WELCOME TO SURGERY
AT THE RVI

OCCUPATIONAL THERAPY DEPARTMENT

Susan Forster
Senior Occupational Therapist
October 2005
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Introduction

The surgery team at the RVI cover the following specialities:
- Burns (inpatients)
- Plastics (inpatients and outpatients)
- General surgery
- Obstetrics and Gynaecology
- Critical Care
- Ophthalmology

Staffing

The team consists of:
- 1.0 x Senior I
- 1.0 x Senior II
- 1.0 x Basic Grade
- 0.5 x Assistant

The following wards are covered by the team:

Ward 44 (Colorectal)

Basic Grade OT

Junior Physiotherapist - 4 monthly rotation

Social Worker - Brenda Ross

Consultants:-

Professor Campbell
Mr Varma
Mr Plusa
Mr Farrell
Mr Hanson
Mr Gallagher
Mr Preston
Mr Lennard

Referral Methods:
Verbal referrals received from ward during hand over or telephone call to department.

Ward 47 (Plastics)

Senior I/Senior II OT
Senior II Physiotherapist - Rotational post
Gillian Hamilton - Duty Officer

Consultants:
Mrs Pape
Mr Ahmed
Mr Milner
Miss Crowley
Mr Hodgkinson
Mr Jeffrey
Mr Williams
Mr O'Donoghue

Referral Methods:
Verbal referrals received during ward hand over or telephone call to the department. OT screening of elective admission data.

Ward 40 (Gynaecology)

Basic Grade OT

Junior Physiotherapist - 4 monthly rotation
Social Worker - Brenda Ross/Jill Long

Consultants:-
Mr Hilton
Professor Dunlop
Miss Michael
Dr Murdock
Mr Mackintosh

Ward 37 (Burns Unit)

Senior I OT

Junior Physiotherapist - 4 monthly rotation
Bridie Grant - Psychologist
Alison Holland - Dietician

Burns Outreach Team: -
Fiona Toland – Mitchell (OT)
Louise Johnson (physiotherapist)
Sue Nicholson (nurse)

Consultants:-
Referral Method:
Weekly MDT meeting, Thursdays 10.30am. OT daily screening of admissions.

**Ward 36 (Oesophago – Gastric)**

Senior II OT

Senior Physiotherapist - Leigh Mansfield, Senior I
Social Worker - Margaret O’Brien
Palliative Care Nurse - Jo Bicester
Irene Anderson - Senior Dietician

Consultants:-
Mr Farrell
Mr Hayes
Prof Griffin
Mr Griffiths
Mr Karat

Referral Methods:
Weekly social round, Tuesdays 11.00am. Verbal referrals during handover or telephone call to the ward.

**Ward 46 (Breast)**

Basic Grade OT

Social Worker - Margaret O’Brien
Junior Physiotherapist - 4 monthly rotation
Palliative Care Nurse - Jo Bicester

Consultants:-
Mr Lennard
Mr Bliss
Mr Gallagher

Referral Method:
Verbal referrals received from ward during handover or telephone call to the department
ITU/HDU – Senior I & Senior II

Senior Physiotherapist - Leigh Mansfield

Ward 20 (Optomology)

Basic grade OT
USEFUL TELEPHONE NUMBERS

RVI

O.T. Department
Rehabilitation Department
Margaret Tate, Officer Manager
Andrea Hepburn, Rehabilitation Manager
Amanda Welch, Head O.T.

Ext. 24742/25504/24647/20520
Ext. 25484
Ext. 25482
RVI Ext. 25393/FRH Ext. 31320
Ext. 24647

Margaret Tate, Officer Manager Ext. 25482
Andrea Hepburn, Rehabilitation Manager Ext. 25484
Amanda Welch, Head O.T. Ext. 24647

RVI

Surgery Dect 29382
Medicine Dect 29384
Elderly Dect 29385
Paediatrics Dect 29386
Neurology Dect
Taxi Ext. 24790

NGH

Neurosciences Bleep 1990
Orthopaedics Bleep 1888

Wards Relating to Surgery

<table>
<thead>
<tr>
<th>Ward</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>25636/20232</td>
</tr>
<tr>
<td>37</td>
<td>25637/20272</td>
</tr>
<tr>
<td>43</td>
<td>25643</td>
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<tr>
<td>44</td>
<td>25644/24834</td>
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<tr>
<td>45</td>
<td>25645/24652</td>
</tr>
<tr>
<td>46</td>
<td>25646/24192</td>
</tr>
<tr>
<td>47</td>
<td>25647</td>
</tr>
</tbody>
</table>

