, general mobility)

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Pulmonary Function

Placement Description:
The LHCH Pulmonary Function laboratory provides a full range of pulmonary and oesophageal investigations, including cardiopulmonary exercise testing and sleep diagnostics.

Client Number:
1

Client Group Description:
Preoperative cardiothoracic patients
Medical patients with:
Cystic Fibrosis,
Bronchiectasis,
COPD (chronic obstructive pulmonary disease)
ILD (interstitial lung disease)
OSA (obstructive sleep apnoea)

Care provision offered:
Assessment of a variety of respiratory conditions and preoperative surgical patients
Radiology

Placement Description:

General – 6 rooms DR
2 Chest and Upper Limb rooms
2 Inpatient/General Rooms with Table and Erect Bucky
2 Orthopaedic rooms with Table and Erect Bucky

CT/MRI
1 Siemens Scanner – all Cardiac, Chest, Abdominal, Head, Vascular and Orthopaedic exams
2 X MRI scanners – all Cardiac, Chest, Abdominal, Head, Vascular and Orthopaedic exams
Catheter Laboratories – 5 ASD closures, PPCI, CTO and EP studies
Hybrid Theatre for TEVAR/TAVI procedures

Pacing Theatre for all basic and advanced Cardiac Pacing

Dental 1 OPG

Mobiles 7 - currently perform 45-50 per day
We have 4 DRX Revolution Digital mobiles in addition to 2 conventional machines
Mobile Image Intensifiers 6

Client Group Description:
Cardiothoracic Imaging Specialist Hospital performing
Plain film Chest imaging for cardiac, respiratory and thoracic patients,
Cardiac Catheterisation including ASD closures, PPCI, CTO and EP studies,
Cardiac Pacing,
Imaging for Cystic Fibrosis patients
Plain film Orthopaedic service to RLBUHT, including Outpatient clinics, Theatre Fluoroscopy and mobiles,
Plain film and fluoroscopy service for Urology.
Plain film imaging including skeletal surveys for Rheumatology and Dermatology
Plain film imaging for Liverpool Community Hospital
Any GP plain film referral including minor trauma

Care provision offered:
All diagnostic imaging comm skills etc MDT working
**Research Team**

**Placement Description:**
Here at Liverpool Heart & Chest Hospital we have a clinical trials unit that had been established since 2005, planning, performing and reporting high quality clinical trials. The clinical trials unit has now expanded into a brand new department which is shared with all research staff, audit and informatics to enable an effective wealth of sharing of information and ideas all in the one department. Here at the Research & Development we have twelve dedicated research nurses working on a collection of clinical trials in cardiology, oncology, cardiothoracic surgery and respiratory.

**Client Group Description:**
Participants that are recruited onto any of the clinical trials within the Research & Development Department are patients coming in for either cardiology intervention or cardiothoracic surgical intervention. All potential participants are screened appropriately for clinical trials before approaching.

**Care provision offered:**
Insight into clinical trials how they are conducted from writing a research proposal to ethics and funding. An insight to what Good Clinical Practice is. An insight into the different types of research methodology used within clinical trials.

**Respiratory Nurse Specialists**

Linda Johns: ext 1172  
(Respiratory Team leader)  
Nicola Edwards: ext 1537  
(Oxygen team leader)  

Angela McComish: ext 1535  
(Associate Respiratory Nurse)  
Lorraine Lawler: ext 1535  
(Oxygen Support Secretary)  

Based in the Nursing Annexe, on the ground floor: door key entry code will be given when you make contact with us.

**Aims of the spoke placement**
- To familiarise students with the roles of the RNS’s
- To provide information about Chronic Obstructive Pulmonary Disease and it’s management.
- To provide basic information about inhaler and nebuliser therapy.
- To provide information and promote an understanding around oxygen assessments and the equipment used in people’s homes.
- To offer education about basic anatomy and physiology regarding breathing and oxygen transport around the body.
- To facilitate the students to produce a short presentation or promote discussion with the team relating to a chosen patient and their management.

Students are asked to consider providing feedback to the RNS after their placement to enable them to monitor and adapt to their needs, ensuring they provide a useful learning environment.

