

Medical Assessment and Planning Unit Clinical Placement Information for Nursing Students



Medical Assessment and Planning Unit (MAPU)

Welcome to the Hutt Valley District Health Board (HVDHB) Medical Assessment and Planning Unit (MAPU). The medical assessment and planning unit has 16 beds and is a short stay unit for patients with medical problems and now also accepts surgical patients who require rapid assessment, priority investigations, early referral and intervention from allied health, and a multidisciplinary approach to discharge planning. Patients are either transferred from the Emergency department and or direct GP referrals.

MAPU Multidisciplinary Team

Within MAPU we use a multidisciplinary team approach. The team consists of but is not limited to:

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.

Health Care Assistants

Health Care Assistants practice 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 Health Care Assistants include assisting clients with the activities of daily living, recognising the changing needs of clients and performing delegated interventions from the nursing care plan.

Clinical Nurse Specialist – Gerontology

The Clinical Nurse Specialist Gerontology co-ordinates complex patient care for frail older people attending ED and MAPU, other inpatient areas through to OPRS and

into the community. The Clinical Nurse Specialist Gerontology works closely with the Liaison Geriatrician, hospital multidisciplinary teams, community OPRS team, Nurse Practitioner (OPRS), general practitioners (GPs), home support services, and other health professionals. The overall aim is to facilitate robust assessment and safe discharge of appropriate older people back into the community, along with timely review in the community of patients post discharge, including advanced clinical assessment of any change in health status.

Early Supported Discharge Team

The Early Supported discharge team coordinate and manage complex inpatient care across the primary and secondary interface post immediate discharge to minimise hospital length of stay and avoid readmission while ensuring safe, quality patient care.

Clerical Team

The clerical team provide administrative support for the MAPU team, the patients and their whanau. The clerical team coordinate the reception, inpatient queries, admissions and clinics.

Medical Team

Each medical team consists of a Consultant, Registrar and House Surgeon. Outside business hours the service is covered by 'Second On' otherwise known as the on-call house surgeon. The Medical team are responsible for medical assessment, setting criteria for discharge or a plan of care, treatments, charting, ordering of examinations, test results and work in collaboration with other members of the multidisciplinary team.

Surgical team:

The team consists of the Surgical Consultant or Surgeon, Registrar and House Surgeon. Outside business hours the service is covered by 'First On' otherwise known as the on-call house surgeon for surgical services. They work similar to the medical team, as the surgical team are also responsible for surgical assessments, setting criteria for discharge or a plan of care, treatments, charting, ordering of examinations, test results and work in collaboration with other members of the multidisciplinary team.

Speech Language Therapists

A Speech Language Therapist (SLT) assesses patients that may have a speech or swallowing problem. The SLT's instructions will be written on the patient's bedside, patient notes and on the handover sheet. SLT referrals can be made by placing a red dot on the patient allocation whiteboard in the nurse's station.

Dieticians

A Dietician assesses patients that need a nutritional assessment and advice with regards to a diet to maximise their health and wellbeing. Dietician referrals can be made by placing a red dot on the patient allocation whiteboard in the nurse's station.

Physiotherapists

A Physiotherapist (PT) assesses patients and will provide instructions on mobility and correct positioning of limbs. These will be written in patient notes and on the handover sheet. Sliding boards, frames, hoists and equipment are available for transferring. Physiotherapist referrals can be made by placing a red dot on the patient allocation whiteboard in the nurse's station.

Occupational Therapists

The Occupational Therapists (OT) assess and assist 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 function 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 the assessment process. Occupational therapist referrals can be made by placing a red dot on the patient allocation whiteboard in the nurse's station.

Social Workers

Some patients are seen by a Social Worker (SW) for an assessment of their social situation. The aim of this review is to work in partnership with the patient to practically support their health and maximise wellbeing. If extra support is identified to reach this goal then referrals are made to other agencies and organisations. Social Work referrals

can be made by placing a red dot on the patient allocation whiteboard in the nurse's station.

