Health New Zealand
Te Whatu Ora

Older Persons and Rehabilitation Services (OPRS) Hutt Valley Student Information Book

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

Updated by: Imee Saplagio CNE 13 December 2024

Introduction to Healthcare in NZ

New Zealand has a high quality health care system, much of which is funded by general taxation. This means the health care is free or subsidised for people who are eligible for publicly funded health care in New Zealand. The Pharmaceutical Management Agency (PHARMAC) decides which medicines and medical devices are subsidized. Many prescription medicines are subsidized, reducing the cost to patient. Additionally Accident Compensation Corporation (ACC) covers the cost of health care for those who have accidents. ACC is a government funded insurance scheme.

Māori Health:

Efforts are made to address health disparities and improve health outcomes for Māori, the indigenous people of New Zealand. Māori health providers and initiatives aim to deliver culturally appropriate care and address the unique health needs of Māori communities.

NZ Health care system is broadly classified under three categories which are

1. Public Health and Preventive Services:

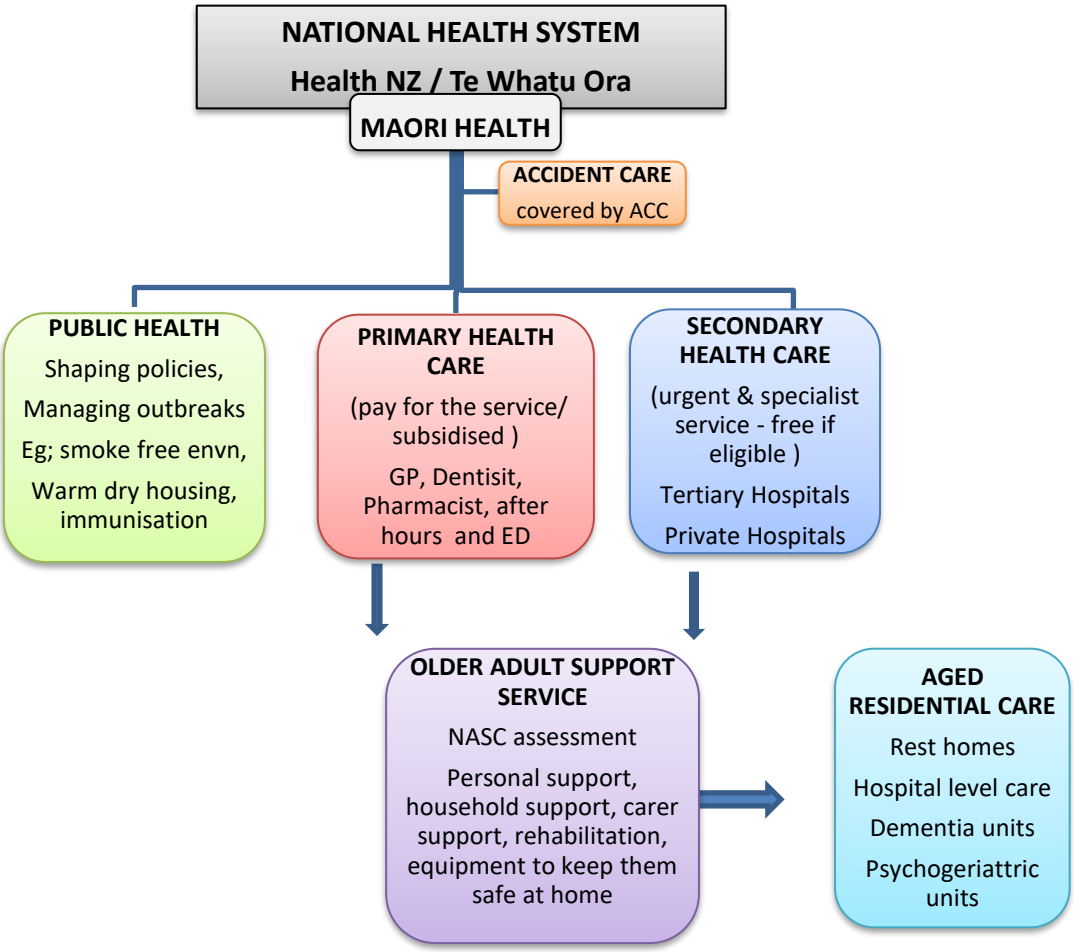
Public health services focus on disease prevention, health promotion, and population health initiatives. Services include immunization programs, health education, screening programs, and environmental health measure

