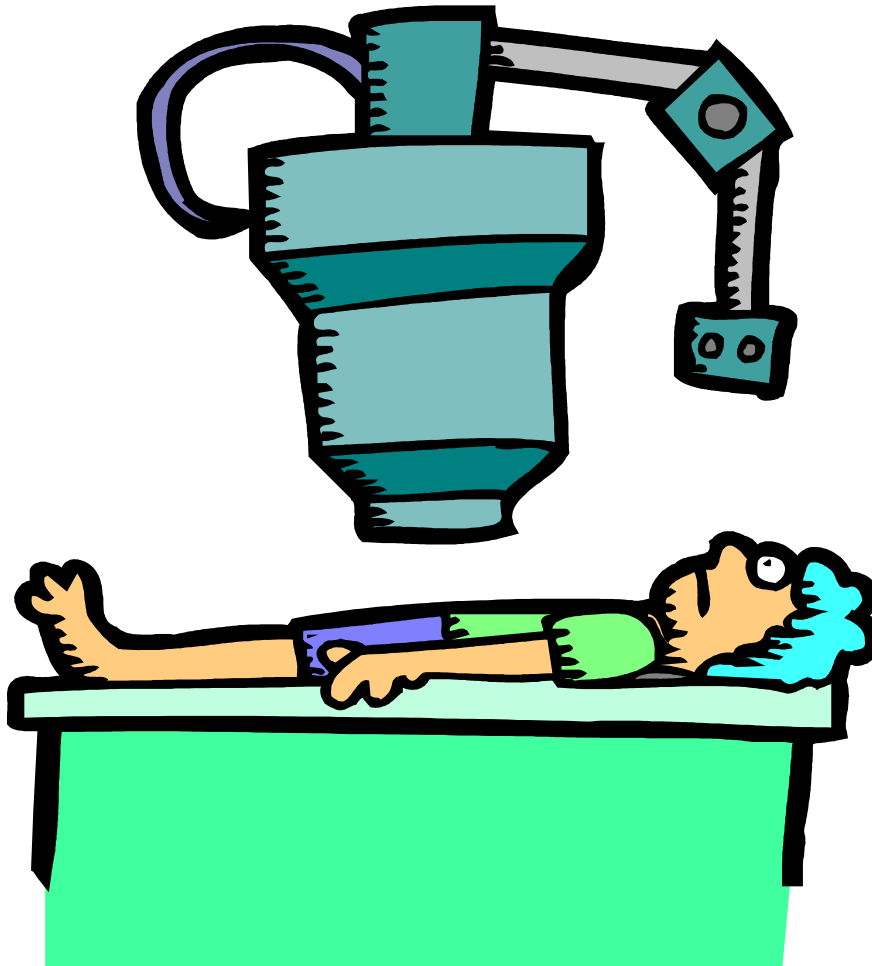


WELCOME TO INTERVENTIONAL RADIOLOGY



ORIENTATION PROGRAMME FOR STUDENT NURSES

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WELCOME TO STUDENT NURSES

We hope that you find the following guide helpful. We would like you to find your time in Interventional Radiology interesting and enjoyable. Please ask questions as we are here to help you make the most of your time.

You will work alongside a senior nurse/preceptor who will help you gain theoretical knowledge, and also the practical and technical skills relating specifically to this area. However it will be your own responsibility to direct the development of your placement.

If you have any problems with you orientation, please do not hesitate to inform your Charge Nurse Manager; Clinical Nurse Educator, the preceptor you have been working with, or your tutor. If at any time you feel you have been put into situation in which you do not feel confident please let someone know.

THE STUDENTS ROLE

This orientation handbook should assist you to formulate your learning objectives before you commence your placement. When you start in the department you can review them with your preceptor.

In the Interventional Recovery Ward you will be able to help prep patients before their procedures and care for them after their procedure.

In the Interventional Labs and other modalities most of your time will be spent observing, but, wherever possible we would encourage you to be involved. The nurse that you are working with will guide you as to what you can do. There is a list of procedures at the end of the handbook that will give you some ideas of what you can see.

We would encourage you to note the process by which patients have come to Radiology, why they are in the hospital system, and how this impacts their lives. Think about how Radiology fits in to the hospital pathway of care.

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NURSING PHILOSOPHY

Our objective as specialist nurses working within the Radiology and Cardiology Services is to offer an efficient, professional and quality service to our patients:

- > This service will be delivered within a safe, friendly and supportive environment.
- > Each individual is central to the care provided and will be treated with dignity and respect.
- > We aim to reduce patient's anxiety levels by providing appropriate support and information prior and post procedures.