The structure of your placement may vary but we aim to enable you to observe the running of an oxygen assessment clinic, attend a home visit for an oxygen patient, attend the nurse led/ respiratory clinic and observe any ward assessments as required.

You will have free time when we attend to various administrative tasks where you can either use the laptop in the office or go to the library to complete your short presentation. Please ask if there is anything you are unsure about or anything that you would particularly like to cover while you are with us and we will try to facilitate it if possible.

The following chart below summarises our weekly work rota to enable you to choose the best day for your placement.

Nurse specialists are also involved in teaching both Dr’s and nurses about the use and prescribing of oxygen therapy, management and treatment of respiratory conditions involving inhaler and nebuliser therapy. We support our patients in arranging for them to have
Intravenous antibiotic therapy at home instead of attending hospital or as an early supported discharge where possible, we also offer psychological support and end of life management to our patients with end stage lung disease. We also produce policies and procedures to ensure safe and consistent practice.

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<td></td>
<td>Garston oxygen clinic</td>
<td>Ward work</td>
<td>Oxygen clinic</td>
<td>Dr Mohan and Dr Greenwood chest clinic/nurse led clinic</td>
<td>Ward round and ward work</td>
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<td></td>
<td>Ward work and respiratory ward round</td>
<td>Home visits for oxygen patients</td>
<td>Chest meeting/ward work</td>
<td>ward work</td>
<td>Home visits</td>
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<th>PM</th>
<th>Monday</th>
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<tr>
<td></td>
<td>Garston oxygen clinic</td>
<td>Home visits for oxygen patients</td>
<td>Dr Mohan chest clinic/nurse led clinic</td>
<td>Dr Hilal clinic (unfortunately students cannot attend as limited space) Ward work/oxygen teaching/checking of prescriptions on wards</td>
<td>Oxygen clinic</td>
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<tr>
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<td>Home visits for ILD patients, as required.</td>
<td>Prof Davies chest clinic/nurse led clinic</td>
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**Surgical Admissions Unit**

**Placement Description:**
SAU is a 14 bedded ward which provides pre op care to Cardiac, Thoracic and Upper GI patients. We also provide post op care to same day surgical admissions and patients awaiting discharge.

**Client Group Description:**
You will have the opportunity to observe and participate in admissions. Develop a knowledge of investigations required for all pre op patients. Develop skills in safe discharges, including the referral process. Asceptic technique. Regular presentations given by staff members regarding procedures, anatomy and physiology. Regular skill sessions e.g pump training, IV therapy. You will be given the opportunity to visit theatre and to shadow other health professionals.
**Theatre**

**Placement Description:**
Elective and emergency surgery. Post anaesthetic recovery care.

**Client Group Description:**
Mixed gender clients for elective and emergency surgery.

Care provision offered:
Cardiac surgery. Coronary artery bypass grafts, valve replacement/repair surgery, aortic root and arch repair, Trans apical valve insertion and mini mitral valve replacement as seen on bbc's The One Show.


Anaesthetic care. Endo-tracheal intubation/extubation of single and double lumen tubes, patient ventilation, care of the anaesthetised patient, airway support.

Post anaesthetic recovery care. Recovery of patients post anaesthetic and extubation, post sedation, pain management- analgesic delivery and implementation, anti-emetic delivery, chest drain care.


Endoscopy procedures. EBUS, bronchoscopy, oesophagoscopy.

Cardiology device implantation. Permanent Pace Maker's, Internal Cardiac Defibrillators, loop recorders.

**Tissue Viability Nurse Specialists**

**Placement Description:**
The Tissue Viability Service provides specialist assessments and advice on treatment to patients who are under the care of LHCH who have active wounds or are at risk of developing wounds. 
The student can spend a short day with the Tissue Viability Nurse 09.30 – 15.30 who will
Discuss the role of the service
Provide useful links and resources
Enable opportunity to work closely with the tissue viability nurse

**Client Group Description:**
The tissue viability service sees patients within the surgical directorate and medical directorate and manages patients in outpatients. We are involved in patients who require tissue viability involvement for managing acute surgical wounds, patients at risk of, or who have, developed pressure ulcers, patients with chronic wounds and patients admitted with existing wounds.

**Care provision offered:**
The tissue viability service supports the 6 step patient experience vision and demonstrates the Trust values and behaviours for patients, families and staff.