2. Primary Health Care:

Primary health care is the first point of contact for individuals with the health system. Services are provided by General Practitioners (GPs), nurses, and other health professionals. Primary Health Organizations (PHOs) coordinate primary care services and ensure that enrolled populations receive comprehensive care.

3. Hospitals and Secondary Care:

Hospitals provide a range of services, including emergency care, elective surgeries, specialist consultations, and inpatient care. Secondary care services are usually accessed through referrals from primary care providers.



Health New Zealand - Te Whatu Ora

Health New Zealand- Te Whatu Ora was established in part of a major health system reform in 2022. Health New Zealand- Te Whatu Ora consolidates the functions of the 20 former District Health Boards (DHBs) into a single national organization. The aim is to reduce regional disparities in health service delivery and ensure national consistent standards. Health New Zealand- Te Whatu Ora is responsible for providing and funding health services, including hospitals and community services.

Capital & Coast and Hutt Valley District:

Capital, Coast and Hutt Valley District has been formed as part of the health reforms and combines two previously separate District Health Boards. We are now working together to

align the way we do things, with the aim of improving care and provide equitable outcomes for the population across the district and region.

Capital & Coast and Hutt Valley Health of the Older Person Services

Health of the Older Person services provide inpatient and in home assessment, treatment and rehabilitation services for people aged 65 years and over. The focus of Health of the Older Person Services is to meet the needs of the older adults (kaumātua) who may have struggled to cope at home due to multiple factors or have become deconditioned from health disorders that have affected their independence and functional ability. We work to restore the functional ability of our kaumātua by working closely with them and their family/support network (whānau) alongside our multidisciplinary team, which includes physiotherapist, occupational therapist, social worker and dietitian.

Health of the older person services are available across the district which includes Ward four & five in Kenepuru Hospital, Older People Rehabilitation Service (OPRS) East and West Wards in Hutt Hospital and Ward 3, Acute Frailty Unit (AFU) in Wellington Hospital. These wards offer Medical, Nursing and Allied Health assessment, planning and treatment to lessen functional decline for hospitalized older adults and facilitates discharge planning. Additionally Hutt OPRS ward cares for a small number of psycho geriatric patients.

The Health of Older Person Services are closely linked to our community based services which includes

Aged Residential Care:

Entry into aged residential care typically requires an assessment by a Needs Assessment and Service Coordination (NASC) team. This determines the level of care required. Aged residential care is means-tested, with funding coming from both government subsidies and resident contributions.

Rest homes typically provide accommodation, meals, and general care for those who need some assistance with daily activities.

Hospital level care offer a higher level of care including some nursing and medical services for people with higher health needs.

Dementia Units provide facilities designed to offer safety and support for people with Dementia.

Psychogeriatric units provide care for the elderly who display behavioral and psychological symptoms of dementia or other complex Psychiatric illnesses.

Meihana Model of Care

Older adult have an increasing number of medical diagnoses and medications coupled with non-medical factors like socioeconomic, cognitive and functional decline creating a “care complexity” phenomenon.

The Meihana model was developed by Professor Suzanne Pitama (University of Otago) in 2007, is a framework and assessment tool for health service delivery when working with Māori. The Meihana model builds on Te Whare Tapa Whā, a holistic model of Māori health developed by Sir Mason Durie in 1984. The framework encourages the clinician to consider not only the individual, but their whānau, support networks, environment, and wider societal influences. Taking a broader and more holistic approach helps the clinician develop a deeper understanding of the client and their presenting issues.

