Highlands
BEHAVIORAL
HEALTH SYSTEM

8565 Poplar Way, Littleton, Colorado 80130

Mental Health Report & Shift Change

Welcome to your mental health clinical rotations. During report, you might hear some abbreviations that are specific to mental health.

Please utilize this to assist you in clarifying the most common abbreviations. If you come across one that is not covered here, please ask the staff to assist you.

AUD	Alcohol Use Disorder
AD	Adjustment Disorder
ADHD	Attention Deficit Disorder
AP	Aggression Precautions
CBT	Cognitive Behavioral Therapy
CIWA	Clinical Institute Withdrawal Assessment (to score Alcohol withdrawal)
COWS	Clinical Opiate Withdrawal Scale (to score Opiate withdrawal)
CP	Chest Pain
DNMS	Developmental Needs Meeting Strategy (Therapy)
DT	Delirium Tremors
ED	Eating Disorder
EMDR	Eye Movement Desensitization and Reprocessing (Therapy)
E-Meds	Medications given under emergency circumstances without a court order
EP	Elopement Precautions
ESTC	Extended Short-Term Certification (after STC, can add additional 90 days)
Fall	Fall Precautions
GAD	Generalized Anxiety Disorder
HI	Homicidal Ideations
I-Meds	Involuntary Medications given with a court order
IOP	Intensive Outpatient Program
LOS	Line-of-sight
LTC	Long Term Certification (up to 180 days)
MDD	Major Depressive Disorder
M1	Mental Health Hold (involuntary hold lasting up to 72 hours)
ODD	Oppositional Defiant Disorder
OUD	Opiate Use Disorder
RTU	Restricted to Unit
SI	Suicidal Ideations
SIB	Self-Injurious Behavior
STC	Short Term Certification (up to 90 days)
SZ	Seizure precautions

Highlands
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Confidentiality of Patient Health Information and Facility Visitation

Any and all information related to patients and their admission is private and protected by state and federal law. Patient information that is obtained or encountered during a visit at our facility may not be discussed with anyone other than facility staff. All hard copy patient information obtained during any visit/clinical rotation at Highlands Behavioral Health System must be disposed of in the shredder bin each day prior to leaving the hospital. At no time may information obtained be sold, published, or posted on the internet. This includes any and all academic works.

I acknowledge that I understand and will comply with Highlands Behavioral Health System policy on patient privacy and confidentiality. By signing I accept responsibility for maintaining confidentiality and protecting patient health information.

By signing I also agree to comply with all of Highlands Behavioral Health System rules related to facility visitors. These rules may apply to visitor behavior and conduct. Contraband is prohibited and all visitors may be subject to search. Failure to comply with facility rules or staff instruction may result in being asked to leave the facility.

Student Printed Name	Educational Institution
Student Signature	Date

HIPAA TRAINING

- A summary of the information contained in the Facility's HIPAA policies and procedures;

- An overview of the applicable requirements of the HIPAA Privacy Rule; *Privacy Policy 4.0 Notice of Privacy Practices*

- An explanation of PHI and "minimum necessary standard" and how it applies to members of the workforce; *Privacy Policy 6.0 Minimum Necessary. IM-126 Safeguarding Protected health Information for Use and Disclosure of Protected health Information.*

- An overview of permitted and required uses and disclosures; *Privacy Policy 24.0 Overview of Uses and Disclosures. IM-121 Authorization for Use and Disclosure of Protected health Information.*

- Summary of the process for reporting and handling unauthorized disclosures; and *Privacy Policy 2.0 Breach Notification*

- A description of the patient's right to privacy and other patient rights under the HIPAA Privacy Rule. *Privacy Policy 18.0 Patient Rights Under HIPAA Privacy Rule*

- *Information Management Policy – IM-117 Approved Abbreviations*

I acknowledge that I understand the HIPAA Compliance policies listed above and agree to abide by these policies during the term of my employment. I acknowledge that I have a duty to report any alleged or suspected violation of HIPAA.

I certify that I will promptly report any potential violation of which I become aware. I understand that any violation of the HIPPA policy, or any relevant policy or procedure may subject me to disciplinary action, up to and including discharge from employment.

Signature: _____ Date: _____

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Infection Control/Student Health- Competency

Instructor
*Student Name::*_____ *School:*_____ *Date:*_____ *Score:*_____
(Passing = 90% or better)

1. What is the definition of Universal Precautions?

2. List 3 potentially infectious materials:
   a. _____
   b. _____
   c. _____

3. _____ is the single most important means of preventing transmission of infection.

4. List two (2) pieces of protective equipment:

   a. _____
   b. _____

5. Why are needles and sharp objects put into a sharps container?

6. What do you do with paper towels contaminated with blood and/or body fluid from a patient?

7. What do you use to clean up a blood spill?

8. Sharing of electric razors and hygiene supplies by patients is allowed?

   a. True
   b. False

9. All work related injuries require completion of a _____ and should be reported to _____.

10. Name two (2) medical reasons you should not report to clinicals.

    a. _____
    b. _____

_____ Orientation	Trainer: _____	Title: _____
_____ Re-Training	Trainer: _____	Title: _____

Patient Observation Rounds Expectations Acknowledgement

When assigned to perform patient observation rounds checks, I acknowledge that I will:

____ Visualize and account for each patient assigned to me within the required timeframe

____ Document the patient's location and activity on the Patient Observation Rounds Sheet each time I observe the patient;

____ Remain with assigned patients at all times (i.e.; in the classroom, dayroom, group therapy, gym, courtyard or cafeteria);

____ Visualize each sleeping patient to ensure they are safe and breathing adequately
- look for the rise and fall of the chest,
- count at least three respirations, and
- make sure that the patient has moved from their previous sleeping position
- make sure that the patient does not have their head covered with something tied around their neck/throat.

____ Hand-off the Patient Observation Rounds Sheet:
- If another staff member assumes responsibility for the patient (i.e., individual therapy, session with physician, etc.);
- Before I leave (change-of-shift, meal/ breaks) the patient care area;

____ 'Hand-Off' Observation rounds sheets and conduct joint rounds at shift change with the staff member assigned to the patient observation rounds to:
- Account for all patients and their safety,
- Check all bedrooms; bathroom and common areas for contraband and potential safety hazards.

____ When assigned to a patient who is on increased level of observation (i.e.; constant observation, 1:1, arms length, line of sight, etc.), I will:
- Remain close enough to the patient to assure the patient's safety is maintained at all times.
- Not engage in other activities that divert my attention, such as reading, (other than observation rounds information), conversing with other patients or staff members about non-related rounds issues, etc.

By signing below, I indicate that I understand the procedures outlined above. I understand that disciplinary action will be taken, up to and including termination from employment at this facility, if I do not follow the procedures outlined above or report any barriers that prevent me from performing patient observation rounds as expected.

_____ _____

~~Employee~~ Signature Date
Student

_____

Printed Name

VITAL SIGNS

NAME: _____ **Date:** _____

THIS BOX FOR INSTRUCTOR USE ONLY

Instructor Name and Credentials:_____

Competency Standard Is Set At 90% Minimum SCORE _____% ____Pass ____Fail

CIRCLE THE CORRECT RESPONSE

1. All of the following are examples of vital signs except?
   a) Blood Pressure
   b) Hours of Sleep
   c) Temperature
   d) Respirations
   e) Oxygen Saturation
   f) Pulse

2. How would you measure a temperature with a tympanic thermometer?
   a) Ear
   b) Mouth
   c) Armpit
   d) Forehead

3. What is the normal body temperature?
   a) 100.0 ° F
   b) 37.1 ° F
   c) 98.6 ° F
   d) 89.6 ° F

4. What is the normal rate for breathing in adults?
   a) 5-10 RPM
   b) 12-20 RPM
   c) 22-26 RPM
   d) 28-32 RPM

5. What is the normal pulse rate for an adult?
   a) 25-45 BPM
   b) 50-100 BPM
   c) 105-120 BPM
   d) None of the Above

VITAL SIGNS FLOW SHEET

Vital Signs: ☐ Qday ☐ BID ☐ TID ☐ QID **Weights:** ☐ Qday ☐ CIWAS **Other:** _____

Date												
Time												
TEMP												
PULSE												
RESPIRATIONS												
PULSE OX												
BLOOD PRESSURE												
HEIGHT												
WEIGHT												
PAIN SCALE 1-10												
Date of Last Bowel Movement												
RN/MD Notification												
STAFF INIT												
SHIFT	NOC	DAY	EVE		NOC	DAY	EVE		NOC	DAY	EVE	
Hours of Sleep												
MEAL	B	L	D		B	L	D		B	L	D	
Intake												

REPORT TO CHARGE NURSE

O_2 Saturation < 90 Pain ≥ 5 Bowel Movement ≥ 48 Hours Ago

Parameters of abnormal vital signs ≥ to 13 years old:

- **Systolic** B/P ≤90 or ≥150 **Diastolic** B/P ≤ 50 or ≥ 100
- Pulse ≥100 or any irregular pattern to palpable pulsations
- Respirations <10 or >24 at rest; irregular pattern, respiratory distress
- Temperature of ≥ 102.5F

Parameters of abnormal vital signs ≤ to 13 years old:

- **Systolic** B/P ≤70 or ≥130 **Diastolic** B/P ≤ 50 or ≥ 100
- Pulse ≥100 or any irregular pattern to palpable pulsations
- Respirations <10 or >24 at rest; irregular pattern, respiratory distress
- Temperature of ≥ to 100 F

Date Time	NOTES	ACTION	Date Time	RESOLUTION	STAFF INITIALS

Initials	Staff Signature	Initials	Staff Signature

Pt. ID Label

HIGHLANDS BEHAVIORAL HEALTH SYSTEM
NEW EMPLOYEE ORIENTATION CHECKLIST
STUDENT CLINICAL COMPETENCY SIGN OFF

Student Name: _____ **School:** _____

HBHS Preceptor's Name: _____ **Date:** _____
Clinical Faculty Name: Stefanie Benton, MSN, RN

Vital Sign Competency Validation Record	**(Validation description) D=Demonstration V=Returned Verbal Understanding O=Observation T=Testing**	**Student's** INITIALS	**HBHS Preceptor's INITIALS** Instructor initials
Temperature			
Tympanic	**DVO**		/
Oral Probe	**DVO**		/
Pulse			
Manual	**DVO**		/
DynaMap	**DVO**		/
Respirations	**DVO**		
Blood Pressure			
Manual Sphygmomanometer	**DVO**		/
DynaMap	**DVO**		/
Pulse Ox	**DVO**		/
Orthostatic Vital Signs (Postural VS / Tilt Test)			
Position			
Supine	**DVO**		/
Sitting	**DVO**		/
Standing	**DVO**		/
Times (2-5minutes)	**V**		/
Classic Orthostatic VS			
Systolic Changes (Decrease 10-20BPM)	**V**		/
Diastolic Changes (Decrease 10-20BPM)	**V**		/
HR Changes (Increase 10-20BPM)	**V**		/
Reasons to obtain Orthostatic VS			
Syncope, Near Syncope, Weak & Dizzy	**V**		/
Suspected hidden bleeding,	**V**		/
Review of Policy and Protocol	**V**		/
90% on Vital Sign Test	**T**		/

Student Signature: _____ **Student Initials:** _____

Preceptor's Signature: _____ **Preceptor's Initials:** _____

Clinical Instructor Signature: _____ MSN, RN

Clinical Instructor Initials:

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PATIENT BATHROOM SAFETY

NAME: _____ **Date:** _____

1. Patients need their privacy but if they spend unusual amounts of time in the bathroom it **should** be cause for concern.