The service is a nurse-led specialty that operates in a multi-professional way to promote the prevention, assessment, treatment and management of a variety of wounds. In addition to providing support and advice to staff in managing wounds, the service is proactive in ensuring the delivery of planned and targeted education programmes to ensure delivery of clinically effective care. Documentation, policy and guidelines, staff satisfaction and patient experience will be regularly monitored to ensure that there is continuous quality improvement in the service.
Student Quality Ambassadors (SQA) at Liverpool Heart and Chest

Since the launch of the SQA role in 2011, Liverpool Heart and Chest Hospital have worked in partnership with the SQA programme in order to challenge its standards in care and optimise its Patient Experience Vision.

As an integral role at LHCH, we look to collectively incorporate the SQA role into our quality assurance initiatives and develop our patient care within the workplace through the 15 step challenge. Furthermore we look to empower the SQA’s to champion and highlight good practice within the practice learning environment, provide an opportunity to demonstrate leadership skills and develop innovations around patient centred care.

If you are an SQA (or aspiring SQA) then we would strongly value your input by taking part in the following quality assurance opportunities:

**Patient Family Centred Care Events**
**Contact:** Joanne Shaw  
**Tel:** 0151 600 1857  
**Email:** Joanne.Shaw@lhch.nhs.uk

**Senior Nurse Walk Around**
**Contact:** Louise Nee  
**Tel:** 0151 600 1249  
**Email:** Louise.Nee@lhch.nhs.uk

**Service Improvement Team**
**Contact:** Shirley Cummings  
**Tel:** 0151 600 1494  
**Email:** Shirley.Cummings@lhch.nhs.uk

**Infection Control Team**
**Contact:** Nicola Best  
**Tel:** 0151 600 1326  
**Email:** Nicola.Best@lhch.nhs.uk

Please use the contact numbers/details above in order to book sessions with the teams. In combination with the teams above, there are also bespoke events being held at Liverpool Heart and Chest Hospital. In order to engage with these, please visit The Education Team website by clicking on the link image below:
Liverpool Heart and Chest Hospital

“A Guide To Booking On The Spoke Booking System”

1. Finding the Spoke Booking System...
   a. Log onto a computer and access Microsoft Outlook by clicking on:
   b. Move the mouse down and click on the Folder List:
   c. Access the Public Folder Icon by double clicking then expand the AllPublic Folder Icon:
   d. Scroll down to the Spoke Booking System folder and double click:
   e. You will now be able to view all placement booking calendars.

2. Booking a Spoke Step by Step...
   a. Select the calendar of placement you want to speak e.g. Diabetes Nurse Specialis.
   b. Click to the date you wish to spoke.
   c. At the top of the calendar double click the Booking CRITERIA tab:

   a. Scroll down the list of student criteria.
   b. Find your profession and if you meet the criteria go to Step 2: PLACEMENT CRITERIA.

Step 1: STUDENT CRITERIA
   Type of Student:
   - Adult Nurse
   - Paediatric Nurse
   - Year 2, Year 3
   - Operating Department Practitioner
   - Year 2, Year 3
   - Other:

4. Booking On: THE PLACEMENT CRITERIA...
   a. Ensure your desired spoke duration is applicable to the placement e.g. a spoke/short visit or a specific clinic.
   b. If necessary click on the PLSS Profile (highlighted in blue) to see further details of the placement.

5. Booking On: THE BOOKING CRITERIA...
   a. Prior to booking the placement ensure that it is 2 WEEKS IN ADVANCE
   b. Ensure you have the following details available:
      - Name:
      - Duration of short visit/spoke or specific clinic:
      - Cohort Month/Year:
      - Mentor Name:
      - Hub/Current Placement:
   c. Once ready, either email or call Nidah Mann Ali:
      - Ext 1377
      - Nidah.MannAli@lhch.nhs.uk

6. Confirmation...
   a. Once confirmed, both you, your primary mentor and the spoke placement shall receive a confirmation email.
   b. Your booking shall appear on the spoke calendar.
   c. Finally, contact the mentor link for that area to organise your schedule/Off-Duty
Mentor of the month

We've been receiving some very good feedback from students recently so have decided to have a named "Mentor of the Month" each month to highlight all our hard work!