- > Using research-based practice we aim to provide an optimal education environment for both patients and staff.
- > We value collaboration with other health professionals. We have the shared goal of maintaining continuity of care for patients during their transition through the department.

We practice in alignment with C&CDHB Nursing Standards of Care and Professional Practice, as well as the 'Cardiology/Radiology Interventional & Special Procedure' (CRISP) Nurses Group Standards of Practice (see orientation folder).

DEPARTMENT PROFILE

The Radiology Service encompasses a wide variety of different diagnostic and interventional procedures. Modalities include Angiography, CT, MRI, Fluoroscopy, Ultrasound, Nuclear Medicine and Interventional Cardiology. CCDHB is the only tertiary hospital in NZ to include the Interventional Cardiology specialty within the radiology dept. As nurses we are one of the common threads that move throughout the department. Our primary focus is to ensure patient safety and continuity of care throughout an individual's visit to our department.

The types of patients admitted vary from elective (booked) to acute cases, eg: trauma or acute coronary syndromes. We receive patient referrals from all areas of the hospital and from other DHBs within our region.

The multi-disciplinary teams we work with include Cardiologists, Radiologists, Registrars, Medical Radiation Technologists (MRT's), Cardiac Technicians, Sonographers, Anaesthetists, Radiology assistants as well as students of all of the above.

Other staff also closely involved include: transit care nurses, laboratory staff, pharmacy staff and ward nurses.

As nurses, our tasks vary from area to area so here is a brief idea of what we can be involved with, and where:

Interventional Recovery Ward

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The Interventional Recovery Ward (IRW) is a 20 bed/chair ward that admits a variety of elective day stay patients. Most of these patients are having some sort of Radiological procedure. However, we also admit patients who are having transfusions, other infusions and food and drug challenge patients.

Radiology Nursing Roles:

- Angiography Room: Patient care, involving circulating nurse and scrub nurse roles for diagnostic and interventional peripheral vascular and neurovascular procedures.
- Computerised Tomography (CT) scanning: Assisting with biopsies and drainages that are performed under CT guidance.
- Magnetic Resonance Imaging (MRI): Monitoring of patients having conscious sedation.
- Ultra sound: Assistance with biopsies that are performed under Ultra Sound guidance.
- Nuclear Medicine (Nuc Med): We have a nurse permanently based in Nuc Med, but during your orientation you will spend some time here and have the opportunity to familiarise yourself with the area.
- Fluoroscopy: Occasional monitoring of patients.

Cardiology Nursing Roles:

- Dual (Pacing) Lab: Patient care and assisting with Electrophysiology studies, Permanent Pacemaker & Internal Cardiac Defibrillator implantation.
- Cath Lab 1 & 2: Patient care involving circulating nurse and scrub nurse roles for diagnostic and interventional coronary angiography/angioplasty.

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WHO'S WHO

In the Radiology Department Philip Mayes is the **Service Leader**, and the **Clinical leader** is Dr James Entwistle.

The **Consultants** who we work with in the Angiography Suite are:

- > Dr Billy Cheung Interventional Radiologist
 - > Dr Trevor Fitzjohn Interventional Neuroradiologist
 - > Dr John Denton Interventional Neuroradiologist
 - > Mr Richard Evans is a vascular surgeon trained in angiography
 - > Mr Kes WICKREMESEKERA is a vascular surgeon trained in angiography
 - > Dr Grant Pigeon and Dr Philip Matheson are Renal Physicians who insert tunneled lines on Tuesday
- The Consultants work in the Angio room on different days and often share half days. There are also Radiology registrars working in this area who rotate through at three month intervals.

The **Cardiologists** we work with in Cath Lab 1 & 2 are:

- > Dr Mark Simmonds - **Clinical Leader** and Interventional Cardiologist.
- > Dr Phil Matsis - Interventional Cardiologist
- > Dr Andrew Aitken - Interventional Cardiologist
- > Dr Scott Harding - Interventional Cardiologist
- > Dr Alex Sasse - Cardiologist
- > Dr Tim O'Meeghan - Cardiologist based at Hutt Hospital
- > Dr Kathy Ferrier - Cardiologist based at Hutt Hospital
- > Dr Malcolm Abernathy- Cardiologists based at Wakefield
- > Dr Nick Fisher - Cardiologists based in Nelson Hospital

There are also registrars working in this area who rotate through the two rooms.

