Salford Royal NHS
NHS Foundation Trust
University Teaching Trust
safe • clean • personal

WELCOME TO WARD B7
MALE EMERGENCY NEUROSURGERY WARD

Greater Manchester Centre for Neurosciences
Student Orientation Booklet

Student:

Mentor:

Ward: B7

Start Date:

Completion Date:

Matrons: Catherine Gorse, Ann-Marie Dhali

Ward Manager: Kirsty Gowers

Ward Sisters: Laura Tolley (PEL) , Analyn Ramos, Asheligh Jones

Practice Education Facilitator: Mike J. Hollinshead (Ext 68223)
Practice Development Lead**:** Gaynor Varden (Ext 65706)
Practice Development Nurse: Dee Ragou (Ext 62926)
Assistant Practice Trainer: Caroline Melia (Ext 62888)

Telephone Number: 0161 206 4571/4572

Salford Royal Hospital NHS Trust

Mission Statement

The Trust's mission is to provide clinical, academic and service excellence, and to strive for these on the basis that what matters most of all is the patient experience.
Our priorities are Quality, Performance and Service Development, all of which we aim to achieve in co-operation with our partners.

TRUST VALUES

PATIENT AND CUSTOMER FOCUS

ACCOUNTABILITY

RESPECT

CONTINUOUS IMPROVEMENT

Ward B7 is a SCAPE accredited ward in the trust. This means that we have consistently achieved top scores in trust audits and assessments, and have subsequently been awarded SCAPE status, which means the care provided on B7 is:

- Safe
- Clean
- And
- Personal
- Every time

Welcome

The staff on ward B7 would like to extend a warm welcome to you. All the staff will endeavour to ensure that your time with us is both pleasant and constructive. You will be given the opportunity to develop your nursing skills and knowledge, which will relate to generic nursing practice and to the Neuroscience specialism. The aim of this pack is to provide you with information and to help ease you into the learning environment.

Ward B7

Ward B7 is a 25 - bedded male neurosurgical ward. The unit provides a service for patients from Salford, Trafford and specialist neuroscience services for patients from the Greater Manchester conurbation.
We aim to provide the most effective service for patients whom require neurosurgical intervention, and a high level of care. We pride ourselves on providing an open, friendly, good humoured and patient-centred environment for those who require care in the unit. Services provided include diagnosis, nursing and management of a range of injuries and conditions requiring emergency neurosurgery. These include:

- Acute and Chronic Sub-Dural Haematoma
- Subarachnoid Haemorrhage
- Traumatic Brain and Spinal Injuries
- Brain Tumours
- Cerebral Infections
- Degenerative Spinal Injuries
- Hydrocephalus
- Shunt Malfunctions

The ward endeavours to provide services, which meet the patient's needs and provide flexible access to healthcare.

We forge excellent relations with members of the multi disciplinary team, which include specialist nurses, physiotherapists, occupational therapists and the medical and surgical teams.

The nursing team is responsible for coordinating, planning and implementing care, which leads to effective admission, streamlined service provision and planned transfer to outlying hospitals and continued care until discharge.

Shift Patterns

Long Days

Long day shifts are in operation in most of the neurosciences departments and throughout the trust, however at times it is necessary for staff to work half shifts to meet the needs of the ward.

Long Day: 07:00 – 19:30 (30 minute break AM and 30 minute break PM)

Early (half day): 07:00 – 13:30 (30 minute break)

Late (half day): 13:00 – 19:30 (30 minute break)

Night Shift: 19:00 – 07:30 (60 minute break)

Where possible you will be expected to work the same shift pattern as your Mentor.

Your mentor together with PEL will arrange holidays if you are due any.

This is in line with the improving working lives document. (Department of Health Improving Working lives. London. HMSO.1999)

Activity Levels

The unit can be hectic and challenging and you will be required to work closely with your mentor and other qualified members of the nursing team. You will have time allocated to utilize unit-learning resources and to attend relevant teaching sessions.