Each voyage is charted towards a destination, for the waka (canoe) hourua (health/wellbeing) this involves the passage of attaining hauora (health/wellbeing), however the course can be influenced by nga hau e wha (the four winds of Tawhirimatea), nga roma moana (ocean currents) and whakatere (navigation).

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Figure 1: Waka Haora

Figure 1 : Picture of a Waka (canoe) Haora (health and wellbeing) the two Hulls (hiwi). One represents the patient and the second represents the family or support network (whānau) are attached through the crossbeams (aku). Each crossbeams connects the patient and their whanau.

Components of Meihana model

1.Waka hourua (double-hulled waka)

The waka hourua demonstrates the importance of considering both the patient and their whānau in assessment of health. Additionally, it is a role of the health practitioner to get onto this waka hourua and become a part of the patient's support network (kaupapa whānau) for a period of time. Assessing the health of a Māori patient should include developing an understanding of the strength and weakness of each of the aku (cross beams) as below and its role in the patient's health.

- patient
- whanau (support system)
- Tinana (physical health)
- Hienegaro (mental well being)
- Wairua (spirituality)
- Iwi Katoa (accessible services and systems)
- Taiao (physical environment of patient)

2.Nga Hau e Wha (The four winds)

The four winds signify historical and societal influences on Māori as the indigenous peoples of Aotearoa/New Zealand. Knowledge and understanding of these winds assists in providing the appropriate context for Māori health (in a colonised society) and encourages the health practitioner to reflect on how these winds have influenced their perception of Māori patients/whānau/community.

The four wind that includes

- Colonisation,
- Racism,
- Migration,

- Marginalisation.

