Te Whatu Ora
Health New Zealand
Te Pae Hauora o Ruahine o Tararua
MidCentral

Ngā Manu Teka
Practice Development Unit

CHILDRENS WARD

URU PĀ HARAKEKE

STUDENT NURSE ORIENTATION

Child Health

Developed by: Nga Manu Teka: Practice Development
November 2019, Updated January 2024

Contents

DOCUMENT CONTROL

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3.		
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WELCOME

Welcome to Palmerston North Hospital and the Child Health Service. We hope that you enjoy your time with us and that you find it a worthwhile and interesting learning experience. This package will give you some brief information about what you can expect from your time with us.

Children's Ward

At Palmerston North Hospital we have 22 inpatient paediatric beds and neonatal Level 2A inpatient beds. The ages of the children vary between two weeks to 15 years of age. We cover many specialities, including medical, ENT, orthopaedic, general surgery, urology and oncology. Children that require ventilation or more intensive treatment are transferred to ICU, and infants may be transferred to the NNU. The service works closely with professionals us such as paediatricians, general practitioners (GPs), Plunket, Tamariki ora, and iwi providers. They also have strong ties with early childhood education providers, schools, and the Ministry of Education, so we can provide a coordinated service for whanau, whānau and Tamariki.

Children's Assessment Unit (CAU)

The children's assessment unit is a service for children and functions as an acute assessment unit for the unwell child. The CAU is a whanau/whānau-oriented approach to care; parents and children spend at least two to four hours in the CAU while nursing and medical staff carry out:

- Nursing assessment and recordings
- Medical examinations
- Ongoing observations
- Initiation of treatment
- Regular medical review
- Home care advice

Paediatric outpatient services / Homecare Team

The home care nursing service provides an extension to hospital-based care to whanau/whānau-centred care in the home. The service is provided by experienced paediatric nurses who have developed strong links with many primary healthcare and community groups. It provides the following:

- Nursing care for day patients
- Adverse immunisation reaction service
- Chemotherapy service
- Management of supplies for children with various conditions
- Food challenges
- Neonatal Home care (less than 33 weeks and under and others as requested)
- Homecare Case management of children with long term or life limiting conditions.

Children who meet the service entry criteria are typically children with

- Oncological disorders
- Cystic fibrosis
- Palliative care
- Cardiac conditions

- Metabolic disorders
- Renal problems, Transplant, Liver
- Auxiliary patients: children with complex needs who require coordination of care
- Education
- Management of children with gastrostomy, tracheostomy, central line access, chait (cecostomy) tubes, NG feeding, PICC, Portacath and Hickman lines

Child Development Service

The Child Development Service (CDS) is a non-medical service provided by a team of allied health professionals. We provide assessment and follow-up services to children/tamariki with developmental or ongoing disability needs for children from birth to 16 years of age.

KEY CONTACTS

Children's Ward	Ward Clerk	06 350 9190 ext. 7070
Charge Nurse	Tracy Stone	06 356 9169 ext. 7073 Page: 441
Nurse Educator	Ash Dam	06 356 9169 ext. 8336 Page:405

Please contact the Charge Nurse to confirm your start dates and times. If you are unable to attend your placement, please ring the ward and advise the Charge Nurse and your Clinical Lecturer.

PRECEPTOR

You will be allocated a primary preceptor and follow their rostered duties which may include morning, afternoon, nights and weekends. There may be times your primary preceptor is not on duty and you will be allocated a secondary preceptor.

PAE ORA MĀORI DIRECTORATE

Pae Ora can be contacted to assist in providing support, including accommodation, to Māori whānau.

HEALTH AND SAFETY

Everyone is responsible for their own safety and the safety of others. The Occupational Health and Safety Manual outlines the hazards within the department. Please familiarise yourself with these hazards and their management. All accidents are to be reported to the Charge Nurse and a Riskman completed.

EMERGENCIES

All students should make themselves familiar with the response requirements for all emergencies during their orientation. Please ensure that fire exits are always kept clear and corridors uncluttered. Exits must be clear at all times.

PARKING

Students can purchase concession parking cards from the Wilson Parking Office on site to get a discounted parking fee: a $20 bond is required to purchase these cards.

TE MĀWHENGA TŪRORO: PATIENT DETERIORATION

Acute deterioration can happen at any point during a child's admission to hospital. If acute deterioration is recognised early (Paediatric Early Warning Score) and responded to appropriately, patient outcomes can be improved. The Deteriorating Patient programme resulted in the implementation of the national Early Warning Score (PEWS) observation chart.
Locate and familiarise yourself with the PEWS documents and escalation process.