Social Work Department 24463
Cardiac Arrest 2222
Fire 333
Security 399/25704
Palliative Care 24019
Continence Adviser Bleep 2514
Rapid Response Team 23033/22272
Manual Handling 25391
Tissue Viability Bleep 2256
Psychologist 22665

NGH

O.T. Department 23850 or 23851
Paediatric O.T.’s 22286
Neuro O.T.’s 22864
Tom, TI (FRH) 26095
### High Risk Referrals – Urgent < One Day Response

Referrals to occupational therapy must include a deficit within a functional area shaded below

<table>
<thead>
<tr>
<th>Level of function – recent deterioration</th>
<th>Level of function – gradual deterioration</th>
<th>Level of function – minor deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- mobility – major difficulties, supervision required to mobilise safely, at risk of falls</td>
<td>- mobility, recent provision of frame</td>
<td>- independent mobilising, problems identified with long distance mobility – requiring potential wheelchair assessment</td>
</tr>
<tr>
<td>- cognitive function – prompts / supervision constantly required to maintain safety</td>
<td>- transfer difficulties – struggling to complete</td>
<td>- residual problem that is being addressed by local services</td>
</tr>
<tr>
<td>- transfer – unable to transfer safely without assistance or equipment</td>
<td>- self care – partial assistance with</td>
<td>- self caring on ward but identifies difficulties with bath or car transfer issues</td>
</tr>
<tr>
<td>- self care – assistance needed with all aspects of personal self care</td>
<td>- domestic tasks – previously completing main meal increased difficulty reported</td>
<td></td>
</tr>
<tr>
<td>- grip – specific problems reducing performance in ADL</td>
<td>- fatigue and stamina problems – reduced activity tolerance</td>
<td></td>
</tr>
</tbody>
</table>

### Social Circumstances

- lives in house with stairs
- lives alone/carer working full time
- Inadequate services in situ

### Discharge Plans

- Patient condition palliative and no support services to follow
- Limited life expectancy with discharge imminent

### Medium Risk – Two Day Response

<table>
<thead>
<tr>
<th>Level of function – gradual deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- mobility, recent provision of frame</td>
</tr>
<tr>
<td>- transfer difficulties – struggling to complete</td>
</tr>
<tr>
<td>- self care – partial assistance with</td>
</tr>
<tr>
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<td>- grip – specific problems reducing performance in ADL</td>
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<tr>
<td>- fatigue and stamina problems – reduced activity tolerance</td>
</tr>
</tbody>
</table>

### Social Circumstances

- supported at home by home care or family, carer concerns
- known to services previously
- lives in supported accommodation

### Discharge Plans

- weekend discharge or leave planned
- palliative condition

### Low Risk Referral

- dependent upon capacity after high-medium risk. Can these needs be met in the community?

### Social Circumstances

- housing inappropriate for long term need, but few issues at present
- supported at home by home care / family
- patient is known to local services in place of residence with regular therapy input

### Discharge Plans

- Awaiting transfer to tertiary service
- Not medically stable for intervention
- Referral made < 1 day before discharge.

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Patient must have deficits within the shaded area and one or more of the categories to be included within that criteria.

Service is from Monday to Friday 8:30 – 16:15. Occupational Therapist can be contacted on Extension 25504 Dect: 29382

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This is an example of the framework used for prioritising referrals. It is aimed to identify those at high risk who require our most urgent attention, not necessarily those who would benefit most from Occupational Therapy. It is designed for use at point of referral based on information provided by the referrer at the time. Response times may be subject to variation depending on caseload and staffing levels. These response times do not relate to timescales for discharge; this will be dependent on needs and resources available to access. Completed 14/01/04. Review Sept 04. SF
Types of Burns:

Burns are classified according to severity:

- **Superficial**
  
  Only affects the epidermal layer. The skin appears red (erythema), swollen and is most likely to be painful.

- **Partial Thickness**
  
  Affects the epidermal and dermal layers. The skin appears deep red or purple, swollen and blistered. The surface may have a wet appearance due to leaking exudate.

