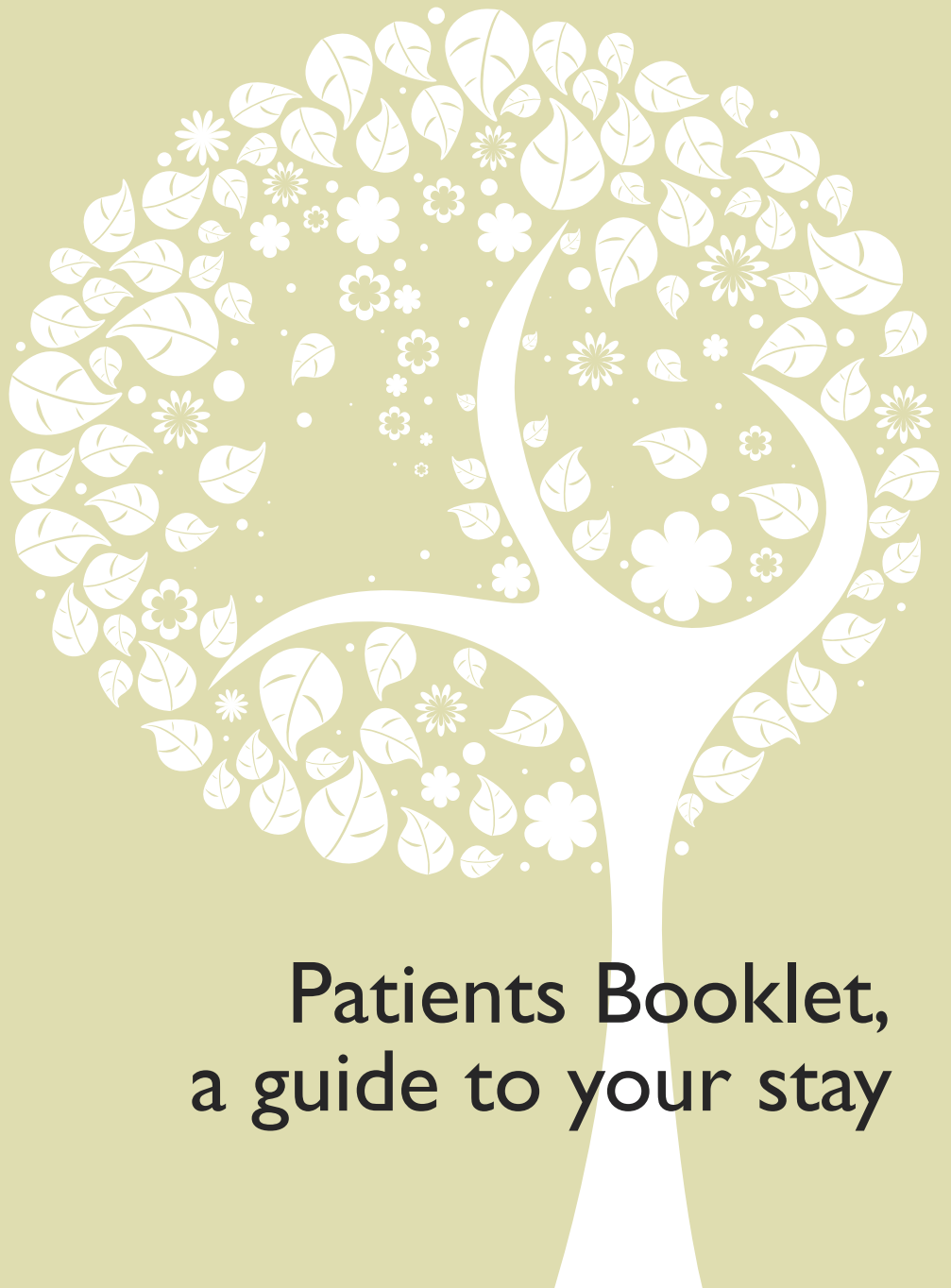
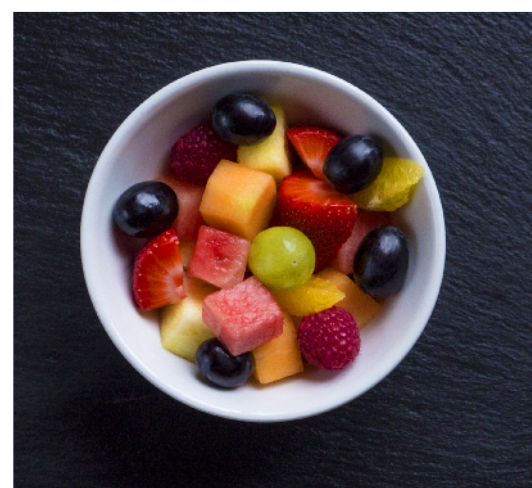