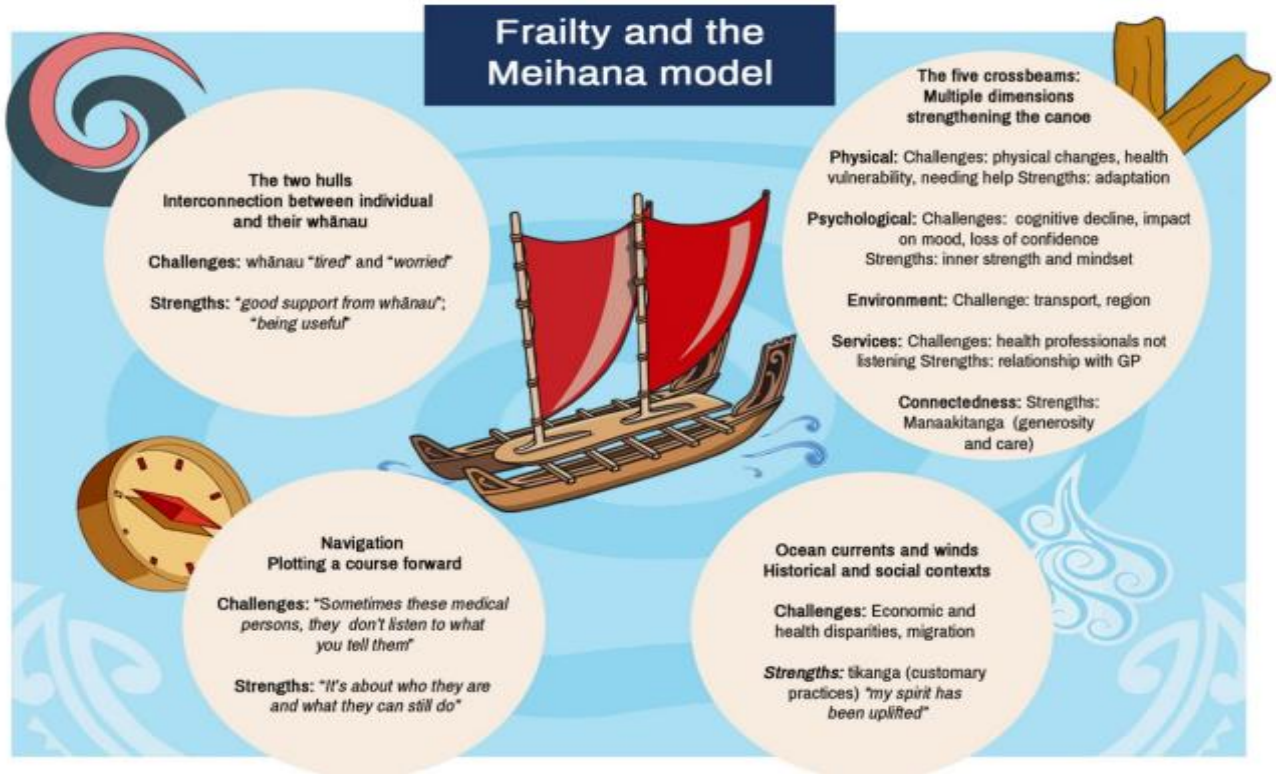
3.Nga Roma Moana – Ocean Currents

It is important to note that the influence of these currents varies greatly due to individual patient experiences in Te Ao Māori and the effects of colonisation. The influence of these currents and the flexibility of the model allow for Māori patients' diverse experiences to be equally valued. The ocean currents are

- Ahua (personal indicators),
- Tikanga (Maori cultural principles),
- Whanau (relationship roles & responsibilities),
- Whenua (whakapapa).

4.Whakatere – Navigation

In the Meihana model, navigating the most appropriate course is influenced by the assessment of the aku, the waka hourua, the presence of nga hau e wha and nga roma moana. The process of plotting a course and setting the sails and rudder is analogous to the health practitioner and patient/whānau selection and implementation of proposed treatment interventions and recommendations.



For more details watch https://www.youtube.com/watch?v=rJxLMF7UTak

Pitama, S., Huria, T. & Lacey, C. (2014). Improving Maori health through clinical assessment: Waikare o te Waka o Meihana. New Zealand Medical Journal, 127(1391), 107–119. ISSN 1175 8716

Welcome to the Older Persons and Rehabilitation Services

We hope that you enjoy working as part of a multi-disciplinary team and will find your time here both rewarding and challenging.

Older Persons and Rehabilitation Service (OPRS) has two wards – the east wing and the west wing. While you will primarily be assigned to one ward, you will be working on both wards. Our multidisciplinary team includes:

The Medical team

- **Clinical Head of Department (CHOD)-** Dr Andrew Linton
- Consultants: Dr Teresa Thompson, Dr. Jo Rodwell , Dr. Andrew Linton, Dr Jo Williams, and Dr Charul Barapatre, Dr.Mike Liu, Dr.Kimberley Horton
- Two Registrars (one for both east and west wings)
- Two House surgeons (one for both east and west wings)

The Nursing team

- Clinical Nurse Manager (CNM) — Joycelyn Go
- Associate Clinical Nurse Manager (ACNM) West wing — Cathie Verkade
- Associate Clinical Nurse Manager (ACNM) East wing — Grace Basinang
- Associate Clinical Nurse Manager (ACNM) — Anett Thomas
- Older Persons Mental Health Team Leader — Lisa Stuart
- Clinical Nurse Educator (CNE) — Imee Carmella Saplagio
- Complex Discharge Liaison/RN — Devika Ashaid
- Registered Nurses
- Enrolled Nurses
- Health Care Assistants

Allied Health professionals

- Speech Language Therapists
- Occupational Therapist
- Physiotherapists
- Social workers
- Dietician
- Pharmacist

Administrative staff

- Ward clerk west wing — Margaret Uriarau
- Ward clerk east wing — Sonja Banks

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

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.

Visitors

We have 2 dayrooms – one each end of the ward. There is a small kitchenette next to these which the families can help themselves to drinks provided. They may use the milk from the fridge but no other food or drinks as these are for the patients. They may use the toilet outside the ward only.

Family members may stay with a patient overnight but this must have permission from the ACNM / Coordinator. We prefer 2 patients at a bedside at one time and encourage the families to rotate visitors for large families by using the dayroom; this is to support the well-being of the other patients.

