

The ROYAL MARSDEN

NHS Foundation Trust

The Royal Marsden Hospital Manual of Clinical Nursing Procedures

STUDENT EDITION

Eighth Edition

Edited by Lisa Dougherty and Sara Lister



NHS



WILEY-BLACKWELL



With MCQs

The Royal Marsden Hospital Manual of Clinical Nursing Procedures Student Edition

Eighth Edition

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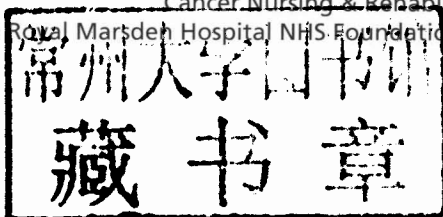
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Foreword to the eighth edition

As the Chief Nurse of the Royal Marsden NHS Foundation Trust and a contributor and clinical user for many years, it is a special pleasure and honour to be asked to introduce the eighth Student edition of *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. The manual is internationally renowned and used by nurses across the world to ensure their practice is evidence based and effective. As information becomes ever more available to the consumers of healthcare it is essential that the manual is updated frequently so that it reflects the most current evidence to inform our clinical practice.

More than ever in 2011, nurses need to be able to assure the public, patients and their families that care is based on the best available evidence. As students on placement in the busy world of clinical practice, either in a ward, unit or in the community, it can be challenging to find time to search for the evidence and this is where the Student edition of *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* is a real practical help.

As in previous editions, reviewing the evidence or sources of knowledge has been made more explicit with each level of evidence graded. This grading provides the reader with an understanding of whether the reference comes from a randomized controlled trial, national or international guidance or from expert opinion. At its best, clinical nursing care is an amalgam of a sensitive therapeutic relationship coupled with effective care based on the best evidence that exists. Some areas of practice have attracted international research such as cardiopulmonary resuscitation and infection prevention and control; other areas of practice have not attracted such robust research and therefore it is more of a challenge to ensure evidence-based care. Each year as the manual overview is designed we reflect on the gaps in research and knowledge and this provides the impetus to start developing new concept analysis and develop further research studies. This year there are new areas covered including a chapter on risk management and a section on preparing the patient for diagnostic investigations such as endoscopy or CT scans.

As you look at the list of contributors to the manual you will see that this edition has continued to ask clinically active nurses to share their practice in their chapters. This has the double advantage of ensuring that this manual reflects the reality of practice but also ensures that nurses at the Royal Marsden NHS Foundation Trust are frequently reviewing the evidence and reflecting upon their care.

A textbook devoted to improving and enhancing clinical practice needs to be alive to the clinical practitioner. You will see that this edition has a new overall format designed to make the manual more effective in clinical care.

As nurses we provide care that is individually and sensitively planned, and based on the best available evidence. The Student edition of *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* is a wonderful resource for such evidence and I hope it will be widely used by students across the country.

Finally, I would like to pay a warm tribute to the amazing amount of work undertaken by the two editors, Lisa Dougherty and Sara Lister, and to all the nurses and allied health professionals at the Royal Marsden Hospital NHS Foundation Trust who have worked so hard on this eighth edition.

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Introduction and guidelines for use

The first edition of *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* was produced in the early 1980s as a core procedure manual for safe practice within The Royal Marsden Hospital, the first cancer hospital in the world. Thirty years and eight editions later the staff of the hospital are still working together to keep it updated, ensuring that only current evidence-based practice is recommended.

The type of evidence that underpins procedures is made explicit by using a system to categorize the evidence, which is broader than that generally used. It has been developed from the types of evidence described by Rycroft-Malone *et al.* (2004) in an attempt to acknowledge that ‘in reality practitioners draw on multiple sources of knowledge in the course of their practice and interaction with patients’ (Rycroft-Malone *et al.* 2004, p. 88).

The sources of evidence, along with examples, are identified as follows:

- 1 *Clinical experience (E)*:
 - Encompasses expert practical know-how, gained through working with others and reflecting on best practice.
 - If there is no written evidence to support clinical experience as a justification for undertaking a procedure the text will be referenced as an E but will not be preceded by an author’s name.
 - Example: (Dougherty 2008: E). This is drawn from the following article that gives expert clinical opinion: Dougherty, L. (2008) Obtaining peripheral vascular access. In: *Intravenous Therapy in Nursing Practice* (eds L. Dougherty & J. Lamb), 2nd edn. Blackwell Publishing, Oxford.
- 2 *Patient (P)*:
 - Gained through expert patient feedback and extensive experience of working with patients.
 - Example: (Diamond 1999: P). This has been gained from a personal account of care written by a patient, Diamond, J. (1999) *C: Because Cowards Get Cancer Too*. Vermillion, London.
- 3 *Context (C)*:
 - May include Audit and Performance data, Social and Professional Networks, Local and National Policy, guidelines from Professional Bodies (e.g. Royal College of Nursing; RCN) and manufacturer’s recommendations.
 - Example: (DH 2001: C). This document gives guidelines for good practice: DH (2001) *Reference Guide to Consent for Examination or Treatment*. Department of Health, London.
- 4 *Research (R)*:
 - Evidence gained through research.
 - Example: (Fellowes *et al.* 2004: R 1a). This has been drawn from the following evidence: Fellowes, D., Wilkinson, S. & Moore, P. (2004) Communication skills training for healthcare professionals working with cancer patients, their families and/or carers. *Cochrane Database Syst Rev*, 2, CD003751. DOI: 10.1002/14651858.CD003751.pub2.

