

- If you leave the hospital grounds, or if you leave the ward for more than two hours, you will be deemed to have self-discharged from hospital. Your bed will be made available for the next patient. Your belongings can then be collected from the ward or site manager
- When you have been deemed medically fit for discharge, this means you are ready to go home. It is expected that you leave the ward promptly, so that your bed may be made available to treat the next patient without delay. You may wait for pick-up, along with your belongings, in the patient discharge lounge.

Use of recording devices

It is not permitted to photograph, film or record staff on hospital premises without their consent, as it can be disruptive to other patients and impede staff members' ability to do their job. Under no circumstances should patients or visitors film staff covertly/secretly.

If a patient or visitor is taking photos, filming or sound recording on Trust premises, either openly or covertly, staff can ask them to stop. Staff can also ask them to delete any footage of staff or other patients as required.

If a patient or visitor refuses to stop taking photos, filming or sound recording on Trust premises, after they have been asked to, staff members will contact the Trust security department to attend the area and provide support.

Should a patient or visitor repeatedly refuse to stop taking photos, filming or sound recording on Trust premises, and/or if that patient or visitor subsequently becomes violent or abusive, they will be dealt with under the Withholding Treatment from Patients who are Violent or Abusive policy (age 16 and over)

Clinical haematology
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Clinical haematology welcome pack

Information for inpatients on Fraser Gamble Ward

Ward routine

What to expect from us

What we expect of you

Useful tips and advice

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Being in hospital places certain restrictions on what you may do, even if you would normally do differently, because we all must consider the dignity, comfort and safety of the most vulnerable patients. We therefore insist on your cooperation with the following:

- keep yourself clothed/covered at all times using either your own clothes or a hospital gown
- due to risk of infection you should never enter a side room. Always ask a nurse before entering another bay, to ensure it is safe to do so
- patients receiving parenteral opioids (i.e. injections or PCA) should remain on the ward at all times for their own safety
- We recognise that patients sometimes wish to leave the ward for short periods. If it has been at least two hours since you received parenteral opioids, and with the permission of your nurse, you may leave the ward briefly
- if you have a PCA device do not leave the ward unless for a clinical reason and accompanied by a nurse
- before leaving the ward, you must ask your nurse and sign out at the nursing desk. You must sign in upon your return. You should indicate on the form what time you left, where you will be, when we can expect your return and how you can be contacted if needed. If you leave the ward without doing this, you are putting yourself at unnecessary risk and the clinical team will convert any parenteral analgesia to oral medication for your own safety
- if you are observed to leave the ward within two hours of receiving parenteral opioids, the clinical team will convert your parenteral analgesia to oral medication for your own safety

Please be respectful and courteous to staff and other patients, even if you feel you are not being treated kindly. Take care that your actions do not disturb others, even accidentally.

During the day, it may be necessary to wake you, either for ward rounds, or to attend appointments that can only happen within regular working hours. We know it can be difficult to sleep at night if you're uncomfortable or in pain. Proper sleep is important for everyone, especially when your body is trying to heal. For this reason, we expect the following, to allow you, and other patients, the opportunity to sleep at night and be awake during the day:

- visiting hours are between 09.00 and 21.00. No more than two bedside visitors at a time
- after 21.00, consider using this time to wind down to promote sleep. Lights out at 22.00. No leaving the ward after lights out until 06.00 the next day
- be considerate of other patients with whom you share the bay who also need to sleep, e.g., ask before opening a window. Never use electronic devices without headphones. Mobile calls should be made or taken in the day room
- outside of regular mealtimes, food should only be eaten in the dayroom, as noise and food smell can interrupt sleep and disturb those with nausea. No food delivery after 20.00
- if your bed is by a window, open the window blind during the day to let in natural light. This will help stabilise your sleep/wake cycle. Aside from when you require privacy for changing clothes, toileting or medical procedures, keep curtains surrounding your bedside open, to ensure they do not block sunlight for others

Welcome

Whatever reason has brought you to Fraser Gamble Ward, our goal is for you to be healthy again swiftly so that you can get back to living your life outside of hospital. We know that being ill in hospital is unpleasant; you're not well and not at home where things are familiar. You're in a place with people you may not know, it may be difficult to sleep, and you may not know what will happen or what is expected of you. That's why we've produced this welcome booklet for every patient. It's packed with useful information that will help you make the most of your stay and, if you follow the tips and advice provided, will make everyone's stay as pleasant as possible.

Who's who in hospital

When you come to hospital, you will encounter a variety of different staff members. The following section will briefly describe who they are and what their role is.

