

# Geriatrics Unit

5 North Wing



## UCLA Medical Center, Santa Monica

1250 16th Street  
Santa Monica, CA 90404  
Geriatrics Unit  
Main Phone: (424) 259-9520  
Fax: (424) 259-6667



# Welcome

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Welcome to the 5 North Wing/Geriatrics Unit at UCLA Medical Center, Santa Monica. We know how difficult it can be when you or your loved one needs hospital care. Our Geriatrics team strives to make your hospital stay as comfortable as possible and is available to answer your questions, address your concerns and provide assistance throughout your stay.

Our unit, which contains 26 private rooms, specializes in the care of individuals age 65 or older. Our highly skilled team of physicians, nurses, and clinical care partners has special training and expertise in caring for the unique needs of geriatric patients.

One of my priorities as Unit Director is to ensure that you and your family have an exceptional experience at our hospital. I visit with patients and family members every day to monitor their care and progress with daily plans and goals.

We appreciate feedback during your stay as we strive to deliver exceptional care to every patient, every time. Please let me or my team members know if there is anything we can do to better serve your needs.

Sincerely,

Valerie Yeo, RN, MSN, GNP, CNS  
5 NW/Geriatrics Unit Director  
UCLA Medical Center, Santa Monica



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## Quick Reference Guide

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### Medical Director

Sonja Rosen, MD

### Unit Director

Valerie Yeo, RN, MSN, GNP, CNS  
(424) 259-8210

### Assistant Director

Chinette Salveron, RN, MSN, ANII  
(424) 259-8211

### Clinical Nurse Specialist

Anila Ladhani, RN, CNS  
(424) 259-8213

### Patient Affairs

(424) 259-9120

### Spiritual Care

(424) 259-8170

### On-Duty Charge Nurse

(424) 259-9524

### Case Manager

(424) 259-9717

# During Your Stay

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## Participating in Your Care

We want to make your hospital stay a satisfying and healing experience. Please help us by letting us know how we can better assist you. Someone on your care team is always available to address your concerns and answer any questions.

## Primary Contact Person

We strive to communicate effectively with patients, families and caregivers. To help us, we ask that you and your family or caregiver designate one person to serve as your primary contact person. This person will be listed on the whiteboard in your room under the “Family” section. Key information for your primary contact includes a phone number, the best time to contact him or her and any questions or concerns for your care team. Our nursing team reviews the whiteboard at least twice a day during shift changes.





With your permission, your primary contact may discuss your condition and plan of care, get daily updates and share information from your healthcare team with other family members, caregivers and friends.

Due to privacy laws, we can give information about your medical care only to your primary contact, whether in person or by phone. He or she will be given a security code by our nursing staff to obtain information over the phone. We recommend that only your primary contact person have access to this code.

### **Durable Power of Attorney (DPOA) for Healthcare**

A DPOA is a legal document that designates one person of your choosing to protect your rights and make health decisions for you in the event that you become unable to do so for yourself. This is meant to ensure that your wishes will be respected. Our social worker can meet with you if you have further questions about completing a DPOA.

# Patient Safety

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## Staying Informed

Always stay informed by asking questions. Patient-specific health education will be offered throughout your hospital stay and at discharge. Please do not hesitate to voice any questions or concerns if you do not understand how new medications or treatments will impact you after leaving our hospital.

## Recognizing Your Medications

You should know what medications you take and why, and be aware of common side effects. Your nurse will explain each medication he or she administers to you and review any side effects that may occur.

## Hand Hygiene

Clean hands save lives. Every staff member must wash his or her hands before and after contact with each patient. Speak up if your healthcare provider fails to clean his or her hands with soap and water or a waterless hand gel before treating you. For your safety, we also recommend that you wash your hands frequently, especially before meals.

## Falls

Maintaining our patients' safety is the most important thing we do. Patient falls can lead to longer hospital stays, injuries that reduce mobility and declining health. We often implement special safety measures for patients considered at higher risk for falls.