Private Patient Unit

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL



Patients Booklet,
a guide to your stay



Dear Patient,

On behalf of all the staff, I would like to welcome you to the private patient unit at the Royal National Orthopaedic Hospital.

We understand that when you first arrive you may feel a little unsettled in unfamiliar surroundings. Please be assured that all our staff understand and appreciate your anxieties and we will do everything we can to ensure your stay is as pleasant as possible. We aim to give you a first class service in a caring and professional environment.

This booklet will provide you with information about the facilities in your room and the services that are available at the hospital. We hope we have provided a comprehensive range of information, but if you have any queries or are in doubt about anything, please feel free to ask a member of staff.

I take this opportunity to wish you as comfortable a stay as possible.

Yours sincerely

The General Manager

The Team, who's who on the ward

Lead Nurse	Navy Blue tunic with red piping
Senior Sister	Navy Blue tunic with white piping
Sister/Charge Nurse	Royal Blue tunic with white piping
Registered Nurse (female)	Blue stripe tunic
Registered Nurse (male)	White tunic with coloured lapels
Healthcare Support Assistant	Lilac tunic or white tunic
Ward receptionist	Navy suit/white shirt
Physiotherapist	White polo shirt
Occupational Therapist	White tunic with green trim
Physiotherapy Technicians	Teal polo shirt
Hostess	Teal tunic
Housekeeping	Teal tunic

All members of the team will be wearing a name badge to assist with identification.

Room Facilities

Nurse call system

The nurse call system enables you to summon help whenever you need it. You can do this by pressing the orange button on the handset next to your bedside locker. This comes up on the screen at the nurses' desk.

The orange button and pull cord in the bathroom also activate the nurse call system.

Telephone

A telephone is provided in your room so that you can keep in touch with family, friends and colleagues.

Calls will be charged to your personal account on a metered basis and are charged at standard BT rates.

To get an outside line please dial 9 before the number you require.

You are also welcome to use your mobile telephone, although we would ask that you keep the ring tones at low level so as not to disturb other patients.

If at any time you do not wish to receive incoming calls, the nurse in charge can intercept these at your request. Please ask your nurse if this would be helpful for you.

Television

Your room has a colour television that can be operated by the separate remote control unit, or manually on the set itself. The televisions offer Freeview channels.

You are welcome to use the television at any time during the day or night, however in the interest and comfort of other patients, we ask that between 1.30pm and 2.30pm and after 10pm you reduce the volume.

Internet Access

Free Wi-fi is available on the private patient unit, please refer to the separate information on how to access this, or ask a member of staff who will be able to help you.

Personal property

The hospital cannot accept responsibility for loss of, or damage to, personal property of any description brought into the hospital. We would encourage you not to bring valuables into the hospital with you.

In your room there is a safe to keep your possessions in if you wish. Ask a member of staff to show you how to work it.

Valuables such as money and credit cards can be given to the nursing staff who can lock them away in safe areas for you. Please ask a member of the team.

Bathroom

Your bathroom has a bath or shower for your convenience. The shower is operated by using the mixer tap, which also controls the temperature.

Fresh towels are provided daily and there is a shaver point in the bathroom. Complimentary toiletries are provided on your arrival. If you require any more supplies ask one of the housekeeping team who will be happy to replenish the toiletries.

Lights

The lights in your room can be switched on and off using the pull cord over your bed or the main light switch on the wall.

Hairdryer

We have hairdryers you can use, just ask a member of staff. Before washing your hair please ask a member of the nursing team whether this is alright. If you would like help with washing your hair, please don't hesitate to ask as someone will also be pleased to assist.