MIYA BOARDS

MidCentral DHB is the first to roll-out of the next-generation Miya Precision platform. Miya Precision is being used across 17 wards and the Emergency Department (ED) at Palmerston North Hospital, and two wards at Horowhenua Health Centre. It delivers real-time patient flow information and bed management updates to MDHB staff and can be accessed by clinicians using an iPad at the bedside, workstation, and patient journey boards installed in each ward.

The software has successfully integrated with five clinical information systems at MDHB, including WebPas, CareStream Radiology, Clinical Portal and Pathology to provide clinical staff with detailed patient information displayed on the ward's journey board. Clinicians at the bedside can use Miya Precision to view the patient's admission history, demographics and test results, making it simple and fast for them to make the right care decisions based on real-time information.

Miya Precision's Hospital Operations Centre is also providing a high-level overview of hospital bed occupancy in real-time, with the ability to drill down into individual departments and wards for more detailed insight. This allows staff to quickly allocate the best beds for each individual patient, minimising wait times and keeping the patient journey as smooth as possible.

ORIENTATION TO THE CLINICAL AREA

It is important that you have an awareness of the environment in which you will be working to ensure the safety of yourself, the patient and other staff members.

ORIENTATION TO KEY PEOPLE AND ROLES

WHO/WHAT	(√) when completed (x) if not applicable
Charge Nurse	
Clerical Support	
Clinical Nurse Specialists	
Enrolled Nurses	
Health Care Assistants	
Multi - Disciplinary Team Members	
Nurse Educator	
Preceptors	
Registered Nurses	

EMERGENCY RESPONSE

The emergency number for Fire, Cardiac Arrest and Security is 777. In an emergency situation, please follow the direction of the nursing and medical staff. Locate the following:	
WHAT	(√) when completed (x) if not applicable
State how to activate an emergency and have an understanding of the following ▪ CODE BLUE ▪ CODE AMBER	
Duress Alarm Procedure	
Emergency Bells	
Emergency Equipment	
Emergency Phone Number	
Emergency Response Flip Chart	
EWS Forms and Process	
Fire Extinguishers	
Fire Hoses	
Portable Oxygen	
Red Phone (fire emergencies)	

Suction	
Discuss with your preceptor	Completed
Pre & post Op Care	
Theatre pre-op checklist Theatre transfer Pre-op education & play Post-op care & documentation Pain assessment/management	
Procedures	
Comfort Holding techniques Role of nurse & doctor Play/distraction One Voice technique	
Infection Prevention and Control	
- Types of isolation - Condition requiring isolation - MRSA swabs	
Ward safety requirements	
- Cot sides - Thermometers - Cleaning - Location of parents beds - Doors closed/locked	
Play	
- Locate development/play modules & apply these - Discuss play resources - Calico dolls	

You will always be under the direct supervision of your preceptor when first performing tasks within the children's ward. Once they are confident of your abilities they will then delegate tasks to you and you will gradually learn to manage the full workload. If there are any issues with one of your patients let your preceptor know and always ask if you are unsure.

DOCUMENT MANAGEMENT SYSTEM CONTROLLED DOCUMENTS

Once on placement you will need to access relevant policies, procedures and guidelines. Ask your preceptor to help you find the Document Management System on the intranet. (Note: you cannot access this outside of the organisation.)

WARD ROUTINE

TIME	ACTION

0700	**For AM Shift**
	▪ Handover from night staff to AM staff in the clinical resource room, followed by bedside handover
	▪ Bedside handover includes
	  ○ Introduce self to patients
	  ○ Check oxygen, suction and equipment in working order
	  ○ Checking medication chart, ensuring no omissions
	  ○ Check drug infusions and fluid balance charts
	▪ Ensure patient beside board is up to date

0715	▪ Ensure all risk assessment are completed and prevention measures are in place ▪ Make your plan of care for the shift ▪ Prepare medications to administer at appropriate times ▪ Take blood sugar levels on patients with diabetes prior to breakfast
0800-0900	▪ Attend doctors ward rounds, these generally start at 0800. Ensure medical staff discuss the plan of care for the patient with you ▪ Ensure you are with your patient(s) when the team arrives. Do a complete assessment for skin integrity, dressing changes needed and hygiene needs e.g. shower, bed bath and hair wash ▪ Document ▪ Ensure patients required to be nil by mouth for diagnostic tests are aware ▪ Take vital signs
0900-1030	▪ Morning tea – at the beginning of the shift liaise with your buddy nurse to organise tea and meal breaks ▪ Attend to hygiene needs ▪ Update documentation ▪ Complete TrendCare categorisations and predictions before 1000hrs
1100-1330	▪ Half-hour lunch break should occur at this time. Handover your patient to your preceptor before leaving
1400-1530	▪ Complete TrendCare actualisations after 1400hrs ▪ Bedside handover to afternoon staff following handover in meeting room. ▪ Negotiate with your preceptor to attend clinical teaching sessions/tutorials. ▪ Total fluid balance charts for the shift. ▪ Check linen and rubbish bags. ▪ General clean and restock of own work area – report low stocks.