Staff on the ward work as one team, a nurse coordinator is in charge on each shift and will allocate patients appropriately, as well as duties required to maintain the smooth running of the unit. We use an adaptation of the Roper Logan & Tierney's, activities of daily living model to assess patients on the unit.

Handover time
Staff have a printed handover information sheet, which is updated at each shift. This is in addition to a verbal handover given by the nurse on the previous shift.

'Open door' policy
Students are welcome to discuss any problems, queries or ideas with the ward manager or Mentor at any time, who will guarantee to deal with any issues in a professional and constructive manner.

Computer Resources
The ward computer is available to all staff as a learning resource for up to date information. You will find various programmes such as 'Medline' and The Cochrane Library for references and the Intranet to enable you to resource Trust policies etc. Other programmes available are: 'NHS Net', 'WeBNF', 'Doctor Online', 'Cinahl' and the Internet.

There is also a resource room based at the top of ward B7, which
you can make use of. In the resource room, a small selection of books, anatomical models and many research articles relating to practice.

Restaurant Facilities

There is a variety of places in the hospital to eat and drink. There is a restaurant, and a coffee counter in the Hope Building, as well as a Marks & Spencers Food, and a WHSmith, also located in the Hope Building.

On the ground floor on Humphrey Booth Building there is a restaurant which serves a range of hot and cold meals and breakfast, lunch, and dinner times. This restaurant also offers some discount on hot meals to members of staff.

Philosophy of Care

Nursing care delivered will be evidence based and collaborative within the M.D.T.

Education and staff development will be pivotal to improved performance and nursing developments

Understanding the needs of patients and their carers.

Recruit and retain nurses through providing a creative, innovative, stimulating environment and explore challenging new ways of working

Openness, honesty and a supportive environment will promote learning and a ‘fair and just’ no blame culture

Service developments will be supported through leadership

Continuous service improvements will be supported through monitoring ‘Nurse Sensitive Indicators’

Improved performance of staff will be achieved through the appraisal process and P.D.P’s

Effective clinical care will be audited and evaluated to pursue ‘Best Practice’

Nursing management will take responsibility for developing systems and processes that ensure resources are utilised optimally

Care about patients, their carers and families. Respect dignity, privacy, confidentiality and cultural diversity of all.

Experience of patients will be at the heart of everything we do

The Greater Manchester Neuroscience Unit Philosophy of Nursing Care

The philosophy of care on the Greater Manchester Neuroscience Unit is:

An explicit statement of the values and beliefs, of the nursing team, involved in the provision of healthcare services, within this unit. We aim to provide the highest quality care possible delivered by knowledgeable and appropriately skilled nursing team, with reference to evidence-based practice.

We believe our patients to be unique individuals with physical, psychological and spiritual needs. We aim to meet these needs through a collaborative approach incorporating all aspects of holistic care.

We strive to provide a transparent and supportive environment where the patient is at the centre of their care and are given the information they need to make their own decisions.

We feel it is vital to foster good relationships with our patients, family and carers, taking into account the patient's rights to privacy and confidentiality.

Your First Day

You will be allocated a Mentor. Your mentor will usually greet you on your first day.

You will be orientated to the unit and introduced to the staff on duty.

You will be given a copy of the orientation pack, and will be given time for you to read this and familiarize yourself with your environment.

Time will be allocated for you to meet privately with your mentor to discuss the placement and your learning needs.

In the absence of your Mentor you will work with a co- mentor/ supervising RN. Learning opportunities and learning contracts will be discussed where possible on the first day
of your placement but always within the first week.

The unit can be hectic and challenging and full of resources. The student would be expected to work closely with
their mentor, observing what is happening but also assisting when and where able to do so.

Uniform

Guidelines regarding uniform

(1) You are expected to wear the complete official uniform both whilst you are attending clinical placements and during clinical skills sessions within the university. Failure to do so may result in disciplinary action being taken. Uniforms should be clean and neat at all times.

