



Operational Policy for Shearwater Ward Psychiatric Intensive Care Unit (PICU) OP-Shearwater PICU

Policy Details	
NHFT document reference	OP-SHEARWATER PICU
Version	Version 1
Date Ratified	
Ratified by	DMT
Implementation Date	18.09.2017
Responsible Director	Chief Operating Officer
Review Date	18/09/2020
Related Policies & other documents	
Freedom of Information category	Policy

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

CONTENTS

1. DOCUMENT CONTROL SUMMARY	4
2. INTRODUCTION	5
3. PURPOSE	5
4. DEFINITIONS	6
5. DUTIES.....	6
5.1. Responsible Clinician/Consultant.....	6
5.2. Senior Matron / Ward Matron.....	6
5.3. Nurse in Charge and Security Nurse.....	6
5.4. Key Worker	6
6. POLICY PROCESS	6
6.1. Philosophy of the PICU Service	6
6.2. Principles of Care.....	6
6.3. Admission Pathway.....	8
6.4. Child and Adolescent Mental Health Service (CAMHS)	9
6.5. Acute Outflow.....	9
6.6. Section 136 Referrals.....	10
6.7. PICU Admission Criteria	10
6.8. Conveyance of Patients	11
6.9. PICU Exclusion Criteria.....	12
6.10. Clinical and Medical Responsibility	12
6.11. PICU Admission Process	12
6.12. Key Worker	14
6.12.1. Allocation.....	14
6.12.2. Responsibilities	15
6.13. Assessment and Care Delivery.....	15
6.14. Discharge and Transfer Process.....	166
6.15. Standard Operational Procedures.....	177
6.16. Management of PICU Service.....	17
6.17. Shift Management and Ward Routine	17
6.18. Handover	19
6.19. Ward Round and MDT Meeting	20
6.20. Access to Occupational Therapy	20
6.21. Daily Planning Meeting.....	20
6.22. Patient Experience Group.....	21
6.23. Ward Night Routine.....	21
6.24. Management of Property within the PICU	21
6.25. Smoking.....	22

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

6.26. Staff and Visitors Access to the PICU	22
6.27. Children’s Visits to PICU	24
6.28. Service Development and Evaluation	25
6.29. Staff Induction	25
6.30. Students, Trainees and Learners.....	26
6.31. Patient and Family/Carer Involvement Principles.....	26
6.32. Supervision	27
6.33. Patient Advice and Liaison Service	27
6.34. Independent Advocacy.....	277
6.35. Volunteers and External Workers	28
6.36. Guidelines in the Event of PICU Service Suspension	28
7. TRAINING	298
7.1. Mandatory Training	298
7.2. Specific Training not covered by Mandatory Training	29
8. MONITORING COMPLIANCE WITH THIS DOCUMENT.....	29
9. REFERENCES AND BIBLIOGRAPHY	299
10. RELATED TRUST POLICY.....	309
APPENDIX 1- PICU ADMISSION FORM	310
APPENDIX 2 – FLOWCHART OF WELLAND ACCESS TO PICU SERVICES	332
APPENDIX 3 - SHEARWATER PICU SECURITY CHECKLIST.....	343

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

1. DOCUMENT CONTROL SUMMARY

Document Title	Operational Policy for Shearwater Ward Psychiatric Intensive Care Unit (PICU)
Document Purpose (executive brief)	To ensure consistent practices within clear governance structures for PICU service delivery
Status: - New / Update/ Review	Review
Areas affected by the policy	All patients who require admission to the PICU
Policy originators/authors	Andres Patino, Sara Johnson
Consultation and Communication with Stakeholders including public and patient group involvement	The development of this policy has been done in consultation with senior managers, consultants, and nursing staff across inpatient areas at Berrywood Hospital and the Welland Centre
Archiving Arrangements and register of documents	The Trust Policy Lead is responsible for this policy and will hold archived copies of this policy on a central register
Equality Analysis (including Mental Capacity Act 2007)	Not Applicable
Training Needs Analysis	See Section 7
Monitoring Compliance and Effectiveness	See Section 8
Meets national criteria with regard to	
NHSLA	N/A
NICE	N/A
NSF	N/A
Mental Health Act	N/A
CQC	N/A
Other	N/A
Further comments to be considered at the time of ratification for this policy (i.e. national policy, commissioning requirements, legislation)	
If this policy requires Trust Board ratification please provide specific details of requirements	N/A

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

2. INTRODUCTION

Shearwater Ward is a 7-bedded Female Psychiatric Intensive Care Unit (PICU). The PICU offers a Trust wide service and therefore accepts referrals for patients within the catchment area of Northamptonshire NHS Foundation Trust. It is a locked ward, although the structured physical environment is designed to facilitate therapeutic management that is assessed and based on specialist intensive interventions and not containment. It is an integral part of the Trust's mental health patient pathway.

The Unit provides intensive, short term, individualised care for those patients who are detained under the Mental Health Act and who are in an acutely disturbed phase of a serious mental disorder, resulting in increased risks that seriously compromise their physical or psychological well-being, or that of others and require them to be assessed or treated in a controlled environment for a brief period of time.

The therapy is provided, in line with the Mental Health Policy Implementation Guide, National Minimum Standards for Psychiatric Intensive Care Units (DoH 2002) by a multidisciplinary team, who also have an advisory role to other NHFT mental health inpatient facilities.

Patients admitted or transferred to Shearwater PICU will have a short-term intensive assessment and treatment package and then be transferred to one of the recovery wards as soon as their mental state improves, for continuing in-patient treatment, referral for home treatment or discharge.

Shearwater PICU should not be seen or used as an emergency service. All transfers to the ward should be planned and undertaken after consideration of the immediate risks to the patient and staff involved in the transfer.

3. PURPOSE

The purpose of this policy is to provide Northamptonshire Healthcare NHS Foundation Trust (NHFT) with an operational policy for the Trust-wide Psychiatric Intensive Care Unit (PICU) at Shearwater Ward, St Marys Hospital, Kettering. The document outlines the core components of the service. This PICU Operational Policy is informed and supported by NHFT policies, procedures, practice guidance and other general information.