There may be times when it is appropriate to ask the visitors to leave e.g. for personal cares or at 20:00 when the ward closes to all those not staying overnight. Support for managing this should be sought from your preceptor or ACNM / Coordinator or After hours. It is important to be culturally and spiritually mindful in these situations.

Contacts

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

Clinical Nurse Educator	Imee Carmella Saplagio	imee.saplagio@huttvalleydhb.org.nz DD 5709966 0272068339
Clinical Nurse Manager	Joycelyn Go	EXT.9233
Associate Clinical Nurse Managers	Cathie Verkade(OPRS West) Grace Basinang (OPRS East)	DD 5709050 DD 5709051
Complex discharge liaison coordinator	Devika Ashaid	EXT. 9966

Imee Carmella Saplagio (CNE) is responsible for overseeing all student placements in OPRS. Cathie Verkade (ACNM) and Grace Basinang (ACNM) co-ordinates 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 Imee Carmella Saplagio, Clinical Nurse Educator.

Expectations of the Student Nurse while in OPRS

The shifts in OPRS are:

AM shift:	***0700-1530***
PM shift:	***1445-2315***
Nocte shift:	***2245-0715***

- 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.

- On the first day please provide Student contact details (form at back)
  And give it to either the CNE or the Shift Coordinator.

- 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 and ID worn.

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.

DEPARTMENTAL HEALTH & SAFETY INDUCTION CHECKLIST

This form is to be completed by the worker in conjunction with their Health & Safety Rep/Manager within 7 days of starting employment/placement

Name of Worker:			
Worker Type:	☐ HVDHB ☐ Agency Nurse ☐ Visitor with Special Staff Status (e.g. ☐ Student on Clinical Placement		
Employee Number (if applicable):		**Position:**	
Department/Area:		**Start Date:**	

SECTION 1 – ALL WORKERS (All information contained in the Departmental H&S Information Notice and Health & Safety Guide Folder)		**✓ – To Show Completed or N/A if not applicable**
H&S Rep	• Knows who is the H&S Rep is and where to find them	☐
First Aid (if applicable)	• Knows who is the designated First Aider	☐
	• Knows where first aid supplies are kept	☐
Risk Management	• Local hazards & controls for each hazard discussed	☐
	• Knows what hazardous substances are used in the work area and the location of hazardous substances inventory and Safety Data Sheets (SDS)	☐
H&S Incident Reporting (SQuARE)	• Reporting procedure for H&S Incidents/near misses discussed (SQuARE)	☐
Blood & Body Exposure	• Reporting procedures for BBFE discussed	☐
H&S Information	• Location of H&S noticeboard/information discussed	☐
Emergency Management (to be completed in conjunction with Fire Warden)	• Shown the location and use of Emergency Response Procedures Flipcharts	☐
	• Shown the location of Emergency Equipment (e.g. extinguishers, hoses, defibrillators)	☐
	• Knows who the designated fire warden is	☐
	• Understands fire alarm procedures & sounds i.e. intermittent & constant alarms & shown and understands the mimic panels	☐
	• Shown and understands emergency evacuation routes and procedures	☐
	• Knows how to summon assistance in an emergency (777 / 570 9777 from mobile phone)	☐
	• Fire extinguisher types, locations and uses	☐
Personal Safety	• Has completed a workplace familiarisation and walk around (including work area, hazards, emergency exits, amenities, kitchen and other facilities)	☐
Personal Protective Equipment (PPE)	• Personal safety precautions and departmental/service safety procedures discussed with worker	☐
	• Requirements for use of PPE discussed and agreed	☐
	• Location, storage, maintenance, replenishment and reporting of faults discussed	☐
Duress Alarms If applicable	• Worker knows how to locate and activate emergency (duress) alarms	☐
	• Worker knows when alarm should be activated	☐
	• Worker aware of how to respond when an alarm is activated	☐

