



# **URU RAUHĪ INPATIENT MENTAL HEALTH WARD 21**

## **STUDENT NURSE ORIENTATION**

Developed by: Nga Manu Teka: Practice Development  
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## KEY CONTACTS

Reception	Sheree Gilsonam	(06) 356 9169 Ext 8160
Charge Nurse	Monica Barnes	(06) 356 9169 Ext 8177
Associate Charge Nurses	Carolyn Firmin Casey Kempthorne	
Clinical Nurse Specialist	Nicky Redwood Kate Farrugia	
Nurse Educator		

## DOCUMENT CONTROL

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## WELCOME

Welcome to Palmerston North Hospital and Uru Rauhi Mental Health and Addictions Inpatient Service.

Ward 21 provides a service for clients who are experiencing severe mental distress and addictions and who are unable to cope and to be cared for at home adequately. The focus for treatment is recovery and the ability for the service user to return to ordinary life as soon as possible. Staff aim to provide the best possible clinical, client-centred care in a respectful, supportive, safe and caring environment.

Ward 21 cares for adults from 18 years of age and over experiencing depression, anxiety disorder, suicidal thoughts, self-harming behaviour, homicidal thoughts, schizophrenia, psychosis, personality disorder, post-traumatic stress disorder, trauma, Bipolar illness, dementia, delirium illnesses and alcohol and other drug dependencies.

## THE WARD

### High Needs Unit (HNU)

This is a secure area with locked doors and 6 single bedded rooms. 5 of these rooms have ensuites. There is a ratio of 1 RN: 2 clients. One of these nurses will be allocated as the HNU coordinator and there will also be a Health Care Assistant (HCA). Clients within the HNU area are on the Mental Health Act (MHA) and are high risk to themselves or others. These clients are experiencing severe symptoms of mental illness and need to have intensive nursing in a low stimulus environment.

### Open Side (O/S)

This consists of 18 single bedded rooms with a male wing and a female wing. There are also 4 rooms that can be used for males or females with 3 of these having ensuites. There are usually 3 to 4 RN's with a case load of 5 to 6 and a team leader who is either the ACN or Nurse in Charge (NIC) along with a HCA. Clients on the O/S can be either on the MHA or informal.

Informal clients are those who agree to be on the ward and accept treatment. These clients are encouraged to eat in the dining room together, to be as independent as possible, and attend Occupational Therapy (OT) activities in and outside the ward depending on leave status for those who are on the MHA.

### Occupational Therapy Spaces

**Creative workshop:** Therapeutic activities are offered in this space which is open in the afternoons. There are notice boards outside OT, in the dining area and nursing station to find out what is on offer for the day. There is also a lounge/library and kitchen area which can be used individually and for assessment purposes and group/ individual activities.

**Sensory Room:** This is offered as a therapeutic intervention under the supervision of a trained staff member who is trained in sensory modulation. The sensory room is a specially designed quiet therapeutic space with sensory tools that explores and utilises an individual's sensory preferences to reduce distress, alert or calm the individual. Sensory modulation techniques help to promote self-care, well-being, resilience and recovery.

Compassionate  
Ka whai aroha

Respectful  
Ka whai ngākau

Courageous  
Ka mātātoa

Accountable  
Ka noho haepapa

## HEALTH AND SAFETY

Every staff member is responsible for their own safety and the safety of others. The Occupational Health and Safety Manual outlines the hazards within the department. Please familiarise yourself with these hazards and their management. All accidents are to be reported to the Charge Nurse and a Riskman completed.

Do not place yourself in an unsafe situation. In the unlikely event of something occurs ensure your safety by going directly to the Nursing station. Ensure other members of staff know where you are at all times.

- Locking doors: It is important that you re-lock doors you find locked; they are locked for a valid reason.
- Alarms: There are four different types of alarms
- Nurses call bell: Once activated these can be cancelled either from the place of origin or from the nurse's station alarm panel.
- Emergency alarms: These are located around the unit, mainly in the interview rooms, administration and around the unit. These alarms may be used in a situation where an incident involving the safety of staff/client's and visitors is occurring which requires urgent intervention from all staff on the unit.
- Duress alarms: These are personal alarms that must be carried at all times by all nursing staff. They are located on the nursing station and must be signed out and returned each day. They are activated when assistance is urgently required by pushing the red button; this then sets off a loud alarm off which all staff responds to. Security staff is also alerted when an alarm is activated
- Fire alarms: Red lights are activated on the walls, and a siren sounds. Please take direction from the senior nurse on duty who will be wearing the yellow fire Vest.

