

NAME: _____



PACU / SAU / DSU / SSR

Hutt Hospital

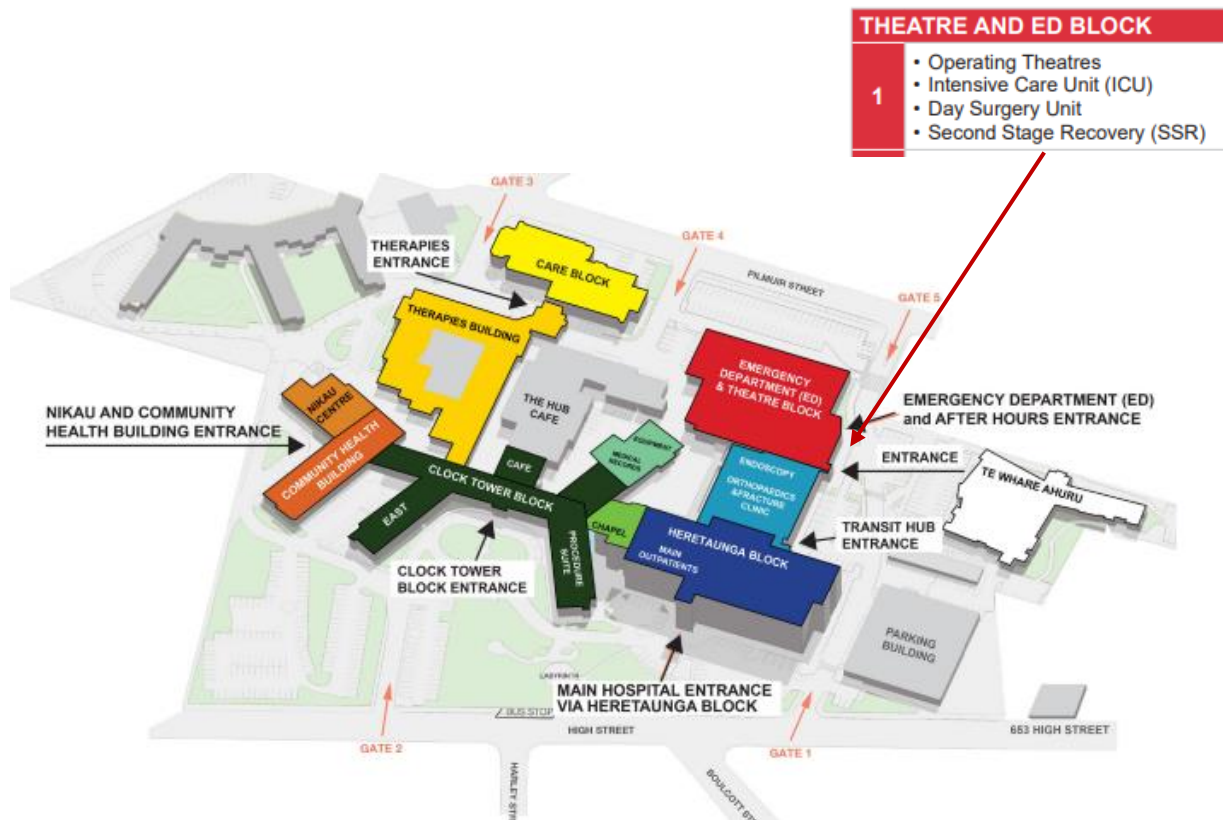
Student Orientation Package 2025

Te Whatu Ora
Health New Zealand
Capital, Coast and Hutt Valley

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Hutt Hospital Map



Hutt Valley District Values

Our values @ Hutt

ALWAYS CARING

- Respectful
- Kind
- Helpful

CAN DO

- Positive
- Learning and growing
- Appreciative

IN PARTNERSHIP

- Welcoming
- Listens
- Communicates
- Involves

BEING OUR BEST

- Innovating
- Professional
- Safe

HUTT VALLEY DHB

Welcome to PACU/SAU/DSU/SSR

This information package has been put together to assist your orientation to the unique areas of PACU (post anaesthetic care unit or “recovery”), SAU (surgical admissions unit), DSU (day surgery unit) and SSR (second stage recovery) within the Hutt Hospital “Perioperative department”.