The levels that have been chosen are adapted from Sackett, Strauss and Richardson (2000) as follows:

- 1 (a) Systematic reviews of randomized controlled trials (RCTs).
- (b) Individual RCTs with narrow confidence limits.

- 2 (a) Systematic reviews of cohort studies.
- (b) Individual cohort studies and low quality RCTs.
- 3 (a) Systematic reviews of case-controlled studies.
- (b) Case-controlled studies.
- 4 Case series and poor quality cohort and case-controlled studies.
- 5 Expert opinion.

The rationale for the system and further explanation is discussed in more detail in Chapter 1.

The Manual is informed by the day-to-day practice in the Royal Marsden Hospital NHS Foundation Trust and conversely is the corporate policy and procedure document of the organization. It therefore does not cover all aspects of acute nursing practice or those relating to children's or community nursing. However, it does contain the procedures and changes in practice that reflect modern acute nursing practice.

Core to nursing, wherever it takes place, is the commitment to care for individuals and to keep them safe. Increasing use is being made of the internet to record and access information essential in maintaining this safe environment. This edition of *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* has been significantly revised to reflect the move to utilize electronic records and web-based information in the process of providing patient care.

A more detailed uniform structure has been introduced for all chapters so that there is a balance to the information included. The number of chapters has been reduced, grouping together similar procedures related to an aspect of human functioning. This is to avoid the need to duplicate material and to make it easier for the reader to find.

The chapters have been organized into four broad sections that represent as far as possible the needs of a patient along their care pathway. The first section, *Managing the patient journey*, presents the generic information that the nurse needs for every patient who enters the acute care environment. The second section, *Supporting the patient with human functioning*, relates to the support a patient may require with normal human functions such as elimination, nutrition, respiration. The third section, *Supporting the patient through the diagnostic process*, includes procedures that relate to any aspects of supporting a patient through the diagnostic process from the simple procedures such as taking a temperature, to preparing a patient for complex procedures such as a liver biopsy. The final section, *Supporting the patient through treatment*, includes the procedures related to specific types of treatment or therapies related to the disease or illness of the patient.

Structure of chapters

The structure of each chapter is consistent throughout the book:

- **Overview:** As the chapters are larger and have considerably more content, each one begins with an overview to guide the reader, informing them of the scope and the sections included in the chapter.
- **Definition:** Each section begins with a definition of the terms and explanation of the aspect of care, with any technical or difficult concepts explained.
- **Anatomy and physiology:** Each section includes a discussion of the anatomy and physiology that relates to the aspect of nursing care in the chapter. If appropriate, this is illustrated with diagrams so the context of the procedure can be fully understood by the reader.
- **Related theory:** If an understanding of theoretical principles is more appropriate background information to help carry out a procedure, this has been included.
- **Evidence-based approaches:** This provides background and presents the research and expert opinion in this area. If appropriate the indications and contraindications are included as well as any principles of care.
- **Legal and professional issues:** This outlines any professional guidance, law or other national policies that may need to be known about in respect to the procedures. If necessary this includes any professional competences or qualifications that are required in order to perform the procedures.

- *Preprocedural considerations:* When carrying out any procedure there are certain actions that may need to be completed, equipment prepared or medication given beforehand. These are made explicit under this heading.
- *Procedure:* Each chapter includes the current procedures that are used in the acute hospital setting. They have been drawn from the daily nursing practice at The Royal Marsden NHS Foundation Trust. Only procedures where the authors have the knowledge and expertise have been included.

Each procedure gives detailed step-by-step actions, supported by rationale, and, where available, the known evidence underpinning this rationale has been indicated.

- *Problem solving and resolution:* If relevant, each procedure will be followed by a table of potential problems that may be encountered while carrying out the procedure and suggestions as to the cause, prevention and any action that may help resolve the problem.
- *Postprocedural considerations:* Care for the patient doesn't end with the procedure. This new section details any documentation the nurse may need to complete, education or information that needs to be given to the patient, ongoing observations or referrals to other members of the multiprofessional team.
- *Complications:* Any ongoing problems or potential complications are discussed in a final section and includes evidence-based suggestions for resolution.
- *Illustrations:* The number of colour illustrations has been increased and where relevant they have been used to illustrate the steps of some procedures. This will enable the nurse carrying out the procedures to see in greater detail, for example, the correct position of hands or the angle of a needle.
- *Reference list:* The chapter finishes with a reference list. Only recent texts from the last 10 years have been included unless they are seminal texts. For the first time a list of websites has also been included.

This book is intended as a reference and a resource, not as a replacement for practice-based education. None of the procedures in this book should be undertaken without prior instruction and subsequent supervision from an appropriately qualified and experienced professional. We hope that *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* will continue to be a resource and a contribution to 'continually improving the overall standard of clinical care' (NHSE 1999, p. 3).

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Since the first edition was published in 1984, the range of procedures within the manual has grown in complexity and the depth of the theoretical content underpinning them has increased considerably, more so in this edition as the structure has been totally revised. This has demanded more from every author, as they have had to research and write new material as well as revising the evidence base of the existing content. This has been a collaborative task carried out by knowledgeable, expert nurses in partnership with members of the multi-disciplinary team including pharmacists, physiotherapists, occupational therapists, dietitians, speech therapists, radiographers and psychological care.

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