



# Education Newsletter

February 2025



## New Starters

We have three nurses starting on 3rd February – Amy, Lindsey and Katrina. They will be doing 2 weeks of induction with the education team then working on the care team. Please say hello introduce yourself and make them welcome.

### Students

We have been inundated with requests from students for placements. We have a full timetable of placements organised for nurses and nurse associates. We get such incredible feedback from students, they really appreciate their learning experience at Derian and it is so valuable for them in their developing career that they learn about palliative, end of life care and the wonderful services at Derian.

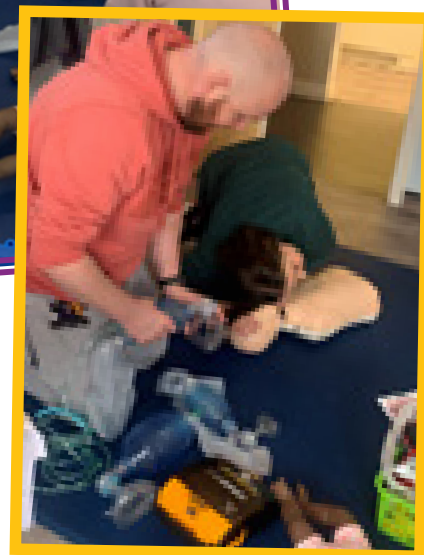
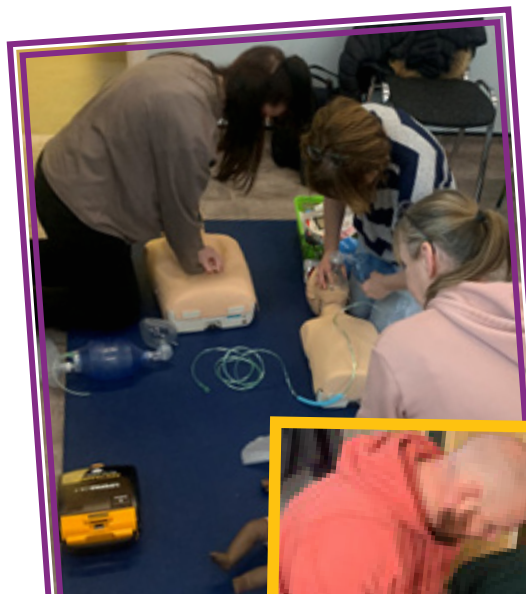
If you are planning any trips, events, groups or visits that you think would be a valuable learning experience for students please let us know.



## January training days

There were two full training days held at the hospice for the clinical care team in January. Staff were signed off on their practical competencies for moving and handling, pool safety, BLS and were given theory updates for safeguarding, documentation, lessons learned, infection control and working with young people.

Thanks you to all the staff involved and especially the speakers and clinical champions for helping to facilitate a very productive couple of days.





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## eLearning



The subscription for our eLearning platform has been renewed for this year and the platform will continue to be available for all Derian staff and our partners. If you would like to share the platform with any professionals please do so or ask them to email [clinical.education@derianhouse.co.uk](mailto:clinical.education@derianhouse.co.uk)



## Student Day

Our most recent student day was very well attended and we got some lovely feedback. Thank you to all our speakers, it really does make a difference for visiting professionals to hear about the wonderful work you do in your own words and sharing your experiences which helps deepen understanding

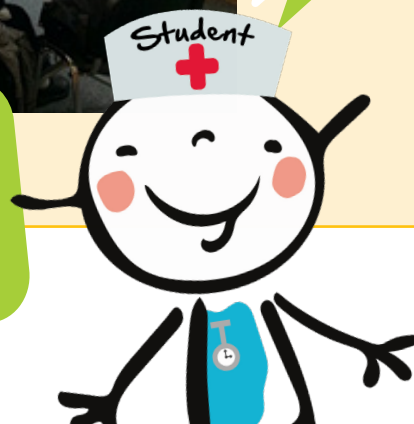
"It really helped me gain a better understanding of what a hospice looks like and the work they do here"

"Gave me an open mind and a clearer understanding around end of life care and palliative care"

"It was so lovely to see how everything works and how the children are cared for. You could see how passionate every staff member was and loved their job"

"Got a better understanding of the differences between palliative care and end of life care. Feel like I am now able to offer more support to my patients and their families"

"I really enjoyed the different professionals coming in to speak about their role"





# FOCUS OF THE MONTH

## EPILEPSY



### What is Epilepsy?

As it is international epilepsy day on 12th February, we are highlighting an antiepileptic drug for medicine of the month. We also wanted to share again some information about epilepsy.