Nurse Educator MAPU

This is a part-time position that provides nursing staff and students with ongoing education and clinical supervision.

Clinical Nurse Manager

The Clinical Nurse manager takes overall responsibility for the running of the ward, staff and patients and has an office within the department and is usually available for any problem. In her absence there are staff with delegated positions of responsibility that are able to assist you. See also your preceptor.

Welcome to MAPU, we are looking forward to
working with you!

Student Contact Details for MAPU

The staff in the unit 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 okay 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:

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.

<i>Your Name</i>	
<i>Your Home Phone number</i>	
<i>Your mobile phone number</i>	
<i>Your email address</i>	
<i>Name of emergency contact</i>	
<i>Phone number of emergency contact</i>	

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?

<i>Name of Tutor/CTA</i>	
<i>Phone number for Tutor/CTA</i>	

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

Thank you.

Contacts for MAPU

<i>MAPU Reception</i>	(04) 570 9060
<i>MAPU Coordinator</i>	027 8093 927
<i>MAPU Clinical Nurse Manager – Julie Boyer</i>	(04) 587 2542 Julie.Boyer@huttvalleydhb.org.nz
<i>Nurse Educator MAPU – Robyn Kitchen</i>	Robyn.kitchen@huttvalleydhb.org.nz

Please contact either Robyn Kitchen or Julie Boyer to confirm your starts dates and shifts. Your roster will be available in MAPU two weeks before your start date.

You are most welcome to visit the unit before your placement commences. If you have any special requirements during your placement these can be discussed with either Julie Boyer, Robyn Kitchen or the MAPU Coordinator.

If you are unwell, please call the unit and also advise the Clinical Nurse Manager (04) 587 2542. You will also need to ring your tertiary institution and advise your tutor.

Your tutor will arrange make up time through the Student Placement Nurse Coordinator in the Professional Development Unit if required.

Your Preceptor

You will be allocated one main preceptor; this preceptor will be responsible for helping you complete your objectives. We will endeavour to ensure that you mainly work with this preceptor however, due to shift work, skill mix and leave (unplanned and planned) 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 given to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact either Robyn Kitchen or Julie Boyer.

Expectations of the Student Nurse while in MAPU

Before you start your placement in MAPU, please consider what you want to achieve and the knowledge and skills you would like to learn, remembering that these need to be realistic. Please discuss your learning needs and objectives with your preceptor at the beginning of your placement and also the documentation that must be completed.

The shifts in MAPU are:

MAPU SHIFTS	TIMES
Morning (AM)	0700hrs to 1530hrs
D shift	1100hrs to 1930hrs
Afternoon (PM)	1445hrs to 2315hrs
Night (N)	2245hrs to 0715hrs

- It is expected that you arrive on time and if you are going to be late or you are unwell and cannot come in for a shift you will need to call the unit on (04) 570 9060.
- You must complete the full shift that you are allocated to work –please speak with your preceptor or the Clinical Nurse Manager if you are unable to do so.
- If you are not achieving your objectives, please see Robyn Kitchen or your preceptor (before the last week of your placement).
- Due to infection control standards, a clean uniform must be worn, long hair must be tied back, cardigans must not be worn when working and minimal jewellery at all times.
- Please manage your time and workload and ensure you take allocated meal breaks. (Please communicate with the nurse working with you).
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit.
- Please make yourself familiar with the response requirements for all emergencies.

- Please be responsible for your own safety and the safety. The Occupational Health and Safety Manual will provide the hazards within the department.

24-hour nursing care routine in MAPU

The table below is a guide of the 24- hour nursing care routine.

