

STUDENT INDUCTION PACK FOR TRAUMA AND ORTHOPAEDICS



Name:.....

Ward:.....

Welcome to the Trauma and Orthopaedic care group!

May we take this opportunity to welcome you to University Hospital Southampton.

The Trauma and Orthopaedic care group sits within Division D along with cardiothoracic and vascular (CT&V) and neuro-sciences (Wessex Neuro). As a Division we look after a variety of both medical and surgical patients and perform many specialist services not available elsewhere in the locality. There are many opportunities within the Division to expand your knowledge and skills and you will encounter a rich amount of experience from those who work within the Division. We hope that through experience and hard work you will enjoy working with us and become confident and competent practitioners.

We look forward to working with you on the orthopaedic unit. So Good luck and remember to enjoy. Nursing is a great job and very fulfilling.

Trauma and Orthopaedics

Trauma and orthopaedics or T&O as it is known, is made up of 5 wards: F1, F2, F3, F4, Brooke and the Orthopaedic Outpatient department. The following is a brief guide to each ward.

F1

F1 is a 32-bedded Major trauma ward. This ward is split into both male and female bays. It accepts all the major Trauma Patients from A&E, including GICU/SHDU step down. This ward is supported by the Major Trauma Team.

Senior sister: Carlin Bilangel

Junior sister: Saly Elavunkal, Dana Iorgulescu, Bilby Baby, Laura Cain and Harriet Drabble

F2

F2 is a 34 bedded trauma ward. There are 4 beds in a Trauma assessment Unit, this is where patients come to be assessed/admitted. Then transferred to the main ward areas. This ward is split into both male and female bays. Deals with simple trauma through to complex poly-trauma.

Senior sister: Sarah Irving

Junior sister: Kim Gordon, Lyn Collins, Veronica Casinhas

F3

24 bedded trauma ward in a dementia friendly environment. Focusing on Dementia care

Senior Sister: Frances Watts

Junior Sister: Felicity Moorman , Anabel Animay, Jocelyn Page, Evangaline Jardin

F4

F4 is a 18-bedded elective orthopaedic ward. It takes both male and female patients from the orthopaedic waiting list. The types of surgery that occur on F4 include hip replacements, knee replacements and complex revision joint surgery. The ward uses an enhanced recovery pathway for some of their hip and knee patients. This has resulted in a reduced length of stay. They also take emergency admissions.

Senior sister: Jeanne Hiponia

Junior sisters: Alison Barrow, Ana Costa, Andreia Piexoto

Brooke

This ward is based at the Princess Anne Hospital and currently has 18 beds. The aim of this ward is to look after patients who have had fragility fractures or elective surgery that no longer have any acute orthopaedic needs, are medically fit for discharge and waiting for rehabilitation or care packages.

Senior sister: Gany Villaruel

Junior sister: Veena Suresh, Debbie Payne, Anitha Kolasseril

Orthopaedic Outpatient Department

Outpatient department is based at the Royal South Hants Hospital (RSH)

Senior Sister: Celestine Manson

Junior Sister: Jane Allaway

Who's Who In T&O

Divisional Head of Nursing	Natasha Watts
Matron	Pat Spacagna Tracy Mahon
Care Group Manager	Rose Grymes
Bed Managers	Debbie Burgess & Cara Tull Bleep 2753
Education Lead	Lorraine Parker 07464493403 or xtn 4258
Clinical Practice Facilitators	Mandy Olsen xtn 4258
Trauma Nurse Specialists	Ren Bedonia, Alvin Undecimo: Bleep 2713
Fragility Sister	Gemma Jones: xtn 6543 Jeanette Robson: x 4258 BI 2293
Elective Nurse Specialist	Allison Willis: Bleep 2673 xtn 1877
Safety Sister	Emma Baker: xtn 1877
Nursing Bleep Holder	Unit Sisters: Bleep 2443
Surgical Site Surveillance Sr	Joyce Banga: 07827979390
Unit Secretary	Sue Bedonia – Based in F4E Office
Nurse Practitioners	Rachel Bowden, Fiona Fordyce, Karen Abutar, Karen Wright, Emma Joslin, Joanne Sikora, Bleep 1945

