



Education Newsletter

August 2024



Students

In August we will be welcoming Catherine Mitchell a Children's Nursing student from Nottingham university for 4 weeks.

We have put a hold on extended student placements at the hospice for the foreseeable future, however, there may be some students who come into Derian House just for the day to shadow the team and learn about the services we offer to babies, children, young people and families.



I believe that children are our future.
Teach them well and let them lead
the way. Show them all the beauty
they possess inside.

— Whitney Houston



Supporting Students in Practice

Tanya and Alison have recently been to UCLAN to consult on the academic programme and curriculum for nursing students.

All staff have a responsibility to student nurses and nurse associates during their time on placement to ensure an optimum learning experience is achieved and appropriate support and supervision is in place.

Everybody's Responsibility

- Agree a plan of learning together at the beginning of each shift after handover
- Students should not be left to stand and watch, get them involved
- Give Feedback verbally, directly to a student whilst working with them.
- Please do not pass negative feedback on to somebody else to deliver, deal with issues as they arise.
- Share feedback with their supervisor and assessor via feedback sheet or email
- Please don't report that the student didn't engage at the end of a shift. Explore reasons with them why they don't appear to be engaging and create an action plan.

Tips for giving feedback



The above is a snippet of the Assessing and Supporting Students learning which can be found on the Q Drive – Care – Clinical Education Competencies – Other Training Presentations. We would recommend you familiarize yourself with this learning.

Education News



Education Compliance

Clinical competency compliance is at 97% and ELearning compliance 97%
WELL DONE EVERYONE!

In recognition for the large amount of competencies to complete for the clinical care team, we are again rewarding 100% compliance with an entry into a draw to win a prize. We will be doing this monthly and those who are fully up to date with their competencies will be entered each month.

July's winner was Lisa Lord. Well done Lisa



Education Newsletter



August 2024

Awareness Days

1st-7th August World Breast Feeding Week

The theme for 2024 is Closing the gap: Breastfeeding support for all.

It is important to support those who choose to breastfeed, to do anytime, anywhere, so that it is normalised and not censured in public life- this includes breastfeeding toddlers and children.

This World Breastfeeding Week, let's appreciate those who breastfeed and ensure they get the support they need.

- Breastfeeding support comes in many forms – from staff welcoming breastfeeding in all areas of the hospice to helpful advice and signposting when needed. These all help protect the health and rights of women and babies.
- Women everywhere have the right to respectful breastfeeding counselling from trained health care providers, as well as laws and policies like maternity leave and provisions like pumping/feeding breaks.
- We can all help ensure women feel able to breastfeed anytime, anywhere – and work to improve the position and condition of women at home, at work and in public life.

World Health Organisation (WHO, 2024)



28th August Makaton Awareness Day

The 28th August marks world Makaton Day. Makaton is a form of communication

Today over 100,000 children and adults use Makaton symbols and signs, either as their main method of communication or as a way to support speech.

In addition to children and adults with communication and learning difficulties and the community around them – for example, teachers, health professionals, friends, public service bodies etc. Makaton is increasingly used by the general public to aid communication.

Makaton has been shown to be useful for all sorts of people including those who struggle with understanding concepts, those who have poor literacy skills, including grammatical knowledge, and those with English as an Additional Language. By using Makaton, children and adults can take a more active part in life, because communication and language are the key to everything we do and learn.



This QR code is to register for a Makaton Webinar on the 28th August at 2pm





Revalidation



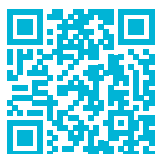
Revalidation is the process that all nurses and midwives in the UK and Nurse Associates in England need to follow to maintain their registration with the NMC, which must be completed every 3 years. This process encourages you to reflect on the role of the Code in your practice and demonstrate that you are 'living' the standards set out within it.

Revalidation is about promoting good practice, as well as strengthening public confidence in the nursing professionals. It is important to know that it is not about making an assessment of your fitness to practise.