SECTION 2 – Employee's New to HVDHB Only (not required for employees moving departments)		✓ – To Show Completed or N/A if not applicable
H&S Incident Reporting	• Familiarisation with the SQUARE Reportable Events system and how to report an incident (especially Staff and Others H&S)	☐
H&S Intranet	• Employee introduced to H&S intranet site including pages on Injury Management, H&S Incident Reporting etc.	☐
Mandatory Training	• Employee introduced to MyPay and Ko Awatea LEARN (e-learning) and the mandatory training requirements for their role. Any in-house training must be booked and attended i.e. Nurse Mandatory Training Day which includes Moving & Handling, CPR, Infection Control	☐
EAP Services	• Explain services available to employee • Show employee where contact information is and how to access the services	☐
Mask Fit Testing (MFT)	• Has the employee undergone Mask Fit Testing in the last 12 months? ☐No Yes ☐ If yes – **What mask type was prescribed**_____ **Date Tested** _____ If not, do they meet the requirements for MFT? ☐No ☐Yes - If yes, book an appointment for MFT http://intranet.huttvalleydhb.org.nz/policies-guidelines/workplace-health-and-safety/mask-fit-testing-mft/	

To be Completed by Employee/Student/Visitor with Special Status:			
Acknowledgement of Induction (Please tick if you agree):			
☐	I agree to comply with HVDHB health and safety requirements including safety policies and procedures to ensure my own safety and that of others in the workplace.		
☐	I agree that if there is anything in the workplace that I do not understand, I will seek help from the person in charge of the workplace		
☐	I agree to immediately report any incident or hazard to the person in charge of the workplace		
☐	I agree to wear Personal Protective Equipment as required		
☐	I will not perform work tasks or operate equipment for which I do not have training or experience to safely do/operate		
Signature:		**Date:**	

To be Completed by Health & Safety Rep or Manager Delivering Induction:	
Name:	
Designation:	
Date of Induction:	

To be Completed by the Manager within 14 days of start date:
For HVDHB Employees Only – Please email a copy of the completed document to Workplace Health and Safety as evidence that the person named above has completed their Health and Safety induction to the workplace. This will be followed up by Workplace Health & Safety if not received within 14 days of an employee's start date. A copy will then be sent to HR to be filed on their personnel file.

Clinical conditions that are common in older adults

- Falls resulting in fractures
- Respiratory Conditions (Exacerbation of COPD, Pneumonia, Asthma)
- Diabetes Mellitus- Type 1 and 2
- Renal Conditions (Acute/Chronic Kidney Injury)
- Cardiac Conditions (Heart Failure, Atrial Fibrillation)
- Hypertension
- Deconditioning
- Parkinson's Disease
- Dementia and Delirium
- Cognitive Impairment
- Amputation
- Cellulitis
- Leg ulcer
- Syncope and collapse

Common Medications that are used in Health of Older Person

Drug Group	Examples	Complete Action, Side Effects & Nursing considerations
Beta Blockers	Metoprolol Bisoprolol	
Calcium Channel Blockers	Diltiazem Felodipine Amlodipine	
ACE Inhibitors	Cilazapril	
Diuretics	Frusemide Spironolactone	
Analgesia	Gabapentin	
Controlled Drug Analgesia	Morphine Fentanyl Sevredol Pregabalin	
Statins	Atorvastatin Simvastatin	
Anti-Platelets	Aspirin Clopidogrel	
Anti-Coagulants	Clexane Warfarin Dabigatran Rivaroxaban	
Nitrates	Duride GTN spray	
Oral Hypoglycemic Agent	Metformin Gliclazide	
Laxatives	Bisacodyl Laxsol Lactulose	
Antidepressants	Citalopram Mirtazapine	
Antipsychotic	Haloperidol Olanzapine Risperidone	

Commonly used abbreviations

Some of the abbreviations are not standardized but you may come across these abbreviations in your practice.

