Appendix 1N
Unit Orientation
Day of Surgery Unit

Nursing Competency Workbook, 3rd Edition
The Royal Children's Hospital (RCH) Nursing Competency Workbook is a dynamic document that will provide you with direction and assist you in your professional development as a nurse working at the RCH. The workbook also provides a record of your orientation and competency obtainment.

Chapter 1

- Includes resources for nurses and is complemented by the Royal Children’s Hospital (RCH) New Starter Pack, Hospital Orientation and Nursing Orientation day, to provide an introduction to nursing at the RCH.

Chapter 2

- Generic Nursing Competency Assessment Forms

Chapter 3

- Specialty Nursing Competency Assessment Forms

Appendix 1

- Unit / Department Nursing Orientation

All chapters and appendices are downloadable as pdfs from the Nursing Education Website.

The RCH Nursing Competency Workbook developed by Nursing Education with input from specialist nurses at the RCH.

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Workbook 3rd edition February 2012
Day of Surgery Centre Profile

The Day of Surgery Centre (DOSC) provides services for children requiring surgery ranging in age from neonates to adolescents. The DOSC is located within the Peri-operative Floor and has a pre-operative area, which consists of 9 consulting rooms and 9 pre-op hold bays, and a post-op area which includes 20 post-operative beds (Stage 2). The DOSC staff complete all elective surgical patient admissions, staff pre-op hold, Stage 2 and the endoscopy suite, as well as assisting in recovery (Stage 1).

The Unit is open Monday to Friday from 0700 hours to 2000 hours.

The annual patient throughput has doubled to over 10,000 since its opening in 1991. The Unit can accept up to 70 patients per day with varying admission times.

The varied types of surgeries specialties include:

- General Surgery
- ENT
- Ophthalmology
- Orthopaedic
- Dental
- Plastics
- Medical imaging
- Dermatology
- Gastroenterology
- Oncology
- Cardiac
- Urology
- Neuroscience

The time you spend with us in the busy DOSC gives you an excellent opportunity to develop skills that can be taken for granted.

These skills include:

- Communicating with children of various ages and levels of development & families from differing cultural backgrounds
- Time management
- Organisational skills
- Care of unconscious & post-operative patients
- Conflict resolution
- Assessment skills
- Pain management
- Team development
- Patient education
Our Vision of the DOSC

We believe the ultimate purpose of nursing in the Day of Surgery Centre is:
Providing a safe, positive experience of the highest quality to all consumers and staff in the Day of Surgery Centre.

We believe that this can be achieved by:
Facilitating staff satisfaction and performance through shared education, communication and support ongoing professional development.

Involving patients, families and care givers as much as they wish to be or are capable of being in the Day of Surgery experience.

Promoting a positive environment based on planning, teamwork and communication between all involved in the Day of Surgery Centre.

The DOSC Team

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Common Procedures Performed in DOXC

Please familiarise yourself with the following procedures performed in DOXC from the various specialties*: (please note some procedures may overlap into other specialties):

**ENT:**
- Adenoidectomy
- BSM & Tubes/VT’s
- Cautery of Turbinates
- Examination Under Anaesthesia (EUA) e.g. ears
- Laryngoscopy
- Reduction of # nose
- Removal of foreign body e.g. ears
- T’S & A’s

**DERMATOLOGY:**
- Pulse Dye Laser

**GENERAL SURGERY (INCLUDING UROLOGY):**
- Anal Dilatation
- BIH/LIH/RIH
- Excision of e.g. abscess, adhesions, cyst, fibroma, gland, lesions etc.
- EUA e.g. anus
- Hydrocele Repair
- Oesophageal Dilatation
- Removal of e.g. foreign body, catheters, infusaports, Hickman’s etc.
- Wedge Resection

**UROLOGY:**
- Circumcision
- Chordee Correction
- Cystoscopy & CMG
- Exploration of Testis
- Hypospadias Repair
- Meatotomy
- Orchidopexy/Orchidectomy
- Urethral Dilatation

**OPHTHALMOLOGY:**
- BMRR & BIRR
- Excision of e.g. chalazion
- EUA e.g. eyes (detection of retinoblastoma)
- NLD probe
- Removal of e.g. foreign body, sutures etc.

