

ORIENTATION GUIDELINES FOR SCH WOMEN'S HEALTH

Welcome to the Sturgeon Community Hospital!

Orientation Objectives

1. To familiarize yourself with the layout of the Labor, Delivery and Postpartum units including:
 - Unit 25
 - Unit 27
 - Assessment Room
 - Sturgeon Community Hospital site/ environment (if new employee of same)
2. To familiarize yourself with unit specific routines and practices
 - Including unit demographics – types of patients, etc.
 - Unit dynamics –teamwork, etc.
3. To familiarize yourself with personnel on the labor and delivery and postpartum units
4. To complete all orientation modules and education

Learning Objectives

1. To demonstrate appropriate judgment for priority setting
2. To demonstrate organizational and team skills that enable you to complete your work and deal with planned and non-planned events that arise in a safe, competent, and timely fashion.
3. To demonstrate collaborative professional relationships within your Obstetrical team.
4. To follow AHS site, Unit, and Provincial Policies, procedures and guidelines consistently, safely and competently.
5. To consistently, safely and competently administer medications in accordance with AHS Policy and Procedures.
6. To consistently, safely and competently review, acknowledge, and act upon physician orders in accordance with AHS Policy and Procedures.

Please note:

All nursing employees new to the Sturgeon Hospital Site must attend General Nursing Hospital Orientation. Your unit manager will let you know when you are going to attend this one-day orientation. It generally occurs once a month, during the last full week of the month throughout the year. Your unit manager will let you know when you will attend.

The following learning modules need to be completed during your orientation period. **Modules with ** are due before your first buddy shift. All other readings to be completed by the end of your orientation period.**

The competency portion of this document is to be completed for each scheduled touchdown. You are to review with your preceptor and have them initial as well. Please use this assessment tool to compile learning goals for the set of shifts before your next touchdown. **Bring a copy of your learning goals to provide to Michelle & Julia.**

<p>IV starts</p> <p>Please provide your educator with your IV certification certificate.</p> <p>You can assess your competency in this skill and ask for further education if needed.</p>	<p>Neonatal Resuscitation Program (NRP)</p> <p>Your CNE will discuss with you the next dates for NRP, course preparation and register you in the course</p>	<p>NETCARE Access</p> <p>Access will be obtained on your hands-on day with Kirsten/ Carli.</p>	<p>ID Cards</p> <p>ID cards and access cards are completed online. Send your access card # to Kirsten.</p>	<p>General Nursing Orientation</p> <p>You will be registered into GNO by Kirsten</p>
<p>VENIPUNCTURE</p> <p>Please review the module on Venipuncture that was sent to you at the beginning of MNNO. The exam is on MyLearningLink.</p> <p>You will receive a sign off sheet when you email your completed MLL course.</p>				
<p>CADD SOLIS Pump Training</p> <p>We will review this in person.</p>		<p>IV pump training</p> <p>Please complete the MLL Provincial Infusion Pump Education course.</p>		

Please rate your Competency in the area as

0. No experience
1. Limited exposure/experience, needs review and supervision
2. Comfortable performing with resource available
3. Competent to perform independently & Safely
4. Expert, may act as a resource for others
5. Theoretical Knowledge (have read about it and know where to find resources)

Assessment and Technical skills	Competency Touch Downs			Independent Practice (provide date)	Initials (yours and preceptors)	Notes
	#1	#2	#3			
Handover report- Bedside report, IDRAW (Care team sticky note)						
Isolation practices						
Designated Support People						

Communication with team members including Physicians						
Documentation- Connect Care						
ANTEPARTUM/ ASSESSMENT ROOM						
Admission of an Antenatal patient						
Monitoring of an Antepartum patient						
Fetal Health Surveillance- NST, Antepartum classification						
NST- Documenting						
Preterm labour- Mercer protocol						
Initiation of Assessment						
Initiation of outpatient Cervidil/						
Initiation of elective Cesarean Section						
Obstetrical triage assessment score (OTAS)- Assigning an initial score, assigning a follow-up score after assessment						
Specimen collection/ Venipuncture						
Bedside ultrasound- assisting the Physician						
Transport- to another hospital						
Assessment and Technical skills	Competency Touch downs			Independent Practice (provide date)	Initials (yours and preceptors)	Notes
	#1	#2	#3			
BABY NURSE						
Prepping patient for the OR- Finishing pre-op checklist, walking pt to pre-op holding, etc.						
Assist with epidural/ insert foley catheter/ positioning patient/ cautery pad.						
Completing documentation for delivery.						
Baby care- initial assessments, identification and support for skin to skin						

and breastfeeding in the OR and Recovery						
Identifying Emergency resuscitation equipment & location of Phone numbers for help in Recovery room						
LABOUR AND DELIVERY						
Room set up- equipment, panda check, cluster cart						
Delivery Cart set up						
Admission of a new patient. Documenting in Connect Care (CC) including history, initiation of PNOB and Delivery Summary						
Abdominal assessment- including Leopold's Maneuvers, SFH, Lie, Presentation						
EFM- applying the monitor						
IV initiation						
Venipuncture/ Type and screen						
IOL- Cervidil, Initiate and monitor						
IOL- Prostin gel, Initiate and monitor						
IOL- Misoprostol, Initiate and monitor						
Assessment and Technical skills	Competency Touch downs			Independent Practice (provide date)	Initials (yours and preceptors)	Notes
	#1	#2	#3			
LABOUR AND DELIVERY						
IOL- Oxytocin- Initiate and monitor						
IOL- Foley Catheter/ CRB Initiate and monitor						
Assisted rupture of membranes (ARM)						
Fetal Health Surveillance- Baby pause, classification, documentation, notification						
Intermittent auscultation-Identifying appropriate use and classification						
IUPC/Amnioinfusion- Initiating in CC,						