Hours of Operation

The Interventional Recovery Ward is open from 0730-2000hrs, with two shifts from 0730-1600 and 1130-2000hrs. The nurses allocated to the labs work from 0800-1630. Two nurses are on call 24/7 providing cover for interventional radiology and cardiology emergencies.

Please see the CNM/CNE for a copy of the roster.

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GENERAL INFORMATION

Emergency Number:

777 including cardiac arrest and fire.

Radiation Safety: You will have a radiation safety talk by one of the MRTs. You will also receive a radiation monitoring badge which must be worn at all times. Your preceptor will show you how to wear it correctly

Fire Training:

You need to familiarise yourself with the location of alarms and fire equipment, as well as the process to follow in case of a fire alarm.

Manual Handling:

It is expected that a minimum of two staff should be involved in lifting/moving patients in bed. Sliding sheets and boards should be used for transferring patients from bed to trolley.

Operator:

Dial 0 for the operator. Most phones will not allow you to make a call outside Wellington or to call a mobile without a shortened hash code. If you need to make these calls ask the Charge Nurse Manager or the Radiology PA.

Page System:

Dial 36, then the paged number of the person you wish to contact, followed by the extension you are calling from.

Security Orderlies:

Call 6100

Sick Leave:

Phone the ward (ph 8060274) and leave a message for the CNM or CNE around 8.15-8.30 to advise us that you are ailing.

Stores:

There are several area for stock storage that service different work areas. You will have a chance to become familiar with these during your orientation.

Finding Policies: Look in the C&C DHB Policy and Procedure manuals in the Staff station. See Capital Docon the Intranet on the computer for the most up to date and current policy.

Information about conditions and procedures: There are guidelines for particular procedures plus books and pamphlets relating to different conditions and procedures available. You should find these interesting and helpful and are welcome to look at any of them. We ask that any books stay in the department please.

Health and Safety: Refer to the Health and Safety Manual in the staff station or discuss with the nurse you are working with.

Standard Precautions: Standard Precautions are observed in the departments. Please ensure you know what this means. Discuss it with the nurse you are working with and find the appropriate CCDHB policy to ensure you are well informed.

EMERGENCY EQUIPMENT AND PROCEDURE

Please be aware of the fire and emergency procedures in the department. Every student is responsible for knowing the whereabouts of emergency equipment.

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Please ensure you can locate the following:

- Fire alarms;
- Fire hoses and extinguisher;
- Fire exits;
- Yellow hat and evacuation disc;
- Resuscitation trolley;
- Oxygen cylinder;
- Suction equipment.

The hospital emergency number is 777.

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Emergency equipment checklist for students

Name:

Please indicate by ticking and signing below that you can locate the following in the department.

Fire alarms	
Fire hoses	
Fire extinguishers	
Fire exits	
Resuscitation trolleys	
Oxygen cylinders	
Suction equipment	
ECG machine	

Signed:

Date:

Radiation Safety Talk

Date Completed:.....

Signed (Student):.....

Given by:.....

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Things to see:

Your preceptor will try to ensure you see and do the following things:

Cardiac Catheterisation Lab: Coronary angiogram, angioplasty, TOE

Angiography Lab: Pelvic and Femoral angiogram, Cerebral angiogram

Pacing Lab: Permanent Pacemaker or Implantable Defibrillator Insertion

Fluroscopy Lab: ERCP

Nuclear Medicine: Spend a day with the RN in Nuc Med to gain an overview of this area.

Ultrasound: Ultrasound/Biopsy

MRI: MRI Scan/Sedation

CT: CT Scan/ Biopsy

Clinical measurement Unit:(CMU):. Learn how to take 12 lead ECG's. - Practice while you are there. Observe an Echocardiogram, ETT, Permanent Pacemaker Check, Holter Monitor Check.

Please liaise with your preceptor or the Clinical Nurse Educator about times and dates for these sessions.

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**C&C DHB – Radiology Service
Nursing Orientation Manual**

FEEDBACK/SUGGESTIONS

We enjoy having students in the department and we hope that you enjoy being here.

If there is anything we can improve to make this student placement more enjoyable, please let us know formally or informally.

Written suggestion/comments can be addressed to the Charge Nurse Manager or Clinical Nurse Educator and left in the department.

Evaluation of Clinical Experience

Nurse: _____

Date of placement: _____

Date of Evaluation: _____

Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						

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**C&C DHB – Radiology Service
Nursing Orientation Manual**

The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator

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