   T or F

2. A patient's sudden improved mood may mean s/he has decided to move forward with a suicide/ self-injury plan.

   T or F

3. Identify the following structural /environment hazards that present hanging risk:
   - A. Exposed pipes
   - B. Weight bearing shower curtain rod
   - C. Gaps between shower head and wall
   - D. Protruding shower head/ water control valves
   - E. Bathroom door/ hinges
   - F. All of the above

4. Self-inflicted injuries can occur in the patient bathroom.

   T or F

5. When a patient is in the bathroom during rounds/ checks you will see the staff:

   Knock on the closed bathroom door, await a response, announce that you are coming in, and open door to visualize the patient

   T or F

6. If you notice any changes in a patient's behavior you should:

   Inform the charge nurse/ treatment team and let them know if you think the patient needs more frequent checks

   T or F

Highland BEHAVIOR.

PATIENT BATHROOM SAFETY

NAME: _____ **Date:** _____

7. If you think the patient needs more frequent checks or continuous monitoring you should communicate this to the treatment team.

   T or F

8. Preventing patient access to extra linens, and maintaining control of clean and dirty linens in a locked area/ bin are proactive controls for prevention of hanging/ strangulation attempts.

   T or F

9. Proactive risk assessments include:

   A. Regular environmental checks/ rounds of the bathroom to ensure patient has not tampered with bathroom fixtures

   B. Checking patient belongings thoroughly upon admission, after off-unit activities/ passes/ medical appointments and family/ guardian/ significant other visits for any contraband

   C. Reviewing/ knowing patient's history, course of hospitalization, medications and stressors

   D. All of the above

HIGHLANDS BEHAVIORAL HEALTH SYSTEM
NEW EMPLOYEE ORIENTATION CHECKLIST
Nursing/Medical Student Clinical Orientation

Student Name: _____ **School:** _____

HBHS Preceptor's Name: _____ **Date:** _____

Clinical Instructor Name: Stefanie Benton, MSN, RN

GENERAL: ORIENTATION DUTIES	**Student's INITIALS**	**HBHS Preceptor's INITIALS**
Tour:		
Units:		/
Exits		/
Manager's Offices		/
Chart Rooms/Patient Information Boards		/
Staff Bathrooms		/
Med Rooms		/
Day Rooms/Group Rooms		/
Unit Schedule Boards		/
Laundry Rooms		/
Fire Extinguishers /Pulls		/
Annunciator Panels (Fire Locator Panel)		/
Patient Belongings		/
Clean Linen		/
Dirty Utility Rooms		/
Quiet Rooms Location of Restraints		/
Dining Room		/
Employee Lounge Token Machine Vending Machines		/
Welcome		
Organization of Nursing Department (Chain of Command)		/
Chief Nursing Officer/CNO		/
Unit Managers		/
Nursing Dept: Charge RN, Floor Nurse, Med Nurse, BHA		/
Safety		
Name Badge (Must Be Worn At All Times)		/
Keys (Must Be Kept On Persons At All Times)		/
Dress Code (**Business Casual, or Scrubs,** No Jeans, No Visible Tattoos, No Hanging Jewelry, etc.)		/
Fire Drill/ Alarms		/
Nursing's Role		/
Escorting Patients Out		/
Patient Identification: (2) identifiers (picture, band & DOB)		/
Wristband Policy		/

HIGHLANDS BEHAVIORAL HEALTH SYSTEM
NEW EMPLOYEE ORIENTATION CHECKLIST
Nursing/Medical Student Clinical Orientation

Student Name: _____ **School:** _____

HBHS Preceptor's Name: _____ **Date:** _____

Clinical Instructor Name: Stefanie Benton, MSN, RN

GENERAL: ORIENTATION DUTIES	**Student's INITIALS**	**HBHS Preceptor's INITIALS**
Inclement Weather		I SEB
RTU Patients/Patient In Restraints/Seclusion		I SEB
Employee Accident Report		I SEB
Patient Observation Rounds		I SEB
Process/Policy		I SEB
Bathroom Checks		I SEB
Process/Policy		I SEB
Precautions/Levels:		
Special Precautions: I, II, III & RTU (PC-108, 119, 120)		I SEB
SP (SI), AP, EP, FP, MedP, SAO-A, SAO-V		I SEB
Sexually Acting Out (SAO)		I SEB
High Risk vs. High Alert i.e. Watch vs. Warning		I SEB
Confidentiality		
Chart Security		I SEB
Shift Change Report Sheets		I SEB
Personal Cell phone Usage (not allowed in Patient Care Areas)		I SEB
Confidentiality Form signed		I SEB
Therapeutic Boundaries		
Personal Space		I SEB
No touching rule		I SEB
Off Limit Areas		I SEB

Student Signature: _____ **Student Initials:** _____

Preceptor's Signature: _____ **Preceptor's Initials:** _____

Clinical Instructor Signature: _____ MSN, RN Clinical Instructor Initials: SEB

HIGHLANDS BEHAVIORAL HEALTH SYSTEM
Clinical Orientation

Emergency Codes: To page a code, dial 2800 or 0 on the phone and inform the receptionist of type of code and location. The receptionist will then page the code overhead throughout the hospital.

Code Blue	=	**Medical Emergency**
Code Red	=	**Fire**
Code Black	=	**Terrorist Threat**
Code Silver	=	**Weapons Situation Move Away from Location of the Code**
Code Grey	=	**Weather Warning**
Code Orange	=	**Bomb Threat**
Dr. Book	=	**Elopement / Pt. on the Run**
Code Green	=	**Aggressive Pt.**

If a Dr. Strong or Dr. Book is called, *Students:*

- ***Should Not*** PLACE HANDS ON A PATIENT IN ORDER TO SUBDUE OR RESTRAIN THE PATIENT.
- ***Should Not*** ASSIST IN MECHANICALLY RESTRAINING THE PATIENT.
- ***Should Not*** CLOSE AND LOCK THE QUIET ROOM DOOR IN ORDER TO SECLUDE THE PATIENT.
- ***Should Not*** PERSUE A PATIENT WHO HAS ELOPED IN ORDER TO APPREHEND HIM/HER.
- ***May Observe*** THE NURSE CALL THE PHYSICIAN ON CALL TO OBTAIN AN ORDER FOR SECLUSION OR RESTRAINT.
- ***May Observe*** THE NURSE ADMINISTER MEDICATIONS TO THE PATIENT REQUIRING SECLUSION OR RESTRAINT.
- ***May*** MONITOR THE PATIENT IN SECLUSION OR RESTRAINT ALONG WITH THE ASSIGNED STAFF DOING THE 1:1.
- ***May*** OBTAIN VITALS ON PATIENT IN SECLUSION OR RESTRAINT ALONG WITH STAFF PRESENCE.
- ***May*** MONITOR OTHER PATIENTS ON THE UNIT FOR SAFETY.
- ***FOLLOW INSTRUCTOR &/OR CHANGE NURSE INSTRUCTION.***

Student Printed Name _____ Educational Institution _____

Student Signature _____ Date _____

Highlands Behavioral Health System

End-of-Course Clinical Evaluation

To be completed by: nursing students on the last day of the clinical rotations

Please complete this evaluation form and return to Director of Nursing. You may sign your name or write your comments anonymously. Your feedback is important to us.

Student Name (optional):_____ School:_____

Clinical Dates:_____ Clinical Instructor: Stefanie Benton, MSN, RN

Evaluation of the Clinical Facility	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
I received an adequate orientation to the facility						
I received an adequate orientation to my unit						
This unit provided the clinical experiences, I needed to meet the objectives of the clinical course						
This clinical provided me the opportunity to apply and synthesize classroom theory						
The staff on the units were receptive to nursing students						
The staff was approachable and interested in supportive in encouraging my learning.						
I felt that my learning was valued by the staff in the facility						
The staff were accessible resources for problem-solving with students and clinical instructors						
The facility provided as a safe environment for patients, staff and students						
The staff demonstrated caring behaviors and effective communication skills with patients, families and fellow staff						
The staff encouraged and role-modeled critical thinking						
The care patients received at this facility was such that I would feel comfortable having a member of my family cared For here						
Overall, this clinical was effective and useful for my learning						
Based on this clinical rotation, I would consider seeking employment at this facility and/or in this field of nursing						

What are the strengths of this clinical setting?_____

_____

_____

_____

What was the most educational part of this clinical for you?_____

_____

_____

_____

Highlands
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Name: _____ Start Date: _____

Department: _____ Position: _____

Personnel File Checklist
Contractors / Temporary Staff / Interns

Completed Paperwork
- ☐ Contractor Information Form
- ☐ Application / Resume
- ☐ Job Description
- ☐ Patient Rights Form
- ☐ Confidentiality Form
- ☐ Child Abuse Reporting Form
- ☐ HIM Signature Form
- ☐ Contractor Orientation Manual Acknowledgement Form

Copies
- ☐ Professional License Copy (RN, LPN, LCSW, etc.)
- ☐ BLS/CPR Card Copy
  - ☐ Needs Class: _____
- ☐ Immunizations Copy: TB, Flu, Hep-B
  - ☐ Needs TB:

Property
- ☐ Badge, Keys, Wristband Issued

Checks & Results
- ☐ Background Check Link Sent: _____
- ☐ Background Results Received Cleared: Yes / No
- ☐ Drug Screen Results Received Cleared: Yes / No
- ☐ Physical Results Received Cleared: Yes / No
- ☐ DORA License Verification Cleared: Yes / No
- ☐ OIG Check
- ☐ ID: Drivers License

Highlands BEHAVIORAL HEALTH SYSTEM

Name: _____ Orientation Date: _____

Orientation Competency Checklist

Contractor Orientation

- ☐ Contractor Orientation Manual Acknowledgement Form

Safety

- ☐ Verbal De-Escalation
- ☐ Handle With Care
- ☐ Safety Test
- ☐ Sprinkler Tampering Prevention Test