Consultants

<i>Hip Consultants</i>	<i>Knee Consultants</i>
Mr Jack	Mr Chapman-Sheath
Mr Eni-Oluto	Prof Barrett
Mr Dunlop	Mr Tilley
Mr Higgs	Mr Hancock
Mr Datta (pelvis specialist)	
Mr Jennings	
Mr Qureshi	
Mr Veettil	
<i>Upper Limb Consultants</i>	<i>Lower Limb Consultants</i>
Mr Cole	Mr Moussa
Mr Hand	Mr Taylor
Mr Warwick	
Mr Hargreaves	
<i>Spinal Consultants</i>	<i>Trauma</i>
Mr Davies	My Higgs Mr Jack
Mr Dare	Mr Gardner Mr Cox
Mr McGillion	Mr Hand Mr Enin
Mr	Mr Eni-Olotu
	Mr Jennings
	Mr Qureshi
	Mr Tilley
	Mr Datta
	Mr Hancock

On the wards you will have supernumerary status throughout your placement. You will be assigned a Mentor and a Buddy, their job is to act as a guide to the ward and provide support and knowledge to you. You will not be working directly with them every shift, but we ensure you will work with your Mentor at least 40% of your allocation. It will be your responsibility to ensure you book your initial, interim and final interview dates with your Mentor. During this allocation you will be expected to work Early, Late and night shifts plus weekends. Your Rota will be allocated to you, if you have any requests you will need to speak to your mentor or the nurse who completes the rota. Please ensure that you do this in advance. Please leave your contact details with the ward at the beginning of your placement.

If you need to call in sick for a shift please call the ward to inform them. You also need to tell them when you think you will be returning to work. Please inform the ward at the earliest opportunity. Once you return to work you need to discuss with your mentor a plan to make up the missed hours.

You will be given teaching sessions by the Education Team. Dates supplied on induction. If you want to request any topic relating to Orthopaedics please do and we will do our utmost to incorporate them.

Our aim is to assist you to develop your confidence, time management, interpersonal communication, and prioritisation.

Remember that if you have worries or queries then please raise them sooner rather than later.

Definitions

Mentor: A qualified nurse to support and facilitate learning

Buddy: A qualified nurse to assist with support and learning on the ward

Shift times

F2, F3, F4

Early shift is 07.15 – 15.15- with a 30 minute break (7.5 hours)

Late shift is 12.15 – 20.15- with a 30 minute break (7.5 hours)

Long Day is – 07.15 – 20.15 with an hour break (12 hours)

Night shift is 19.45 – 07.45 - with an hour break (11 hours)

