

Medications I take are:
My interests are:
Discharge planning:
Consumer signature:
Date:
Nurse signature:

Date:

Contacts

Ward 9C - Youth

Address:	Ward 9c Wakari Hospital 371 Taieri Road Dunedin
Phone:	(03) 476 9930
Freephone:	0800 44 33 66
Facsimile:	(03) 476 9957
Web:	www.southerndhb.govt.nz

If you are in a crisis and need urgent assistance please phone the Emergency Psychiatric Service (Otago) who provide 24 hour a day, 7 days a week service on:

0800 467 846

Ward 9C Youth Admission (Otago) Southern DHB 100582 V1 Released DRAFT

Mental Health, Addictions and Intellectual Disability Service

Ward 9C



Youth Admission Information

'Better Health, Better Lives, Whanau Ora'

Ward 9C

Ward 9C is a 16 bed unit for the assessment, treatment and stabilisation of people who require an immediate short-term hospital admission.

The treatment team includes:

- Specialist psychiatrist.
- House officer for physical requirements only.
- Named nurse this person will be your care team coordinator and will liaise with other persons/agencies including family (whanau), Youth Specialist Services, Youth Justice, WINZ, CBCT and any others deemed necessary to assist in your care while on Ward 9C.

Your room will be located at the south end of the ward. The area is defined by a darker shade of carpet and blue walls. The area is a dedicated youth area and adult patients are encouraged to avoid it unless they are accessing their own rooms. You are able to lock your bedroom door if you wish however, staff will still have access. It is your responsibility to keep your room tidy and your bed made. Please ask your nurse if you need assistance with this. Your bedtime will be negotiated with you, your care team, your family (whanau) and/or significant other.

If not attending school or another external programme you are expected to attend the ward programme. A daily schedule is written on the whiteboard.

The 'Welcome to Ward 9C' booklet and the ward 'House Rules' should contain any other information you require however, if you have any questions please feel free to ask your nurse or doctor. My name is:

Age:
I live at:

Smoking status:

My guardian is:

I live with:
