#TEXTGillHamblin
Nurse05.03.02
#CODEC3
Approach to care in 1998.
Big prob lack of Med care - ?? of consultants for 5-6 weeks.
#ENDCODE
#CODEC3
Post Op orthopaedics - no physio
#ENDCODE
#CODEB3
OT backup - 9/10 inappropriate - no often too sick for cc ward.
#ENDCODE
#CODEC3
OT backup - 9/10 inappropriate - no often too sick for cc ward.
#ENDCODE
#CODED6
GP finished at 1pm - around until 5pm - then healthcall.
#ENDCODE
#CODED6
If patient actually ill call health call -
#ENDCODE
#CODEB3
Eg lots of pain - once only
10 days - intensive care
Couldn't put up IV - lots dehydration. Came across too soon.
#ENDCODE
#CODEE4
Now SG physio - give IV during day if was dehydrated - have to get back on weekend.
Would try substitute fluids.
#ENDCODE
#CODEB3
What would be app admissions - stroke if not able to go to Daedalus - and pall care.
Would die in 2/3 days - diff have to get to know relatives.
#ENDCODE
#CODEH5
What would be app admissions - stroke if not able to go to Daedalus - and pall care.
Would die in 2/3 days - diff have to get to know relatives.
#ENDCODE
#CODEH2
What would be app admissions - stroke if not able to go to Daedalus - and pall care.
Would die in 2/3 days - diff have to get to know relatives.
#ENDCODE
#CODEE1
How app these patients - philosophy -
#ENDCODE
#CODEC5
Try to treat as individuals
#ENDCODE
#CODEE1
Very rarely patients come in from home - holding acute (incl Haslar)
#ENDCODE
#CODEE1
Transfer planning - told by ?? senior - pat causing - wandering ward and ask ?? pubs

/drugs/ unit status. Lots of times get pats and relatives not know they were coming - had to take track.

Info from wards - Observe by them ringing GW - would bring back Haslar letter - not worth having - illegible. Policy amongst ?? to ring ward - depends on who spoke to. Sometimes not have notes.

Discharge policy - was one not often adhered to.
#ENDCODE
#CODED11
What system available to sort out? Ring ward sister and speak to own manager and change for a couple of months and then go back.

Changed - yes improved generally and understand acute pressures.
#ENDCODE
#CODEG2
On admission - would do general obs before ?? Docs - TPR & BP - sometime inappropriate to weigh. Once Doc seen ring rels. Once Doc seen - explain what/why. Often wait till next day to give time to settle in - are frightened and disorientated.
#ENDCODE
#CODEG1
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#ENDCODE
#CODEG1
How easy to encourage patient to begin to mobilise/rehab etc? Needs to build up rapport/trust - keep plugging away.
#ENDCODE
#CODEC2
How easy to encourage pat to begin to mobilise/rehab etc? Needs to build up rapport/trust - keep plugging away.
#ENDCODE
#CODENC
12 years on ward - in surgery before acute.
#ENDCODE
#CODEI2
Tracking older people - not initially and have done courses since ENB and continence. Need to recognise, come in multiple problems.
#ENDCODE
#CODEG2
Rels given right info - no. Patients rels told going C? for rehab - not. Take time to explain not a rehab ward - get v angry.
#ENDCODE
#CODE H5
Rels given right info - no. Patients rels told going C? for rehab - not. Take time to explain not a rehab ward - get v angry.
#ENDCODE
#CODEC3
Have had pat - transferred and active physio for more active physio.
#ENDCODE

#CODEG2
Relatives - how handle expectations - ??
Ask what expect to happen - let them take - out of system.
Patients not always want physio etc. Family want it. Have to be a referee will sit down with families and patients. If can't resolve it - will bring in physios to explain - then if ?? bring in consultant - who will ask for second opinion.
#ENDCODE
#CODEG1
Relatives - how handle expectations - ??
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#ENDCODE
#CODEC3
Relatives - how handle expectations - ??
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Patients not always want physio etc. Family want it. Have to be a referee will sit down with families and patients. If cant resolve it - will bring in physios to explain - then if ?? bring in consultant - who will ask for second opinion.
#ENDCODE
#CODEG2
Discussion on ward about dealing with relatives - go in two at a time. Large groups of rels can be threatening and also take docs in.
#ENDCODE
#CODENC
Train?? Staff meetings do discuss.
#ENDCODE
#CODEE4
Nutrition - feed all patients 90%
Encourage rels to come into feed.
#ENDCODE
#CODEE4
Anything happened national spotlight - one nurse spec on nutrition - food charts in care plans. Do try to tempt patients from shops etc.
#ENDCODE
#CODEG2
If pats refuse ?? What do - rels do expect rels to eat??
#ENDCODE
#CODEE4
If pats refuse ?? What do - rels do expect rels to eat??
#ENDCODE
#CODEA5
Relatives group - bereavement and carers group - do talk about these nurses.
#ENDCODE
#CODEF1
Pain - have seen that prescribing changed dramatically over the years.
#ENDCODE
#CODEF1
1998 on admission come over on andif. On - codradiza incl.
Once seen have opiates as and when received.
How decided pain relief not appropriate? Therefore pats tell or look for physical signs of pain and then discuss with doc.