F1 and Brooke Ward

Slightly different start times

Early 07.30 – 15.30

Late 12.15 – 20.15

Night 19.30 – 08.00

Useful Numbers

Switch Board – 100

Bleep service – 15

Outside Line – 9

Emergency – 2222

Security – 3333

F1 – 02381 206476

F2 – 02381 206477

F3 - 02381 208812

F4 – 02381 206479

Brooke – 02381 208581

Useful Visits

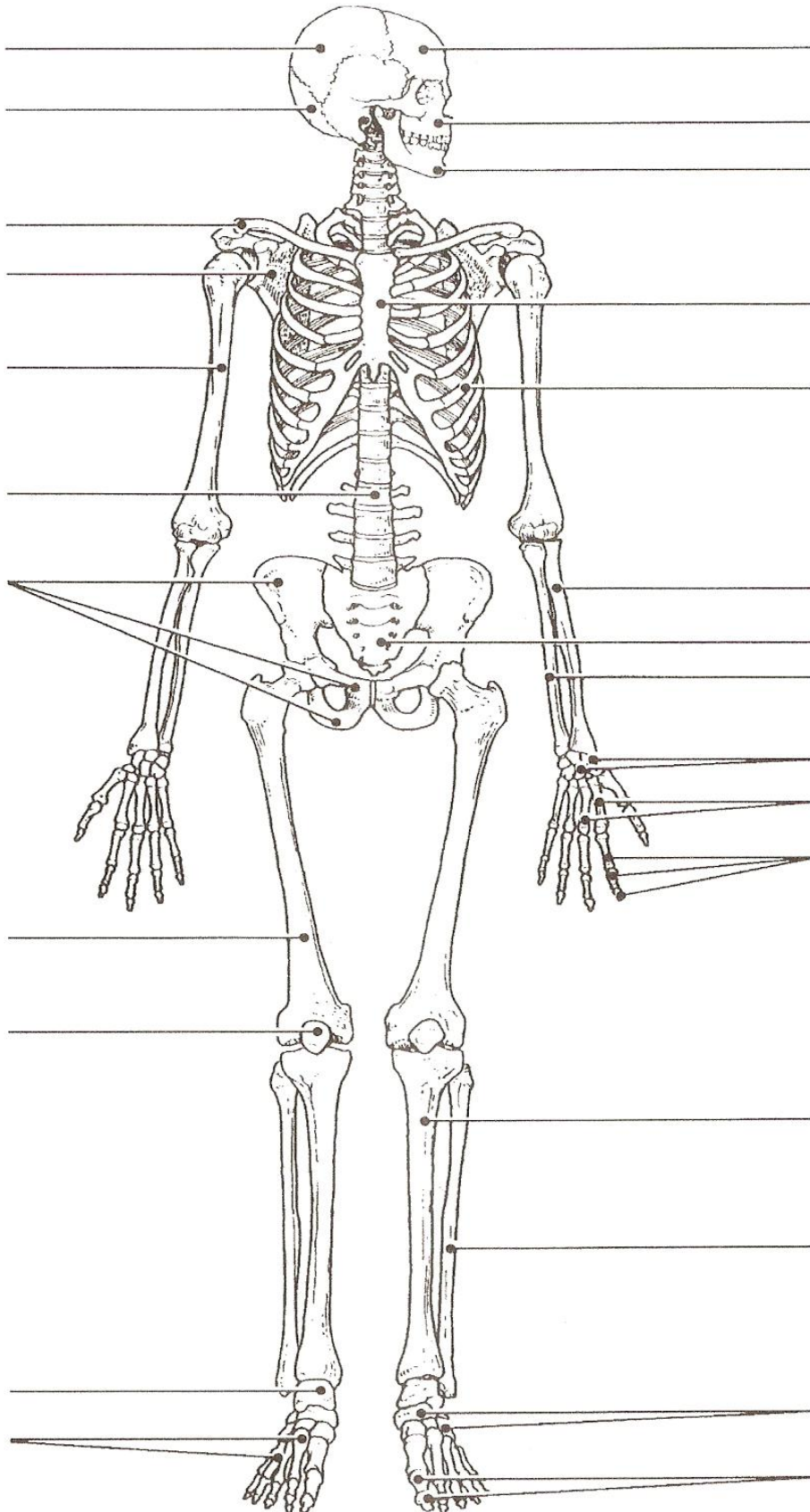
Brooke Ward	Ext 8581
Linda Tarplett – Spinal Specialist Practitioner	07785714481
Nurse Practitioners	Bleep 1945 (3rd Year only)
Trauma Nurse	Bleep 2713
Ortho Plastics Nurse	Xtn 6543
Bed Managers	Bleep 2443
Plaster Room	Xtn 4852
Enhanced Recovery Nurse	Xtn 877
Day Of Surgery	Xtn 4654
Theatres	Xtn 4543
Major Trauma Coordinators	Bleep 1963 & 1964
Osteoporosis Centre	Xtn 4217
Fragility Nurse	Xtn 4258
Patient Safety Nurse	Xtn 1877
Outpatients – (RSH)	Xtn 2994

We advise you not to book any visits for the first two weeks when starting your placement, this allows you to settle into the ward and it's routine. However we advise you to complete your theatre induction ASAP via VLE (if you would like to go into theatre and print your certificate of completion). You will need to call theatres direct to arrange a visit.

A morning or afternoon visit is a sufficient time to book, a whole day is not necessary.

Please ensure you inform your Mentor/Ward of any visits booked. This needs to be clearly written on the off duty.

