

**Coniston Ward**

**(The Edenfield Centre)**

**Student Welcome Pack 2021**

 **Student Name:**

 **University:**

**Practice Supervisor/ Assessor:**

*Contact details:*

Coniston Ward

The Edenfield Centre

Greater Manchester Mental Health NHS Foundation Trust

Bury New Road

Prestwich

M25 3BL

*Contact number*: 0161 358 2064 (Coniston Ward)

Welcome to Coniston Ward!

*The aim of this pack is to give you some useful information to help you grow as a nurse and to gain a better understanding of the service. We value our students and we look forward to you joining and contributing to the team 😊.*

Meet the team

Operational Manager:

Tracey Billington

(Tracey.Billington@gmmh.nhs.uk)

Ward Manager:

Jennifer Hodgkiss

(Jennifer.Hodgkiss@gmmh.nhs.uk)

Team Leaders:

Stella Harrison

(Stella.Harrison@gmmh.nhs.uk)

Rishi Manbodh

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Staff Nurses:

Lavell Rodriguez

(Lavell.Rodriguez@gmmh.nhs.uk)

Hannah Honeybone

(Hannah.Honeybone@gmmh.nhs.uk)

Isabella Buxton

(Isabella.Buxton@gmmh.nhs.uk)

Orla Fagan

(Orla.Fagan@gmmh.nhs.uk)

Senior Support Workers (Bd3):

Jason Jones

Cyril Bush

Paula Garside

Kayode Adebayo

Carla Leigh

Jenna O’Connor

Support Workers (Bd2):

Thomas O’Neil

Chantelle Doyle

Maria Miramontes-Pinon

Joy McCarthy

Anthony White

**Dress Code**

It is important that all staff and students working within Forensic Services understand the importance of dressing appropriately when working on the unit, first impressions are important. Staff are expected to portray a positive and professional image, not only to patients but to visitors (professional and other) and colleagues from other areas.

All staff must ensure that they are clean, smart and tidy in appearance. Students are required to wear a uniform whilst on placement on Coniston Ward. ID badges must always be worn.

**Mobile phones**

Due to the nature of the service it is important that you keep your mobile phone off and, in the locker, provided, at all times whilst on shift.

**Smoking**

This is a non-smoking Trust across the whole site. There are no facilities for staff or patient smoking.

**Hours of Operation**

The service provides 24-hour service 365 days a year.

**Shift Patterns**

**Early**: 07:00hrs – 15:00hrs

**Late**: 13:00hrs – 21:00hrs

**Long days:** 07:00hrs - 19:15hrs

**Nights:** 19:00hrs - 07:15hrs

**Car parking**

Students are not charged car parking fees and can park in the grounds of Prestwich hospital for free. Provided they have got a parking permit from the Facilities Department in Harrop House. Please contact Linda Oliver @ Harrop House.

**Libraries**

The Trust library is situated in The Curve at the Prestwich site and is open daily during the week. Wi-Fi is available and computer access. The library team are very resourceful and are willing to support students in their studies.

Monday to Friday 8-30am – 5pm

**Sickness/Absence or Lateness**

In the event of sickness or sudden unexpected circumstances please contact the ward to let them know you will not be attending due to sickness and also inform university. If you don’t contact the placement this will be logged as an unauthorised absence which may impact on your practice hour requirements. Please also contact the ward to inform us if you are going to be late or delayed.

**Reasonable Adjustments**

Please confide in your practice supervisor/assessor if you have any specific learning or health needs so that reasonable adjustments to support you in the placement setting can be made.

**Personal Security**

Everyone is responsible for his or her own personal security and for assisting and observing others. Upon entering the unit each member of staff/student draws a P.I.T from the key room. Each member of staff/student should check their alarm is working by testing it in the testing station (please ask a member of reception if you are unsure).

On each ward there is a designated security nurse for each shift, they will have received an induction and be aware of that ward’s security procedures (each ward has slight differences i.e. Ullswater patients use metal cutlery whereas Rydal ward use plastic etc)

Personal security is important in any mental health setting and you can aim to reduce any situations by….

* Always informing others where you are going.
* Do not go down corridors alone.
* Always sit nearest to a door when in a room.
* Be aware of your surroundings.
* Please report to the nursing office to ensure you have had a handover at the start of every shift prior to going on the ward, you do not know what might have changed since your last shift.
* Ensure you report to the nurse in charge upon entering any other wards so that they know you are there.
* Continually risk assess situations and areas.
* Use your skills and your gut feeling! If you are not comfortable with a situation then remove yourself from it and inform someone.

**Complaints and Concerns**

Should you have any complaints or have concerns during your placement please speak to your mentor or to the ward manager. We want your stay to be a positive experience and respect your honesty so that we can address anything untoward immediately.