We strive to achieve standards of care and direction in response to the following national and local drivers for best practice and change.

National Service Framework for Mental Health
New Horizons, No Health Without Mental Health

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

Department of Health Policy Implementation Guides (Psychiatric Intensive Care Unit)

Mental Health Act 1983: Code of Practice 2008

Modernising the NHS – Essence of Care

NHS Plans

Standards for Better Health

NICE Guidance / evidence based practice

National Health Service Litigation Authority risk assessment standards

NHFT Policies

4. DEFINITIONS

PICU – Psychiatric Intensive Care Unit. A Psychiatric Intensive Care Unit is for patients compulsorily detained usually in secure conditions, who are in a disturbed phase of serious mental disorder. There is an associated loss of capacity for self-control, with a corresponding increase in risk which does not enable their safe, therapeutic management and treatment in a general open acute ward. A psychiatric Intensive Care Unit will have a higher staff to patient ratio than that offered within a general open acute ward.

CPA – Care Programme Approach. This term is used to describe the Care Programme Approach used in NHFT to assess, plan, review and co-ordinate the range of treatment, care and support needs for people who have complex characteristics.

MDT – Multi-Disciplinary Team. This is the term used to describe a team of professionals consisting of varying disciplines including Consultant Psychiatrists, Registered Mental Health nurses, Occupational Therapists, Psychologists, Ward Matron's, Senior Matron's that all contribute to the patients care pathway.

NHFT - Northamptonshire Healthcare NHS Foundation Trust

5. DUTIES

5.1. Responsible Clinician/Consultant

Shearwater has a dedicated Responsible Clinical who not only oversees the PICU but also the female recovery ward allowing for a more cohesive and consistent transition.

We also have 0.5 of a staff grade to support the RC and access to the onsite junior doctors to provide additional support that ward may require.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

5.2. Senior Matron and Ward Matron

See section 6.17

5.3. Nurse in Charge and Security Nurse

See section 6.18

5.4. Key Worker

See 6.12.2

6. POLICY PROCESS**6.1. Philosophy of the PICU Service**

The ward provides a modern, needs-led mental health service, which treats patients with dignity and respect in an appropriate environment that is safe and supportive for patients, staff and visitors. It is based on a multi-disciplinary approach to provide a range of services that are appropriate to individual need.

The staff work in a non-discriminatory way by accepting and being willing to work with an individual's understanding of their own issues. This involves acknowledging the individual patient's culture and life experience.

The service will work jointly with patients, ensuring partnership in the decision making for their care and treatment. We will include carers, where appropriate and agreed, in the patient's treatment, recognising their skills and knowledge.

6.2. Principles of Care

The following principles will underpin the daily activities undertaken by all staff who deliver care on the PICU:

- Work with patients and encourage them to take an active part in the decision-making process regarding the care they receive.
- Recognise the important role of carers and provide support that they need, thus promoting the optimum mental health of both patient and carer.
- Ensure effective individual care planning using the Care Programme Approach (CPA).
- Existing CPA care plans will be available to PICU staff and the CPA care co-ordinator will be involved in the planning of the patients' period of inpatient care, ensuring continuity of care. Patients will be involved in developing their own CPA and inpatient care plans and countersign these where possible.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

-
- All staff will ensure effective communication between key services involved in the patients' care.
 - All staff will ensure that there is an emphasis on early assessment and initial care plans that establish what therapeutic activities and interventions should be organised and accessed so that immediate risks, anxieties and concerns are addressed.
 - The pathway out of the PICU should be identified at admission with patient involvement, wherever possible. Any teams that are or will be involved, should commence joint working at the earliest opportunity.
 - The service will facilitate and promote patients access to the Patient Advice and Liaison Service and interpreting services. The Trust endorses Independent Advocacy Services and will facilitate and promote access to these.
 - All patients will be treated equally whilst respecting their individual needs through their ethnic origin, gender, social class, sexual preference, religion, age, language, mental or physical disability or geographical location.
 - The unit is designed for short-term care and a lengthy stay will be deemed exceptional.

6.3. Admission Pathway

Shearwater PICU operates a referral-based service for referrals from the Crisis Resolution Home Treatment Team (CRHTT), Approved Mental Health Practitioner (AMHP) Team, Community Forensic Team or from the RMO or Nurse-in-Charge of one of the Trust's adult acute and rehabilitation wards. The health professionals involved will contact the PICU with regard to arranging the admission or internal ward transfer.

When making a referral to Shearwater PICU, there is an expectation that the referrer has considered the PICU Admission Criteria (See section 6.7) and the exclusion criteria (See section 6.9).

Referrers will be required to discuss the PICU Admission form (see appendix 1) and to inform the ward staff of all relevant details in relation to the patient's history, current presentation and known risks, together with a clear rationale for admission to the PICU.

Staff will ensure that the patient is made aware that they may access an Independent Advocate at any time.

The PICU Admission form is not used to determine suitability for transfer to Shearwater PICU. The form is used to collect risk and clinical information for the PICU team so that a clear and concise rationale for the admission is collected.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

The Shearwater PICU team will not screen referrals. Once a referral is made it will be accepted by the ward providing the PICU Admission form and relevant risk assessments have been completed. Similarly, once the Shearwater PICU have determined that a patient is suitable for transfer to an open ward, the receiving area will accept the patient as soon as possible.

Admissions to Shearwater PICU will be reviewed on an on-going basis to ensure they remain appropriate.

A flowchart illustrating the procedure for Welland Centre access to PICU services is contained in appendix 2.

Alternatives to admission will include PICU staff:

- Offering advice and information on medical and nursing interventions and care planning.
- Offering advice on the specific management of problematic behaviour.
- Agreeing on further reviews of a developing problem and possible re-assessment where indicated.
- Supporting applications for referral to other specialists units.

6.4. **Child and Adolescent Mental Health Service (CAMHS)**

Shearwater PICU is part of the Adult Mental Health Services pathway, therefore all referrals should be over the age of 18.