Risk Management

- ☐ Code of Conduct Agreement
- ☐ Org. Ethics and Corporate Compliance Test
- ☐ Behavioral Precautions & Obs. Test
- ☐ Risk Management Test

Performance Improvement/ Infection Control

- ☐ Infection Control/MDRO Test
- ☐ Performance Improvement Test

Nursing

- ☐ Age Specific Test
- ☐ Patient Bathrooms Competency
- ☐ Patient Observation Rounds Test
- ☐ Patient Observation Rounds Ackgt
- ☐ Transportation of Patients Test
- ☐ Emergency Cart Competency
- ☐ Body & Belongings Search

Clinical Services

- ☐ Reporting Abuse & Neglect Test
- ☐ Abuse & Domestic Violence Test
- ☐ Sexual Acting Out Prevention Test
- ☐ Therapeutic Boundaries Test
- ☐ Therapeutic Boundaries Ackgt

Admissions/EMTALA

- ☐ 27-65 Test
- ☐ EMTALLA

Medical Records/HIPAA

- ☐ HIPAA Training Ackgt
- ☐ HIPAA Test

Patient Advocate

- ☐ Cultural Diversity Test
- ☐ Patient Rights/Grievances Test

Highlands BEHAVIORAL HEALTH SYSTEM

Contractor Information

Personal & Contact Information

Contractor Name:	Social Security No.: [redacted]
Date of Birth:	Marital Status: ☐ Married ☐ Single
Primary Phone:	Secondary Phone:
Street Address:	
City, State & Zip Code:	County:
Email Address:	

Emergency Contact

Name:	Relationship:
Primary Phone:	Secondary Phone:

Ethnicity

- ☐ Caucasian/White
- ☐ African American/Black
- ☐ Hispanic
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native

Disability Status

- ☐ Disability Specify: _____
- ☐ Disabled Veteran
- ☐ Vietnamese Veteran

Education

- ☐ High School Diploma
- ☐ GED
- ☐ Certificate/Vocational: _____
- ☐ Associates Degree: _____
- ☐ Bachelors Degree: _____
- ☐ Masters Degree: _____
- ☐ Doctorate Degree: _____
- ☐ Other: _____

Credentials

License/Certificate	Board	Number	Expiration

Language

Indicate language skills other than English in which you are fluent and willing to translate in a medical emergency:

Speak	Write	Read	Other

HIGHLANDS BEHAVORIAL HEALTH SYSTEM
HEALTH INFORMATION MANAGEMENT
SIGNATURE FORM

In order to comply with JCAHO regulations, the Health Information Management Department must be able to authenticate your signature in the medical record of patients with whom you are involved. All staff who works with patient records is required to complete the information below.

Name _____
Please Print

Signature _____

List your credentials (i.e. RN, PhD, MSW, etc) _____

Department: _____

Signature of your initials _____ (how you would initial something)

Verified by Human Resources:

_____ _____
Signature Date

HIGHLANDS BEHAVIORAL HEALTH SYSTEM
CONFIDENTIALITY

We all have access to some form of confidential hospital information—patient data including the fact that someone is a patient, employee records or personnel problems, financial operations and future plans of the hospital, etc. All such information should be safeguarded and not discussed at liberty around the hospital except during the conduct of official business.

Failure to respect the confidentiality of patient, staff and hospital information will be considered cause for disciplinary action or immediate termination.

Never identify a patient to anyone outside the hospital including our family and friends. If non hospital personnel are on the grounds and recognize a patient, the policy of confidentiality should be conveyed to them by a staff member.

The behavior or communications of any patient is not to be discussed outside the hospital. Communications about patients within the hospital facility require discretion and awareness of others who may overhear.

- **Information important to a patient's care or in any way necessary to fulfilling your job is to be shared with the appropriate psychiatrist, nurse or immediate supervisor.**

The presence of any patient in the hospital is NOT to be confirmed or revealed to anyone outside the hospital, to phone callers, or to anyone else seeking such information.

Confidentiality does NOT apply to "secret" plans of patients that could lead to harm of a patient or others or to actions prohibited by hospital regulations. Such information should be shared immediately with the appropriate supervisor and the patient should be informed that you plan to do so.

Personal information provided by the patient is privileged communications and should NOT be revealed to anyone other than the physician, unit team members, and hospital administration, i.e. those vital to the patient's care and well-being.

You should keep in mind that the patient's chart and all its content is a legal document and NOT to be shared except through appropriate orders or medical records guidelines.

All information on co-workers, financial operations, and future plans of the hospital should be treated with the same attitude and confidentiality.

I agree to abide by the confidentiality requirements.

~~**Employee**~~ **Signature**_____ **Date** _____
Student

HIGHLANDS BEHAVIORAL HEALTH SYSTEM

CONFIDENTIALITY PATIENT'S RIGHTS ACKNOWLEDGMENT

As an employee of Highlands Behavioral Health Hospital, I understand that Federal Regulations on Confidentiality require that I not reveal the identity of any person I may see while at the hospital. I understand that any disclosure of patient information, including the person's presence in treatment or description of any person without a specific written consent from that person may be interpreted as a Federal Criminal Offense.

I agree to maintain patient confidentiality at Highlands Behavioral Health System.

Any request for information will be turned over to the Hospital CEO who will release such information within policy guidelines of the Hospital.

I have also received a copy of and understand patient's rights and responsibilities to accept or refuse treatment and to execute advance directives.

Federal Regulation on Confidentiality: Cit 21 USC 1175
Cit 42 DFR 2.1 ut h

Breach of patient confidentiality or violation of patient's rights may result in termination.

Employee Signature_____ Date _____

Highlands
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Child Abuse Reporting

Under the "Child Protection Act of 1997" (C.R.S. 19-3-301) in the Colorado Children's Code, child center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that is a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency."

"Abuse" or "child of abuse or neglect" means an act or omission in one of the following categories which threatens the health or welfare of a child :skin bruising, bleeding, tissue swelling or death: any case in which a child is subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child is in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical-care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it's the responsibility of that staff member to report or cause a report to be made of this suspicion t the local county department of social or human services at **303-412-5167** or the police department. It is not staff's role to investigate suspected abuse-only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished in section 19-1-103(1)(A), C.R.S. The staff person could also be liable for damages "proximately caused thereby."

I have read and understand the above requirements concerning my responsibility regarding child abuse reporting.

_____
Name (Please print)

_____ _____
Signature Date

Highlands
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ORIENTATION VERIFICATION

FOR AGENCY, CONTRACT & TEMPORARY PERSONNEL

I hereby affirm that I have completed the **Orientation Program for Temporary, Agency and Contract Personnel**, and that by signing this certificate, I hereby acknowledge my obligation and agreement to comply with protocols and responsibilities set forth in the orientation program.

I agree to protect the confidentiality of personal health information for patients in my care, and to abide by HIPAA Privacy & Security Protocols.

I understand my responsibilities for reporting Suspected Abuse, Neglect, or Mistreatment.

I agree to abide by the Highlands Behavioral Health System policies on reporting abuse, neglect and mistreatment.

I understand that failure to report abuse, neglect, or mistreatment in a timely manner (within 24-hours) is a form of neglect, and may result in the termination of my employment with Highlands Behavioral Health System.

I hereby acknowledge my obligation and agreement to fulfill those duties and responsibilities as set forth in the UHS Corporate Compliance Program.

I understand my responsibility to reporting suspected compliance issues to the UHS Corporate Compliance HOTLINE (800.852.3449). This hotline has been provided for the purpose of reporting concerns related to violations of our company's standards and policies.

I further certify that throughout the remainder of my association with the Company, I shall continue to comply with the policies and procedures of Highlands Behavioral Health System and Universal Health Services, Inc.

Print Name	Signature	Date

Highlands
BEHAVIORAL
HEALTH SYSTEM

ORIENTATION MANUAL

FOR AGENCY, CONTRACT & TEMPORARY PERSONNEL

LOCATION

Highlands Behavioral Health System
8565 South Poplar Way
Littleton, CO 80130
Phone: 720-348-2800
Fax: 720-348-2838
Website: www.highlandsbhs.com

MISSION STATEMENT

Highlands Behavioral Health System strives to enhance the mental health, safety and well-being of its patients, their families, and the community at large by providing ethical, compassionate, medically and psychologically integrated inpatient and intensive outpatient treatment for psychiatric and addiction disorders.

PARKING

Parking is free and onsite. Parking in visitor parking areas, fire lanes, or handicapped parking areas is strictly prohibited.

CHECKING IN

Unless you are in a category of Contractor that has been given a badge and keys, you will need to check in for each visit. During regular business hours, you will check in with the receptionist during standard
business hours (between 7 :00am -5 :00pm) using the main entrance. You will need to sign in at reception. The receptionist will notify your contact/supervisor of your arrival and provide you with any needed
directions. Between the hours of 9:00pm and 7:00am Contractors should gain entrance by ringing the buzzer at the Main west entrance to the building (located by the ambulance entrance). The House Supervisor will sign you in, orient you and assign temporary keys if needed.

CHECKING OUT

You are expected to check out with your supervisor or contact person when leaving. Agency and Contractors who are issued TEMPORARY KEYS must turn in keys before your Supervisor will validate your hours worked on your Agency Time-Sheets.

CONTACT INFORMATION

You can reach the facility 24-hours a day by calling the main line: 720-348-2800. Generally, after hours, you should ask for the HOUSE SUPERVISOR as a main contact person.

IDENTIFICATION

You are required to wear a name badge identifying you by name and position. The badge must be prominently displayed on your person. In the event your badge is misplaced, you will be required to obtain a new one from the Receptionist.

ORGANIZATION

Highlands Behavioral Health System is dedicated to providing a full range of mental health services to the state of Colorado. Services include mental health inpatient and outpatient treatment programs. The following list contains key personnel who you may need to contact while working with HBHS. For a complete list of contact information contact the receptionist, human resources, or your supervisor.

Amy Alexander, Chief Executive Officer (CEO)	(720) 348-2801
Human Resources Dept.	(720) 348-2838
Jessica Guenther, Director of Business Development	(720) 348-2826
Tom Braswell, Director of Plant Operations	(720) 348-2815
Omer Selim, Patient Advocate & PI	(720) 348-2865
RN House Supervisors	(720) 348-2856
Albert Zagray, Director of Pharmacy	(720) 348-2833

CONFIDENTIALITY

All employees must respect the confidentiality of information regarding patients, the hospital staff, and hospital operations. Information concerning patients, staff, and hospital operations should not be discussed in the presence of visitors, other patients, or personnel not involved with the aspect of care under discussion. This topic will be further discussed during HIPAA training.