#	Fracture	**FG**	Fluid Goal
ACP	Advanced Care Planning	**FWB**	Full Weight Bear
ADLs	Activities of Daily Living	**GCS**	Glasgow Coma Scale
AF	Atrial Fibrillation	**G/F**	Gutter Frame
AFO	Ankle Foot Orthosis Splint	**GOC**	Goals of care
AKA	Above Knee Amputation	**GTN**	Glyceryl Trinitrate
BD/BID	Twice a day	**H/H**	Hand held
BKA	Below Knee Amputation	**HTN**	Hypertension
BM	Bowel Motion	**IDC**	Indwelling Catheter
BP	Blood Pressure	**IHD**	Ischemic Heart Disease
BPAD	Bipolar Affective Disorder	**IVAB**	Intravenous Antibiotic
BPSD	Behavioral and psychological symptoms of dementia	**IVC**	Intravenous Cannula
BSL / BGL	Blood sugar/ glucose level	**IVF**	Intravenous Fluids
CHF	Congestive Heart Failure	**L/S BP**	Lying and standing Blood Pressure
COPD	Chronic Obstructive Pulmonary Disease	**MRI**	Magnetic Resonance Imaging
CPAP	Continuous positive airway pressure	**MS**	Multiple Sclerosis
CT Scan	Computed Tomography Scan	**MUST/MST**	Malnutrition Screening Tool
CXR	Chest X Ray	**NAD**	No Abnormalities detected
D/C	Discharge	**NBM**	Nil By mouth
DHS	Dynamic Hip Screw	**NGT**	Nasogastric tube
DM	Diabetes Mellitus	**NOF**	Neck of femur
DVT	Deep Vein Thrombosis	**NRT**	Nicotine Replacement Therapy
Dx	Diagnosis	**NSTEMI**	Non ST Elevation Myocardial Infarction
ECG	Electrocardiograph	**NWB**	Non weight bearing
EWS	Early Warning Score	**OA**	Osteoarthritis
FBC	Fluid Balance Chart (nursing) Full Blood Count (medical)	**OD**	Once a day
OT	Occupational Therapist	**VF**	Ventricular Fibrillation

PAR	Patient at risk Service	**VT**	Ventricular Tachycardia
PE	Pulmonary Embolism	**WBAT**	Weight bear as tolerated
PEG	Percutaneous Endoscopic Gastrostomy	**W/F**	Walking Frame
PICC	Peripherally Inserted Central Catheter	**WOB**	Work of breathing
POABs	Oral Antibiotics	**W/S**	Walking stick
PPPR	Protection of Personal and Property Rights	**WT**	Weight
PWB	Partial Weight bear	**Buc**	Buccal
QID/qds	Four times a day	**IM**	Intramuscular
Q/S	Quadstick	**Inh**	Inhalation
ROM	Range of motion	**Mane**	Morning
SCD	Sequential Compression Device	**nocte**	night
SLT	Speech language Therapist	**Neb**	nebuliser
SOBOE	Short of breath on exertion	**PO**	Oral
SPC	Suprapubic catheter	**PRN**	As needed
STEMI	ST Elevation Myocardial Infarction	**PV**	Per Vagina
STML	Short Term Memory Loss	**q4h**	Every 4 hours
TD2M	Type 2 Diabetes Mellitus	**q6h**	Every 6 hours
TDS/TID	Three times a day	**q8h**	Every 8 hours
TIA	Transient Ischemic attack	**SL**	Sublingual
TKJR	Total Knee Joint Replacement	**STAT**	immediately
TROC	Trial Removal of Catheter	**TOP**	Topical
URTI	Upper Respiratory Tract Infection	**CWMS**	Color, Warmth, Movement, Sensation
USS	Ultrasound scan	**VAC**	Vacuum assisted closure
UTC	Up to commode		
UTT	Up to toilet		

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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.

