

UCLA Resnick Neuropsychiatric Hospital
Pavilion Adult Psychiatry Service

WELCOME!

The Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA offers Psychiatric Services for patients who need medical assistance in stabilization of an acute emotional or psychiatric crisis, with or without complications by substance or alcohol abuse or dependence. Treatment consists of the expertise of psychiatric physicians, medical specialists, psychologists, clinical social workers, nursing staff and occupational therapists.

- This interdisciplinary team offers a full spectrum of services individualized to patient needs for stabilization and treatment.
- For those individuals who may require a longer stay in a residential treatment program, NPH is able to coordinate treatment using a comprehensive set of residential and partial hospitalization treatment options.
- You may be provided with the following services:
 - ◇ Evaluation, diagnosis and treatment of psychiatric and substance use disorders
 - ◇ Concurrent medical care by appropriate medical specialists.
 - ◇ Family involvement
 - ◇ Psycho-educational/therapeutic groups
 - ◇ 12-step group participation, when indicated
 - ◇ Medication, when indicated

The Pavilion Psychiatry Service includes designated male and female bathrooms and private shower facilities on each corridor for your personal use and convenience.

When entering the hospital, patients and their families find themselves facing an unfamiliar world. Despite this, we find that most patients adjust within a short time. The staff is here to help you with any questions you may have and to help you feel welcome when you first come to the service. This packet gives you information about the Pavilion Service, the therapeutic program, resources, and other important information such as visiting hours, telephone numbers, and billing services.

Our goal is to provide you with the highest possible quality of care while you are in the hospital. This includes evaluation, treatment, and discharge planning. At the end of your hospitalization, you will be asked to complete a survey regarding your hospital stay. We encourage your feedback and suggestions.

This packet is designed to educate you about your hospital stay. Our hope is that your hospitalization is a productive experience.

Preparing for Your Hospitalization

Patient and family education is an important part of your hospitalization. Throughout your hospitalization you will receive education regarding your diagnosis, treatment, medications, and aftercare recommendations, as well as other education as needed in your individual case. Being this is a psychiatric admission, patient confidentiality is paramount and due to laws regarding confidentiality, we are unable to give information to your family or include them in the education process unless you give your specific permission. We strongly encourage you to include your family since social support can be an important part of your progress once you leave the hospital. We have also found that families can often be more supportive when they have relevant information. Family meetings with the treatment team to discuss diagnosis, treatment interventions, response to treatment and discharge planning or transitions are held when needed at the treatment team's discretion.

What to Bring

Street clothes are worn on the unit and all clothes should be comfortable and casual. Sturdy walking shoes or slippers with low heels and backs are to be worn when you are out of bed. You might want to bring your own night (bedtime) clothing, as well.

Please furnish your own toilet articles such as toothbrush, toothpaste, shampoo, deodorant in plastic, non-breakable containers, as well as cigarettes, if you are a smoker. UCLA is a non-smoking hospital. However, if it is in your treatment plan we accommodate smoking as a courtesy to smoking patients in a designated patio area. Radios and clocks without cords are allowed on the unit. We recommend that you do not bring items of value or any money over \$15.00.

Each patient has a designated cubicle that is accessible to nursing staff where certain items may be kept and checked out with staff for short periods of time. The following are items are prohibited in the hospital.

Items prohibited while in the hospital:

- Firearms
- Camera
- Tape recorders
- Knives/daggers
- Lighters/matches
- Any type of weapon
- Alcohol
- Illegal drugs
- Over-the-counter drugs/medications, including vitamins, herbs, and supplements
- Prescriptions drugs/medications
- Coat hangers
- Televisions
- Cellular phones

Items to be locked up by nursing staff and checked out by patients:

- Aerosol spray cans
- Glass items, including glass cosmetic bottles
- Scarves
- Sharp items such as scissors, tweezers, nail clippers, nail files, razors, mirrors, compacts, etc.
- Sewing kits
- Art supplies
- Belts

CD players, CDs, headphones, music players (Ipods/mp3 players)
DVDs
Knitting needles
Electrical appliances (hair dryer, curling iron)

Please discuss with your treatment team any necessary use of personal computers, laptops and / or other electronic devices during your hospital stay.

