



**Capital & Coast**  
**District Health Board**  
ŪPOKO KI TE URU HAUORA

# Regional Rangatahi Adolescent Inpatient unit

Student name:

16 Hospital drive

**Rangatahi Nurses office number: 9182270**

Written by Bex Cavill, Deborah Kinvig and Josh Sollitt





## **Rangatahi (young person) General Guidelines**

The following are general guidelines that are followed loosely on the unit. It is important to note that each decision made ultimately comes down to the clinical judgement of staff.

The Rangatahi unit is a regional service for adolescents aged between 12-17 living in the lower north island experiencing acute mental health problems.

The service is bicultural, based on kaupapa Maori frameworks and mainstream clinical models. We work in partnership with families/whanau as well as other health and social services agencies to ensure seamless service delivery for Rangatahi with complex needs.

The unit has 13 inpatient beds for clients to live on the unit during admissions. Along with this some Rangatahi may come to the unit to attend school. Rangatahi can be admitted under the mental health act or informally.

The unit has a small school on site which Rangatahi can attend if they are enrolled.


Alongside school, nurses and support workers run "groups" also known as TDP (therapeutic day programme)

The teachers and care team work together to decide whether school or group is more appropriate for each child. They create a timetable for the Rangatahi indicating where the kids should be when. This can be found on the wall outside the school room.

When a child is admitted to the unit their belongings need to be searched for any objects which could be used for harm, and drugs or alcohol. The unit does not allow cell phones or any devices with a camera due to privacy concerns. The kids are allowed ipods etc (without cameras) but are not allowed to use these during school or group time.

Typically any expensive or special belongings are documented in the notes for insurance purposes.

On admission the Rangatahi are seen by a house surgeon for a physical check-up and also a psychiatrist. The psychiatrist determines the Rangatahi's





level of risk and accordingly indicates the level of observation which the child needs to be on.

There are three levels of observation:

1. Constant 1:1 supervision (Level 1)
2. Being viewed 5 times at random intervals every hour (level 2)
3. To be sighted once every hour (Level 3)

Along with observation level the psychiatrist also decides if the Rangatahi can leave the unit or not.

There are different types of leave depending on the child's needs.

- SAL – Short accompanied leave
- SUL – Short unaccompanied Leave
- ONL – over-night leave (usually with family)

This information is summarised on the whiteboard in the nurse's office along with Length of admission, age, MHA status, Team members and allocated bedroom.

The inpatient Rangatahi are each assigned a room. Generally these rooms are locked during the day for security reasons (kids stealing other kids' stuff) This also prevents kids sleeping in their room rather than going to school or TDP. The kids are allowed access to these rooms on request and are free to stay in their rooms after 4pm

Often we try to make room for our new admissions in the early stages of assessment to stay in room 6 for safety reasons, as this room is more visible than others.

Room 10 is often used for Rangatahi who require a low stimulus environment or for infection control etc.. This area has its own





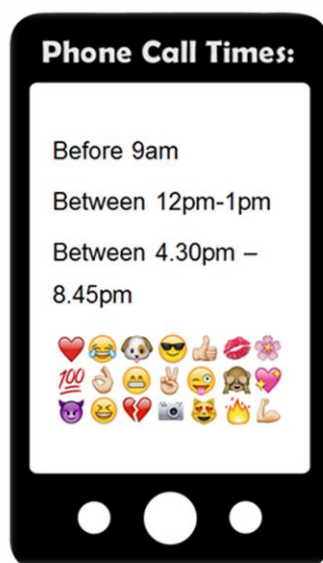


bathroom, can be closed off and is slightly further away from the others.

Family are welcome to visit or call (unless otherwise indicated)

Family visiting hours: Week days from 4pm to 8pm and weekends from 10am to 5pm

Rangatahi phone call hours:



Once school and/or TDP is over the kids generally do their own thing.

There is usually a “4 o clock meeting” with the staff and kids where any plans or ideas for the evening are discussed.

After this meeting the kids are free to watch TV/movies or play xbox if a staff member is present.

Generally the Rangatahi are in bed by 9.

Medications are typically prepared & dispensed by two registered nurses at 8am and 12am (or as per needs of Rangatahi) and 9pm. Medications are dispensed by two RN's as per CCDHB policies.

In case of emergencies there are a number of duress alarms located around the unit and in every room which set off an alarm. In the main corridor and in the nurse's office there are mother boards which indicate where the alarm was set off from.





In the case of ligatures, the duress alarm should be set off & there are ligature scissors located on the wall in the nurse's office.

To ensure the safety of Rangatahi on the unit a staff member must be present in all courtyards, dining room, recreation room, music room, art room, Whare Moa, laundry room, interview rooms and school room.

If a staff member cannot be present in the room then the door to this room must be locked.

AM shifts are generally busy, with more staff including Allied Health Professionals, MDT meetings, and the work of providing health care to this population.

In the evenings things are less organized as the Youth have attended structured programs for the day. There is less staff, the atmosphere is more conducive to developing therapeutic relationships through low key activities such as colouring in, drawing, watching television, or cooking together and outings as the milieu allows.

The reason for less visible rules, in the unit is so that an individual approach can be taken to patient and family care, however for new staff this can be challenging hence this guideline. If you do not know please feel free to ask, it is in the asking of questions that we all learn and develop our Nursing practice.

### **Information for Students:**

The shifts in the RRAIS Unit are:

Morning : 0700hrs to 1605hrs  
Afternoon : 1430hrs to 2305hrs  
(You may choose to  
work 1300 to 2100)

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

- 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 2270
- 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 or nurse specialist.







- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives
- When writing in patient notes, these must be done in accordance with the documentation policy and signed by the nurse you are working with.
- We do not wear a uniform at RRAIS your attire should be tidy casual and appropriate, following the Dress code policy. Please wear your name badge.
- We are an open ward although there are some locked doors. You will be allocated a key by our Team Leader or Clinical Nurse Specialist. It is your responsibility to look after this and not to give it to anyone. If you find a door locked you must lock it after opening it. Please hand the key in on your last day to the Team Leader or Clinical Nurse Specialist.
- If a patient is being restrained, the team is trained to contain the situation. Please do not get involved.

### **Rangitahi Team members:**

<b>Name</b>	<b>Role</b>
Philip Yearley	Team leader
Helen Patea	Clinical nurse Specialist (CNS)
Wallace King (Koro)	Kaumātua
Julie Beattie	Administrator
Cecelia Small	Clinical Psychologist
Philippa Salem Krystyna Wishnowski	Teacher
Catherine Dicks	Consultant Psychiatrist
Amy Finiki	Chaplin
Brendan Garraty	Clinical Coordinator

