



Education Newsletter



January 2025

2024 Recap and celebrations

Well done everyone for your hard work in 2024 completing your Elearning and competencies, we had fantastic compliance rates and smashed our targets with many clinical staff entered into the prize draw for 100% compliance. Most clinical staff have attended face to face or completed the Elearning for paediatric palliative care- this training is still available, please speak to the clinical education team for access.

Adam and Mel Y completed training to become cascade trainers, Louise H and Megan completed a course in Opioids with children with palliative care needs and Faye and Charlotte attended a two day study day about care of the child with cancer. Josie started her TNA (Trainee Nurse Associate) training and Natalie L began her SCPHN (Specialist Community Public Health Nurse) course. Some of our clinical champions such as Alison M and Jane have attended update days and workshops in ventilation and tracheostomy care which helps to keep our training up to date and evidenced based.

Next year we hope more staff are able to enhance their knowledge, skills and professional development by attending study days, please speak to clinical education and your supervisor if there is a course you would like to do.

Student
Nursing Times
award

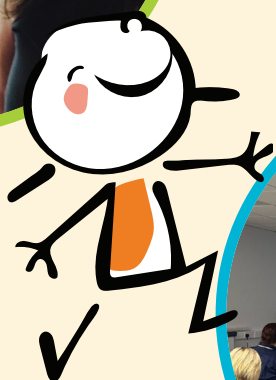


"Sometimes it
takes a moment of
reflection to realise
just how much of an
impact you've made."

Restart
a Heart

135

students and
professionals
visited for
study days



70+

palliative care
training sessions
facilitated

"By upskilling our
staff, you and your
colleagues made it
possible for a young
man to have new
experiences."

19

students
supported
on placement





Education Newsletter



January 2025

Awareness Days

Cervical Cancer Awareness

January is Cervical Cancer Awareness month. Every year more than 3200 women of all ages are diagnosed with cervical cancer in the UK.

There are two main types of cervical cancer- the most common is squamous cell carcinoma which develops from a type of cell that covers the outside of the cervix. The other type is adenocarcinoma which develops from a different cell found in the cervical canal. Very early- stage cervical cancer may not cause symptoms but is usually found and treated due to cervical screening tests (smear tests).

Some of the common symptoms of cervical cancer include;

- Abnormal Vaginal bleeding
- Changes in discharge
- Pain or discomfort during sex
- Pain in the lower back or pelvis.

The sooner cervical cancer is found, the easier it is to treat- so don't delay your cervical screening tests and see your GP if you have any concerns



www.macmillan.org.uk/cancer-awareness/cervical-cancer-awareness



Plan for the day

Laughology session
Leaders update & Lessons Learned
Infection Control
Working with Young People and Sexuality
Basic Life Support
Moving and Handling
Tracheostomy Care & Deteriorating Child
Pool Safety & Evacuation
Safeguarding

January training days

There are two planned training days in January where we hope to cover a few of the competencies and information sessions to ensure care team staff can get signed off with skills, maintain their competencies and ensure safe and high quality care for the babies, children and young people we look after. The two days are 17th and 28th January and will run the same so staff need only attend one.

There will be a similar training day for non clinical/care team staff in the spring and more CPR training sessions throughout the year.

Student Day



We will be welcoming around 20 students from across the North West to the hospice for a learning day on 14th January 2025. We will be teaching about palliative and hospice care and it would be amazing for different teams to come and speak about their role for 10-15 minutes- please contact the Clinical Education team if you are available.





Education Newsletter

January 2025



Topic of the month 2024 recap



March - Medicated Transdermal Patches

Transdermal medication patches offer a non-invasive and convenient method for administration of medication. Once the patch is applied to the skin, they deliver a consistent amount of medication, which is absorbed through the skin through natural diffusion. The patches continue to release medication until fully absorbed or the patch is removed and the time this takes varies from patch to patch therefore Manufacturer's instructions should always be followed.

June - Batten Disease

Batten disease is a group of rare, progressive neurodegenerative, genetic metabolic diseases. It is a rare and terminal neurodegenerative condition, also known as neuronal ceroid lipofuscinoses. Genetic mutations are thought to interfere with cells' ability to break down and recycle their waste products, cells then get overwhelmed and die which can lead to seizures, vision loss, lack of concentration, loss of language and loss of motor skills.

September - Adrenal Insufficiency

Adrenal insufficiency (AI) is a disorder that occurs when the adrenal glands do not make enough of certain hormones. These include cortisol, sometimes called the "stress hormone," which is essential for life. The most common symptoms are fatigue, muscle weakness, loss of appetite, weight loss, and abdominal pain.

December - Nebulisers

Nebulisers quickly and easily administer high doses of medication required for patients with acute or chronic, severe or life threatening respiratory conditions. Nebulisation is the process of changing a liquid medication into a fine mist using oxygen or air, which the patient can inhale through a facemask, mouthpiece or it can be administered into a tracheostomy or ventilator circuit.

January - 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.