If your concerns can not be shared with staff on the ward you can alternatively contact the Practice Education Facilitators, freedom to speak up guardian (freedomtospeakup@gmmh.nhs.uk) or your university.

**Student Timetable**

You are encouraged to organise a timetable of activities under the guidance of your practice supervisor/assessor, for example, attending spokes, in-house training, e-learning and working with other members of the multidisciplinary team.

There are a variety of in-house training sessions, e-learning packages which students can attend. Please access the learning hub for available sessions.

We have a good range of Practice learning opportunities available whilst you are on placement which can be discussed with your practice supervisor/assessor

Spoke placement opportunities: -

|  |  |  |
| --- | --- | --- |
| Services | Ward | Speciality/setting |
| Men’sMedium secure | EskdaleRydalDovedaleFerndaleSilverdaleConistonUllswaterKeswick | AcuteAcuteAcuteLong termTreatmentTreatmentRehabilitationRehabilitation |
| Women’s service | HayeswaterButtermereBorrowdaleDerwent | Therapeutic enhancedAcuteBlended serviceRehabilitation |
| Low secure | Wentworth houseDerwentDelaneyIsherwood |  |
| CAMHS | Gardener unitJunction 17 | Secure CAMHS |
| Other on-site services | Occupation therapyPhysical healthPsychologyPatterdaleGymRecovery academyFirst step trust |  |

Handover and patient note prompts: -

Biological

Physical wellbeing? Physical observations? Weight? Blood sugars? Diet and fluids? Medication? Compliance? Side effects? Depot? Changes to prescription card? Sleep pattern? appointments? Clozaril clinic?

Psychological

Mental state? Presentation? Behaviours? Mood? Depressed? Elated? PRN medication? Psychotic? Positive symptoms? Negative symptoms? Delusional ideation? Anxiety? Concentration? Assessment tools?

Social

Engagement? 1:1 Sessions? O/T Sessions? Sociable? Isolative? Intrusive? Behaviours? Leave? Rec? FST? Grounds leave? External leave? Family contact? Approved visit? Professional visits? Disinhibited?

Risk

Level of observations? Risk relapse signatures? Incidents? Hostility? Behaviours? De-escalation? Self-harm? BMI? Sexually inappropriate? Illicit drugs? Alcohol? Room search?

Commonly used medical abbreviations on medication charts: -

B.D.- Twice daily

T.D.S.- three times a day

Q.D.S. - Four times a day

P.O.- Orally

P.R.- Rectally

IM- intramuscular

IV- Intravenous

PRN- As needed

SC- subcutaneous

Common drugs, their use and side effects: -

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| SSRIs |
| DRUG | BRAND | MIN – MAX DOSE | USED FOR |
|  |  |  |  |
| CITALOPRAM | CIPRAMIL | 20 – 40mg | Depression, Panic Attacks. |
| ESCITALOPRAM | CIPRALEX | 10-20mg | Depression, Panic Attacks, Social Phobia. |
| FLUOXETINE | PROZAC | 20 – 60mg | Depression, Bulimia, OCD. |
| FLUVOXAMINE | FAVERIN | 100 – 300mg | Depression, OCD. |
| PAROXATINE | SEROXAT | 20 – 50mg | Depression, Panic Attacks, Social Phobia, OCD. |
| SERTRALINE | LUSTRAL | 50 – 200mg | Depression, OCD. |

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| TRICYCLIC ANTIDEPRESSANTS |
| AMITRIPTYLINE |  | 75 – 200mg | Depression. |
| DOSULEPIN | DOSULEPIN | 75 – 225mg | Depression. |
| LOFEPRAMINE |  | 140 - 210mg | Depression. |

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| OTHER ANTI DEPRESSENTS |
| DULOXATINE | CYMBALTA | 30 – 60mg | Depression. |
| FLUPENTIXOL | FLUANXOL | 1 – 3mg | Depression, Psychosis. |
| MIRTAZEPINE | ZISPIN | 15 – 45mg | Depression. |
| REBOXETINE | EDRONOX | 4 – 12mg | Depression. |
| VENLAFAXINE | DULOXETINE | 30 – 60mg | Depression, Anxiety. |

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| ANTI MANIC DRUGS |
| VALPORIC ACID | DEPAKOTE | 1 – 2mg | Manic Episodes. |
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| LITHIUM CARBONATE | CAMCOLIT | 400mg | Mania, Recurrent Depression. |
| LITHIUM CITRATE | PRIADEL |  |  |