TIME	ACTION
0700	<p>Morning (AM Shift)</p> <ul style="list-style-type: none"> • Handover from night staff to AM staff in the handover room, followed by bedside handover. • Coordinator takes cell phone from night staff. • Bedside handover to morning staff following handover in handover room, of patients with IVC, IVF, Syringe Drivers, or unwell patients.
0715	<ul style="list-style-type: none"> • Introduce yourself to all patients and whanau. • Ensure all falls prevention measures are in place. • Check oxygen, suction and equipment all in working order. • Read any necessary notes and make your plan of care for the shift. • Prepare medications to administer at appropriate times. • Check your drug infusions and fluid balance charts. • Take blood sugar levels on diabetic patients prior to breakfast.
0800-0900	<ul style="list-style-type: none"> • Do a complete assessment for skin integrity, dressing changes needed and hygiene needs e.g. shower, bed bath and hair wash. • Document all of the above. • Ensure patients required to be nil by mouth for possible diagnostic tests are aware and signs are attached to the bed to inform others.

	<ul style="list-style-type: none"> • Ensure electronic white board is up to date. • Take 4 hourly vital signs ensuring EWS totalled.
0900-1030	<ul style="list-style-type: none"> • Consultant ward around begins. • Avoid taking morning tea breaks during medical rounds. • Ensure you are with your patients when the doctors arrive. • Ensure medical staff discuss the plan of care for the patient with you. Ask them for a plan if they don't provide one. • Morning tea time – it is your responsibility at the beginning of the shift to liaise with the other nurses working in MAPU and check with the daily Coordinator for tea and meal break times. • Attend to patient's hygiene needs. Delegate to HCA's as safe and appropriate. • Liaise with Allied Health Professionals and complete necessary referrals. • Update documentation. • Complete TrendCare categorisations & predictions by 0930hrs. • Ensure every patient has an up to date WebPAS status (e.g. for discharge, query discharge or transfer to another inpatient area). This includes an up to date EDD (Estimated Date of Discharge). • Attend daily Ops meeting (7 days/week 0945hrs) and present MAPU's needs for the next 24 hours.
1100-1330	<ul style="list-style-type: none"> • Update electronic white board after consultant ward rounds. • Liaise with MDT staff • Ensure TrendCare is up to date. • Dressings – CVL, wound dressings. • Check IV lines.

	<ul style="list-style-type: none"> • Pressure area care – turn/reposition patients and document. • Half-hour lunch break should occur at this time. Handover your patient to your colleague before leaving the unit. • M-12 nurse or Coordinator relieves staff for lunch and takes cell phone.
<p>1400-1530</p>	<ul style="list-style-type: none"> • Check results of any routine blood tests. • Update Nursing Care Plan in partnership with the patient/whanau as well as other assessments (e.g. falls, Braden). • Restock work trolley. • Bedside handover to afternoon staff following handover in handover room (1445hrs). • Negotiate with your colleague and attend clinical teaching sessions/meeting. • Total Fluid balance charts for the shift. • Toilet all high risk of falls patients. • Empty catheter bags. • Check linen skip and rubbish has been emptied. • Discard any reconstituted drugs at the end of your shift. • General clean and restock of own work area – report low stocks to HCAs.
<p>1445-1700</p>	<p>Afternoon (PM shift) -</p> <ul style="list-style-type: none"> • Bedside handover from morning staff following handover in handover room, of patients with IVC, IVF, Syringe Drivers, or unwell patients. • Introduce self to all patients. • Ensure all falls prevention measures are in place. • Check oxygen, suction and equipment all in working order at the head of each bed. • Plan turns and change of position times for patient at risk of skin breakdown and deconditioning.

1445-1700	<ul style="list-style-type: none"> • Make your plan of care for the shift. • Review medication charts and plan for timely administration at appropriate times. • Check your drug infusions.
1700-1900	<ul style="list-style-type: none"> • Be present for medical assessment by evening Doctors if arranged. • Half-hour dinner break – it is your responsibility at the beginning of the shift to liaise with the other nurse working in MAPU and the coordinator to organise tea and meal breaks. • 4 hourly vital signs (including EWS totalling) and fluids/central monitoring if required. • Document any changes in the plan in the notes. • Ensure TrendCare is Up to date.
1930-2100	<ul style="list-style-type: none"> • Settle patients for the night. Do a complete assessment for skin integrity, dressing changes as required. • Update Nursing Care Plan in partnership with the patient/whanau as well as other nursing assessment (e.g. falls, Braden). • 4 hourly vital signs/fluids/monitoring if required.
2100-2300	<ul style="list-style-type: none"> • Dim lights in MAPU • Coffee break – it is your responsibility at the beginning of the shift to liaise with the other MAPU nurse and the Coordinator. • Coordinator to organise tea and meal breaks. • Restock work trolley. • Check results of any routine blood tests. • 4 hourly vital signs/fluids checks if required.