- Staff nurse – these are nurses directly responsible for your care and are your first point of contact
- Junior doctors – these are newly-qualified doctors gaining broad experience before they become registrars. They conduct initial assessments, prescribe medication, document findings, and liaise with other doctors
- Registrars – these are the doctors you will see most while you are in hospital. They are responsible for the day-to-day running of the medical team and most of the decisions about your care
- Consultants – these are the most senior doctors on the medical team. They supervise registrars and junior doctors and have ultimate responsibility for your care
- Healthcare assistants – help you with personal care, e.g., washing, dressing, toileting and eating, if needed

- Sister / Charge nurse – these nurses are responsible for the running of an entire ward. They provide direct patient care and oversee the work of the staff nurses
- Clinical nurse specialist – these are experienced nurses who provide direct care, and also provide education and advice to patients and staff
- Physiotherapists – help people with illness or disability through movement, exercise, manual therapy, education or advice
- Clinical health psychologists – help people cope with the challenges of an illness. They help you make changes to live a healthier life
- Others – there are a wide variety of other clinical and non-clinical staff in the hospital, including porters, who transport you where you need to go, as well as clerks, receptionists, cleaners, dietitians, pharmacists, social workers, occupational therapists, and chaplains

What you can expect from us

You have the right to be treated with dignity, courtesy, and respect when you attend hospital. All staff are required to exhibit a high degree of professionalism at all times.

When you are first admitted, your nurse will provide you with this booklet, a hospital gown, some socks if you need them, and some earplugs and a blindfold if you would like, to help you sleep.

Patients are responsible for the care of their belongings. Your nurse can provide you with a key to allow you to lock your bedside table (for a £5 deposit, returned to you when you return the key). Even if you choose not to use the key, we recommend you keep valuables secure and out of sight.

Tips to make your stay go smoothly

People who are actively involved in decisions about their care do best. Feel free to ask questions of your doctors or nurses, and make suggestions. To help with this, the central fold of this booklet contains a checklist where you can identify and write down any issues you want to discuss with the medical team. More of these sheets are available if you need them.

Most procedures you might undergo take place during the day. Although we try to give advance notice as to when a procedure might happen, sometimes this is not possible, because appointment slots become available unexpectedly. If you *know* you are having a procedure done, being ready to go in advance will ensure that you do not suffer an unnecessary delay.

Be sure to mobilise regularly and keep active, especially if you are having an extended stay. This will speed recovery, prevent blood clots, and reduce joint stiffness. If you would like more information about how to stay active on the ward, you can speak to the ward physiotherapist.

What we expect of you

The list that follows has been developed to ensure all patients receive the care they need and reduce the chance of misunderstandings. If you have any questions or concerns, please let us know.

Daily ward routine

06.00 – 07.30	Good morning, observations
07.00 – 08.00	Nurses handover
08.00 – 10.00	Breakfast, wash, blinds up, morning ward round
09.00	Visiting hours begin
10.00 – 11.00	Tea/coffee, bed-making, observations
11.00 – 12.45	Afternoon ward round
12.45 – 13.30	Lunch (Protected meal time)
14.00 – 15.30	Observations
15.00 – 15.30	Tea/coffee
17.45 – 18.30	Supper (Protected meal time)
18.00 – 22.00	Observations
19.30 – 20.00	Nurses handover
20.00 – 22.00	Observations, medications
21.00	Visiting hours finish, quiet relaxation
22.00	Good night, lights out

Nurses usually work 12-hour shifts starting at 08.00 and 20.00. At the beginning of each shift, nurses are assigned patients they will be caring for. Your nurse will tell you that they are the one caring for you, and introduce him or herself, if needed. Your doctors will also introduce themselves upon your first meeting, which may be during a ward round.

Your nurse will then plan the next several hours with you, so that you know what to expect. They will confirm what medications or other treatments you have been prescribed, any investigations you will undergo, and can answer any questions you have. If there will be a ward round, they will advise when you can expect the doctors, and they can make you aware of any issues or changes. If you think there is a problem or a misunderstanding, they will try to sort it out with the doctors well in advance, so you are not left suffering unnecessarily.

What would you like to talk about during ward rounds?

We want to make sure that you get the most out of ward rounds today, your questions are answered and nothing is forgotten. We have listed some things your clinician may talk with you about and there's space for you to note down what you want to ask too. This will ensure that what is most important to you is addressed, even when it is very busy.

Questions if you are not sure

We want to involve you in any decisions about your care. By asking questions, you can get the information you need to make the right choice for you.

- a. What are my options?
- b. What are the pros and cons of each?
- c. How do I get help to make the best choice?

I'd like more information about . . .

We've included a list of common things that people ask about. Please tick an item you'd like to discuss during the round. There are blank spaces for you to fill in items you would like to talk about.

Symptoms	Diagnosis & Treatment	Care & Support
<input type="checkbox"/> Pain	<input type="checkbox"/> Scans/ Test results	<input type="checkbox"/> Mood/ Worry
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Timescales	<input type="checkbox"/> Diet
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Medication	<input type="checkbox"/> Housing/ Benefits
<input type="checkbox"/>	<input type="checkbox"/> Research trials	<input type="checkbox"/> Family/ Relationships
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Of all of these, what are the top 3 things to discuss today?

1.

2.

3.