



Education Newsletter

May 2024



International Nurses Day

Happy International Nurses Day! May 12th is International Nurses day so we want to recognise the amazing work that our Nurses, CSW's, ACPs, AP's and NA's do every day! We have some badges for staff which we will leave in the care team office.

This is a great opportunity to shout about the amazing work we do and give recognition to our colleagues. Please use the High Five board in Danni's Diner to leave a message of thank you to your colleagues who have gone the extra mile.



Elearning and competencies

Clinical Competencies have had a bit of a refresh. All clinical competencies are now on the Q Drive-care-clinical education competences-all competency docs. Here you will find each clinical skill file with the competency paperwork, teaching (presentation/video/workbook) and associated policies, sops and any articles.

Clinical champion teams are asked to review their specialist champion area training files and feel free to add any additional resources to create a learning library such as articles and information sheets.

Students

Haleema is a student children's Nurse at UCLan who will be starting on the 29th April for 9 weeks, her assessor is Adam and supervisor is Liv. Rebecca is also a student children's nurse at UCLan starting on 8th May for 6 weeks, her assessor is Natalie Lewis and supervisor is Lynsey Johnson.

Tilly, Janice, Adele and Jessica will be finishing their placement in May.

Please can all nurses self declare as an assessor on PARE if they feel they meet the criteria.

The next **Student Supervisor and Assessor Update training is on MSTEams on the 21st May 2pm-4:30pm**. Please check your emails for the link

Student Nursing Times Awards

Tanya and Alison went down to London on the 27th April to attend the Student Nursing Times Awards. It was an excellent achievement to be nominated and shortlisted for Placement of the year: Community and really shines a light on the work that everyone on the care team and beyond do to support and nurture students that have a placement with us at Derian House.



Despite not coming home with the trophy, it was amazing to receive recognition for our efforts.

Here are some of the judges' comments;

JUDGES COMMENTS

We liked this presentation and application. There is evidence of innovation with the student days and range of modules which are very accessible to students. The e learning modules will further enhance this. Students obviously enjoy their placements and then wish to return once qualified and work at the hospice. The expansion of inviting other disciplines to engage is also progressive in widening understanding of palliative care for children.

Paediatric Palliative Care Education

Everyone at Derian house is able to access the Elearning modules, if you need the link please email clinical.education@derianhouse.co.uk which will allow you to set up your profile on the Learning Management Programme and access the modules.

There will be a training day in the skills lab on **Tuesday 14th May 9-4** for internal staff, new starters, students and external staff and we will be running the following modules; Grief and bereavement, compassionate communication and when a child has died. Let us know if you would like to attend.

Keep an eye out for future face-to-face sessions- we will send out communication

Education
at Derian House

NHS
Lancashire and
South Cumbria
Integrated Care Board



LSC Paediatric
Palliative Care
E-Learning
now LIVE



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Fridge Medication Awareness

The reason that some medications need to be kept in the refrigerator is to maintain the stability and effectiveness of that medication. Examples can include insulins, antibiotic liquids, injections, eye drops and some creams.

These medicines must be stored between 2°C and 8°C. Allowing these medicines to reach room temperature does not make them harmful, but they will become less effective and in this case, they should not be used. Appropriately, chosen, well set-up, maintained and monitored fridges will ensure that medicines are fit for purpose at administration to patients.

All fridges should be monitored continuously and readings outside the recommended range to be actioned. It is not always possible to avoid a fridge going slightly out of range during a working day while stock is being added and removed. Whenever this happens, monitor the temperature closely until it returns into range.

Fridges rely on the movement of chilled air around the chamber, so it is important not to add so much stock that air movement is impeded. Keep stock away from the interior walls and bottom of the fridge

At Derian

- Fridge medications need to have a fridge label attached to them to remind staff of its storage requirements.
- Fridge medications are to be indicated on the MAR chart in the addition information section
- When medications are brought into Derian for a respite stay it is indicated on the reconciliation sheet if a medication is to be stored in the fridge.
- The temperature of the fridge is to be recorded daily with a max/min calibrated thermometer; a record of this is made and stored in a red file kept in the treatment room.
- Ensure the fridge is locked at all times.



