

*Older Persons  
and  
Rehabilitation  
Service*

Student Name:

# Student Contact Details for Older Persons and Rehabilitation Service

## Contact details

The staff on the ward care about your well-being as well as your education. They will notice and be concerned if you don't arrive for a planned shift, if there is illness on the ward or in the case of an emergency. They may need to contact you to check you're ok and to let you know if there needs to be a change to your shifts.

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	

**This information will be kept by a senior staff member for the length of this placement and then will be destroyed. It will not be shared with anyone else without your permission unless there is an emergency.**

## Contacting your Tutor/CTA

From time to time the staff on the ward may need to contact your tutor regarding your progress, for support or in the case of problems.

Please could you supply the contact details for the tutor/CTA that will be supporting you during this placement, in the form below?

Name of Tutor/CTA	
Phone number for Tutor/CTA	

**Please complete a new form before each new placement and give it to the senior staff at the beginning of your placement.**

Thank you

# The Older Persons and Rehabilitation Service (OPRS West and OPRS East)

The Older Persons and Rehabilitation Service provide a coordinated interdisciplinary service for people 16 years and upwards within the Hutt Valley. It is customised to meet the complexity of needs of people with disability and/or aged related disorders in order to restore their functional ability and enable them to live as independently as possible. These services should be provided in the setting that will be most suitable for the client.

## **Services provided are:**

- Inpatient services.
- Resource of expertise and advice to acute medical / surgical and other hospital services, General Practitioner, home and community care providers, residential care and voluntary groups.
- Community Team and community services.
- Psychogeriatric services.
- Services for people under 65 years with physical disabilities.

## **Access to the service:**

- Referrals are received from other departments within the hospital including Hutt Valley residents who have been treated in Wellington/other regions.
- General Practitioners and other health professional groups and Medical Specialists.
- Patients residing in residential facilities must be referred by their General Practitioner.
- There are no acute admissions directly to the service unless the patients have been seen in the Emergency Department or by the Community Team or seen by the Consultants at various locations and have been assessed as requiring Specialist Rehabilitation.

## **OPRS admits those who:**

- Are not safe at home and have been seen by a Geriatrician
- Are medically stable but have multiple age related morbidities which require Geriatrician input
- Have significant functional loss inhibiting independence
- Require multidisciplinary input

## **OPRS does not accept:**

- People who are acutely ill
- Are fully dependent
- Have deteriorated from Rest home to Hospital level care and do not have the potential for improvement
- Require convalescence
- Require terminal or palliative care
- Require admission for long standing mental health problems not related to dementia

**The aim of the Older Persons and Rehabilitation Service process is to:**

- Identify and treat potentially reversible conditions and the potential for rehabilitation
- Manage symptoms
- Restore the client to their maximum possible level of function
- Teach adaptive and compensatory skills
- Increase the level of safety for self and others
- Increase capacity for self care or assistance with self care
- Provide assistance for maintaining life roles
- Promote a greater understanding/clarification for the client and the family/whanau to assist them to adjust to the impact of their disability
- Provide input into the assessment of support needs of people
- Providing information, education and support for caregivers
- Ensure that all processes consider and meet the needs of Maori

**OPRS East**

The types of patients commonly admitted here are those with age related Dementia and mental health needs. Clients with Parkinson 's disease are also admitted into OPRS East.

**OPRS West**

The types of patients most commonly seen here are those having suffered a cerebral event, such as a Stroke or Motor Neuron disease,

Both wards also admit ACC patients (fractures and lacerations), post surgical patients or those recovering from a respiratory or cardiac event that requires the input of a multidisciplinary team. We also admit clients who require complex discharge planning.

Each ward runs as independent units, but staff is often shared across the floor.

**The Multidisciplinary Team**

We use multidisciplinary team approach and continuity of care is maintained as much as possible. The team consists of but is not limited to:

**Medical Staff**

There are two teams of medical staff in West and one team in East. Each team consists of a Consultant, Registrar and House Surgeon. Outside normal hours the service is covered by Second On.