(2) Cardigans if worn, must be removed when in the clinical area. Tights or stockings should be of a plain Black colour.

(3) Shoes should be supportive with a small heel only, quiet soled and black in colour; sandals and boots and trainers are not satisfactory footwear.

(4) When you are allocated to a placement where uniform is not required, you should check before attending what standard of dress is required.

(5) Pens, scissors and fob watches should be made secure.

(6) Hair must be tidy. Hair that is shoulder length should be tied back off the face and collar. For safety reasons, protruding hair decorations should not be used. If required, neutral coloured decorations should be used to secure hair. Beards and moustaches should be neatly trimmed.

(7) Fingernails must be clean and short. It is not acceptable to wear nail varnish or false nails.

(8) Make-up, if worn should be discrete. Perfumes and after-shaves should be used sparingly.

(9) Jewellery – only small, plain stud earrings (one per ear) and wedding rings are permitted. Wristwatches must not be worn when attending to patients. No other jewellery is permitted.

(10) Identification badges must be worn when on duty. You are required to wear your name badge whenever you are in a clinical placement area.

(11) Outdoor Uniform – Dark coloured outdoor coats, which cover the length of the tunic, must be worn over uniforms when off hospital/university premises.

N.B Ethnic/religious customs concerning dress will be respected; clarification can be sought from the course team.

Failure to comply with the stated uniform policy will be regarded as unprofessional behaviour.

Expectations of Staff Towards Students

1. Students will arrive punctually on shift, and inform the nurse in charge as soon as possible if they are ill or delayed. Students are requested to provide a contact number on commencement of their placement.

2. Students are expected to show initiative to learn and participate in care, whilst acknowledging any limitations in their knowledge and competence.

3. Students are expected to develop competency in core clinical skills as identified by the University. Students may be exposed to skills outside this framework, but these should not be considered essential.

4. Should any personal or professional problems arise during placement, these must be raised as soon as possible with an appropriate member of staff, to prevent the problem escalating.

5. Students must adhere to the uniform policy as set by the School of Nursing.

7. Students will whenever possible, work the same shifts as their mentor; this should be a minimum of two shifts a week. Weekends should be worked at a minimum of 1-in-4 and a maximum of 2-in-4 as recommended by the School of Nursing document ‘Changes to Pre-Registration Courses Commencing After September 1999’.

8. Students must complete 4 weeks (150 hours) of night shifts over the course of their training; they are not expected to work nights in their first year of training

9. Students should bring relevant documentation (assessment of practice documentation, action plans, profile) on a daily basis, for use at appropriate times

Expectations of Students Towards Staff

Following consultation with students; the following expectations of students towards staff are suggested:

1. Students can be expected to be welcomed as ‘part of the team’ by the staff

2. Students can expect an appropriately timed orientation to the placement including layout, routines, policies and procedures, and to receive a student handbook.

3. Students will have a named mentor and be introduced as soon as possible.

4. Students can expect to receive their off duty at least two weeks in advance

5. Students will receive continuous feedback on their progress, and any problems / issues as perceived by staff will be raised with the student as soon as possible

6. Students will not be regarded as an ‘extra pair of hands’ and their role of learners will be respected.

7. Student will have the opportunity to learn and participate in new skills whilst acknowledging any limitations in their knowledge and competence.

8. Students will be made aware of appropriate learning opportunities before/as they arise.

9. Whenever possible, initial, midpoint, and final assessments will be carried out on time

10. Students will be aware of their role during emergency procedures (fire, crash call)

11. Students requested to act as an escort to patients can expect staff to adhere to the University of Salford School of Nursing policy ‘Students acting as Escorts for Clients/Patients’

Students acting as escorts for clients / patients

The School Management Committee has requested that a policy statement should be produced to clearly outline the School's position with respect to students acting as escorts for clients / patients. The general view of the School Management Committee (SMC) is that students must be supervised in the work place at all times.

