#TEXT1001JWJoDunleavystaffnurse

#CODENC

Pain assessment tool. Lack of clarity about standard accepted tool. Nurse was ENB trained in elderly and palliative care. Unsure if everybody is ENB trained.

#ENDCODE

#CODENC

Out of hours will take verbal instruction on prescription of drugs (not controllable).

#ENDCODE

#CODENC

Care focused planning involved patients and relatives - DNR is not reviewed weekly, end of life

#ENDCODE

#CODENC

Good bereavement counselling for relatives.

#ENDCODE

#CODENC

Concern about patient pain. It has increased as a result of analgesic ladder.

#ENDCODE

#CODENC

13 years. Night shift. Initially worked on all wards and surgical. Now set wards - Sultan. Began D Grade, August 2001 E Grade.

#ENDCODE

#CODEI2

941 care of Elder patients

931 care of cancer patients

#ENDCODE

#CODEH1

Sultan - palliative care - very good care training at Southampton.

#ENDCODE

#CODEI2

Sultan - palliative care - very good care training at Southampton.

#ENDCODE

#CODEF1

Pain Management

- pain assessment chart
- analgesic ladder

#ENDCODE

#CODEF1

Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetemol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.

#ENDCODE

#CODEF2

Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetemol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.

#ENDCODE

#CODEF3

Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if

pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetemol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.

#ENDCODE

#CODEF4

Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetemol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.

#ENDCODE

#CODEF1

Tool of assessment -

- Are you in pain?
- What drugs are you taking at the moment?
- How was the effect?
- Position in bed?
- Movement?
- Pain experiencing?

Various pain assessment charts.

Pain management policy - pain management tool.

#ENDCODE

#CODEF1

Awareness of policy changes

- team meeting
- policy folder
- verbal
- try to get to ward meetings @ 7pm to accommodate
- last meeting was a couple of months ago due to staff sickness
- minutes taken night duty box

#ENDCODE

#CODED6

Analgesia ladder + GP

- nights no GP Healthcall
- response time 10-15 mins 30mins
- requisite problems a visit 1hr 4hr wait.
- Patient will expect verbal order but not controlled drugs.
- No other way of contacting GP.
- Telephone order 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.

#ENDCODE

#CODEF1

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#ENDCODE

#CODEF4

# Analgesia ladder + GP

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- response time 10-15 mins 30mins
- requisite problems a visit 1hr 4hr wait.
- Patient will expect verbal order but not controlled drugs.
- No other way of contacting GP.
- Telephone order 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.

#ENDCODE

#CODEI2

Medicine update knowledge

- 2 yearly assessment by clinical manager
- if not sure of drug look up in BNF
- literature
- pharmacist input not aware of input.

#ENDCODE

#CODEF1

Medicine update knowledge

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- literature
- pharmacist input not aware of input.

#ENDCODE

#CODEF1

Pharmacist facility

- comes in daily
- restock medicine
- incompatible drugs pharmacist will advise about admitee
- Q&A services
- No weekend cover
- GP will write script and porter will get it

#ENDCODE

#CODEF2

Pharmacist facility

- comes in daily
- restock medicine
- incompatible drugs pharmacist will advise about admitee
- Q&A services
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- GP will write script and porter will get it

#ENDCODE

#CODED6

Pharmacist facility

- comes in daily
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- GP will write script and porter will get it

#ENDCODE

#CODEG1

Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.

## #ENDCODE

## #CODEG2

Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.

## #ENDCODE

#### #CODEE1

Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.

#### #ENDCODE

# #CODEC4

# Admission

- ask what time they go to bed
- what normal lifestyle is
- drink and food patterns
- hygiene patterns
- body check physical assessment

#### #ENDCODE

## #CODEC5

# Admission

- ask what time they go to bed
- what normal lifestyle is
- drink and food patterns
- hygiene patterns
- body check physical assessment

#### #ENDCODE

#### #CODENC

Differences between wards - difference not sure only works on Sultan.

#### #ENDCODE

## #CODEE2

### DNR

- unless stated resus
- hard to talk about
- GP should inform
- Patients and carers not sure about resus
- Resus policy should be reviewed weekly

# #ENDCODE

# #CODEE2

# Status change - updates

- boards in office
- communicated verbally

# #ENDCODE

#### #CODEH2

#### Patient death

- aftercare for relatives should have been discussed before death happens
- documented
- bereavement service
- leaflets
- patient affairs office

## #CODEH3

## Staff support

- peer discussion
- clinical supervision
- clinical manager.

- EAR counselling

#ENDCODE

#CODED9

Staff support

- peer discussion
- clinical supervision
- clinical manager.
- EAR counselling

#ENDCODE

#CODEH4

Patients from a non-christian background

- very rare
- info on ward

#ENDCODE

#CODEJ2

Care - what if someone complains

- document nursing notes
- complaints GP
- complaints formal process
- informal response food, lack of physio

#ENDCODE

#CODEK2

Risk events feedback. Tends to be the same person so verbal feedback.

#ENDCODE

#CODEF1

Patients may be kept in pain

#ENDCODE

#CODEC2

Patients may be kept in pain

#ENDCODE

#CODENC

Generally GPs are very good.

#ENDCODE

#CODEI2

ENB 941 Elderly care. 2 nurses are F grade, 2 nurses E grade - one module. Day

nurses.

#ENDCODE

#CODED9

Morale very low.

#ENDCODE

#CODEG2

Spends a lot of time making relatives feel confident due to press coverage.

#ENDCODE

Document1

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