**The Speech Language Therapist**

A Speech Language Therapist (SLT) assesses patients that may have a speech or swallowing problem. The SLT's instructions will be written on the communication board at the patient's bedside, patient notes and on the handover sheet. Appointments will be written on the patient allocation whiteboard in the nurses station. Rehabilitation is about being generally well so eating in the dining room is an expectation. All meals are supervised and a RN/EN/HCA must be present at all times.

**The Physiotherapist**

A Physiotherapist assesses all patients and instructions on mobility and correct positioning of limbs. These will be written in patient notes and handover sheet. Appointments will be written on the yellow chart at the bedside and on the patient

allocation whiteboard in the nurse's station. Sliding boards, frames, hoists and are available for transferring.

### **The Occupational Therapist**

The Occupational Therapists assesses and assists patients to improve their ability to perform tasks in their daily living. They help to develop, recover or maintain daily living skills, improve their basic motor functions and abilities as well as to compensate for permanent loss of function.

Daily living activities such as showering, toileting, dressing, kitchen skills, cooking and eating, and home visits are involved in assessment process.

### **The Social Worker**

All patients are seen by a Social worker on OPRS and an assessment of their social situations in assisting them to maximise their health and wellbeing is completed. This assessment focuses on people and their social environment. This assessment may identify the need for referrals to be made to other agencies and organizations - e.g. Stroke foundation, WINZ, Total Mobility applications, Nurse Maude, Life Unlimited etc.

### **Registered Nurse**

Registered Nurses utilise nursing knowledge and complex nursing judgment to assess health needs, provide care, and to advise and support people to manage their health. They practice independently and in collaboration with other health professionals, perform general nursing functions and delegate and direct Enrolled Nurses and Health Care Assistants. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities.

### **Enrolled Nurse**

Enrolled nurses practise under the direction of a Registered Nurse to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgment. The responsibilities of Enrolled nurses include assisting clients with the activities of daily living, recognising the changing needs of clients and performing delegated interventions from the nursing or midwifery care plan.

### **Health Care Assistant**

The role of the Health Assistant is to provide support to Registered Nurses by assisting them with patient care as directed and by completing housekeeping and clerical tasks.

**Welcome!!**  
**We are looking forward to working with**  
**you**

# Contacts

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

OPRS West OPRS East		DD 5709050 DD 5709051
Clinical Nurse Educator	Ramesh Sahrawat	DD 5709966 Pager 397 Ramesh.sahrawat@huttvalleydhb.org .nz
Clinical Nurse Manager	Joycelyn Go	8041 Pager 406
Associate Clinical Nurse Managers	Frances Gillies Cheryl D'Costa	DD 5709050 DD 5709051

Ramesh Sahrawat (CNE) is responsible for over seeing all student placements in OPRS. Frances Gillies (ACNM) and Cheryl D'Costa (ACNM) co-ordinate the day to day running of the wards.

## Your Preceptor

You will be allocated one main preceptor; this preceptor will be responsible for helping you complete 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!!).

If you have any concerns or questions do not hesitate to contact Ramesh Sahrawat, Clinical Nurse Educator.

# Expectations of the Student Nurse while in OPRS

The shifts in OPRS are:

AM shift: 0700-1530  
PM shift: 1445-2315

- It is expected that you arrive on time to your shift and if you are going to be late or unwell and can not come in please ring the ward on 570 9050 (West) or 570 9051 (East) and speak to the ACNM or coordinator
- You must complete the full shift that you are allocated to work. If you are unable to do so, please discuss this with the Clinical Nurse Educator.
- We endeavor to give you a fair roster with continuity of preceptor(s) wherever able. If you are unable to work the shifts that you have been rostered, you need to discuss this with the Clinical Nurse Educator.
- We do not expect you to have specific rehabilitation or care of the older person's knowledge. Your preceptor will work with you to help you learn about assessment and management of a variety of conditions relevant to OPRS.
- The preceptor you are working with should be aware of your learning objectives. Please discuss these at the start of your shift.
- If you are not achieving your objectives, please see the Clinical Nurse Educator.
- Third year nursing students that are commencing their final placement need to identify early in their placement 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 and for infection control reasons that your uniform is clean, jewellery removed and long hair tied back.