Background

· Student nurses are allocated to practice placements in order to gain the necessary practical experience to enable them to achieve the required outcomes and competencies demanded by statute.

· Students are not employees of the NHS and must never be regarded as an essential part of the workforce in terms of the delivery of care to clients / patients. It is the responsibility of Trusts to ensure that sufficient numbers of appropriate staff are available at all times in order to care for the clients / patients in their care in a safe and competent manner.

· Student exposure to clinical situations must be guided by their education needs and not be determined by the needs of the service.

Statement

· At no time must students of the undergraduate/postgraduate programmes be utilised as the sole escort for clients / patients who are required to leave their care base for any form of investigation of treatment or social care activity. This includes client / patient transfers to and from radiography departments and theatres.

· Students of the Undergraduate/postgraduate programmes may accompany qualified health care practitioners who are escorting clients on order to observe investigations and treatment as part of their educational programme at the discretion of their assessor / mentor.

· Students at any stage of the Undergraduate/postgraduate programmes may accompany a client who is required to leave their care base for any form of investigation or treatment or social care activity IF the client would normally be permitted to go to the department / activity without being accompanied by a member of staff.

Learning Opportunities

Regardless of your stage of training and experience you will have the opportunity to learn a lot whilst on this placement, this will be discussed with you in your first week. When the unit is quiet, the student would be advised to take the opportunity to study using local education materials and/or talking to patients. Engaging in the following activities will also contribute to your learning:

- **Nursing admission**
- **Care of patient and families/partners**
- **Observations to include Neurological observations**
- **Hand over of patients at the end of a shift**
- **Record keeping and documentation**
- **Interpretation of NMC Code of Professional Conduct and relationship to practice**
- **Co-ordination and organisation of relevant investigations**
- **Nursing role in investigative procedures i.e. lumbar puncture, bloods, MR and CT scan**
- **Preparation and calculation and monitoring of Intravenous therapy**
- **Preparation and administration of subcutaneous and intramuscular injections**
- **The administration of medication**
- **Liaising and referring to members of the multidisciplinary team**
- **Primary care referrals**
- **Discharge planning**
- **Patient transfer to wards, departments or outlying hospitals**
- **Post operative care**
- **Referrals to members of the multidisciplinary team**
- **Insertion/removal of urinary catheter**
- **Monitoring of wound drain and surgical wound**
- **Removal of sutures and clips**
- **Pain assessment**

    - **Care of patient with reduced conscious level**
    - **Care of agitated/aggressive/confused patients**
    - **Care of Tracheostomy**
    - **Care of EVD (external ventricular drain)**
    - **Care of Nasogastric tube**

A. the importance of hand hygiene and aseptic technique
B. experience a variety of moving and handling patients on the ward such as use of slide sheet, pat slides, assist in mobility and the use of hoist
C. taking neuro- observations and vital signs
D. using the legislation and processes relating to the administration of medication, drug calculations

In your second year you will be provided with plenty of scope for learning through patient care.

A. You will be attending ward rounds
B. Your PEL will continue to monitor your daily progress.
C. Follow a patient's journey. Make the most of clinical/spoke placements
D. Expand your understanding of how different professionals work together, spend time with multidisciplinay team
E. Observe specialist nurses related to your placementand get to know other health care professionals working to support patient care.

Try to find time to read about the issues and speak to patients about the challenges that the patients experience – remember you will learn from them as they are often the experts about their health.

As a third year student, be prepared to take on the responsibilities of your profession with confidence.

Spoke Placements

During your placement you should spend time in other areas & with members of the inter disciplinary team. With your assessor, arrange days / half days in which to spend time in these other areas.

It may be helpful to follow a patient through their hospital stay, thus giving you an impression of how many areas that a patient may come into contact with during their time within Neurosciences

You can even arrange to spend time working on the other Neuroscience ward, this usually is better if you spend at least a week there to give you time to settle into the ward environment.