monitoring and documentation						
Internal Fetal Scalp Electrode- assisting with application						
Bedside ultrasound- assisting the Physician						
Intrauterine resuscitation						
Assessing labour status- able to adjust care as needed through early labour, active labour and pushing						
Management of Labour- positioning, emotional support, comfort measures and education						
Narcotic administration- documentation, monitoring, education						
Entonox- Use, documentation						
Epidural- insertion, monitoring, documentation, and discontinuation						
Vaginal deliveries- supporting and assisting the patient and physician						
Vacuum delivery						
Forcep delivery						
Twin Delivery						
Assessment and Technical skills	Competency Touch downs			Independent Practice (provide date)	Initials (yours and preceptors)	Notes
	#1	#2	#3			
LABOUR AND DELIVERY						
Emergent C-section- Roles of primary nurse						
Collection of specimens- Entering an order in CC, pouring formalin, collection						
Sponge and needle counts						
Diabetes GDM, Insulin- including initiation of insulin, monitoring and documentation						
Gestational Hypertension- including assessments, reflexes, monitoring, initiation of MgSo4						
HIV- Initialing protocols, documentation,						

monitoring and education						
GBS- initiation of protocol						
Premature Pre-labour rupture of membranes (PPROM)						
Abruption- assessment, monitoring, documentation and education						
Shoulder dystocia- assessment, maneuvers, education and documentation						
Retained products						
Amniotic fluid embolus						
Placenta Previa/Accreta						
Post Partum Hemorrhage						
Quantitative blood loss						
Massive Hemorrhage Protocol- Initiation, monitoring, documentation						
Fluid ranager and blood warmer						
Assessment and Technical skills.	Competency Touch downs			Independent Practice (provide date)	Initials (yours and preceptors)	Notes
	#1	#2	#3			
Post-delivery care- Assessments, monitoring and documentation of third and fourth stages						
Cord blood collection- obtaining, ordering and collecting in Connect Care						
Cord gases- obtaining, ordering in Connect Care						
Skin to Skin- Assessment of the initial steps of NRP						
POSTPARTUM- IN LABOUR & DELIVERY						
Epidural discontinuation and removal						
Early initiation of Breastfeeding						

Postpartum Hemorrhage- Assessment, monitoring, documentation						
Newborn Care- Assessments, Newborn head to toe, documentation						
Completion of Documentation- Delivery Summary, PNOB, Care team sticky note						
Handover of Care to Postpartum						
Assessment and Technical skills	Competency Touch downs			Independent Practice (provide date)	Initials (yours and preceptors)	Notes
	#1	#2	#3			
POSTPARTUM						
Receiving patient into care from Unit 25 or OR						
Assessments as per the Pregnancy Pathways						
Diabetic Protocol-education						
Hypertension Protocol- assessment, documentation and education						
Pain Management- assessment, documentation						
Whin Rho administration-documentation						
VTE Prophylaxis- assessment						
Breastfeeding- assessment, support and education						
Formula feeding- education and documentation						
Discharging Process- completing discharge navigator, AVS and PNOB						

Education- ongoing and discharge teaching						
Bedside Shift Report- using Care Team Sticky Note						
Resuscitation Room (2708)- Panda, Resus cart, Neo code # PPH cart						
POSTPARTUM-NEWBORN						
Receiving Newborn into care						
Assessments, care and vital signs as per the Pregnancy Pathways						
Subgaleal Hemorrhage protocol						
Hyperbilirubinemia guideline- use of JMI, following guideline, ordering serum bili.						
Phototherapy- set up, ongoing assessments, education						
Hyperglycemia- assessment, following protocol, administer dextrose gel						
EONS- Assessing as per protocol						
Late Preterm protocol- assessments						
Hep B- Prophylaxis Vaccine and Immunoglobulin						
HIV protocol- education for medication admin						
Eat, Sleep, Console- using tool for assessment and education						
CCHD screening						
PERINATAL/INFANT LOSS						
Admission of non-viable loss or stillbirth						
Documentation of each non-viable, stillbirth or neonatal death						
Care of a Perinatal loss patient- including support and comfort measures, education						
Developing memories- Obtaining a box, bear and other memories including footprints, plaster molds, and pictures						

You will be expected to meet with your preceptor, manager, and CNE after the first 7 buddy shifts, after the 14th buddy shift, and then again after the 9th mentor shifts (approximately) to touch down and discuss

progress and develop goals. **Please make sure to bring this orientation guide completed to your touchdowns with written learning goals.**

You will also be given verbal feedback throughout your preceptorship. Please actively search out feedback as this will help guide you in your learning.

Touch down dates:

Touchdown #1: Before your 7th buddy shift

Touchdown #2: Before your last buddy shift

Touchdown #3: Before your last mentor shift

Please feel free to contact Michelle and Julia if you have any questions or concerns regarding your orientation.