



# Student Handbook

## Ashover Ward

An induction to **General Medicine**

Louise Turner – **Learning Environment Manager (LEM)**

### Ashover Ward

Ashover ward is a 32 bedded ward for general medicine that specialises in Dementia and Parkinsonism. All staff on Ashover ward has undergone training on dementia, we promote dignity and patient choice. We provide good nutrition and hydration by giving assistance, patience and understanding. We are committed to providing patient-centred care that is delivered with kindness and compassion.

We have three consultants who all specialise in care of the elderly.. Each consultant has a team of Drs that they lead.

Also in the MDT are physiotherapists, occupational therapists, dieticians, social worker, speech and language therapists, porters, domestics, house keeper.

### Welcome to team Ashover.

### Working hours

Morning 07:00-14:30

Afternoons 12:00-19:30

Long day 07:00-19:30

Long night 19:00-07:30

You will be allocated an Assessor and supervisors .You will be orientated to the ward area on your first day of placement .Trust policies are available on the intranet and you should familiarise yourself with them, in particular infection control policies.

Your supervisor is there to support you and facilitate LEARNING OPPORTUNITIES. You should also take responsibility for your own learning, identifying and learning needs, opportunities' and utilizing the support available. Please collect any evidence which will aid you and your Assessor in completing your proficiencies.

The off duty will be completed and available in the Off-Duty folder. Changes to the off duty should be documented and signed by a staff member. Please don't change the off duty without consent from mentor or LEM (Learning Environment Manager).

Please inform the nurse in charge or assessor if you are unable to attend placement and when you'll be "fit". It is also your responsibility to inform the University of any Sickness, as per University policy.

If you have any concerns regarding your placement, please speak to your assessor. If they are not available, please speak to the LEM, matron or sister on the ward, or if there are any issues when you feel unable to speak to your supervisors or assessor.

Matron: Roselyn Blake

Learning Environment Manager: Louise Turner [louise.turner18@nhs.net](mailto:louise.turner18@nhs.net)

Ashover Ward Contact number: 01246 512410/512411

We hope that you enjoy your time with us, and please let us know if there is anything you need or request during your placement.

### Medical Conditions

Angina

Asthma

Cancer

Cellulitis

Chest Infection

Chronic Obstructive Pulmonary Disease (COPD)

Confusion

Deep Vein Thrombosis (DTV)

Dementia

Diabetes Mellitus

Gastroenteritis

Mechanical Falls

Myocardial Infarctions (MI)

Parkinsons

Rheumatoid Arthritis

Sepsis

Stroke

Transient Ischaemic Attack (TIA)

Urinary Tract Infection

Vasculitis

Abbreviations explained...

AAA	Abdominal Aortic Aneurysm
ABG	Arterial Blood Gas
ACS	Acute Coronary Syndrome
AF	Arterial Fibrillation
AKI	Acute Kidney Disease
AVR	Aortic Valve Replacement
BM	Blood Glucose Monitoring
BTHR	Bilateral Total Hip Replacement
BTKR	Bilateral Total Knee Replacement
C-DIFF	Clostridium Difficile

