Taranaki District Health Board
Private Bag 2016
New Plymouth 4620
New Zealand
Telephone 06 753 6139
Fax: 06 753 7770
Email: corporate@tdhb.org.nz
www.tdhb.org.nz

Taranaki Base Hospital
Private Bag 2016
New Plymouth 4620
New Zealand
Phone: 06 753 6139
Fax: 06 753 7710

Hāwera Hospital
Post Office Box 98
Hāwera
New Zealand
Phone: 06 278-9929
Fax: 06 278 9910

Stratford Health Centre
Phone: 06 765 7189

Opunake Medical Centre (CoastalCare)
Phone: 06 761 7324

Pātea Health Centre
Phone: 06 273 8088

Waitara Health Centre
Phone: 06 754 7150

Mōkau Health Centre
Phone: 06 752 9723

10 January 2022

[redacted]

Dear [redacted]

Re: Official Information Act

I am responding on behalf of Taranaki District Health Board (DHB) to your OIA requests of 25 November 2021 which were transferred to Taranaki DHB by the Ministry of Health on 9 December 2021. You have requested the following information:

- *Please provide Guidelines/Procedures for the management of postoperative Urinary Retention (POUR)*
- *Please provide Guidelines/procedure for the management/prevention of persistent Postsurgical Pain*
- *Please provide Guidelines/procedure differentiating subtypes of primary (idiopathic) constipation*

Taranaki DHB does not have specific guidelines or procedures for the above treatments. However, please note we have a number of guidelines for pain, including the following:

- Acute Pain Management for patient with chronic/persistent pain (+/- on Opioids)
- Caesarean Section post-operative analgesia
- Cannabinoids - comment on the medicinal use of cannabinoids in pain medicine (2019)
- Choosing wisely - Faculty of Pain Medicine (non TDHB)
- Day Stay Analgesia on Discharge Prescriptions for Adults and Children
- Entonox administration and equipment maintenance
- Entonox in ED
- Entonox use in Surgical OPD for Wound and Leg Ulcer Clinics
- Epidural analgesia clinical guideline for adult patients
- Epidural analgesia in Labour clinical guidelines
- Epidural catheter removal guidelines
- Epidural Infusions - Leg Weakness Algorithm
- Epidural prescription (yellow paper) DRAFT
- Epidural/spinal and anticoagulant timelines
- Epidural, Spinal or Deep Plexus blockade anaesthesia in the Anticoagulated Patient
- Helping Children with Pain poster
- Itch management guideline
- IV Opioid protocol for adults
- IV paediatric protocol Fentanyl
- IV paediatric protocol Morphine
- IV paediatric protocol Pethidine
- Ketamine infusion for analgesia protocol
- Lidocaine IV for pain
- Local anaesthetic catheter infusion techniques

- Local anaesthetic toxicity management guideline
- Methadone Programme for Inpatients
- Methoxyflurane Penthrox Analgesia
- Methoxyflurane Penthrox- PIL
- Opioid conversion factors
- Opioid Equianalgesic Chart
- Opioid discharge prescribing tool (DRAFT)
- Opioid dose equivalence FPM 2014
- Opioid Induced Constipation - Bristol Stool Chart (external)
- Opioid Induced Constipation - Guideline
- Opioid Induced Constipation - Conversation Guide (ACPA) Opioid Risk Tool
- Opioids Aware - UK FPM (fpm.ac_uk/opioids-aware)
- Opioids preventing and managing side effects
- Orebro Musculoskeletal Pain Screening Questionnaire (SF)
- Oxycodone prescribing
- Pre-operative Paracetamol for Adults in PACIJ2
- Paediatric analgesia prescription (DRAFT)
- Paediatric Non-communicating children's pain checklist - Postoperative
- Paediatric Non-communicating children's pain checklist - Non-postoperative
- Paediatric Non-drug pain relief poster
- Paediatric pain fact sheet - using medicines at home NZPS
- Pain Assessment Tool: 'Where does it hurt?' poster
- Pain Assessment Tools
- Pain Service- Mini Handbook 2019 (DRAFT)
- Pain Toolkit
- Pain Toolkit for Teenagers
- Patient declining pain relief algorithm (draft)
- PCA bolus reduction
- PCA bolus standing order
- PCA for adults
- PCA for labouring mothers
- HCA setting up
- Perioperative use of antiplatelet anticoagulant medication
- Persistent Pain - ACI Chronic Pain
- Persistent Pain - Retrain Pain Foundation (www.retrainpain.org)
- Persistent Pain - Understanding complex pain poster HIPS
- Persistent Pain - Understanding persistent pain how to turn down the volume
- PIL - Children's Pain Relief medication
- PIL - Epidural (DRAFT)
- PIL - Fentanyl patches for relief of pain (DRAFT)
- PIL - Lidocaine for analgesia (DRAFT)
- PIL - Methoxyflurane
- PIL - Pamidronate and CRPS
- PIL - Pain Education Programme
- PIL - Paracetamol and Codeine
- PIL - Paracetamol and Ibuprofen
- PIL - Paracetamol and Tramadol
- PIL - Paracetamol for pain relief
- PIL - Paracetamol Ibuprofen and Tramadol for pain relief
- PIL - PCA (DRAFT to be uploaded)
- PIL - Persistent Pain Triple Assessment Brochure
- PIL - Tramadol Oxycodone or Morphine for Acute pain

