Have you suffered bullying while on placement?

I am a student nurse in my third year of training. I would like to get in touch with other students who have experienced bullying while on placement. This type of intimidation is uncalled for and I would like to discover the extent to which students are exploited in this way.

This is a very sad situation and I feel that by revealing the extent to which bullying goes on, something could be done at a higher level. If these bullies were in danger of losing their registration, things would be different.

Name and address on request

Internal rotation does not work well on all wards

Joan Kirby (letters October 31) appears to be a caring manager, but I would like to pick out one or two of the points she made.

First, she seems to have a good cross-section of staff who do not mind working nights, as others are not included on the night rota if they have difficulty. However, on my ward there is probably only one member of staff who is happy to do night duty – and it's hard to be flexible with only one person.

Second, we already have teambuilding on my ward – nights out and so on – so I doubt that there would be any 'them and us' attitude.

Third, I would simply dread the rota for the entire month leading up to the night duty I had to work.

Last, the point about her night staff asking to come on to days twice a year – well that's fine if you are able to, but why only twice a year? That does not seem like much to me – if I had to do nights just twice a year, I would spend a lot less time worrying about the night rota.

E Hughes
By email

Money alone will not stop violence toward staff

It is all very well the government saying that it is going to give emergency services £100 million in an effort to boost long-suffering A&E departments. However, there remains the growing problem of violence towards staff, which no amount of cash is likely to stop.

I say this because it has been suggested that violence is caused in part by the lengthy waiting times patients have to endure. However, the malaise runs a lot deeper than this. We have created a society in which there is little respect for authority. Once nurses and doctors were held in high esteem. Today, they are targeted simply because they are easily identified and vulnerable to mindless thuggery.

Money alone will not solve this. Ministers must tackle the much broader problem of getting society re-attuned to good old-fashioned morality which, for all its faults, would not have allowed this situation to have developed.

Pete Coleman
London

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WOUND ASSESSMENT

18. Removal of skin closures

A monthly collectable guide to core clinical procedures

Preparation

**Patient**
- Explain the procedure, to gain consent and co-operation.
- Check patient comfort, eg, position, convenience, need for toilet etc.
- Administer analgesics, if appropriate, and allow time to take effect (see Points for Practice [PFP]).

**Equipment/Environment**
- Dressing pack containing forceps and equipment.
- Sterile scissors, stitch cutter or staple remover, as appropriate.
- Alcohol hand-rub or handwashing facilities.
- Draw screens around the bed and ensure adequate light.
- Clear bed area, close windows, turn off fans etc.
- Adjust the bedclothes to permit easy access to the wound but maintain warmth and dignity.

**Nurse**
- Consult the care plan to determine when the sutures/staples are due for removal, the dressing type etc.
- Make sure your hair is tied back securely.
- Wash and dry hands thoroughly. An apron should be worn, but gloves are not necessary unless indicated by the patient’s condition, eg, MRSA, hepatitis.

Procedure

1. Clean the trolley or other appropriate surface according to local policy.
2. Gather the equipment, check the sterility and expiry date of all equipment and solutions and place on the bottom of the trolley.
3. If scissors are needed to cut non-sterile tape, wash your own scissors, dry them thoroughly, then clean them with an alcohol-impregnated swab. If sterile scissors are needed, these may be included in the dressing pack or packed separately.
4. Take the trolley to the bed area. Adjust the bed to a convenient height to avoid stooping.
5. Remove the dressing pack from its outer packaging, place it on the trolley/surface and, taking care to maintain sterility, ease open the pack slightly to reveal the contents.
6. Carefully remove the yellow waste bag and attach it to the trolley in a convenient position using the self-adhesive strip.
7. Adjust any remaining bedclothes to expose the dressing, then loosen the existing dressing but do not remove it.
8. Wash your hands or use alcohol hand-rub. Ensure your hands are completely dry before proceeding.
9. Using the forceps provided, open the pack to create a sterile field. Arrange the contents of the pack as necessary, then place the forceps on the edge of the sterile field until needed again.
10. Taking care to maintain sterility, open the cleansing solution, new dressing (if appropriate), stitch cutter/staple remover etc onto the sterile field. If non-sterile tape is to be used, cut/tear it now and attach it to the trolley in a convenient place for use later.
11. Pick up the used forceps and use these to remove the old dressing. Inspect it discreetly and discard, with the forceps, into the waste bag.
12. Inspect the wound for signs of healing. If the wound looks inflamed or there is any exudate (pus) present, seek
advice from an experienced nurse. It may be necessary to remove just one or two sutures/staples to allow the pus to drain.

13. Do not clean the wound before removing the sutures/staples, as cleansing solution may seep into the holes made by the sutures/staples when removed.

14. If the wound is longer than 15cm, remove alternate sutures/staples and check that the wound is fully healed before removing the rest (see PFP).

- Individual sutures - if removing individual sutures, pick up one of the unused forceps and use it to lift up the suture. In your other hand, hold the scissors or stitch cutter flat against the skin and slide it under the suture to cut it (Fig. 1A). The part of the suture that has been lying on the skin must not be drawn underneath the skin and so the place where it is cut is important (see PFP).

- Continuous suture – when removing a continuous suture, cut the first ‘suture’ at the end furthest from the knot. Use the forceps to lift the next suture to remove the loose end from under the skin. Cut this suture close to the skin (Fig. 1B). Repeat this process with all the others, making sure that the part that has been on the skin is not pulled underneath the skin. Never cut both ends of a suture or you will be unable to remove the hidden part underneath the skin.

- Staples – a special instrument is used to remove staples (Fig. 1C). This should be placed under the centre of the staple and squeezed hard. This bends the staple so that it comes out of the skin easily and does not have to be ‘hooked’ out. The staple can be steadied, if necessary, by holding it with forceps (see PFP).

15. If necessary, use the forceps and a gauze swab soaked in cleansing solution to clean and then dry around the wound.

16. If there are any small areas where the skin edges are not completely healed together, skin-closure strips may be applied (see PFP).

17. If appropriate, apply the new dressing.

Post-procedure

Patient
- Replace the bedclothes and assist the patient as necessary into a comfortable position.
- Readjust the bed to a safe height.

Equipment/Environment
- Wrap all used disposable items in the sterile field and place in the waste bag, which should then be tied and placed in the clinical waste.
- Place any sharps, eg, stitch cutters, in a sharps bin.

Nurse
- Remove apron and wash hands. Return any unused items to the stock cupboard. It is not necessary to clean the trolley again unless it has become wet or contaminated with body fluids.
- Document the care given and the condition of the wound. Report any changes or abnormalities.

Points for Practice
- The removal of sutures or staples should not be painful, although the patient may anticipate pain or discomfort. Explanation and careful positioning may alleviate this.
- If the wound is longer than 15cm or if the incision is in a place where there may be a strain on the skin and underlying tissues, it is better to remove alternate sutures/staples, starting with the second one along. This allows you to check that the wound does not begin to gape at any point before the rest are removed. If this does happen, the remaining sutures/staples may be left until the following day and reassessed.
- In some instances, the number of sutures/staples removed needs to be documented.
- Skin-closure strips are used to pull the edges of the wound together to promote healing. Attach the strip to the skin on one side of the wound and exerting slight tension, lay it over the wound and attach it to the skin on the other side. The next and any subsequent strips should be attached first to alternate sides of the wound (Fig. 2). This is designed to apply even pressure to the wound edges.

This series of Essential Guides is based on Essential Nursing Skills, by Maggie Nicol, Carol Bavin, Shelagh Bedford-Turner, Patricia Cronin and Karen Rawlings-Anderson. Published by Mosby, price £16.95.