Shhh

Red Aprons When Administering Medications

Patient care is at the heart of everything we do and we are always looking for ways we can improve care, improve quality and improve safety.

Reducing interruptions during medication administration is one way we can safeguard against mistakes being made and harm occurring. It is much safer if you can concentrate on the task in hand and not have to turn your attention to anything else.

One simple and cost effective way of doing this is to wear a red apron (disposable or fabric) when administering medication to indicate that you are not to be interrupted.

This helps to ensure staff can devote their full attention to administering medication – a task which requires a high level of concentration. During medication administration, clinical staff are advised to wear a RED APRON to alert staff and patients to the fact that they are administering medications.

For all other staff, please note that unless it is essential, please do not interrupt a nurse wearing a red apron. Instead, please refer any questions or concerns you may have to another nurse who is not administering medications.

Checking CYP feeds

When administering enteral feeds, it is really important to check and double check that you have the right feed, right route, integrity, date, right time, right amount. Be aware that feeds can sometimes look very similar. Always



Medication Calculation Workshops

The Education Team will be putting on medication calculation workshops for members of the care team who check and administer medications.

Keep an eye out for ad hoc sessions to attend where we discuss the importance of checking medication doses and practice using formulas to work out doses

References

BNFC (2024) retrieved from: <https://bnf.nice.org.uk/drugs/desmopressin/>

EMC (2020) retrieved: <https://www.medicines.org.uk/emc/product/7542/pil#about-medicine>

Medicines for Children (2021) retrieved from: <https://www.medicinesforchildren.org.uk/medicines/desmopressin-for-bedwetting/>

Medline Plus (2018) Desmopressin. (Retrieved from <https://medlineplus.gov/druginfo/meds/a608010.html>)



Condition of the Month: Diabetes Insipidus

What is Diabetes Insipidus?

Diabetes Insipidus is a rare medical condition which is not related to Type 1 and 2 diabetes and does not affect insulin or blood sugar levels.

It is caused by problems with a hormone called **Arginine Vasopressin (AVP)**, also called the **Antidiuretic Hormone (ADH)**. AVP plays a key role in regulating the amount of fluid in the body. It is produced by specialist nerve cells in the part of the brain known as the hypothalamus. AVP passes from the hypothalamus to the pituitary gland where it is stored until needed and is released when the amount of water in the body becomes too low. It helps retain water in the body by reducing the amount of water lost by making the kidneys produce more concentrated urine.

In most cases of diabetes insipidus, the lack of production of AVP (**AVP deficiency**) means the kidneys cannot produce enough concentrated urine and too much water is removed from the body.

In some rarer cases, the kidneys do not respond to AVP, which causes a specific form of diabetes insipidus (**AVP resistance**).

Those with diabetes insipidus can feel extreme thirst (**polydipsia**) as the body tries to compensate for the increased loss of water by increasing the amount of water taken in which leads to increased urination (**polyuria**).

Who is affected?

Diabetes insipidus affects around 1:25,000 people and adults are more likely to develop the condition, however at Derian House we care for babies and children who are born with the condition or develop it in early infancy.

Treatment

Desmopressin is a man-made hormone which replaces the vasopressin in the body and is titrated depending on the CYPs fluid intake, urine output and hydration status (such as sodium levels) which can be checked via a blood test.

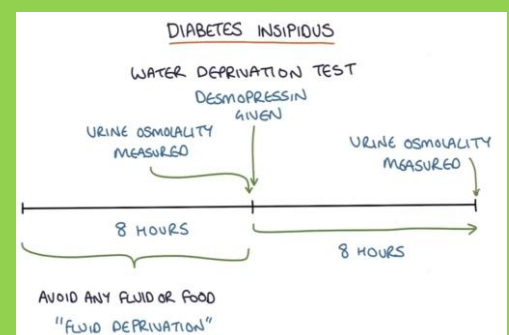
Training Video

Use this QR code to access a short YouTube video about Understanding Diabetes Insipidus



Diagnosis

Diabetes insipidus may be diagnosed when symptoms are reported and a blood test (U&E) would show high sodium levels (hypernatraemia). The type of diabetes insipidus can be determined with a water deprivation test to measure the urine osmolality before and after a dose of desmopressin.