ACCOMMODATIONS

Dayroom/Dining Room: Therapeutic groups and activities, meals, relaxation, and socialization all occur in these areas, so we ask that you dress appropriately. A television set, stereo, and piano are available in these areas for your use. Program selection on TV and radio is chosen by group consensus and majority vote prevails. Games, puzzles, magazines, and books are available.

Bedrooms: The majority of the rooms are single or double occupancy. There is one dormitory style room available. Each bedroom has a closet and a bedside stand in which you can put your personal belongings. Rooms are assigned based on clinical need.

Towels/Linens: Clean towels and bed linens are supplied by the hospital and distributed by the staff. Each patient is expected to make his or her own bed in the morning and to change the sheets when necessary. Staff is available to help with this, based on clinical need.

Laundry facilities: The Service has a laundry room with a washer and dryer. There is no charge for this and laundry soap is provided.

Refrigerator for Patients: Although you are not allowed to keep food in your bedroom, you may keep food in the refrigerator located in the kitchen. A staff will assist you to label and date your food. Refrigerator space is limited, so the amount of food you can store will be restricted. Periodically, staff will clean the refrigerator and throw away improperly labeled food or food that is more than a few days old.

Dietary Needs: Special diets are ordered by your physician. You may also discuss dietary concerns with a dietitian or nursing staff. Menus are distributed to you to fill out and return to the nursing station. Assistance in filling out menus is available for those who need it. Monday through Friday, meals occur at approximately 7:30 AM, 12 Noon, and 5:15 PM. Breakfast is slightly later on the weekend.

YOUR FIRST DAY IN THE HOSPITAL

Your first day in the hospital may feel confusing. We will try to orient you to your hospital surroundings. Several different people will interview you as we begin the evaluation process. Your assigned Resident MD, a RN, Social Worker, and Occupational Therapist will each meet with you to gather information. Although it may seem repetitive to be asked the same questions by so many people, this helps the treatment team to do a thorough assessment. In this way, your treatment team, in collaboration with you, can develop a treatment plan, which will take into consideration your personal treatment needs and goals.

Sometime within the first 24-hours of your stay, you will have your first experience with "Rounds." "Rounds" is the term used for the meeting in which your treatment team develops daily plans for your care. In this meeting, you will be interviewed primarily by the Attending Physician in the company of the rest of the treatment team. Because NPH is a teaching facility, there may be many people in this meeting, including students. This affords you the unique advantage of having many people who can collaborate on your care at the same time without additional consultation charges. Rounds intimidate many people at first because there are so many people present. We find, however, that most people adjust to this format rather quickly. It may help you to focus primarily on the Attending Physician during the interview if you find yourself feeling overwhelmed.

THE PRIMARY MEMBERS OF THE TREATMENT TEAM ARE AS FOLLOWS:

Attending Physician: This is the faculty psychiatrist who is responsible for your care. Each patient is seen in Rounds, which are conducted by this psychiatrist.

Primary Nurse: The Primary Nurse is a Registered Nurse who will be responsible for your nursing care from admission through discharge. Together with the interdisciplinary treatment team, this nurse will provide individual care and education to patients and their families. Emphasis is placed on teaching patients to develop problem-solving skills, coping skills, and symptom management.

Resident: This is a physician in psychiatric training who is assigned to work directly with the Attending Physician in the assessment, planning, and coordination of your individual treatment plan. This physician will meet with you individually for treatment, medication management, and other treatment modalities as indicated. Some patients will not have residents assigned to their case and will work directly with the attending physician.