CORPORATE COMPLIANCE: CODE OF CONDUCT

Highlands Behavioral Health System and UHS are committed to ethical business practices and to operating in accordance with federal and state laws, rules, and regulations. It is an expectation of Highlands Behavioral Health System that the behavior of employees and associates be beyond reproach in the provision of services to clients and in the conduct of the Company's business operations. Employees, contract staff, agency personnel, and associated staff are expected to adhere to the following CODE OF CONDUCT:

(1) Compliance with UHS Corporate and Centennial Peaks Hospital Policies and Procedures.
- ☐ Strictly adhere to HIPAA Guidelines
- ☐ Practice Non-discrimination and Prohibition of Harassment

(2) Compliance with all applicable State, Local and Federal Laws and Regulations
- ☐ CMS
- ☐ Joint Commission
- ☐ Stark Law
- ☐ EMTALA
- ☐ OIG
- ☐ Anti-kickback statute

(3) Code of Business Conduct
- ☐ Provide quality service
- ☐ Maintain professional relationships & appropriate boundaries
- ☐ Contract negotiation
- ☐ Honest marketing & advertising
- ☐ Refrain from Anti-Competitive practices
- ☐ Comply with Anti-Trust laws
- ☐ Comply with False Claims Act
- ☐ Provide accurate timesheets, invoices & expense reports
- ☐ Billing & Reimbursement practices comply with laws and regulations.
- ☐ Provide accurate cost reports

(4) Use Company Resources properly
(5) Avoid Abuses of Trust
(6) Strict Adherence to the Code is expected.

You are responsible for reporting suspected compliance issues to either a member of senior management or by calling the **UHS Corporate Compliance Hotline 800.852.3449.** This anonymous hotline has been provided for the purpose of reporting concerns related to violations of our company's standards and policies.

CONCERNS ABOUT SAFETY & QUALITY OF CARE

You are responsible for reporting concerns you may have regarding staff or patient safety, or quality of care to your supervisor, the Risk Manager (via an occurrence report), or the Patient Advocate. You may also choose to report concerns directly to the relevant regulatory agency. Agency contact information is posted in patient areas, the **UHS Corporate Compliance Hotline 800-852-3449** or to TJC 800-994-6610.

ORIENTATION & TRAINING

~~All Staff must be oriented to the facility~~ and complete ongoing mandatory training. **Contract and Agency Staff** who provide services on a regular basis must demonstrate that they have completed all mandatory training each year. Your supervisor will review the following safety information with you, in addition to information directly relating to the function you will be performing:

- ☐ Review of documentation and competencies responsibilities specific to your role.
- ☐ CPI, CPR, Verbal De-escalation and Patient Observation (for direct-care staff)
- ☐ Review of your role during a Code or Disaster
- ☐ Location of Policy & Procedure Manuals for your assigned department
- ☐ Location of MSDS manual, emergency exits, escape routes, shelters, nearest personal protective equipment, disaster cabinet, pull stations and fire extinguishers

TELEPHONE & COMPUTER USE

The hospital maintains telephones and computers for business purposes only. Personal phone calls are limited to local calls. Cell phones should be turned off while working. Personal calls may only be made during scheduled breaks. You may only use computers as authorized and using your assigned password. Passwords may not be shared. Downloading software, music, or other data from the internet without prior supervisory approval is expressly forbidden. Installation of any software requires prior approval of the system administrator. Removing or copying proprietary information requires prior approval of the CEO, and/or UHS. You are required to act in accordance with HIPAA Security measures.

EMERGENCY & DISASTER RESPONSES

The emergency codes are listed below. Your role during a code is also briefly outlined. Your supervisor will review this information with you during your first shift. **All Contract or Agency Staff should report to the INCIDENT COMMANDER (the highest ranking person on duty) and ask for instructions as to how you may assist.** The CEO, CNO, House Supervisor, Safety Officer or Risk Manager generally serve as incident commander. Contact your supervisor if you are uncertain who is serving as incident commander.

TO CALL A CODE: To call a Code, access the overhead speaker system, by dialing "3-4" on a hospital facility telephone. State the Code and the **specific location** both clearly and calmly, and repeat. **Example: "Code Green, Compass. Code Green, Compass."**

You are expected to remain at the facility to provide assistance during an emergency, even when this requires you to remain beyond the end of your scheduled shift. At least one person from each unit is designated (as appropriate) to respond to a Code.

CODE RED **FIRE**

This indicates a fire emergency. Fire safety is of critical importance. During a fire alarm, all employees have specific assignments and responsibilities as outlined in the Fire Plan applicable to their departments. The Fire Plan provides a complete explanation of the departmental fire drill and evacuation procedures. Instructions concerning your responsibilities in the event of a fire will be given during your orientation program. Further instructions will be provided by your supervisor.

The hospital is equipped with smoke detectors that will automatically trigger the fire alarm. We also have an automatic system that notifies the Fire Department.

If you see a fire, you should use the RACE acronym

R	**Rescue**	Remove anyone from immediate danger
A	**Alarm**	Sound the alarm with a manual pull station.
C	**Confine**	Close all doors and windows
E	**Evacuate**	Know location of exits

Whenever the alarm is triggered, whether automatically by a smoke detector or manually by a pull station, the location lights up on an enunciator panel. If you are the one to see the fire, it is your responsibility to page the fire by pressing the "page" button on the phone and announcing Code Red, the Unit. You will need to repeat this three times. There are several enunciator panels located in the following areas:

- ☐ Reception
- ☐ Discovery
- ☐ Horizon
- ☐ Compass

Staff working in other areas do not need to respond, except staff should go to the location to assist in fire fighting. Staff working in the area where the fire is should respond as follows:

During normal business hours, plant operations personnel will be responsible for fire fighting. At all other times, any available personnel should respond to the code and fight the fire using appropriate fire extinguishers.

After the plant operations staff (first shift) or House Supervisor (other shifts) has determined that the area is safe to occupy, the receptionist will page **"Code Red, All Clear"**

The alarm system must be reset. During the first shift on Weekdays, plant operations staff will be responsible for resetting the alarm. At all other times, the Charge Nurse will be responsible for resetting the alarm, after first contacting the Administrator On Call for clearance.

In case of an actual fire, the Administrator On Call will be notified and will report to the hospital to assess damage and notify appropriate staff.

Fire extinguishers are located throughout the hospital. All extinguishers are ABC, which means they can be used on any type of fire including flammable liquids, chemicals, paper, or electric fires. There is a Wet Chemical fire extinguisher located in the kitchen for grease fires. To use a fire extinguisher remember P.A.S.S.

- P. **Pull the pin in the handle**
- A **Aim the extinguisher at the base of the fire**

S **Squeeze the handle**
S **Sweeping motion to extinguish fire**

Whenever an extinguisher is used it must be recharged, regardless of whether you have used all the extinguisher chemical from the container. If you use an extinguisher contact maintenance. DO NOT PLACE A USED EXTINGUISHER BACK IN THE CABINET.

CODE GREEN **NEED ASSISTANCE**
Designated staff from each unit respond to the code location to assist in crisis management. Unless told otherwise you are to provide supervision to patients not involved in the behavior crisis. If you are not certified in HWC (Handle With Care) you may not participate in the restraint or seclusion of patients.

CODE GREY **WEATHER DISASTER** (Internal or External)
At this time you should report to the Incident Commander for instructions.

CODE BLUE **MEDICAL EMERGENCY**
All available medical personnel, including Physicians, RNs, and Nursing Supervisors respond to the location of the Code.

CODE BOOK **ELOPEMENT**

CODE SECURE **LOCKDOWN**

CODE SILVER **WEAPONS THREAT**

CODE ORANGE **BOMB THREAT**

Although rare, we must be prepared for a bomb threat or the planting of a bomb in the facility.

If you receive a bomb threat via phone, be sure to find out where the bomb is located and when it is to explode. Note any indication that the caller might be familiar with the hospital. If possible, prolong the conversation as must as possible to note any distinguishing voice characteristics or background noises.

The police must be notified immediately by calling 911. The Administrator On Call is to be notified immediately and will make any and all necessary decisions through the emergency.

If evacuation is deemed necessary, a Code 500 will be announced and patients will be evacuated. A headcount of all patients is to be taken immediately and any missing patients reported to the Communication Center, which will be in the hospital's reception area.

RESPONSE TO SEVERE WEATHER

~~Severe weather such as tornado could threaten~~ the safety of hospital staff and patients.

A Severe Weather Watch means conditions are favorable to the development of severe weather. A Severe Weather Warning indicates that there has been an actual sighting of severe weather in the immediate area.

We have an emergency weather radio that will sound a warning if there is a weather alert.

If the National Weather Service announces a Severe Weather Watch, the safety director of the highest level of authority in the hospital will implement the Severe Weather Plan.

1. Maintenance staff will secure or remove all objects on the hospital grounds such as umbrellas, trash cans, etc.
2. All work areas should locate and check their flashlights for use in case of a power shortage.
3. Patients and staff should stay inside with all doors and windows closed.
4. Patient leaves and passes should be re-evaluated and, if necessary rechecked with ordering Physician.

In the event that a warning is issued by the National Weather Service, the receptionist/charge nurse will page "Code Yellow, a tornado warning has been issued", and then direct everyone to the inside hallway with no windows.

If the Administrator/designee (or House Supervisor) feels that the hospital is in the path of a tornado, a Code Grey will be called and all patient, staff, and visitors will go immediately to the gym and/or the intake hallway away from all doors and windows, kneel down, and face the inside wall.

Unit staff will conduct a headcount to insure all units have been evacuated and that the location of all patients is known. Unit staff will bring the charts and crash cart to the center hallway.

When the Weather Service discontinues the warning, the receptionist/charge nurse will page "all clear" and the normal operation will resume.

A POTENTIALLY VIOLENT OR HOSTAGE SITUATION

DO NOT be a hero. Isolate the incident and attempt to de-escalate the situation. Speak slowly, quietly and confidently. Be empathetic. Be prepared to wait. Encourage the person to talk. Listen and acknowledge feelings. Do not argue. Move all patients and non-essential personnel to another area (separated by a locked door). Stay clear of windows and doors.

USE OF HAZARDOUS CHEMICALS

Although not common, there are some hazardous chemicals used in the workplace.

All employees have the right to information about any hazardous chemicals in their workplace. To comply with the "Right to Know" law, the Safety Committee has compiled MSDS (Materials Safety Data Sheets) binders (manuals are white with red letters) which are located throughout the hospital in areas where chemicals are being used. These manuals contain MSDS sheets on each chemical being used in the hospital.

1. Name of chemical
2. Use of chemical
3. Safety precautions to be taken in use of chemical
4. Protective equipment to be used such as masks or gloves.
5. Disposal method—whether it can be poured down the drain or placed in the trash requires special handling.
6. Medical treatment for ingestion or exposure.