- Post- epidural DC PIL (draft)
- Post-operative nausea and vomiting
- Questionnaire - ePPOC
- Referral guidelines acute and persistent pain
- Referral guidelines APS and PPS during COVID levels 2-4
- Referral to APS form (hard copy only)
- Salcatonin for pain
- Spinal anaethesia post-op (DRAFT)
- Suboxone/Buprenorphine in the peri-operative period

- *Please provide Guidelines/procedure in the treatment of patients after a suicide attempt and/or suicidal ideation*

  Please find enclosed a copy of Taranaki DHB's Suicide Assessment and Prevention Pathway.

I trust the above information answers your OIA request.

Kind regards

Gillian Campbell
Chief Operating Officer

Enc.

TARANAKI DISTRICT HEALTH BOARD

Tui Ora LTD
Let Unity Prevail

Mental Health Risk Assessment Action Matrix

Incorporating the
Suicide Assessment and Prevention Pathway

Suicide Assessment and Prevention Pathway

Key Assessment Information:

- Person is prepared and capable of taking responsibility for maintaining their own safety. If appropriate, relatives, family or friends are prepared to provide informal support.
- Mental health problems may be present, but no evidence of immediate risk to self or others.
- May lack capacity to consent to, or refuse proposed care and treatment or demonstrate cognitive impairment.
- Home circumstances may pose a risk to patient, staff or others.
- No alcohol or drug problems/intoxication.
- Self harm or suicidal thoughts; now regrets actions and has **no thoughts or plans relating to further self harm or suicide in the short term.**

Key Assessment Information:

- Behaviour is co-operative and person demonstrates engagement with health staff during assessment and treatment.
- Mental state is at risk of deterioration if current difficulties are not addressed.
- May be physically vulnerable in certain circumstances.
- May lack capacity to consent to, or refuse proposed care and treatment or demonstrate cognitive impairment.
- Home circumstances may pose a risk to patient, staff or others.
- Evidence of alcohol or drug problem/ intoxication.
- Self harm or suicidal thoughts present; continues to have non-specific thoughts or ideas regarding further self harm or suicide, e.g. ambivalent that they did not die, but at the same time has no immediate thoughts or plans about repetition.

Key Assessment Information:

- May demonstrate one or more of the following: highly aroused, reluctant to wait, markedly low mood, cognitive impairment, thought disorder, perceptual disturbance.
- Poor compliance with medication.
- Unwilling or unable to take responsibility for maintaining own safety in the short to medium term. Unlikely to attend for next day mental health follow up.
- May lack capacity to consent to, or refuse proposed care and treatment.
- Home circumstances may pose a risk to patient, staff or others.
- Significant alcohol/drug problems/ intoxication.
- Self harm or suicidal thoughts present; may have considered methods but no definite plans to act on these in the short term.