# Safety Measures in OPRS

**The emergency number for Fire, Cardiac Arrest and Security is 777**

Please familiarise yourself with

- The emergency exits
- Location of the fire manual call points
- Fire Hoses
- Emergency Trolley
- Defibrillator
- Emergency call bell system

In an emergency situation, please follow the direction of the medical and nursing staff.



## 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.

- Sling Hoist
- Dangerous Drug safe
- ECG machine
- Linen supplies
- CNM/CNE Office
- BGL machine
- IV Syringes
- Patient Dining Room
- Staff tea room
- Commode store room
- Sara steady
- Portable Phone
- Dressing Materials
- Oxygen isolation “shut off” valve
- Weighing Scales
- Alcohol Swabs
- Defibrillator
- Where to store your bags
- Plain Gauze
- Clinical policies & procedures
- “Notes on Injectable Drugs”
- Roster
- Manual BP machine
- Suction Equipment
- Bio-hazard bags
- Tympanic thermometer covers
- Stationery supplies
- Photocopier
- Patient charts
- Laboratory forms
- Alginate linen bags
- Incident Forms
- Bladder scanner
- Sterile Gloves
- Macerator

# Objectives

These are examples of some skills/competencies that you may develop while on this clinical placement under the supervision of a Registered Nurse.

Please remember to discuss specific learning objectives with your preceptor/ACNM/CNE

- Daily hygiene cares
- Recordings including temperature, pulse, blood pressure (manual and automated), SpO<sub>2</sub>, and respiratory rates
- An understanding of interpreting the results of the above recording and the importance of the Early Warning Score (EWS)
- Nursing Documentation
- Understand the importance of monitoring blood sugar levels for those patients with Diabetes
- Attend ward rounds and case conferences
- Accompany patients for diagnostic procedures (with patient and ACNM permission)
- Administer oral medications under the direct supervision of a Registered Nurse. Please note that students are not permitted to check, administer or monitor IV drugs, fluids or blood products
- Complete admission and discharge procedures
- Have an understanding of the nursing assessment tools used in OPRS including the Nursing assessment form, Falls risk assessment, Malnutrition Screening Tool and Braden Scale
- Know the importance of setting goals with patients in OPRS
- Have an understanding of Stroke rehabilitation (OPRS west)
- Have a understanding of and the challenges faced by those patients who have a cognitive impairment or mental illness
- Familiarize yourself with the Bristol Stool chart and the importance of bowel monitoring/cares
- Learn to safely transfer and mobilise patients including the use of sliding boards/sheets, hoists and mobility aids
- Recognize the roles and functions of the wider MDT
- Gain an understanding of risk factors associated with dysphagia
- Know the importance of regular pressure area monitoring and the prevention equipment that is available
- Gain an understanding of wound care and the products available

# Common Presentations to OPRS

Patients in OPRS have been admitted to hospital with a wide range of medical conditions including

- CVA/Stroke
- Falls resulting in fractures
- UTI (Urinary tract Infection)
- Amputation
- Exacerbation of COPD
- Pneumonia
- Dementia
- Diabetes
- Congestive Heart Failure

# Common Medications

Patients in OPRS are taking a wide range of medications. Below is a list of common medications you may like to familiarise yourself with;

- Aspirin
- Atorvastatin
- Cholecalciferol
- Citalopram
- Cilazapril
- Dabigatran
- Digoxin
- Furosemide
- Gabapentin
- Ibuprofen
- Laxsol
- Metoprolol
- Metformin
- Omeprazole
- Olanzapine
- Paracetamol
- Warfarin
- Laxsol

# Evaluation of your Clinical Preceptor

Please return your evaluation to Shalini Vij (Clinical Nurse Educator)

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				

Cut along line

Describe what your preceptor did well

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Describe anything you would like done differently

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

# Notes

Please use this space for notes.