

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

Nursing Policy

23 July 2005

Scope of Patient Care and Service

1. UNIT TITLE: Ward 54, Adult Inpatient Psychiatric Service

2. DESCRIPTION: (Adult Inpatient Psychiatric 37 bed unit with a average daily census of 26. During the FY 2000, the service had about 1000 admissions: 65% active duty, 25% non-active duty Tricare Prime, and 10% Tricare Standard and other miscellaneous categories of patients. 13% of the admission were from OCONUS.

3. PATIENT POPULATION SERVED: The service provides care to active duty personnel, retirees, and their dependents (18 years and older adult and on occasions geriatrics greater than 64). The source of admission are quite diverse. Many admissions come through outpatient psychiatry services and emergency department at WRAMC, National Naval Medical center (NNMC) and Malcolm Grow Medical Center (MGMC), as well as through the air evacuation system and transfers from the civilian emergency rooms and psychiatric units. In addition to receiving patient from OCONUS, the unit is the only Department of Defense adult inpatient psychiatric facility in the National Capitol Area. The unit is also responsible for providing excellence in graduate medical education for the Army, Navy and Air Force in General Psychiatry/Internal Medicine and Psychiatry/Family Practice training Program.

4. CONDITIONS AND DIAGNOSES TREATED: (The primary diagnoses are: Depressive disorders, adjustment disorders, substance-related disorders, psychotic disorders, and bipolar disorders. Special treatment procedures performed are: Electroconvulsive therapy (ECT), performed in the PACU with anesthesia and recovery personnel. Behavioral modification plans are provided for individual treatment plans as well as use of antabuse. Involuntary use of restraints are used only after various preventive measures has failed.

a. High Volume:

- 1) Mood Disorders
- 2) Thought Disorders
- 3) Adjustment Disorders
- 4) Substance Abuse Related Disorders
- 5) Personality Disorders

- b. High Risk:
 - 1) Suicide Attempts
 - 2) Any Patients requiring restraints
 - 3) Involuntary Admission
- c. Problem Prone:
 - 1) Geriatrics patients without guardianship
 - 2) Severely and chronically ill active duty patients in need of VA placements
- d. High Cost:
 - 1) Active duty patients
 - 2) Patients assigned to Med-Hold
- e. Excluded Patients/Services:
 - 1) Involuntary family member or retirees
 - 2) Patients less than 18 years old
 - 3) Limit geriatric admissions (1-2)

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Polices
- e. Unit level standard operating procedures
- f. American Nurses Association, Scope and Standards of Practice, 2004.
- g. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- h. Laraia, M.T. and Stuart, G.W., Principles and Practice of Psychiatric Nursing, 8th Ed., Elsevier, 2005.
- i. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange.

6. TREATMENTS AND ACTIVITIES PERFORMED: All nursing activities are performed in accordance with the Scope of Practice and Competency Based Orientation. In keeping with the principle of utilizing least restrictive environment for the treatment of acutely severe psychiatric condition, the service is very aggressive in evaluating and reducing target symptoms with psychopharmacological agents. Regression is discouraged. Defenses are supported with appropriate medical, psychological and environmental interventions. The patients are assessed in a timely fashion by the psychiatrists, nursing staff, social workers, occupational therapists, art therapists, recreational therapist, and a substance abuse counselor using discipline specific methods. The results of the individual and group assessment are compiled and the recommended treatment plans are formulated and implemented with the patient's

informed consent by the inter-disciplinary team. Self-care and social interactions are strongly encouraged. The treatment modalities utilized are pharmacotherapy (initiation, adjustment or reinstatement of medication regimen), Structured individual and group therapy utilizing principles of crisis intervention, educating the patient, family and as indicated the command, and provide consultation of evaluating and clarifying outpatient treatment. Electroconvulsive therapy is available both as an inpatient and ambulatory care procedure with full anesthesia support performed in the Post-Anesthesia Care Unit.

7. PERSONNEL PROVIDING CARE: Services is provided by Military and Civilian Registered Nurses trained in comprehensive psychiatric nursing. The nurses serve as a direct provider in the field of mental health. This work requires specialized knowledge and skills in nursing care which contributes to the re-direction of patient behavior, educational needs of patient and staff and provides emotional support to patients and family members.

- a. Nursing:
 - 1) Registered nurses
 - 2) Mental Health Specialist
 - 3) Psychiatric Nursing Assistants
 - 4) Medical Records Technicians

- b. Other Personnel:
 - 1) Physicians
 - 2) Psychologist
 - 3) Occupational Therapist
 - 4) Social Workers
 - 5) Pharmacists
 - 6) Dietitians
 - 7) Recreational Therapists
 - 8) Art Therapist
 - 9) Addiction Counselor
 - 10) Chaplain

- c. Unit core staffing plan

Ward 54	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (excluding Head Nurse and Wardmaster)			Weekend Staffing Matrix (excluding Head Nurse and Wardmaster)		
	Military	Civilian	Day	Evening	Night	Day	Evening	Night
RN	10	8	5	4	3	3	3	3
LPN	0	0	0	0	0	0	0	0
NA/ 91X	0	10/17	3/4	2/3	1/2	2/2	2/2	1/2
MRT	0	3	1.5	1		1	1	

8. HOURS OF SERVICE: (24 hours per day)