



Education Newsletter

April 2024



Training News



Sadly we will be saying goodbye to our amazing education manager Kirsty Blackburn at the end of this month. She is leaving Derian House to become one of the specialist paediatric palliative care nurses (Kentown Nurse) in Blackburn. Congratulations Kirsty, we wish you the very best in your new role and will miss you!

Elearning and competencies

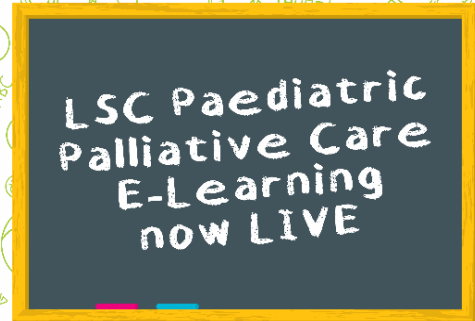
Thank you for completing eLearning and competencies and sending us your reports. Compliance for Elearning is currently 94% and competencies are at 95%, which is amazing! Well done!

Please remember that there is no self-certification this year and so all staff are required to complete all competencies in full. This means watching the training video/ PowerPoint for the learning and theory first, then completing the assessment questions correctly before agreeing to be signed off in practice. The responsibility is on you for ensuring you are up to date and only signing to say you're competent if you are.

Paediatric Palliative Care Education Project

The last few months have been very busy for the education team in relation to delivery of the Education Project both in house and in Lancaster, Barrow, Blackpool, Blackburn and Preston. There have been over 600 attended sessions either face to face, virtual or via Elearning.

The Elearning modules are available for staff who have not been able to attend the face to face sessions, just email clinical.education@derianhouse.co.uk for access. There will be ad hoc sessions held in house as well as regular external training days throughout 2024. New starters will also receive this training when they start.



Students

Sam and Sian come to the end of their placement with us this month and we have welcomed 3 more students recently. Please give Adele, Tilly and Janice a very warm welcome and we hope they have an enjoyable and dynamic placement with us.

We will be hosting our third student day on 12th April, please come along and say hello if you can. Our student days are very popular and we get incredible feedback from the attendees saying that they really value the experience of listening to the different speakers and hearing about the different services offered at Derian House. We have an incredible number of students who want to come and learn about the work we do at Derian House, in fact we had over 140 requests to attend the day in April.



Mouth care Matters Training

Lesley Redman from PIS Healthcare is coming in to Derian on 2nd April at 10.00 to deliver Oral Care Training for staff.

This training highlighted the importance of mouth care at all times and in particular, at the end of life and supporting people to maintain a clean and comfortable mouth is essential component to personal care. Please try to come along to this training session as there is work to be done around the consistency of mouth care provision.

Use the QR code to access a great training video resource



ACP awareness Training

ACP awareness is April 8th at 13:30pm for Derian care team staff to access with other professionals across the UK.

Please email clinical.education@derianhouse.co.uk if you would like to attend and for the team link



Autism awareness Week

April 2nd- April 8th is autism awareness week. It is important to raise awareness of autism as autistic people face discrimination and barriers across all sectors of society, from education to employment and even in health and social care (National Autistic Society, 2024).

Only 29%

of autistic people are in **any form of employment.**



Only 26%

of autistic pupils feel **happy at school.**



70%

of autistic people experience **mental health problems.**



There are over 150,000

people on the waiting list for an **autism assessment** in the UK.





Education Newsletter



Stress awareness Month

April 2024 is stress awareness month, a campaign designed to raise awareness about both the contributory factors and the solutions, as well as to reduce the stigma that surrounds stress and mental health.

Employee burnout is on the rise! Stress and burnout has increased by over 5% in the last 12 months and data shows that stress continues to be one of the main causes of short and long-term absence. Main causes of stress include: workload/volume of work, management style, poor work-life balance, relationships at work and non-work related factors such as family & relationship issues and personal health issues.

Stress affects us all but there are things we can do to help build up our resilience. Here are some handy infographics to help to recognise your stress and manage it by taking small steps to improve your physical, emotional and mental wellbeing.

EMOTIONAL	PHYSICAL	BEHAVIOURAL
• Irritable • Aggressive • Impatient or wound up over-burdened • Anxious, nervous or afraid • Thoughts are racing and you can't switch off • Unable to enjoy yourself depressed • Uninterested in life • Like you've lost your sense of humour • Sense of dread • Worried about Your health • Neglected or lonely	• Shallow breathing or hyperventilating • Panic attacks • Muscle tension • Blurred eyesight or sore eyes • Problems getting to sleep, staying asleep or having nightmares • Sexual problems, such as losing interest in sex or being unable to enjoy sex • Tired all the time grinding your teeth or clenching your jaw • Headaches • Chest pains • High blood pressure • Indigestion or heartburn • Constipation or diarrhoea • Feeling sick, dizzy or fainting	• Finding it hard to make decisions • Constantly worrying • Avoiding situations that are troubling you • Snapping at people • Biting your nails • Picking at your skin • Unable to concentrate • Eating too much or too little • Smoking or drinking alcohol more than usual • Restless, like you can't sit still • Being tearful or crying

Small Actions To Make Big Changes



CONNECT WITH SOMEONE

Are they okay? · Are you okay? · Check in with your support network · Connect with someone new · A sense of belonging and community can help reduce feelings of loneliness.



