



SERVICE-AT-A-GLANCE

(MGH) Short Stay Unit (SSU)

Location – 14 east (end of the hallway)

Population

- Extension of ED service. Referrals can be from any service (ortho, plastics, neuro, medicine)
- Clients admitted for short stay (up to 72 hours) for completion of tests, medical workup and investigations. Certain cases may be awaiting convalescence / rehab bed or palliative bed.

Age range

- Adults and elderly clients

Impact of illness/injury

- functional limitations / restrictions if post -fracture
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Medications

be aware of their indications as well as side effects affecting functions and precautions

- Seroquel
- Haldol
- Pain medication
- Lasix
- Respirdone

Role – *Describe the role of your service in point form.*

- Bedside swallowing assessments and occasional MBS tests and follow-up
- Functional assessments for safety to return home , recommendations for alternate discharge options (ie: convalescence, rehab, placement..)
- Cognitive appreciation and driving screen
- Education and recommendations for positioning and compensatory aids/Positioning
- Occasional splinting (plastics patients)
- Activities for clients with dementia (ie: non-pharmacological approach to manage behavior)
- Education to progress /maintain functional status
- Attendance at family meetings
- Treatment plan (acute/chronic/end stage?),
- Continuity of care (rehab/convalescence/homecare/community/LTC/palliative?)

Team and Key Contacts– *Indicate if you work in a multidisciplinary team; who are the key players, staff doctors, consulting CNS's and other specialists.*

- Unit Coordinator: # 43438
- Head Nurse: 42208
- Assistant Head Nurse: 43610
- Liaison Nurse (for clients <70 years): #42696
- Geriatric Liaison Nurse: #45550
- PT: pager: 514-406-0723
- OT : pager 514 -406- 4859

- SW: ext 42186
- Dietician: on call list , changes every month (check with unit coordinator)

Rounds – Multidisciplinary meetings for complex geriatric clients (daily?)*List the day(s),*

Medical Tests – *Describe in point form the principle/**most frequent** risk factors that you assess specifically related to your patient population.*

- Falls risk /restraint use

Assessments - *Describe in point form the principle/**most frequent** forms that you complete specifically related to your patient population in addition to the psychosocial assessment.*

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Resources - *Describe in point form the principle/**most frequent** hospital and community resources that you allocate specifically related to your patient population.*

- DSIE for rehab and CLSC follow -up (SARCA)(liaison RN completes DSIE for home care with OT input and summary)
- Link with MAB, Alzheimer's society

“Insider” Info – *List any tips, cautions, fast-tracks, templates or lists that would help facilitate a quick-start for someone new to this service.*

- Unit will page OT for new consults, they are placed in the client chart