- **Full Thickness**
  
  Full depth of skin is affected and appears pale or blackened. These burns are surprisingly painless due to destruction of nerves within the skin.

Inhalation Injury:

Caution must be exercised with facial burns. Black deposits in the mouth, sputum and/or breathing difficulties can indicate inhalation injury.

Mechanisms of Burns Injury:

These can be classified as follows:

- **Thermal** - flame, scald, contact injury, frost bite.
- **Chemical** - Acids and alkalies eg. cement.
- **Electrical** - mains, high tension, railways and lighting.

Surgical Management of Burn Injury:

Superficial burn injuries should heal without intervention in around two weeks. Deeper injuries may require surgical intervention.

- **Split Skin Grafting (SSG):**
  
  Skin is taken from another part of the body (donor site) and applied to the affected site. Skin is removed from the donor site by shaving the surface layers (epidermis and part of dermis). This is then placed over the wound and sewn or stapled in place. A SSG may be meshed to maximise graft coverage.

- **Full Thickness Graft:**
  
  This type of graft consists of epidermal and complete dermal layers.
• **Skin Flaps:**
  Donor skin and underlying tissue is surgically connected to the wound. This includes blood supply.

**Plastics**

A large variety of conditions are encountered on Ward 47. Patients are admitted as a trauma case or for elective surgery. The conditions most commonly encountered by the Occupational Therapist are:

- Wound healing difficulties, for example following abdominal surgery. Treatments include SSG and vac therapy.
- Pretibial lacerations. Treatment primarily SSG.
- Limb amputations.
- Brachial plexus injury.
- Removal of soft tissue carcinomas.
- Head and neck surgery.

**Scar Management:**

Scar management is an integral part of the Occupational Therapy role in burns/plastics. Scars become problematic if they become hypertrophic or keloid.

- **Keloid Scars:**
  This type of scar extends beyond the original injury site. They are often red, lumpy and difficult to manage.

- **Hypertrophic Scars:**
  This type of scar is often a result of burn injury. They are itchy, red and raised above the level of surrounding tissue. They often occur over a joint or skin crease and usually flatten spontaneously.

**Treatment Modalities:**

The Occupational Therapist provides education to patients, carers and professionals within the region. The following treatments are often implemented to manage scarring:

- Pressure Therapy
- Silcone Gel
- Scar Massage

**General Surgery**

Conditions most frequently encountered within this area are: Disease of Breast, Bowel, Stomach, Oesophagus, Pancreas and Gall Bladder including cancer.
The surgical procedures most commonly encountered are:

- Mastectomy
- Bowel resection and stoma formation
- Hemicolecctomy
- Cholecystectomy
- Oesophageal Stenting
- Oesophagectomy
- Gastrectomy
FIELDWORK DATA FORM

Hospital Site: ROYAL VICTORIA INFIRMARY

Address: QUEEN VICTORIA ROAD, NEWCASTLE UPON TYNE NE1 4LP

Head OT: AMANDA WELCH Phone: (0191) 2824742

Fieldwork Educator:
Name: SUSAN FORSTER Credentials SENIOR I O.T. Phone: (0191) 2825504

General Information

<table>
<thead>
<tr>
<th>Site</th>
<th>Description of Specialty</th>
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<tbody>
<tr>
<td>R.V.I. Hospital</td>
<td>e.g Acute In-Pt, Rehab Unit SURGERY, BURNS &amp; PLASTICS</td>
</tr>
</tbody>
</table>

Ages Served: ___________ 0-16 Occasionally 15+ Adult ☐ Older Adult ☐

Primary Conditions For Which Occupational Therapy Is Administered

- ☐ Alzheimers Disease
- ☐ Amputees
- ☐ Back Injury
- ☐ Burns
- ☐ Cardiac Dysfunction
- ☐ Cerebral Palsy
- ☐ C.O.P.D
- ☐ Chronic Pain
- ☐ Congenital Abnormalities
- ☐ CVA/Hemiplegia
- ☐ Degenerative Neuro Disorder
- ☐ Developmental Disorder
- ☐ Dementia
- ☐ Diabetes
- ☐ Dysphagia/feeding
- ☐ ENT
- ☐ Fractures/ Gen Orthopaedics
- ☐ Haemotology
- ☐ Hand/Wrist Disorder
- ☐ Hearing Disability
- ☐ HIV/AIDS
- ☐ Neuromuscular Disorders
- ☐ Neurosurgery
- ☐ Neonatology
- ☐ Oncology
- ☐ Pulmonary Dysfunction
- ☐ Respiratory Disease
- ☐ Rheumatoid Arthritis
- ☐ Traumatic Brain Injury
- ☐ Visual Disability
- ☐ Well Population
- ☐ Other PLASTICS
Assessment and Interventions