Label the Skeleton



Orthopaedic Word Search

O	T	D	N	C	O	N	T	R	A	C	T	I	L	I	T	Y	V	B	S
S	B	I	S	D	D	F	G	J	K	L	W	E	E	R	T	R	U	I	O
T	F	A	W	Q	A	D	D	U	C	T	I	O	N	D	H	H	S	Z	X
E	M	P	E	Y	C	V	B	N	A	L	A	D	F	G	E	H	F	T	G
O	K	H	D	F	G	T	Y	U	I	Q	D	O	P	B	P	R	T	S	A
C	E	Y	T	I	P	A	E	D	V	G	J	L	Z	I	X	C	B	M	R
L	U	S	R	E	W	R	G	B	O	T	I	O	P	B	E	S	D	B	T
A	V	I	C	X	U	U	R	F	N	N	T	E	Y	B	N	O	I	T	I
S	T	S	E	T	B	O	N	E	Y	F	R	A	U	V	E	R	K	L	C
T	W	R	C	E	T	U	Y	I	S	T	E	O	B	L	A	S	T	B	U
S	M	A	W	Q	A	V	B	N	M	R	T	Y	U	I	O	S	D	F	L
T	R	F	R	A	C	B	U	R	S	I	T	I	S	U	R	E	P	B	A
F	L	I	M	B	N	O	D	A	B	D	C	U	T	O	N	D	A	R	T
A	D	D	U	C	T	N	O	U	B	O	B	E	N	Q	R	T	Y	U	I
B	U	R	A	D	S	F	E	N	C	S	D	F	G	H	J	K	A	K	O
C	O	N	D	I	S	L	O	C	A	T	I	O	N	H	J	K	L	M	N
O	M	N	D	R	E	E	T	I	O	N	I	B	U	D	S	A	Y	N	G
N	T	U	I	O	D	F	G	H	J	K	L	O	D	E	N	S	S	O	P
B	U	R	S	A	I	T	U	S	V	B	Z	M	N	R	F	G	I	K	O
Q	W	E	R	T	Y	U	I	O	P	L	K	K	Y	P	H	O	S	I	S

Find the answers to these questions in the grid.

- Movement away from the body is
- Movement towards the body is
- The point of union of any two bones
- Fluid filled sac or space
- Inflammation is irritation of a bursa sac
- Ability of a muscle to become short and thick
- Shaft of a long bone.
- Displacement of a limb from its original position
- Ends of long bones
- Broken bone
- Increased curvature of the thoracic spine
- Young Bone forming cell
- Cell absorbs bone tissue
- Loss of muscle function
- Viscus fluid of a joint or similar cavity

Please familiarise yourself with the following conditions:

1. Deep vein thrombosis (DVT)

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2. Fat embolism

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3. Compartment syndrome

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4. Osteoarthritis

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5. Rheumatoid arthritis

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Abbreviations List: Trauma & Orthopaedic Unit

The following list is a list of abbreviations, and the meanings, which may be used in nursing documentation on the Unit.

#	Fracture
A/E	Above elbow
A/K	Above knee
B/E	Below elbow
B/K	Below knee
BNO	Bowels not opened
BP	Blood pressure
CPM	Continuous passive movement
CSU	Catheter specimen of urine
CT	Computerised Tomography
CVP	Central venous pressure
CXR	Check X-ray
DHS	Dynamic hip screw
DN	District Nurse
ECG	Electrocardiograph
EUA	Examination under anaesthetic
FBC	Full blood count

FWB	Fully weight bearing
IVI	Intravenous infusion
Lt	Left
MEWS	Modified Early Warning System
MRI	Magnetic Resonance Imaging
MSU	Mid stream urine
MUA	Manipulation under anaesthetic
NBM	Nil-by-mouth
NWB	Non weight bearing
O/A	On admission
OPA	Out-patient appointment
ORIF	Open reduction and internal fixation
PCA	Patient controlled analgesia
PID	Prolapsed intervertebral disc
PN	Practice Nurse
POP	Plaster of Paris
PWB	Partial weight bearing
R/O	Removal of

ROS	Removal of sutures
Rt	Right
SLR	Straight leg raise
SWB	Shadow weight bearing
THR	Total hip replacement
TKR	Total knee replacement
TPR	Temperature, pulse and respirations
TSR	Total shoulder replacement
TTO's	To take out (drugs)
TWB	Touch Weight Bearing

Orthopaedic Terms

Abduction	The moving of a limb away from the midline of the body.
Adduction	The moving of a limb towards the midline of the body.
Ankylosing	Abnormal consolidation and immobilisation of the bones of a joint
Arthro	Prefix pertaining to joints.
Arthrodesis	The stiffening of a joint, usually surgically, so it becomes stiff.