However in line with existing NHFT CAMHS guidance on authorisation of admission of young people into adult inpatient facilities, referrals for emergency or atypical admission will be considered for those young people aged 17 or over, for the shortest possible period whilst awaiting an age appropriate placement. The admission will be supported by CAMHS staff.

The PICU criteria for admission and exclusion is the same for young people as it is for adults and is described in sections 6 and 7 of this policy.

The admission of those aged under 18 into an adult inpatient facility will follow the statutory obligations as set out in section 11 of The Children's Act (2004)

6.5. **Acute Outflow**

It is the responsibility of the inpatient Senior Matrons and Consultants working in partnership with the community mental health teams and services to ensure there is sufficient capacity in the range of Trust inpatient areas, including PICU.

In all cases where a patient is transferred from one of the trusts open wards to an out of area PICU, the referring ward will advise the bed managers who will track this admission. It is the responsibility of bed managers to monitor the progress of this admission and return the patient to Shearwater PICU as soon

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

as possible. Patients should only remain in the PICU for as long as appropriate and the Shearwater PICU team are expected as part of this monitoring to liaise with the provider to determine the continued need for PICU.

In the event of the out of area PICU advising that intensive care is no longer required, the Bed manager team will inform the relevant admission ward, who undertake the role of bed managers and make the necessary arrangements to transfer the patient back to an open ward.

Shearwater PICU will be expected to admit a patient from an out of area PICU even if this is not clinically required but if it means that this patient returns back to local services more promptly. In such circumstances, suitability for transfer to an open ward will need to be determined by the receiving responsible clinician after transfer back to Shearwater PICU.

Any use of the acute outflow pathway will be undertaken in line with the agreed protocols including approval of the appropriate Director.

Out-of-Area referrals to the PICU will be accepted directly, in accordance with existing NHFT guidelines.

6.6. Section 136 Referrals

Northamptonshire Police may detain people under S 136 of the Mental Health Act. Please refer to the NHFT and Northamptonshire Police joint policy and procedure for S136 referrals.

6.7. PICU Admission Criteria

In line with the National Minimum Standards for PICU and Low Secure Environments (DoH 2002) the admission criteria are as follows:

- Patients will only be admitted if they display a significant risk of aggression, absconding with associated serious risk, suicide or vulnerability (e.g. due to sexual disinhibition or over activity) in the context of a serious mental disorder.
- Individuals who are detained under the appropriate section of the Mental Health Act under provisions of Section 2, 3, 35, 37, 38, 47 or 48.
- The admission for PICU is due to a new episode or an acute exacerbation of the patient's condition.
- It has been demonstrated that multidisciplinary management strategies in the referring acute ward have not succeeded in containing the presenting problems.
- It has been demonstrated that Crisis Resolution/Home Treatment support is not appropriate
- There must be mutual agreement between the referrer and the PICU team on the positive therapeutic benefits expected to be gained from the

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

time limited admission including a clear rationale for assessment and treatment

- Patients waiting for admission to forensic services may be admitted pending assessment, with the involvement of Forensic services and where it is agreed that a PICU admission will provide the correct level of interim support.

6.8. Conveyance of Patients

Patients will be conveyed in the manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people.

For the purposes of this operational policy conveyance applies to the transfer of patients between the Welland Centre, Kettering and Berrywood Hospital, Northampton.

When deciding on the most appropriate method for conveying a patient, factors to be taken into account include:

- The patients age
- Any physical disability and/or health issues
- Any risks to the health and safety of the patient and/or escorts during the journey
- The nature of the patient's mental disorder and their current state of mind
- The likelihood of the patient behaving in a violent or dangerous manner
- The likelihood that the patient may attempt to abscond and the risk of harm to the patient or other people should that happen
- The available transport options

Where possible decisions to convey a patient should be taken by the MDT in advance to enable forward planning.

Available transport options include use of:

- The dedicated Berrywood Hospital and Welland Centre inpatient vehicles
- Patient transport service
- Ambulance Service
- The use of private secure transportation services

It is the responsibility of the referring/transferring ward to coordinate conveyance arrangements although it is expected that both receiving and transferring services to support, and participate in the conveyance.

Patients who have been sedated before being conveyed should always be accompanied by a health professional who is knowledgeable in the care of such patients, is able to identify and respond to any physical distress which

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

may occur and has access to the necessary emergency equipment to do so. Patients receiving intravenous sedation should only ever be transported in an ambulance.

All patients transferred to/from the PICU will do so with the appropriate escort and will never be transferred alone.

The NHFT Teamwork Training will include a section on the safe and appropriate use of restraint when transferring a patient in a vehicle.

6.9. PICU Exclusion Criteria

In line with the National Minimum Standards for PICU and Low Secure Environments (DoH 2002), the categories of patients who should not be treated within a PICU are:

- Primary diagnosis of substance misuse.
- The behaviour is a direct result of substance misuse and not an exacerbation of mental illness.
- Primary diagnosis of dementia.
- Primary diagnosis of learning disability
- The patient's physical condition is too frail to allow safe management within the PICU.
- Individuals with a primary diagnosis of a personality disorder, whose behaviour is unlikely to be modified by brief intensive care and treatment.
- Young people aged 16 or under.

Although there is no strict upper age limit regarding admission (in keeping with the National Service Framework for the Care of Older People), individuals whose general physical level of functioning, emotional maturity or physical condition preclude admission to a PICU will not be admitted. Clinical consideration must be given to the safety and care of patients at either end of the age spectrum and the appropriateness of a PICU.

6.10. Clinical and Medical Responsibility (See also Section 5.2)

Responsible Clinician responsibilities for patients admitted to the PICU from outside the general adult directorate will continue to be held by the relevant consultant from these directorates (e.g. CAMHS, Forensic etc). This is in line with established practice.

6.11. PICU Admission Process

Where admission has been agreed with the CRHTT/AMHP Team, the patient's GP will be advised of the admission and a GP summary will be requested. It is desirable that this is undertaken before the patient arrives, but out of hours this may need to be completed the following working day.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

Upon admission, the patient will be met and greeted by a member of nursing staff. They will be shown around the ward and the ward procedures such as the storage of property, PICU restricted items and visiting times. The NHFT no smoking policy will be explained to them. It is important that all patients are greeted professionally and warmly.