The winning mentor's name will be displayed on our notice board and they will receive a certificate for their portfolio.

In order for us to achieve this, we need your participation!!!!!

If you feel that your mentor has gone above and beyond your expectations then we would like to know.

If you would like to nominate your mentor then please feel free to write a short paragraph and tell us why your mentor is the best. Please leave nominations with a member of the education team or your student-mentor link nurse.

Student Evaluations

Please can all mentors/students ensure that the student evaluations are filled in prior to leaving the placement. This will help us to ensure the placement is meeting all student/mentor requirements, evaluate what we are doing well and anything that needs to be improved.

Please follow these easy steps:

1. Go onto the trust Intranet
2. Click on:
   a. Departments
   b. Corporate Services
   c. Learning and Development
   d. Student Mentor Support
   e. Student Evaluations
   f. Scroll down to
      https://www.surveymonkey.com/s/StudentSICU

Thank you in advance for taking the time to complete the evaluation
SICU has 30 beds divided into 3 bays comprising of a POCCU (Post Operative Care Unit) which is divided into 2 bays and an Intensive Care Unit with 11 side rooms. We care for patients who have undergone all types of cardiac surgery and some patients following thoracic surgery. Patients requiring ventilation, haemofiltration, or invasive monitoring are admitted to the Post Operative Care Unit. Nursing care is initially one patient to one nurse. However, as the level of the patient decreases this ratio can be changed.

We hope you will enjoy your time here, whilst gaining experience in a wide variety of cardiac and thoracic nursing situations so developing your skills as a critical care nurse.

**Surgery performed within the Surgical Intensive Care Unit**
Within the POCCU patients have undergone a variety of surgical procedures. The main interventions are:

- CABG (coronary artery bypass surgery)
- OPCABG (off pump coronary artery bypass graft surgery)
- Valve Replacements/Repair
- Dissecting Aneurysms

Patients are admitted directly from theatre to POCCU. Patients average length of stay in POCCU is overnight. Patients who become level 3 type patients requiring a longer stay are transferred to the Intensive Care Unit.
STAFF

The unit has a high ratio of qualified nursing staff. In addition to Registered nurses we have intensive care assistants/ assistant practitioners who care for highly dependent patients under the supervision of a senior nurse. Support workers and technicians assist with patients and the smooth running of the unit.

We have both a Management and an Education team on the unit.

<table>
<thead>
<tr>
<th>Management Team</th>
<th>Education Team</th>
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<tr>
<td>Sr. Sandra Roberts</td>
<td>Sr. Gemma Entwistle</td>
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<tr>
<td>Sr. Fiona Altintas</td>
<td>Sr. Claire Partridge</td>
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<td>Cn. Neville Rumsby</td>
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The Management Team have an office next to the staff entrance to SICU. The Education team are located in the Education Department within the SICU. Do not hesitate to contact any of the above.

SHIFT PATTERNS

Please see individual wards for specific shift times
Shift patterns are offered as stated below:
Traditional Pattern Long days

Early shift: 07.00 – 14.50 Long days: 07.00 – 20.30
Late shift: 12.40 – 20.30
Night shift: 20.00 – 07.30

A generic handover at the commencement of both an early/long day shift and a night shift takes place in the Seminar rooms.

VISITORS

Visiting times in the Surgical Intensive Care Area are as follows:-

Visiting Times: 08:00-09:00 and 12:00-20:00

Due to the technology and lack of space in the unit we allow 2 visitors per bed.

Family members are discouraged from bringing young children into the unit; the rationale behind this is for their safety and wellbeing. The nurse caring for the patient where possible should decide with the patient if they feel well and awake enough to receive visitors. Relatives are encouraged to phone the unit for an update on the patient’s condition. All phone calls must be referred to the team leader.

Visitors are asked to contact the unit upon their arrival using the intercom provided in the foyer. A receptionist will liaise with nursing staff as regards to escorting visitors to the patient’s bed space.
Definitions for surgical procedures

- **CABG**
  This is performed to relieve the symptoms of angina by re-vascularising the myocardium when cardiac catheter studies reveal narrowed or occluded coronary arteries. Veins are removed from the legs/arteries harvested from arms/chest and grafted onto the heart via a sternotomy incision and the use of cardiopulmonary bypass. The cardiopulmonary bypass machine allows the surgeon to operate on a still heart.