Room allocation

On arrival you will be allocated a room for the duration of your stay with us. However, as the need arises, you may need to be re-allocated and moved to another room. We will only do this if it is really necessary to avoid disruption to you.

Medication

On admission, you should tell the nurses about any medicines that you are currently taking, including any that you have purchased over-the-counter from a pharmacy, and herbal remedies or vitamins that you take regularly.

Your consultant will generally continue to prescribe your normal medicines, but it is important for them to be aware of what you take.

Should you require more information about any of the medicines that you are taking, leaflets are available from the hospital's pharmacy or ask the pharmacist when they visit you.

Please seek medical advice before drinking any alcohol.

Imaging

The hospital has a digital imaging system, if you have an X-ray during your stay, you will not be given a copy to take home. If you would like a copy, this is available on request.

Newspapers and magazines

Your choice of daily newspaper is complimentary. Magazines and other journals can be delivered to you each day and will be charged to your account or you may pay on the day. Just ask a member of staff for any help.

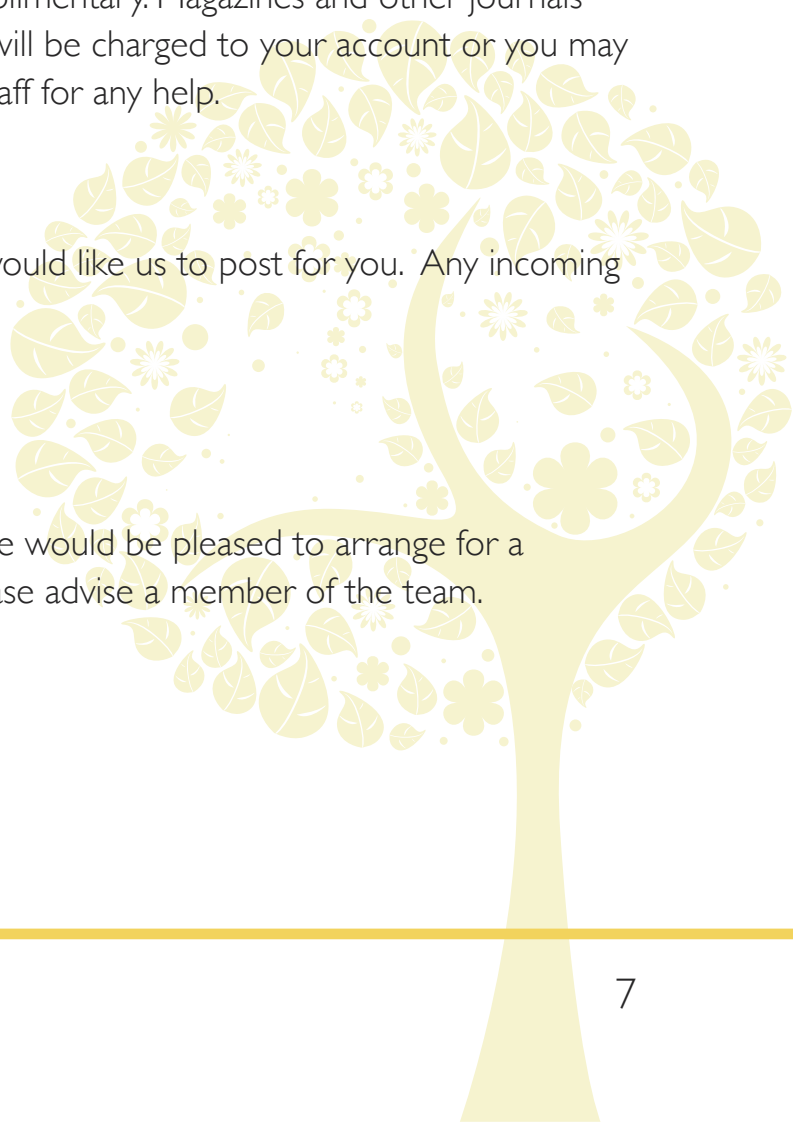
Mail

Let us know if you have any mail you would like us to post for you. Any incoming mail will be delivered to your room.

Clergy visits

All denominations are welcome.