Nursing staff will discuss with the patient details of their family or carers and seek the patient's permission for them to be advised of the admission.

A member of PICU medical staff will be contacted and advised of the admission. They will attend and will complete a mental health assessment form and a physical examination. This is a standard part of the admission process and the forms and is situated within electronic patient record - system one . A member of nursing staff will be present throughout this process. It is known within the service as "clerking in".

As part of the clerking in process the admitting doctor must commence the medicines reconciliation process. If the admitting doctor is unable to complete the process then the ward doctor must complete the process within 24 hours of admission (or as soon as practical if admission occurs at a weekend) The Medicines Reconciliation Form found within system one must be completed. This is to ensure that all medication taken prior to admission including those for physical conditions are continued on admission unless there a clinical reason not to do so. Any changes to medication on admission must be documented on the medicines reconciliation form. (See MMP013) The GP summary will be required for this form to be completed

Prior to, or following the clerking in process, a member of staff will collate and complete admission paperwork within the following timescales

To be completed on the day of admission:

- NHFT Registration Form and Information Consent Form
- Accommodation, employment, SDS and no smoking information
- Ward admission form (including physical examination form)
- Patients Property Disclaimer
- Initial individualised Care plan
- HCAI Risk assessment (Infection control assessment form)
- MHA Section papers
- *Contact made with family / carer /significant others to gather background information and offer support / assessment

To be completed within 48 hours of admission:

- Patient Manual Handling Risk assessment
- Falls Risk Assessment

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

Malnutrition Universal Screening Tool (MUST)
Waterlow Ulcer Risk Assessment working With Risk One

To be completed within 72hours of admission:

Smoking Cessation care plan (if required)-
Care plan for the management of aggression and violence
Individual care plans specific to the needs identified as part of the initial assessment process
HoNOS (Only in those cases where a patient is admitted from the community)

*The purpose of this contact is also to ensure that carers are asked if they require an assessment of their needs as a carer. If this is the case then the key worker will refer the carer to the appropriate Carer Development Support Worker based within the Community Mental Health Team to undertake a Carer's Assessment.)

Shearwater PICU operates a "team nursing approach" due to the size of the nursing team and the small number of beds. This means that all of the staff on duty during the initial period of admission will work together to ensure that all of the tasks mentioned previously have been completed within the required time frames.

The patient will be asked to assist with the completion of these documents and will be asked to sign them. The patient will be advised of their key worker, Consultant Psychiatrist and it will be explained to them the time of their ward round.

Following admission, all patients will have an ECG completed on the next working day and routine blood investigations. The philosophy within the Adult service is that existing physical healthcare needs are assessed on an on-going basis. Support in the management of these conditions is available locally through liaison with other services that are part of NHFT.

6.12. Key Worker

6.12.1. Allocation

The decision to allocate a key worker will be made by the nurse in charge of the ward, at the time the patient is admitted. The allocation will be made based upon the availability of staff over the 72 hour period following admission and each team member's current workload. A nurse will not be allocated to any more than 2 patients as a key worker at any one time.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

6.12.2. Responsibilities

The key worker will introduce themselves to their allocated patient as soon as possible following admission. It is essential that a therapeutic relationship is developed quickly through demonstrating skills of compassion, understanding and a caring attitude. The key worker will contribute to the completion of those tasks in section 6.11 and ensure that these tasks are completed by the team.

Following the admission process, the key worker will oversee and co-ordinate the care delivery provided by the multidisciplinary team. The keyworker will have specific responsibility for liaising with other services and stakeholders as part of the co-ordination of the care pathway. They will also ensure that care plans are updated and reviewed regularly.

The keyworker will also ensure that they build and maintain positive relationships with the patient's carer / significant other by maintaining regular contact.

The key worker will meet with their allocated patients at least weekly. These 1:1 sessions will be the forum for the key worker to re assess and prioritise needs in partnership with the patient and evaluate care plans. They will also be used to update and evaluate risk assessments and discharge planning.

The team nursing approach used on Shearwater PICU will ensure that all patients will have a 1:1 session daily with a member of nursing team to review all aspects of their care and support their recovery.

The Ward Matron will ensure that audits of the clinical record are completed each week to determine that these tasks are being completed as stated in this policy.

6.13. Assessment and Care Delivery

A fundamental part of the initial assessment will be identifying risk factors and precipitating factors, which will lead to the development of individual care plans.

The MDT will undertake an assessment within the first 3 days, which will identify needs and strengths in relation to:

- Risk
- Current mental state
- Psychosocial situation
- Functional performance
- Factors leading to admission
- Relevant history

Following the initial assessment and review a MDT care plan will be formulated to meet the identified needs and strengths of the patient. Where

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

they are available, advance statements/directives will be taken into account in the care planning process.

Close liaison with carers and family is essential when devising care plans, particularly when input from the patient is limited, due to the condition of their mental health. Informed consent to treatment is sought at all times and is recorded.

Interventions will be in line with Trust policies regarding delivery of care and will reflect the Core Interventions from the National Minimum Standards for PICU (DoH 2002).

All contacts involving, or about, the patient during their admission will be recorded on ePEX promptly at the earliest opportunity.

6.14. Discharge and Transfer Process

Establishing a clear pathway out of the PICU is essential to its efficient operation and should begin upon admission to the ward. The pattern is generally one of transfer to another inpatient ward. Where direct discharge is indicated, this will be in line with existing Trust policy.

Internal ward transfers will be agreed by the PICU MDT subject to an assessment using the PICU referral criteria and working in partnership with the admissions ward staff.

Transfers out of PICU will be reviewed on an on-going basis to ensure they remain appropriate.