Arthroplasty	Reconstruction of a joint, usually with an artificial replacement.
Arthroscopy	Surgical technique of looking into the joint with a telescope.
Articulation	The point or type of contact between two bones.
Arthrotomy	Opening of a joint surgically.
Asnis Screws	Type of fixation used in undisplaced # of the neck of femur.
Austin Moore	Prosthesis used to replace the head of femur, following sub-capital # of the neck of femur.
Avulsion	Tearing away of muscle/bone from the point of insertion.
Backslab	A type of plaster cast incorporating only half the circumference of a limb, usually only a temporary measure to allow for swelling.
Bennets #	Fracture dislocation of the base of the thumb (1st metacarpal).
Bilateral	Relating to or affecting both sides of the body.
Bursa	A synovial fluid filled sac within a joint.
Calcaneum	The heel bone, also known as os calcis.

Carpal Tunnel Syndrome	Compression of the median nerve as it enters the palm of the hand. Causes pain and numbness in the index and middle fingers and weakness of the thumb.
Cervical	Pertaining to the neck.
Chondro	Prefix pertaining to cartilage.
Clavicle	The collar bone.
Colles #	Fracture of the distal radius, within 2.5cms of the wrist.
Comminuted	Type of fracture when the bone is broken into more than two pieces, known as a multifragmental.
Compartment/s syndrome	Swelling within the muscle of a limb which may compromise neurovascular status. Failure to recognise or treat may result in a deformed and dysfunctional limb.
Condyle	Rounded protuberance at the distal end of some bones, mostly the humerus and femur. Forms an articulation with another bone.
Crepitus	The grating sound/feeling when two bones rub together, usually when there is a # present.
Discectomy	Removal of all or part of an intervertebral disc.

Dislocation	Displacement from the normal position of bones in a joint.
Distal	Situated away from the origin or point of attachment or midline of the body.
Dorsal	Relating to the back or posterior part of the body/organ.
Dorsiflexion	The act of bending the hand or foot upwards.
Eversion	Sole of foot turned outwards.
Exostosis	Bony outgrowth.
Extension	The extending of a joint so that the limb becomes straight.
Flexion	Moving of a joint so that two or more bones move towards each other, e.g. bending the knee.
Fracture	A break in the integrity of a bone.
Genu	Relating to the knee.
Haemarthrosis	Painful swelling of a joint caused by bleeding into it.
Hemiarthroplasty	Replacement of half a joint.
Intertrochanteric	A fracture of the neck of femur that occurs between the greater and lesser trochanters.

Intramedullary Nail	Internal fixation device for # of the long bones, whereby a metal rod is inserted into the intramedullary canal.
Inversion	Sole of the foot turned inwards.
Intervertebral Disc	Flexible plate of fibrocartilage connecting each of the vertebrae.
K-Wiring	Kirschener wires – inserted into a bone as a means of stabilising a fracture.
Lateral	Relating to parts of the body/organ which are furthest from the midline.
Ligament	Fibrous band of tissue joining two bones at a joint.
Lordosis	Inward curvature of the spine.
Malleolus	Distal end of the tibia/fibula which forms the bony prominence felt either side of the ankle.
Malunion	Union of a # in which the ends are badly aligned.
Mandible	Lower jaw bone.
Maxilla	Upper jaw bone.
Medial	Part of the body/organ nearest the midline.

Meniscus	Crescent shaped fibrocartiligenous pad in the knee.
Non-Union	Failure of # to unite.
Olecranon	The process on the end of the proximal end of the humerus (elbow).
Osteo	Prefix pertaining to bone.
Osteomalacia	Softening of the bones caused by Vitamin D deficiency.
Osteomyelitis	Infection of the bone, acute or chronic.
Osteotomy	Surgical cutting of the bone.
Osteophyte	A bony outgrowth.
Patella	The kneecap.
Phalanges	The bones of the fingers and toes.
Plantar	Sole of the foot.
Prone	Lying on the front.
Quadriceps	A group of four muscles on the front of the upper leg, whose action is extended to the lower leg.
Scoliosis	Lateral curvature of the spine, may also be lateral rotation of the vertebrae and ribs.

Sequestrum	Pieces of dead bone, usually as a result of Osteomyelitis.
Sub-capital	# of the neck of femur where the fracture is directly below the femoral head.
Supine	Lying on the back.
Tendon	Fibrous tissue attaching muscle to bone.
Thompson's	A metal prosthesis used to replace the femoral head following a sub-capital # of the neck of femur.
Trochanter	Either of the two bony protuberances below the neck of femur, referred to as the greater and lesser.
Valgus	Angle between the two bones of a joint is greater than normal.
Varus	Angle between the two bones of a joint is less than the normal.
Zygoma	The cheek bone.