You may invite your own minister, or we would be pleased to arrange for a representative of your faith to visit. Please advise a member of the team.





Fire alarm

If you discover a fire:

- Call a nurse immediately by pressing the orange button on the nearest nurse call control or sound the alarm at the nearest 'break glass' point
- If you are able, remove yourself from immediate danger.

The hospital has been designed and equipped to minimise the risk of fire.

Every room is protected by smoke detectors that automatically set emergency procedures in action.

Fire protection barriers prevent the spread of fire from one area to another.

If you hear the fire alarm – a bell will ring continuously – you (and your visitors) should remain in your room. Unless the fire is in your room, there is no immediate danger. An intermittent alarm sound means that the danger is not in your area and you should remain in your room.

After locating the fire, and if there is any danger, staff will come and inform you about the fire and arrange to move you, if necessary. It is usually safe to resume normal activities when the fire bell stops ringing, but please do not leave your room until the nurse has confirmed that it is safe to do so.

The fire alarm system is tested every Wednesday between 08.00am and 09.00am.

Smoking

The Royal National Orthopaedic Hospital is a no smoking site. Smoking in the hospital buildings and anywhere outside on the general hospital site is prohibited by law.

We can provide support for you from the free NHS Stop Smoking services to assist you to quit smoking. Just ask a member of the ward staff for details.

Laundry

For patients staying for a long period of time we can arrange for your laundry to be done, via a local company. There will be a charge for this, just ask a member of the staff for information.

Security

All ward doors are locked and anyone who needs to enter the hospital can only do so by pressing the intercom outside the main ward doors. Otherwise entry is via hospital issued swipe card to ensure that access is kept to a minimum.

The ward reception doors are electronically activated and can only be opened by the nursing staff or security.

For your peace of mind, we have security personnel on site, throughout the night.

If you have a room with a patio door you are very welcome to open it during the day, but please do make sure it is locked at night.

Visiting hours

Visitors are welcome at any time between 9am and 9pm. They are also welcome at other times, subject to your clinical condition, but as the ward doors are locked outside these hours, we ask that you let the nurse in charge of your ward know when any visitors are due.

All visitors are asked to report to the ward's reception, every time they come to visit you.

Please note that if undisturbed rest periods are required to help your recovery, the nurse looking after you will make appropriate arrangements to prevent disturbances. This can also apply if you do not wish to receive visitors at any time during your stay.

Visitors can be quite tiring and we find that most patients generally prefer to have only one or two visitors at any time.

Children are also welcome to visit you, if accompanied by an adult.



Visitor's menu

If your visitors require tea or coffee, the pantry staff will arrange this for you free of charge.

Visitors are welcome to eat with you in your room, and they may choose from either the main patient menu or the visitor menu, which is available in your room. Visitors may order meals through the pantry staff, and these will be charged to your account, which will be payable prior to your discharge.

Prices:

Breakfast	£5.00
Light Bite Menu	£5.00
Main Menu	£8.50 for two courses £13.00 for three courses



Preventing deep vein thrombosis (VTE) and pulmonary embolism (PE)

What is a Venous Thromboembolism (VTE)?

VTE is the name given to a deep vein thrombosis (DVT) or a pulmonary embolism (PE). A DVT is a blood clot (thrombosis) that forms in a deep vein, most commonly in the leg or pelvis and can cause swelling and pain. If a clot forms, it can travel through the veins to the lungs. This is called a PE.

When you are in hospital

- Keep moving or walking if possible, leg exercises are valuable, your healthcare care team will advise you on suitable exercises.
- Keep hydrated as far as possible.
- You may be asked to wear anti-embolism stockings - if considered appropriate. You will be shown how to wear them and told to report any new pain or discomfort in your feet or legs. Your stockings should be removed for a short time each day so that you can have a wash and check your skin.
- You may be asked to wear special inflatable sleeves around your legs while in bed. These will inflate automatically and provide pressure at regular intervals, increasing the blood flow in your legs.
- You may have to have an injection to thin the blood. A blood thinning tablet has recently been made available for specific groups of patients having hip or knee surgery. This may be prescribed instead of injections.



What happens when you go home?