Ca	Cancer
CABG	Coronary Artery Bypass Graft
CBD	Catheter Bag Drainage
CCF	Congestive cardiac Failure
CKD	Chronic Kidney Disease
CLL	Chronic Lymphocytic Leukaemia
COPD	Chronic Obstructive Pulmonary Disease
CSU	Catheter Stream Urine
CT	Computerised Tomography
CXR	Chest X-Ray
D&V	Diarrhoea & Vomiting
DST	Decision Support Tool
DVT	Deep Vein Thrombosis
ESBL	Extended Spectrum Beta-Lactamases
Exac	Exacerbation
GORD	Gastro-oesophageal Reflux Disease
Hb	Heamoglobin
HTN	Hypertension
IHD	Ischaemic Heart Disease
INR	International Normalised Ratio
IVAB	Intravenous Antibiotics
IVI	Intravenous Fluids
K	Potassium
L&S BP	Lying and Standing Blood Pressure
LAKA	Left Above Knee Amputation
LTKR	Left Total Knee replacement
LVF	Left ventricular Failure
MI	Myocardial Infarction
MR	Mitral Regurgitation
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
MSU	Mid-Stream Urine
Na	Sodium
NBM	Nil By Mouth
NH	Nursing Home
NOF	Neck of Femur
NSTEMI	Non ST Elevation Myocardial Infarction
OA	Osteoarthritis
OPA	Out Patient Appointment
PAF	Paroxysmal Atrial Fibrillation
PE	Pulmonary Embolism
POP	Plaster of Paris
PVD	Peripheral Vascular Disease
RA	Rheumatoid Arthritis
RH	Residential Home
SALT/SLT	Speech and Language Therapist

SDH	Subdural Haematoma
STEMI	ST Elevation Myocardial Infarction
TIA	Transient Ischaemic Attack
TVN	Tissue Viability Nurse
TWOC	Trial Without Catheter
UTI	Urinary Tract Infection
XR	X-Ray
#	Fracture

### What is Dementia?

Dementia is a non-reversible decline in cognitive ability and memory loss. It is caused by damaged caused to the brain through disease; such as vascular Dementia, Mixed dementia, Dementia with Lewy Bodies, Frontotemporal Dementia, Alzheimer's disease, and Strokes. The diseases cause progressive damage to the brain, therefore impacting their daily lives. Around 800,000 people living in the UK suffer from dementia, which explains the importance of patient-centred care, dignity and compassion when nursing these patients.

For more information, please take a look at [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

### What is Parkinson's disease?

Parkinson's disease is a neurological disorder that is diagnosed only after enough traits of the disease are noticed to be present. Some of these traits are: slowness; stiffness; tremor; postural instability; freezing after taking steps; inability to show expression on their face; and unable to perform small motor-function tasks such as buttons and small objects. When the traits are developed, the individual is at high risk of falls and injuries due to these traits. Parkinson's does not cause damage to the brain, although it may be that Dementia is also present. This should not be confused with symptoms of depression and slow speech that is recognised as Parkinson traits.

For More Information, please visit [www.parkinsons.org.uk](http://www.parkinsons.org.uk)

The next four pages are for you to test your knowledge on a few medical conditions.

What is Parkinson's disease?

What are the symptoms of Parkinson's disease, and how is it diagnosed?

Is a patient with Parkinson's disease more susceptible to falls, and why?

Who is at risk of Parkinson's?

# Parkinson's Disease – What do you know?

What other members of the multi-disciplinary working should we liaise with?

How can we help a patient with Parkinson's disease on the ward?

What is dementia, and what are the different types?

What are the symptoms of Dementia?

What are the changes in the brain?

## **Dementia – What do you know?**

Who can develop dementia?

What can we do to help someone with dementia, while they are in hospital?

What is the 'This is me' document?

Can you recognise anything on the ward that may help people with dementia?

Which is the most common dementia?



What does COPD stand for?

What Causes COPD?

Who will get COPD?

What are the symptoms of COPD?

What advice and education should the COPD patient receive when in hospital?

# COPD – WHAT DO YOU KNOW?

What treatments do we give COPD?

What do we need to remember when using oxygen therapy in the COPD patient ?

Explain why the NEWS chart for patients with COPD scores differently and why?

Where in the body is insulin made?

What causes diabetes?

How many types of diabetes are there? What are they and what is the difference?

What is a Hyperglycaemia ?

What is a Hypo?

Who is the best person to administer a patient's insulin? Why?

## Diabetes: What do you know?

What might happen to a patient if they have a hypoglycaemic episode?

What is blood glucose?

How is each type of diabetes treated?

What might happen to a patient if they have a Hyper?