

#TEXTAngelaWilson

SeniorNurse08.01.02

#CODENC

Came from Community Trust, F grade night shift ward.

Supervision - Philip, G grade. Before G grade nights G grade day accountability to was not clear.

#ENDCODE

#CODED3

6 months ago, now supervised by one person, Philip G grade.

#ENDCODE

#CODED8

Meeting - reg ward meeting, handovers, reports.

#ENDCODE

#CODED7

Meeting - reg ward meeting, handovers, reports.

#ENDCODE

#CODED7

Night staff involvement - old regime/new regime, tried to change regime & get everyone working as one team - '24 hour care unit'.

#ENDCODE

#CODED7

Discharge purposes - that night care plan is included in discharge notes, feel that day nurse team are listening.

#ENDCODE

#CODED3

Philip - Angela - support, A-E grade nursing, site cover.

#ENDCODE

#CODEF1

Drugs - delivery - night - sleep medication, analgesia, have not given PRN for quite a few months. 1 nurse does drug round, 3 nurses do patient care.

#ENDCODE

#CODEF3

If drugs requested is regular, if need is greater - prompt a review.

#ENDCODE

#CODEF4

Personal - notes placed in diary, document care plan, yellow sticker - id review.

Feedback - not necessarily resolved by the next day, may need another review.

#ENDCODE

#CODEF1

Band of range of Drugs - reg drugs, right side. PRN drugs, left side. Both reviewed.

#ENDCODE

#CODE

Pain management policy? Hear patient, wont necessarily ask if need. Body language, use analgesia ladder - very reluctant to jump from one level to a higher band. Drugs dosages increasing more gradually, it is now taking longer for the patient to become pain free.

#ENDCODE

#CODEC5

Pain management policy? Hear patient, wont necessarily ask if need. Body language, use analgesia ladder - very reluctant to jump from one level to a higher band. Drugs dosages increasing more gradually, it is now taking longer for the patient to become pain free.

#ENDCODE

#CODEC5

Patient seems to be in more pain because of the reluctance to use larger amounts of

drugs within the band range.

#ENDCODE

#CODEC5

Nursing is made harder because people are in pain. Nursing is easier when the person is pain free and more comfortable.

#ENDCODE

#CODEG1

How would the tactics communicate that no more drugs can be given? Depends on patients personality, speaks to patient and explain, help move them in the bed, massage them, cup of tea & some comfort.

#ENDCODE

#CODEE1

Health call - large problems transferring patients at night. Deteriorating condition - healthcall, reception, 1 hr for telephone response, 5 hr for visit.

#ENDCODE

#CODEE1

QA don't like transferring - eg Cardiac Arthymna, 40 min ambulance, ambulance men were rude, Dr rang from A&E rude - now the lady has deteriorated and still in QA.

#ENDCODE

#CODED6

Health call - large problems transferring patients at night. Deteriorating condition - healthcall, reception, 1 hr for telephone response, 5 hr for visit.

#ENDCODE

#CODED6

QA don't like transferring - eg Cardiac Arthymna, 40 min ambulance, ambulance men were rude, Dr rang from A&E rude - now the lady has deteriorated and still in QA.

#ENDCODE

#CODED6

Resolve problem - Healthcall do not know patients, unwilling to make decision or tread on toes of consultants. Friday evening lady returned from deplores?? With one vein blocked & 2 partially blocked - G grade had left, no medical weekend cover. Ring healthcall. QA rang and have apologised she slipped through the net.

#ENDCODE

#CODED6

Feel isolated - speak/complained to each other, speak to healthcall.

#ENDCODE

#CODED6

Healthcall cover to greater area.

#ENDCODE

#CODED6

GP sleeps in GWMH but wont attend patients, he is on call for healthcall.

#ENDCODE

#CODED6

Need to find GWMH on call GP.

#ENDCODE

#CODEE1

Are patients too acute to be here? It changes, Int care - some patients are not stable enough.

#ENDCODE

#CODED6

Do you keep record of healthcall? Not sure.

#ENDCODE

#CODED6

Feels the need for beds over shadows the appropriate admission of patents for a hospital with ??? 24 hours clinical cover.

#ENDCODE

#CODEC1

Culture - personally, old ways V new ways. Politics, not easy to come as a new comer. Naval?? influence, more hands on practice - too much bureaucracy.

#ENDCODE

#CODEI2

Nurse training En V nurse 2000.

#ENDCODE

#CODEC4

Handover, handover of info enough, unsure go to notes.

#ENDCODE

#CODED8

Handover, handover of info enough, unsure go to notes.

#ENDCODE

#CODEE1

Medical Input - stop transferring after 6pm on Friday, no clerking Mon-Sat-Sun.

#ENDCODE

#CODEE1

During weekend - transferred - healthcall with fill?? a prescription chart - not clerk patients in.

#ENDCODE

#CODED6

During weekend - transferred - healthcall with fill?? a prescription chart - not clerk patients in.

#ENDCODE

#CODEE2

Information on DNR - nurse will ask, check notes, nothing in notes resuscitate. Eg patient will CA. Patient requested to be resuscitated, become critical - ward staff were uncertain to resuscitate. Angela insisted resuscitation to begin. Healthcall, GP & relatives were called in the morning and it was decided not to resuscitate.

#ENDCODE

#CODED1

Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts.

Ordered by management, happened regularly.

#ENDCODE

#CODED9

Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts.

Ordered by management, happened regularly.

#ENDCODE

#CODEB3

Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts.

Ordered by management, happened regularly.

#ENDCODE

#CODEB3

Leaves Daedulas short. Near miss with a drug error at Collingwood - 2 agency nurses.

#ENDCODE