



Training

Education Project

The first wave of face to face paediatric palliative care training sessions will be delivered over December on the following dates either in the skills lab or conference room;

Date:	9.30 - 12.00	14:00 - 16:30
05.12	Grief and Bereavement	When a child is dying/has died
8.12	When a child is dying/has died	Compassionate Communication
11.12		Grief and Bereavement
15.12	When a child is dying/has died	Symptom Management
18.12		Symptom Management
19.12		Grief and Bereavement
22.12	Compassionate Communication	Symptom Management
27.12	Grief and Bereavement	
28.12	When a child is dying/has died	
29.12	Compassionate Communication	

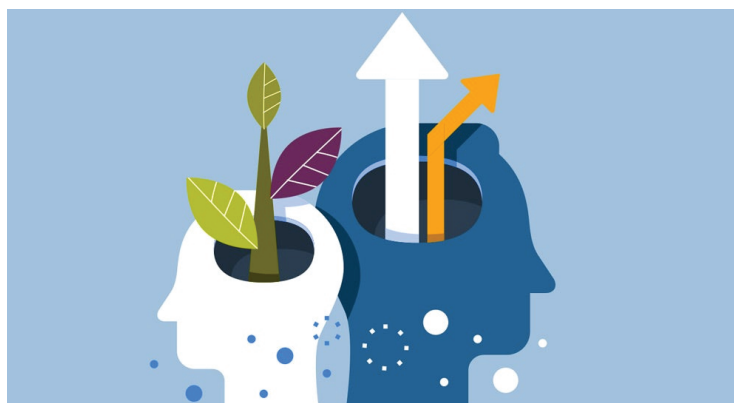
Care Database

A big thank you to everyone that has engaged with the care database training and those that have helped deliver this training. **The bookings for care database will be going live on the 4th December** and the next rollout will be writing case notes on care database - the training for this will begin mid-December.



Competencies

Clinical skill compliance is at 93% and eLearning compliance is at 97% which is excellent. We will be putting out an updated list of Elearning soon so you can begin to complete this over December & January. **There will be two training days on the 2nd and 3rd January.** If required, the education team will hold drop in sessions for competencies such as BLS training in January.



External Training

APPM Conference

Tanya attended the first day of the APPM conference on the 16th November which was focused on clinical education in paediatric palliative care covering topics such as psychological safety considerations in simulation, hybrid learning, using social media and digital platform development. This has been an interesting insight to what other education projects are going on within paediatric palliative care across the UK.

Child Death Conference

Helen Fogg and Dawn Andrews attended the 2-day Association of Child Death Review Professionals Annual Conference and heard from keynote speakers about managing sudden child deaths and learning from child deaths. The sessions included topics such as sudden infant death syndrome, trauma, multiagency response, charities, child homicide, investigating expected deaths and post mortem examinations. This was a very emotive topic but they learned a lot and were able to network with other professionals who have shared some valuable insights about the service they provide.

Champion Teams

As we come to the end of the year this is a good opportunity to reflect on our champion roles, meet as a team and discuss what needs to be addressed in the future. As a champion, we are expected to research our focus area regularly and share updates with all colleagues. This helps us all to provide best practice and continually learn and develop in our roles.

It is a CQC requirement to evidence where we get our evidence and knowledge from therefore it is important that clinical champions cascade information appropriately, via email, during meetings and sending information to the clinical educators to share within the new monthly newsletter. This will all go towards your personal and professional development, appraisal and revalidation.

All clinical staff have access to the elearning for healthcare website where you can find lots of training to enhance your own knowledge in your group and you may find some resources that you can share with others. You can also sign up for an Open Athens account and access articles and studies to improve your knowledge, continuous practice development (CPD) and is a great resource for finding up to date literature relating to your champion role.

If you need more advice, would like to discuss your champion role or would like one of the educators to attend your champion group meetings please email or speak to us directly.

Champion Team Of The Month



IPC team

From left to right:

Rosie Thomas,

Lynsey Johnson

Natalie Lewis

Nadira Patel

This month we are celebrating the IPC team who work hard to ensure a high standard of cleanliness in the hospice. Infection Prevention Control (IPC) is a practical evidenced based approach ensuring patients and staff safety and effects all aspects of healthcare including effective hand hygiene and using PPE.