A patient should be considered for transfer from PICU if one or more of the following criteria apply:

- The patient has demonstrated increased control over problematic behaviours that would allow them to function in an adult recovery/admission ward.
- The patient is appropriately utilising escorted leave from the unit successfully.
- The patient's residual problematic behaviour is assessed as not resulting from a treatable major psychiatric disorder.
- The patient has achieved the maximum benefit from the available treatment and is unlikely to respond further to a prolonged stay.
- The patient is demonstrating extreme disturbed violent behaviour, the management of which is beyond the resources available within the unit.

Zoning is a means of ensuring that all patients receive the level of care they require. Zoning is rated on a Red, Amber, Green scale where Red indicates the highest level of need and required multidisciplinary therapeutic input. All new admissions to Shearwater PICU will be rated "Red" on admission and each patient's rating will be reassessed twice weekly within Multidisciplinary

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

review meetings. Orange status will indicate reduction in risk but not to the stage where transfer from the ward is possible. Green status indicates that the patient is deemed “Transferable” and ready to transfer back to an Acute Recovery/Admission Ward.

Once a patient has been assessed by PICU medical and nursing staff and subsequently identified as being transferable back to an open ward environment, the PICU staff will contact the bed managers to identify the availability of an appropriate bed on one of the recovery/admissions wards.

PICU staff will liaise with that ward to discuss appropriate handover arrangements.

PICU staff will ensure that before transferring a patient to an open ward, their risk assessment is reviewed and updated, clearly showing where there has been a reduction in the risks that led to admission to the PICU initially.

6.15. Standard Operational Procedures

Staff will ensure that they are aware of and follow Trust policies, procedures and protocols / guidelines, which can be found on the Trust Intranet or in the PICU staff office.

6.16. Management of PICU Service

The PICU service is managed by the Ward Matron who is line managed by the Senior Matron for Adult Inpatient Services at The Welland Centre.

The Senior Matron is line managed by the Head of Hospitals (North).

6.17. Shift Management and Ward Routine

The number of staff on duty on the PICU depends upon the clinical demands, the observation status of those patients resident at the time and the perceived presenting management issues of the overall patient population. Minimum staffing levels are currently set at 5 staff on both early and late shifts and 4 staff at night.

All staff working on shift will be trained in Prevention and Management of Violence of Aggression teamwork techniques in line with mandatory requirements.

Shearwater Psychiatric Intensive Care Unit:

	Minimum Number of Qualified Nurses	Total Staffing Number
Early shift	2	5

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

Late shift	2	5
Night shift	2	4

The Nurse-in-Charge holds the responsibility for shift management. This may be any grade of RMN, or Student Nurse in education with an allocated RMN taking responsibility. Where the Nurse-in-Charge is a junior member of staff, they will be closely supervised and supported by the senior nurses on duty.

The Role of the Nurse-in-Charge:

- Check that all staff expected to be on duty have arrived; reporting to the nominated Clinical Team leader or Night Manager if any additional staff are required.
- Receive handover from the previous shift co-coordinator.
- Identify the security and sharps nurses are allocated for the shift.
- Check all resuscitation equipment. Report any faults immediately to Resuscitation Officer
- Add the Key-worker's name to the board as soon as they are appointed to a patient.
- Ensure that any patient, who does not have a Key Worker or co/support worker on duty, is allocated a nurse to deliver prescribed care for that shift.
- Allocate a nurse to every patient during every shift and record this clearly on the board.
- Receive telephone calls directed towards the Nurse-in-Charge.
- Keep a record of all staff leaving the clinical area, (who should state their intended destination and expected duration of absence from the Unit
- Facilitate staff break times.
- Ensure that on-coming shifts are adequately staffed.

The Nurse-in-Charge will identify a nurse to lead on security at the start of every shift. The security nurse should always be a permanent member of staff. This may be a Band 3 or Band 5 but should not be the Nurse-in-Charge as this would compromise the integrity of both roles.

The security nurse role is to assist in the maintenance of a safe and therapeutic environment for both staff and patients. The aim of the security nurse is not to replace good nursing practice but to enhance the safety of the PICU through a formal process.

The security nurse is responsible for:

- Completing the environmental and security checklist of the PICU throughout the assigned shift (see appendix 3).
- Ensuring the physical integrity of the PICU and to report any faults and / or implement the appropriate process to rectify the faults.
- Allocation, storage and testing of all alarms, security fobs, fire keys and room keys for both staff and visitors.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

-
- Opening the doors to external areas and ensuring knowledge and awareness of staff and patients in these areas. No external doors should be opened without the knowledge of the security nurse.
 - All searches undertaken i.e. room, staff visitors must be undertaken with the security nurse present.
 - Promoting security and safety awareness throughout the shift.
 - The on-coming and out-going security nurse will undertake the security checklist at each shift handover.

On every shift the nurse in charge will identify a member of staff from PICU to undertake the role of response nurse. This will not be either the Nurse-in-Charge or the security nurse for that shift. The response nurse will respond to all attack alarms across the hospital site. It is desirable but not essential that individuals identified to assume this role will be up to date with PMVA low level interventions and teamwork training.

There are daily checks in the clinic that ensure that the following equipment is in working order. These checks are completed every morning prior to the morning medication round and include:

- Oxygen cylinder and masks (Recording amount of oxygen)
- Suction Machine
- Contents of Crash Trolley and expiry dates of contents
- Contents of the top of the crash trolley which includes Defibrillator, Oxometer, gloves, ligature cutters and suction machine.
- Temperature of fridges

There are other daily checks that include kitchen fridge / freezer temperature. Staff also should check their personal alarms and pager are working and operational.

At the start of each shift all external doors and bathrooms are checked by the incoming and outgoing nurse in charge. These checks are to ensure that items that may cause harm to others such as razors, paper clips, glass etc are not left undetected. Checks are also completed on internal doors that should be locked including, laundry, kitchen, clinic, disposal, linen rooms and storage cupboards

Every weekend a Controlled Drug audit is completed to ensure that the stock is correct and has been signed for correctly. The clinic stocks including medication and medical devices are checked every weekend and out of date items disposed of accordingly. The clinic area is deep cleaned every weekend.