**DENTAL:**
- Dental Restorations/Extractions

**PLASTICS:**
- C.O.D.
- Division of Scar
- Excision of e.g. skin tags
- Keloid Scar Injections
- Tongue Tie Release
- Trigger Thumb Release

**ORTHOPAEDICS:**
- Botox Injection
- C.O.P.
- Flexor Tenotomy
• Removal of e.g. pins, wires etc.

**GASTROENTEROLOGY:**
• Endoscopies e.g. colonoscopy, gastroscopy, sigmoidoscopy
• PEG insertion

**ONCOLOGY:**
• LP

**MEDICAL IMAGING:**
• MRI/CT

Please speak with the Nurse-In-Charge to organise times to go into theatre to observe some of these procedures.
Orientation Checklist

Welcome
☐ Tour of the unit
☐ Introduction to staff
☐ Timesheets, payslips, rosters and requests diary
☐ Protocol for calling in sick

DOSC orientation package
☐ Complete search and find in orientation booklet

Admissions
☐ Familiarisation with all DOSC paperwork i.e. checklist, medication chart, anaesthetic chart, consent, discharge info sheets etc.
☐ Various clinical pathways i.e. standard, overnight, T’s & A’s
☐ Common procedures
☐ Complete admission (paperwork, parent orientation, gowns etc)
☐ Fasting requirements
☐ Pre-medications
☐ Guidelines for escorting patients to main theatre
☐ Complete an admission using an interpreter
☐ Manage admissions area with assistance
☐ Familiarisation with parent paging system, LAN paging and pre-op nurse pager
☐ Familiarisation with ORMIS, WoK, Carps computer systems

DOSC ward/post operative care
☐ Length of stay for various procedures i.e. LMA, ETT, T’s & A’s, A’s etc.
☐ Explanation to parents/patient about post operative care management
☐ Perform post operative observations including limb obs etc.
☐ Eating and drinking requirements
☐ Where patient histories are kept
☐ What paperwork is needed for patient observation folders and how to fill it in accurately
☐ Administer analgesia (oral/IV)
☐ Administer anti-emetics (oral/IV)
☐ Setup and administer IV fluids
☐ Familiarisation with Trendcare, IBA, making appointments, Paging system and Intranet
☐ Observe several common procedures in theatre i.e. gastroscopy, orchidopexy, T’s & A’s, BSM & tubes & circumcision

Main theatre
☐ Pick up a child from Stage 1 recovery (hand over, what you need to know, what to look for, taking oxygen etc.)
☐ Familiarisation with ORMIS and printing operation notes

Discharge
☐ Criteria for patient discharge
☐ Surgeon speaking to parents post op/prior to discharge
☐ Review by surgeon/anaesthetist
☐ Removing IV cannula
☐ Discharge instructions
☐ Discharge checklist and parents signature
☐ Complete a discharge
☐ Follow up appointments
☐ Phone follow up
**DOSCRecovery**

- Induction and Airway management session
- Check Resus Trolley
- Orientation to Recovery Room
- Double – up in Recovery
- Taking handover from anaesthetist
- Assessment of patient/securing IV cannula
- Pain management/Blocks/antiemetic’s
- Anaesthetic drugs
- Paperwork
- Preparing parents for recovery i.e. explanation of equipment
- Safety – cot sides up, one on one nursing, no children in recovery etc.
- Criteria for discharge from recovery
- Complete recovery room worksheet in DOSC orientation booklet
- Independently recover a patient in the recovery room