Revalidation helps to encourage a culture of sharing, reflection and improvement. It will provide benefits for you as a nurse, midwife or nursing associate as well as the people you care for.

Registered professionals need to meet a range of revalidation requirements to show that skills and knowledge up to date and maintaining safe and effective practice.

- 450 practice hours
- 35 hours of CPD including 20 hours of participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts
- Reflective discussion
- Health and character declaration
- Professional indemnity arrangement
- Confirmation



Please follow this link to find more information about the process and what is required.

<https://www.nmc.org.uk/revalidation/>

If anyone would like any help and support with their revalidation we can have a sit down together and go through all the required elements, review any learning you may have completed and make an action plan. The Education Team would be more than happy to sit down with anyone that would like support with this so please let us know.



FOCUS OF THE MONTH



GASTROINTESTINAL DYSTONIA

What is Gastro Intestinal Dystonia?

Many children and young people with severe neuro-disabling conditions suffer symptoms in relation to feeding and bowel habits, most commonly gastro-oesophageal reflux or constipation. Many children will suffer more diffuse symptoms that appear to effect more of the GI tract. When the symptoms become significantly debilitating they can be defined as Gastrointestinal Dystonia (GID)

Gastrointestinal Dystonia (GID) is defined by the APPM - "Clinical manifestations of distress (pain behaviour, hypertonicity, retching, vomiting, vagal phenomenon, abdominal distension) attributable to the gastro-intestinal tract, directly and indirectly related to feeding and bowel habit, where confounding systems distress have been addressed or excluded."

Understanding the GI system

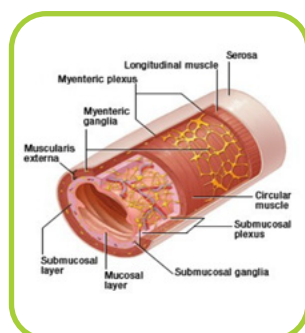
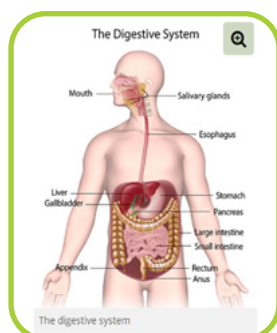
The GI system is a number of connected organs from the mouth to the anus that work together to receive and digest the foods and liquids you eat or drink then expel waste product.

The system is important because your body needs nutrients from food and drink to work properly and stay healthy. Your digestive system breaks nutrients into parts small enough for your body to absorb and use for energy, growth, and cell repair.

Food moves through your GI tract by a process called peristalsis. The large, hollow organs of your GI tract contain a layer of muscle that enables their walls to move. The movement pushes food and liquid through your GI tract and mixes the contents within each organ. The muscle behind the food contracts and squeezes the food forward, while the muscle in front of the food relaxes to allow the food to move.

The GI tract has an intrinsic nervous system that coordinates peristalsis (contraction and relaxation of muscles allowing contents to move through the system).

This system consists of more than 500 million neurons – 5 times more than the spinal cord.

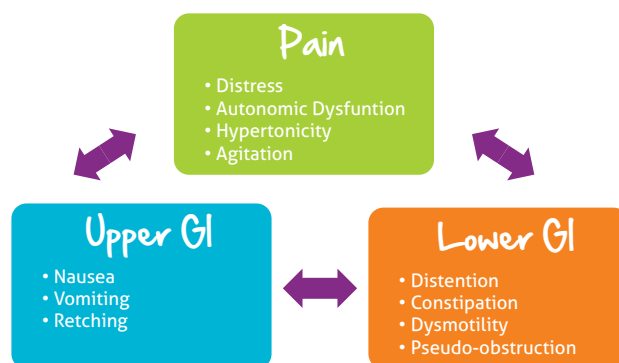


How GI dystonia effects the digestive system and the symptoms that may be observed.

PAIN SYMPTOMS – Intermittent feed intolerance with pain and distress which resolves or improves on feed reduction/cessation. Feed intolerance associated with episodes of intercurrent illness. Autonomic symptoms which may mimic potential infection.