## EMERGENCIES

All staff should make themselves familiar with the response requirements for all emergencies during their orientation. Please ensure that fire exits are always kept clear and corridors uncluttered. Exits must be clear at all times.

Emergency Trolley (Crash Trolley): This is stored in the group room / meeting room opposite the nurse's station on the open side. There is a first responder's kit, located in the high needs unit. In the case of cardiac arrest, you may be asked to dial 777 to the hospital operator. The operator will then notify the emergency response team of the situation.

## PARKING

Students can purchase concession parking cards from the Wilson Parking Office on site to get a discounted parking fee: a \$20 bond is required to purchase these cards.

## CONTROLLED DOCUMENTS

Once on placement you will need to access relevant policies, procedures and guidelines. Ask your preceptor to help you find the Controlled Documents on the intranet. (*Note: you cannot access this outside of the organisation.*)

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## EXPECTATIONS OF THE STUDENT NURSE

- On the first day please complete the Student contact details form (page 21) and give it to the Nurse Educator, Charge Nurse or nurse in charge of the shift.
- It is expected that you arrive on time and if you are going to be late or unwell and cannot come in please ring and ask to speak to the Charge Nurse/nurse in charge of the shift. Hours of work are:
  - Morning duty 0700-1530 hours
  - Afternoon duty 1445-2315 hours
  - Night duty 2245-0715 hours
- We endeavour to give you continuity of preceptor(s) wherever able. If you are unable to work the days that you have been rostered, you need to discuss this with the Nurse Educator or your Clinical Lecturer.
- You must complete the full shift that you are allocated to work.
- The preceptor you are working with needs to be aware of your learning objectives.
- Your preceptor will work with you to help you learn about assessment and management of a variety of conditions relevant to the setting.
- Third year nursing students commencing their final placement need to identify which preceptor will be completing their documentation requirements and ensure their preceptor has an adequate timeframe to complete this.
- Please ensure that your uniform meets your institution standards.

Please contact the Charge Nurse or your Clinical Lecturer to confirm your start dates and times. If you are unable to attend your placement, please ring the ward and advise the Charge Nurse and your Clinical Lecturer.

## PRECEPTOR

You will be allocated a primary preceptor and follow their rostered duties which may include morning, afternoon, nights and weekends. There may be times your primary preceptor is not on duty and you will be allocated a secondary preceptor.

## OBJECTIVES

Before you start please consider what you want to achieve on this placement. Bring a list of objectives, remembering that these need to be realistic. Please share with your preceptor/s at the beginning of your placement the documentation that must be completed while on that placement. Use your initiative to make the most of your placement, for example:

Objectives may include but are not limited to:

- Therapeutic relationships
- Interpersonal and communication skills
- The role of the mental health nurse
- Mental Health Act
- Mental Health Assessments
- Treatment planning and goal setting

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- Mental Health Diagnoses
- Recovery in Mental Disorders
- Issues in the management of risk
- Medications used in Psychiatry
- Administration of Intra-Muscular Injections
- Therapies (individual and group)
- Multidisciplinary approaches to Mental Health and Addictions

## **ORIENTATION TO THE CLINICAL AREA**

It is important that you have an awareness of the environment in which you will be working to ensure the safety of yourself, the patient and other staff members. You are required to complete a clinical area orientation checklist. This is provided by your academic institution: once completed give this to your Clinical Lecturer.

## **CLINICAL DOCUMENTATION**

Clinical notes contain a record following any intervention involving the client. This may include face to face interview with the client, integrated treatment plan (ITP) meetings, telephone contacts with the client, family, significant others, or other agencies involved in the care and treatment of the client.

Clinical notes are to be entered, as information becomes available and written in a clear and concise manner, capturing all the relevant information. Please ensure all clinical notes include the name of the consumer, DOB, and are dated, timed, signed and your discipline and name is clearly written or use a stamp. This is as per MDHB 672 – Clinical Records Content and Maintenance. Use the focus column to highlight key risks/issues/concerns, key agreements, changes or actions.