The aim during this placement is to provide you with a supportive working environment that will assist you in reaching both your personal and professional objectives. Depending on your year of study and duration of placement, you will rotate around some or all of these 4 different areas in order to give you a balanced overview of the role of the “perioperative nurse”.

We are located on Level 1 of the “ED & Theatre Block” (see map opposite). On the first day of your placement you will report to the Surgical Admissions Unit reception & be met by the nurse educator or senior nurse. More details of time & day given in your pre-placement email.

Please don’t hesitate to contact the nurse educator prior to your placement if there is anything that you feel is important to mention prior to starting with us (eg any individual requests/needs, preferred pronouns).

Important Contact Numbers

Name	Info	Contact details
Victoria Pointon Nurse Educator PACU/SAU/DSU/SSR	<i>Contact prior to placement and to report sickness</i>	04 566 6999 (ask for speed-dial #9285) victoria.pointon@huttvalleydhb.org.nz
Beverly Ibanez Nurse Educator Theatre	<i>Please contact if you cannot get in touch with Victoria</i>	04 566 6999 (ask for speed-dial #9265) beverly.ibanez@huttvalleydhb.org.nz
Theatre Coordinator	<i>Call this number if phoning in sick / late</i>	027 244 8605
Hutt Hospital switchboard		04 566 6999

Important Placement Information

On the first day of your placement you will be allocated an assigned swipe card to enable you to access the perioperative department and the theatre changing rooms. It is your responsibility to keep this in your safe possession at all times, report its loss immediately, and return it to the Nurse Educator on the last day of your placement.

You will need to bring a small padlock for your locker for the duration of your placement. Please do not bring large quantities of valuables as our change rooms are not under direct view at all times and there are large numbers of people using them. You may be asked to share a locker. Please do not open the change room doors for people without valid Te Whatu Ora identity cards.

For the placement you will be wearing **Surgical Scrub uniform** which we will provide, however you will need to bring trainers or soft soled shoes to wear which you have not worn outside or have been thoroughly cleaned.

Please ensure that you have your hair neatly tied back as you will be working in a very clean environment, and please note that are not permitted to be wearing artificial fingernails or nail polish, and minimal jewellery (stud earrings, no necklaces) –as per our uniform policy (which will be emailed to you as part of your pre-placement reads.) Please also ensure that you are wearing your student name badge at all times and have your student ID on you so that you can be identified as being a student nurse.

You may find it useful to bring a packed lunch with you as it is a long walk to the canteen on your 30 minute lunch break, and you will not have enough time to get there and back on your morning tea break!

Unfortunately we are unable to guarantee car parking for students. If you are commuting by car you can buy a weekly parking permit for you placement costing \$25 (as opposed to casual parking of \$10/day.) There are also street parks available in the surrounding streets/neighbourhood with a small walk to the campus. A link to a map of the hospital campus including parking areas can be found here:

<https://www.huttvalleydhb.org.nz/visitors/hutt-hospital-campus-map/>

Hours of Work

Your roster for your entire placement complete with named preceptors will be emailed to you (via your training institution) 2 weeks prior to your placement commencing.

The normal hours of work (8 hour shifts) for the different areas of your placement are:

- ❖ **PACU:** 08.30 – 17.00 or 09.30 – 18.00 or 12.00 – 20.30
- ❖ **SAU:** 07.00 – 15.30
- ❖ **DSU:** 07.00 – 15.30 or 09.30 – 18.00
- ❖ **SSR:** 07.00 – 15.30 or 09.30 – 18.00

It is expected that you arrive on time for your shift remembering to factor in the change time of putting on surgical scrub attire. If you are going to be late or unwell and cannot come, for both professional courtesy and health & safety you **must** notify the department. Please do this in 2 ways:

1. Call the theatre coordinator: **027 244 8605** (between 06.45 to 07.15) DO NOT TEXT OR EMAIL.
2. Email **Victoria** (nurse educator) at victoria.pointon@huttvalleydhb.org.nz or **text her mobile on 021400276.**
3. Notify your Clinical Liaison Tutor

When you are assigned to an area of the department (PACU, SAU etc), the person coordinating will expect you to be in your assigned area for the entire shift. During your shift you are allocated morning and afternoon tea breaks (10 minutes each) as well as a half hour meal break. There are no set hours for meal breaks as they are very much dependent on what is happening in your area of placement.

