Student Nurses

Medical Assessment & Planning Unit (MAPU)

University Name:

Student Name:

Karen Shaw, HVDHB & Kathy Trezise, CCDHB
Eun-Sil Choi, MAPU Nurse Educator, CCDHB

Welcome!
We are looking forward to working with you.

Medical Assessment & Planning Unit (MAPU)

The MAPU is a 24 bed unit including 4 beds that can be used for cardiac monitoring. The maximum length of stay in the MAPU will be 36 hours, with an average of 18-20 hours. It is anticipated that approximately 50% of patients admitted to the MAPU will be discharged home or to an appropriate placement in the community within the 36 hour period. The remainder of patients will be admitted to an appropriate inpatient medical ward, either in the New Regional Hospital (NRH) in Wellington or at Kenepuru Hospital.

The MAPU will be led and managed by medical services and be the only acute admission point for most internal medicine patients within the CCDHB region. The following medical subspecialties will also be included: cardiology, respiratory, immunology, neurology and gastroenterology."

MAPU Vision

MAPU OPERATIONAL PROCESSES

Patient Flow (Triage)

Triage: Is related to the maximum time a patient should wait for medical attention. Patients are seen according to clinical need and are triaged by experienced ED nurses.

ATS Category	Seen By Doctor
1	Immediately
2	Within 10 minutes
3	Within 30 minutes
4	Within 1 hour
5	Within 2 hours maximum

Early Warning Score (EWS): Please refer to the Welling Adult Vital Sign Chart.

Admission Criteria **(MAPU will accept the following patients)**

- Patients requiring a medical assessment and accepted by medical or subspecialty registrar.
- Patient triaged as a 3, 4 or 5 & EWS in total less than or equal to 7.
- Patients can be safely discharged home, with confidence, within 36 hours.
- Patients that would benefit from an accurate assessment within the first 24 hours of a longer admission.

Exclusion Criteria **(MAPU will generally not accept the following patients)**

- Patients requiring CCU or ICU facilities
- Oncology or hematology patients
- Renal & Stroke patients (patients requiring long term admission)
- Known infectious disease patients
- Mental health patients
- High acuity respiratory patients requiring NIV (to be admitted to High Dependency Bay once stabilised in ED)
- Patients triaged as 1 & 2 OR EWS in total > 7.

BASIC MAPU INFORMATION

- M.A.P.U. : Medical Assessment and Planning Unit
- Directorate : Medicine and Cancer (Internal Medicine)
- Classification : In-patient area
- Beds : 24 (4 Cardiac Monitored Beds included)
- Location : Level 2 WRH – Co-located with ED, SSU, and CMU
- Direct Dial : (04) 806-2123 (MAPU Reception)
- Phone Extension : 82123 (MAPU Reception)
- Fax Number : Ext. 5588 (from within), (04) 385-5588 (from outside)
- Medical Registrar : #6667
- Patient Access : Via the acceptance of the Medical Registrar only
  : Access via ED referral is 24 hours a day

MAPU Leadership & Telephone Numbers

- Charge Nurse Manager Cory Andrada # 6381, Ext. 82105
- Associate Charge Nurse Manager Sarah Hambrook Ext. 82107
- Associate Charge Nurse Manager Kris Ancog Ext. 82108
- Nurse Educator Eun-Sil Choi Ext. 82106

Allied Health & Telephone Numbers

- Careful Team # 6207
- Physiotherapist (Mobility) # 6679
- Respiratory Physiotherapist page 2039
- Occupational Therapist # 6894
- Social Worker # 6106 Fax 5581
- Speech Language Therapist page 5082
- Dietician # 6667 or # 6709
- Pharmacist Ext. 5353
- Wound CNS Paula McKinnel # 6572 Fax 80363
- Stroke CNS Lai-Kin Wong # 6730

Contacts

This should contain information on all the key contacts for the ward/unit

MAPU	Main contact	E-mail for main contact	Phone number for ward
Nurse Educator	**E-mail (Preferred)**	**eun-sil.choi@ccdhb.org.nz**	**DD: 806 2106**
Charge Nurse Manager	**E-mail (Preferred)**	**cory.andrada@ccdhb.org.nz**	**DD: 806 2123**
MAPU Nurse-In-Charge	**Phone call**		**DD: 806 2112**

The key person organising student placement in MAPU is Nurse Educator, Eun-Sil Choi. Please e-mail or approach Eun-Sil for any concerns or queries during you placement. Please inform the MAPU Nurse-In-Charge of your sickness or absent reasons during after hours.

