



Education Newsletter

February 2024



Training

Paediatric Palliative Care Education Project

Delivery of these modules continues at for Derian staff as per the schedule emailed out. These are available to all of the care team.

Session	Date	Date	Date	Date
Grief and bereavement	9 th Feb 1:30pm	6 th March 1:30pm	1 st April 1:30pm	
When a child is dying	25 th Jan 1:30pm	21 st Feb 9:30am	26 th March 9:30am	
When a child has died	2 nd Feb 9:30am	1 st March 9:30	29 th March 9:30	
Compassionate communication	15 th Jan 1:30pm	13 th Feb 9:30am	19 th March 1:30pm	19 th April 9:30am
Symptom Management	19 th Jan 1:30pm	19 th Feb 1:30pm	11 th March 1:30pm	9 th April 1:30pm
Advance Care plan awareness (online)	22 nd Feb 10am	8 th April 10am		

Mouthcare training

Lesley Redman from PIS Healthcare is coming in to Derian on Friday 9th February at 09.30 to deliver Oral Care Training at staff

This training helps to upskill staff and give better confidence when delivering effective oral care.

The training covers all aspects including, documentation, how to manage and treat mouth conditions, end of life oral care and much more. The training session is around 90 minutes long, and staff receive a certificate of attendance on completion of training.

E-Learning

Remember to keep on top of your practical competencies as many expired over Christmas and new year.

We are not able to self-certify this year so please book some time with the champions, ACPs, team leaders or clinical educators to get yours signed off for the year.

Jane is working her way through getting everyone signed off for ventilation, percussion and manual insufflation/insufflation (cough assist).

This year there is no buccal midazolam competency but we are doing a seizure management competency instead which encompasses other common seizure rescue medications.



Students

This month we have two students starting their 10 week placements with us. Sam and Sian are both from UCLan and will be here until April.

We are hosting our second student day on the 12th February in the conference room from 9am-1pm. This is our chance to show case paediatric palliative and end of life care sharing what we do here at Derian house. If you would like to help Tanya and Alison with the day by sharing a 15 minute 'day in the life' story, please get in touch.





Condition of the month

February Centronuclear Myopathy

What is Centronuclear Myopathy?

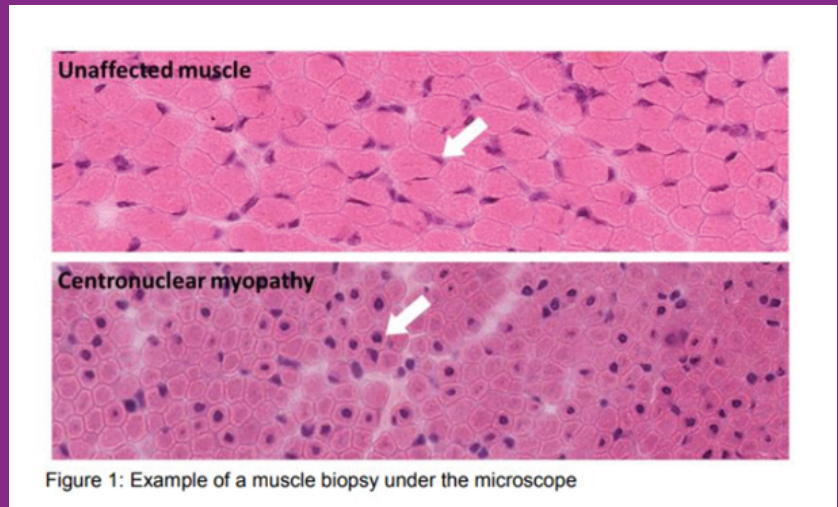
Centronuclear myopathy is the name of a group of conditions / rare genetic muscle disorders (Greek: myo - muscle + patheia / pathy – suffering) which effect a person's tone and contraction of skeletal muscles noticeable at birth.

The weakness and hypotonia interfere with posture and movement, and can cause life-threatening difficulties with feeding and respiration.

Sometimes, failure or infection of the lungs causes death in early infancy, but other infants with this disease survive into childhood. Usually, these children require a feeding tube and assisted ventilation.

Contractures (joints frozen in place because of muscle weakness) may develop, particularly in the hips and knees. Scoliosis also may develop in childhood.

The pink circles are muscle fibres and the dark purple spots are the nuclei of the muscle fibres.



The white arrows highlight the difference between healthy muscle (top) and muscle affected by CNM (bottom). You'll see in the healthy muscle; the nuclei are on the outer edges of the muscle fibres. In muscle affected by CNM (bottom), you'll see some of the nuclei are in the centre of the muscle fibres.

Although it is not known why the nuclei are positioned on the periphery in healthy cells, the literature suggests that this aids communication between the neighbouring nuclei and also so that contraction can occur easier in the large muscles.

This observation of peripheral nuclei can also be seen in conditions such as Duchenne Muscular Dystrophy (DMD), Becker Muscular Dystrophy (BMD), and EDMD.

Is there a cure for Centronuclear Myopathy?

Currently there is no cure for centronuclear myopathy. Treatment often focuses on trying to maximize functional abilities and minimize medical complications.

Champion Teams: CQC Information

It is a CQC requirement to evidence where we get our evidence and knowledge from therefore it is important that clinical champions cascade information appropriately, via email, during meetings and sending information to the clinical educators to share within the new monthly newsletter. This will all go towards your personal and professional development, appraisal and revalidation.

All clinical staff have access to the elearning for healthcare website where you can find lots of training to enhance your own knowledge in your group and you may find some resources that you can share with others. You can also sign up for an Open Athens account and access articles and studies to improve your knowledge, continuous practice development (CPD) and is a great resource for finding up to date literature relating to your champion role.

If you need more advice, would like to discuss your champion role or would like one of the educators to attend you champion group meetings please email or speak to us directly.





MEDICINE of the month



February: Pyridostigmine Bromide

References

<https://bnfc.nice.org.uk/drugs/pyridostigmine-bromide/>
<https://www.nhs.uk/conditions/myasthenia-gravis/>

Indications

Pyridostigmine is part of a group of anticholinesterases drugs and works by prolonging the action of acetylcholine by inhibiting the action of the enzyme acetylcholinesterase. Pyridostigmine Bromide is used for a muscle weakness condition called Myasthenia gravis and can affect muscles that control the eyes and the eyelid, facial expressions, swallowing, speaking and other parts of the body.

Side Effects

Abdominal cramps; diarrhoea; excessive tearing; hypersalivation; nausea; vomiting, Gastrointestinal hypermotility; muscle cramps; rash

Contraindications

Intestinal obstruction and urinary obstruction

Interactions

Both atenolol and pyridostigmine can increase the risk of bradycardia;
Gentamicin can decrease the effects of pyridostigmine etc.

For more information of the drug see BNFC and for more information on the condition Myasthenia see NHS website



Dosage

By mouth;

Neonate -

Initially 0.5–1 mg/kg every 4–6 hours, then increased, if necessary, up to 1.2 mg/kg every 4 hours, dose can be increased every 3 to 4 days, or more often during inpatient treatment with monitoring for side-effects; give 30–60 minutes before feeds.

Child 1 month–11 years -

Initially 0.5–1 mg/kg every 4–6 hours, then increased if necessary up to 1.2 mg/kg every 4 hours, dose can be increased every 3 to 4 days, or more often during inpatient treatment with monitoring for side-effects; usual maximum dose 60 mg every 4 hours.

Child 12–17 years -

30–90 mg every 4–6 hours, consider immunosuppressant therapy if total daily dose exceeds 360 mg, down-regulation of acetylcholine receptors possible if total daily dose exceeds 450 mg.