Due to rostered and rotating shifts and the fact that your placement will involve working in different perioperative areas, you will not have the same named preceptor for every shift. The nurse educator (Victoria) will oversee your entire placement however and frequently liaise with both your preceptors and Clinical Liaison tutor to ensure that you are meeting the requirements of your placement. Our aim is to ensure you enjoy your time with us in our exciting and fast paced department and get the most out of the learning opportunities presented to you

Perioperative Department Overview

We have eight theatres and one anaesthetic procedure room (APR) and employ Registered Nurses (RNs), Anaesthetic Technicians (A/Ts), Health Care Assistants (HCAs), as well as Sterile Technicians, Surgeons, Anaesthetists, Store Personnel & Administration staff. As you can see it is a large department which prides itself on being multicultural, diverse and inclusive.

Our wider Perioperative Department includes:

- ❖ Operating Theatres/Rooms (OT/OR)
- ❖ Post Anaesthetic Care Unit (PACU)
- ❖ Surgical Admissions Unit (SAU)
- ❖ Day Surgery Unit (DSU)
- ❖ Second Stage Recovery (SSR)
- ❖ Sterile Services Department (SSD)
- ❖ Anaesthetic Department
- ❖ Acute Pain Management Service (APMS)

The specialties provided at Hutt Theatres are plastics, orthopaedics, general surgery, ENT, dental, maxilla-facial, gynaecology & obstetrics.

These are split amongst 8 theatres with their main specialities being:

Routine theatre lists are accommodated from 08.30 – 16.30 Monday to Friday.

Acute procedures continue to operate out of hours and at the weekend. The night shift theatre team covers procedures from 21.00 – 08.00.

SSR is open from 07.00hrs Monday until 14.30hrs Saturday.

OR	Specialty
1	ENT and Dental
2	Obstetrics and Gynaecology
3	Acutes (unplanned)
4	Plastics
5	Plastics / Burns
6	Orthopaedics
7	Acutes / Orthopaedics
8	General

Expectations

You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your preceptor or Clinical Educator. A lot of learning occurs at quiet times in the unit.

It is both important and your responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor/nurse educator in a timely fashion (i.e. not on the due date). Your preceptor will not complete any evaluations if you give it to them on your last day of placement!

You must comply with Perioperative policies and guidelines. These are available in the intranet and the theatre drive. Hard copies are also available in the Educator's Office.

You should be interested in learning. We value the presence of clinical students in our environment, as it gives us an opportunity to teach and explain how and why we are doing things. This ensures we are constantly thinking about our patient and the effects of our actions on their lives. It requires us to keep up to date with research and evidence based practice, and to encourage student nurses to consider making a career in this specialty.

If you are not achieving your objectives please see one of the Clinical Educators (before the last week in the unit).

Finally, we believe in the dignity and individuality of our clients/patients and their right to achieve their optimum health potential through comprehensive care for themselves and their families. Whilst on placement, please remember that you will be part of the perioperative team delivering this care.

Learning Objectives

You may have developed some objectives for your own learning during your time here, please feel free to discuss these with the Nurse Educators. Below are a few ideas.