Examples of potential spoke placements are:
- Neurophysiology department
- Neuropsychology department
- MRI scan
- CT scan
- Pharmacy department
- Acute Neurology Unit (ANU)

- B8 (Neurosurgery Ward – Female)
- Neuro HDU
- C2 (Acute Neuro-Rehabilitation)
- H7 (Elective Neurosurgery)
- Acute stroke unit
- Pain team
- Other neuroscience/spinal wards
- Neurosciences Outpatient department
- The Maples (Neuro- Rehabilitation)
- Specialist nurse placements:

SAH SpN, Neuro-Oncology SpN, Diabetic SpN,

- Occupational therapists
- Physiotherapists
- Bed manager
- Social worker

Neuro Theatres

The following is for you to keep a record of your spoke placements. It should be used as a guide for you and your mentor to enable you to meet your learning outcomes and gain the most of your time on the unit, thus maximizing your knowledge in relation to neurosciences. You can add articles/ handouts to this booklet, which could then act as a resource for you later in your career.

Potential seminar sessions/case studies/study sessions

These topics may be arranged for students on placement within the neuroscience unit and will be timetabled throughout your placement. This list is not exhaustive and may be added to in order meet your Individual needs

- Fluid management
- Head injury management
- Epilepsy
- External Ventricular Drainage Management
- Spinal Drain Management
- Neuro-pharmacology
- Ten minute student presentation to be decided

You will find there are several link nurses on the ward and within neurosciences, who will be valuable resources in assisting you with your learning

Link Nurse Roles:

Pain
Medical Devices
Educational
Tissue Viability
Resuscitation/Tracheostomy care
Diabetes
Infection Control
Safeguarding
Nutrition & Hydration
Palliative care
Risk Assessments & Care Plans
Blood Transfusion
Communication
dementia

Ward Safety/Induction

Manual Handling – In line with Trust policy, each student must produce confirmation of manual handling training at the beginning of each clinical placement.

ALL POLICIES CAN BE FOUND ON THE INTRANET ON THE SYNAPSE PAGE, UNDER SUPPORT FOR HEALTH AND SAFETY POLICIES AND CLINICAL FOR ALL OTHER POLICIES.

Skill/Procedure Comments Student Mentor

Fire points & extinguishers

Procedure for sounding the alarm in the event of a fire and subsequent evacuation of patients

Use of oxygen and suction points

Location of Resuscitation Trolley

Bleep systems, including the fast bleep & Cardiac Arrest call

Location of emergency buttons

Check suction & oxygen points

Simple explanation of resuscitation Trolley

FIRE

If you locate a fire you must:

1. Raise the alarm by breaking the fire alarm glass and dialling 2222 specifying to switchboard that there is a fire and its exact location.

2. If you can, get patients out of immediate danger ensuring you safety first.

3. Close all fire doors

The nurse in charge of the shift, will co-ordinate action to be taken and will instruct you.

Do not leave the ward at any time without letting a member of staff know first.

Fire fighting equipment can be located at the entrance to the ward and behind then nurse's station. If you have any doubts about using this equipment then do not use.

Leave fire fighting to the professionals.

Do Not attempt to put out a fire if it puts you in danger.

CARDIAC ARREST

If a patient arrests while you are caring for them:

Pull the emergency crash button (red buzzer) behind their bed or in the bathrooms and shout CRASH or HELP!

You may be asked to call the crash team. You do this by dialling 2222 and saying CRASH CALL ward B7, Wait for them to repeat it back to you, and then say the same thing again to confirm and then replace the handset. If you are asked to get the Crash Trolley it can be found to left the side of the ward entrance. (Remember to unplug it first).

It may be a good idea to familiarize yourself with the crash trolley as soon as possible on your placement.