Your nurse and care partners will make rounds every hour to check on the six "Ps:" pain, position, personal needs, placement of personal items, pumps and prevention of falls. **To avoid falling, please press your call bell for assistance.**

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**Families and visitors:** You play a key role in our safety plan. Please notify the nurse if your family member seems confused, wants to get out of bed or cannot reach or use his or her call bell. If the patient requires constant observation, please notify the nurse when you need to leave the room.

### **Make Sure Your Team Knows Who You Are**

Your healthcare team may already know you, but they will routinely check your patient identification band or reconfirm your identity before performing any exams or treatment and giving medication.

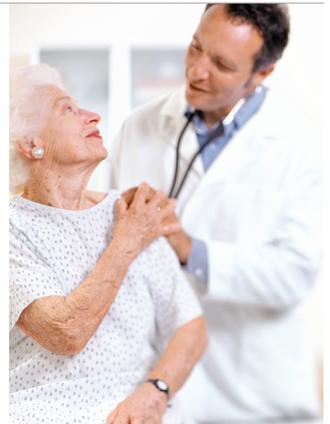
## **Your Care Team**

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As an academic medical center, our hospital has many highly trained doctors and other staff members involved in your care.

### **Attending Physician**

The attending physician is in charge of your care and leads the care team, which may include residents.



Attending physicians rotate weekly. Each time this change occurs, the new physician will introduce himself or herself to you as the current attending physician during your hospital stay. Team members communicate regularly with each other to coordinate your care.

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## **Consulting Physician**

Specialty physicians may work in collaboration with your attending physician and provide consultations, if necessary. These doctors are specialists in a specific practice area and partners in your care.

## **Resident Physician**

Resident physicians are doctors who have completed medical school and are training in geriatrics. They are supervised by attending physicians and coordinate your plan of care with the team, other services and consulting physicians, as needed.

Resident physicians rotate monthly. Each time a new rotation begins, the new resident will introduce himself or herself to you. Team members communicate regularly with one another to coordinate your care.

## **Registered Nurses (RNs)**

Registered nurses will be assigned to care for you in 12-hour shifts during your hospital stay. These nurses work with the team to implement your care plan, administer medications, monitor your progress and inform your doctors of any important changes.

## **Nurse Practitioner (NP)**

Our nurse practitioner works closely with your doctors to manage your care. She also can assist in coordinating your discharge needs with our unit's case manager.

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## **Charge Nurses (CRN)**

Charge nurses are registered nurses responsible for co-managing the unit with our unit director and acting as an additional resource to all staff members providing care.



## **Administrative Care Partner (ACP)**

Our administrative care partners staff the front desk on our unit. They are the people who answer your call bells and relay your messages to your primary nurse or clinical care partner. They also greet family and friends who visit you. Please feel free to call them when you need assistance.

## **Clinical Care Partner (CCP)**

Clinical care partners assist our nurses with tasks such as bathing, feeding and taking vital signs. Our CCPs will be assigned to care for you in 12-hour shifts, similar to your nurses. Your CCP and nurse work closely to ensure all your care needs are met.

## **Geriatric Clinical Social Worker**

Our geriatric clinical social workers can support you and your family with social and emotional adjustment to illness and injury. They also assist in locating helpful community resources, such as referrals for senior or in-home services. Ask your nurse if you would like to meet with a social worker.



## **Case Manager**

Case managers help coordinate any needs you may have during and after your hospital stay, including insurance coverage or discharge-related services. They can help arrange home health care or a stay at a skilled nursing facility after discharge, if needed. They make frequent rounds on our unit to meet with patients and family members and answer questions about services and referrals.

## **Rehabilitation Services**

Physical, occupational and speech therapists serve as key members of our care team, providing rehabilitation services needed during your hospital stay. They also help your physicians determine if you will need additional therapy after leaving our hospital.

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## Clinical Nurse Specialist (CNS)

Our clinical nurse specialist is an advanced clinical expert in geriatric care and provides specialized ongoing education and training to staff to ensure you receive the highest quality and most advanced care available.