- Your anti-embolism stockings should be worn throughout the day and night from admission until you return to your usual level of mobility. They may be removed for inspecting the skin and bathing and should then be put back on as soon as possible
- Do not use oily products on the legs because these may adversely affect the fabric of the stocking
- The stockings are designed to be washed up to 30 times using a mild detergent by hand in warm water
- You may have to continue with your anticoagulation injections and a nurse will teach you how to do this and give you all the information you require
- For the majority of patients, moving around and getting back to normal activities as soon as possible will be enough to reduce the risk of thrombosis when discharged home.

Pressure Ulcer Prevention

What is a pressure ulcer?

A pressure ulcer is damage to the skin and underlying tissue. Pressure ulcers are also known as pressure sores and bed sores.

Pressure ulcers can be serious as they do not only damage the skin but also the fatty tissue, muscle and potentially bone. They may cause pain, or lead to a longer stay in hospital. Pressure ulcers can become infected and in some cases lead to blood poisoning or bone infection. In extreme cases, pressure ulcers can be life threatening.

What can cause a pressure ulcer?

Pressure

Unrelieved pressure on the skin constricts tiny blood vessels, which supply the skin with nutrients and oxygen. If this happens for prolonged periods, the tissue is damaged and a pressure ulcer forms. This is more prominent over bony areas known as pressure points.

Shear

The layers of skin are forced to slide over one another or over deeper tissues. This can happen when you slide down in the bed.

Friction

Rubbing of the skin which can remove the top layers of the skin. Repeated friction can increase the risk of pressure ulcers.

Where do pressure ulcers form?

Pressure ulcers tend to form where bone causes the greatest force on the skin. This can be caused when the body is in contact with the mattress, chair or another part of the body. Areas such as the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head are vulnerable.

Other causes of pressure such as casts, splints, plaster jackets, halo jackets, collars, hip braces and external fixators can also lead to pressure ulcer development if they are not fitted correctly.

Who can get a pressure ulcer?

You are more likely to develop a pressure ulcer if you have:

- Problems moving independently.
- Reduced sensation or discomfort, for example, during epidural use.
- Poor circulation, caused by vascular disease or if you are a heavy smoker.
- Moist skin caused by incontinence, sweating or a weeping wound.
- Had a previous pressure ulcer.
- A poor diet and do not drink enough fluids.
- A severe infection.
- Damaged your spinal cord and can neither move or feel your bottom and legs.
- Had an operation that lasted over two hours.

Assessing your risk

On admission, a member of the nursing team will have examined you and asked you a series of questions. This is called a risk assessment.

The risk assessment we perform will indicate a plan of action to help prevent the development of a pressure ulcer. This plan should be discussed and documented in your nursing notes. You will be re-assessed if your condition or circumstances change and your plan of action altered appropriately.

Care from the nursing staff

You will be informed about your care and be involved in the decisions. The staff looking after you will discuss the planned care and advise on appropriate actions to prevent the development of pressure ulcers.

This will include:

Skin inspection

Your skin will be inspected regularly and documented, taking particular attention to bony prominences. Your skin will also be inspected before and after the application of appliances such as braces, collars, skin traction and anti-embolism stockings.

Position

You will be encouraged by the nursing staff to change your position at frequent intervals and advised about correct seating positions, supporting your feet and posture. The frequency of your positional changes will be determined by your individual risk assessment. Nursing staff will assist you in positional changes, to ensure you are comfortable.

Risk assessments and individual comfort may result in specialised equipment being used to further prevent pressure ulcer development. This would include different mattresses or heel elevation devices.

Equipment that should not be used as pressure relieving aids are water filled gloves, doughnut type devices, synthetic or genuine sheepskins.

What does a pressure ulcer look like?

The signs to look for are:

- Purplish/bluish patches on dark-skinned people
- Red patches on light-skinned people (that do not disappear when lightly pressed)
- Swelling
- Blisters
- Shiny areas
- Dry patches
- Cracks, calluses and wrinkles

The signs to feel for are:

- Hard areas
- Warm areas
- Swollen skin over bony areas

If you detect any of the above, please inform the nursing or medical staff.



What can you do to try and prevent them?

Keep moving

It is important for you to move and change your position as often as you can. Staff will be able to teach you how to assess and inspect your skin with the use of mirrors.

