



Education Newsletter

September 2024



Professionals Day

The next Professionals day is on **Friday 27th September** and we are expecting nurses, teaching assistants and other health & social care professionals to join us for a full day of learning about palliative care, Derian House and what our different teams do.

Students

Thank you for supporting the student nurses and Trainee Nurse Associates' (TNA's) that have had spoke and short placements with us over the last few weeks. We will be welcoming Children's nursing student Emily and TNA Olivia to spend some shifts with the care team in September

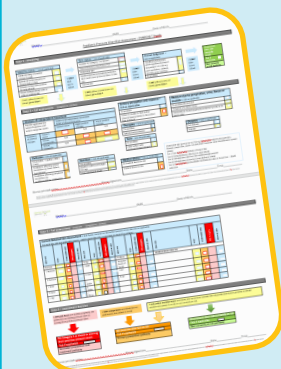


Education Compliance

We are still holding a monthly prize draw for 100% competency compliance for clinical staff until December. The winner for August was Mel Yates! Congratulations

MAR Chart Prescriptions

Our ACP Suzanne has organised a filing system for prescribing jobs and queries. There are two blue trays on the filing cabinets (near the printer) in the care team office labelled "MAR Chart IN" and "MAR Chart Out". Prescriptions to be checked and signed by an ACP or GP go in the "IN TRAY". Once completed, they will be placed in the "MAR Chart OUT" tray. There is black book labelled as "ACP Prescribing Communication Book" for any queries regarding medications, please include BCYP details and the date with the query to be actioned.



Purpose T Tool

The Purpose T Tool will soon replace the Braden Q tool that we currently use to assess and score the risk of pressure ulcers and tissue viability concerns. On respite admission day, nurses and AP's should complete this tool and upload it to care database with an individualised plan of care for the BCYP. Care support workers must review the Purpose T tool and care plan in order to help maintain and protect the BCYPs skin while they stay with us. There is training available from the Clinical Education team and Elearning modules on Elearning for Health about the tool. Jenny McCabe is the Tissue Viability lead if you have any questions.

PSIRF

We will be introducing the Patient Safety Incident Response Framework (PSIRF) to Derian House which will improve the way that incidents are reviewed and managed, focussing on the learning from these incidents as a team approach in order to support staff and improve patient safety. We will be sharing more about PSIRF with the care team soon and you may start to hear more about PSIRF triage, swarm huddles and After Action Reviews in the next few months.

Clinical Skills Mannequin

Say hello to our new simulation mannequin! This doll can be used for male and female catheterisation, stoma care, injections, chest percussion, mouth care, pressure area assessment and moving & handling. It was funded by an educational equipment grant and will be put to great use in clinical the skills lab.





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Awareness Days

13th September Sepsis September

It is world Sepsis day on 13th September. We need to know about Sepsis as awareness can save lives. Sepsis can affect anyone of any age, is often treatable when caught and managed early but when the signs are missed, can be life changing and even fatal. Look out for extra training and resources from our Sepsis champion Faye Whyte. Test your knowledge of sepsis with this interactive online game from the UK Sepsis Trust. Sepsis Savvy Game



Martha's Rule

You may have heard about Martha's Rule in the news, but do you know what it is? The NHS is rolling out 'Martha's Rule' in hospitals across the UK after successful campaigning by parents of 13 year old Martha Mills, who died from Sepsis in 2021 due to a failure to escalate her to intensive care after her family raised concerns about her deterioration. This patient safety initiative allows patients and their families' to request a second opinion and rapid review from an independent critical review team if they are worried about their loved ones condition. This national programme hopes to save lives and give patients and families a bigger voice, encouraging family centered care. Read more here NHS England





FOCUS OF THE MONTH

ADRENAL INSUFFICIENCY



What is 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. Conditions which can lead to adrenal insufficiency include Congenital Adrenal Hyperplasia, pituitary gland and adrenal gland tumours and Addison's Disease. The most common symptoms are fatigue, muscle weakness, loss of appetite, weight loss, and abdominal pain.

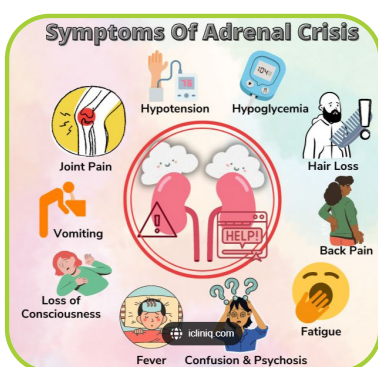
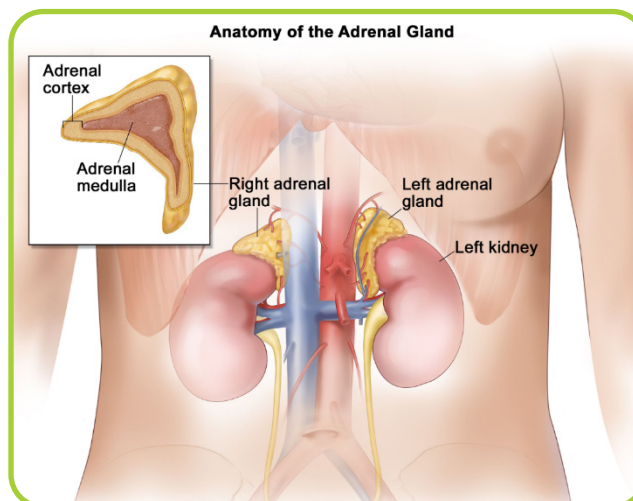
There are different types of adrenal insufficiency;

