Day in the Life of a Spinal Nurse

- Presented by
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Spinal Unit Overview:

Burwood Spinal Unit is a 26-bed rehabilitation unit. It is a unit that has both acute and arranged admissions for spinal cord injuries. Alongside the spinal unit we have a transitional rehabilitation unit which is a 4-bed unit. Transitional rehabilitation is a 4-week programme to help patients transition from a hospital environment to home environment.
Burwood Spinal Unit covers a geographical area of the entire South Island and the lower half of the North Island (Taranaki to Hawkes Bay and below).
We have 20 Enrolled Nurses working in the unit of which most of us are involved in other responsibilities such as: Document Control, H&S Rep, Reassessments, IP&C Link Rep, Gold HH Auditors, Rosters, Carer Training, NZNO Delegates, Section Chair and Committee and National Committee.
We also have a high uptake of PDRP.
We also have our on Urodynamics team on site which includes Enrolled Nurses. The team that work in Urodynamics deal with VCMG's, SPC Insertions, Bladder Stone removal, COC and BWO.

Introduction:

I am an Enrolled Nurse: I am Document Controller for BSU; I do the rosters for the 84 BSU staff (RN,EN, HCA); I am one of the IP&C Link reps; I am a Gold Hand Hygiene Auditor; I am an NZNO Workplace Delegate. Whew, Enrolled Nurses can do so much! I work .6fte, with .4 being in my role as Document Controller. The principal objective of this position is to ensure documentation required for compliance with the Burwood Hospital Quality Systems is maintained, updated and audited. All my roles focus on improving the patient journey.
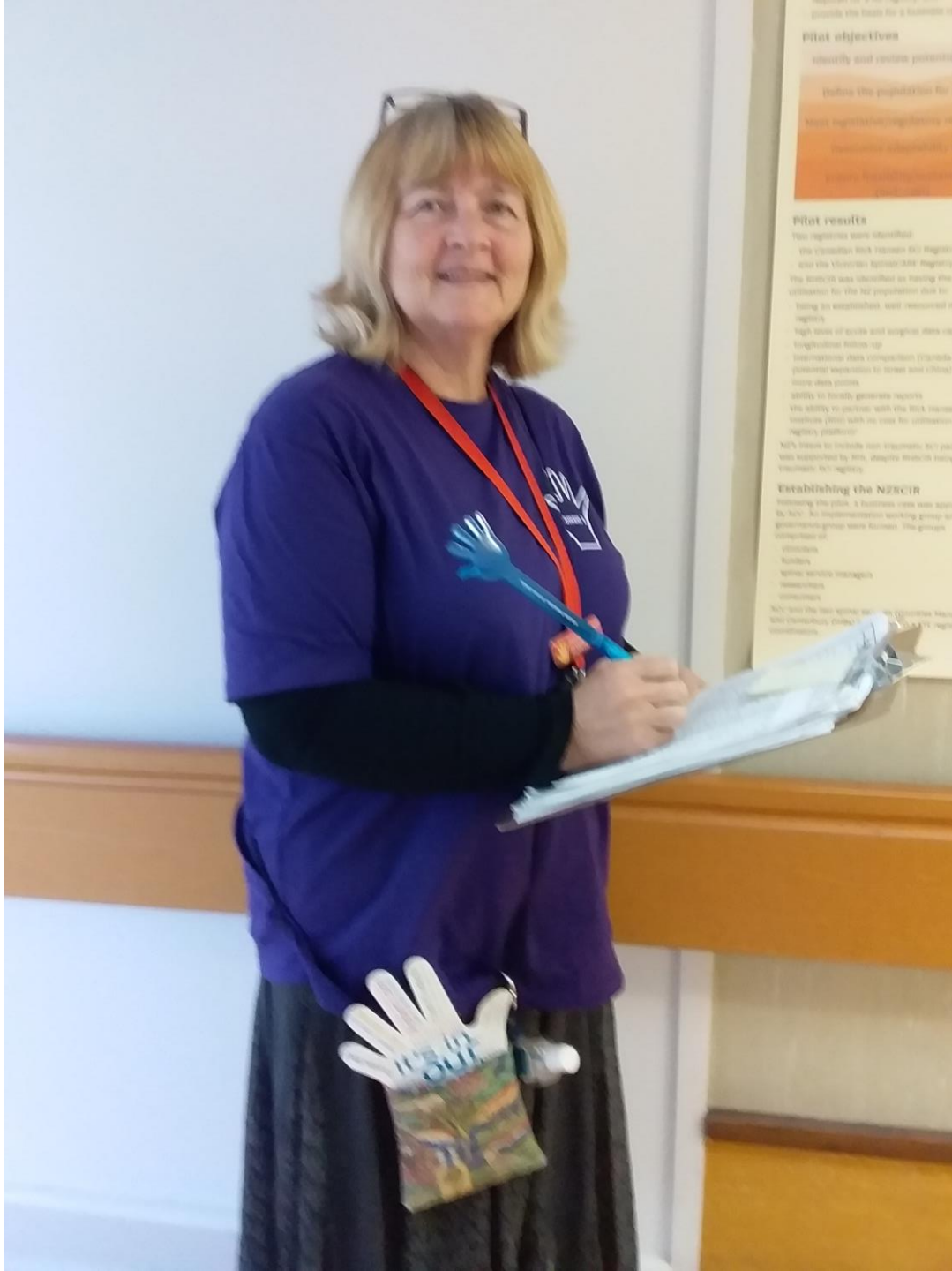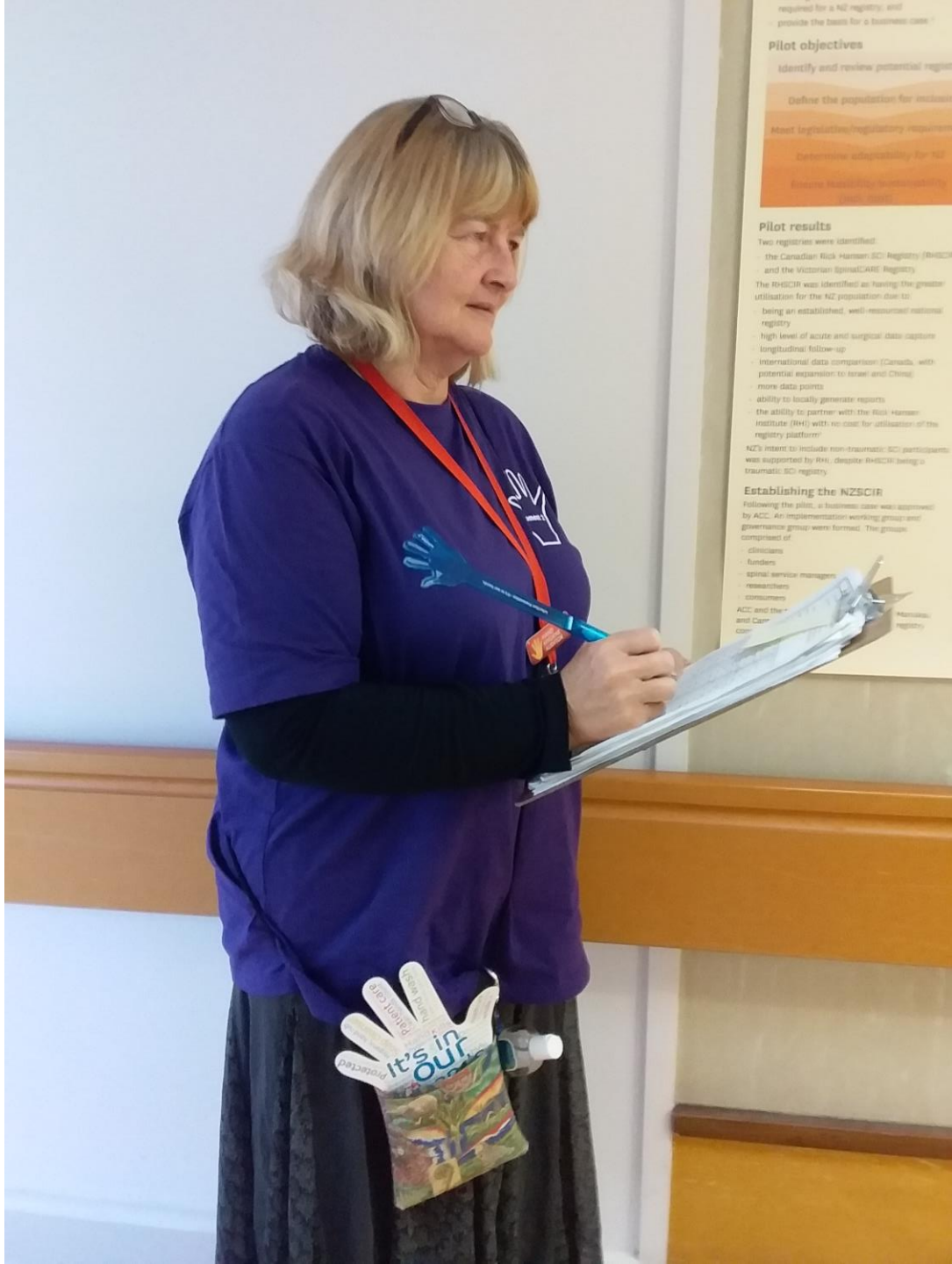
My role covers:

- Document Control
- Rosters
- Infection prevention and control
- Audits
- Education

Maree Hurst

Document Controller

Burwood Spinal Unit
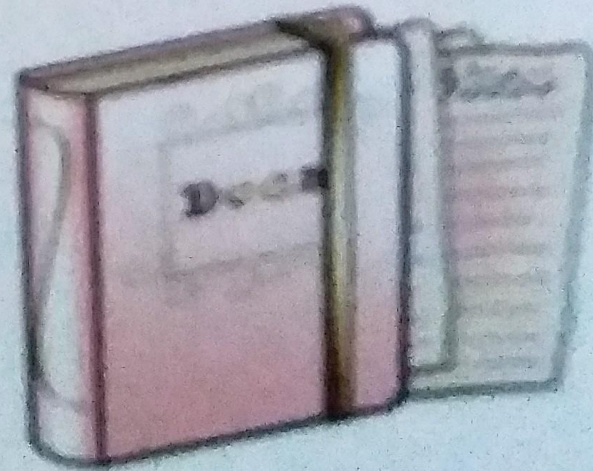
Conclusion:

All of my roles are not for everyone (I have had people roll their eyes at the mention of them), but I personally find them very rewarding. To be part of a process that facilitates improving outcomes for patients and staff is challenging, but it does bring about change! My roles complement each other and I am grateful that I have been given these opportunities to challenge myself as they have helped me to grow in confidence and professionally.

The Challenge of Change: Transitional Rehabilitation

Introduction:

Rehab after a SCI, like all injuries or illness it is not a choice it just happens which brings with it challenges. How to deal with life not as you've known it but a new way to life in a chair never to walk/run or even move if a high level tetraplegic. A new life for the SCI person, and for the family/whanau and friends to enrich a new beginning to achieve independence and happiness.

My Role Covers:

- Continuing education
- Empowering Independence
- Problem Solving
- Career Training
- Supporting Patient/Whanau
- Discharge Planning
- Documentation

TR CAT HARRY💖

Conclusion:

TR is patient focused, to give them the optimal experience to empower the patient to face the biggest challenge of change, a different life, but a good life in a chair.

The Challenge of Change: Night Nurse

Introduction:

Night staff in the Burwood Spinal Unit consists of 2 RNs, 1 Enrolled Nurse on the ward, I Enrolled Nurse working in the Urology area 1 working in the TR unit & a HCA.
 I began in the Burwood Spinal Unit just over 30 years ago and have been working 15 years of that on night shift. My role began working 1900-2300 hours part time shifts assisting patients to bed. **My challenge** was then to work 8 hour night shifts and to learn new skills within my scope of practice.

My Role Covers:

- Education

- Night time turning/Skin Assessment

- Medications eg: Antibiotic, Analgesia, Sedation

- Documentation eg: FBC, Night Turning Regeime,

- Orientation for pool staff and casuals unfamiliar to Spinal
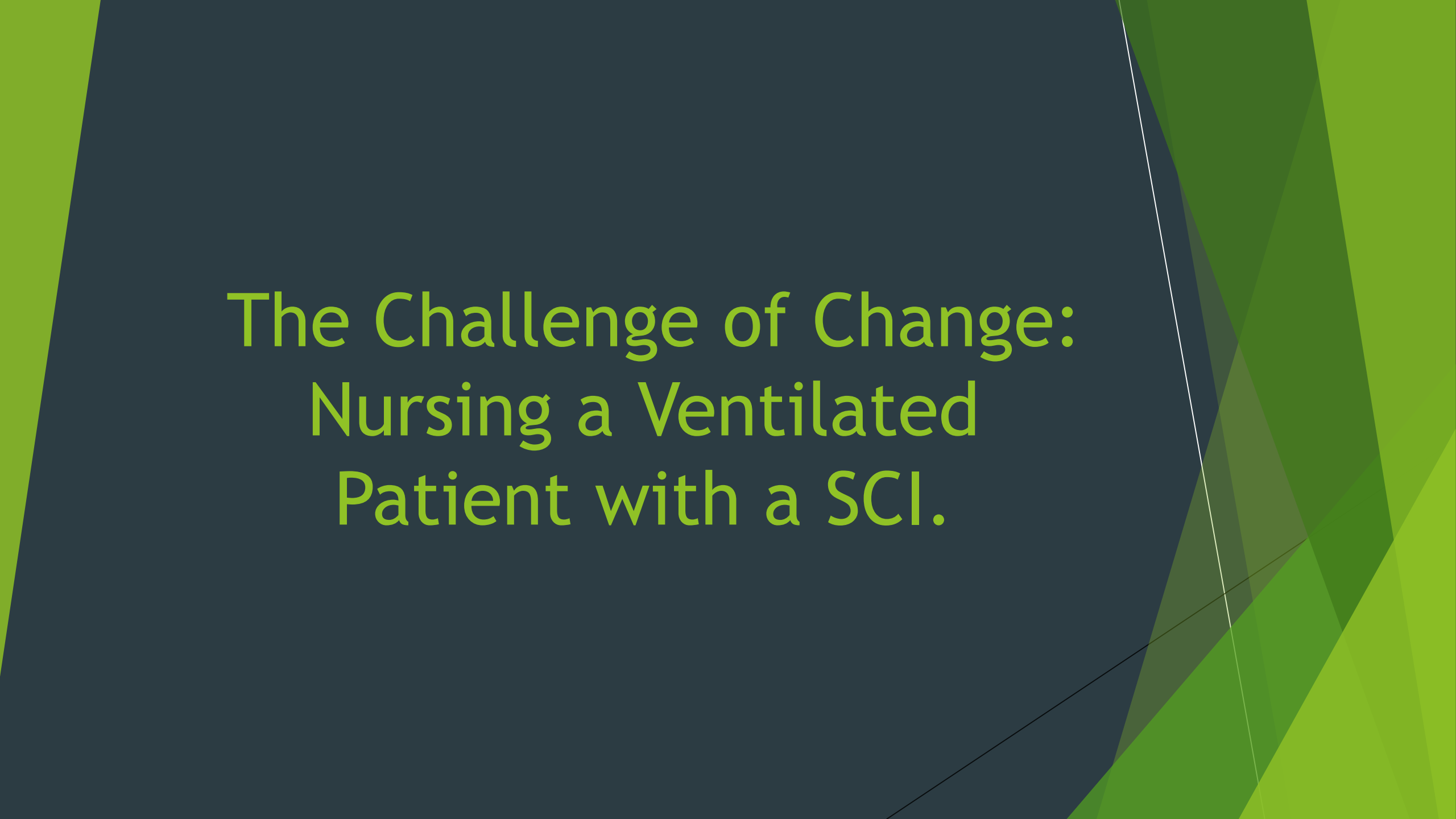
- Continuity of care for night shift

Conclusion:

Overall being a Night Nurse has just as many Challenges as any other shift. The shift can start off all calm and quiet then next minute we could be calling the CTC. We are soon to have trials of a new communication system for patients to request assistance called Alexa, another **challenge of change** to look forward to.
Thank you

The Challenge of Change: Nursing a Ventilated Patient with a SCI.

Introduction:

Over the past 12 months our CNM has initiated Enrolled Nurses working with Ventilated Patients. This has been a great opportunity for Enrolled Nurses to challenge their thinking and to be able to work at the top end of their scope of practice.

As an Enrolled Nurse I have been assigned full care to the patient who is ventilated under the direction of the Registered Nurse. This has enabled me to work at the top end of my scope of practice.

Nursing a patient who is a ventilator dependent patient with tetraplegia can be a challenge. The challenges that come with this need to be addressed in order to achieve the best outcome for that patient.

Not all ventilator dependent patients with tetraplegia are the same. Each patient has specific individualised parameters which will differ from one patient to another. These patients have required either permanent or a prolonged period of ventilation prior to weaning and decannulation. Each ventilated patient has their own prescription for the ventilator settings which are set by the doctors and can only be changed by the doctors.

My Role Covers:

- Assessment
- Tracheostomy/Suctioning
- Weaning
- Decannulation
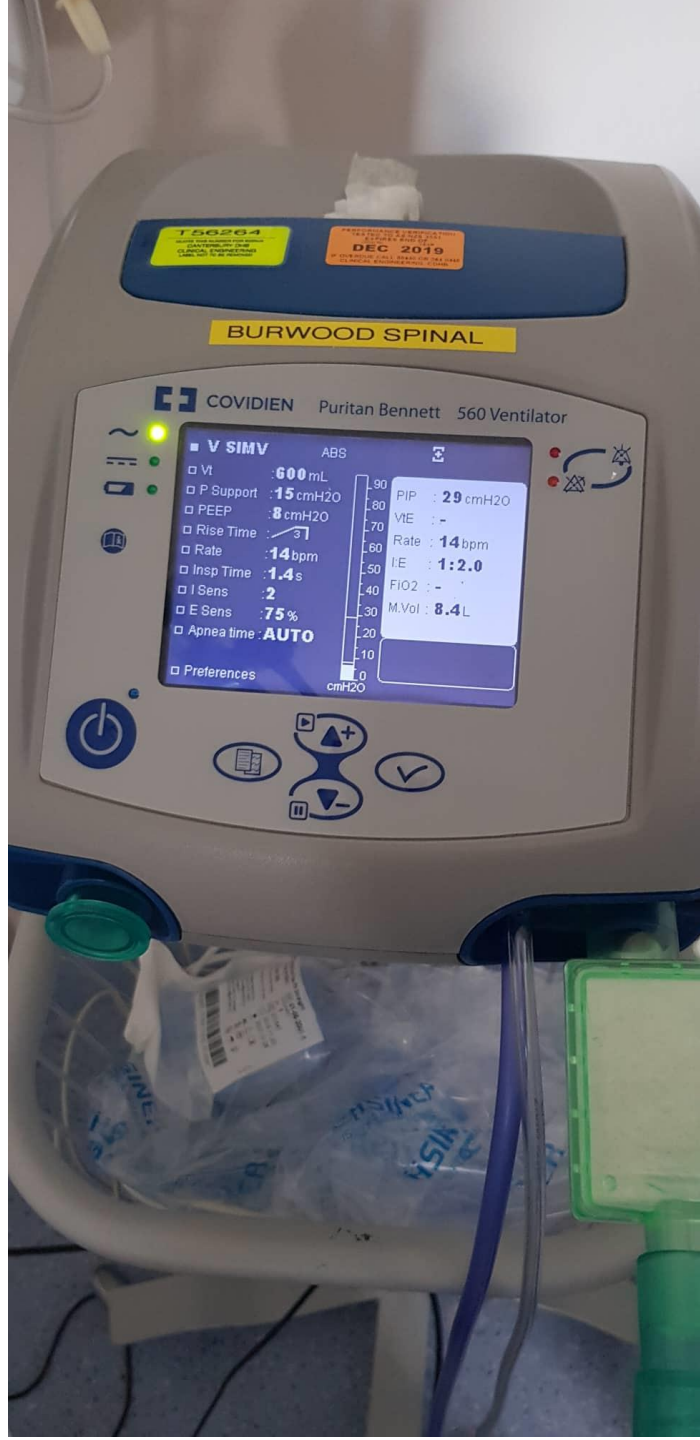
Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Burwood Spinal Unit

Patient Label

Ventilator Parameters Prescription
Puritan Bennett 560 VC or V A/C
Sheet to be available on Clipboard. DO NOT REMOVE
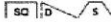
		Volume Control VC or Volume Assist Control V A/C
	Mode Prescribed	
	Vt (tidal volume) – Cuff up	
	Vt (tidal volume) – Cuff down	
	PEEP	
	Ramp	
	Rate (Breath Rate Prescribed)	
	Insp Time	
	I Sens (Sensitivity or Trigger)	
	Sigh	
	Sigh Vt/Sigh Rate	Vt Rate
	Oxygen Prescribed	
Alarm Settings	PIP cmH$_2$0 (High Pressure Limit) - Min	
	PIP cmH$_2$0 (Low Pressure Limit) - Max	
	Vte ml (tidal volume expired) – Min*	
	Vte ml (tidal volume expired) – Max*	
	Rtot bpm (Breath Rate) – Min	
	Rtot bpm (Breath Rate) - Max	
	FiO2 – Max (only if 0$_2$ sensor insitu)	
	FiO2 – Min (only if 0$_2$ sensor insitu)	
	Tracheostomy Type and Size	