TIME	ACTION
1445-1700	For PM shift ▪ Bedside handover to afternoon staff following handover in clinical resource room. ▪ Bedside handover includes o Introduce self to patients o Check oxygen, suction and equipment in working order o Checking medication chart, ensuring no omissions o Check your drug infusions and fluid balance charts o Ensure patient beside board is up to date. ▪ Ensure all risk assessment are completed and prevention measures are in place. ▪ Initial patient head to toe assessment and documented in notes. ▪ Make your plan of care for the shift.
1700-1900	▪ Complete TrendCare categorisations & predictions before 1700hrs ▪ Half-hour dinner break –at the beginning of the shift liaise with your buddy nurse to organise tea and meal breaks ▪ Patients dinner, feed babies ▪ Vital signs/fluids/ monitoring as per care plan. ▪ Document any changes in the plan in the notes. ▪ Ensure Trend Care is up to date.
1930-2100	▪ Complete TrendCare actualisation after 1900hrs ▪ Settle patients for the night. Do a complete assessment for skin integrity, dressing changes as needed. ▪ Vital signs/fluids/monitoring as per care plan ▪ Start settling children for bed, keep in mind general children's routines, dinner, stories and bed, most children go to bed between 1900-2000
2100-2300	▪ Dim lights on ward ▪ Check results of any routine blood tests. ▪ Vital signs/fluids check as required. ▪ Update clinical record.
2245-2315	Empty ▪ Rubbish bags ▪ Catheter bags ▪ Linen Skip ▪ General clean and restock of own work area – report any low stocks. ▪ Handover to night staff followed by beside handover.
Time	**Action**
2245-2400	For Night Shift ▪ Bedside handover to afternoon staff following handover in handover room. ▪ Bedside handover includes o Check oxygen, suction and equipment in working order o Checking medication chart, ensuring no omissions o Check your drug infusions and fluid balance charts o Ensure patient beside board is up to date. ▪ Ensure all risk assessments are completed and prevention measures are in

	place. ▪ Make your plan of care for the shift. ▪ *Total previous 24-hour fluid balance.*
2400-0300	▪ Complete TrendCare categorisations & predictions before 0100hrs ▪ Ensure Trend Care is up to date
0400-0600	▪ Complete TrendCare actualisations after 0400hrs ▪ Review medications for all patients – fax morning requirements to pharmacy. ▪ Full range of routine blood tests sent to lab now – if requested. ▪ Check linen skip and rubbish has been emptied. ▪ Discard any reconstituted drugs at the end of your shift. ▪ General clean and restock of own work area – report low stocks.
0700	▪ Welcome morning staff ▪ Handover

COMMON PAEDIATRIC PRESENTATIONS

Below is a list of common presentations that it would be useful to have read up on before you come for your placement with us. While working on the Children's ward you will see a wide range of conditions and during your time here you will need to become familiar with many of these. Some of the more common are:

Asthma
Bronchiolitis
Whooping Cough
Pneumonia
Gastroenteritis
Fever
Convulsions
Head injuries
Croup
Abdominal pain
Appendicitis
radius & ulna
tibia & fibula
Supracondylar
Osteomyelitis
UTI's
Tonsillectomy
Adenoidectomy
Abscess/cellulitis