- Primary AI is where the adrenal glands do not work properly to make enough of the hormones essential to the body
- Secondary AI is where the pituitary gland, a small gland near the brain, does not signal the adrenal glands to make cortisol
- Tertiary adrenal insufficiency is when there is a problem with the hypothalamus in the brain

Doctors treat adrenal insufficiency with medicines that replace the hormones your body isn't making.

Cortisol is one of the steroid hormones and affects many different functions in the body. Cortisol can help control blood sugar levels, regulate metabolism, help reduce inflammation, and assist with memory formulation. It has a controlling effect on salt and water balance and helps control blood pressure. All of these functions make cortisol a crucial hormone to protect overall health and well-being.

After a serious accident or injury, a healthy person produces more cortisol. This helps you to cope with the stressful situation and additional strain on the body. A person with adrenal insufficiency will not produce this extra cortisol required in times of emergency therefore extra will be needed usually given in the form of subcutaneous injection.



Minor ailments can effect anyone with adrenal insufficiency very differently. Things like vomiting, diarrhoea, cold and flu will put patients at risk of adrenal crisis. Therefore, patients will be prescribed a 'sick day dose' which is usually double their usual daily dose.

The goal of treatment for adrenal insufficiency is to ensure proper hormone levels day-to-day. A doctor may prescribe daily replacement of hormones and extra doses at time of stress, for example illness or injury.

References and resources

BSPED |BSPED Adrenal Insufficiency Consensus Guidelines - www.bsped.org.uk/adrenal-insufficiency

Living with CAH | - www.livingwithcah.com/

Causes of Pituitary Conditions - Pituitary Foundation - www.pituitary.org.uk/information/pituitary-tumours/

Addison's Disease Self-Help Group (addisonsdisease.org.uk) - www.addisonsdisease.org.uk/



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MEDICINE of the month



Hydrocortisone

Why is it used?

At Derian house, BCYPs with adrenal insufficiency conditions such as Addison's disease should have an emergency treatment 'sick day rules' care plan from their endocrinologist to be followed in the event of suspected adrenal crisis. Adrenal crisis or acute adrenal insufficiency is a medical emergency and prompt treatment must be treated with a glucocorticoid replacement, normally hydrocortisone without delay- there is no adverse consequence of administering lifesaving bolus dose of hydrocortisone



Dosage

Adrenal crisis in patients with adrenal insufficiency who are steroid-dependent.

By intramuscular injection, or by intravenous injection;

- Child 1–11 months - 25 mg for 1 dose
- Child 1–5 years - 50 mg for 1 dose
- Child 6–15 years - 100 mg for 1 dose

(Patients should be admitted to hospital after the first dose, steroid treatment must not be stopped).

Emergency Management of Paediatric Adrenal Crisis		
Intramuscular (IM) hydrocortisone doses or initial IV dose		
Age	IM hydrocortisone Dose	Indications for hydrocortisone
Less than 1 year	25 mg	Acutely unwell and unable to get IV access
1 - 5 years	50 mg	Acutely unwell with diarrhoea and vomiting and unable to tolerate oral treatment
6 years & over	100 mg	Reduced responsiveness or loss of consciousness, Hypoglycaemic or new onset seizure in known or suspected adrenal insufficiency, Fracture / significant burn

Cautions

Cautions For all corticosteroids; Congestive heart failure; diabetes mellitus; diverticular disease; diverticulitis; epilepsy; glaucoma; history of steroid myopathy; history of tuberculosis, hypertension; hypothyroidism; infection.

Contra-indications

Contra-indications Avoid injections containing benzyl alcohol in neonates; avoid live virus vaccines in those receiving immunosuppressive doses; systemic infection

Side effects

Anxiety; behaviour abnormal; cataract subcapsular; cognitive impairment; Cushing's syndrome; electrolyte imbalance; fatigue; fluid retention; gastrointestinal discomfort; growth retardation; headache; healing impaired; hirsutism; hypertension; increased risk of infection; menstrual cycle irregularities; mood altered; nausea; osteoporosis; peptic ulcer; psychotic disorder; skin reactions; sleep disorders; weight increase.

Interactions

Aspirin - Hydrocortisone is predicted to decrease the concentration of Aspirin (high-dose) and increases the risk of gastrointestinal bleeding.

Salbutamol - Both Hydrocortisone and Salbutamol can increase the risk of hypokalaemia etc.

References

- <https://bnfc.nice.org.uk/drugs/hydrocortisone/>
- Adrenal insufficiency | Treatment summaries | BNF | NICE - <https://bnf.nice.org.uk/treatment-summaries/adrenal-insufficiency/>