6.18. Handover

The daily routine starts with a handover between night staff and those working the early shift. Further handovers take place at 1345hrs and 2015hrs.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

The purpose of handover is to pass information about the ward from the outgoing shift to those staff coming on duty. The format used within the service is that each patient is discussed in turn, with the essential components of the report being their names, legal status, leave status, current risks, feedback of the nursing observations of the patient's presentation from the previous shift and any tasks that are needed to be completed by the incoming shift. This will be done in turn for each patient.

Although the handover is primarily to handover the care delivery of patients, it also provides support for team members that are present. The handover allows nursing staff to express their feelings concerning patients and situations, including emotional events and sometimes may function as a debriefing session. It may provide an opportunity for safe individual and team reflection.

6.19. Ward Round and MDT Meeting

Ward rounds and multi-disciplinary meetings take place twice a week. There is a timetable for each meeting including the days that the meetings occur on display within the ward area and patients will be offered the opportunity to utilise independent advocacy services. Where time-tabled appointments cannot be met, staff will endeavour to inform relevant parties at the earliest opportunity. Staff will give the patient the option of deciding who will attend the ward round.

Ward round will provide an opportunity for open, honest and informal communication between the patient, family, carer and the MDT. Each patient will be invited to attend a ward round at a minimum of once a week.

6.20. Access to Occupational Therapy

Occupational therapy is available to all individuals requiring mental health in-patient services at The Welland Centre. Shearwater ward has dedicated Occupational Therapy staff based on the ward to provide a specialist service with a unique occupational focus using activity to both assess and treat needs within a person's everyday life (personal care, work ability, social ability and leisure). Patient participation in occupational therapy treatment is an essential part of the overall therapeutic care provided within the units, alongside medical and nursing care.

Resources include a relaxation/ group room; gym; art/craft room; kitchen for skill based cooking; outside space for gardening; and library/ resource room with reading and self-help resources.

It is expected that patients participate in two prescribed treatment sessions per day, as well as recreational activities in the evening and weekends.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

6.21. Daily Planning Meeting

Every morning at 0945hours a meeting is held on the ward to enable the patients to plan their day. The meeting is chaired by a member of the nursing team and is attended by a member of the occupational therapy team. The purpose of the meeting is to discuss with the patients what groups and activities are taking place during the day and for them to then identify which activities they will participate in. This meeting is also where all requests for leave will be discussed and arranged to enable safe and effective planning of the staffing resources for that day.

6.22. Patient Experience Group

A Patient Experience Group is held on the ward weekly. The function of the group is to provide an open forum to help understand the patients experience of their admission to hospital, to issues of quality, discuss issues of feedback and identify areas for improvement within the service. The group is chaired by the Ward Matron or Nurse in Charge of the ward. In addition to the patient experience group daily ward planning meetings will occur each morning to enable patients to plan activities and structure their day.

6.23. Ward Night Routine

Patients are encouraged to develop and maintain a healthy sleep pattern as part of their treatment plan. Supper is provided at 21 00hrs and night medication is dispensed from 22 00hrs. Patients are requested to retire to bed by 00.00hrs, at this time the communal televisions are turned off, lounges, dining rooms and garden areas are locked, lights are replaced by night lights. These areas are re-opened at 06 00hrs. This is to help maintain a quiet environment throughout the night to enable sleep with minimal disruption.

Observations remain throughout the night, either enhanced or every 15 minutes. However, staff are available for therapeutic interventions during the night when needed.

6.24. Management of Property within the PICU

To minimise the risks posed to others within Shearwater PICU, there are items of property that are not permitted within the ward area by either patients or visitors. The list of items will be clearly displayed upon entry to the ward and are as follows:

- Scissors, keys, sharp objects or edged implements
- Glass items
- Lighters or matches
- Plastic bags
- CD's / DVD's or similar discs
- Any substance that can be used as a drug of abuse, including medication, illicit drugs, alcohol, glue, lighter fluid or other illegal substances
- Recording devices such as cameras, camcorders or mobile telephones

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

-
- Images or literature likely to cause offence
 - Blue tac, chewing gum, tape, cables or cords
 - Cans
 - Keys and wallets
 - Raised rings such as sovereign rings or similar
 - Aerosols and razors (are allowed under supervision)

Provision is available for these items to be stored in a locker off the ward for the visitors. Families are encouraged where possible to take such property items away from the hospital for safekeeping.

The NHFT property disclaimer is clearly displayed on each ward entrance and within the day areas of the ward. The service will not take responsibility for any item of property that is not handed in to the ward for safekeeping.

A list of property will be taken upon admission to the ward for every patient and retained within the clinical record. This list clearly determines those items retained by the patient and those items handed in for safe keeping. Each ward maintains a record of items kept by the ward for reference

Electrical items such as personal Televisions, TV Games consoles, are not permitted on Shearwater PICU. The purpose of not allowing these items is because there is an expectation that patients who are admitted to the hospital engage in the ward routine and the therapy programme. There is a TV and games console available for use on the main ward.

Small portable devices such as iPods, MP3 players, laptops, ipads may be permitted to be used as a coping mechanism. Access to these items will be determined following a risk assessment and individualised care plan.

6.25. Smoking

In line with Government Legislation, Northamptonshire Healthcare Foundation NHS Trust sites are Smoke Free for staff, visitors and patients. We recognise that Service Users may come to the Shearwater Female PICU as smokers. Shearwater staff are able to offer Nicotine Replacement Therapy to help the Service Users recovery journey and to support their need for Nicotine. Nicotine Replacement Therapy is available in the form of patches and lozenges for all patients. Inhalators and gum will be prescribed following an individual risk assessment ensuring that the patient is not a risk to others by using the inhalator as a weapon or using gum to block locks on the unit causing a health and safety risk to their self and others. Patients are permitted to use e-cigarettes and vapes within the ward garden.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

6.26. Staff and Visitors Access to the PICU

Access to the PICU for all staff working on the unit, other Trust staff and all other visitors, professional and non-professional will be through the main unit entrance.