February - Centronuclear myopathy

Centronuclear myopathy is the name of a group of conditions / rare genetic muscle disorders (Greek: myo - muscle + patheia / pathy - suffering) which effect a person's tone and contraction of skeletal muscles noticeable at birth. The weakness and hypotonia interfere with posture and movement, and can cause life-threatening difficulties with feeding and respiration.

May - Diabetes Insipidus

Diabetes Insipidus is a rare medical condition and is caused by problems with a hormone called antidiuretic hormone (ADH) which plays a key role in regulating the amount of fluid in the body. Diabetes Insipidus is usually treated by monitoring fluid balance, sodium levels in the blood and titrating a dose of diuretics.

April - Leukaemia

Leukemia 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.

July - Pain

Pain is an unpleasant sensory and emotional experience. No two people feel pain the same way, of their own pain is the best measure. Pain can feel mild or severe. Pain can include pricking, tingling, stinging, burning, shooting, aching, or electric sensations. Pain can be acute, chronic, neuropathic or nociceptive or even existential- this is important because the more we understand about a person's pain- the better it can be managed.

August - Gastrointestinal 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.

October - Attention Deficit Hyperactivity Disorder

ADHD is characterised by inattention, hyperactivity and/or impulsiveness that is considered excessive for the child's developmental age and cause significant social or academic problems. Children often appear to be constantly 'on the go', fidgety, unable to sustain concentration or organize themselves and unable to wait their turn. ADHD affects 2-5 per cent of school-age children with boys four times more commonly affected

November - Spinal Muscular Atrophy

Spinal Muscular Atrophy (SMA) is a rare, neuromuscular condition. It causes progressive muscle wasting and weakness. It may affect crawling and walking ability, arm, hand, head and neck movement, breathing and swallowing. How severely people are affected, and in what way, varies greatly.



FOCUS OF THE MONTH



EARLY ONSET PARKINSON'S

What is Parkinson's?

It is not known exactly why people get Parkinson's. Researchers think it's a combination of age, genetic, and environmental factors that cause the dopamine-producing nerve cells to die. Genetics may play a large role in the reason why younger people are diagnosed with the disease, especially those who have multiple family members with Parkinson's.

Symptoms start to appear when the brain can't make enough dopamine to control movement properly.

Most people with the condition are aged 50 or over, but younger people can get it too. Young onset Parkinson's, early onset Parkinson's, young onset Parkinson's disease (YOPD) all mean the same thing.

People with EOPD are more likely to experience dystonia — prolonged muscle contractions that lead to abnormal postures, such as twisting of the foot. Also, younger people are more likely to develop dyskinesia — involuntary, uncontrolled movements, often writhing or wriggling.

Treatments focus on managing symptoms and improving quality of life as there is no cure for Parkinson's disease. This may include medications, physical therapy, speech and language therapy, occupational therapy and counselling or support groups for emotional wellbeing.



Further reading

<https://www.michaeljfox.org/news/early-onset-parkinsons-disease>

<https://www.parkinsons.org.uk/information-and-support/young-onset-parkinsons>

<https://spotlightyopd.org/understanding-yopd/>



www.michaeljfox.org



www.parkinsons.org.uk



spotlightyopd.org



MEDICINE of the month



Rotigotine

Why is it used?

Rotigotine is a type of dopamine agonist medication. Rotigotine comes in the form of a skin patch which you put onto your skin to release your medication. Rotigotine (Neupro) can be used at any stage of Parkinson's. It is used on its own, with levodopa medication or with other Parkinson's medication. If it is used with levodopa, this will usually happen as the patient condition deteriorates as levodopa can be less effective and more doses are needed.



Dosage

By transdermal application using patches;

- Monotherapy in Parkinson's disease - Adult - Initially 2 mg/24 hours, then increased in steps of 2 mg/24 hours every week if required; maximum 8 mg/24 hours per day.
- Adjunctive therapy with co-beneldopa or co-careldopa in Parkinson's disease – Adult - Initially 4 mg/24 hours, then increased in steps of 2 mg/24 hours every week if required; maximum 16 mg/24 hours per day.
- Moderate to severe restless legs syndrome – Adult - Initially 1 mg/24 hours, then increased in steps of 1 mg/24 hours every week if required; maximum 3 mg/24 hours per day.

Directions for administration

Apply the patch to clean, dry, intact, healthy and non-irritated skin on torso, thigh, hip, shoulder or upper arm by pressing the patch firmly against the skin for about 30 seconds. Patches should be removed after 24 hours and the replacement patch applied on a different area (avoid using the same area for 14 days)—consult product literature for further information.

Important information

The material on the back of each skin patch contains aluminium. This means it is really important to remove the skin patch before certain medical investigations such as a magnetic resonance imaging (MRI) scans and for certain heart procedures.

Parkinson's medications should never be stopped abruptly as this carries a small risk of neuroleptic malignant syndrome.

Side effects

Skin irritation, sleep issues, dizziness, drowsiness, impulsive and compulsive behaviours etc.

Interactions

Taking Rotigotine together with Amitriptyline or Baclofen can increase the risk of hypotension.

References

- <https://bnf.nice.org.uk/drugs/rotigotine/>
- <https://www.parkinsons.org.uk/information-and-support/rotigotine-skin-patch-neupro>