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<th>Placement</th>
<th>Critical Care Unit</th>
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<td>incorporates:</td>
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|   |           | **Intensive Care Unit (ICU)** 0161 276 4712  
|   |           | **High Dependency Unit (HDU)** 0161 276 4166 |
| 2 | Introduction to Placement area | As well as Intensive Care & the High Dependency Unit, Critical Care also staff’s Trafford General Hospital’s HDU and provides nursing support on the Central Delivery Unit (CDU). Critical Care is currently coming towards the end of a major re-development of its facilities. Between these area’s, we cater for a wide range of patient’s – from Elective Post-op Patient’s to those critically ill with Multi-Organ Failure. We carry out renal and pancreatic transplants end regularly have post op maxilla-facial surgery. We encourage Student’s to be fully involved in the whole patient experience, gaining insight into a wide range of Nursing Interventions. Some of these include ventilation (invasive and non invasive), cardiovascular support using vasopressors and inotropes, blood gas analysis and interpretation, renal support, enteral and parental feeding, bowel management and pressure area care, sedation and infection control to name but a few. |
| 3 | Placement Philosophy | **Critical Care Unit Nursing Philosophy**  
|   |           | We recognise the patients as individuals and aim to adopt a holistic approach to his/her care within a safe and friendly environment  
|   |           | We aim to act as a facilitator and advocate to help the patient achieve the balance of physical, psychological, social and spiritual needs.  
|   |           | We are bound by the Nursing and Midwifery Council and local trust policies.  
|   |           | **Physical Needs**  
|   |           | All our patients need to be cared for in a manner that recognises and gives value to their individuality. Our emphasis therefore is individualised patient care.  
|   |           | We use the Mead model, alongside the Nursing Process to plan care.  
|   |           | We aim to achieve an optimal quality of life, comparable or better than that enjoyed prior to admission, or one that is confined within the limitations of injury. We base our clinical practice on research-
based evidence.

We aim to promote maximum opportunity for patients and relatives to participate in their care, respecting their need for privacy, dignity and freedom of choice.

We recognise the value of our colleagues in the multidisciplinary team and work with them to achieve the best possible care for our patients.

Psychological Needs We are aware of the impact with which the Critical Care environment might have on patients and their visitors. Our aim is to offer help, support and guidance.

Every patient will be allocated a named nurse for each shift. We strive to maintain a safe therapeutic atmosphere that will not detract from professional standards. We recognise the vulnerability of learners and accept that the Critical Care Unit should be a place where learning is facilitated. We recognise the need to support each other as colleagues in promoting a friendly, relaxed environment.

Social Needs No patient will be discriminated against for his/her beliefs or values. Advice, education and support will be made available to the patient and his/her family. Their needs will be dealt with professionally and with compassion. Visiting times will be assessed in accordance with the patient’s condition and be flexible where appropriate.

Spiritual Needs We will recognise the right of every patient to practice his or her religious beliefs within the critical care setting. Offer the chaplaincy service and facilitate this where required.

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<th>Staff Facilities and Break Allocation</th>
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<td>We have lockers in the changing rooms for your use, and a staff room and resource rooms on the second floor of the unit. Breaks will be agreed with your mentor and yourself in conjunction with the nurse in charge of your bay. You are entitled to half an hour on an early or late and three half hours on a long day.</td>
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<th>5</th>
<th>Handover / Shift Patterns</th>
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| Early 07:30-15:30  
Late 13:30-21:30  
Night 21:00-08:00  
Long day 07:30-21:30 (We do not encourage students to work long days) |

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<th>Specialities</th>
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<td>We cover all specialities in critical care; however burns victims and patients requiring ECMO (extracorporeal membrane oxygenation) are transferred out. We have</td>
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<td>7</td>
<td>Commonly used terms / Abbreviations</td>
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| 8 | Learning and teaching opportunities specific to clinical area / Spoke Placements | You will learn how to:  
- Take observations and record them correctly  
- Understand accepted parameters for your patient  
- Become a member of the multidisciplinary team  
- Learn the importance of care of the airway  
- Use documentation for admitting patients, discharging patients and daily care.  
- Perform a head to toe assessment  
- Document and implement a plan of care  
- Take and process an Arterial Blood Gas  
- Communicate with a mute patient  
- Become an advocate for an unconscious patient  
You will observe routine procedures including:  
- Line insertion  
- Percutaneous tracheostomy insertion  
- Drug administration  
- Bronchoscopy  
- Intubation/ Extubation  
You will take part in care of the deceased:  
- Last Offices  
- Care of bereaved relatives  
- Interviewing relatives  
- Required referral/organ donation  
- Bereavement follow up  
- Memory boxes  
You will become familiar with procedures for:  
- Nutrition and Dietetics  
- Pressure area care  
- Pain Control and Sedation  
- Maintaining cardiovascular stability  
- Renal replacement therapies  
- Ventilation  
In order to achieve all your learning objectives it may be necessary to attend spoke placements, some suggestions for these are;  
- HDU  
- A&E  
- Outreach/Follow up |
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|   | • Theatres  
|   | • Pain team |
| 9 | Teaching / Competency Packs |
|   | We have an induction pack that you will be given on your first day, and we also try and have an induction day which includes orientation to the unit, teaching sessions and a quiz |