PRIORITISE SLEEP

Take small steps to improve your bedtime routine. Wind down before bed by minimizing your screen time · Make your bedroom a 'tech-free' zone · Create a clean and restful sleep environment · Jot down what's on your mind and set it aside for tomorrow · Avoid caffeine after 4pm.



MOVE IN YOUR OWN WAY

Get moving the way you want to. This could be walking, running, yoga, stretches, doing some gardening. Move in a way you'll enjoy, get those endorphins flowing and let off some steam.



SPEND TIME IN NATURE

Take some time out of your day to step outside, get some fresh air and spend time in nature. This could be eating your lunch outside, or taking a short walk after work. Stimulate your senses and look at the beauty of nature



BREATHE DEEP

Your breath is a powerful tool to help with stress reduction and relaxation. Short, shallow breaths can heighten anxiety so being conscious and taking time to breathe deep helps us shift into a relaxation mode.



PRACTICE MINDFULNESS

Practicing mindfulness allows you to focus on the here and now. It aids self-awareness, helps you practice emotional regulation and control. You can actively practice during a designated mindfulness session or be mindful of your all five of your sense whilst participating in an activity, such as a nature walk.



#LittleByLittle

One Day at a Time: Daily Wellness Challenge

Choose one action from our list or create your own. Commit to it daily and track your progress in our Little By Little Journal for accountability!

DO SOME JOURNALLING	CHECK YOUR PHONE AFTER BREAKFAST	WORDS OF AFFIRMATION	COLD SHOWER
20 MINS TO DECLUTTER YOUR SPACE	30 MINS OF BEING 'TECH-FREE' BEFORE BED	10 MINUTES OF STRETCHING	MAKE YOUR BED EACH MORNING
LAUGH WITH FRIENDS OR FAMILY	5 FRUIT/VEG PER DAY	ENSURE YOU SLEEP 7-9 HOURS A NIGHT	SELF-CARE TIME
ACTS OF KINDNESS TOWARDS OTHERS	DRINK 2 LITRES OF WATER	SPEND TIME ON A HOBBY	SCHEDULE TIME TO UNWIND
BREATHWORK	PRACTICE GOOD POSTURE	SET ACHIEVABLE GOALS FOR THE DAY	WRITE DOWN 1 THING YOU LOVE ABOUT YOURSELF
GET CREATIVE	WRITE DOWN 3 THINGS YOU'RE GRATEFUL FOR	PRACTICE MINDFULNESS	TAKE A LUNCHTIME WALK
WATCH A MOTIVATIONAL TED TALK	READ FOR 30 MINUTES A DAY	LISTEN TO MUSIC YOU LOVE	GUIDED MEDITATION
			SET LIMITATIONS FOR SCREENTIME



Condition of the Month: End of Life Care in Children with Leukaemia

What is Leukaemia?

Childhood Leukaemia is the most common cancer in children under 15. Over 650 children and young adults are diagnosed with Leukaemia every year in the UK.

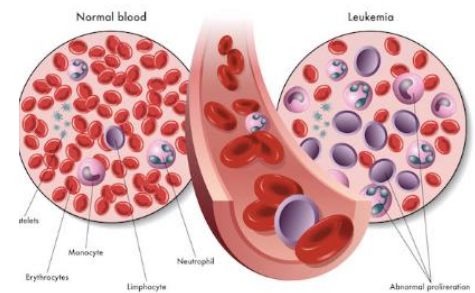
Leukaemia is a type of cancer found in the blood and bone marrow and is caused by the rapid production of abnormal (Cancerous) white blood cells. These abnormal white blood cells are not able to fight infection and impair the ability of the bone marrow to produce red blood cells and platelets. When treatment for leukemia has not been successful the bone marrow will fill up the with Leukaemia cells. This means that there is no room left in the bone marrow for the cells that are required for normal bodily function.

Acute Lymphoblastic Leukaemia (ALL)

In ALL, 'lymphoblast' refers to lymphoid blasts, a type of white blood cell which play a key role in fighting off infection. The body needs new lymphocytes all the time, and usually the bone marrow makes the right amount. In ALL, this process goes wrong. The blast cells multiply too quickly, and don't develop properly. ALL is most common in boys, children under 4 and children with Down's Syndrome. It is usually treated with chemotherapy drugs, steroids and other medications.