- All non-PICU staff and visitors will ring the PICU doorbell and be met by the security nurse before entering the unit.
- The PICU will not in any circumstances be used as a walkthrough and staff found doing so will be challenged and reported. All access to the ward must be made via the ward office
- All staff will leave personal belongings in the lockers provided.
- No personal items are allowed on the PICU i.e. mobile telephones, wallets etc.
- Visitors to the PICU will be met by the security nurse.
- Visiting professionals and relatives will use the lockers within the airlock for leaving personal belongings.
- Visits will be undertaken in the visiting rooms designated for visiting.
- At no point will both airlock doors be unlocked at the same time.

Visiting times are as follows:

Any day:

1100am - 1200pm

1500pm - 1600pm

1800pm - 2000 pm

Visits can be arranged outside of these times should people require, however we ask visitors to avoid mealtimes and arrive after 9.00am and finish visits before 8:45pm.

We also ask that visitors contact the ward prior to arriving (if planning on coming outside of visiting times) to ensure there is a room available.

Any restricted item will be confiscated at this point. In the case of illegal substances and weapons the police will be informed and requested to attend.

The number of visitors, who are allowed to visit a patient at any one time is at the discretion of the Nurse-in-Charge and is dependent on the individual patient and the psychological atmosphere on the unit at that time. However, under normal circumstances no more than two visitors per patient will be permitted.

Every effort will be made by the ward Staff to assist the patient in making contact with relatives, friends and supporters where appropriate. This is in line with the Code of Practice to the Mental Health Act, 1983.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

The Nurse-in-Charge will ensure that patient's visitors are aware of relevant policies and procedures, (for example, visiting times, where visits are to be held, signing in procedures, and items which are not permissible on the unit).

Visitors may be excluded or restricted on two principle grounds:

- Restriction on clinical grounds
- Restriction on security grounds

The decision will be taken within the MDT forum and the grounds for the decision clearly documented and explained to the patient and to the person concerned.

6.27. Children's Visits to PICU

Specific reference should be made to NHFT policy CLP047 on Safeguarding Children

The PICU is committed to facilitating visits by the children of patients where appropriate, however, the welfare of the child will be paramount and visits will only take place if the child is not put at risk. The following will be considered:

- The child's welfare will be safeguarded and regarded as paramount by all staff.
- Members of staff will facilitate and monitor the child's visit whenever contact is believed to be in the best interest of the child.
- The application of this policy will be an integrated part of the patient's ongoing risk assessment and will therefore be amended regularly.
- The Nurse-in-Charge of the ward has responsibility to ensure that the PICU visiting room offers a safe environment – any staff member who is concerned about risk has the responsibility to report this to their manager.
- The PICU Senior Nurse and Modern Matron have the right to cancel visits subject to the status of the ward at the time (e.g. levels of self-harm/violence from other patients and staffing levels). The reasons for the cancellation should be explained to the visitor and the patient, and noted in the records.
- Where it becomes apparent, during the course of the patient's treatment, that the person concerned may pose a risk to the child, then this should be disclosed to the multidisciplinary team including the child protection co-coordinator. Staff also have the responsibility if concerns are raised about someone other than the patient harming the child.

Visits by children will follow the following guidelines:

- Persons aged 16 or under are not permitted onto the ward area, under any circumstances.
- Visits by persons aged 16 years or under will take place in the visiting Room which is situated directly outside the entrance to the ward.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

Alternative areas within The Welland Centre may be used following assessment of risk and the use of this room will be determined by the patients leave status at the time of the visit.

- Children visiting the unit will be on a pre-planned/agreed basis only.
- Children must always be accompanied by an adult.
- Staff of the appropriate gender will be available at all times to provide close observations of children under 18 years
- Visits are supervised with a member of staff in attendance, either inside the room or outside the door. The visit may be cancelled by the Nurse-in-Charge if the appropriate supervision cannot be provided.
- Decisions not to allow visiting will always be based on the child's best interests. It will depend on the adult's mental state, the child's wishes/needs and/or other factors including the general level of anxiety/disturbance that could question the safety of the child.
- A refusal to allow a visit will be explained to the patient and the adult responsible for the child by the Nurse-in-Charge and the decision recorded in the patient's notes together with the reasons for the decision being made. In these circumstances, other forms of contact such as telephone or letter could be considered.
- Decisions not to allow visits will be continually reassessed.

6.28. Service Development and Evaluation

There will be an on-going process of both clinical and quality audit and evaluation in relation to the quality of service delivered, the results of which feed into the Trust's governance structures and strategic planning. This will involve the production of demographic data, patient feedback, carer and staff feedback and admission/treatment/discharge data.

The results of audits will be disseminated to staff and management of the unit including patient groups and appropriate senior managers. Policies, protocols standards etc will be amended based on information and evidence from audits.

Evaluation feedback and further service development will also be obtained from and fed back to the following forums:

- Ward Patient Experience Meetings
- Releasing Time to Care
- Occupational Therapy Review
- Patient Views via Comment Cards
- Patient Experience Surveys
- Friends and Family Surveys
- Other forums as they are developed

6.29. Staff Induction

All new staff will attend a Trust induction and will also receive a local induction programme individual to the PICU. This will include orientation to the ward

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

and also an individual programme of visits. Once completed the staff induction form will be filed within each individual staff record.

6.30. Students, Trainees and Learners

All students on placement will be provided with an induction, an assigned assessor and on-going experiential learning, including time with other disciplines. Students will be closely monitored and supported. The PICU has a profile of learning opportunities available to student nurses. Following their placement, feedback will be sought to ensure that the placements have been positive experiences.

Patients have a right to decline student involvement in their care.

6.31. Patient and Family/Carer Involvement Principles

It is recognised that patients are best placed to help staff understand their needs. Staff will promote patient involvement in all decision making processes and the planning of their care.

Involvement will include the identification of particular support needs with regards to any protected characteristics.