#ENDCODE
#CODEF1
Prescription usually on prn? Side and odd dose to see if reg prn? Would do on other side and discuss with rels. If increase and not work - use same incident.
#ENDCODE
#CODEF2
Policy about how administrate? - some able to take liquids - depended on patients and ability to swallow.
When use sedatives - if couldn't swallow sedatives go up. New policy on drug admin - involvement came from QA - only given it, not seen ?? ??
#ENDCODE
#CODEF2
Tried a chart for Doctor Reid as a trial.
#ENDCODE
#CODED2
Tried a chart for Doctor Reid as a trial.
#ENDCODE
#CODEF2
Now policy with - training etc not just given. New policy changed way nurses administer drugs - yes. Main difference - new opiates. Given sub cut rather than sd. PRN changed? - now written up every day. Before written up just in case. Didn't have to tell docs. Health call why tell them?
#ENDCODE
#CODED6
Healthcall - gp's usually from Portsmouth - healthcall will only give paracetamol.
#ENDCODE
#CODEF1
Healthcall - gp's usually from Portsmouth - healthcall will only give paracetamol.
#ENDCODE
#CODEF1
9-5 medical cover - healthcall. If in pain what do? Healthcall only option - unless written on PRN side and would give it.
#ENDCODE
#CODED6
9-5 medical cover - healthcall. If in pain what do? Healthcall only option - unless written on PRN side and would give it.
#ENDCODE
#CODEI2
Shows pallative care booklet - reading available - v useful and fentainly? Also do a booklet and other booklets. A group discussion on whats best.
#ENDCODE
#CODEF4
Shows pall care booklet - reading available - v useful and fentainly? Also do a booklet and other booklets. A group discussion on whats best.
#ENDCODE
#CODEI2
Acon to spec sup Countess Mountbatten - Dr Beewee?? - given talks on syringe drivers etc. and MacMillan nurses - works well - do have phone advice regularly.
#ENDCODE
#CODEF4
Acon to spec sup Countess Mountbatten - Dr Beewee?? - given talks on syringe drivers etc. and MacMillan nurses - works well - do have phone advice regularly.
#ENDCODE

#CODEI2
Training syringe drivers - everyone went and go on updates. Not always easy to access it if not get enough notice.
#ENDCODE
#CODEF3
Patients on syringe drivers - system to reviewing and discontinuing - yes has a chart and pats have been taken off.
#ENDCODE
#CODEE1
Transferred and had long journey - if condition effected - what do? Go to manager.
#ENDCODE
#CODEE1
Evasters?? - some Dryad and some Daedalus.
#ENDCODE
#CODEE10
How these scope for rehab - have physio in to make decision and CA's would liase and transfer and join queue.
#ENDCODE
#CODEB3
Dryad coming over for CC assessment 4-6 weeks assessment not often work like that - might die before.
#ENDCODE
#CODEE11
Dryad coming over for CC assessment 4-6 weeks assessment not often work like that - might die before.
#ENDCODE
#CODEG6
Relatives - Haslar all told coming for rehab. Yet consultant made an assessment as to which ward and when to rels different -
#ENDCODE
#CODEG2
If can going to Haslar not seen relative and explained would be a big problem as ward staff tell them rehab to get problem patients out. Most people v good to come over GWM is the local hospital.
#ENDCODE
#CODEH5
If can going to Haslar not seen relative and explained would be a big problem as ward staff tell them rehab to get problem patients out. Most people v good to come over GWM is the local hospital.
#ENDCODE
#CODEE1
If can going to Haslar not seen relative and explained would be a big problem as ward staff tell them rehab to get problem patients out. Most people v good to come over GWM is the local hospital.
#ENDCODE
#CODEG9
Did talk about Nurses going to Haslar to explain what happens - did it twice - did staff at Haslar/GW visit each other.
#ENDCODE
#CODEG6
Did talk about Nurses going to Haslar to explain what happens - did it twice - did staff at Haslar/GW visit each other.
#ENDCODE