Observations

Skills expected to by learnt on B7

Recording of vital signs

Recording of Neurological observations with use of the Glasgow Coma Scale (GCS) under supervision

Commence Pulse Oximetry

Taking & interpretation of blood sugar measurement

Interpretation of vital signs

Interpretation of Neurological observations

Interpretation of Pulse Oximetry

Assist with blood administration (in line with trust policy)

Is able to discuss the care of a patient with an allergic reaction

Patient Care

Skills expected to be learnt on B7

Preparation of patient for theatre

Care of the post operative patient including appropriate observations

Understand the importance of Post Operative observations

Administration of Oxygen therapy under supervision (in line with local and trust policy)

Eye & mouth care

Pressure area care

Initiating IV fluids under supervision (in line with trust policy)

Care of patient receiving IV fluids under supervision

Understand importance of fluid balance

Maintain accurate fluid balance chart

Importance of nutritional assessment

Positioning when eating/feeding

Nutritional support

- NG feed
- PEG feed
- Oral diet

Importance of food charts

Catheter care

Tissue Viability – Wound Care

Scoring / Assess risk of developing pressure sore using unit tool

Accurately document position and condition of wound

Nebuliser therapy under supervision (in line with local and trust policy)

Bowel care

Care of Tracheostomy under supervision (in line with local and trust policy)

Knowledge of Specific Conditions

It would be useful to have a basic understanding of the following diseases / conditions and begin to think about how these disorders affect the patients on the unit: -

Speech Dysfunction
Cerebral Haemorrhage
Epilepsy
Confusion
HIV, Hepatitis C
Movement disorders
Neuropathy
Cerebral Aneurysm
Brain Tumours
Hydrocephalous
Meningitis
Dysphagia
Dementia

It would be useful to have a basic understanding of the following drugs including Approved name, proprietary name, normal dose, contraindications and side effects:

Dexamethasone
Nimodipine
Codeine phosphate
Morphine
Phenytoin
Sodium Valporate
Gabapentin

Neuroscience Terminology

Agnosia - A disorder of the association area of the brain in which the person cannot smell – the brain cannot interpret sensory input (parietal lobe). Common following stroke

Angiogram - Outlining the blood vessels (using a dye) within the brain to give a clear picture of the blood vessels. Used to look for abnormalities such as aneurysms, blood vessels being moved (displaced) by a space occupying lesion and narrowing or occlusion of blood vessels.

Aneurysm - Weakening of the wall of an artery (like a blister), which can burst.

Aphasia – No speech / cannot speak. Not because of damage to muscles but due to damage of certain parts of the brain. The type of aphasia depends on the part of the brain that is damaged.

Apraxia - Patient is unable to carry out normal movements such as washing / combing hair.

Ataxia - Poor balance / unsteadiness – this is due to a problem in a part of the brain called the **cerebellum**

Burr Hole - A hole made in the skull with a special drill

Cauda Equina Syndrome– serious neurologic condition affecting the spinal nerves, causing leg paralysis, parasthesia, and incontinence

Cerebro spinal fluid (CSF) - Fluid that circulates around the brain & spinal cord. It protects the spine & brain, removes waste products, provides nourishment & maintains intracranial pressure.

Contractures - Persistent, forceful muscle spasm which fixes legs & arms in abnormal postures which produce contractures through shortening & distorting of tendons

Contusions - bruising

Craniectomy - Excision of a portion of the skull without replacing it afterwards

Cranioplasty - Usually] plastic repair of the skull to replace missing pieces from the skull

Craniotomy - A surgical opening of the skull to provide access to the brain

CT Scan - (computerised tomography) An image is produced by the tissue of the structure being scanned, this is done by x rays being aimed at the tissue & depending on how dense the tissue is the x rays are either absorbed or reflected. An image is then generated.

Cytoplegic - Paralysis of the ciliary muscle of the eye. This causes the inability to alter the focus of the eye & is usually accompanied by the paralysis of the muscles of the pupil, resulting in a fixed dilated pupil.

Discectomy - Removal of the disc material of an intervertebral disc (can be done with a laminectomy)

Dysarthria - Difficulty in the pronunciation of words owing to weakness or in coordination of the muscles involved in speech

Dysphasia - Difficulty with speech either (a) Expressive dysphasia – difficulty finding the correct word to say or (b) Receptive dysphasia – difficulty understanding the words that are being said to him.