Patient involvement will be facilitated through:

- One-to-one sessions with their allocated workers
- Ward rounds
- Joint care planning
- Independent advocacy
- Ward patient experience group
- Advance statement/directive to refuse treatment
- Discussion with family/carers with permission of patient
- Patient Experience Surveys
- Friends and Family Surveys
- Releasing time to care
- Comment cards

Patients and carers will also be involved in the recruitment processes of the service, in training and in development projects.

The adult acute inpatient service holds monthly Carers Forums. These forums are attended by service staff and one of the Carer Governors within NHFT. They offer support to families and carers through giving advice and information about what services are offered, information about relevant care pathways and clarity around what other support is available to carers both locally and nationally. The forums are not limited to carers of patients who are in-patients and can be accessed by any carer's of patients who are in receipt of services provided by the trust.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

The PICU has an identified Carer's lead. This identified person works in collaboration with a Carers Governor to ensure that the PICU is engaging effectively with carers, to act as a ward resource for carers and clinical staff regarding available support. The carer's lead is responsible to ensure the carers information contained within ward areas are up to date and relevant.

The PICU has carer's information held within the entrance area. Ward staff will also distribute Carer's Cards to both patients and carers advising of the ward visiting times, ward telephone number and the name of both the key worker and Consultant Psychiatrist. These cards are kept in the ward office and will be given to all patients and carers.

6.32. Supervision

Clinical supervision, in line with the Trust's commitment to clinical governance agenda, forms a crucial part of the development and maintenance of good clinical practice. All staff will have supervision on a regular basis; this is to encourage self- reflection, development and the maintenance of skills.

Management supervision allows a person in a supervisory position to manage, direct and oversee the performance and operation of another member of staff, enabling the individual to achieve a satisfactory level of competence and promote their potential within the organisation. All staff employed within the Trust will receive regular management supervision in line with the Trust's agreed standards and procedures.

All supervision and appraisals will be recorded using either the Trust eKSF system or in writing in their personal files held by their line manager.

6.33. Patient Advice and Liaison Service

There is a patient advice and liaison service (PALS) in the Trust. PALS focuses on improving services for patients. It aims to provide "on the spot" resolution of concerns, advice, information and support for patients, their families and carers.

6.34. Independent Advocacy

All patients have the right to access independent advocacy. NHS Northamptonshire has commissioned Total Voice Northamptonshire to provide advocacy at the Welland Centre and Berrywood Hospital. Patients can choose to use alternative advocacy services if they wish to do so.

Total Voice Northamptonshire provides advocacy for the patients, which is free, independent and confidential.

The service offers:

- Support at clinical reviews, CPA reviews, tribunals and meetings
- Help and support patients in making and resolving complaints

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

-
- Information on patient rights within the Mental Health system
 - Signposting patients to local services, self-help groups and user groups
 - Helping people to voice ideas and opinions about the service they are using
 - Support in talking with professionals

Advocates do not make decisions for their clients or try to tell people what they should do; they will listen and offer support in whatever way is appropriate. Advocates endeavour to provide information in order to empower patients to make informed decisions.

Information on the available advocacy services is kept on the ward and referrals can be made direct by patients or by staff.

6.35. Volunteers and External Workers

St Marys Hospital is committed to improving the patient experience through Star Wards and other initiatives. An important component of this is 'bringing the outside in' and broadening the opportunities offered in hospital which serves to facilitate recovery opportunities post discharge.

Volunteers from the local community provide supervised and supported input to the units in a variety of roles to assist in the provision of low key activities and general engagement. External sessional workers also provide input to complement care provided within the units such as Tai Chi, Reflexology, Shiatsu and others depending on need and resource availability. Volunteers and sessional workers are fully CRB checked and receive induction and support to ensure safety of practice.

6.36. Guidelines in the Event of PICU Service Suspension

In the event that the PICU service has no current in-patients staff will be re-deployed across the acute in-patients service or into other arrangements with the agreement of their manager. A minimum of three PICU staff must remain available across the Trust at any time, in order to facilitate patient assessment and transfer as required. PICU staff will therefore not be counted on the numbers on the acute ward areas, in case a response is required.

It will be the responsibility of the PICU Nurse-in-Charge to redeploy staff to acute ward areas at the commencement of each span of duty. It will be the responsibility of the Nurse-in-Charge to keep the managers informed and updated on a shift basis of the situation.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

7. TRAINING

7.1. Mandatory Training

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Statutory and Mandatory Training Policy'

7.2. Specific Training not covered by Mandatory Training

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

8. MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trust's monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Attendance at the Trust and local inductions will be evidenced in staff personal files held by their line manager.	Ad hoc	Line Managers	Annually	N/A	Line Managers
Sections 6.2, 6.11, 6.12, 6.14, 6.27, 6.31 and 6.32 of this policy	Audit completed by Ward Charge Nurses	Ward Matron	Weekly	Berrywood Adult Clinical Governance Group	Operational Management Team
	Quality Schedule	Ward Matron	Monthly		
Staff have completed training associated with this policy in line with the TNA	Training will be monitored in line with the Statutory and Mandatory Training Policy.				

9. REFERENCES AND BIBLIOGRAPHY

There are no references or bibliography associated with this document

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

10. RELATED TRUST POLICY

There are no Trust related policies associated with this document.

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

5) What interventions have been tried so far e.g. techniques for reducing levels of arousal, increased level of observation, increased prn medication, nursed in seclusion etc.

6) Please confirm MHA status is appropriate for admission to PICU (i.e.: either Section 2, 3, 35, 37, 38 or 48)

7) Please state rationale for time-limited admission to PICU - What therapeutic benefit would be expected to be gained from PICU assessment and treatment?

Has the patient's medication regime been reviewed?

Has the use of 1:1 observations been tried?

Has the referral to PICU been discussed and agreed with the current MDT?

Date and time of referral:

Name/designation of referrer:

This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

APPENDIX 2 – FLOWCHART OF WELLAND ACCESS TO PICU SERVICES



This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20

<i>This document is uncontrolled once printed. Please refer to the Trust intranet for the current version. Review Sept. 20</i>		
Operational Policy for Shearwater Ward Psychiatric Intensive Care Unit (PICU)	35 of 35	Implementation Date: 18.09.2017