#CODEG2
Do encourage rels to visit GW prior to Haslar - works well.
#ENDCODE
#CODEG2
Communication in advance is vital - records discussions with rels - is a big difference.
#ENDCODE
#CODEE4
Nutritional assessment done at start to identify risks in 1998. Assessment all show v high risk - do contact diet/speech therapist for advice.
#ENDCODE
#CODEB3
Dryad's use chance cc to rehab - through back door. Left to nurses to find out whats happening.
#ENDCODE
#CODED1
Dryad's use chance cc to rehab - through back door. Left to nurses to find out whats happening.
#ENDCODE
#CODEB3
Dryad - not cc now really - do so much terminal/pall care now.
#ENDCODE
#CODED7
Keeping staff together - gradual shift in case unit. Now try to keep team together. V lucky rest of MDT are v good.
#ENDCODE
#CODEB2
Keeping staff together - gradual shift in case unit. Now try to keep team together. V lucky rest of MDT are v good.
#ENDCODE
#CODEB3
Keeping staff together - gradual shift in case unit. Now try to keep team together. V lucky rest of MDT are v good.
#ENDCODE
#CODED3
Running a ward - how works. Did sit down as trained staff when started changing. Biggest difficulty getting medicine staff involved.
#ENDCODE
#CODED7
Meet once a month - CA did try fortnightly MDT.
#ENDCODE
#CODED7
Meet monthly - case be case
ENDCODE
#CODED7
Meeting to address board mins - Sep strategy meetings every month initially see service manager - who would take on. Would attend if staff agreed.
#ENDCODE
#CODEB2
Meeting to address board mins - Sep strategy meetings every month initially see service manager - who would take on. Would attend if staff agreed.
#ENDCODE
#CODEC2
Things not really analysed as a result

#ENDCODE
#CODED9
Director of medicine did attend a meeting - continued medical care provided back to square one. - staff very angry
#ENDCODE
#CODEB3
Director of medicine did attend a meeting - continued medical care provided back to square one - staff very angry
#ENDCODE
#CODED2
Director of medicine did attend a meeting - continued medical care provided back to square one - staff very angry
#ENDCODE
#CODED9
Could produce any solutions - very isolated
#ENDCODE
#CODEI2
CC now very hard not really that sort of ward need training before rather than after
#ENDCODE
#CODED1
CC now very hard not really that sort of ward need training before rather than after
#ENDCODE
#CODEE11
CC now very hard not really that sort of ward need training before rather than after
#ENDCODE
#CODEI2
Gerentological started in October - staff still difficult on causes.
Staff paying themselves
#ENDCODE
#CODEF3
Staff not always agree on treatment how atmosphere when difference of opinion?
#ENDCODE
#CODED11
If nurses felt dose high - can explain why - will give an explanation or reduce it
#ENDCODE
#CODEE4
Pegs - can learn, knew didn't want any intervention - pat did say yes and wife adamant not want it. Do try and get from relatives to decline - back what patient wants.
If demented would liaise with Phsycologist?
#ENDCODE
#CODEG1
Pegs - can learn, knew didn't want any intervention - pat did say yes and wife adamant not want it. Do try and get from relatives to decline - back what patient wants.
If demented would liaise with Phsycologist?
#ENDCODE
#CODEG2
Pegs - can learn, knew didn't want any intervention - pat did say yes and wife adamant not want it. Do try and get from relatives to decline - back what patient wants.
If demented would liaise with Phsycologist?
#ENDCODE
#CODED2
TL struggle to get docs to attend
#ENDCODE

#CODEB1
TL struggle to get docs to attend
#ENDCODE
#CODEB3
Is dialogue about what to do with docs who not always there - ward round with Joseph have very open discussions
Staff grade bridge between nurses and consultants
#ENDCODE
#CODE B1
Is dialogue about what to do docs who not always there - ward round with Joseph have very open discussions
Staff grade bridge between nurses and consultants
#ENDCODE
#CODEF2
GP would be asked lower dose - plus nine out of ten GP would be right and dose went to what GP originally prescribed
#ENDCODE
#CODED9
Trust has made some effort to support staff - not support personally , not offered anything
#ENDCODE
#CODED9
What expected - would try to ring own staff to see how doing - 2 calls one ref occ health one CHI interview
#ENDCODE
#CODEJ2
Lots of effort comm with rel. - difficult when get complaints when know spent lots of time talking to relatives.
#ENDCODE
#CODEJ2
Is a system can sees 2 rels a week.
#ENDCODE
#CODED9
Do provide a high standard of care to patients. V frustrating - not an easy job, No let up and can short out, soul destroying.
#ENDCODE
#CODEJ2
How did event like that slip through net. Rels that slipped through net.
One phsychiatric can ?? can to take patients??
#ENDCODE
#CODEG6
Haslar - pat best of luck with her.
#ENDCODE
#CODEF1
Someone comes over for rehab - v quickly receives syringe driver and then ??. How feel from her angle? Unusual not straight out a syringe driver.
#ENDCODE
#CODED11
Such a patient came over TL if thought hopeless with ?? x 3 diamorphine haloperidol?? Medaz?? - nurses would challenge.
#ENDCODE
#CODED1
Patients could come on Friday - with no med cove on weekend often left on own - ?? ??
#ENDCODE