

**POCKET
GUIDES**



FOR STUDENT NURSES

COMMUNITY PLACEMENTS

**Lesley McKinlay, Georgios
Tsigkas, Caroline Dickson
& Fiona Stuart**

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Pocket Guides for Student Nurses

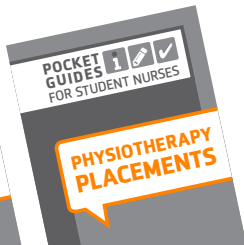
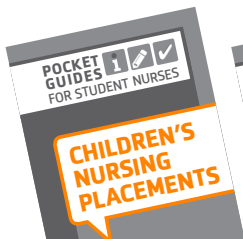


"A very useful, well-written and practical pocket book for any level of student nurse preparing for clinical placement. This book is also a great resource for lecturers and mentors to have, to help students get the most out of their placement time." ★★★★★

"This is such a useful guide that has just the right amount of need to know info for student nurses on clinical placement, as well as loads of little tips scattered throughout. A must-have for student nurses on placements!" ★★★★★

"Full of everything you need to know as a student nurse on placement. Written by students for students. Helpful little references to help with abbreviations and common medications. A must for any student about to head on placement." ★★★★★

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**Lesley McKinlay, Georgios Tsigkas,
Caroline Dickson and Fiona Stuart**

*Queen Margaret University,
Edinburgh*



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The authors and publisher have made every attempt to ensure
the content of this book is up to date and accurate. However,
healthcare knowledge and information is changing all the time
so the reader is advised to double-check any information in
this text on drug usage, treatment procedures, the use of
equipment, etc. to confirm that it complies with the latest safety
recommendations, standards of practice and legislation, as well as
local Trust policies and procedures. Students are advised to check
with their tutor and/or mentor before carrying out any of the
procedures in this textbook.

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Personal information

Name:

Mobile:

Address during placement:

.....

.....

.....

PLACEMENT DETAILS

Practice location:

Practice address:

.....

.....

.....

CONTACT IN CASE OF EMERGENCY

Name:

Mobile:

Home/Work number:

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Preface

We were invited to write this book to be part of the series of Pocket Guides for pre-registration student nurses across the UK. As with the *Clinical Placements* Pocket Guide, students were invited to participate. Two focus groups were held with pre-registration nursing students and students from the district nursing and health visiting programmes. Using the same format as the *Clinical Placements* Pocket Guide, we facilitated spaces where students were able to identify top tips relating to preparing for and being on community placement. Their energy and enthusiasm to engage with this was fantastic, despite the heavy workload generated by their studies. Students then formed small groups where pre- and post-registration students worked together to begin the writing process. As a group of lecturers, we have brought the students' contributions into the book format, building on the work they had begun. Finally, we sought feedback from the students to ensure the book reflected their intended outcomes. Critical readers with a community nursing background made comments on the final version.

We refer to 'mentors' as well as 'supervisors' throughout this book as the registered healthcare professionals who will be overseeing and assessing your community practice placement. When the new NMC standards framework for nursing and midwifery education (2018) are widely implemented, the mentoring system will change and we will update the advice in this Pocket Guide accordingly.

Lesley, Georgios, Caroline and Fiona

September 2018

Acknowledgements

We are grateful for contributions from students and hope that their experiences and advice are useful to other students. Special thanks go to Sara Moran-Winchester for her cartoon illustrations. Lastly, our thanks must go to Peter Oates from Lantern Publishing for his support during the writing process and his incredible patience.

Student contributors:

Tracy Maguire, Sara Moran-Winchester, Rebecca Paul, Anna Campbell, Emma Irvine, Aileen Cameron, Amanda Fairbairn, Marianne Ward.

The publishers would like to thank Kirstie Paterson and Jessica Wallar, authors of *Clinical Placements*, the first Pocket Guide in this series, and Kath MacDonald, their editor, for permission to use some of the content from their book as well as the overall framework.