References

NHS Choices (2022) Diabetes Insipidus. [Diabetes insipidus - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Zero to Finals (2019) Understanding Diabetes Insipidus. Understanding Diabetes Insipidus (youtube.com)



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MEDICINE of the month



Why is it used?

Desmopressin is used to control the symptoms of a certain type of diabetes insipidus ('water diabetes'; condition in which the body produces an abnormally large amount of urine). Desmopressin is also used to control excessive thirst and the passage of an abnormally large amount of urine that may occur after a head injury or after certain types of surgery. Desmopressin is also used to control bed-wetting. Desmopressin is in a class of medications called hormones. It works by replacing vasopressin, a hormone that is normally produced in the body to help balance the amount of water and salt.

Cautions: Avoid fluid overload, cardiovascular disease conditions aggravated by water retention, cystic fibrosis, epilepsy, hypertension.

Contraindications: Cardiac insufficiency; conditions treated with diuretics; hypernatraemia; alcohol dependence polydipsia; psychogenic polydipsia; syndrome of inappropriate ADH secretion; von Willebrand's Disease Type 11B

Side Effects: Headache; hyponatraemia; nausea; allergic dermatitis; emotional disorder; aggression; fluid retention; asthenia; conjunctivitis; abdominal pain; diarrhoea; dizziness; dry mouth; epistaxis; gastrointestinal discomfort; nasal congestion; rhinitis; vomiting; constipation; fatigue; peripheral oedema; brain oedema; vasodilation; increased risk of pre-eclampsia in pregnancy

Administration notes:

Tablets: 100 and 200 micrograms; these contain lactose

Sublingual tablets ('Melts' that dissolve under the tongue): 60, 120 and 240 micrograms; these contain gelatin from fish skin.) (medicines for Children 2021)

Brand Names: DDAVP, Desmomelts, Desmotabs

Desmopressin



Dosage

Diabetes insipidus, treatment for desmopressin (BNF)

By mouth

Child 1–23 months Initially 10 micrograms 2–3 times a day, adjusted according to response; usual dose 30–150 micrograms daily.

Child 2–11 years Initially 50 micrograms 2–3 times a day, adjusted according to response; usual dose 100–800 micrograms daily.

Child 12–17 years Initially 100 micrograms 2–3 times a day, adjusted according to response; usual dose 0.2–1.2 mg daily.

Adult Initially 100 micrograms 3 times a day; maintenance 100–200 micrograms 3 times a day; usual dose 0.2–1.2 mg daily.

By sublingual administration

Child 2–17 years Initially 60 micrograms 3 times a day, adjusted according to response; usual dose 40–240 micrograms 3 times a day.

Adult 18–65 years Initially 60 micrograms 3 times a day, adjusted according to response; usual dose 40–240 micrograms 3 times a day.

By intranasal administration

Child 1–23 months Initially 2.5–5 micrograms 1–2 times a day, adjusted according to response.

Child 2–11 years Initially 5–20 micrograms 1–2 times a day, adjusted according to response.

Child 12–17 years Initially 10–20 micrograms 1–2 times a day, adjusted according to response.

Adult 10–40 micrograms daily in 1–2 divided doses.

By subcutaneous injection, or by intravenous injection, or by intramuscular injection

Adult 1–4 micrograms daily.

References

BNFC (2024) retrieved from: <https://bnf.nice.org.uk/drugs/desmopressin/>

EMC (2020) retrieved: <https://www.medicines.org.uk/emc/product/7542/pil#about-medicine>

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