- CNM/ CNE Office /Nurses Office
- Doctors office
- Roster
- Nursing equipment room
- Physiotherapist equipment room: Mobility aides (frames, stroller,wheelchairs)
- Occupational therapist equipment room
- Staff tea room, Cloak room
- Staff and Public Toilet
- Commode and shower chair store room
- Linen supplies, Sluice room,
- Patient Dining Room
- Drug room
- Dangerous Drug Cupboard
- Dressing Materials
- "Notes on Injectable Drugs"
- BGL and Ketone machine
- Emergency Trolley; Defibrillator
- IV supplies and infusion pumps
- Civil Defense cupboard
- Clinical policies & procedures
- Suction Equipment
- Weighing Scales
- Observation machine, thermometer probes
- Bladder scanner
- ECG machine
- Infection control trolleys
- Patient's safety cupboard
- Pressure preventing equipment
- Sling Hoist; Standing; Ceiling hoist, Sara Steady
- Laboratory forms and specimen bottles
- Patient Notes and Charts
- Portable Phone, Photocopy/Fax machine
- Bio-hazard bags
- Alginate linen bags
- Oxygen isolation "shut off" valve, oxygen cylinder
- Emergency Exit

Evaluation of Preceptor by Preceptee

Please return your evaluation to the Clinical Nurse Educators

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 like done differently

_____

_____

Signed:_____ Name:_____

HUTT HOSPITAL MAP

Finding your way around

Te Whatu Ora
Health New Zealand

NIKAU CENTRE

G	• Infant, Child, Adolescent and Family Services (ICAFS)

COMMUNITY HEALTH BUILDING

3	• Community Health Service – District Nursing • Social Work Service • Community Physiotherapy • Community Occupational Therapy
2	• Regional Public Health
1	• Regional Public Health
G	• Paediatric Outpatients • District Nursing Dressings Clinic • Antenatal Room • Community Midwifery Team • Occupational Health • Transport Office • Patient Travel

CARE BLOCK

1	• Older Persons & Rehabilitation Service (OPRS) *East and West Wards*
G	• OPRS Mental Health • OPRS Outpatient Services
G	• Breast Centre

THERAPIES BUILDING

G	• Physiotherapy • Speech Therapy, Occupational Therapy and Hand Therapy • Child Development Service

F BLOCK

G	• Equipment Store *(collection and return)* • Medical Records

CLOCK TOWER BLOCK

2	WEST	• Procedure Suite
2	EAST	• Clinical Training Centre
1	EAST	• Diabetes • Dietitians • Respiratory
1	WEST	• Plastic, Maxillofacial and Burns Outpatients *(Plastics and Burns Unit see Heretaunga Block)* • Plastic Surgery Dressing Clinic
1	Main Corridor	• Learning Center and Auditorium
G	EAST	• Dental
G	Main Corridor	• Coffee Shop • Revenue • Main Cafeteria • Kitchen • Supply
G	WEST	• Ear, Nose, Throat (ENT) • Audiology • Ophthalmology

TE WHARE AHURU (TWA)

ENQUIRIES

- Ground Heretaunga Block at General Outpatients

PARKING PAY MACHINES

- Main Entrance, Heretaunga Block
- Gate 3 (opposite Breast Centre)
- ED Entrance
- Parking building

THEATRE AND ED BLOCK

1	• Operating Theatres • Intensive Care Unit (ICU) • Day Surgery Unit • Second Stage Recovery (SSR)
G	• **EMERGENCY DEPARTMENT** • Medical Assessment and Planning Unit (MAPU) • Orderlies and Security
G	• **Fracture Clinic**
G	• **Endoscopy and Medical Day Stay**

HERETAUNGA BLOCK

7	• Building and Property Service
6	• Coronary Care Unit (CCU) • Cardiology • Rheumatology Outpatients
5	• Medical Ward
4	• General Surgery and Gynaecology Ward (GSG) • Orthopaedic Ward
3	• Children's Ward • Plastics and Burns Unit *(Plastics Outpatients see Clock Tower Block)*
2	• Maternity and Postnatal Services • Special Care Baby Unit (SCBU)
1	• Laboratory Outpatients • Pharmacy • Transit Hub
G	• General Outpatients and **ENQUIRIES** • General Outpatients – Suite 2 • Hutt Hospital Radiology • MRI and CT Imaging Suites • Maternity Assessment Unit

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Updated by: Imee Saplagio CNE 13 December 2024