



Education Newsletter



November 2024

New Starters

Students

This month we have student children's nurse Gabrielle and trainee nurse associate Abbie on placements with us until Christmas.



Education News

Education Compliance

Mandatory Elearning compliance is very close to 100% well done everyone. We will be sending out some reminder emails soon to let you know if you have any competencies going out of date in November and December.



Thank You

Thank you to the staff who attended the Restart a Heart day training 16th October, you were amazing!



Training Days

Preceptorship Study Day November 4th

09:30- Mental Capacity and Deprivation of liberty
11:00- Working with young people & Sexuality
13:00- Communication & Learning disabilities
15:00- Postural Care
Clinical Skills Lab

Palliative Care Study Day November 5th

09:00- Introduction to paediatric palliative care
10:00- When a child is dying
11:00- When a child has died
13:00- Grief and Bereavement
Conference Room

Advance Care Plan training 18th November

13:30 MS Teams

Professionals Day 25th November

9am-16:30pm Conference Room





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Awareness Days

Burns Awareness and management

Burns are preventable and unfortunately can cause lifelong injuries, disabilities and even death. With bonfire night fast approaching, we want to remind you to keep safe around fire and fireworks. If you or someone else suffers a burn here are some first aid tips;

REMOVE clothing, nappies and jewellery from the area if able to do so

COOL the burn immediately with cool running tap water for 20 minutes, do not use ice

WARM the patient, keep the rest of the body warm to prevent hypothermia

COVER the burn with loose strips of cling film, don't wrap around

SEEK medical advice if the burn is large, deep, infected, on a child, on the face, hands, groin or feet or if it was caused by chemicals or electricity.



November

November is an awareness month focussed on men's physical and mental health. A growing number of men – around 10.8M globally – are facing life with a prostate cancer diagnosis. Globally, testicular cancer is the most common cancer among young men. And across the world, one man dies by suicide every minute of every day, with males accounting for 69% of all suicides.

Men's mental health- Signs that someone could be in distress might include:



spot the signs



- Not sleeping
- Eating less or more than usual
- Forgetting grooming (no clean clothes, not showering or brushing teeth)
- Avoiding social situations
- Missing social or sports events
- Going quiet on social media or messaging apps
- Being more irritable than usual
- Talking of death and dying or increased hopelessness.

If you spot a friend whose behaviour is out of character, it's important to check in with them - it might just save their life.

The **November Conversations website** gives great advice and allows you to practice tackling different scenarios such as grief, heartbreak, aging, obsessing, withdrawal, irritability and stress.

ALEC skills for initiating sensitive conversations with men who may be struggling with their mental health

Ask - Ask how they are and what's been happening lately

Listen - By actively listening and validating what a man is feeling, it can help him feel more comfortable to open up

Encourage Action - Encourage them to take action towards feeling better

Check-in - Check in regularly after your chat



Testicular Cancer- Check your pair

Testicular cancer is the most common cancer in younger boys and men, but it is highly curable when caught early. Lumps, bumps and aches can be normal, but if you notice anything that wasn't there before- or something has changed- it's time to visit the doctor to get it checked.

Prostate Cancer

Prostate cancer is the most common cancer in men over 45 and early detection is key. Risk factors include aging, family history and ethnicity (prostate cancer is more common in black men and men with African ancestry).

Prostate cancer is often a slow-growing disease which makes the symptoms harder to notice. Signs may include discomfort and difficulty urinating and emptying the bladder, sexual problems, aches and pains in hips or pelvis and blood in urine or semen. Prostate cancer may be detected on a PSA (Prostate Specific Antigen) blood test.



FOCUS OF THE MONTH



SPINAL MUSCULAR ATROPHY

What is 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.

SMA is typically classified into 4 phenotypes: (Types 1–4) that range in severity. Types 1 and 2 are the most severe and common forms with onset between birth and 18 months.

Different symptoms occur depending on the type and can include;

- Hypotonia
- Areflexia
- Head Lag
- Difficulty Breathing
- Difficulty Swallowing
- Tongue Fasciculation
- Weak Cry and Cough

SMA is caused by an absent or dysfunctional motor neuron 1 gene (SMN1). The body has a backup gene, SMN2, however, it is only capable of producing a small amount of the required protein.