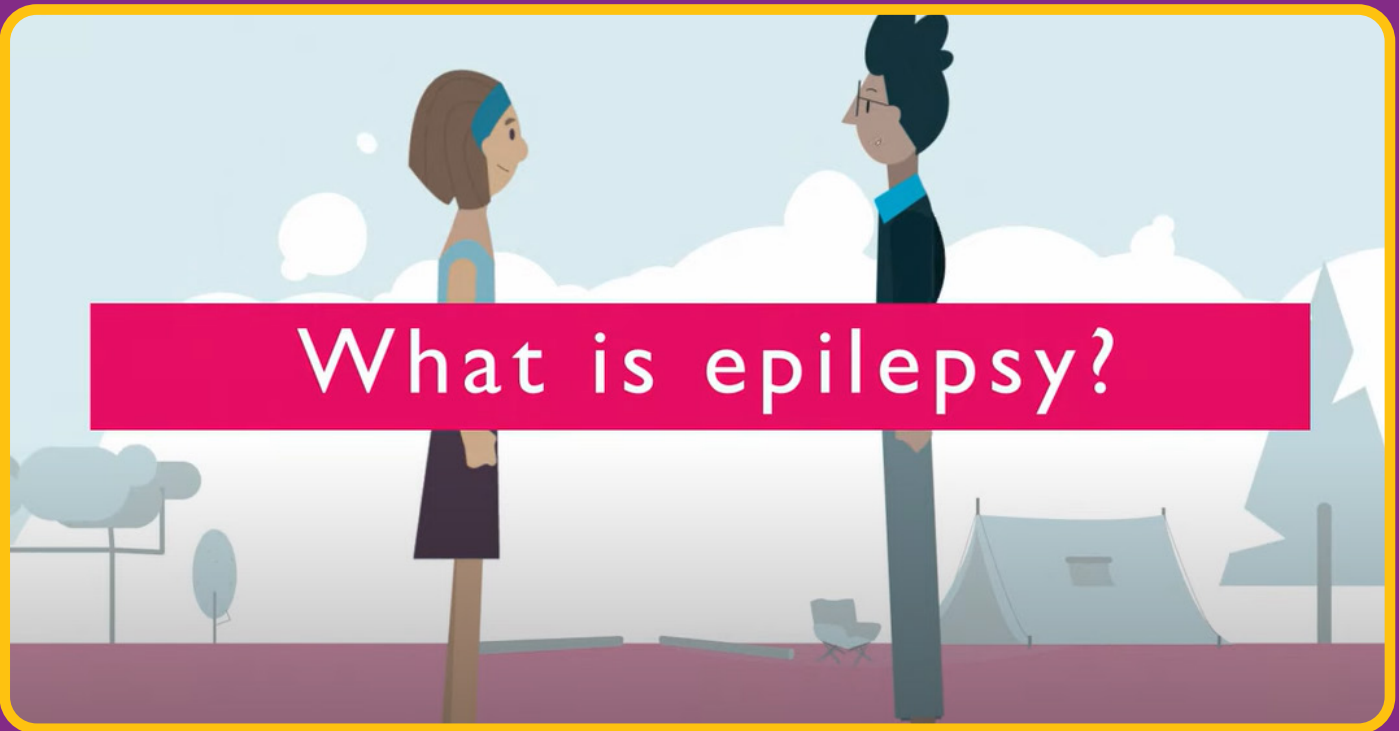
Epilepsy is a condition that effects the brain causing seizures. A seizure happens when there is a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way the brain normally works, so the brain's messages become mixed up.



Scan the QR code  
to watch the video



**epilepsy** *action*



What is epilepsy?



Further reading

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)



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## MEDICINE of the month



## Lamotrigine

### Why is it used?

Lamotrigine is an antiepileptic drug, it most commonly used in treatment of paediatric epilepsy. Lamotrigine can be administered as a monotherapy or polytherapy

### Dosage

**Monotherapy of typical absence seizures  
- By mouth - Child 2–11 years;**

Initially 300 micrograms/kg daily in 1–2 divided doses, for 14 days, then 600 micrograms/kg daily in 1–2 divided doses, for further 14 days, then increased in steps of up to 600 micrograms/kg every 7–14 days; maintenance 1–10 mg/kg daily in 1–2 divided doses, increased if necessary up to 15 mg/kg daily, dose titration should be repeated if restarting after interval of more than 5 days.

**Monotherapy of focal seizures, Monotherapy of primary and secondary generalised tonic-clonic seizures, Monotherapy of seizures associated with Lennox-Gastaut syndrome - By mouth - Child 12–17 years;**

Initially 25 mg once daily for 14 days, then increased to 50 mg once daily for further 14 days, then increased in steps of up to 100 mg every 7–14 days; maintenance 100–200 mg daily in 1–2 divided doses; increased if necessary up to 500 mg daily, dose titration should be repeated if restarting after interval of more than 5 days. \*for more information see BNFC\*



### Cautions

Lamotrigine may exacerbate seizures in patients with myoclonic seizures (including juvenile myoclonic epilepsy), Dravet syndrome, and Lennox-Gastaut syndrome.

### Side effects

Aggression, agitation, arthralgia, diarrhoea, dizziness, drowsiness, dry mouth, fatigue, headache, irritability, nausea, pain, rash, sleep disorders, tremor, vomiting, skin reactions. Risk of Steven-Johnson syndrome.

### Interactions

Both Lamotrigine and Alimemazine have effects on the CNS and can cause sedation. Lamotrigine potentially increases the concentration of Carbamazepine and Carbamazepine decreases the concentration of Lamotrigine.

### References

- Carroll, W. (2021). *Practical paediatric prescribing : how to prescribe the most common drugs*. London Elsevier.
- <https://bnfc.nice.org.uk/drugs/lamotrigine/>