Surgical Admissions Unit (SAU)

- Perform the complete preoperative preparation of a patient for surgery
- Understand how the holistic and cultural needs of a patient are met on their surgical journey
- Communicate effectively with children & their care givers
- Plan, implement and evaluate the care given to neurodiverse patients

Post Anaesthetic Care Unit (PACU)

- Develop skills in caring for unconscious patients and those emerging from anaesthesia.
- Undertake an ABCDE assessment of patients.
- Basic airway management skills.
- The diagnosis and treatment of postoperative complications.
- Patient monitoring and how to interpret data.
- Develop an understanding of Post-operative drugs especially analgesia.
- Communicate effectively with different members of the MDT.

Day Surgery Unit (DSU) & Second Stage Recovery (SSR)

- Holistically plan and care for a patient following surgery –from the initial post-op period until discharge home
- Have an understanding of potential complications following a range of different surgeries
- Undertake a thorough assessment of patients in the acute post-op period including calculating EWS, pain & wound assessments and monitoring fluid balances.
- Have an understanding of post-operative care of the surgical day case patient
- Develop an understanding of the use of analgesia & antiemetic medications in the post-operative patient
- Develop an understanding of the discharge criteria and follow up for day surgery patients

Safety Measures

In the event of a cardiac arrest or medical emergency in the department, someone may ask for the emergency bell to be activated although this is not always necessary. You should know where emergency bell is and how to turn it on and off. During any emergency you need to stand back so as not to obstruct access to any theatre staff and follow the instructions of your preceptor or senior nurse.

If you discover a fire, follow the R.A.C.E.E guidelines:

REMOVE anyone from immediate danger

ACTIVATE FIRE ALARM and Phone 777

State the exact location of the fire. State your **name** and department

CONFINE FIRE & SMOKE

Close smoke stop doors and windows. Turn off Main Oxygen Valve and all portable cylinders.

EXTINGUISH FIRE

Only if is safe to do so.

Only if you have been trained to use extinguishers.

Do not take unnecessary risks

EVACUATE

Check all rooms in your area, if safe to do so.

Leave the building using the nearest safe exit (if indicated).

Follow the instructions of the Fire Warden or Nurse in Charge

Activation of the Fire Alarm and Notification to the operator must be an Immediate Priority. If you hear the fire alarm sound but see no fire then follow the instructions of the coordinator or fire warden and the overhead page.

Health and Safety

On your first shift you will be given a health and safety briefing by a Health and Safety representative. Please ensure you are aware of the hazards in this area. If you find something hazardous you must report this to someone senior in the department. Where Personal Protective Equipment is supplied you must use it as directed.

Perioperative Nursing Roles

SAU Nurse provides nursing care during the immediate preoperative phase. They provide a wide range of nursing interventions to prepare patients for operations and other invasive procedures. They admit elective patients arriving from home, and also check in acute surgical patients from home and from the ward. An SAU nurse has close working relationships with Theatre, PACU, Day Surgery Unit (DSU), Pre-assessment, Booking Office, Emergency Department and Wards. On occasion, a theatre list may be cancelled or there is a list overrun. This can lead to surgeries being cancelled at short notice. It is the responsibility of either the Theatre Coordinator, Surgical Team or an SAU nurse to relay this information to the patient.

PACU Nurse (or “Recovery” Nurse) provides clinical nursing care including the anticipation, prevention and clinical management of complications. PACU nurses are in charge of caring for patients in the immediate period following surgery under general (GA) or regional anaesthesia (such as a spinal or epidural block) with a range from babies to the elderly. They need to be knowledgeable in a whole range of surgical specialities as well as being experienced practitioners in acute pain management.

DSU Nurse provides clinical nursing care after PACU and prepares the patient for the nurse-led discharge home from hospital –normally within a 2-4 hour period. They are knowledgeable in a vast range of surgical specialties and procedures and care for patients ranging from babies to the elderly. They provide health education and support the patients on their pain management, nausea and post-operative wound care regimes. Since there is a rapid turnover of patients, day surgery nurses work efficiently need to be able to adapt quickly to a change in their patient’s condition.

SSR Nurse provides pre-operative care for “acute surgical patients”, and ward nursing care (after PACU) for patients requiring a longer immediate recovery period and normally one overnight stay in hospital. The SSR unit opened in May 2023 and has 8 beds for adult patients following both acute and elective surgery.