Each employee should be aware of the location of the manuals containing the MSDS sheets. These manuals are kept at each Nurses Station, Mail Room, Dock Hallway, Kitchen, Maintenance, and in Safety Office.

If your job requires you to use any specific chemical, your supervisor will instruct you prior to using the chemical regarding its use and any precautions. They will also cover with you how to handle any chemical spills and proper disposal techniques.

EMERGENCY POWER

The hospital has an emergency power generator that will automatically being operation seconds after loss of power. Emergency power is provided in limited areas, mostly in patient care areas. Any light switch or receptacle which is red is supplied with generated power during a power outage.

All exit signs, and some hallway lights are covered by emergency power.

ELECTRICAL SAFETY

In order to insure that any electrical item utilized in the hospital is safe, there are inspection procedures for equipment before use.

The safety of hospital-owned non-patient care electrical equipment, such as lamps or televisions begins with the purchasing process. None of these things are purchased unless they are approved products by Underwriter's Laboratories. They are also checked for appropriate operation when received before use in the hospital. Patient-owned equipment brought into the hospital, such as radios or hair dryers, must be inspected prior to use. The nursing staff will examine the equipment for frayed cords, the presence of the UL label and overall appearance. If any of these criteria are not met, the equipment cannot be used in the hospital.

Employee-owned electrical equipment, such as radios or clocks, must be checked by maintenance prior to use in the hospital.

GENERAL SAFETY CONSIDERATIONS

Each employee is an additional set of eyes in the battle for a safe hospital. If you see something that is a potential hazard, you should report it to your supervisor. If there is something that is an immediate danger, please notify maintenance. On occasion you may need to lift a person or object, when doing so always bend at the hips and knees and use your legs for lifting.

HOSPITAL PAGING SYSTEM

Staff have access to the overhead paging system from any phone in the hospital. In order to access the overhead system, pick up the receiver and dial "34" which puts you directly into the system. Then make your announcement, i.e., "Frank Stein please call extension 2730". Remember speak clearly, slowly, and loudly.

LOCKED PATIENT CARE AREAS

We have locked patient care units because our patients require the security of a locked unit. Each employee plays a vital role in maintaining the security of the unit.

You must exercise care when entering or leaving a unit. Never allow a patient to leave a unit unless you a 100% certain that it is permissible. This might put you in the awkward situation of having to close the door or step in front of the door to prevent a patient from leaving. You should be polite but indicate to the patient that you cannot allow them to leave without clearance from a staff member.

Some helpful hints are do not open the door any wider than necessary and always be sure it is closed securely. If you can see that a number of patients are gathered close to the door, notify the nurses station to let you in rather than use your key.

Keys are an important part of patient safety. Not only are they important in case of a fire but, as you know, it is difficult to get around without them. It is your responsibility to ensure that your keys are kept with you at all times. Never leave your keys lying around where a patient can get them. In the event you loose your keys, you must report it at once using an Incident Report.

USE OF SHARPS AND TOOLS

Sharps are defined as any item which someone might use to harm themselves. These include tools, scissors, knives, glass items, pop tops from soda cans, etc. The use of these items in patient care areas is to be governed by strict attention to their location at all times.

NEVER leave any sharps unattended in patient areas.

REPORT AT ONCE any item missing. If you made the mistake of inadvertently laying down something that is classified as sharp, it must be found. Perhaps a staff member has retrieved it. However, if it is not found, a unit search will be necessary. This might be inconvenient, but may prevent a patient from injury or death.

TURN IN to the nurses' station any sharps left unattended when you are in a patient care area.

EMPLOYEE PERSONAL SAFETY

Your personal safety in the work place is also important

- Never walk to your car alone after dark. Ask a co-worker to go with you.
- Always lock your car.
- Never deal with an agitated patient alone. Always be sure another staff member is aware of the situation. Never let patient place themselves between you and your exit.
- Jewelry can be dangerous in the workplace. Bracelets, earrings and chains can get caught in machinery or grabbed by a patient. Be aware of what you wear to work
- Do not bring valuables or large sums of money to work. Keep your valuables on you person or locked up.
- Safety in-service for employees are required annually.

VEHICLE SAFETY

An employee may not drive a hospital vehicle unless first cleared by HR and their supervisor. An employee may not drive a patient in their personal car unless specifically given permission by the director of the program. Employees must obey all traffic and motor vehicle regulations when operating a hospital vehicle. All employees must wear their seatbelts and insure all passengers are wearing one as well. All employees must report any vehicle problems or concerns immediately to director of Plant Operations. Traffic or parking violations in a hospital vehicle will not be taken care of by the hospital. Employees will be personally liable for injuries caused by accidents from transporting patients in their personal vehicle.

INFECTION CONTROL

The hospital practices universal precautions (standard precautions) in all patient care settings. Hand washing is encouraged after each patient contact. Structure patients to wash hands frequently—before meals, after restroom, etc. The minimum requirement is washing hands before and after contact with blood/body fluid contact, wearing gloves during contact with blood/body fluids and during contact with soiled laundry, after eating/restroom use, and while cleaning soiled surfaces. Also, the wearing of face/eye and clothing protection is recommended if contact with blood or body fluid is possible during an interaction.

Should you be exposed to blood or body fluids during the course of your duties, take immediate first aid measures—flush out your eyes, mouth, wash hands, etc. Report exposure to your supervisor. This person will assist you in filing an Occurrence Report.

The hospital provides for the proper disposal of all sharps and hazardous waste. Appropriate receptacles for each are available in patient care areas. All hazardous or infection materials must be properly disposed of in red Hazardous Waste Bags. Please familiarize yourself with their location in your environment. Contact either Maintenance to pick up hazardous waste. Keep hazardous waste stored in a safe location until retrieved. Do NOT dispose of hazardous waste in garbage receptacles!

HANDWASHING

The most important step that you can take to protect yourself and patients in your care against infection is hand washing. **Wash your hands and teach patients** how to properly wash their hands. Remember the these important steps to proper hand washing:

- Use soap and running water
- Rub your hands vigorously (for 20-seconds). Wash all surfaces (including back of hands, wrists, between fingers, under fingernails)
- Rinse your hands well
- Dry your hands with a paper towel
- Turn off the water using a paper towel (instead of bare hands).

MANDATORY REPORTING OF ABUSE

Physicians, child health associate, dentist, chiropractor, nurse, hospital personnel, school employee, social worker, mental health professional, veterinarian, peace officer, pharmacist, psychologist, fireman, victim's advocate, commercial film and photographic print processor, clergyman are required by law to report suspected child abuse. Report to a supervisor.

- The first to hear of the abuse must make the report.
- The report must occur immediately or at least within 24 hours of the disclosure.
- The child abuse report must be filled in the patient chart.

Basis of Report of Abuse/Neglect:

Reasonable cause to know or suspect that a child or elder (60 or older) is subject to circumstances or conditions which would reasonably result in abuse or neglect

To Whom Reported:

County law enforcement where the abuse occurred or district department of social services or local law enforcement agency

DEFINITIONS of ABUSE

Abuse	The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all patients, even those in a coma, cause physical harm, or pain or mental anguish.
Mental Abuse	Includes, but is not limited to, humiliation, intimidation, fear, shame, degradation, and harassment, threats of punishment or deprivation. This further includes the use of equipment (cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings of patients that are demeaning or humiliating and/or distribution of same per social media.
Involuntary Seclusion	Separation of a patient from other patients or from her/his room or confinement to her/his room (with or without roommates) against the patient's will, or the will of the patient's legal representative. Emergency or short term monitored separation from other Patients will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the patient's needs.
Verbal Abuse	The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a patient, such as telling a patient that he/she will never be able to see his/her family again.

Sexual Abuse	Includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. Further includes the posting/taking of unauthorized videos or photographs shared or posted on social media that include bathing, toileting and grooming, including nude photos and photos of genitalia.
Physical Abuse	Includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment. Neglect Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
Misappropriation of Property	The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.
Injuries of Unknown Origin	An injury which meets the following conditions: - The source of the injury was not observed by any person or - The source of the injury could not be explained by the patient; and the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on concerns in healthcare safety and how to solve them. The goals for 2018 are:

- Improve the accuracy of patient identification
- Reduce the risk of healthcare - associated infections
- Improve the safety of using medication
- Identify safety risks inherent in the population of the individuals it serves

HOUSKEEPING SERVICES

The Housekeeping Department is charged with maintaining a safe, clean environment. Please try to manage small volume spills of paper, water, etc. If you can't fix a problem or remedy the situation yourself, report it. Please alert full-time hospital staff to hazardous spills of any kind, including blood and other body fluids. Report housekeeping and maintenance problems promptly by completing a maintenance work order. Emergency calls may be made to maintenance for serious environmental hazards 24-hours a day by calling 720-339-8218 or 720-641-8914.

SERVICE EXCELLENCE

It is our mission to provide excellence in patient care and in all of our services. In order to meet and exceed this goal, we are committed to Service Excellence. This program helps us provide timely, professional, effective and efficient service to all.

Remember that your customers are not only the patients and visitors. Your customers may include judges, caseworkers, and police, as well as, other departments within HBHS and staff with whom you come into contact.

- Make a positive first impression our first priority
- Treat others as guests
- Make communication more effective

- Develop "service recovery" skills
- Practice professionalism
- Serve other from a team-centered approach
- Be positive – project a positive attitude
- Make excellence the goal in everything you do

HBHS employees are committed to making every interaction a "WOW" experience by demonstrating Service Excellence behaviors. Remember there is an "I" in TEAM. I AM SERVICE EXCELLENCE!!

SMOKING

We are proud to be a smoke free campus. Smoking is not prohibited anywhere on Centennial Peaks property.

DRUG-FREE WORK PLACE

It is the policy of CPH to prohibit in the workplace the possession, use, dispensation, or manufacture of controlled substances. Violation of this policy may result in the removal of any staff and, depending on circumstances, other action—including notification of appropriate law enforcement and licensing agencies—may be taken. Any staff observing symptoms of alcohol or drug use by an employee should immediately contact their supervisor and complete an Occurrence Report. Reasonable suspicion of drug/alcohol use in the workplace may result in suspension pending the results of investigation and a drug/alcohol screen.

PAIN MANAGEMENT

Treat pain seriously. The goal of pain management should be for patients to experience little or no pain—or to reduce pain to a level that is acceptable to the patient. Preventing pain is easier than treating pain.

