

#TEXTSueNelson

Staff Nurse08.01.02

#CODED7

1998 Days EN. E grade for last two years. Always on Daedelus ward (last 7 years).

Some day shifts 3/2 nights / week. 4hrs/2ws. Role?? IC of ward + 3 staff. Sometimes IC of hospital over night.

#ENDCODE

#CODED3

A/C to P Beed - Angela is F grade.

#ENDCODE

#CODED7

For nights see PB at h-overs

#ENDCODE

#CODED11

Approachable. There is an IPR - done by PB - normally yearly. Trained to appraise (who does night staff)

#ENDCODE

#CODEI2

?? but haven't. Clinical supervision - eg given on ear syringing.

#ENDCODE

#CODEI5

Induction? After starting. 2 weeks at QA people go on it. Training during the day.

#ENDCODE

#CODEI6

Told when. Fire lecture self done.

#ENDCODE

#CODEI2

What other training - lob?? Ward management. How decide what you do? Form and managers.

#ENDCODE

#CODEC4

Daedulus: IC. 8 stroke & rehab. FF on pullway. 1/2 terminally ill. How know reason? In office & in notes.

#ENDCODE

#CODEC2

Realistic? Not always as able. Same between hospitals. As referring hospital suggests.

#ENDCODE

#CODED7

Communications? All handover verbal (case notes)

#ENDCODE

#CODED6

1998 at night? Call out practice / H/call response time ok. Now H/call 3/4 hour wait prob?

On call ?? available but never called.

#ENDCODE

#CODEF1

1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem.

SD's not started at night. Shown how to use SD's.

#ENDCODE

#CODEF2

1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem.

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#ENDCODE

#CODEI2

1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem.
SD's not started at night. Shown how to use SD's.

#ENDCODE

#CODEI2

If setting up 1st time, get peer advice. Step up now?

#ENDCODE

#CODEF1

New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know

#ENDCODE

#CODEF3

New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know

#ENDCODE

#CODEI2

How about new policies. PB sends them to staff.

#ENDCODE

#CODEH1

If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.

#ENDCODE

#CODEH2

If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.

#ENDCODE

#CODEK2

Untoward incidents: what policy? Risk assessment form - then to PB. New form, for all occasions completed a few. Get feedback - no but nothing major.

#ENDCODE

#CODED11

Concern about colleague performance? Go to PB depends on what. Ever been there. Yes whistle blowing.

#ENDCODE

#CODED9

Drinking problem - all the staff did it, not well handled. Not sure would be better now.

#ENDCODE

#CODENC

On holiday in 1998 for Dr B incidents. Not sure staff have had support - esp ??.

V. ?? ??? ???.

#ENDCODE

#CODEC3

Transfers - blue lights - A & E. (Doc's ?? can't ??) eg laceration 999 or to ward. No long waits personally but heard of long wait.

#ENDCODE

#CODEK2

New policies sent out and memo from Philip Beed.

#ENDCODE

#CODENC

New pain control EMI?? Deliveries

#ENDCODE

#CODEF2

Have you ever increased the dosage on nights? NO

Do you feel syringe ?? have ever been used inappropriately? NO

#ENDCODE

#CODED6

Night cover? Health call Dr delay can be up to 3-4 hours (not always just sometimes)

#ENDCODE

#CODEC2

Effect on care? Yes eg of man??

#ENDCODE

#CODEC8

In retention & despite being trained do make catheterisation - could not proceed man uncomfortable & in pain.

#ENDCODE

#CODEC2

Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.

#ENDCODE

#CODEC5

Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.

#ENDCODE

#CODEC8

Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.

#ENDCODE

#CODED11

Appraisal - who appraises other night staff? Prob Angela - the F grade or senior staff.

#ENDCODE

#CODEC3

Transfers back to acute at night.

#ENDCODE

#CODEC4

Transfers back to acute at night.

#ENDCODE

#CODEG4

If lacerations can no longer suture so book through ambulance service. If colleague dial 999. If deteriorating cond. D/W Dr on call who decides on action and who can send direct to ward.

#ENDCODE