Other students have placements in the Perioperative Department in the “Operating Theatres”. Whilst this is not part of your placement, it is important that you understand the roles of the nursing staff in these areas:

Theatre Nurse (3 roles: Circulating, Scrub, Third)

Circulating Nurse demonstrates knowledge with regard to peri-operative nursing practice standards and principles that include: aseptic technique, documentation, infection control, quality improvement, resource management, waste management and risk management.

Circulating Nurse is responsible for:

- Correct documentation throughout the procedure including checking of the consent, “Time Out”, performance of the surgical count.
- Creation and maintenance of the sterile field, including correct handling of sterile equipment and delivery to the sterile trolley.
- Correct handling of specimens.
- Assist with safe transfer and positioning of the patient.
- Remain vigilant throughout the surgical procedure in order to recognise and respond to a patient’s changing condition, recognise intra-operative complications and respond appropriately, and anticipate the needs of the team.

The Circulating Nurse brings the patient to PACU after surgery.

Scrub Nurse demonstrates knowledge with regard to perioperative nursing practice standards and principles that include: aseptic technique, documentation, infection control, quality improvement, resource management, waste management and risk management.

Third Nurse collaborates with Anaesthetics Team during the preparation, induction, maintenance and emergence phases. The role is also responsible for the availability of the required equipment and instruments needed for each surgical case. The Third Nurse ensures that patient is ready before the procedure and **completes the final pre-operative check list and assessment in the SAU. It is the third nurse who liaises with the SAU nurse before they accompany the patient to theatre.**

Perioperative Stages

Preoperative phase begins with the decision to have surgery and ends when the patient is wheeled into surgery.

This phase can be extremely brief, such as in the cases of acute trauma, or require a long period of preparation during which time a person may be required to fast, lose weight, undergo preoperative tests, or await the receipt of an organ for transplant.

The SAU is part of the preoperative stage. In the area, the role of the nurse is to:

- ✓ Communicate with patients effectively (especially if there are delays or cancellations). Listen to the patient and their concerns.
- ✓ Create a positive hospital experience by working in partnership with the patient.
- ✓ Position patients in an appropriate space for pre-operative preparations e.g. breast marking, clips or blue dye test.
- ✓ Prepare patients for theatre efficiently and in a timely fashion so as not to cause delays to theatre operating times. Complete Preoperative Checklist.

Note: It is a requirement to have a registered nurse countersign any documentation or any other entry made by a student nurse in the patient's notes.

Communication is vital and it is extremely important that we keep our patients informed of any changes to their surgery to minimise any confusion and ensure the patient remains calm during their time in SAU. Patients are contacted the day prior to surgery to confirm their time of arrival, surgery time, and estimated time to be picked up from DSU, or arrival to the ward.

Refer to "Expectations of Care in the Surgical Admissions Unit" Policy available on the intranet. A PDF will be emailed to you prior to your placement commencing.

Intraoperative phase starts when the patient is wheeled into the surgical suite and ends when the patient is wheeled to the post anaesthesia care unit.

During this phase, the patient will be prepped and typically given some form of anaesthesia, either general anaesthesia (for complete unconsciousness), local anaesthesia (to prevent pain while awake), or regional anaesthesia (such as with a spinal or epidural block).

As the surgery begins, the patient's vital signs (including heart rate, respiration, and blood oxygen) will be closely monitored. In addition to the roles of the surgeon and anaesthetist, other team members will be responsible for assisting the surgeon, ensuring safety, and preventing infection during the course of the surgery.

In this stage the patient is cared for by the theatre nurses, anaesthetic technicians, surgeons, anaesthetists and health care assistants (HCAs)

Postoperative phase is the period immediately following surgery. As with the preoperative phase, the period can be brief, lasting a few hours, or require months of rehabilitation and recuperation.

Refer to “Expectations of Care in the Post Anaesthetic Care Unit” Policy available on the intranet. A PDF of this will be emailed to you prior to your placement commencing.