**Search and Find**

<table>
<thead>
<tr>
<th>Ventolin Nebuliser &amp; spacer</th>
<th>Blood tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral cards</td>
<td>Admission packs</td>
</tr>
<tr>
<td>Sterile gauze</td>
<td>Portable oxygen &amp; suction</td>
</tr>
<tr>
<td>Policy/Procedure Manuals</td>
<td>Clinical indicator forms</td>
</tr>
<tr>
<td>Scales</td>
<td>Blanket warmer</td>
</tr>
<tr>
<td>Latex free box</td>
<td>Parent and patient toilets</td>
</tr>
<tr>
<td>IV fluids &amp; giving sets</td>
<td>Torch</td>
</tr>
<tr>
<td>Fire extinguishers &amp; alarms</td>
<td>Emergency alarm buttons</td>
</tr>
<tr>
<td>Fasting guidelines</td>
<td>Chemical spill kit</td>
</tr>
<tr>
<td>Utility room</td>
<td>Slings</td>
</tr>
<tr>
<td>Safety pins</td>
<td>Resus trolley</td>
</tr>
<tr>
<td>Outpatient appointment form</td>
<td>Internal phone directory book</td>
</tr>
<tr>
<td>O2 tubing</td>
<td>Dolls, textas &amp; DVDs</td>
</tr>
<tr>
<td>Dr’s business cards</td>
<td>Rosters</td>
</tr>
<tr>
<td>IV &amp; morphine pumps</td>
<td>MIMS</td>
</tr>
<tr>
<td>Pharmacopoeia</td>
<td>Paediatric Injectables Guideline</td>
</tr>
<tr>
<td>Parent pagers</td>
<td>Customer complaint form</td>
</tr>
<tr>
<td>Discharge handouts</td>
<td>Patient gowns</td>
</tr>
<tr>
<td>Starlight room</td>
<td>Family Resource centre</td>
</tr>
<tr>
<td>Medication Room</td>
<td>Wheelchairs</td>
</tr>
</tbody>
</table>
General Quiz

How would you make an outpatients appointment for the plastics dressing clinic for 2 weeks post op?

How would you page the ENT registrar for review of a patient?

What do you do if a patient is allergic to ANGEL cream?

What are the varying lengths of post op stay, for patients?

A parent approaches you regarding discharge of their child. The child has been asleep since they returned to the ward & has had no oral intake. Can this child be discharged?

A child has had 2 post op vomits, they received Maxolon intra-operatively. What would you do?

What patients need to be escorted to pre-op hold from the wards by a nurse?

What things need to be checked before a patient goes into induction/pre-op hold?

What information would you write at the bottom of the pre-op checklist?

What patients need review prior to discharge?

Which drugs do not need double checking by 2 RN’s prior to administration?

Which patients are likely to require wheelchairs on discharge?
Paediatric Airway Anatomy

Familiarise yourself with the basic anatomical features of the airway so you have a bit more of an understanding of the placement of the airway tubes.

**ETT:** Endotracheal tube  
**LMA:** Laryngeal mask airway  
**NPA:** Nasopharyngeal airway  
**OPA:** Oropharyngeal airway (guedels airway)

The anaesthetist will decide which tube is used depending on many different criteria’s including:
- Type of surgery - eg- NPA for dental surgery  
- Length of surgery  
- Airway of child - difficult or normal  
- Age of child

**T-PIECE:**
Circuit used for delivering CPAP for a child in the case of an apnoea, desaturation or laryngospasm.

**LARYNGOSPASM:**
This is an uncontrolled/involuntary muscular contraction of the laryngeal cords. The condition causes a partial blocking of breathing in, while breathing out remains easier.

**EMERGENCE DELIRIUM:**
Emergence delirium is when a child wakes after an anesthetic and is in a dissociated state of consciousness in which the child is irritable, uncompromising, uncooperative, incoherent, and inconsolably crying, moaning, kicking, or thrashing. These children do not recognise or identify familiar objects or people. It can take 5-30 minutes for them to settle down, sometimes the best thing is for them to go back to sleep. Sometimes they need to be re-sedated. This is most common in children under the age of 5 years old.
Recovery Room Worksheet – Knowledge / Familiarisation of Recovery Room Guidelines

RESUSCITATION:
- Knowledge of Resuscitation trolley contents
- Successful completion of hospital CPR assessment
- T-piece connection & familiarisation of its use
- Laerdal bag/mask – correct connection and usage

EQUIPMENT – CORRECT USAGE OF:
- Oxygen
- Pulse Oximeter
- BP Machine
- Appropriate mask (Hudson’s)
- Suction
- Glucometer
- Participation in anaesthetic induction protocols in DOSE

ASSESSMENT OF THE UNCONSCIOUS PATIENT:
Demonstrates ability to assess:
- Airway
- Breathing
- Circulation
- Wounds
- Pain
- IV access

AIRWAY MANAGEMENT
Demonstration of correct airway management techniques including:
- Respiratory assessment
- Positioning
- Jaw tilt and Jaw thrust (jaw support)
- Guedels airway selection and insertion
- T-piece connection and use
- O2 therapy via mask & nasal cannula
- Yankeur sucker

AIRWAY OBSTRUCTION:
Signs & symptoms – give examples:

Management techniques – give examples:

Laryngospasm – action required:

Tracheostomy care – what equipment do you need when looking after a patient with a tracheostomy?:

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EMERGENCY PROCEDURES:
- DOSC Recovery Room – emergency buzzer locations
- RCH protocols (list respond code colours)

FAMILIARISATION OF DRUGS:
Anaesthesia:
- Local (give examples):
  - Induction agents:
  - Muscle relaxants:

Pain management:
- Opioids:
  - Other (give 3 examples):

Antiemetics:
- Give 3 examples:

Please discuss this worksheet with your preceptor within 2 - 4 weeks of your orientation

Common Drugs used in DOSC

<table>
<thead>
<tr>
<th>Drug</th>
<th>Use/Indication</th>
<th>Dosage</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol</td>
<td>Mild pain</td>
<td>15-30mg/kg, 4-6 hrly</td>
<td>Hepatic toxicity</td>
</tr>
<tr>
<td>Morphine</td>
<td>Severe pain</td>
<td>0.05-0.1mg/kg, 4hrly</td>
<td>Respiratory depression, nausea</td>
</tr>
<tr>
<td>Granisetron</td>
<td>PONV</td>
<td>0.04mcg/kg, Once daily</td>
<td>Headache, hypertension</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Severe pain</td>
<td>0.5-2mcg/kg, 2-3 hrly</td>
<td>Respiratory depression</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Mild pain</td>
<td>5-10mg/kg, TDS</td>
<td>GI upset</td>
</tr>
<tr>
<td>Midazolam</td>
<td>Sedation</td>
<td>0.5mg/kg, max 20mg dose</td>
<td>Respiratory depression</td>
</tr>
<tr>
<td>Codeine</td>
<td>Moderate-Severe pain</td>
<td>0.5-1mg/kg, 4-6 hrly</td>
<td>Constipation, Respiratory depression</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Moderate-Severe pain</td>
<td>1-2mg/kg, 6 hrly</td>
<td>CNS disturbances</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Moderate-Severe pain</td>
<td>0.1-0.2mg/kg, 4 hrly</td>
<td>Respiratory depression, constipation</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>PONV</td>
<td>0.1mg/kg, Max 4mg daily</td>
<td>Fluid and electrolyte imbalances</td>
</tr>
<tr>
<td>Metoclopramide</td>
<td>PONV</td>
<td>0.2-0.4mg/kg, daily</td>
<td>Extra pyramidal reactions</td>
</tr>
<tr>
<td>Clonidine</td>
<td>Sedation</td>
<td>0.5-2mcg/kg, 8 hrly</td>
<td>Drowsiness, dry mouth, GI upset</td>
</tr>
</tbody>
</table>
### Common Anaesthetic Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Use/Indication</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propofol</td>
<td>Anaesthesia (induction and maintenance), sedation</td>
<td>Injection site reaction, respiratory depression, shivering, elation</td>
</tr>
<tr>
<td>Sevoflurane</td>
<td>Inhalation anaesthesia (induction and maintenance)</td>
<td>Cardio-respiratory depression, laryngospasm, malignant hyperthermia, agitation, dizziness</td>
</tr>
<tr>
<td>Isoflurane</td>
<td>Inhalation anaesthesia</td>
<td></td>
</tr>
<tr>
<td>Atropine</td>
<td>Reduces salivary and bronchial secretions prior to anaesthesia, reversal agent for non-depolarising muscle relaxants, resuscitation</td>
<td>Tachycardia, dilatation of pupils, mouth dryness, blurred vision</td>
</tr>
<tr>
<td>Adrenaline</td>
<td>Cardiac arrest, anaphylaxis</td>
<td>Anxiety, restlessness, tachycardia, dizziness, headache, hypertension</td>
</tr>
<tr>
<td>Suxamethonium</td>
<td>Muscle relaxant</td>
<td>Bradycardia, malignant hyperthermia, apnoea, bronchospasm</td>
</tr>
<tr>
<td>Atracurium</td>
<td>Muscle relaxant, mechanical ventilation, facilitates ETT intubation</td>
<td>Flushing, brady/tachycardia, hyper/hypotension, malignant hyperthermia</td>
</tr>
<tr>
<td>Neostigmine</td>
<td>Reversal agent to atracurium (muscle relaxant)</td>
<td>Bradycardia, hypotension, headache, N&amp;V, increased salivary and bronchial secretions</td>
</tr>
</tbody>
</table>