Patients have a right to:

- Facts about pain and pain relief
- Quick response to reports of pain
- State of the art pain management
- Team approach to pain relief
- A concerned staff committed to pain prevention and management

SECLUSION & RESTRAINT

Patients may only be physically restrained by a staff that is trained and competent to perform this function. Only employees who are possess current certification in Handle with Care may participate in restraint or seclusion. Recertification is required every six months. An immediate assessment by an RN or a physician is required should any unusual physical or psychological symptoms are observed. Participating staff are responsible to check circulation and respiration, and continuously observe the patient for signs

- Verbal communication makes no sense
- Acts of self-mutilation or self-harm
- Inappropriate disrobing in seclusion

PATIENT RIGHTS

PATIENTS HAVE THE RIGHT TO:

(1) Reasonable access to care.
(2) Care that is considerate and respectful of personal values and beliefs.
(3) Be informed about and take part in decisions regarding care.
(4) Personal privacy, dignity, security, and confidentiality of information.
(5) Name a decision-maker is the client becomes unable to communicate his or her wishes regarding care.
(6) Access to protective services.
(7) Effective management and assessment of pain.
(8) Voice complaints and, when possible, have them resolved.
(9) Access to pastoral and/or spiritual services.
(10) Respect for their communication needs.
(11) Individualized treatment.
(12) Be informed of their rights as a client and the rules of conduct while a client.
(13) Refuse treatment, except in cases of emergency.
(14) Freedom from restraint and/or seclusion, except when there is risk of harm to the client or others. Restraint and seclusion is used only after other interventions have failed to maintain client safety. Staff will discontinue restraint/seclusion as soon as possible and preserve the safety and dignity of the client during use.

THERAPEUTIC BOUNDARIES

Personnel are expected to maintain professional boundaries with patients and to refrain from entering into any relationships that may compromise treatment or that may represent a conflict of interest. Staff will not accept gifts of money or value from patients or their family members. Staff will refrain from initiating contact (other than professional related follow-up) with patients subsequent to discharge and will report contact initiated by patients. You are also encouraged to refrain from disclosing personal information or promoting personal agendas which may compromise your effectiveness with customers or coworkers.

PROFESSIONAL RELATIONSHIPS

Staff are expected to refrain from entering personal or business relationships which compromise their ability to effectively perform their duties, violate ethical boundaries, or represent a conflict of interest. Administrators, department heads, supervisors, and licensed professionals are prohibited from entering into such relationships with child-care workers or other employees under their administrative, clinical, or professional supervision. Staff are prohibited from working in the same department with a relative, a significant other, or other intimate relationship, without prior written approval from administration as such relationships may represent a conflict of interest.

PATIENT GRIEVANCES

Any patient at HBHS or any person interested in the welfare of a patient—such as a relative or foster parent, may voice a complaint or file a formal grievance in writing using a Patient Grievance form, or verbally by calling the **Patient Advocate** at (720) 348-2865.

MEDIA INTERACTION

HBHS employees and associates are not authorized to make any public statements concerning an incident nor to communicate with any member of the media without the express prior approval of administration.

JOB POSTINGS

Job openings are sent out via email and posted on the bulletin boards throughout the building. For detailed information regarding current job postings, visit www.highlandsbhs.com.

CULTURAL & SPIRITUAL DIVERSITY

It is important that you demonstrate for patients, visitors, and coworkers, making an effort to develop an understanding of, and be open to, cultural and spiritual diversity you may encounter among customers or in our workforce. You have a responsibility to:

- Treat each patient, customer, or coworker as an individual.
- HBHS will assure that patients receive access to appropriate spiritual counseling by a licensed professional upon request. Simply contact the Patient Advocate should a patient make such a request.
- Listen to others patiently and non-judgmentally
- Avoid labeling or making untested assumptions about others.
- Answer questions in ways that help the patient and his/her family to understand
- Grant basic human respect to others—even during times of conflict and disagreement.
- Role model respect, tolerance, openness, and conflict resolution skills.
- Honestly evaluate your own values and attitudes.

FEDERAL & STATE LABOR LAW POSTERS

Many of your rights, should you become an employee of HBHS, are outlined on federal and state labor law posters which are posted at HBHS: Equal Employment Opportunity, OSHA, USERRA, Employee Polygraph Protection Act, Drug Free Workplace, Federal & Colorado Minimum Wage, Employment Eligibility, Family & Medical Leave, Colorado Employment Security, Worker's Compensation.

Therapeutic Communication Definitions

Review: All communication (verbal, non-verbal) techniques prior to beginning IPR. This will make it easier for you to log the communication and recognize strengths and weaknesses of your communication process.
Communication: Transaction between sender and receiver
Non-verbal: Physical appearance/dress, body movement & posture, touch, facial expressions, eye movements, vocal cues

Therapeutic Communication Techniques

Silence: give time to collect thoughts, consider other concerns
Accepting: conveys attitude of reception and regard
Giving Recognition: acknowledge and indicate awareness (commend strengths)
Offering Self: making oneself available on unconditional basis (increases self-worth)
Broad Openings: allows patient initiative to introduce topic of concern (patient role)
Offer General Leads: offers patient the encouragement to continue
Placing the Event in Time or Sequence: clarifies event in time perspective
Making Observations: verbalizing what is observed or perceived (patient behavior)
Encouraging Perception Description: ask patient to verbalize what perceived hallucination
Encourage Comparison: ask patient to compare similarity and difference-reoccur/change
Restate: repeat main idea of what patient said (patient can clarify or continue on)
Reflect: questions and feelings referred back to patient to recognize/accept own view
Focusing: taking notice of a single idea or word (don't use if patient is anxious)
Exploring: delve further into subject (helpful if patient tends to be superficial in communication)
Seek Clarification/Validation: strive to explain the vague or incomprehensible
Present Reality: when patient has misperception, nurse indicates perception of situation
Voicing Doubt: expressing uncertainty of reality of patient's perception (delusions)
Verbalizing the Implied: put into words what patient has implied or said indirectly
Attempt to Translate Words into Feelings: find clues to feelings expressed indirectly
Formulate Plan of Action: when patient has a plan of action for stressful situation, it may prevent anger or anxiety form escalating into unmanageable level
Active Listening: sit facing patient, open posture, lean forward, eye contact, relax
Feedback: descriptive of behavior, specific rather than general, directed toward what can be changed, impart information not advice, well-timed (early after behavior)

Non-Therapeutic Communication Techniques (Blocks)

- Agreeing/disagreeing
- Belittling Feelings
- Defending
- Giving approval/disapproval
- Giving advice
- Giving reassurance
- Indicating Existence of an External Power
- Interpreting
- Introducing an Unrelated Topic
- Probing
- Rejecting
- Requesting an Explanation
- Stereotype Comments
- Using Denial

MENTAL STATUS EXAMINATION

The mental status examination is a process wherein a clinician systematically examines an individual's mental functioning. Each area of function is considered separately.

Appearance

This category covers the physical aspects of the individuals. Include: Physical appearance, height, and weight, how patient is dressed and groomed, dominant attitude during interview, such as degree of poise or comfort, degree of anxiety, and how anxiety is expressed.

Behavior

How does the patient move and the position in which the patient holds body? Note abnormal tics, movement disorders, and degree of movement.

Speech

Separate speech from content of thought. Note volume, rate, and flow of speech (fast, slow, halting, extremely loud). Include mannerisms, accent, stress or lack of it, hesitations, stuttering. Use descriptive words like garrulous, monotonous, loud, or emotional.

Mood/Affect

Affect is the outward show of emotion. Can vary thru depression, elation, anger, and normality, but if the overall sense from the examination is depressed, depressed is the word to describe the mood. Mood is the general pervasive emotional state as reported by patient. Range describes if the patient shows a full or even expanded range or if the affect is blunted or restricted. Include cultural considerations. Consider appropriateness of affect – is the emotion consistent with the topic being discussed. A patient with inappropriate affect may cry when talking about a parking ticket and show little or no emotion when discussing the death of a loved one.

Thought

Thought is divided into process (the way a patient thinks) and content (what the patient thinks).

Process: The rate of thoughts, how they flow and are connected. A formal thought disorder comprises processes such as pressured thoughts, (excessively rapid), flight of ideas, thought blocking (speech is halted), disconnected thoughts (loosening of association, derailment), tangentiality, circumstantial thoughts (over inclusive and slow to get to the point), word salad (nonsensical responses), punning (talking in riddles), poverty of speech (limited content).

Content: Includes those things discussed in the interview and the patient's beliefs. May have preoccupying thoughts – ideas of reference, obsessions, ruminations, or phobias. The patient may have delusions of control, thought insertion, broadcast, or delusions – persecutory, grandiose, religious, reference, somatic, morbid jealousy. For example, a depressed patient may have delusions of hopelessness, helplessness, or worthlessness.

Perceptions

Covers sensory areas and describes distortions such as illusions, delusions, or hallucinations. Describe the nature of the experience in detail. Auditory hallucinations (hearing voices) are more common in schizophrenics, visual disturbances are more common in organic problems. In addition, there are gustatory, olfactory, tactile, somatic, and kinesthetic hallucinations.

Ask "do you hear voices when no one else is around?" "Do you see things such as ghosts, spirits, or angels?" Ask if the voices are commanding the patient to do anything, particularly homicidal or suicidal acts. Hallucinations can be in the form of a running commentary. If the voices command a patient to do something,

does the patient obey the instructions or ignore them. Sometimes hallucinations are not well-formed voices or objects – patients may hear bells ringing, knocking at the door, banging sounds in his ears, or see vague things like halos or colors which are difficult to describe.

Note how patients cope with the hallucinations and whether they are pleasant, unpleasant, or terrifying. Comment on the hallucinatory behavior, such as patient looking back repeatedly, gesturing, or engaged in self-talk. To determine if the patient is having delusions, ask do you feel you have some special power or abilities? Does the radio or TV give them special messages? Does the patient have thoughts that other people think are strange?

Obsessions and compulsions: Is the patient afraid of dirt/germs? Does patient wash his hands frequently or wash hands repeatedly?

Phobias: Does the patient have any fear, such as animals, heights, snakes, crowds, etc.

Preoccupations: Ask about ideas about the patient's body: Patient may believe he or she is changing or has changed, that his elimination functions, sexual functions, or digestive functions work in different or bizarre ways.

Cognition

Look at areas of abstract thought which declines or is absent in several conditions such as schizophrenia or dementia, level of general education and intelligence, degree of concentration.

Consciousness

Level of conscious state is assessed whether it is steady, fluctuating, cloudy or clear.
Rating: 1=coma 2=stuporous 3=lethargic/evidence of drowsiness 4=alert.

Orientation

Ask if the patient knows the time and date, place, patient (who the patient is), and the situation the patient is in.

Memory

Memory is tested by looking for immediate recall. Give the patient 3 unrelated words (yellow, fox, Chicago) and ask patient to repeat them. In 5 minutes ask the patient to repeat them again. Do not tell the patient that you will ask them to repeat them in 5 minutes. (You might want to write them down, so you remember.)