- **OPCABG**
  The cardiopulmonary bypass machine can cause a number of complications. Therefore, surgeons where possible perform coronary artery bypass surgery while the heart is still beating. Devices such as the octopus retractor, carbon dioxide blower and coronary shunts now allow the surgeon to have a relatively motionless, bloodless field to operate in.

- **VALVE REPLACEMENTS/REPAIR**
  Open heart surgery is required for insertion of all prosthetic valves due to incompetence or stenosis. Incompetence is the contraction, distortion and fusion of valve cusps which prevents their complete closure allowing leakage. Fusion and thickening of the valve cusps results in stenosis.

- **DISSECTING ANEURYSMS**
  Aortic dissection is the separation of the layers of the aortic wall by haemorrhage. The dissection may progress slowly or rapidly.

- **PNEUMONECTOMY**
  This is the removal of an entire lung. Pneumonectomy is used when extensive diseased tissue must be excised.

- **LOBECTOMY**
  This is the removal of a lobe from a lung. This procedure is used when the disease is confined to that particular lobe.

- **WEDGE RESECTION**
  This is used when the disease is localised and small.
## ORAL MEDICATIONS – ALL WARDS/DEPARTMENTS

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DOSAGE/CONCENTRATION</th>
<th>ACTION</th>
<th>INDICATIONS/USES</th>
<th>CONTRA-INDICATIONS/SIDE EFFECTS</th>
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<tr>
<td>AMIODARONE</td>
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<td>AMLODIPINE</td>
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<tr>
<td>GLYCERINE</td>
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<tr>
<td>TRINITRATE (GTN)</td>
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<td>HEPARIN</td>
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<td>NITROPRUSSIDE</td>
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DRUG INFUSION CONCENTRATIONS SICU ONLY

ADRENALINE 1mg/50mls mixed with 5% Dextrose
NORADRENALINE 2mgs/50mls mixed with 5% Dextrose
GLYCERYL TRINITRATE (GTN) 50mgs/50mls mixed with 5% Dextrose
SODIUM NITROPRUSSIDE 50mgs/50mls mixed with 5% Dextrose
INSULIN – ACTRAPID 50iu/50mls mixed with 0.9% Saline
HEPARIN 50,000 iu/50mls
MORPHINE 50mgs/50mls mixed with Water
ENOXIMONE 100mgs (20mls) mixed with Saline 0.9% 20mls
DOPEXAMINE 50mgs/50mls mixed with Saline 0.9%

AMIODARONE
  Loading dose 300mgs/50mls mixed with 5% Dextrose over one hour
  Then 900mgs/50mls with 5% Dextrose over 24 hours
  Followed by 600mgs over 24 hours
  Followed by 300mgs over 24 hours

Please refer to the Drug Compatibility Chart prior to commencing infusions. This chart can be located in the reference files in both POCCU and ITU.
### Normal Blood Levels

#### Haematology

<table>
<thead>
<tr>
<th>Test</th>
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<th>Sex</th>
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</thead>
<tbody>
<tr>
<td><strong>FULL BLOOD COUNT</strong></td>
<td></td>
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</tr>
<tr>
<td>Haemoglobin</td>
<td>133 – 178 g/L</td>
<td>(men)</td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>115 – 163 g/L</td>
<td>(women)</td>
</tr>
<tr>
<td>White Blood Count</td>
<td>4.0 – 11.0 x10^9 /L</td>
<td>(men and women)</td>
</tr>
<tr>
<td>Haematocrit</td>
<td>41 – 53%</td>
<td>(men)</td>
</tr>
<tr>
<td>Haematocrit</td>
<td>36 – 46%</td>
<td>(women)</td>
</tr>
<tr>
<td>Platelets</td>
<td>150 – 350 x10^9 /L</td>
<td>(male and female)</td>
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<tr>
<td><strong>FULL CLOTTING STUDIES</strong></td>
<td></td>
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</tr>
<tr>
<td>APPT</td>
<td>30 – 50 seconds</td>
<td></td>
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<tr>
<td>APPT RATIO</td>
<td>1.8 – 3.0</td>
<td></td>
</tr>
<tr>
<td>Fibrinogen</td>
<td>2.0 – 4.0g/L</td>
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</tr>
<tr>
<td>INR</td>
<td>1.0</td>
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<tr>
<td>PT</td>
<td>12–13 seconds</td>
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#### Biochemistry