Date:
Signature:
Designation:

*NA if Single Limb Circuit

		Volume Control VC or Volume Assist Control V A/C
	Mode Prescribed	
	Vt (tidal volume) – Cuff up	
	Vt (tidal volume) – Cuff down	
	PEEP	
	Ramp	
	Rate (Breath Rate Prescribed)	
	Insp Time	
	I Sens (Sensitivity or Trigger)	
	Sigh	
	Sigh Vt/Sigh Rate	Vt Rate
	Oxygen Prescribed	
Alarm Settings	PIP cmH$_2$0 (High Pressure Limit) - Min	
	PIP cmH$_2$0 (High Pressure Limit) - Max	
	Vte ml (tidal volume expired) – Min*	
	Vte ml (tidal volume expired) – Max*	
	Rtot bpm (Breath Rate) – Min	
	Rtot bpm (Breath Rate) – Max	
	FiO2 – maxi (only if 0$_2$ sensor insitu)	
	FiO2 – mini (only if 0$_2$ sensor insitu)	
	Tracheostomy Type and Size	

Date:
Signature:
Designation:

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District Health Board
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Burwood Hospital
Spinal Unit

(Attach Label here or Complete Details)

NAME: _____ NHI: _____

GENDER: _____ DOB: _____ AGE: _____ WARD: _____

Ventilator Parameters Checklist
Puritan Bennett 560 VC or V A/C
Sheet to be available on Clipboard. DO NOT REMOVE

Week Beginning:	MON	TUES	WED	THURS	FRI	SAT	SUN
Mode Prescribed							
Vt (tidal volume) – Cuff up							
Vt (tidal volume) – Cuff down							
PEEP – Cuff up							
PEEP – Cuff down							
Ramp							
Rate (Breath Rate Prescribed)							
Insp Time							
I Sens (Sensitivity or Trigger)							
Sigh							
Sigh Vt							
Sigh Rate							
Oxygen Prescribed							
Alarm Settings:							
PIP cmH$_2$0 (High Pressure Limit) - Min							
PIP cmH$_2$0 (High Pressure Limit) - Max							
Vte ml (tidal volume expired) – Min							
Vte (tidal volume expired) – Max							
Rtot bpm (Breath Rate) – Min							
Rtot bpm (Breath Rate) – Max							
FiO2 – Min**							
FiO2 – Max**							
Ventilator Circuit Check (visual)							
Daily / Weekly Changes:							
Catheter Mount - daily							
HME - daily							
HME Booster – as documented	Complete			T-Piece			
Circuit - fortnightly							
Bact/Viral Filter/s (circuit - green)							
Fine Particle Filter – weekly check							
Tracheostomy: Type							
Size							
Cuff Pressure							
Tracheostomy Dressing							
Tracheostomy Inner							
Suction Catheter Size							
Resus Bag							
Nebuliser: Daily Rinse							
Change							
Power Supply: Mains	To include all cables and connections and charge status						
Internal Battery							
External Battery							
Ventilator Stand - Cleaning							
Vent Trolley Tidy & Restock							
Supplies - Order as necessary							
Date							
AM/PM/Nocte	am pm N	am pm N	am pm N	am pm N	am pm N	am pm N	am pm N
Initials							

* Vte (tidal volume expired) cannot be measured unless a double branch circuit is being used &cuff up.
** FiO2 – these settings are not Applicable if a FiO2 sensor is not insitu.

VENTILATOR PARAMETERS CHECKLIST PURITAN BENNETT 560

Conclusion:

Nursing a ventilator dependent patient with tetraplegia is a Challenge of Change, Not only for the Nurse but for the patient as well. I am grateful that I have been given the opportunity to challenge my thinking and are able to work at the top end of my scope of practice .
The key thing to remember, it is essential that the "patient" remains your focus for clinical assessment and not "the ventilator".

At the
Burwood Spinal Unit
Enrolled Nurses
are Valued and
Encouraged to work to the
top of their Scope of Practice
and are ready for
THE CHALLENGE OF CHANGE.
Thankyou for taking the time
to listen to our presentation
A Day in the Life of a Spinal Nurse.