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

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.
- 

**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