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<td><strong>UREA &amp; ELECTROLYTES</strong></td>
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<tr>
<td>Albumin</td>
<td>35 – 50</td>
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<tr>
<td>Amylase</td>
<td>&lt; 200u/L</td>
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<tr>
<td>Bicarbonate</td>
<td>22.0 – 28.0 mmol/L</td>
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</tr>
<tr>
<td>Bilirubin</td>
<td>5 – 17 mmol/L</td>
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</tr>
<tr>
<td>Calcium</td>
<td>2.2 – 2.7 mmol/L</td>
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<tr>
<td>Chloride</td>
<td>95 – 105 mmol/L</td>
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<tr>
<td>Cholesterol</td>
<td>3.6 – 7.8 mmol/L</td>
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<tr>
<td>Glucose</td>
<td>3.3 – 5.0 mmol/L</td>
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<tr>
<td>Lactate</td>
<td>0 – 1</td>
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<tr>
<td>Sodium</td>
<td>3.5 - 4.5mmol/L</td>
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<tr>
<td>Potassium</td>
<td>135 – 145 mmol/L</td>
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<tr>
<td>Urea</td>
<td>2.5 – 6.5 mmol/L</td>
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#### Blood Gases (SICU ONLY)

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<tr>
<td>pH</td>
<td>7.36 – 7.45</td>
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<tr>
<td>PCO2</td>
<td>4.8 – 6.0 kPa</td>
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<tr>
<td>PO2</td>
<td>10.5 – 13.5 kPa</td>
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<tr>
<td>Base Excess</td>
<td>+2 - -2 mmol/L</td>
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<tr>
<td>Bicarbonate</td>
<td>23 – 28 mmol/L</td>
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<tr>
<td>Sodium</td>
<td>135 - 145mmol/L</td>
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<tr>
<td>Potassium</td>
<td>4.5 – 5.0 mmol/L</td>
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<tr>
<td>Lactate</td>
<td>0 – 1mmol/L</td>
</tr>
<tr>
<td>Glucose</td>
<td>4 – 10 mmol/L</td>
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<tr>
<td>Haemaglobin</td>
<td>&gt;90g/L</td>
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<tr>
<td>Sp02</td>
<td>94-98%</td>
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#### Drug Concentrations

- **Digoxin**  
  (random sample or 6 hours post dose)  Toxic > 2.5mmol/L
- **Phenytoin**  
  (random sample)  40 -80 mmol/L
- **Theophylline**  
  (random sample)  55 – 110 mmol/L
- **Gentamycin**  
  pre <2 mg/L  
  post 6 – 10 mg/L
- **Vancomycin**  
  pre < 10 mg/L  
  post 20 – 30 mg/L
- **Teicoplanin**  
  pre < 10mg/L  
  post 20 -50 mg/L (one hour later)  
  levels **only** need to be taken in renal failure or if on haemofiltration.  
  Teicoplanin is NOT toxic.
## MEDICAL STAFF YOU MAY COME INTO CONTACT WITH:

### SURGICAL STAFF

<table>
<thead>
<tr>
<th>Cardiac Surgeons</th>
<th>Cardiothoracic Surgeons</th>
<th>Thoracic Surgeons</th>
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</thead>
<tbody>
<tr>
<td>Mr Muir</td>
<td>Mr Mediratta</td>
<td>Mr Page</td>
</tr>
<tr>
<td>Mr Chalmers</td>
<td>Mr Williams</td>
<td>Mr Asanti-Siaw</td>
</tr>
<tr>
<td>Mr Pullen</td>
<td>Mr Poulis</td>
<td>Mr Shackcloth</td>
</tr>
<tr>
<td>Mr Modi</td>
<td></td>
<td></td>
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<tr>
<td>Mr Oo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miss Harrington</td>
<td></td>
<td></td>
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<tr>
<td>Mr Cheung</td>
<td></td>
<td></td>
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<tr>
<td>Mr Fields</td>
<td></td>
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<tr>
<td>Mr Kuduvalli</td>
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### ANAESTHETIC STAFF