	<ul style="list-style-type: none"> • Update clinical record. • Toilet all high risk of falls patients.
2245-2315	<ul style="list-style-type: none"> • Empty rubbish bags, catheter bags and linen skips. • General clean and restock of own work area – report any low stocks to HCAs. • Discard any reconstituted drugs at the end of your shift. • Handover to night staff followed by beside handover.
Time	Action
2315-2400	<p>Night Shift –</p> <ul style="list-style-type: none"> • Introduce self to all patients. • Ensure all fall prevention measures are in place. • Check oxygen, suction and equipment all in working order at the head of each bed. • Read notes and make your plan of care for the shift. • Prepare any medications to administer at appropriate times. • Check your drug infusions. • Add up previous 24-hour fluid balance.
2400-0300	<ul style="list-style-type: none"> • 4 hourly vital signs/fluid checks. • Ensure Trend Care in up to date • We encourage periods of rest and sleep for patients during the night where this is possible. If your patient is stable, please allow them to rest. Turn the lights as low as possible and minimise external sources of noise.

<p>0400-0600</p>	<ul style="list-style-type: none"> • Review medications for all patients – fax morning requirements to pharmacy. • Full range of routine blood tests sent to lab now – if requested. • Toilet all high risk of falls patients. • Empty catheter bags. • Check linen skips and rubbish bins emptied. • Discard any reconstituted drugs at the end of your shift. • General clean and restock of own work area – report low stocks to HCAs.
<p>0700</p>	<ul style="list-style-type: none"> • Smile at morning staff! • Handover to morning staff and complete bedside handovers of IVCs, IVF, infusions etc.

Safety Measures in MAPU

Please discuss the following with your preceptor:

- What to do in the event of a cardiac arrest.

In the event of a fire...

- If you discover a fire, follow the R.A.C.E.E guidelines:
- **REMOVE** anyone from immediate danger
- **ACTIVATE FIRE ALARM** and Phone 777
 - State the exact location of the fire
 - State your name and dept.
- **CONFINE FIRE & SMOKE**
 - Close smoke stop doors and windows
 - Turn off Main Oxygen Valve and all portable cylinders.
- **EXTINGUISH FIRE**
 - Only if is safe to do so
 - Only if you have been trained to use extinguishers.
 - Do not take unnecessary risks
- **EVACUATE**
 - Check all rooms in your area, if safe to do so.
 - Leave the building using the nearest safe exit (if indicated).
 - Follow the instructions of the Fire Warden or Nurse in Charge
- Activation of the Fire Alarm and Notification to the operator must be an Immediate Priority.
- If you hear the fire alarm sound but see no fire then follow the instructions of the coordinator or fire warden or CNM

- Any other unit/ward specific issues

A daily visual check of the resuscitation trolley is completed. The contents of the resuscitation trolley is checked weekly and includes the defibrillator, drug intubation box (expiry dates).

You will be asked to complete the health and safety checklist during your first day in the unit.

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.