Student Swipe Card

Please bring your University Student ID on your first day to get issued for your Student Swipe Card. After finishing the last day of placement, the issued Student Swipe Card should be returned to Nurse Educator or your preceptor during after hour.

Your Preceptor

You will be allocated a couple of main preceptors, these preceptors will be responsible for helping you completing your objectives. We will endeavor to ensure that you mainly work with these preceptors, however, due to shift work this is not always possible. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). You preceptor will not complete any evaluations if you give it to them on your last days in the unit.

If you have any concerns or questions, please do not hesitate to contact Nurse Educator, Eun-Sil Choi.

Expectations of the Student Nurse while in MAPU

The shifts in the MAPU are:

Morning	:	0700hrs to 1530hrs
Afternoon	:	1430hrs to 2300hrs
Night	:	2245hrs to 0715hrs

We have a few expectations of student nurses working in the MAPU:

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and can not come to call the MAPU Nurse-In-Charge (DD: 806 2112).
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your preceptor nurse or Nurse Educator. A lot of learning occurs at quiet times in the unit!!
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives.
- Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working in the floor.
- If you are not achieving your objective please see Nurse Educator, Eun-Sil Choi or your preceptor (before the last week in the unit).
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will **not** complete any paper that is given to him or her if it is given in the last days of your placement.