Recent recall: What did the patient eat two meals ago?

Remote memory: When and where was the patient born? Where did patient go to high school?

Confabulation: Patients may do this if they cannot remember – if this occurs, just note it. You might have to check information with outside sources for verification. You can test for confabulation by asking if the patient has seen you before – the patient who confabulates may fabricate details of a meeting which did not take place.

Concentration and Attention

May be impaired for a variety of reasons: cognitive disorder, anxiety, depression, internal stimuli. Ask the patient to subtract 7 from 100 and keep subtracting 7 from the answer (serial 7s). Average time to complete is 90 seconds. Note the patient's response to the task: irritability, frequent hesitation, or questioning. Four or more errors is considered marginal; 7 or more indicates a poor performance. If the patient cannot begin the task, start at 50 and subtract 3s. If patient is unable to do that, have patient count backward from 10. Patient is not to use paper to complete the task.

Others

Dreams: Are there dreams, how often, how vivid, any repetitive dreams, nightmares? What is the content of dreams?

Déjà vu: Sensation of having been in situations like the present one.

Presence of suicidal/homicidal thoughts. Must inquire about specific plans, suicide notes, impulse control. If positive, will patient contract for safety?

Ask if patient has any thoughts of wanting to hurt anyone, wishing someone were dead? If yes, ask about specific plans.

Intellectual Functioning

General knowledge:

- Who is the President, name 5 last presidents?
- What is happening in the world? (war, economy).
- Name 5 major US cities.
- If you go to McDonalds and buy 2 hamburgers for 70 cents each and pay $2, how much change will you get back?
- Or how much is a quarter, dime, nickel, and penny?

Math calculations:

-Ask basic math problems: 4+6 or 13-8.
-Complex: Add 14+17.

Ability to abstract:

Determine similarities-

- How are an orange and a pear alike? Good answer = fruit, Poor answer = round.
- How are a fly and a tree alike? Good answer = alive, Poor answer = nothing
- How are a train and car alike? Good answer = modes of transportation, Poor answer = both have wheels

Proverbs-

- Ask "what does it mean to say: Don't count your chickens before they are hatched?" Good answer = Do not plan on future gains before they happen. Poor answer = chickens are little.

Judgment and Insight

Evaluate judgment with patient's response to: "What would you do if you were in a crowded theatre and smelled smoke?" "What would you do if you found an addressed, stamped envelope lying in the street?"

Insight: How does the patient perceive his present problem? "How did things come to be this way?

Mental Health Nursing Assessment Definitions

Emotions

Mood

Anxious	Feelings of fear or apprehension; can result from a tension caused by conflicting ideas or motivations.
Depressed	Feeling profound and persistent sadness
Despairing	Feelings of loss of all hope
Elated	Feeling ecstatically happy
Euphoric	Feeling intense excitement or happiness
Fearful	Feeling afraid
Guilty	Feeling culpable or responsible for a specified wrongdoing
Irritable	Feeling easily annoyed or angered
Labile	Feelings characterized by emotions that are easily aroused or freely expressed, and that tend to alter quickly and spontaneously; emotionally unstable.
Sad	Feeling depressed

Affect

Appropriate	When an individual reacts with the proper and expected emotion for the situation.
Blunted	Occurs when an individual's emotions or expressions are less reactive to stimuli than average.
Broad	Also known as full affect, describes the typical affect expected of the average person. An individual exhibiting broad affect shows the emotion that they are feeling.
Congruence with mood	Is the consistency between a person's emotional state with the broader situations and circumstances being experienced by the persons at that time
Flat	Occurs when an individual has a complete lack of expression, feeling, or emotion, regardless of the level of stimuli.
Inappropriate	Display of reactions that do not match the situation that you are in or possibly even your internal state.
Incongruence	Occurs when the individual's reactions or emotional state appear to be in conflict with the situation.

Labile	Occurs when a person's expressions shift unpredictably, frequently, and excessively.
Restricted	Also known as constricted affect, describes a small reduction in affect. An individual experiencing restricted affect may have dulled feelings or emotions but will still be relatively close to broad affect.

Thought Processes

	Form of thought
Able to concentrate	Being able to focus on a single thought or task.
Associative looseness	Characterized by a lack of connection between ideas. Associative looseness often results in vague and confusing speech, in which the individual will frequently jump from one idea to an unrelated one.
Attention span	Ability to attend to a stimulus or object over a period of time. This ability is also known as sustained attention or vigilance.
Circumstantiality	convoluted and non-direct thinking or speech that digresses from the main point of a conversation.
Clang associations:	Is a reflection of disorganized thought processes. Instead of a person's thinking and speech being directed based on meaning, in clang association, a person's thinking and speech is driven by the sound of words.
Concrete thinking:	Is reasoning that's based on what you can see, hear, feel, and experience in the here and now. It's sometimes called literal thinking, because it's reasoning that focuses on physical objects, immediate experiences, and exact interpretations.
Echolalia	Is a psychiatric disorder that makes someone meaninglessly repeat what another person says.
Flight of ideas:	Occurs when someone talks quickly and erratically, jumping rapidly between ideas and thoughts. Flight of ideas is not a medical condition in itself. It is a symptom that may occur as part of mania, psychosis, and some neurodevelopmental conditions.
Mutism	is a severe anxiety disorder where a person is unable to speak in certain social situations
Neologisms	Is the creation of words which only have meaning to the person who uses them.
Perseveration	Is the repetition of a particular response (such as a word, phrase, or gesture) regardless of the absence or cessation of a stimulus
Poverty of Speech	Is when there is reduced spontaneity and productivity of thought as evidenced by speech that is vague or full of simple or meaningless repetitions or stereotyped phrases.
Tangentiality	Is the train of thought of the speaker wanders and shows a lack of focus,

	never returning to the initial topic of the conversation.
Thought Blocking	Is a sudden cessation in the middle of a sentence at which point a patient cannot recover what has been said
Word salad	Are random words or phrases linked together in an often-unintelligible manner.

Content of thought

Compulsions	Are repetitive stereotyped behaviors that the patient feels impelled to perform ritualistically, even though he or she recognizes the irrationality and absurdity of the behaviors. Although no pleasure is derived from performing the act, there is a temporary sense of relief of tension when it is completed. These are usually associated with obsessions.
Control	is a person's ability or perception of their ability to affect themselves, others, their conditions, their environment, or some other circumstance. Control over oneself or others can extend to the regulation of emotions, thoughts, actions, impulses, memory, attention, or experiences.
Delusions	false fixed beliefs that have no rational basis in reality, being deemed unacceptable by the patient's culture
Grandiose	Is a false or unusual belief about one's greatness.
Homicidal Ideas	Is a thought pattern characterized by the desire to kill another person or persons, along with a mental plan for a method of doing it.
Ideas of Influence	The patient may believe that somehow, they caused an unrelated event to happen
Ideas of Reference	are erroneous beliefs that an unrelated event in fact pertains to an individual.
Magical thinking	The belief that one's ideas, thoughts, actions, words, or use of symbols can influence the course of events in the material world.
Nihilistic	Is the belief that all values are baseless and that nothing can be known or communicated.
Obsessions	are repetitive, unwelcome, irrational thoughts that impose themselves on the patient's consciousness over which he or she has no apparent control.
Paranoia/suspiciousness:	Are intense anxious or fearful feelings and thoughts often related to persecution, threat, or conspiracy
Persecutory	Patient believes, erroneously, that another person or group of persons it trying to do harm to the patient.
Phobias	Is an overwhelming and debilitating fear of an object, place, situation, feeling or animal.
Poverty of content:	Is a person talks a lot but does not say anything substantive, or says much more than is necessary to convey a message.

Reference	false beliefs that random or irrelevant occurrences in the world directly relate to a person.
Religiosity	Is when a patient experiences intense religious beliefs or episodes that interfere with normal functioning
Somatic	Is when a person feels extreme, exaggerated anxiety about physical symptoms.
Suicidal Ideas	having thoughts, ideas, or ruminations about the possibility of ending one's own life.

Perceptual Disturbances

Hallucinations

Auditory	Are the sensory perceptions of hearing noises without an external stimulus.
Gustatory	Are tastes that are often strange or unpleasant. Gustatory hallucinations are often metallic taste.
Olfactory	Are false perception of odors, which are usually unpleasant or repulsive, such as poison gas or decaying flesh.
Tactile	Are an abnormal or false sensation of touch or perception of movement on the skin or inside the body
Visual	Is the visual perception in the absence of any external stimulus.

Illusions

Depersonalization	Are a patients' feelings that he or she is not himself, that he or she is strange, or that there is something different about himself that he or she cannot account for
Derealization	Is a patients' feeling that the environment is somehow different or strange, but patient cannot account for these changes.

Sensory and Cognitive Ability

Memory

Capacity for abstract thought	The ability to understand concepts that are real, such as freedom or vulnerability, but which are not directly tied to concrete physical objects and experiences.
Confabulation	Filling in memory lapses by guessing or making up events.

Recent	Is the temporary storage of information that is used in managing cognitive tasks, like learning, reasoning, and comprehension.
Remote	Refers to memory for the distant past, measured on the order of years or even decades.

Interaction Process Recording (IPR) Instructions

The purpose of the Interactive Process Recording (IPR) is to demonstrate the student's skills in understanding and refining therapeutic interactions as part of the nurse-patient relationship if noticed. The analysis of interactions with the patient promotes the student's ability to use the key therapeutic tool, the use of self, to facilitate growth in the nurse-patient relationship. The IPR assists the student to recognize personal feelings, actions, and interactions throughout the orientation, working, and termination phases of the relationship and to identify areas needing improvement.

Dialogue/Analysis

1. Place all verbal statements and nonverbal communications in the appropriate columns. Statements by the student and patient are to be recorded verbatim
2. Student analysis column
   a. Enter the type of therapeutic technique used e.g., Silence, and whether it was Therapeutic (T) or Non-therapeutic (N).
   b. Student rationale – "to allow the patient more time to think about the death of his mother" – and your thoughts about the patient's response. For example: *Patient seemed close to tears and I felt uncomfortable that I may have made the patient cry. I did well not talking – I wanted to say something like I felt sad when my grandmother died, but I didn't – I allowed patient the time patient needed to process his feelings.*
   c. If applicable, write alternative statement(s) and for each (N) response.
3. Patient analysis column
   a. Analysis of patient's thoughts, feelings, and response.
   b. Anxiety level – rate none, mild, moderate, severe, or panic. May also use 0, +1, +2, +3, +4.
   c. Labile defense mechanisms. If none, state none seen.