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| “ATYPICAL” ANTIPSYCHOTICS |
| OLANZAPINE | ZYPREXA | 10-20mg | Schizophrenia, Mania. |
| ARIPIPRAZOLE | ABILIFY | 15-30mg | Schizophrenia. |
| RISPERIDONE | RISPERDAL | 2-16mg | Acute Chronic Psychosis, Mania. |
| QUETIAPINE | SEROQUEL | 50-800mg | Schizophrenia, Mania. |
| AMILSULPRIDE | SOLIAN | 400-1200mg | Schizophrenia. |
| CLOZAPINE | CLOZARIL | 20 – 900mg | Patients unresponsive to Anti psychotics. |
| ZOTEPINE |  |  | Schizophrenia. |

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| “TYPICAL” ANTIPSYCHOTICS |
| CHLORPROMAZINE | LARGACTIL | 75 - 300mg  | Schizophrenia, Mania. 25mg – 1g in Psychosis. |
| HALOPERIDOL | HALDOL | 1.5 - 30mg | Schizophrenia, Psychosis, Mania, Short term management of agitation, Violent behaviour. |
| FLUPENTIXOL | DEPIXOL | 3 - 9mg | Schizophrenia, Psychosis. |
| ZUCLOPENTHIXOL/ | CLOPIXOL | 25 - 30mg | Schizophrenia, Psychosis. |

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| ANTICHOLINERGICS |
| PROCYCLIDINE | KEMEDRIN | 2.5 - 30mg | Reduce symptoms of Parkinsonism induced by antipsychotic medication. |
| TRIHEXYPHENIDYL |  | 2 – 15mg | Reduce symptoms of Parkinsonism induced by antipsychotic medication. |

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| SSRI Common Side Effects:* Nausea
* Insomnia
* Anxiety
* Restlessness
* Decreased sex drive
* Dizziness
* Weight gain or loss
* Tremors
* Sweating
* Sleepiness
* Fatigue
* Dry mouth
* Diahorea
* Constipation
* Headaches
 | Tri Cyclic Anti-Depressant Side Effects:* Dry mouth
* Constipation
* Bladder
* Sexual problems
* Blurred vision
* Dizziness
* Drowsiness as a daytime problem
* Increased heart rate
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| Other Anti Depressant Side Effects:* Nausea
* Fatigue
* Weight gain
* Sleepiness
* Nervousness
* Dry mouth
* Blurred vision
 | Anti Mania Side Effects:Lithium:* weight gain
* drowsiness
* tremor
* weakness or fatigue
* nausea, vertigo
* diahorea
* stomach pain
* thyroid problems
* memory and concentration problems
* excessive thirst; increased urination
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| Depakote:* drowsiness
* weight gain
* dizziness
* tremor
* diahorea
* nausea
 | Typical Anti Psychotic Side Effects:* Restlessness and pacing
* Extremely slow movements
* Tremors
* Painful muscle stiffness
* Temporary paralysis
* Muscle spasms (usually of the neck, eyes, or trunk)
* Changes in breathing and heart rate
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| Atypical Anti Psychotic Side Effects:Stiffness in the neck and jaw * Drowsiness
* Faintness
* Dry mouth
* Blurred vision
* Constipation
* Weight gain
* Loss of sex drive
* Sun sensitivity Skin rashes
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***Violence:-***

**ASSESSING POTENTIAL VIOLENCE**

* History of violence
* Psychotic features

[paranoia / hallucinations / delusions]

* Intoxicated / alcohol / drugs
* Personality disorder

[antisocial / borderline / narcissistic]

* Poor impulse control
* Chronic physical illness

**SIGNS AND SYMPTOMS**

* Hyperactivity / pacing / restlessness
* Increased anxiety
* Posture / tension
* Eye contact [intense / avoidance]
* Verbal abuse / threats
* Silence
* Property damage
* Weapon

**MILIEU CONDUCTIVE TO VIOLENCE**

* Overcrowding
* Staff inexperience
* Provocation
* Over controlling
* Poor limit setting
* Loss of privileges