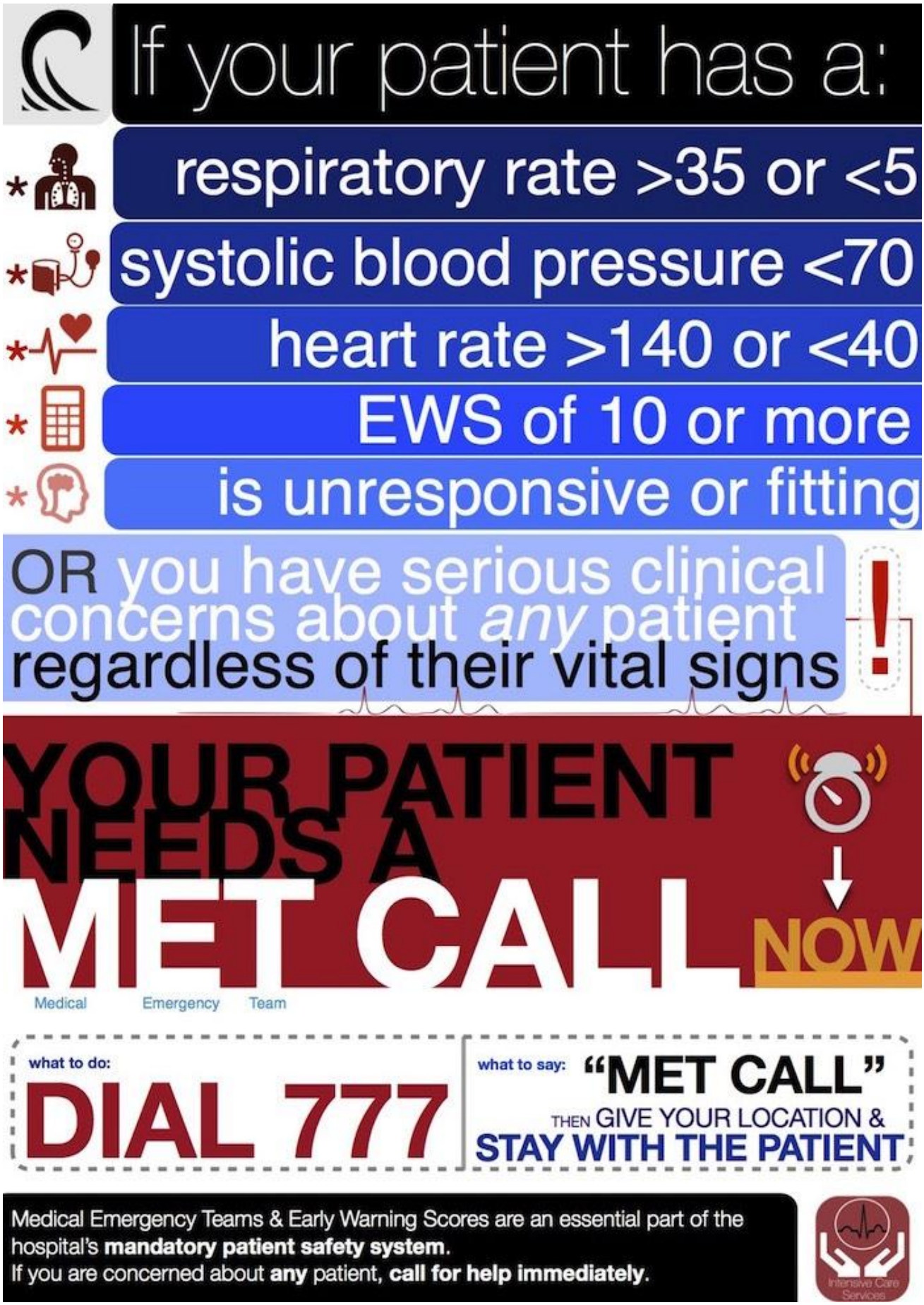
Safety Measures in MAPU

DIAL 777 for any EMERGENCY

Cardio-Pulmonary Arrest / Medical Emergency / Fire / Violent Behaviour etc.
STATE your name, what type of emergency and the location.

- **Dial 777**
- **State "Cardiac Arrest" or "Medical Emergency" ONLY**
- **State whether an adult or a child**
- **State the campus, area, level and room**

Medical Emergency Team (MET) Call Poster



FIRE ALARMS

Fire alarms are located all around the MAPU area. As a staff, It is your responsibility to know where these are located and know how to activate them in case of a fire.
If FIRE is detected, follow the **RACE** protocol:

RESCUE (remove any person in danger)

ALARM (call 777, activate the fire alarm, shout for help)

CONTAIN (if the fire is containable, use the appropriate fire extinguisher / retardant)

EVACUATE (help move people to a safe zone)

These are the steps to follow if the FIRE ALARM goes off;

1. **DO NOT PANIC.**
2. **Proceed to the reception area and follow the INSTRUCTIONS of the FIRE WARDEN (usually the ACNM/CNM/Nurse In Charge).**

You will be instructed to;

- **Inform the patients to REMAIN CALM, and STANDBY for further instructions.**
- **Perform a HEADCOUNT of everyone in the area.**

3. **EVACUATE only when the order is given.**

Fire Extinguishers

The MAPU area is fitted with a sprinkler system in the event of a fire. There are also fire extinguishers (water hose & foam) that can be used. Please know that ELECTRICAL FIRES must be extinguished using FOAM BASED EXTINGUISHERS (not water) to decrease the risk of electrocution.

Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

☐	Pyxis Medication Machine	☐	Discharge Information
☐	Controlled Drug Safe	☐	Clinical Policies & Procedures
☐	Sliding Board	☐	"Notes on Injectable Drugs"
☐	Linen Supplies	☐	Roster
☐	Charge Nurse Manager Office	☐	Manual BP Machine
☐	NE/ACNM Office	☐	Suction Equipment
☐	Baxter Fluid Pump	☐	Scales
☐	Intravenous Fluids	☐	Bio-Hazard Bags
☐	Store Cupboard	☐	Tympanic Thermometer & Covers
☐	Staff Tea Room	☐	Stationery Supplies
☐	Resuscitation trolley	☐	Photocopier / Fax Machine
☐	Dirty Utility Room	☐	Patient Charts
☐	Clean Utility Room	☐	Laboratory Forms
☐	Dressing Products	☐	Alginate Linen Bags
☐	Isolation Equipment	☐	Incident Reporting
☐	2 x ECG Machines	☐	Consult Rooms
☐	Blood Glucose Monitoring Machine	☐	Sterile Gloves
☐	District Nurse Referral	☐	Pneumatic Tube System
☐	5 x Duress Alarms	☐	Drug Fridge
☐	Where to store your bags	☐	Dynamaps

Objectives

For example:

- Accurate monitoring & documentation of Vital Signs & EWS
- Accurate monitoring & documentation of Blood Glucose
- The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including
    - Accurate assessment
    - Competent implementation of care
    - Documentation of Patient Admission to Discharge Plan (PADP)
    - Referrals
- Gain an understanding of the multidisciplinary team
- Admission, Assessment & Discharge Process
- Practice good Infection Control Measures
- Pain Management
- Fluid Management/Fluid Balance
- Wound Management
-
- Discharge Planning & Care Coordination Referrals