## **MENTAL HEALTH ACT COURT**

Ward 21 has its own courtroom for Mental Health Act requirements. Court day is usually fortnightly on a Thursday. Community outpatients also attend the ward for MHA Reviews

## **LEGISLATION**

There are a number of Acts and Regulations relevant to health care and mental health. These include (but are not limited to):

- Mental Health Assessment and Treatment Act 1992 (and amendments 1999).
- Privacy Act.
- Health and Disability Commissioners Act.
- Health Practitioners Competency Assurance Act.
- Human Rights Act.
- Medicines Act.
- Crimes Act.
- Health Information Code.

Full copies of all NZ Acts of Parliament, amendments, Bills and Regulations can be found at <http://www.legislation.co.nz/>

## MENTAL HEALTH ACT SUMMARY

- Section 8** Application for assessment.  
By anyone who is over 18 has seen the proposed client within the last three days. Must be accompanied by a Medical Practitioners Certificate.
- Section 8B** Medical Practitioners Certificate.  
Must be examined by a Dr and reasonable grounds for believing that the person is suffering from a mental disorder.
- Section 9** Notice to attend an assessment.  
Date, time, place and with whom.  
Given by a duly authorised officer.  
Dr must not be the same Dr who issued 8B.
- Section 10** Certificate of preliminary assessment by a Psychiatrist.  
If the client is found to be mentally disordered a copy of the certificate must go to the:
- The client.
  - Any welfare guardian of the client.
  - The applicant for the assessment.
  - The client's principle caregiver.
  - The client's GP.
- Section 11** Notice to undergo a 5-day assessment period.  
Can be either inpatient or outpatient.
- Section 12** Certificate of further 5-day assessment by a Psychiatrist.  
Same provisions as apply to section 10.  
A letter of reason for continuance to go to the Director of Mental Health by a Psychiatrist (DAHMS).
- Section 13** Further assessment and treatment for 14 days.  
Second period of assessment and treatment.  
Same provisions as apply to section 11.
- Section 14** Certificate of final assessment.  
Can be adjourned 2 times to a maximum total of 6 weeks in 12 months.  
If the client is to remain under the act an application for compulsory treatment order is to be made.
- Section 16** Review of a consumer's condition by a Judge (2nd opinion required).
- Section 29** OUT-PATIENT community order (6 months).  
No power to detain the client for the purpose of treatment.  
Made by a Judge.
- Section 29 (3) (A)** Responsible Clinician can direct a consumer to be treated as an inpatient for up to 14 days.  
Cannot be any more than twice in a six-month period.

Section 29 (3) (B) Responsible Clinician directs consumer subject to a community treatment order (CTO) to be assessed. CTO ceases and reassessed under section 13 & 14 of the act.

\*It is possible for a consumer subject to a CTO to have an informal admission for a short period.

Section 30 IN-PATIENT order (6 months). Made by a judge.

Section 76 Clinical reviews if still mentally disordered extension of 6 months.  
Clinical review at 3 months and again at 6 months.

### **DULY AUTHORISED OFFICERS (DAOS)**

DAOs are health professionals designated and authorised by a DAMHS to perform certain functions and use certain powers under the Act. DAOs must have appropriate training and experience to respond to concerns about a person's mental health and to contribute to the assessment and treatment of people with mental health problems. Section 93(1)(b) of the Act assumes that DAOs will often be the first point of contact for members of the public seeking information or assistance when they are experiencing mental health difficulties, or are concerned about someone else's mental health. DAOs are required to provide general advice and assistance under section 37.



## ORIENTATION TO KEY PEOPLE AND ROLES

WHO/WHAT	(v) when completed (x) if not applicable
Associate Charge Nurses	
Charge Nurse	
Clerical Support	
Clinical Nurse Specialists	
Health Care Assistants	
Multi - Disciplinary Team Members	
Nurse Educator	
Preceptors	
Registered Nurses	

### EMERGENCY RESPONSE

The emergency number for Fire, Cardiac Arrest and Security is 777. In an emergency situation, please follow the direction of the nursing and medical staff. Locate the following:

WHAT	(v) when completed (x) if not applicable
Duress Button Procedure	
Emergency Bells	
Emergency Equipment	
Emergency Phone Number	
Emergency Response Flip Chart	
EWS Forms and Process	
Fire Extinguishers	
Fire Hoses	
Portable Oxygen	
Red Phone (fire emergencies)	

## COMMON MEDICATIONS

This placement is a good opportunity for you to familiarise yourself with the mode of action, administration, risks and nursing considerations related to a number of medications within these drug groups.