PANS (positive and negative symptoms): -

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| **Positive Symptoms** | **Negative Symptoms** |
| Positive symptoms refer to thoughts, perceptions, and behaviours that are ordinarily absent in people in the general population but are present in persons with schizoaffective disorder. These symptoms often vary over time in their severity and may be absent for long periods in some patients. **Hallucinations**. Hallucinations are "false perceptions"; that is, hearing, seeing, feeling, or smelling things that are not actually there. The most common type of hallucinations are [auditory hallucinations](http://www.healthyplace.com/COMMUNITIES/Thought_Disorders/schizoaffective/madness/voices.asp). Patients sometimes report hearing voices talking to them or about them, often saying insulting things, such as calling them names. These voices are usually heard through the ears and sound like other human voices. **Delusions**. Delusions are "false beliefs"; that is, a belief which the patient holds, but which others can clearly see is not true. Some patients have [paranoid delusions](http://www.healthyplace.com/COMMUNITIES/Thought_Disorders/schizoaffective/madness/paranoia.asp), believing that others want to hurt them. Delusions of reference are common, in which the patient believes that something in the environment is referring to him or her when it is not (such as the television talking to the patient). Delusions of control are beliefs that others can control one's actions. Patients hold these beliefs strongly and cannot usually be "talked out" of them. **Thinking Disturbances**. The patient talks in a manner that is difficult to follow, an indication that he or she has a disturbance in thinking. For example, the patient may jump from one topic to the next, stop in the middle of the sentence, make up new words, or simply be difficult to understand.  | Negative symptoms are the opposite of positive symptoms. They are the absence of thoughts, perceptions, or behaviours that are ordinarily present in people in the general population. These symptoms are often stable throughout much of the patient's life. **Blunted Affect**. The expressiveness of the patient's face, voice tone, and gestures is diminished or restricted. However, this does not mean that the person is not reacting to his or her environment or having feelings. **Apathy**. The patient does not feel motivated to pursue goals and activities. The patient may feel lethargic or sleepy, and have trouble following through on even simple plans. Patients with apathy often have little sense of purpose in their lives and have few interests. **Anhedonia**. The patient experiences little or no pleasure from activities that he or she used to enjoy or that others enjoy. For example, the person may not enjoy watching a sunset, going to the movies, or a close relationship with another person. **Poverty of Speech or Content of Speech**. The patient says very little, or when he or she talks, it does not amount to much. Sometimes conversing with the patient can be unrewarding. **Inattention**. The patient has difficulty attending and is easily distracted. This can interfere with activities such as work, interacting with others, and personal care skills.  |

Sections which are used in forensic settings: -

Sections 35

Section 35 is when a court of law has decided that you would benefit from spending time in hospital so that your mental health needs can be assessed. A Section 35 lasts for up to 28 days and can be extended but never for more than 12 weeks in total. Under this section at some point the allocated responsible clinician will decide whether there is a serious mental health problem or not. In all cases the service user will need to go back to court.

Section 36

Section 36 it is when the Crown Court which is dealing with the service user’s case has decided that they need treatment for a serious mental health problem. A section 36 lasts for up to 28 days and can be extended but never for more than 12 weeks in total. Under this section at some point the allocated responsible clinician will decide whether there is a serious mental health problem or not. In all cases the service user will need to go back to court.

Section 37

Section 37 is when a court of law (on the advice of two doctors) has decided that instead of going to prison, the service user would benefit from going to a hospital to receive treatment for a serious mental health problem. Section 37 lasts for up to six months and might be extended if the responsible clinician decides that more time is needed for your treatment.

The responsible clinician can end the Section 37 if he or she feels the service user is ready to be discharged. Before the service user leaves hospital, their needs should be assessed and an aftercare plan put together. This will be to help them stay well in the community

Section 38

Section 38 is when the court of law has convicted the service user of a particular offence but has not yet decided on their sentence. The reason for the delay is because two doctors have advised the court that time in hospital is needed to treat their serious mental health problem. This section lasts for up to 28 days, but can be extended, but never for more than a year in total.

In hospital, the service user will be looked after by a responsible clinician who will see how they respond to treatment and advise the court when it decides what should happen next. The court may decide to place the service user under a Section 37 or send them to prison.

Section 37/41 (with restrictions)

Section 37/41 means that the Crown Court has decided that (on the advice of two doctors) instead of going to prison, the service user would benefit from going to a hospital to receive treatment for a serious mental health problem. The judge will have decided that, because of concerns about public safety, they need to be both Section 37 and also Section 41. Section 37 deals with treatment of the service user’s mental health problem.

The Section 41 (often called a Restriction Order) means the Secretary of State decides when the service user can be given leave and when they can leave hospital. If it is agreed that they can leave hospital, conditions will be attached to their discharge. This is called a conditional discharge and means that they could be brought back to hospital if they do not comply with these conditions

Section 47

Section 47 it means that the service user is a sentenced prisoner. On the advice of two doctors, the Secretary of State decided that they needed to spend time in hospital to have treatment for a serious mental health problem.

When the treatment finishes the service user will go back to prison. Most people under this section are also under Section 49 which means the Secretary of State decides when they return to prison.

If the service user is in hospital when their prison sentence ends it does not mean they are free to leave. This is because the Section 47 changes to what is called a 'notional' Section 37(N). If this happens, the responsible clinician in charge of their care and treatment, decides when they can leave hospital.

Section 48

Section 48 means that the service user is a prisoner waiting to be sentenced. On the advice of two doctors, the Secretary of State decided that they needed to spend time in hospital to have treatment for a serious mental health problem. In most cases they will return to court for final sentencing. Most people under Section 48 are also under section 49.