## Other Important Team Members

Nutritionists, respiratory therapists, pharmacists, housekeepers, food service workers, spiritual care specialists and other health professionals work with our team to provide essential services during your hospital stay.

All staff members who enter your room should introduce themselves and explain their roles in your care. Do not hesitate to ask, “Who are you?” or “How are you involved in my care?” For your safety, all staff members are required to wear photo ID badges with their name and picture visible to you.

Additionally, healthcare team members are distinguishable by the color of their scrubs:

-  Navy Blue.....Registered Nurses
-  Olive Green.....Patient Care Partners
-  Gray.....Administrative Partners
-  Black.....Lift Team
-  Light Blue .....Physical/Occupational Therapists

# What to Expect

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## **Admissions Process**

After you arrive on our unit, your RN and CCP will be there to orient you to your room and complete their initial assessment, including vital signs, your medical status and history. Your hospital doctor will also see you within a few hours of admission.

## **Informing Your Primary Care Physician**

When you are admitted to our Geriatric inpatient service, a UCLA physician will contact your primary care physician and communicate your status on a daily basis.

## **Patient Belongings**

Please do not bring valuables with you to our hospital. We do our best to keep track of your belongings, but to prevent them from getting lost or damaged, we recommend sending them home with a family member or friend. If that is not possible, we will keep your valuables locked in our hospital safe during your stay. They will be retrieved for you before discharge.

If you brought your own medications, we are required to store them in our Pharmacy for your safety. They will be returned to you at discharge. We also provide carrying cases for your glasses, hearing aids and dentures to prevent them from getting lost.

## **Pain Control**

Managing your pain is a primary goal. Members of our care team will regularly assess and monitor your pain level, but please do not hesitate to notify your nurse or care partner if you experience pain at any point so that we can keep you comfortable.

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## Call Bell Response

Your room is equipped with a call bell to notify us when you need assistance. Your call bell should always be within reach. When you press the bell, our ACPs will answer and ask what assistance is needed so they can summon the appropriate team member. **To avoid a potential fall or injury, always use your call bell to request assistance, instead of attempting it yourself.** Our goal is to respond to all requests in 5 minutes or less.

## Discharge Planning

To ensure a smooth and timely discharge from our hospital, your care team begins planning your discharge needs soon after admission. If you are returning home, your nurse will provide discharge instructions, including follow-up appointments and a list of your medications. Please ask any questions of your physician or nurse before leaving our hospital. **Discharge time on our unit is 11:30 am.** You can expect a follow-up phone call from one of our nurses 24 to 48 hours after discharge. If you have any questions before then, please do not hesitate to call us.

## Nursing or Rehabilitation Facility Care

You may require care at a nursing or rehabilitation facility after your hospital stay. We will coordinate ambulance transportation to your next place of care and ensure continuity by communicating your hospital care, medications and ongoing care plan to the physicians and nurses at the nursing or rehabilitation facility.

UCLA geriatricians are affiliated with several skilled nursing facilities in West Los Angeles and Santa Monica. If you are discharged and receive care at one of these facilities, a UCLA geriatrician will manage your follow-up care.

# Your Typical Day in Geriatrics

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## **Nursing Shift Changes**

Our nursing team has two shifts each day, with shift changes occurring from 7 to 8 am and 7 to 8 pm. During these time periods, your current nurse will discuss your care with your new nurse. This is known as “report” and is conducted at the bedside, enabling you to ask questions and participate in your care. Depending on your preference, family members may be asked to leave the room during this period.

## **Baths/Linen Changes**

Throughout your stay in our Geriatrics unit, a sponge bath will be offered each morning by your nurse and/or care partner. Bed linens are changed every day or more often, if needed.

## **Vital Signs**

Vital signs, including temperature, heart and respiratory rates, blood pressure and pain assessment, are routinely checked every eight hours or more often, if needed. We try not to disturb you during the night, although it may be necessary to obtain vital signs while you or your visitors are sleeping.

