MATERNAL & CHILD HEALTH CMU

Operations Policy for the Adolescent Ward

Introduction

A six bed adolescent unit is part of Ash and Oak ward, which opened along with the new unit in January 1992. We are therefore able to offer facilities designed especially for this group so this policy sets out the plans for the running of the ward. It is constantly reviewed and updated.

Philosophy of Care

Adolescents are a group with needs that are distinct from those of Adults and Children. The period of development that is adolescence affects all aspects of an individual’s life and characterised by intense biological, psychological and social change. In recognition of the unique demands that this presents us with, we aim to provide a service that:-

1. Enables adolescents to be cared for in an area that is separate from mainstream paediatrics, in an environment designed to meet their individual needs and that allows for privacy and peer group interaction.

2. Provides trained staff who recognise the need for individuality, increasing autonomy and independence, who will respect the need for privacy, sensitivity and honesty when caring for adolescents.

3. Actively encourages individuals to participate in the decisions affecting their care and gives them information that allows them to do so. We hope to create an atmosphere of partnership and trust that will enable physical and emotional problems to be discussed in confidence.

4. Recognises the continuing role of the family in the adolescent’s life and uses a family centred approach to care where appropriate.

Function of the Adolescent Ward

To provide specially designed inpatient facilities for 6 patients between the ages of 12 and 16 years for:

- Acute medical and surgical conditions
- Orthopaedic problems particularly following trauma
- Chronic illness or handicap when inpatient treatment is desirable
- Moderate emotional disturbance
- The investigation, assessment and treatment of problems of health, growth and development

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Other facilities offered include:

- Ongoing education
- Both structured and informal leisure activities
- Access to health education

**Location & Facilities**

The adolescent ward is a 6-bedded open ward which forms one part of the 21-bedded Ash ward, otherwise designed for children over the age of about 2 years. There are, in addition, 2 individual cubicles that may be used for teenagers requiring isolation or greater privacy at the discretion of the staff on the ward.

Adjacent to the ward is a large playroom and a hospital school. Immediately outside the ward is a fenced and grassed area which is separate from the younger children’s play area. A small sitting room provides a quiet area for reading, private discussion and interviews. Facilities for computers, board games, video and television are available on the ward.

Wardrobes suitable for outdoor clothes are provided beside each bed. All patients are encouraged to wear their daytime clothes. Headphones for television and radio are available at each bed-head.

We plan to develop a library of suitable books for adolescents – suggestions and donations welcomed.

**Admissions Policy**

In general those between the ages of 12 and 16 years inclusive will be admitted to the unit, though is space allows, older patients in full-time education and those with chronic disease or handicap may continue to be treated there at the discretion of the consultant. If pressure of beds dictates, younger children may on occasion also need to be admitted.

Admissions will be across the full range of specialities and patients will be cared for by the specialist concerned and his team, with involvement of the paediatric team if requested. Patients admitted with para-suicide will normally be in the joint care of the adolescent psychiatrists and paediatricians.

Adolescents in labour or those admitted for therapeutic abortion will continue to be managed in the labour ward or day ward. The facilities will not be suitable for the care of the mentally ill, severely disturbed or violent teenagers.

Referrals will be via the GP or Accident & Emergency department and the appropriate consultant.

**Staffing of the Ward**

The day to day management comes under the paediatric CMU. The nurses will form part of the team on Oak Ward and be accountable to the Senior Nurse in Charge of Oak.
We anticipated rotation of staff within Oak and also between Oak and Ash to further the training of all nurses. Nevertheless the staffing plans for the adolescent unit demand a team with medical, surgical, orthopaedic and ENT skills and we hope also at least one nurse will have experience in mental health care. Nurses will be both male and female and will offer a wide range of experience and maturity.

**House Rules**

- No smoking
- No drinking alcohol
- No drugs of addition

The use of unprescribed medication is not permitted.

Patients under 16 years may not leave the ward except with a known adult. Those of 16 years and over may request permission from the Nurse in Charge to go off the ward.

**Visiting:** Visiting by the family is unrestricted though in general we prefer that school hours (9.30am - 3.15pm) are avoided. Friends are encouraged to visit between 4-9pm in the week and at weekends. The Nurse in Charge may choose to restrict the number of visitors at any one time.

**Lights out:** it is suggested that lights are generally turned out at 10 pm and that patients are not woken before 7.30 am unless specific medication requires it.

**Health Education**

All adolescent patients will be encouraged to take part in discussion and decision making about their treatment and the opportunity used to explain their condition. Those between 12 and 15 years should be asked for their assent to treatment even where parents are formally giving consent.

The staff plan to develop a library of health education leaflets and perhaps videos.

**Discharge Plans**

A member of staff will explain to the patient and the family the following:-

- Medications
- Follow up arrangements and convalescence
- Dietary advice as appropriate.

In addition liaison may be provided by specialist orthopaedic and diabetic nurses and by the liaison health visitor. Where appropriate and with the patient’s consent, liaison may also be made with the school or college.

**Communications**

In a ward where many different clinical teams are responsible for patients it is vital that instructions and care plans are communicated carefully.
It is suggested that all staff involved in the patient’s care write in the medical notes so that important information given to nurses, dieticians, physiotherapists, teachers and social workers is not lost.

The paediatric registrar will have a role in the liaison between specialities and especially in the joint care of patients with emotional problems.

**Training and in service education.**

Regular seminars are held on the ward with adolescent psychiatrists, social workers, nurses and paediatricians to discuss individual cases and general problems which arise.

Opportunities for further training will also be explored and staff recommended for appropriate study days.

**Desirable development**

We plan to provide in the future:

- An information sheet for the adolescents
- A health education programme appropriate to the needs of the children/adolescents in the ward.
- Improved parents’ facilities.
- The play leaders would like to consider the development of one or two evenings per week of organised activities.
- The development of a Radio Way programme for adolescents.