Introduction
We are a surgical ward where our clients have had orthopedic, breast, gynecology, jaw, urology & ophthalmology surgeries. Our unit has 80 regular beds and 6-8 observation beds. We have 12 nursing desks each surrounded by 8 client beds. We also have an area for clients who need to stay in the hospital longer.

The staff consists of:
- 2 Managers
- 2 Clinical Nurse Educators
- 4 Clinical Coordinators
- Registered Nurses, Licensed Practical Nurses
- Continuing Care Assistants
- Unit Clerks & Unit Support Workers
- We are a teaching facility, so it is common to see students from a variety of areas (nursing, physiotherapy, occupational therapy, medical residents)

We also have support staff to assist your care:
- Physiotherapy
- Occupational Therapy
- Social Work
- Pharmacy
- Speech Therapy
- Dieticians and Dietary staff
- Facility Services: Housekeeping & Maintenance
- CPAS (Client Patient Access Service) to assist with homecare and long term care planning

Doctors Visits: Doctors make ‘as-available’ rounds. However, we cannot predict the time. If you have a need that you wish to discuss with your doctor, write it down as a reminder to yourself, or discuss it with your nurse.

Private Rooms: Please let admitting know on your PAC visit or day of surgery if you would like to pay for a private room. We will do our best to accommodate you, but cannot guarantee that you will be placed in a private room.

Client/Family Lounge: There are client/family lounges available for your relaxation. Please ask for directions.

Nutrition Centre: A kitchenette is located in the middle of each ward for clients only. Staff will assist you.

Bathrooms: Bathrooms in client rooms are for client's only. Public washrooms can be found on each floor located at each end of the bridge hallways, as well as one in the 3300 client/family lounge. Please ask for directions.

Scents: We are a scent free facility. Please no scented flowers (i.e. lilies) or wearing scented personal products.

Hand Hygiene: Hands are the number one way germs are spread from person to person. Washing hands keeps yourself and others safe and healthy. Hand sanitizer is used most often, but soap and water are used when hands are visibly soiled.

There are 4 moments for client hand hygiene:
1. Before and after touching wounds, dressings, tubes or devices.
2. Before eating, drinking or taking medications.
3. After using the toilet, bedpan, or commode.
4. When entering and exiting your room.

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After Surgery in the Hospital

- You will be given pain medications, let the nurses know how well your pain is controlled.
- Ask questions when you do not understand.
- Do as much for yourself as you can after your surgery (e.g. dressing, clearing your table for meals, reaching for items on your tray, etc.).
- You may spend time in the Observation Unit for extra monitoring. Once stable, you will be moved to the ward.
- Your vital signs (temperature, blood pressure, pulse and respiration) will be monitored.
- You will start with ice chips or a few sips of fluid the first day after your surgery. You may eat a light meal later that day if you are able.
- Your intravenous (IV) will give you the fluids you need.
- You may need a catheter if you have difficulty passing urine, or may have one inserted during surgery.
- You may be given medications to prevent blood clotting and infection.
- If required, daily blood will be drawn for a few days after surgery.
- If you are unable to bring your personal care items with you, arrange for a family member to bring them in as soon as possible.

Discharge Arrangements

It is important to begin planning for discharge before surgery.

It is recommended that you arrange to have help at home for the first few days after discharge until you feel comfortable on your own. If possible, you should plan to leave before 10:00 A.M. on the day you are discharged* from the hospital. Please arrange for a ride home.

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*You may be discharged any time of the day.
*Your progress in hospital determines how long you will stay.

Family members may help with discharge planning by:
- Picking up personal belongings, equipment, supplies and/or prescriptions.
- Bringing in a change of clothing, if needed.
- Organizing transportation (ex: leave work early to pick you up).
- Ask for instructions on how to safely get in and out of vehicle.
- Requesting Home Care/Community Therapy through CPAS. If you think you may need help after discharge, please ask to speak to the CPAS Coordinator.

Discharge Planning:
- Home Care Services that can be arranged through CPAS include: Personal Care Assistance, Nursing services, Community Therapies, Volunteer Services.
- Our Social Worker may be able to assist you with financial issues, living arrangements, etc.
- You will be seen by health professionals who will help you plan your discharge regarding physical activity, Occupational therapy, dietician, pharmacy.
- If you are not yet ready for discharge home, but do not need an acute care hospital bed, you may be transferred to a less acute care area within the healthcare system.