Acute Myeloid Leukaemia (AML)

In AML, 'myeloid' refers to myeloid blasts which multiply too fast and don't develop properly. In the UK, about 100 children a year are diagnosed with AML and it is a life-threatening illness. Prognosis varies based on many factors such as response to treatment, body weight and genetic conditions. It is most common in elderly people over 75. It can sometimes be treated with chemotherapy, radiotherapy and in some cases a bone marrow or stem cell transplant



End of Life symptoms in Leukaemia

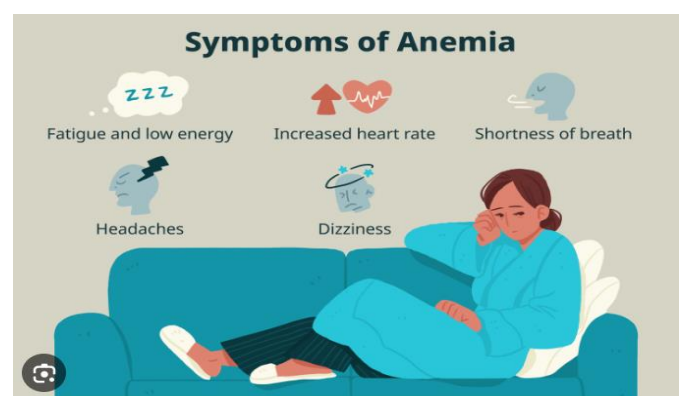
- BCYPs with leukaemia are more prone to infections due to a low neutrophil count. This may present as pyrexia (high temperature).
- Anaemia (low red blood cells) can cause hypoxia which leads to feelings of breathlessness and fatigue.
- Low platelet levels means the blood has reduced ability to clot which can cause bruises, petechial (non-blanching) rashes and bleeding. Bleeding may occur from the gums and nose where the membranes are thin and fragile but it may also be seen in the urine and stool as bleeding can be both internal and external.
- Children with advancing leukaemia often have generalized pain originating in their bones.
- Hepatosplenomegaly (enlarged liver and spleen) can also cause pain.



Symptom management

Families of children with haematological malignancies (blood cancers) often choose to have end of life care in hospital due to the highly medicalised nature of their treatment journey. It may be that the BCYP continues to have blood and platelet transfusions until close to the end of life, after other treatments have stopped as this can relieve symptoms such as fatigue and bleeding. However, this should be balanced with the risk of complications and pain from hepatosplenomegaly caused by the fluid overload.

If a BCYP has bleeding, the use of dark bedding and towels can lessen the distress from the sight of blood and topical adrenaline may help.





Why is it used?

Tranexamic acid is an antifibrinolytic medication used to prevent or reduce bleeding.

It works by inhibiting the breakdown of fibrin, a protein involved in blood clot formation. By doing so, it helps maintain stable blood clots and prevents excessive bleeding. Tranexamic acid is commonly used in various medical scenarios, including surgeries, trauma, heavy menstrual bleeding and certain bleeding disorders. It is a valuable tool in managing bleeding events such as major haemorrhage and bleeding due to thrombocytopenia or platelet dysfunction. We tend to see it used in the hospice for children and young people with conditions such as leukaemia.

Dosage

- **Inhibition of fibrinolysis By mouth:** Child 1 month and over: 15-25mg/kg (maximum dose 1.5 g) 2–3 times daily; By intravenous injection over at least 10 minutes: Child 1 month and over: 10mg/kg (maximum dose 1 g) 2-3 times daily; By continuous intravenous infusion: Child 1 month and over: 45mg/kg/24hours
- **Menorrhagia By mouth:** Child 12 years and over: 1g 3 times daily for up to 4 days. Up to 4g in divided doses can be used for very heavy bleeding. It is stated that this medication should not be initiated until menstruation has started.
- **Prevention or treatment of oral bleeding For use as mouthwash (5% solution):** Child 6 years and over: 5-10ml 4 times daily for 2 days. Not to be swallowed.
- **Topical treatment of bleeding:** Apply gauze soaked in 100mg/ml injection solution to affected area.

Tranexamic Acid



Contraindications: Fibrinolytic conditions following disseminated intravascular coagulation, history of convulsions, thromboembolic disease.

Side Effects: Urinary tract clots resulting from use in presence of haematuria can result in urinary tract obstruction and clot 'colic', diarrhoea, nausea and vomiting.

Cautions: Irregular menstrual bleeding, massive haematuria, oral contraceptives. Reduce dose in mild to moderate renal impairment and avoid in severe renal impairment

Administration: For administration via an enteral feeding tube, the oral suspension or injection solution is preferred. Tablets may be dispersed in water for tube administration without blockage. No specific information for jejunal administration. Parenteral preparation can be used topically.

References

NICE (2024) BNFC. Tranexamic acid: <https://bnf.nice.org.uk/drugs/tranexamic-acid/>
Association for Paediatric Palliative Medicine Formulary: 6th Edition 2024 (Tranexamic acid) page 233.