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<th>Intensivists</th>
<th>Clinical Director</th>
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<td>Dr Russell</td>
<td>Dr Scawn</td>
<td>Dr Scawn</td>
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<tr>
<td>Dr Scholtz</td>
<td>Dr Mills</td>
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<tr>
<td>Dr Fox</td>
<td>Dr Palmer</td>
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<tr>
<td>Dr Kendal</td>
<td>Dr Ridgeway</td>
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<tr>
<td>Dr Pennefather</td>
<td>Dr Al-Owari</td>
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<tr>
<td>Dr Thomas</td>
<td>Dr McKevith</td>
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<tr>
<td>Dr Desmond</td>
<td>Dr Greenwood</td>
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<tr>
<td>Dr Gutowska</td>
<td>Dr Anderson</td>
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### MEDICAL STAFF

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<td>Dr Morrison WLM</td>
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<td>Dr Ledson ML</td>
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<td>Dr Stables RHS</td>
<td>Prof Davies</td>
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<tr>
<td>Dr Todd DT</td>
<td>Dr Hind CRKH</td>
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<td>Dr Morris JLM</td>
<td>Dr Mohan KM</td>
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<td>Dr Gupta DG</td>
<td>Dr Smyth</td>
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<tr>
<td>Dr Velavan PVI</td>
<td>Dr Greenwood</td>
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<td>Dr Wright DJW</td>
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<td>Dr Rao AR</td>
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<td>Dr Hobbs JH</td>
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<td>Dr Snowdon RLS</td>
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<td>Dr Chenzbraun</td>
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<td>Dr Appleby CA</td>
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Glossary of Terms

During your placement you are likely to come across the following procedures/operations

**Aortic Aneurysm (AA)** – dilatation of the aorta.

**Bronchoscopy (Bronch)** – examination of the bronchus by means of a scope (camera).

**Coronary artery bypass grafts** – use of a vein from the leg or an artery (radial or mammary) to bypass blocked arteries surrounding the heart.

(CABG)- Operation performed on bypass (pump) machine

(OPCAB) – Off pump coronary artery bypass

**Epidural** – injection of an analgesic solution into the space surrounding the spinal cord

**Intercostal Drains** - a drain inserted into the pleural cavity used to drain:
- Air in pleural space (pneumothorax)
- Fluid in pleural space (pleural effusion)
- Blood in pleural space (haemothorax)

**Mediastinoscopy** – Examination of the mediastinum by means of a scope.

**Oesophagoscopy** – Examination of the oesophagus by means of a scope.

**Oesophagogastrectomy** – Operation to remove part of the oesophagus and stomach usually undertaken to remove cancer.

**Pacing Wires** – For most cardiac surgery the heart is stopped. In some cases the heart may need extra electrical stimulation to start beating at an effective rate. As a precaution wires are inserted during surgery which pass through the skin, making it possible to attach the patient to a temporary pacing system. Once the heart has recovered the wires can be removed. Pacing wires are more commonly inserted following aortic valve surgery.

**P.C.A – Patient controlled analgesia** – a solution of analgesia (usually morphine) delivered by a pump which the patient is able to administer themselves.

**Pleurectomy**- Surgical removal of a pleura (the serous membrane surrounding the lung).

**Thoracoscopy**- Examination of the pleural cavity by means of a scope.

**Thoracotomy** - A surgical incision into the thoracic cavity usually performed to remove lung cancer. Depending on the extent of the cancer spread – part or the entire lung is removed i.e.

- **Pneumonectomy** – Removal of the entire lung
- **Lobectomy** – Removal of one or more lobes. There are 2 lobes (upper and lower) on the left lung that may be removed (LUL, LLL) and 3 on the right (upper, middle and lower) (RUL, RML, RLL)
- **Wedge Resection** – Removal of a small part (wedge) of the lung

**Valve Replacement**- Surgical replacement of the heart valves which may be aortic, mitral, tricuspid, or pulmonary. The valve may be replaced with a mechanical valve or a tissue valve (usually a pig’s heart valve)