You will be ready to go home when:
- Your wound looks healthy
- Your vital signs are stable
- Your pain is controlled by oral medications
- You are tolerating a regular diet
- You have no difficulty passing urine or catheterizing yourself
- The care team considers your mobility safe
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The Unit’s Day-to-Day

**Visiting Hours:** Daily 10am to 8pm.

Family/friends are welcome to visit anytime, but are not encouraged to spend the night. In the semi-private rooms and Observation Unit, it may be necessary to restrict both the number of visitors and length of visits to ensure clients get adequate rest. Please tell your visitors that our unit is a scent free facility.

**How you and your visitors can help during your stay:**

We appreciate the assistance with client care. Some of the things they can do include:

- Raise and lower the head of the bed.
- Help with a jug of water / pour a drink.
- Assist with nail care, bathing, etc.
- Assist with feeding when appropriate.
- Bringing home made/purchased meals if preferred. Note that we cannot store personal food items in our refrigerators.
- Assist with television rental at bedside.

**Approximate Meal Times:**

- Breakfast: 8:00 AM
- Lunch: 12:00 PM
- Supper: 5:00 PM

- You will receive a menu the day of your operation to fill out for the following day. Once complete give it to a staff member. You will only receive what is circled on your menu, so please make sure it is filled out completely. Remember to check off details such as salt, pepper and sugar. If you are on a fluid diet only, NO menu is given.
- Please help us and dietary by clearing off your table before meals so that your tray can be safely placed on the table.

**Client Boards:** Client boards are in your rooms to include you on your plan of care. The type of information provided includes the names of your nurses, your physiotherapy appointments, information on your current mobility with assistive aides, and your date of discharge.

**Valuables:** Saskatoon City Hospital is not responsible for lost or stolen property (including hearing aides, dentures and glasses). Do not bring or keep any of the following valuables with you: large amounts of money, cheques, credit cards, bank cards, jewelry, expensive clothing or expensive electronic equipment. If possible, send these items home with your family, friends or caregivers. If you lock up any valuables with us, please remember to ask for them when you are discharged. Label your belongings and don't bring in your favorite things.

**Television Rental:** Television rentals are available for each bed, except in the Observation Unit. You may activate your rental for your television by selecting “Rent Me” on the screen. Service is paid by credit card at the time of rental.

**Telephones:** Bedside phones are free for local calling. The phone number of the bedside phone is located on the phone. Press 9 before dialing the phone number of the person you are calling. Please limit all phone use between 10 pm and 8 am to be respectful of others. We encourage your family to telephone and find out how you are doing while you are in the hospital. To assist us, please designate one person to telephone for updates on your progress. Ask a nurse for the telephone number of the nearest desk.

**Spiritual Care:** Both the Chapel and the Smudging/Multi-Faith room are on the main floor. Sunday worship includes an Interdenominational Service at 9:30 a.m. Please ask your nursing staff to contact the hospital switchboard for your preferred Spiritual Care provider on-call.
**Your Questions, Updates & Concerns**

Your Physician (as needed) will come to your bedside during your stay. Along with your Nurse they will discuss your care plan with you. If you do not understand something, or want clarification, make sure you ask. You are an important part of your care team, so please don’t be scared or shy.

**You may want to ask/discuss:**

- Information about, or reason for, tests and medications.
- What are your expectations and concerns about going home.
- What to expect for therapy.
- Any other questions or concerns.

**We would like to hear from you:**

- How are you moving?
- How is your pain?
- How well are you able to eat and drink?
- Any concerns about your bowels and bladder?
- How are you sleeping?

Your multidisciplinary care team meets regularly to receive an update from your nurse—including you and your family’s concerns/questions—and to discuss your progress. Team members review the previous 24 hours of care, then identify goals for the day and current treatment. The team will update you, your care plan/chart, and the whiteboard in your room.

If you or your support people require a more private conversation, or more time to ask questions, let the social worker, client care coordinator or nurse know. A family conference will be arranged at a time that works for everyone.

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