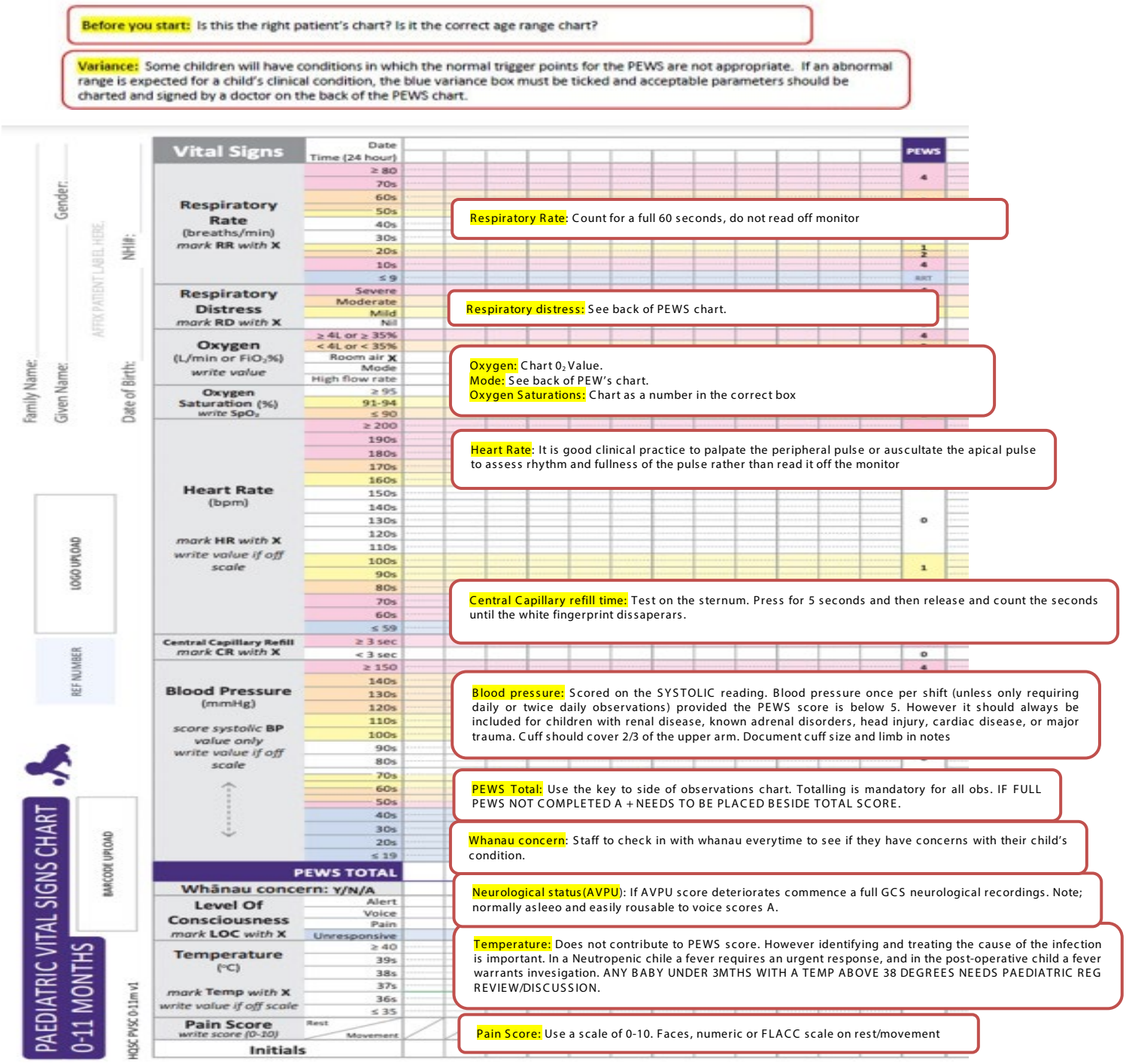
TRANSITION TO PRACTICE: IV THERAPY

All medications are double checked by two registered nurses. In the children's ward students will only ever be the third checker for any medications including all IV therapy. Under direct supervision you can practise making up IV drugs and running lines through. To undertake IV therapy you must complete the IV drug test and then under the direct supervision of your preceptor you may be deemed capable of giving some IV therapy to children over the age of one. You must always ensure that you remain the third checker.

PAEDIATRIC EARLY WARNING SYSTEM

Read the following Policy; [Early Recognition of Clinical Deterioration MDHB- 7201]

PEWS (paediatric early warning system) is a numeric based scoring process which when combined with clinical judgment and a robust management plan potentially allows us to detect deterioration in children in a more timely and efficient manner.
PEWS observation charts are age appropriate and require all parameters to be assessed for the PEWS score to be accurate. A full set of observations need to be completed each time and recorded on this chart.

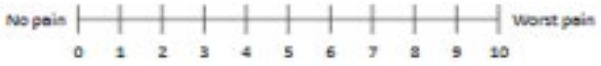


National tools

Assessment of respiratory distress guide			
	Mild	Moderate	Severe
Airway	• Stridor on exertion or crying • Wheeze present	• Some stridor at rest • Wheeze marked	• Stridor at rest • New onset of stridor • Wheeze severe • Silent chest
Behaviour and feeding	• Normal • Talks in sentences	• Some or intermittent irritability • Difficulty talking or crying • Difficulty feeding or eating	• Increased irritability and/or lethargy • Looks exhausted • Unable to talk or cry • Unable to feed or eat
Accessory muscle use	• Mild intercostal and suprasternal recession	• Moderate intercostal and suprasternal recession • Tracheal tug • Nasal flaring • Head bobbing	• Marked intercostal and suprasternal recession
Other		• May have brief apnoea	• Gasping, grunting • Extreme pallor, cyanosis • Increasingly frequent or prolonged apnoea
Score at the level of severest sign. Note that not all features are relevant to all conditions.			