Common Presentations to MAPU

Common presentations to MAPU include:

- Lower Respiratory Tract Infection (LRTI) / Pneumonia
- Exacerbation of COPD
- Exacerbation of Asthma
- Gastro-Intestinal Bleeding / Anaemia
- Collapse with Unknown Cause
- Pyelonephritis
- Urosepsis
- Cellulitis
- Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- Diabetic Ketoacidosis (DKA)
- Hypoglycaemia / Hyperlycaemia
- Hypokalaemia / Hyperkalaemia
- Hyponatraemia
- Transient Ischemic Attack (TIA) or Stroke

MAPU Common Medications

1. Acetylcysteine (Acetadote)
2. Aciclovir (Zovirax)
3. Actrapid / Humulin R
4. Allopurinol
5. Amiodarone
6. Amitriptyline
7. Amlodipine
8. Amoxycillin
9. Amoxycillin & Clavulanic acid (Augmentin, Synermox)
10. Aspirin
11. Atenolol
12. Atorvastatin (Lipitor)
13. Atropine
14. Beclomethasone (Beclazone)
15. Bendrofluazide
16. Benzylpenicillin
17. Calcitriol
18. Calcium Carbonate (Osteo-500)
19. Calcium Gluconate
20. Calcium-Sandoz
21. Captopril
22. Carbamazepine
23. Cefazolin
24. Ceftazidime (Fortum)
25. Ceftriaxone
26. Cefuroxime
27. Chlorhexidine
28. Chlorvescent
29. Cilazapril (Inhibace)
30. Ciprofloxacin
31. Clindamycin (Dalacin)
32. Clonazepam
33. Codein phosphate