Abbreviations

Recognised prescription abbreviations

| | | | |
|-----|---------------|------|-------------------|
| BD | twice daily | PR | per rectum |
| g | gram | PRN | when required |
| ID | intradermal | PV | per vagina |
| IM | intramuscular | QDS | four times daily |
| INH | inhaled | SC | subcutaneous |
| IV | intravenous | SL | sublingual |
| mg | milligram | stat | immediately |
| ml | millilitre | TDS | three times daily |
| OD | once a day | TOP | topical |

Professionals

| | |
|-----------|--|
| CPN | Community Psychiatric Nurse |
| DN (SPDN) | District Nurse (Specialist Practitioner District Nurse) |
| GP | General Practitioner |
| HCA | Health Care Assistant |
| HCSW | Health Care Support Worker |
| OT | Occupational Therapist |
| PT/Physio | Physiotherapist |
| SCPHN | Specialist Community Public Health Nurse – School Nurse/Health Visitor/Occupational Health Nurse |
| SLT | Speech and Language Therapist |
| SW | Social Worker |

Some commonly used abbreviations are listed below but the NMC Code (2015) recommends avoiding the use of unnecessary abbreviations.

Abbreviations can sometimes mean different things in different circumstances; e.g. OD in prescribing means 'once daily', whereas in other settings it can mean 'overdose'. It is for this reason that the NMC Code suggests avoiding the use of abbreviations.

| | |
|--------|--|
| BMI | body mass index |
| BP | blood pressure |
| CD | controlled drug |
| D&V | diarrhoea and vomiting |
| DNA | did not attend |
| DNACPR | do not attempt cardiopulmonary resuscitation |
| DOB | date of birth |
| HR | heart rate |
| MRSA | methicillin-resistant <i>Staphylococcus aureus</i> |
| MSSU | midstream specimen of urine |
| MUST | Malnutrition Universal Screening Tool |
| OD | overdose |
| OFC | occipitofrontal circumference |
| PMH | past medical history |
| PND | postnatal depression |
| RR | respiratory rate |
| SOB | shortness of breath |
| TPR | temperature, pulse, respiration |
| UTI | urinary tract infection |

Health and safety is just as important in the community/home setting as it is in a hospital environment. Procedures may differ depending on the role of the healthcare professional and local policy.

Some aspects of health and safety to think about include:

- Infection control
- Manual handling/moving and handling
- Lone working policy
- Violence and aggression.

13.1 Infection control

Effective hand hygiene is the key intervention which will prevent the spread of infection. The diagram below shows the recommended hand hygiene procedure.


You may be issued with pocket hand gel to be used during clinical procedures as per local policy. Certain interventions such as wound dressings and catheterisations will require a sterile procedure. Disposable equipment can be taken to



Notes

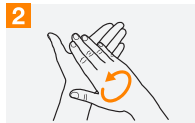
the home and the cleanest available surface should be used to open any sterile packs. You may need to request space to be made. It is not advisable to use the floor, if this can be avoided. If there are pets which may contaminate sterile equipment, then it should be requested that the animal(s) be moved to another room or area if possible.

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Proper hand rub technique (World Health Organization, 2009).
Reproduced with permission of the World Health Organization,
www.who.int.

There will be local policies for clinical waste, with which you should familiarise yourself. If sharps are to be used within a home environment, appropriate arrangements should be made for the provision of a sharps bin and suitable plans made for the disposal of this when necessary.



Keep pets and patients apart during your visit!

13.2 Manual handling

All healthcare professionals, including students, should have appropriate manual handling training (you might also come across the term 'moving and handling'). It is important to adopt safe manual handling practices in the community area to reduce any risk of injury to the healthcare professional or to the person.

Not all houses are adapted for disabled access and this can present challenges to safe manual handling in the community setting. When there are circumstances to overcome, in order to keep a person in their own home, there will often be a

13.3 Lone working

Many community nurses are often required to work alone and this can potentially pose a risk to their safety. As a student nurse, you will usually be working with your supervisor / mentor or another experienced care professional. It is unlikely that you will be asked to work independently.

Each member of the team should share their planned visits and locations with colleagues, to assure personal safety. Lone working policies exist within local areas and should be followed in any aspect of care. You should also check university policies in relation to lone working in your community placement. It is a safe practice to have a mobile phone available, which may be supplied to you in certain areas. You should ensure that you have shared relevant numbers with your supervisor / mentor.

Key points to consider in the unlikely event of you visiting alone:

- What is my risk assessment? Risk assessments should be carried out before any care interventions.
- Do I need any further assessment from a member of the multidisciplinary team (e.g. physiotherapist)?
- Is the environment safe?
- Do I need to move any furniture / equipment to make the environment safe? (consent is required)
- How can I ensure dignity is maintained?
- Have I communicated appropriately with the person / family?
- Is all the necessary equipment available?
- Can I carry out this task alone?
- Am I confident with what I am doing? Do I need advice from my supervisor / mentor?
- Do I know who to contact, should there be an adverse event?