Respiratory support mode		
NP = Nasal prongs	M = Face mask	HF = High flow
R = Non-rebreather mask	C = CPAP	B = BPaP
TH = Tracheostomy humidification	HO_2 = Humidified oxygen	

Numerical rating scale



On a scale of 0 -10, with 0 being no pain and 10 being the worst pain you can imagine, what number are you feeling right now on movement and at rest?

Revised FLACC observational pain tool			
Categories	Scoring		
	0	1	2
Face	No expression or smile	Occasional grimace or frown, withdrawn, disinterested; appears sad or worried	Frequent to constant frown, clenched jaw, quivering chin; *distressed looking face; expression of fright or panic*
			Individualised behaviour described by family:
Legs	Normal position or relaxed; usual muscle tone and motion to arms and legs	Uneasy, restless, tense; occasional tremors	Kicking, or legs drawn up; *marked increase in spasticity; constant tremors or jerking*
			Individualised behaviour described by family:
Activity	Lying quietly, normal position, moves easily; regular rhythmic breaths (respiration)	Squirming, shifting back and forth, tense or guarded movements; mildly agitated (head back and forth, aggression); shallow, splinting breaths (respirations); occasional sighs	Arches, rigid, or jerking; *severe agitation; head banging; shivering (not rigors); breath holding, gasping, or sharp intake of breaths; severe splinting*
			Individualised behaviour described by family:
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint; occasional verbal outburst or grunt	Crying steadily, screams or sobs, frequent complaints; *repeated outbursts; constant grunting*
			Individualised behaviour described by family:
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or 'talking to'; can be distracted	Difficult to console or comfort; *pushing away caregiver; resisting care or comfort measures*
			Individualised behaviour described by family:
Rate the child in each of the five measurement categories, add together, and document total pain score (0 – 10).			
Children who are awake:	Observe for at least 1-2 minutes. Observe legs and body uncovered. Reposition child or observe activity, assess body for tenseness and tone. Initiate consoling interventions if needed.		
Children who are asleep:	Observe for at least 2 minutes or longer. Observe legs and body uncovered. If possible, reposition the child. Touch the body and assess for tenseness and tone.		
This tool can be used for all non-verbal children. The additional descriptors (in italics) are validated in children with cognitive impairment. The nurse can review with parents/caregivers the descriptors within each category. Ask the parents/caregivers if there are additional behaviours that are better indicators of their child experiencing pain. Add these behaviours to the tool in the appropriate category.			

Faces pain scale – revised

Can you point to the face that shows how much you hurt?

EVALUATION OF YOUR PRECEPTOR

Please return your evaluation to your Charge Nurse

Name of Preceptor_____ Date_____

E = Excellent **VG =** Very Good **S =** Satisfactory **NI =** Needs Improvement

Please read the following statements then tick the box that best indicates your experience

My Preceptor:	**E**	**VG**	**S**	**NI**
Was welcoming and expecting me on the first day				
Was a good role model and demonstrated safe and competent clinical practice				
Was approachable and supportive				
Acknowledged my previous life skills and knowledge				
Provided me with feedback in relation to my clinical development				
Provided me with formal and informal learning opportunities				
Applied adult teaching principals when teaching in the clinical environment				

Describe what your preceptor did well

Describe anything you would like done differently

Signed: _____ Name: _____

YOUR CONTACT DETAILS

We care about your well-being as well as your education. If you don't arrive for a planned shift, if there is illness on the ward or in the case of an emergency, we need to be able to contact you. Please could you provide the ward with your contact details and an emergency contact using the form below.

Your Name	
Your Home Phone number	
Your mobile phone number	
Name of emergency contact	
Phone number of emergency contact	

From time to time the staff on the ward may need to contact your lecturer regarding your progress, for support or in the case of problems. Please could you supply the contact details of the Lecturer/CTA that will be supporting you during this placement, in the form below?

Name of Lecturer/CTA	
Phone number of Lecturer/CTA	

This information will be kept for the length of this placement and then disposed of. It will not be shared with anyone else without your permission unless there is an emergency.