34. Coloxyl & Senna (Laxsol)

35. Co-trimoxazole

36. Cyclizine

37. Diazepam

38. Diclofenac (Voltaren)

39. Digoxin

40. Diltiazem

41. Dipyridamole (Pytazen SR)

42. Enalapril

43. Enoxaparin sodium (Clexane)

44. Erythromycin

45. Etidronate

46. Felodipine

47. Fentanyl

48. Ferrous Fumarate

49. Ferrous sulphate (Ferrogradumet)

50. Fleet Phosphate Enema, Lactulose, Movicol

51. Flucloxacillin

52. Fluoxetine

53. Folic acid (Vit. B9 or Folacin)

54. Frusemide (Lasix)

55. Gentamycin

56. Gliclazide (Diamicron)

57. Glipizide

58. Glycerol Suppositories

59. Glyceryl trinitrate (GTN)

60. Haloperidol

61. Heparin

62. Hydrocortisone

63. Hyoscine

64. Ibuprofen

65. Imipenem

66. Ipratropium bromide (Atrovent)

67. Isosorbide mononitrate (ISMN)

68. Levodopa & Benserazide (Madopar)

69. Lithium carbonate

70. Loperamide

71. Lovastatin

72. Magnesium sulfate

73. Metformin

74. Methadone

75. Methotrimeprazine (Nozinan)

76. Metoclopromide (Maxolon)

77. Metoprolol

78. Metronidazole

79. Microlax Enema

80. Midazolam

81. Morphine hydrochloride (RA Morphine: Morphine Elixir)

82. Morphine sulfate (Sevredol, LA Morphine, M-ESLON SR)

83. Multivitamin

84. Naloxone

85. Novorapid / Humalog

86. Omeprazole

87. Ondansetron, Tropisetron

88. Pantoprazole

89. Paracetamol

90. PenMix 30 & Mixtard 30 / Humalog Mix 25 / Humalog Mix 50

91. Phenytoin sodium (Dilantin)

92. Phosphate-Sandoz

93. Phytomenadione (Vit. K1: Konakion)

94. Potassium chloride (Slow-K, Span-K)

95. Potassium phosphate (Potassium Dihydrogen Phosphate)

96. Promethazine (Phenergan)

97. Propranolol

98. Protaphane / Humulin NPH

99. Psyllium hydrophilic mucilloid (Metamucil)

100. Quinapril (Accupril)

101. Ranitidine

102. Resonium

103. Risperidone (Risperdal)

104. Salbutamol (Ventolin)

105. Simvastatin (Lipex)

106. Sodium bicarbonate

107. Sodium valproate (Epilim)

108. Spinolactone

109. Theophylline

110. Thiamine (Vit. B1)

111. Tiotropium bromide (Spiriva)

112. Trimethoprim

113. Tramadol

114. Vancomycin

115. Verapamil

116. Warfarin (Marevan, Coumadin)

Pre-reading/Resources

Documentation

Accurate nursing/clinical documentation is a fundamental component to the patient's clinical record. It provides information and communication to ensure continuity and safe delivery of care. Documentation also provides legal evidence. Clinical records are subjected to audit and quality management on a national and international level. Nursing leadership at C&C DHB has developed basic documentation guiding principles that nurses and other health professionals must adhere to when writing in the clinical record.

This includes

- Write neatly, concisely and legibly.
- Entries must be written in ink or biro (black) or are computer generated.
- Entries must be timed (24 hr clock) and dated (day/month/year), and include a legible signature (and name printed alongside each entry) and a designation (contact details/pager).
- Entries must be factual, objective, relevant, accurate, up to date, complete and not misleading.
- Entries should be made as close to the timing of the event as possible.
- Avoid abbreviation. If needed only use those listed in the DHB policy.
- Wherever possible refer to medications using generic names.
- Progress notes will indicate deviation from the ADP/care plan/pathway - documentation will be by exclusion.
- ADP/care plan/pathway will be reviewed every shift and signed/dated.
- Late entry documentation must be correctly identified.
- Ensure the patients ID label is on each side of every page.
- When an error has occurred, draw a single line through the error and initial the correction. Using correcting fluid or obliterating an entry is unacceptable.

Principles of Handover

- Where possible conduct handover at patient bedside and involve patient in planning & managing their care
- Conduct the handover using ISBAR

I Introduction to the patient and any relatives by staff to patient

S Patients have the opportunity to comment on their care and inform staff of any other issues that may impact on their care; pain score; how they are feeling

B This is so the nurses/midwives can confirm what has been handed over and to involve the patients in their care.

A Patient problem solving and collaboration can occur and nurses/midwives can debrief, clarify information, update knowledge and evaluate and revise care and treatment plan if required

R Letting the patient knows what to expect for the next few hours re: their care and
Treatment; telling them what to do if, for example, they are uncomfortable or they need the toilet.

(Refer NUR-16- Nursing/Midwifery Handover Policy)

Early Warning Score Matrix

SCORE	MET	3	2	1	0	1	2	3	MET
ZONE	BLUE	RED	ORANGE	YELLOW	WHITE	YELLOW	ORANGE	RED	BLUE
Resp Rate	<5	5-8		9-11	12-20		21-24	25-35	>35
SpO_2		≤91	92-93	94-95	≥96				
Supplemental O_2			YES		NO				
Temp			<35.0	35.0-35.9	36.0-37.9	38.0-38.9	≥39.0		
Sys BP	<70	70-89	90-99	100-109	110-219			≥220	
Heart Rate	<40		40-49		50-89	90-110	111-129	130-139	≥140
Level of Consciousness					Alert			Voice or Pain	Unresponsive or fitting

Early Warning Score Mandatory Escalation Pathway

ZONE	Indicator	Mandatory Action	SCORE
YELLOW	Any vital sign in the yellow zone or total EWS 1-5	Manage pain, fever or distress. Increase frequency of vital sign monitoring	1
ORANGE	Any vital sign in the orange zone or total EWS 6-7 Acute illness or unstable chronic disease	**House officer review within 60 minutes.** Discuss with nurse in charge and inform PAR nurse. Increase frequency of vital signs monitoring.	2
RED	Any vital sign in the red zone or total EWS 8-9 Likely to deteriorate rapidly	**Registrar review within 20 minutes &** consider ICU referral. Inform PAR nurse, house officer and nurse in charge. Increase frequency of vital signs monitoring.	3
BLUE	Any vital sign in the blue zone or total EWS 10 or more Immediately life threatening critical illness	**Dial 777, state 'Medical Emergency Team' & give your location. Support Airway, Breathing & Circulation**	MET

Evaluation of Clinical Experience

Nurse: _____ Date of placement: _____

Date of Evaluation: _____ Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the “named preceptor” at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						

How was the Preceptor?	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:

Please return this form to Charge Nurse Manager or Nurse Educator.