This stage is where the patient is in PACU and then once stable and nurse-led discharge criteria are met, the patient is either transferred to a hospital ward, ICU, or the DSU and SSR areas of the department.

Postoperative care is mainly focused on monitoring and managing the patient's physiological health and aiding in postsurgical recovery. This may include ensuring hydration, monitoring urination or bowel movements, assisting with mobility, providing appropriate nutrition, managing pain, and preventing infection. Once in DSU and SSR the nurses are responsible for facilitating the safe discharge of the patient home after surgery.

Refer to “Expectations of Care in the Day Surgery Unit” available on the intranet. A PDF of this will be emailed to you prior to your placement commencing.

USEFUL INFO:

PACU Assessment

Airway

- ❖ Does the patient have an artificial airway?
- ❖ Is it safe to remove?
- ❖ Is your patient's airway patent afterwards?
- ❖ Is your patient talking in their normal way?

Breathing

- ❖ What are the saturations?
- ❖ What is the respiratory rate?
- ❖ Is fogging present?
- ❖ Is the chest moving?
- ❖ What is their pallor like?
- ❖ Do you need to auscultate the chest?
- ❖ Is oxygen or high flow required?

Circulation

- ❖ What is the blood pressure and heart rate?
- ❖ Do these observations replicate the patient's baseline observations?
- ❖ Is blood pressure support indicated?
- ❖ If so what and why?
- ❖ Do you need to commence ECG monitoring?
- ❖ What is the fluid balance?
- ❖ Does the peripheral assessment indicate anything?

Temperature

- ❖ What is your patient's peripheral temperature?
- ❖ Do you need to actively warm your patient?

Pain

- ❖ How do you assess pain?
- ❖ What are your pain assessment findings?
- ❖ Are any interventions indicated?

Nausea

- ❖ Is it present?
- ❖ How would you manage it?

Other

Have you identified any other nursing aspects that are required to fulfil holistic care and maintain cultural safety?

Perioperative Department Etiquette

Contact with Patients:

- ❖ At all times, maintain the patient's privacy, warmth and dignity.
- ❖ Do not leave their notes lying around.
- ❖ Do not loudly discuss what they are here for in open areas.
- ❖ Don't laugh and joke with other staff if the patient is awake.
- ❖ The patient does not need to hear about your life, but may appreciate the distraction of appropriate 'small talk'.
- ❖ We are not here to judge people or have an opinion about their circumstances.
- ❖ Patients coming to perioperative department are at their most vulnerable; we need to act as their advocates where they are unable to speak for themselves.

USEFUL INFO:

Theatre to PACU Handover

PACU Handovers	
1. Apply monitoring 2. Stop & listen 3. Use visual aid	
A N A E S T H E T I S T	<input checked="" type="checkbox"/> Name, Operation <input checked="" type="checkbox"/> PMH, <u>Drugs, Allergies</u> <input checked="" type="checkbox"/> Airway Issues <input checked="" type="checkbox"/> Anaesthetic Technique <input checked="" type="checkbox"/> Intra-op Course/Problems <input checked="" type="checkbox"/> Blood Loss _____ <input checked="" type="checkbox"/> Fluids (given & chart updated) <input checked="" type="checkbox"/> Analgesia (given & NMC updated) <input checked="" type="checkbox"/> Antiemetics (given & NMC updated) <input checked="" type="checkbox"/> Lines flushed <input checked="" type="checkbox"/> PACU Plan (incl. BP & SpO ₂ targets) <input checked="" type="checkbox"/> Anything else...
T H E A T R E N U R S E	<input checked="" type="checkbox"/> Wrist band checked <input checked="" type="checkbox"/> Preferred name, Operation <input checked="" type="checkbox"/> Special Needs (eg. vision/hearing) _____ <input checked="" type="checkbox"/> Local Anaesthetic (by surgeon) <input checked="" type="checkbox"/> Surgeon Instructions _____ <input checked="" type="checkbox"/> Wound site <input checked="" type="checkbox"/> Drains (connected & labelled) <input checked="" type="checkbox"/> Catheters (urinary/wound) <input checked="" type="checkbox"/> Clinical Notes & Belongings (eg. dentures, glasses, hearing aids etc.) _____ <input checked="" type="checkbox"/> Anything else...