General Suggestions

1. Be direct in asking the patient to talk with you. Nurse counseling is a legitimate role and nurses should be comfortable with it.
2. Use **who, what**, **where, and when** to follow up patient statements as appropriate.
3. Avoid use of **why and how** statements.
4. Avoid jargon, euphemisms, slang, and figures of speech; may be misunderstood.
5. Do not over-sympathize with the patient about problems
6. When the patient uses psychiatric terms, ask what they mean by them.
7. Avoid close-ended questions.
8. Do not tell the patient how to feel.
9. Do not spend time discussing a patient's diagnosis.
10. Do not give advice.
11. If the patient talks about things patient would not do, ask what patient would do or did.
12. Do not defend the staff or hospital.
13. Do not share information about yourself, students, or staff. Divert the questions by saying "This is your time to talk about you."
14. If your patient is crying or emotional at the end of a session, stay with them. Ask if they are feeling OK and if they have someone to talk to. Do not just leave them.
15. If concerning statements were made by patient, always report what patient told you to staff before leaving the unit.

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient:_____ **Date:** _____ **Time:** _____ (24 hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute:_____ **Blood pressure:**_____

NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.
0 no nausea and no vomiting
1 mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.
0 none
1 very mild itching, pins and needles, burning or numbness
2 mild itching, pins and needles, burning or numbness
3 moderate itching, pins and needles, burning or numbness
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

TREMOR -- Arms extended and fingers spread apart. Observation.
0 no tremor
1 not visible, but can be felt fingertip to fingertip
2
3
4 moderate, with patient's arms extended
5
6
7 severe, even with arms not extended

AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.
0 not present
1 very mild harshness or ability to frighten
2 mild harshness or ability to frighten
3 moderate harshness or ability to frighten
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

PAROXYSMAL SWEATS -- Observation.
0 no sweat visible
1 barely perceptible sweating, palms moist
2
3
4 beads of sweat obvious on forehead
5
6
7 drenching sweats

VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.
0 not present
1 very mild sensitivity
2 mild sensitivity
3 moderate sensitivity
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

ANXIETY -- Ask "Do you feel nervous?" Observation.
0 no anxiety, at ease
1 mild anxious
2
3
4 moderately anxious, or guarded, so anxiety is inferred
5
6
7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.
0 not present
1 very mild
2 mild
3 moderate
4 moderately severe
5 severe
6 very severe
7 extremely severe

AGITATION -- Observation.
0 normal activity
1 somewhat more than normal activity
2
3
4 moderately fidgety and restless
5
6
7 paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask "What day is this? Where are you? Who am I?"
0 oriented and can do serial additions
1 cannot do serial additions or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place/or person

Total **CIWA-Ar** Score _____
Rater's Initials _____
Maximum Possible Score 67

 This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.

Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (**CIWA-Ar**). *British Journal of Addiction* 84:1353-1357, 1989.

Clinical Opiate Withdrawal Scale (COWS)

Flow-sheet for measuring symptoms for opiate withdrawals over a period of time.

For each item, write in the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name:_____ Date: _____

Enter scores at time zero, 30min after first dose, 2 h after first dose, etc.

Times: _____ _____ _____ _____

Resting Pulse Rate: (record beats per minute) *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120				
Sweating: *over past ½ hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face				
Restlessness *Observation during assessmen*t 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds				
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible				
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort				
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks				

GI Upset: *over last ½ hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting				
Tremor *observation of outstretched hands* 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching				
Yawning *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute				
Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult				
Gooseflesh skin 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection				
Total scores **with observer's initials**				

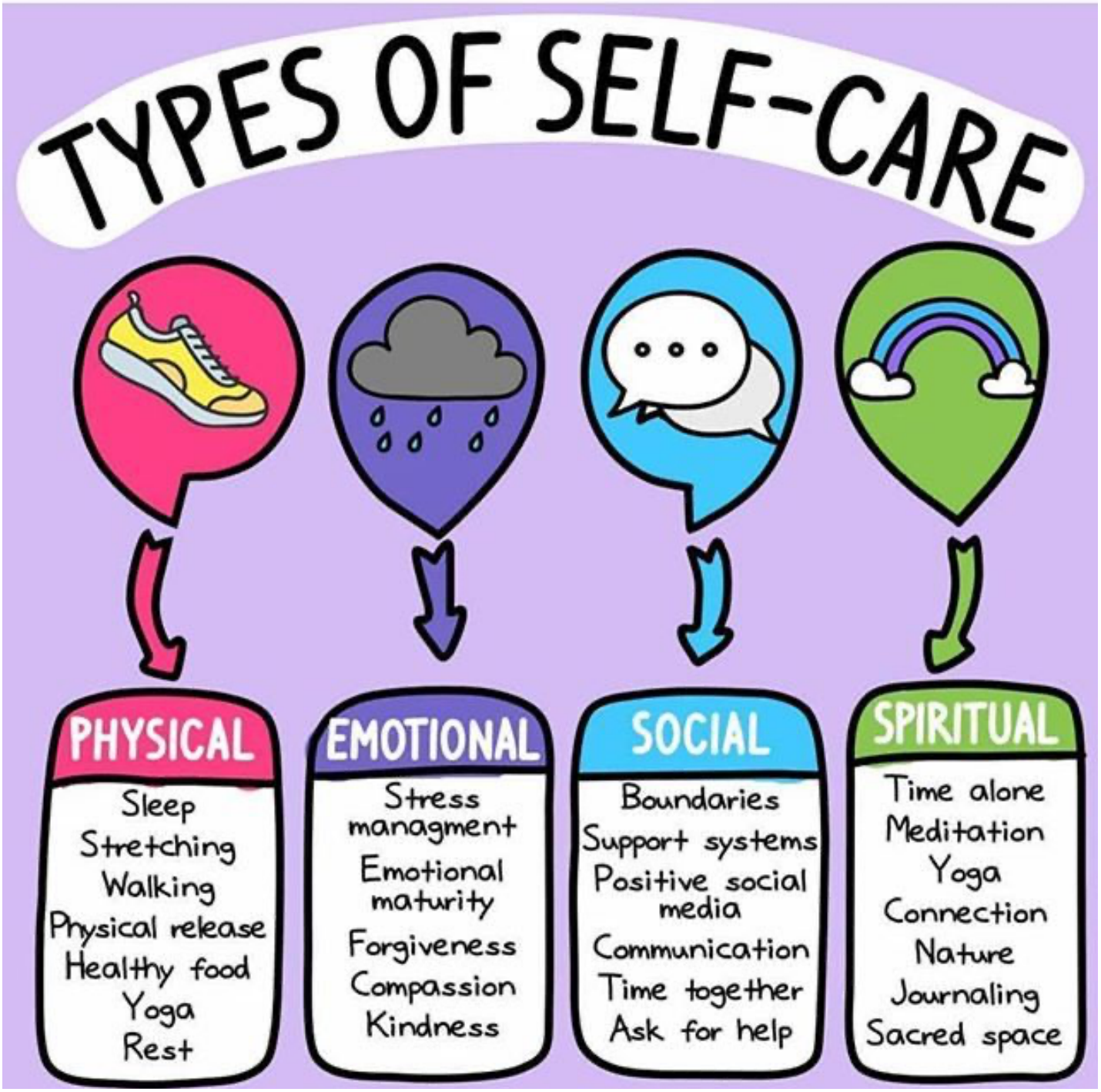
Score:
5-12 = mild;
13-24 = moderate;
25-36 = moderately severe;
more than 36 = severe withdrawal

Balancing Act

It is not always easy to keep calm and appear perfectly composed. Emotional conversations and events happen daily: unexpected comments that might derail you, frustrating colleagues, new learning environments, new preceptors, and less-than-welcoming healthcare staff on your assigned units.

Working through these experiences can be challenging. Learning how to pause and gain the clarity you need to respond in ways that reassure you — both in the moment and after it has passed – will support you in working through these experiences. Should you find yourself suddenly in an uncomfortable situation, try one or more of these strategies to regain your calm.

- Take deep breaths.
    - In fight-or-flight mode, your breathing becomes irregular, fast, short, and shallow. Changing your breathing pattern is your first line of defense.
    - Slowing down and deepening your breath will stimulate your vagus nerve and help to push you back into a more relaxed state of mind.
    - Lengthen your exhales and focus on breathing from your belly. Try inhaling for a count of four and exhaling for a count of eight. Deep abdominal breathing slows down your heartbeat, stabilizes your blood pressure, and encourages full oxygen exchange, which is critical to the brain's ability to function.
    - By stimulating the parasympathetic nervous system through this exercise, you can bring your prefrontal cortex back online, enabling you to think and respond sensibly.
- Distract yourself.
    - When you are in the heat of intense emotion, distraction is a helpful way to regulate your negative feelings, as it is less cognitively effortful than other techniques.
    - Distraction is anything you can do to temporarily direct your attention away from your strong emotion.
    - Focus on another sensation in your body, such as your weight pressing into your seat, wiggling each toe individually, or lightly rubbing your fingertips together to see if you can feel the ridges of your fingerprints. You can also try scanning your environment and looking for specific items— perhaps all the red objects in the room — to focus your mind on something else.
- Use your words.
    - Research shows that putting your feelings into words, or emotional labeling, can quickly reduce their grip on you and lessen your physiological distress. When you feel an emotional rush, ask yourself, "What are two or three words that describe how I feel right now?"
    - For example, suppose you are feeling overwhelmed. You might say to yourself, "I feel anxious/frustrated/worried/scared." Neuroimaging studies have shown that the act of thinking in words about your emotional state activates your prefrontal cortex and diminishes the response of your amygdala.
    - The goal of emotional labeling is not to deeply explore and fully process your feelings. It is about quickly pulling yourself away from the ledge.
- Be ready with a script.
    - The above strategies will help you break free from an amygdala hijack and increase the activation of your prefrontal cortex. But there may also be times when you will need to respond immediately and not have a private moment to collect yourself.
        - To prepare for these situations, come up with a couple of go-to lines that will allow you to respond quickly and buy more time. For example, you could say:
            - "That is interesting. Can you tell me how you came to that conclusion/reflection/insight?
            - "Thanks; I would like to think about that more before responding."
    - These lines might help you circumvent the situation's emotional impact and deflect attention away from you in vulnerable moments.
- Process your feelings.
    - Suppressing emotions and pretending not to be upset is a common strategy. Except, it has numerous harmful consequences over time, including adverse health effects, increased negative emotions, fewer close relationships, and lower well-being overall.
    - After the moment has passed, when you have more time to reflect thoughtfully, please process your feelings more fully. Talk to your friends and family, or reach out to your preceptor. Contact a counselor, psychologist, or psychiatrist if you need more assistance. Just be sure to find a healthy way to process your feelings.



Your mental health is just as important as your physical health!
Be sure to take care of yourself.