A huge well done to Rosie for delivering the IPC training to a large number (32!) between September and November.

MEDICINE of the month December: Levomepromazine

What is Levomepromazine?

It is a medicine that blocks a variety of receptors in the brain, particularly dopamine receptors.

Administration

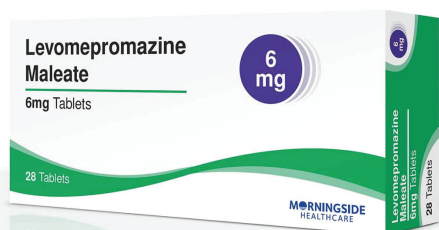
It is commonly given as a subcutaneous (under the skin) injection usually in conjunction with opioid painkillers such as morphine but it comes in tablet form too which can be given orally and via feeding tubes.

Side Effects

High doses can cause hypotension (low blood pressure) sedation Paradoxical agitation, movement disorders including neuroleptic malignant syndrome, Constipation, vomiting

Indications

Levomepromazine is a medicine, typically used in to improve mental health issues by providing a calming effect, controlling aggression, delusions and hallucinations. It works by balancing chemical substances acting in the brain to ease distressing symptoms such as nausea, restlessness, agitation and confusion for children and young people who are terminally ill and at the end of their life. It is also an antiemetic (anti sickness medication) used in paediatric palliative care to help reduce feelings of nausea. It also helps provide relief for neuropathic pain





Condition of the month

December: Epidermolysis bullosa (EB)

What is Epidermolysis Bullosa?

Epidermolysis Bullosa (EB) is a genetically inherited condition characterised by recurrent blister formation that result from structural fragility within the skin. Children with EB are known as 'Butterfly Children' because their skin is said to be as fragile as the wings of a butterfly.

This condition primarily involves the skin however this condition can have other complications; can impact growth and cause anaemia, dental complications and infections.

How is the condition treated?

Currently there is no curative treatment for this condition and the focus of treatment is on easing suffering and improving comfort.

The condition is managed by a multi professional team and will focus on avoiding trauma, good skin care, infection prevention and symptom control.

This condition can also have negative consequences for nutritional intake. Difficulties are caused by increased metabolic needs, reduced intake due to oral and gastrointestinal involvement and gastroesophageal reflux which leads to a greater expenditure of nutritional intake than the child is able to ingest. Scarring within the oesophageal tract can lead to stricture which limit the textures of food that can be swallowed.

Foods that are energy dense, have lower volume and of a softer consistency are recommended. Nasogastric tubes are not recommended due to the trauma on the mucous membranes within the nasal cavity and problems securing them to the skin. Gastrostomy tubes are often used as a way of maintaining nutritional intake.

Children who have EB have reported 5 main themes:

• Having itchy skin

Caused by the skin itself; dry skin and itching wounds and also by the weather. The itch can trigger a vicious cycle, the itch provokes a need to scratch, which would irritate the skin, worsen the existing wounds or create new blisters. The itch effects sleep leading to problems during the day. Not only effecting the children the itch impacts the parents as they are disturbed at night, continuously watching the child and warning about scratching behaviour.

• Being in pain

Children report having 2 different types of pain. Treatment related pain, that relates to dressing changes or bathing for example and activity related pain which is pain brought about by moving and being involved in activities such as eating, walking, drawing. Children also talk about the fear of pain and the reluctance to engage in activities for fear that pain may increase. Children have also reported never not being in pain and feeling pain daily, having good days and bad days.

• Having difficulties joining in with others.

Children with severe EB are aware of their physical limitations and having to think daily about participating in activities and the possible consequences of this.

• Visibility of the disease.

Even the most mildly effected children have some visible blisters or scars. Those with more severe types have almost their entire body covered in bandages and could have large scabs, scar tissue and open wounds also their hands and feet may be disfigured.

• The feeling of being different.

Because of the rarity of the disease EB is unknown to most people and due to the visibility of the condition it can cause ignorance and negative comments from others, leading to social isolation.



For more information

www.debra.org.uk/clinical-practice-guidelines

www.medicaljournals.se/acta/content/html/10.2340/00015555-0376

<https://pharmaceutical-journal.com/article/ld/epidermolysis-bullosa-recognition-and-management>

<https://journals.sagepub.com/doi/abs/10.1177/1742395310377006?journalCode=chia>