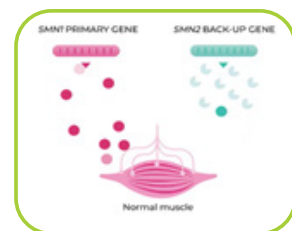
Unaffected individual:

- SMN protein is critical for neuron survival and neuromuscular function.
- SMN1 is the primary gene that encodes SMN protein with SMN2 as a back up.
-

Affected individual:

- SMN1 gene is absent or dysfunctional
- SMN2 alone is unable to produce sufficient protein.
- Deficiency leads to irreversible neuron degeneration and loss of muscle function

Four Primary Types of SMA			
Type 1	Type 2	Type 3	Type 4
Werdnig-Hoffmann Disease	Dubowitz Syndrome	Kugelberg-Welander Disease	< 5% of all SMA cases
60% of all SMA cases	Approximately 20-30% of all SMA cases	Approximately 10-20% of all SMA cases	Number of SMN2 Copies: Four to Eight
Number of SMN2 Copies: Two	Number of SMN2 Copies: Three or Four	Number of SMN2 Copies: Three or Four	Onset: Adulthood
Onset: < 6 months	Onset: 6-18 months	Onset: > 18 months	
Unable to sit without support. Experiences trouble breathing, coughing, and swallowing.	Unable to stand or walk without support. May gradually experience trouble breathing, coughing, and swallowing.	Able to stand alone and walk, but may lose the ability to walk. May experience slight tremors and muscle weakness.	Able to stand alone and walk, but may lose mobility over time. May experience slight tremors and muscle weakness.
Most infants with SMA Type 1 do not survive past age 2	With early diagnosis and with intense early intervention, Type 2 can survive well into adulthood.	People with SMA Type 3 typically have a normal life expectancy.	People with SMA Type 4 typically have a normal life expectancy.



Treatments

<https://smauk.org.uk/> has a number of great resources regarding the current treatments, medications, management and new research currently taking place.

There are several different targeted approaches including replacing the faulty gene, targeting the SMN2 gene to convert it to the SMN1 gene, increase the amount of protein produced by SMN2, neuroprotection which aims to support motor neurons by maintaining or restoring their function and also muscle protection to restrict their atrophy.

References and further reading.

<https://smauk.org.uk/>

<https://www.gillettechildrens.org/>

https://pmc.ncbi.nlm.nih.gov/articles/PMC4628728/?_ga=2.156630843.1894554351.1729680922-556843298.1729680922

<https://medlineplus.gov/genetics/condition/spinal-muscular-atrophy/#references>

<https://www.signsofsma.com>



MEDICINE of the month



Risdiplam

Why is it used?

Risdiplam (Evrydi) is a small molecule drug that targets the 'back up' survival motor neuron 2 (SMN2) gene to produce more SMN protein, thereby helping to compensate for the defect in the SMN1 gene found in 5q spinal muscular atrophy. Risdiplam distributes throughout the body to many different types of cell, tissue and organ, including the brain, spinal cord, muscles and blood. treatment.



Dosage

5q spinal muscular atrophy (initiated by a specialist) - By mouth

- Child 2–23 months - 0.2 mg/kg once daily, to be taken after a meal at the same time each day.
- Child 2–17 years (body-weight up to 19 kg) - 0.25 mg/kg once daily, to be taken after a meal at the same time each day.
- Child 2–17 years (body-weight 20 kg and above) - 5 mg once daily, to be taken after a meal at the same time each day.

Directions for administration

Risdiplam is given in liquid form with a prescribed dose based on a patient's weight. It should be taken once daily after a meal, at approximately the same time each day by mouth (orally) or feeding tube, using the provided syringe. If a dose is not taken within 5 minutes of being drawn, it should be discarded and a new dose prepared.

If a dose is not fully swallowed or vomiting occurs after taking a dose, no additional dose should be taken on that day and the next dose should be taken at the usual time. If a dose is more than 6 hours late, the missed dose should not be taken and the next dose should be taken at the usual time.

Side effects

Very common: may affect more than 1 in 10 people; diarrhoea, rash, headache, fever.

Common: may affect up to 1 in 10 people; nausea, mouth sores, bladder infection, joint pain.

Interactions

Risdiplam is predicted to increase the concentration of Metformin. Manufacturer advises monitor and adjust dose.

References

- <https://bnfc.nice.org.uk/drugs/risdiplam/#interactions>
- <https://smauk.org.uk/treatments-research/risdiplam/risdiplam-what-how-faqs/>