



Education Newsletter



January 2026

Students

Student Francesca Westhead who is on the Children Schools and Families BA (Hons) course at University of Lancashire will be starting a 25 week placement, one day a week from 5th January. She will be spending the majority of her time with the Wellbeing and Play team, however, I am sure she will be keen to observe and participate in care in all the settings and different environments within the hospice.

Student nurse, Erin Hallam is starting a 10 week placement on 12th January. Erin is a 3rd year, child branch student from University of Lancashire.

We also have other students joining us for spoke placement days throughout January, please see the care team diary for more information.

If you have any events or activities planned that may be a valuable learning experience for our students please let Alison know

Training Days

Date	Time	Training	Location
6 January	9am - 5pm	Care team training day	In person at the hospice
7 January	9am - 5pm	Care team training day	In person, location TBC
15 January	2:30pm - 3:30pm 3:30pm - 4:30pm	Vantage training	In person, conference room
16 January	10am - 12pm	Neonatal ENHANCED SESSION: 'HTA Regulations, processes and supporting healthcare teams'	Zoom - will be on screen in skills lab
20 January	1:30pm - 2:30pm 2:30pm - 3:30pm	Vantage training	In person, conference room
26 January	2pm - 4pm	Neonatal symptom management	Zoom - will be on screen in skills lab

If there is anything you would like to see in this newsletter or you would like to contribute please email – clinical.education@derianhous.co.uk





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Training Days

January Training days

Care team staff will be participating in training days on 6th and 7th January. Topics to be covered include theory sessions on; infection prevention, postural care, learning disability awareness, control drug awareness and mental capacity and practical competency sessions including BLS, moving and handling and pool safety.

Tuesday, 6 January				
9am - 9:30am	Welcome	Everyone	Conference room	Rosie & Bridget
9:30am - 11:30am	IPC , BLS/Pool/M&H	Group 1 Group 2 A-E	Conference room Various	
11:30am - 11:45am	Break			
11:45am - 12:45pm	Mental Capacity	Everyone	Conference room	Dawn A
12:45pm - 1:15pm	Lunch			
1:30pm - 3:30pm	IPC, LD awareness	Group 2 Group 1+ FS	Conference room Clinical skills	
3:30pm - 5pm	ELearning, BLS/Pool/ M&H	Group 2 A-E Group 1 A-E	Various Various	

Wednesday, 7 January				
9am - 9:30am	Welcome	Everyone		Rosie & Bridget
9:30am - 10:15am	Lesson Learned	Everyone		Rosie
10:15am - 10:30	Break			
10:30 - 12pm	Postural Care	Everyone		Outside
12pm - 1pm	Controlled Drugs Awareness	Clinical		Hayleigh & Catherine
1pm - 2pm	Lunch			
2pm - 5pm	Team Building			



FOCUS OF THE MONTH

PAIN



Pain is defined as an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Physiologically, it can be described as neuropathic or nociceptive, and be classified as either acute or chronic in nature.

Treatment aims to reduce pain or the functional effects of pain, improve quality of life, and reduce the risk of longer-term harms (NICE, 2025)

Assessment

As with any symptom, management it is a continuous process and continuous assessment is vital. It is important to assess the baby, child or young person following each intervention and document findings. If the intervention does not have the desired effect progress to the next step in the symptom management plan. Do not skip steps in the plan without justification and rationalise every decision made.

Pain is a subjective experience, whenever possible, self-report from infants, children and young people should be the first-choice method of pain assessment

Pain assessment tools can help determine when a baby, child or young person is showing signs of pain but it is important that every BCYP is assessed individually and it is best practice to create an individualized tool for pain scoring in partnership with the child, young person and their family



Pain Assessment

Mnemonic :- **SOCRATES**

- S** - Site
- O** - Onset
- C** - Character
- R** - Radiates
- A** - Associated Symt
- T** - Time/duration
- E** - Exacerbating
- S** - Severity



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References and further reading.

<https://bnfc.nice.org.uk/treatment-summaries/pain-chronic/>

<https://cerebra.org.uk/download/flacc-pain-scale-infographic/>

<https://why.org/segments/reassessing-the-assessment-of-pain-how-the-numeric-scale-became-so-popular-in-health-care/>

<https://www.mdpi.com/2227-9067/5/1/13>

<https://www.appm.org.uk/guidelines-resources/>

<https://www.togetherforshortlives.org.uk/resource/basic-symptom-control-paediatic-palliative-care/>



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MEDICINE of the month



Fentanyl

Why is it used?

- 1- Chronic severe pain currently treated with a weak opioid analgesic (administered on expert advice) By transdermal application
- 2- Chronic severe pain currently treated with a strong opioid analgesic (administered on expert advice) By transdermal application

Dosage



- 1- Child 16–17 years - Initially 12 micrograms/hour every 72 hours, when starting, evaluation of the analgesic effect should not be made before the system has been worn for 24 hours, previous analgesic therapy should be phased out gradually from time of first patch application, dose should be adjusted at 72 hour intervals in steps of 12–25 micrograms/hour if necessary. After a dose increase, the system should be worn through two 72-hour applications before any further increase in dose, more than one patch may be used at a time (but applied at the same time to avoid confusion).
- 2- Child 2–17 years - Initial dose based on previous 24-hour opioid requirement—consult product literature, for evaluating analgesic efficacy and dose increments—consult product literature, for conversion from long term oral morphine to transdermal fentanyl.

Side effects

With transdermal use - Anxiety; appetite decreased; asthenia; depression; diarrhoea; dyspnoea; gastrointestinal discomfort; hypertension; insomnia; malaise; muscle complaints; peripheral oedema; sensation abnormal; temperature sensation altered; tremor.

Cautions

With transdermal use; Transdermal fentanyl patches are not suitable for acute pain or in those patients whose analgesic requirements are changing rapidly because the long time to steady state prevents rapid titration of the dose.

Contraindications

With transdermal use - Opioid-naïve patients

Interactions

Both Fentanyl and Bisoprolol can increase the risk of bradycardia. Buprenorphine is predicted to increase the risk of opiate withdrawal when given with Fentanyl. Carbamazepine is predicted to decrease the exposure to Fentanyl etc. the risk of hypotension and can have a sedative effect. Both Clonidine and Baclofen can increase the risk of hypotension etc.

References

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