Key Assessment Information:

- Mental health problem(s) present.
- Marked agitation, hyper arousal and behavioural disturbance present.
- Difficult to engage and behaviour demonstrates non co-operation with assessment and treatment.
- Mental state will deteriorate rapidly and dangerously without immediate intervention and will almost certainly be physically vulnerable.
- Poor compliance with medication.
- May lack capacity to consent to, or refuse proposed care and treatment or demonstrate cognitive impairment.
- Home circumstances may pose a risk to patient, staff or others.
- Significant alcohol or drug problem/ intoxication.
- Likely to act on thoughts of self harm or suicide at the earliest opportunity.
- Clear plans to engage in further self harming behaviour, or to harm others. Suicidal intent and plan present.

General Multidisciplinary Team Actions and Timescales

- Care needs should be balanced against risk and emphasis should be placed on positive risk management (risk enablement) involving all stakeholders. Support patient to incorporate identified risks into their staying well plan.
- Diffuse emotional distress as far as possible and encourage/allow verbal/emotional expression of distress.
- If lack of capacity, consider use of appropriate legislation pending mental health assessment and specialist advice.
- Ensure person's safety is maintained, e.g. set observation level and review as per policy (inpatient), maximise safety in home environment (community) using aids/adaptations and assistive technology where appropriate.
- Consider appropriate information, education and psychosocial interventions.

Multidisciplinary Team
Actions and Timescales:

- Patient may benefit from referral back to Primary Care services, e.g. GP.
- If indication or evidence of mental illness, arrange for assessment by an appropriate professional (if not already carried out).
- Consider engaging family, friends and community support.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.

Multidisciplinary Team
Actions and Timescales:

- Non-urgent mental health referral – next day mental health follow-up appointment can be offered.
- Person's agreement to engage should be sought but no urgent/immediate action if the do not wish to engage. Liaise with GP.
- If indication or evidence of mental illness, arrange for assessment by an appropriate professional (if not already carried out).
- Consider engaging family, friends and community support.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.

Multidisciplinary Team
Actions and Timescales:

- Arrange for full mental health assessment to be undertaken within a timescale appropriate to the level of risk and taking into consideration the person's physical condition.
- If person fails to engage with arranged support, initiate pro-active follow-up as per local policy.
- Consider engaging family, friends, community and professional support.
- Consider other appropriate medication supplies, e.g. blister packs or referrals to other relevant services.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.
- Non-urgent mental health referral – next day mental health follow-up appointment can be offered.
- Person's agreement to engage should be sought but no urgent/immediate action if the do not wish to engage. Liaise with GP.
- If indication or evidence of mental illness, arrange for assessment by an appropriate professional (if not already carried out).
- Consider engaging family, friends and community support.
- In community, signpost to Tier 0 and Tier 1 (Primary Care) services, i.e. social prescribing, healthy reading, self-help material.

Multidisciplinary Team
Actions and Timescales:

- Arrange for full mental health assessment as a priority within a timescale appropriate to the level of risk and taking into consideration the person's physical condition.
- Undertake a test of capacity if any doubt regarding ability to consent to treatment or should they refuse to remain in hospital pending mental health assessment.
- If person fails to engage with arranged support, initiate pro-active follow-up as per local policy.
- Consider engaging family, friends, community and professional support.
- Follow Absconding/Locked Door policies if required.
- Consider other appropriate medication supplies, e.g. blister packs or referrals to other relevant services. Ensure person's safety is maintained, e.g. set observation level and review as per policy (inpatient), maximise safety in home environment (community) using aids/adaptations and assistive technology where appropriate.
- Consider appropriate information, education and psychosocial interventions.
- Refer to working alone policy for community visits.
- Explore protective factors and strengths as per guidance.

Provide appropriate information:

- Leaflet
- www.depression.org.nz

Open up when you're feeling down

Risk factors for suicide include:

- Social characteristics:
  - male gender
  - young age (less than 30 years)
  - advanced age
  - single or living alone
- History:
  - prior suicide attempt
  - family history of suicide or mental illness
  - history of substance abuse
  - recently started antidepressants
  - history of impulsive acts and/or violence
- Clinical features:
  - hopelessness
  - psychosis
  - severe anxiety, agitation, panic attacks
  - concurrent physical illness
  - severe depression
- Life stressors
- Lace of protective factors

Ensure compliance with Child Protection Guidance

Record suicide risk, action taken, those involved and review risk in future if change in clinical presentation