Dyspraxia - Dysfunction in the ability to perform tasks such as dressing / washing / eating

Flaccidity - Soft, limp

Gait - The manner of walking

Laminectomy - The removal of ½ or a whole lamina, usually in the lumbar or cervical regions

Lumbar Puncture - Insertion of a needle into the spinal canal to withdraw cerebrospinal

Magnetic Resonance Imaging (MRI) - The patient is placed in a magnet, a radio wave is sent in, then the wave is turned off, the patients emits a signal which is then analysed a reconstituted as a *picture*

Myosis - Excessive contraction of the pupil of the eye

Mydriosis - Abnormal dilation of the pupil of the eye

Nystagmus - Involuntary jerking movements of the eyes. More evident when

an individual is asked to look up or down or side to side

Parasthesia - Pins & needles sensations – develop when a pain pathway in the nervous system is damaged

Ptosis – drooping of the eyelid.

Seizure – epileptic fit

Space Occupying Lesion (S.O.L) - Anything that is occupying an area that it should not be in such as a tumour

Spasticity - Increased tone causing stiffening & resistance to movement. Develops as a result of damage to the nervous system

Subaracnoid Haemorrhage – bleeding into the subarachnoid space, the area between the arachnoid membrane and the pia mater surrounding the brain

Subdural Haematoma – gathering of blood (clot) between the dura mater and the brain. Normally as a result from a tear in a bridging vein which crosses the subdural space.

Trans-phenoidal - Surgery via incision in the nose and through the sphenoid Sinus in through the base of the skull. Used for pituitary tumour surgery.

Tumour - Abnormal mass of tissue

ABBREVIATIONS

Approved list of abbreviations used within Neurosciences Directorate.

GCS – Glasgow Coma Scale
SOL – Space Occupying Lesion
GBM – Glioblastoma multiforme
EVD – External Ventricular Drain
SAH – Sub-Arachnoid Haemorrhage
SDH – Subdural Haematoma
EDH – Extra-Dural Haematoma
ICH – Intracranial Haemorrhage
L – Lumbar
C – Cervical
PEARL – Pupils Equal and Reacting to Light
LOC – Loss of Consciousness
TPR – Temperature Pulse and Respirations
BP – Blood Pressure
BM – Blood Measurement (Glucose)
BO – Bowels Opened
BNO – Bowels not opened
PU – Passed Urine
CSU – Catheter Specimen of Urine
PCA – Posterior Communicating Artery Aneurysm
ACA – Anterior Communicating Artery
ICA – Internal Carotid Artery
MCA – Middle Cerebral Artery
NGT – Nasogastric Tube
PEG – Percutaneous Endoscopic Gastrostomy
ICP – Intracranial Pressure
AVM – Aterio-Venous Malformation
LP – Lumbar Puncture
MR – Magnetic Resonance Scan
CT – Computerised Tamography
CTA – CT Scan Angiogram (CT scan with dye)
USS – Ultra Sound Scan
NAD – Nothing Abnormal Detected
ROS – Removal of Sutures
ROC – Removal of Clips
IVI – Intra-venous Infusion
NBM – Nil by Mouth
IVABX – Intra-venous Antibiotics
OABX – Oral antibiotics
JP Drain– Jackson Pratt Drain
DN – District Nurse
TTO – Tablet to Take out
MVD – Micro-vascular Decompression

CJD – Cruetz-veltz Jacob Disease
MS – Multiple Sclerosis
MND – Motor Neurone Disease

Additional Notes

Private & Confidential

Reflective Practice

Date of Incident:

Where And when the event happened

Description of the event

Why the event was important

How did I feel at the time?

What did I think at the time?

What was most satisfactory about the incident?

What was most troubling about the incident?

What might I do differently, now and in the future?

The action to be taken as a result of this learning