## **Measuring Intake and Output**

We need to record everything that you eat and drink during your stay. If family members or visitors give you food or drinks, please keep track and let us know. Your doctor may give orders for you not to eat or drink anything – known as “NPO.” If you require anesthesia for a procedure or surgery, you may not be able to eat or drink for several hours. This prevents you from vomiting and blocking your airway while under anesthesia.

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## Consultations and Procedures

Imaging studies, laboratory tests or procedures, including X-rays, CT scans and blood tests, may be ordered by your physician during your hospital stay. These procedures are scheduled with other departments throughout the day, based on availability. Depending on your needs, your geriatrician may also request consultation with another specialist physician or hospital service, such as physical therapy.



## Physician Visits and Patient Updates

Your hospital attending and resident physicians will typically visit you in your room before 10 am each day. Our care team then discusses each patient in detail during morning rounds from 10:30 to 11:30 am. During rounds we discuss:

- Events that occurred overnight
- Concerns shared by patients or their families
- New information from specialists
- Laboratory or other test results
- Updates to your care plan
- Your needs after leaving our hospital

Rounds are conducted behind closed doors to ensure privacy.

The best time for your primary contact person to speak with the physician is following rounds (after 11:30 am).

# Other Considerations

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## **Aspiration Precautions**

To prevent choking or pneumonia, it is important for our patients to sit fully upright when eating. We appreciate family members assisting with feeding, but request that they ensure patients are sitting up for meals. If coughing occurs during a meal, stop the feeding and notify the nurse. Diet and fluid restrictions are also common during hospital stays. Please check with the nurse before assisting with feeding.

## **Prevention of Skin Breakdown**

Older adults are at very high risk for skin breakdown, also known as “bed sores.” To prevent skin breakdown, we try to reposition patients every two hours to keep skin dry and clean and relieve pressure on vulnerable areas, including the heels, hips and tailbone.

## **Physician Orders for Life Sustaining Treatment (POLST)**

The Physician Orders for Life Sustaining Treatment is a document that specifies patient preferences for resuscitative and life-sustaining treatment. The document travels with the patient to let all healthcare providers know about these wishes. The California POLST is available online at [capolst.org](http://capolst.org).

## **Updated Medication Lists**

We recommend that you keep an updated list of your medications and their side effects. We will provide you with a current list when you are discharged from our hospital



## **Noise Reduction**

To help you rest and heal, we strive to promote a quiet environment for you and our other patients. If you have concerns about noise levels on our unit, please mention them to your nurse or our charge nurse.

## **Spiritual Care**

Our Spiritual Care staff tends to the spiritual and emotional needs and concerns of all patients and families. Chaplains participate as full members of our care team and provide support and reflection during hospitalization. Patients of any faith tradition – or none – may request a chaplain visit for support and assistance in finding serenity, trust, strength and hope. To request a chaplain visit, please ask your nurse for assistance.

# Frequently Asked Questions

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## Can I bring food from home?

Space for storing food from home is very limited. To store small food quantities, please wrap the food and give it to your nurse or another staff member to label and place in our unit's refrigerator. Before eating any food from home, please check with your nurse.

## Can I bring "comforts" from home?

Sometimes pictures or other personal belongings can be comforting for patients when they are in the hospital. You are welcome to bring these items. Please let your nurse know so we can assist you with their safekeeping.



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## **Can I sleep in my family member's room?**

One visitor may stay overnight in your room and use the sleeper chair. We encourage other family members and friends to visit during regular hours. Our Geriatrics unit also has a family waiting area nearby.

## **Are “sitters” available?**

Some patients require constant observation for their own safety. Constant-observation aides, also known as “sitters,” are available through our Nursing Department. They are assigned based on an attending physician order and a detailed nursing assessment. We also can provide families with a list of approved private-duty nurses available for a fee, if patients do not meet sitter criteria. Please ask our charge nurse for more information.

## **What if my family member has difficulty hearing?**

Our unit has several hearing-assistance devices, called “pocket talkers,” available for patient use. Please notify your nurse if you need one.



# Notes

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