Pharmacist: Although you may not meet with this person individually, the pharmacist is a specialist in psychiatric medications who provides consultation and education to clinical staff. The pharmacist reviews all medication orders before being carried out.

Clinical Social Worker: This is an LCSW or MSW who is responsible for coordinating your counseling and follow-up discharge needs. This may include individual and group counseling such as recovery coping skills groups, family meetings, discharge readiness preparation, and other things as indicated.

Assigned Nursing Staff: A nursing staff member will be assigned to your care each shift. Your staff member will administer medications, treatments, and provide individual counseling and group activities. Shift assignments are posted on a patient assignment board on the unit so that you can see who your assigned staff is for that shift.

Occupational Therapy Staff: An Occupational Therapist is assigned to each unit and will direct many of the therapeutic activities that you are involved in. These activities assist in identifying patient's skills, interests, capabilities, and general developmental level. This process occurs through group and individual modalities.

Chaplain: Spiritual Care services provide for the spiritual and religious needs of patients. They are trained to work on an interfaith basis. Patients may also make a request for a specific clergy. You may access this resource through any staff member.

OTHER IMPORTANT INFORMATION REGARDING YOUR TREATMENT

Therapeutic Program: Your participation in the therapeutic program is essential in order to ensure that you get as much from your hospital stay as possible. We have found that a straightforward commitment to be open and honest about your process of recovery is essential during treatment. We ask that you make this commitment now to yourself and us. We are available to assist you in this process of recovery. In addition to helping you learn new skills, groups and activities are also used to help us assess your individual needs. Use of illicit drugs in this program is strictly prohibited and may lead to discharge.

Discharge Planning: Discharge planning begins on the day of admission. The type of discharge planning needed varies from patient to patient and may include referrals for treatment after you are discharged, placement, or support groups. Your treatment team all participates in this important activity.

Activity Levels: Based upon your treatment requirements, you will be assigned an "Activity Level" (called "AL") on admission. Your AL may change during the hospitalization as clinically indicated. The activity levels are as follows:

AL I: Restrict to the unit. May not leave unless there is an emergency evacuation.

AL II: Restrict to the unit. May leave the unit one to one with staff for medical tests and procedures.

AL II with deck: A-South patients may be taken to A-West for groups, activities, and smoking.

AL III: May go outside the building with a group of patients and staff for a designated therapeutic activities.

AL III B: May leave the unit with a group of patients and a staff member, but may not leave the hospital building.

There are also higher activity levels, designating higher levels of responsibility, which may be ordered as appropriate by your treatment team.

Visitors: Visitors are allowed to see you only during visiting hours so that visits don't conflict with the therapeutic program. Visitors are asked to check in with staff and show items to the nursing staff before giving them to you. We know that it is impossible for visitors to know all items which may be considered contraband, so staff must ensure your safety and sobriety as much as possible by checking all items brought to you while in the hospital. Only 2 visitors may visit any one you at the same time and visiting only occurs in public areas on the unit (dayroom, dining room). If more than 2 visitors are planned to come, please consult with the treatment team in advance to determine if arrangements can be made.

Smoking: Although NPH is a non-smoking facility, smoking is permitted on the A-West outdoor deck with a physician's order. Smoking times occur approximately seven times a day with staff supervision. If you are a patient on

The Pavilion you will be taken to the outside deck on A-West at designated smoking times. Approximate smoking times are posted on each unit. These times are subject to change, depending on the needs of the service and or patient. If you are unable to smoke for any reason, nicotine replacement therapy can be provided.

CONCLUSION

The Resnick NPH is an acute hospital, so your stay with us will, in all likelihood, be brief. The goal of this hospitalization is to deal with the crisis and acute symptoms, which brought you to the hospital. Once this occurs, we will assist you in moving to a less acute level of care. This may be to our Partial Hospitalization program, residential care, and a structured recovery program or outpatient individual therapy. We will work with you to make this a smooth transition so that you may continue working towards your best individual level of recovery.

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