### Oral medications

You may check and give oral medications under the direct supervision of a registered nurse (RN) if they are confident for you to do so, remembering the 10 rights of safe medication administration:

The ten rights of safe medication administration:

1. Right patient
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right reason (e.g. if BP is 90/50 should you administer an antihypertensive medication?);
7. Right response to the medication e.g. analgesia
8. Right documentation
9. Right formulation e.g. immediate release or slow release
10. Right to refuse after being offered an informed choice.

1 <sup>st</sup> Generation antipsychotic	2nd Generation antipsychotic	Intramuscular antipsychotic	Benzodiazepine & Hypnotics	Antidepressant (SSRI)	Antidepressant (tricyclic)	Antidepressant (other)	Mood Stabilizer	Side-effect management
Chlorpromazine	Olanzapine	Flucloperithiol	Clonazepam	Citalopram	Amitriptyline	Venlafaxine	Lithium Carbonate	Benzotropine
Haloperidol	Risperidone	Fluphenazine	Diazepam	Fluoxetine	Doxepin	Phenylzine	Sodium Valproate	Procykladine
Trifluoperazine	Quetiapine	Pipothiazine	Oxazepam	Paroxetine	Nortriptyline	Tranylcypromine	Carbamazepine	
	Ziprasidone	Risperidone	Lorazepam		Imipramine	Amoxapine	Lamotrigine	
	Aripiprazole	Haloperidol	Alprazolam		Trimipramine	Nefazodone	Olanzapine	
	Clozapine	Flupenthixol	Buspirone		Clomipramine	Bupropion	Risperidone	
		Olanzapine	Zopiclone				Quetiapine	
			Temazepam					

Student Learning Exercise: Write underneath each drug name at least one common trade name  
Information about drugs used in New Zealand can be accessed from <http://www.medsafe.govt.nz/>

This site includes consumer information, information for clinicians and articles designed to keep health professionals up-to-date with latest research around medications.

## SELF-ASSESSMENT TOOL FOR STUDENT NURSES

Using the scales below, score where you feel your current knowledge or understanding is currently with each of the below. Complete one at the beginning of your placement and one at the beginning of your last week.

I understand the intent and the process of the Mental Health Act 1992  
|-----|-----|-----|-----|

Not at all

Very much

I am familiar with the more common medications used in Mental Health  
|-----|-----|-----|-----|

Not at all

Very much

I understand how the Multi-disciplinary team process fits within mental health care  
|-----|-----|-----|-----|

Not at all

Very much

I can give a brief outline of some of the AXIS I and AXIS II diagnoses from the DSM IV  
|-----|-----|-----|-----|

Not at all

Very much

I am aware of the most common assessment tools used in mental health care  
|-----|-----|-----|-----|

Not at all

Very much

I can articulate a concept of recovery as it relates to mental health and illness  
|-----|-----|-----|-----|

Not at all

Very much

I understand the term 'therapeutic relationship' and can discuss its importance in mental health care  
|-----|-----|-----|-----|

Not at all

Very much

## EVALUATION OF YOUR PRECEPTOR

Please return your evaluation to your Charge Nurse

Name of Preceptor \_\_\_\_\_ Date \_\_\_\_\_

**E** = Excellent    **VG** = Very Good    **S** = Satisfactory    **NI** = Needs Improvement

Please read the following statements then tick the box that best indicates your experience

My Preceptor:	E	VG	S	NI
Was welcoming and expecting me on the first day				
Was a good role model and demonstrated safe and competent clinical practice				
Was approachable and supportive				
Acknowledged my previous life skills and knowledge				
Provided me with feedback in relation to my clinical development				
Provided me with formal and informal learning opportunities				
Applied adult teaching principals when teaching in the clinical environment				

Describe what your preceptor did well

Describe anything you would like done differently

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

## YOUR CONTACT DETAILS

We care about your well-being as well as your education. If you don't arrive for a planned shift, if there is illness on the ward or in the case of an emergency we need to be able to contact you. Please could you provide the ward with your contact details and an emergency contact using the form below.

Your Name	
Your Home Phone number	
Your mobile phone number	
Name of emergency contact	
Phone number of emergency contact	

From time to time the staff on the ward may need to contact your lecturer regarding your progress, for support or in the case of problems. Please could you supply the contact details of the Lecturer/CTA that will be supporting you during this placement, in the form below?

Name of Lecturer/CTA	
Phone number of Lecturer/CTA	

This information will be kept for the length of this placement and then disposed of. It will not be shared with anyone else without your permission unless there is an emergency.