

# Student Nurses

Rangatuhi Acute Day Service

2022

Student Name:

## Welcome to the Rangatuhi Acute Day Service (RADS)

The Rangatuhi Acute Day Service (RADS) provides a therapeutic environment where adults (person's over 19 years) who are experiencing an acute episode of mental illness can be assessed and monitored through intensive nursing support.

RADS provide assessment, intensive support, and supervision for service users whose recovery can be enhanced by engagement with acute day services. This service is for service users who can remain in their domicile or who have other suitable accommodation available which may include another acute resource such as Crisis Respite, Recovery Houses.

Acute illness is always disruptive, especially if it involves a hospital admission. RADS is designed to minimise this disruption for those people who can be treated and be supported at home. The principles of the Treaty of Waitangi underpins our service. These principles provide the framework for the planning and delivery of support in RADS.

### Operational Guidelines

Service users can attend RADS 7 days a week between the hours of 0900hrs to 1600hrs up to a maximum of 6 weeks. In extenuating circumstances this timeframe can be negotiated with RADS staff. The service is run by a small team of registered nurses.

Therapeutic activities are tailored to meet the individual needs and incorporate consumers/tangata whaiora personal choices. This may include;

- individual illness education,
- medication management,
- medication initiation,
- mental state review and monitoring
- anxiety programmes
- lifestyle education and management
- information on social and community support networks
- pre-discharge activities
- Individualised activities including art and craft, walks, music appreciation, shopping.
- consumer assisted wellness management programmes
- Sensory modulation

Treatment options are developed as part of an on-going package of care and in collaboration with the MHAIDS and NGO's

## Referral requirements for accessing RADS

Referrals are made directly to RADS staff through RADS Referral-in mail box, phone, or face to face. All clinical information should be received before the service user presents to the RADS. The referral will:

## Allocation of RADS Placements

Accessing a placement to RADS will be made on a case by case basis and priority will be given to service users with high acuity or where there is a clinical need identified. Clients who are in Crisis Respite or Recovery Houses needing clinical oversight would be considered.

The decision for acceptance is usually decided within 24 hours. Care managers are responsible for Community Clients.

The community team psychiatrists will be responsible for all medical reviews and prescribing medications.

RADS averages between 6 - 8 placements daily; however this is determined by levels of acuity and staff ability to manage workload. Management of excessive demands on staffing due to workload must be discussed with the team leader.

## Managing Crisis and/or Emergencies in RADS

In unexpected mental health crises situations, RADS staff should contact and seek assistance from the CRS shift coordinator. For all emergency situations where there is imminent risk or danger the RADS staff should dial 111 or 777 for assistance from Police, ambulance services or hospital security.

## Procedures if client leaves without notifying staff or goes missing

- Read Client risk formulation on EHR and talk to your preceptor or another RN

## Transporting to and from RADS

RADS has access to hospital car daily which is used to transport clients to and from Recovery and Respite houses. Refer to MHAIDS & CCDHB policies and procedures for guidelines on transporting patients. CMHTs will be responsible for arranging any other transport options.

Students cannot transport a client without a RN

# Welcome!!

## We look forward to working with you

### Transport Options:

Please discuss this with staff as there may be some alternatives available.

### Parking:

There is some parking available in the public access parks at Kenepuru Hospital.

### Directions:

- To get to RADS at Kenepuru Hospital you turn into Ambulance Drive (opposite 'Pitstop') off Kenepuru Drive.
- Keep going up Ambulance Drive and keep to your left at the intersection.
- We are located 100m up from the forked intersection on the right side of the road. (Te Taha Manaaki) Building. We are located on the ground floor at the North end of the building.

### Contacts:

The initial contact prior to commencing your clinical placement with us is the RADS Clinical nurse specialist (0277064196). Please contact RADS staff directly for reasons of illness or if you may be late for your shift.

Rangatuhi Acute Day Service  
Kenepuru Hospital  
Te Taha Manaaki Building  
(Ground floor, north end)  
PO Box 50 -215  
Porirua

Telephone: 04 3855999  
Extension: 7282/7283  
DD: 04 918 2282

## Your Preceptor

You will be allocated one main preceptor; this preceptor will be responsible for helping you completing your objectives. We will endeavor to ensure that you mainly work with this preceptor, 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!!). Your preceptor will not complete any evaluations if you give it to them on your last days.