Handover from: Theatre / SAU NAME _____ SIGNATURE _____ Date & Time _____	Handover to and from : DSU / Ward / PACU NAME _____ SIGNATURE _____ Date & Time _____	Handover to: DSU / Ward NAME _____ SIGNATURE _____ Date & Time _____
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Note: It is required to have a registered nurse countersign any documentation or any other entry made by a student nurse in the patient's notes.

USEFUL INFO:

Example patients admitted to SSR

Orthopaedic	General	Gynaecological	Maxfax	Plastics	ENT
<p>ORIF's - peripheral limb</p> <p>Foot and Ankle injury</p> <p>ORIF / Repair Shoulder – Excluding total shoulder replacement</p> <p>Clavicles</p> <p>Dupuytren's</p>	<p>Hernias - umbilical or inguinal</p> <p>Anorectal non-cancer procedures</p> <p>Laparoscopic cholecystectomies</p> <p>Haemorrhoid surgery</p> <p>EUA/ sigmoidoscopy/ fistula repair/ pilonidal repair</p> <p>Inguinal/ scrotal hernia repair</p> <p>Other minor surgery</p>	<p>Diagnostic Laparoscopy.</p> <p>Laparoscopy + endometriosis excision AFS 1-2.</p> <p>Laparoscopic salpingectomy</p> <p>Laparoscopic salpingo-oophorectomy.</p> <p>Hysteroscopy/ ablation</p>	<p>Most procedures included</p>	<p>Breast reductions</p> <p>Local/rotation flaps and skin grafts</p> <p>Trauma e.g. hand ORIFs and tendon repairs</p>	<p>Tonsillectomy</p> <p>Myringoplasty</p> <p>Tympanoplasty</p> <p>Canalplasty</p> <p>Mastoidectomy</p> <p>Exostectomy</p> <p>Septoplasty</p> <p>FESS</p> <p>Parotidectomy</p> <p>Biopsy</p> <p>Removal of neck mass/auricular cysts etc</p>

USEFUL INFO:

Operation Urgency & ASA Scoring

Urgency			
Category	Short Description	Description	Action
1	Life Threatening Conditions	The patient is in immediate risk of life, shocked or moribund	Patient to be operated on immediately. If not immediately available, the next available theatre will be allocated. Elective cases will be asked to stand down. After hours, additional staff may be required
2	Organ Threatening Conditions	The patient is physiologically stable but there is a risk of organ survival or systemic decompression	Patients should be operated on as soon as possible after booking in. Elective lists may be asked to stand down
3	Non-Critical, but Emergent	The patient is physiologically stable but the surgical problem may undergo deterioration if left untreated.	Patients should be operated on within 8 hours of booking in
4	Non-Critical, Non-Emergent but Acute	The patient's condition is stable. No deterioration expected	Patients should be operated on within 24 hours of booking in
5	Non-Urgent		

ASA Score	Description
1	Normal healthy patient
2	Patient with mild systemic disease & no functional limitations
3	Moderate to severe systemic disease & some functional limitation
4	Severe systemic disease that is constant threat to life and functionality incapacitating
5	Moribund patient who is not expected to survive 24hours with or without surgery
6	Brain Dead Organ Harvest
9	No documentation of ASA (Note: This is not used in Clinical Audit and is ICD10 V3 coding only)

Evaluation

At the end of your clinical exposure, we will supply an evaluation form for your comments in relation to this placement. In addition, you will complete a final evaluation of your preceptor, with regard to the aims and goals set by yourself and your preceptor at the onset of the placement.

If you have any concerns during this placement the correct process to ensure that these are correctly resolved includes:

Discussion with the Nurse Educator

Discussion with your preceptor

Discussion with Associate Clinical Nurse Manager

Discussion with Clinical Nurse Manager