- | | |
|--|---|
| <input type="checkbox"/> IV fluid store | <input type="checkbox"/> Plain Gauze |
| <input type="checkbox"/> Controlled Drug cupboard | <input type="checkbox"/> Clinical policies & procedures |
| <input type="checkbox"/> Admission Trolley | <input type="checkbox"/> "Notes on Injectable Drugs" |
| <input type="checkbox"/> Linen supplies | <input type="checkbox"/> Roster |
| <input type="checkbox"/> Clinical Nurse Manager Office | <input type="checkbox"/> Manual BP machine |
| <input type="checkbox"/> Meeting/ handover room | <input type="checkbox"/> Suction Equipment |
| <input type="checkbox"/> IV Syringes | <input type="checkbox"/> Bio-hazard bags |
| <input type="checkbox"/> Kitchen store room | <input type="checkbox"/> Tympanic thermometer covers |
| <input type="checkbox"/> Staff tea room | <input type="checkbox"/> Stationery supplies |
| <input type="checkbox"/> Where to store your bags | <input type="checkbox"/> Photocopier |
| <input type="checkbox"/> X-ray facilities | <input type="checkbox"/> Patient charts |
| <input type="checkbox"/> Clean utility room | <input type="checkbox"/> Laboratory forms |
| <input type="checkbox"/> Dressing Materials | <input type="checkbox"/> Workstation (PC) on Wheels |
| <input type="checkbox"/> Oxygen isolation "shut off" valve | <input type="checkbox"/> Communication diary |
| <input type="checkbox"/> Dressing Supplies | <input type="checkbox"/> Assessment Room/Clinics |
| <input type="checkbox"/> Alcohol Swabs | <input type="checkbox"/> Sterile Gloves |
| <input type="checkbox"/> District Nurse Referrals | <input type="checkbox"/> Lamson Tube System |

Objectives

Below are some of the objectives you should aim to complete during your placement in MAPU.

To provide appropriate care to the patient and whanau with support and supervision from the preceptor, including:

- Accurate assessment on admission
- Competent planning and implementation of care
- Documentation of provided care
- Referrals to appropriate agencies
- Participation in discharge planning

These will be achieved by gaining an understanding of:

- Rationale and understanding of assessment based tools
- Ward rounds and interaction between the Medical / Surgical and Nursing team
- Function of Multidisciplinary team members
- Infection control practices and measures taken in the unit
- Pain management principles
- Fluid management/Fluid balance recording
- Advance care planning
- Wound assessment and management
- Management of chest pain- PQRST and GTN protocol
- Management of respiratory disorders
- Management of delirium – CAM scores
- Management of TIA

- Management of syncope
- Management of cellulitis
- Management of self-harm and suicidal ideation
- Management of infection/sepsis
- To perform assessments of nurse sensitive indicators and implement appropriate prevention strategies:
 - Adult Admission Assessment
 - Falls risk assessment
 - Braden score
 - MUST
 - Intentional rounding
 - Discharge risk assessment

Common Presentations to MAPU

Below is a list of common presentations and conditions that would be useful to read about before you come for your placement with us.

— UTI (Urinary tract Infection) pyelonephritis

— Abdo pain ? cause

— COVID

— Deliberate Self Harm/overdose

— Exacerbation of COPD

— Pneumonia

— Collapse

— Acute confusion/delirium

— Asthma

— Cellulitis

— Low risk chest pain

— Tuberculosis

— Gastrointestinal bleed

— Gastroenteritis

— Syncope

— Falls

— Vertigo

Common Medications

Administration of IV therapy in MAPU is in accordance with the IV & Related Therapies Policy available on the intranet.

According to the Basic Certification Standard please note "*Students (nursing, midwifery, radiologic technology, anaesthetic technology), and their respective clinical lecturers/clinical teaching associates are expected to adhere to the standards and principles of this document*".

Some common medications used in MAPU are listed below. It would be useful to read about these medications before you attend your placement.

1. Beta blockers such as Metoprolol
2. Anti-coagulants such as Warfarin, Dabigatran, and Clexane.
3. Diuretics such as Furosemide.
4. Antibiotics such as Flucloxacillin.

Questions

Please use this space to note any question you have to ask your preceptor or the CNE after reading this information package...

Evaluation of your Clinical Preceptor

Please return your evaluation to Robyn Kitchen (MAPU 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				

Describe what your preceptor did well

Describe anything you would suggest be done differently

Signed: _____ Name: _____