If you are mobile, walk around as often as possible or at least every two hours.

If you are immobile but sitting in a chair, readjust your position by tilting from side to side regularly to relieve the pressure from your bottom. When sitting in a chair, make sure that both feet are flat on the floor, ensuring you are unable to slide forward, preventing heel pressure ulcers.

Good hygiene

Ensuring that your skin is clean and dry will reduce the risk of pressure ulcer development.

- Wash daily with warm water
- Use a small amount of soap/shower gel as this can dry the skin
- Ensure you are completely dry, avoid using talcum powder
- Use a suitable moisturiser to prevent dryness
- Please consult the nursing/medical staff if you currently use any creams, emollients or medicated shampoos.

Ask a member of the nursing team if you have any concerns.



Going home

Advice prior to your discharge

In addition to advice provided by your consultant, a nurse will give you information and guidelines that you require before you are discharged.

Please be advised that discharge time is generally 10.30am onwards.

Discharge checklist

A member of staff will discuss these points with you on your day of discharge:

- Drugs/medicines to take home (further supplies will need to be obtained from your GP)
- Wound care/post operative information
- Discharge letter
- Post discharge contact details
- Return of valuables
- Please remember to take home any X-rays you brought with you
- Transport/care at home
- Any questions you may have

Follow up appointments

Please contact your consultant's private secretary directly to organise a suitable date and time for your follow up appointment.

Transport home

- It is advisable for you to arrange for a relative or friend to take you home after your hospital stay. If you require a taxi, a member of staff at the ward desk will arrange this for you.
- If you require a private ambulance to take you home, a member of the team can order one for you. There will be a charge for this service, as it is not generally covered by private medical insurance.

If you require any of the following services, please discuss with your nurse or our receptionist:

- Taxi
- Wheelchair
- Assistance with luggage
- Settlement of account

If you have any other queries, please do not hesitate to discuss with your nurse or any member of the PPU team.

Information following your discharge

When you leave the hospital you will be given a card with all the relevant contact numbers on. Should you have any questions about your recovery after you have returned home, please feel free to contact the hospital on the Private Patient Unit.

- Philip Newman Ward 0208 909 5389 or 0208 909 5889
- Ian Munro Ward 0208 909 5715 or 0208 909 5716

Settling your account

All Patients

During your stay you may have incurred charges for sundry items such as visitors' meals, telephone calls, medication to take home or items such as crutches, cast shoes, physiotherapy braces etc.

Prior to your discharge we will give you an itemised invoice for these items and we kindly ask you to settle your account before you leave.

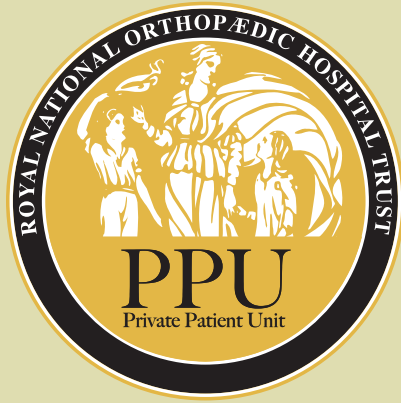
If you are insured

Your policy may not completely cover all elements of your hospital stay. This is usually due to an agreed policy excess and your insurer will generally notify you of this amount in writing.

Items not covered by your policy will include any visitor meals, telephone calls, patient aids such as crutches and any take home medication. Prior to your discharge we will give you an itemised invoice for these items and we kindly ask you to settle your account before your leave.

Any money due to the hospital may be settled by cash, cheque, credit or debit card.





Private Patient Unit

The Royal National Orthopaedic Hospital NHS Trust,
Brockley Hill, Stanmore, Middlesex, HA7 4LP

If you require further information on the Private Patient Unit, please contact:

Private Patient Unit general enquiries

Tel: **020 8909 5712/5822**

Fax: **020 8954 8914**

Email: rno-tr:PPUBusiness@nhs.net

Private Patient Unit nursing enquiries

Tel: **020 8909 5715/5716**

If you need this document to be translated into
another language/large print, please contact the
Private Patient Unit on **020 8909 5712/5822**

Publication date: January 2015