1. **Assessments:**
   - Activity Analysis
   - Activities of Daily Living
   - Cognitive Integration & Components
   - Developmental Environment
   - Evaluation for Adaptive Equipment
   - Evaluation for Orthotics
   - Evaluation for Prosthetics
   - Motor
   - Neuromusculoskeletal
   - Play & Leisure Activities
   - Psycho-Social Skills/Components
   - Screening/Sensory/Skill & Components
   - Visual Screening
   - Work & Productive Activities
   - Other, Please List
   - SCAR MANAGEMENT
   - RANGE OF MOVEMENT

2. **Intervention: Performance Areas Activities of Daily Living**
   - Dressing
   - Feeding/Eating
   - Functional Communication
   - Functional Mobility
   - Transfers
   - Grooming and Hygiene
   - Object Manipulation
   - Other, Please List

   **Work and Productive Activities**
   - Care of Others
   - Educational Activities
   - Domestic ADL
   - Safety Procedures
   - Vocational Activities
   - Other, Please List

   **Play or Leisure Activities**
   - Hobbies/Interests
   - Sports
   - Other, Please List

3. **Performance Components - Sensorimotor Components**
   - **A. Neuromusculoskeletal**
     - Muscle tone
     - Range of Motion
     - Strength and Endurance
     - Postural Control/Alignment
     - Reflex
     - Other, Please List

   - **B. Motor**
     - Bilateral Integration
     - Fine Co-ordination/Dexterity
     - Gross Co-ordination
     - Praxis
     - Visual Motor Control
     - Other, Please List

   - **C. Sensory**
     - Biofeedback
     - Perceptual Processing
     - Sensory Awareness
     - Sensory/Processing
     - Others, Please List

   - **D. Cognitive Integration and Components**
     (Please list major assessments and interventions)

4. **E. Psychosocial Skill and Components**
   - Coping Skills
   - Pain Management
   - Time Management
Interpersonal Skills
- Self Concept
- Self Control
- Self Expression

Role Performance

Values
- Others, please list

Interpersonal Skills
- Self Concept
- Self Control
- Self Expression

Role Performance

Values
- Others, please list

F. Therapeutic Adaptations
- Adaptive Equipment Training
- Assistive Technology
- Orthotics Design
- Orthotic Fabrication
- Orthotic Training
- Prosthetic Training
- Other, please list

G. Prevention
- Co-ordination of Daily Activities
- Energy Conservation
- Joint Protection
- Other, please list

Theoretical Model(s) Guiding Practice
Canadian Model of Client Centred Practice

CPR

Client Centred

Manual Handling

Other: Flexible approach to clients and working through problems.

Recommended reading:

BURNS AND PLASTICS


Leveridge, A. 1991 Therapy for the Burns Patient Therapy in Practice 27 Chapman and Hall


Articles

Edwards J (2003a) Scar management what are the available options. Nursing in practice, 69 - 72
Fleet, J. 1992 The Psychological Effects of Burn Injuries: A Literature Review British Journal of Occupational Therapy, 55, p198-201

Murren, J. 1995 The Rehabilitation of the Burned Patient Burns, 2112, p116-126

Tucker, P 1987 Psychosocial Problems Among Adult Burn Victims Burns, 13 (1) p7-14

Williams, E. and Griffiths, T. 1991 Psychological Consequences of Burn Injury Burns, 17 (6) p478-480

Partridge, J. and Robinson, E. 1995 Psychological and Social Aspects of Burns Burns, 21 (6) p453-457

Web Links

www.skinhealing.com – Burns and scars, skin grafts and flaps.

SURGERY

Simpson, P. 1998 Introduction to Surgical Nursing, Arnold

Tormu, C. Serginson, E. 1999 Surgical Nursing


Tortora et al Principles of Anatomy and Physiology Harper and Collins