UPPER GI SYMPTOMS – Intermittent nausea, retching or vomiting which may cause distress/agitation and worsen dystonia. Increased frequency and severity of episodes over time.

LOWER GI SYMPTOMS – Intermittent abdominal distention, constipation, severe pain and distress. Symptoms may worsen when bowels not opened for period of time. Symptoms worse on defecation and passing wind.



Looking after a child with GID takes a significant toll on carers. The emotional impact of seeing the child in distress, alongside the uncertainties of the future and burden of care delivery can lead to anxiety, especially during episodes of symptom exacerbation. Active management of carer responses and emotion during episodes of distress is vital and can modify the expression and experience of pain in children.



FOCUS OF THE MONTH



GASTROINTESTINAL DYSTONIA

Management of this condition

- Accurate and realistic assessment of weight gain and calorie requirement
- Reduction of feed volumes, using smaller more frequent feeds with a slower rate utilising the whole 24 hours of the day.
- There are some reports that a blended diet can increase tolerance of a greater feed volume and reduce pain, retching, vomiting, gastroesophageal reflux disease (GORD) and constipation.
- Use of medications to manage GORD.
- Constipation and bowel management.
- Venting of the stomach, for example using a drainage bag.
- Carers awareness of symptoms and individualised management.

Nursing pad/nappy changes, mouth/skin care episodes may be clustered to avoid movement, especially rolling which can cause discomfort.

Liaise with carers and the wider multidisciplinary team (MDT) to identify appropriate methods of comfort for the child during distressing symptoms. These may include distraction, massage, music, containment by cuddling or in blankets, sensory stimulation or reduction of sensory input

Environmental considerations

Address environmental factors with particular emphasis on seeking a calm environment, free from strong aroma, with air moving (consider fan and/or open window).

Children who prefer sitting in a chair might benefit from a slightly reclined position to alleviate a 'full feeling' (reducing gastric compression).

Children who predominantly lie down may require care on a slight incline to utilise gravity against reflux or alternative bed options. Safe sleeping guidance should be always followed, and advice sought if concerned.

References

www.appm.org.uk/_webedit/uploaded-files/All%20Files/Clinical%20guidelines/GI%20dystonia%20guidelines.pdf



MEDICINE of the month



Melatonin

Why is it used?

Melatonin is used in children and young people with sleep disorders i.e. insomnia.

Dosage

Insomnia in patients with learning disabilities and behaviour that challenges [where sleep hygiene measures have been insufficient] (initiated under specialist supervision)

By mouth using modified-release tablets

Child - Initially 2 mg once daily, dose to be taken 30–60 minutes before bedtime, increased if necessary to 4–6 mg once daily, dose to be taken 30–60 minutes before bedtime, dose can be increased if necessary up to maximum 10 mg per day.



Side effects

Arthralgia; behaviour abnormal; drowsiness; feeling abnormal; increased risk of infection; mood altered; pain; sudden onset of sleep.

Cautions

Autoimmune disease; susceptibility to seizures (risk of increased seizure frequency).

Interactions

Both melatonin and baclofen can cause sedation. Combined hormonal contraceptives is predicted to increase the exposure to Melatonin.

Directions for administration

Modified-release tablets should be taken with or after food. Licensed immediate-release formulations should be taken on an empty stomach, 2 hours before or 2 hours after food (ideally at least 3 hours after food in those with significantly impaired glucose tolerance or diabetes)—intake with carbohydrate-rich meals may impair blood glucose control.

Prescribing and dispensing information



Treatment with melatonin should be initiated and supervised by a specialist, but may be continued by general practitioners. The need to continue melatonin therapy should be reviewed every 6 months. It is a 'black triangle drug' in Lancashire (can only be prescribed under specialist guidance and monitoring). Due to this, some GP's will not have this on the regular repeat prescription list and parents/carers may have to obtain this from hospital pharmacy under direction of a consultant.

References

- <https://bnfc.nice.org.uk/drugs/melatonin/>