If you have any concerns or questions do not hesitate to contact a RADS clinician

## Expectations of the Student Nurse while in RADS

We have a few expectations of student nurses working in the RADS

- Shift times 0800 – 1630 hrs. It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call the unit on 04 918 2282
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator. A lot of learning occurs at quiet times in the unit!!
- Tidy casual dress is expected, no uniform is required
- 3DHB – refer policy code of conduct
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives
- If you are not achieving your objective please see your preceptor (before the last week in the unit)
- Please ensure all documentation you need to complete for the polytechnic/university is completed before the last days in the unit – your preceptor will not complete any paperwork that is given to him or her on the last week of your placement.

## Safety Measures in RADS

Please familiarize yourself with the emergency management of RADS on your first week of placement.

(Refer to CCDHB emergency management)

- What to do in the event of a cardiac arrest
- What to do in the event of a fire
- Any other unit/ward specific issues
- Swipe cards
- AED location and use

## Common Presentations at RADS

The team supports people with a range of mental illnesses

Common mental health illnesses such as:

- Depression
- Anxiety
- Psychosis – this can include delusional, visual and auditory hallucinations
- Self-Harm
- Mood Disorders
- Personality Disorder

During your placement at RADS we can work with you to develop good nursing interventions. Improve your skills and confidence so that you are able to support the service user on their road to recovery.

## Common Medications

### Antipsychotic Medications:

Olanzapine

Side effects – weight gain, increased appetite and sedation

Clozapine

Side effects – constipation, weight gain, increased appetite, Agranulocytosis, Sedation, cardio myopathy, excessive saliva due to low motility of GI tract

Monitoring:

Baseline observations for two weeks then temperature for a further four weeks.

Weekly Blood test for 18 weeks to monitor WBC.

Quetiapine

Side effects – sedation, dizziness, dry mouth, weight gain, constipation

### **Antidepressant Medications:**

Venlafaxine

Side effects – dry mouth, dizziness, nausea, vision changes, insomnia

Fluoxetine

Side effects – insomnia, headache, dizziness, tremors

### **Anti-anxiety Medications**

Clonazepam

Side effects - dizziness, confusion, blurred vision, fatigue

Diazepam

Side effects – dizziness, confusion, blurred vision, fatigue

### **Mood stabiliser Medications**

Lithium

Side effects – muscle stiffness, dry mouth, increased thirst, fuzzy thinking (often described)

Monitoring:

Monthly monitoring of Lithium Levels

Sodium Valproate

Side effects– change in appetite, constipation, diarrhea, dizziness, drowsiness, hair loss, often described are indigestion, nausea

Take syrup with food or milk

### **Hypnotics**

Zopiclone

Use - To help with insomnia

Side effects - nausea, anxiety, metallic taste in mouth

### **IMI -Intramuscular Injections**

Olanzapine Pamoate

Use – long acting antipsychotic medication

S/E – Post injection syndrome, weight gain, sedation,

Administration – To be given Ventro gluteal

Monitoring: 2 hour monitoring post injection, see C&CDHB monitoring for this medication

Paliperidone

Use – long acting antipsychotic medication

S/E – Dizziness, dry mouth, drowsiness

Administration – To be given in either the Ventro gluteal or Deltoid area

## Treasure Hunt

- Sharp knives
  - Relprevv Kits
  - RADS phone number
  - Patient's clinical note / referrals
  - Current injection charts
  - RADS attendance board
  - Internal and external phone list
  - Fire extinguisher
  - Exits doors
  - TPR BP sets
  - Emergency waters
  - Clean linens /soiled linens
  - Fire alarm switch.
  - Health and safety manual
  - Stationery supplies
  - Photocopier
  - Coffee and sugar refill
  - Yellow hat
  - Torch
  - Respite house phone list
  - RADS cellphone
  - Face mask
  - RADS Covid-19 action plan
  - Duress alarm
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- Name at least 7 items you can find in the dressing drawer. (After a week)
  - Name 2 potential dangerous items in the kitchen and activity area that could be can used by a patient to self-harm.

## Pre-reading/Resources

- RADS referral guidelines
- MSE template
- Mental Health Act summary
- Relprevv DVD
- Emergency Management Procedure
- Personality disorder handout
- Relprevv fact sheet
- Clozapine titration guideline /monitoring
- Clozapine constipation questionnaire
- Observation and engagement guideline
- Sleep hygiene
- Anxiety
- Stress
- Metabolic monitoring on psychiatric medication
- GASS
- Post injection syndrome.



## 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						
<b>How was the Preceptor?</b>						
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 Clinical Nurse Educator**